

The Discourse of National Population Crisis and Its Framing of Bioethical Issues in Contemporary South Korea

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Abstract

Since the Hwang scandal, bioethics has come to occupy a significant place on the public agenda in South Korea. The South Korean state has expressed often-conflicting interests in encouraging stem cell research and the in-vitro fertilization (IVF) industry to save the country while also introducing ethical regulations in conformity with “global standards.” This paper examines how the discourse of national population crisis has framed policy concerns and public debate on bioethical issues in contemporary South Korea, and investigates the changing biopolitics of South Korea through debates on the regulation of assisted reproductive technologies (ART) and surrogacy.

In this process, the paper takes the technologies of reproduction as its main focus of investigation. As a potent symbol of both the past and future, reproduction has become one of the most contested topics in contemporary politics, connecting individual lives and collective entities. Starting with a short summary of the Bioethics Law in South Korea, this paper will examine the debate on legal regulation of assisted reproduction and the controversial issue of surrogacy in the context of the depopulation crisis.

Keywords: depopulation crisis, assisted reproductive technology, surrogacy, bioethical issues, biopolitics, biotechnology

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Introduction

Since the Hwang Woo-Suk cloning scandal broke, bioethics has come to occupy a significant place in the South Korean public agenda. The South Korean state has expressed often-conflicting interest in encouraging stem cell research and the in-vitro fertilization (IVF) industry while introducing ethical regulation in conformity with “global standards.” This paper examines how the discourse of national population crisis has framed policy concerns and public debate on bioethical issues in contemporary South Korea, and investigates the changing biopolitics of South Korea as displayed in debates on the regulation of assisted reproductive technologies (ART) and surrogacy.

As Sheila Jasanoff points out, “Public problems do not simply appear on policy agendas, as if placed there through the direct imprint of exogenous events” (2005, 141). Rather, she emphasizes the need to see how these problems are framed in particular ways by cultural commitments that predispose societies to fit their experiences into specific types of causal narratives, and how much these narratives are grounded in longstanding institutional practices and ways of knowing.¹ Building upon Jasanoff’s point, this paper tries to illuminate the role of the population crisis and other constraints in the public debate over bioethical issues. To be more specific, the discussion contained herein examines how the discourse of national depopulation crisis has limited the public bioethical debate in South Korea by creating a sense of urgency to produce more citizens.

In recent years, an extremely low fertility rate and the rapid aging of the population have become a source of concern for both the state and people of South Korea. According to the Korean National Statistical Office, the fertility rate of South Korea was 1.26 children per woman in 2007, slightly higher than the 1.13 children per woman recorded in 2006,² yet still lower than Japan’s 1.32, France’s 1.9, and

1. She refers to Goffman with regard to her usage of the sociological process of framing (2005, 254). For Goffman, a “frame” is a basic cognitive structure of interpretation guiding the perception and representation of the reality (Goffman 1974).

2. See <http://www.kostat.go.kr>.

the U.S.'s 2.06. The figures have caused concern over the potential for future labor shortages, especially with the quickly "graying population." Citizens over 65 years of age made up 7.2 percent of the population in 2000, with experts projecting the figure to rise to 14.4 percent by 2019. The National Statistical Office expects population decline to begin in 2015, and people over 65 will comprise 20.1 percent of the total population by 2026. Like a majority of OECD countries, South Korea is experimenting with policies that attempt to reverse or at least slow the decline in the birth rate, including improved daycare, better maternity leave, and baby bonuses, as well as simple exhortations to women to have more children.

While Foucault describes population management as a more or less routine and prosaic activity of the modern state (Foucault 1991 [1978]), this paper aims to shed light upon the space of state intervention created by emergency or crisis. Historically, it was often a sense of emergency or a logic of exception that provided the rationale for police and medicine, which have been linked together in a manner to systemize the surveillance of population since the mid- and late nineteenth century (Baldwin 1999; Declich and Carter 1994; Markel 1997; Mooney 1999). In this sense, this research draws on the work of Foucault and his concept of biopolitics, a political regime under which the bodies and minds of citizens are administered and under which life is "managed." However, this paper pays more attention to the ways a certain space of engagement and intervention has been created by the emergence of a particular population crisis, and then attempts to identify the sense of good or bad life, or of ethical or unethical life, not just in bioethical debates but also among ordinary citizens. Foucault's concept of biopower implies that the state's concerns over the regulation of population are interpreted into everyday forms of discipline, including self-discipline (Foucault 1990). Since population management is one of the main strategies employed to create the space of state intervention through the construction of particular crises, it can also serve to configure ordinary people's everyday worlds.

On the other hand, by investigating bioethical issues in the con-

text of the population crisis, this paper aims to dismantle philosophical and methodological individualism, one of the main trends in conventional bioethics, a discipline dealing with the “ethical issues arising from the biological and medical sciences” (Kuhse and Singer 1999, 1).³ The limitations of traditional bioethical theories and positions, including their principle-based approaches and abstract, disembodied moral theories, have already been recognized by many bioethicists, as well as cultural theorists and feminist critics (Diprose 1994; Tong 1997; Rawlinson 2001; Ong and Collier 2005; Shildrick and Mykitiuk 2005; Braidotti 2006). While the critiques of conventional bioethics have worked toward a better-situated, contextualized, and embodied bioethical approach, they also have a tendency to focus more on the regulation of the individual body and less on the governance of the social body as a whole. On the other hand, studies of the management and surveillance of populations often tend to neglect the individual engagement of population politics. Therefore, in order to get a more comprehensive picture of biopolitics in contemporary South Korea, I argue that the regulation of life at the level of individual bodies and at a population level must be examined together.

To serve this purpose, this paper will take the technologies of reproduction as its main area of investigation. As a potent symbol of both the continuity of the past and the future, reproduction has become one of the most contested topics in contemporary politics (Regoné and Franklin 1998), connecting individual lives and collective entities.

In fact, behind anxieties about decreasing or exploding populations, there are often state imaginaries that identify and distinguish its normative citizens from its threatening “others,” as comparable to the cases of state concerns about the working class in nineteenth-century Europe (Schneider and Schneider 1996) or immigrants in contemporary Europe (Athanasίου 2001). Even in France, where the

3. Kuhse and Singer attribute the coinage of the term “bioethics” to Van Rensselaer Potter (1970).

state is pursuing a strong pronatalist policy in general, increasingly restrictive immigration regulations and population policies have emerged in response to the high fertility rate among Malian immigrants in Paris. French political and biomedical critiques of high fertility rates among Malian women relate large family sizes to housing shortages, polygamy, delinquency, and unemployment, and have proposed the implicit and explicit regulation of immigrant fertility (Sargent 2003).

In this context, what is at stake in the policy of subsidizing the IVF treatment for South Korean couples is not only how to increase the fertility rate among some residents of South Korea, but also how to reproduce proper South Korean citizenry in order to secure the future of the nation. In the debate over the current population crisis, a more lenient immigration policy toward foreign brides and migrant workers is regarded as inevitable, while at the same time deemed a symptom and a source of crisis, destroying ethnic homogeneity. Therefore, the issue is not simply how to increase the overall population of South Korea, but how to encourage childbirth among the “right” sector of normative, middle class, married South Koreans. At the same time, ideologies of reproductive freedom and choice are valued also as signs of a modern and technologically developed nation, so the argument that the pronatalist policy should target not those who are reluctant, but those who are willing to have children, often falls on ears that do not hear. Given this, the national future seems to be in danger, requiring the implementation of a technological solution of IVF treatments (Paik 2007a).

The public debate on legitimate uses of assisted reproductive technologies in the middle of depopulation crisis in South Korea is a privileged one that illuminates the connectivity of bioethical issues and population politics, and the principles regulating individual bodies and collective bodies. Therefore, starting with a short summary of the Bioethics Law in South Korea, I will move on to the debates on the legal regulation of assisted reproduction, and then to the controversial issue of surrogacy in the context of depopulation crisis.

A Short History of the Bioethics Law in South Korea

It is telling that the first legal attempt in Korea to incorporate bioethical issues was the enacting of the Genetic Engineering Promotion Law (now known as the Biotechnology Promotion Law), submitted by the members of the National Assembly in 1983. In February 1997 the Roslin Institute in the UK announced that after ten years of research, it had succeeded in cloning a sheep named Dolly, while Japan and New Zealand succeeded in cloning cows and the United States successfully duplicated a mouse. Stimulated by foreign successes, groups of Korean scientists joined in the research on human embryo cloning. In 2002 Hwang Woo-Suk and his research team announced that they succeeded in cloning a human embryo by fusing human tissue with cow eggs, and the Maria Life Engineering Research Institute announced that it extracted a nucleus from human tissue and transplanted it into cow eggs, a step that could lead to the production of embryonic stem cells. A series of attempts to produce the human embryonic cells in the early 2000s sparked debate among religious and civic groups, some of which started to advocate the need for the bioethical regulation on the issue of stem cell research (Han et al. 2003).

In response, the Bioethics and Safety Act was enacted in 2004 and came into effect in 2005 “to secure safety and ethics of biotechnology” in South Korea. From the moment of its conception, however, the Bioethics and Safety Act was criticized by some segments of the citizenry, including academic and legal professionals and religious leaders, for not pursuing safety and ethics aggressively but functioning instead to promote biotechnology (Kim 2001). At this point, the most contentious issue concerning the Bioethics and Safety Act was whether to allow embryo cloning. Public debate generally centered on the fact that an embryo is destroyed during the process of stem cell harvest, but it was not about ova used for research. Feminist groups pointed out that because there was no official regulation on IVF procedures in South Korea, there was no means to regulate the sale of eggs, surrogacy, or the creation of embryos at fertility clinics.

This warning was prophetic. The Hwang Woo-Suk scandal and the arrest of international ova traffickers exposed infertility clinics as loci of a commodified ova supply both for research and for infertility treatment in South Korea. In early November 2005 the Korean National Police Cyber Crime Investigation (KNP CCI) arrested the members of a company called DNA-BANK and several other egg brokers, accusing them of ova trafficking through the Internet. Soon after, there was a report that Hwang's team used trafficked ova for their stem cell research. Once again, many people were shocked to learn there was no comprehensive state regulation on assisted reproduction. A public debate on the bioethical issues of assisted reproduction followed, and the Ministry of Health and Welfare, the ruling party, an oppositional party, and a feminist NGO helped prepare four different bills of bioethics law in order to ensure the legitimate use of assisted reproductive technologies. Finally, in April 2007 the Ministry of Health and Welfare synthesized the different bills and finalized two closely connected bills to be presented to the National Assembly: one is a revision of the Bioethics and Safety Act and the other serves to introduce the Protection and Regulation of Germ Cells Act.

Reforming the Bioethics Law: Assisted Reproduction in Depopulation Crisis

Since the government subsidizes IVF now, the government has a right to eggs being extracted during the state-subsidized treatments. Therefore, the government can, and must, secure and distribute these eggs for stem cell research. The IVF subsidy program can serve a double purpose: to solve the country's depopulation crisis and its biotechnology crisis as well.⁴

4. An anonymous Hwang Supporter at the public hearing for the Revision of Bioethics and Safety Act and the Legislation of the Protection and Regulation of Stem Cells Act (May 16, 2007).

In April 2007 the Ministry of Health and Welfare completed revisions to the Bioethics and Safety Act and introduced the Protection and Regulation of Germ Cells Act, which came before the National Assembly in August 2007. The main point of the legislation was to allow egg donation for infertility treatment, but not for the exclusive purpose of scientific research. According to the proposed bills, only “remaining eggs,” obtained for infertility treatment but unused or that failed to be fertilized, could be used for stem cell research with informed consent by donors.

No interest groups, however, greeted the new bills with welcome (Korea Brief 2007). First, many religious groups, especially Catholics and Protestants, expressed their dissatisfaction that the new bills would still allow the research on human cloning (Koo 2007). The gravest problem was the concept of “remaining eggs.” Most of biotechnology scientists and some medical doctors argued that the concept of “remaining eggs” was ridiculous. What they needed for stem cell research was not poor quality, leftover eggs, but fresh and mature eggs. They argued that the new regulations would make stem cell research impossible in South Korea (Chung 2007; Cho 2007). At the same time, the concept of “remaining eggs” was problematic to feminist groups, too. They feared that, as with the Hwang Woo-Suk scandal, doctors might reserve better-quality eggs for stem cell research to the disadvantage of patients, or deliberately overdose patients with hyperovulatory drugs to extract as many eggs as possible (Yoo 2007). The new bills were in fact self-contradictory, in the sense that while allowing or even trying to promote stem cell research, they denied the “legitimate” way to obtain a substantial number of eggs that could be used for research.

These new bills were the result of compromise between the ethical problems raised over recent cell research scandals and the fear of losing initiative in the international competition in biotechnological research industry, compounded by fears of not producing enough children in the future. It was this sense of national crisis, both in terms of low fertility and opaque economic future, which has conditioned controversy on the regulation of cells and assisted reproduc-

tion in South Korea.

In *Playing God? Human Genetic Engineering and the Rationalization of Public Bioethical Debate* (2002), John H. Evans vividly illustrates how the rise of the bureaucratic state as authority in bioethical matters has shifted the jurisdiction over bioethical debate from scientists to bioethicists, and has biased its approach toward abstract individualism and pragmatism in the United States. In this way, the bioethical debate in the United States is about the means but not the ends themselves, and consequently has led to the thinning out of public debate over human genetic engineering.

In contrast, what has thinned out the public debates on the regulation of assisted reproduction in South Korea is not the professionalization of bioethics, but the rise of the national anxiety over the low fertility rate and economic insecurity. The sense of crisis has been prevalent in South Korea, especially after the IMF economic debacle. Producing one's own offspring came to take priority over the ethical concerns relating to the commodification of eggs, surrogacy, or the indiscriminate use of IVF technologies.

In fact, the social meaning of IVF changed with state initiatives to counteract the low fertility pressure. In 2006, even after the backscratching alliance of fertility clinics and the stem cell research laboratories was revealed during the stem cell research scandal of 2005, the state simply decided to promote and subsidize the IVF procedures for "infertile" couples without introducing comprehensive regulations on fertility clinics. In 2006 when the Ministry of Health and Welfare planned its budget for countermeasures against low fertility, it allocated 82 percent of the budget to the IVF subsidy program. While initially started as an aid program for the poor, the subsidy program has expanded to cover the middle and the upper-middle classes, partially due to a lack of underprivileged applicants. Although the serious side effects of the egg extraction process received public attention only after the Hwang Woo-Suk scandal, the state decided to promote and subsidize only IVF procedures and not any other infertility treatments, and ignored measures to enhance reproductive health in general. By doing so, the state was criticized by experts for encouraging

unnecessarily invasive procedures and was suspected to have deep interest in promoting biotechnology and the IVF industry. In fact, the Ministry of Health and Welfare once called plastic surgery, health screening, and the IVF industry to be the three most promising fields in South Korean medical tourism (KCTPI 2006). The state was less interested in introducing the regulation of IVF for women's health than it was in promoting the South Korean IVF industry and biotechnology, both highly dependent on human ova supplies. On the other hand, any attempt to regulate assisted reproduction was met with criticism that new regulations might affect the human rights of infertile couples desiring to have their own child.

It is this sense of crisis for the nation's future and the need for technological solutions like IVF that has placed real limits on the discourse on assisted reproduction and its regulation in South Korea.

Bioethical Issues in the “Natural” Desire to Create Families

If the ethical considerations about the possible side effects of egg donation, the emergent forms of new kinship, or the social pressure for women to go through IVF procedures have disappeared from the public debate, different versions of the bills on bioethics and assisted reproduction seemed some way or another to rely on the naturalization of married couple's desire to have their own child.

For example, while the bill submitted by National Assembly member Park Jai-wan proposed to introduce authority to regulate assisted reproduction, similar to the British HEFA, despite its claimed intention to ensure “the ethics of assisted reproduction,” his bill was denounced as recommending the legalization of surrogacy, which would increase the commoditization of women's reproductive capacity. His response was that one could not and should not deny the desire of legally married infertile couples to produce their own children, especially in light of the fertility crisis. To prevent “the abuse of assisted reproduction,” unmarried women were excluded in favor of legally married but infertile couples. He not only advocated noncom-

mercial surrogacy but actually suggested blood sisters or cousins would make ideal surrogate mothers, as these kinship relationships among women would be the most “intimate, unconditional, and disinterested” relationships (*Weekly Hankook*, November 1, 2006). In addition, during a discussion session at a bill hearing, one of his aides suggested that husband’s father would make the ideal sperm donor, enabling the continuance of the same bloodline. Because the genetic father would have likely passed away when the progeny comes of age, Park’s aide believed it would reduce identity confusion (December 14, 2005). I am not suggesting that surrogacy or gamete donation is categorically unethical. The point that interests me here is that the alleged ethics of this bill depends on the assumption that kinship is a noncommercial and nonpolitical space.

Similarly, the never-officially proposed bill by WomenLink, a feminist NGO, alongside bills proposed by the Ministry of Health and Welfare, were designed to limit use of assisted reproduction to legally married infertile couples. At the same time, both bills requested the consent of one’s spouse for gamete donation and the experience of childbirth on the part of the donor in the case of ova donation.⁵ Both of these clauses have been denounced by experts and citizens for their obvious normativity. Efforts to limit the scope and availability of assisted reproduction have been challenged by criticism that they breach human rights of infertile couples and work against the state policy of encouraging childbirth. After the heated internal and public debates, instead of regulating procedures, NGOs and the state arrived at the conclusion that only legally married infertile couples should be able to use assisted reproductive technologies “to ensure the ethics of assisted reproduction.”

Many feminists in South Korea have condemned the proposed bills of the Bioethics and Safety Act and the Protection and Regulation of Germ Cells Act for subscribing to a very narrow concept of

5. Requesting prior childbirth experience turned out to be problematic for “infertile” women who needed to extract their own eggs for IVF procedures. This problem was addressed and amended in the finalized version, which was passed by the National Assembly in May 2008.

family. What I would like to emphasize here is not just that the Bioethics Law is predisposed to favor existing conceptions of normative families. Situated in the everyday world full of ethical uncertainty, the Bioethics Law in South Korea needs this particular imagination of kinship as a noncommercial and nonpolitical relationship and the naturalization of reproductive families to prove they are ethical. In this way, the naturalized and privileged desire to create one's own biologically related family has served to consolidate both the reproductive policy and the legalization of bioethics in contemporary South Korea. Therefore, if one aims to engage critically with bioethical discourse and the population policy, feminist insight placing reproduction at the center of social analysis (Ginsburg and Rapp 1995) is not just helpful but necessary.

Framing Surrogacy: Depopulation Crisis and the "Plight of the Infertile"

Surrogacy and assisted reproduction are also framed in the context of national anxieties over low fertility rates and economic insecurity. With the economic anxiety engendered by the IMF crisis, "the desire to have babies of their own" began to take priority over ethical concerns about commodification of eggs, surrogacy, or the indiscriminate use of IVF technologies.

With the advent of state initiatives to countermeasure low fertility rates, the social meaning of IVF has changed. According to the National Health Insurance Corporation of Korea, the number of patients who sought clinics for infertility treatments was 157,652 (133,653 females and 23,999 males) as of 2006, an increase of 47.5 percent since 2001 (*Dong-A Ilbo*, August 26, 2007). The increasing number of infertility patients can be understood through rising concerns about the nation's low fertility rate, attracting state initiatives and making infertility cures a main target of the state.

It is in this context that South Korea has faced challenges in the regulation of surrogacy. First, there has been growing concern over

the lack of comprehensive legal regulation of the use of new reproductive technologies. Since the stem cell research scandal of 2005, the presence of ova trafficking and surrogacy networks in and around South Korea, as well as the serious side effects of egg extracting processes, have received much-needed but belated public attention, and initiated the state and public efforts to revise the legal regulation of the Bioethics Law.

In prevalent discourse on the depopulation crisis, any attempts to limit the reproductive options for “infertile couples” have been met with criticism that the new regulations might curtail the human rights of infertile couples seeking to have biological children (Paik 2006, 2007b). While Susan Markens maps out tropes of “baby selling” and the “plight of the infertile” as competing discourses of surrogacy in the United States (2007), the anxiety surrounding low fertility rates has conditioned the debate primarily in the frame of “plight of the infertile” in South Korea. In South Korea, the fate of the nation is said to be dependent on the the infertile couple’s will and efforts to seek medical treatment and bear children.

This framing has been double-edged for childless couples. As they have been subject to rhetoric that casts them as the source of national crisis and are excluded from state tax reforms and housing programs that favor families with children, many couples are relieved that the state has moved infertility from being a “private misfortune” to a “social problem” and these couples can now take advantage of public funding. Yet, on the other side, many now encounter greater pressure to undergo IVF and similarly invasive procedures.

The language of the state population policy defines infertility as a disease requiring immediate medical intervention, forcing childless couples to obtain treatment. Celebrity doctors have told the media that “there is no absolute infertility” (*Kooki News*, June 25, 2007). All this obliges childless couples to seek infertility clinics as soon as possible and avoid alternative medicine or folk remedy. Most of all, “one should discard the prejudice that the success rate of the IVF treatment is low; anybody can have a child as long as they seek the right kind of medical help before it is too late” (*Weekly Hankook*, Novem-

ber 1, 2006). In this atmosphere, childless couples often imagine that IVF procedures can help them get pregnant quickly, and women with past and present experiences of infertility clinics encourage others “to skip artificial insemination and to start IVF as soon as possible, in order to save time, as the IVF has higher success rates and time does matter.”⁶

After repeated attempts to conceive through IVF, many couples find their initial optimism misplaced and are left physically and financially exhausted. Bak Chun-seon, of the online support group “Agaya” for women experiencing difficulty conceiving, calls this *huimang-gomun* or “torture by hope.”⁷ It is generally at this point that some begin considering surrogacy seriously. Su-min,⁸ a 41-year-old commissioning mother, says:

Su-min: I started visiting clinics when I had been married for one and a half years, and I have been a regular at the clinic for more than ten years. I spent my whole youth there. I had fifteen IVF procedures. Actually, I quit my job too.

Q: Can you tell me why? What made you feel that you could not continue working?

Su-min: Why? I wanted to devote myself to IVFs. I mean to be “all-in” myself. I used to be a teacher, and as a teacher, you can do IVFs only during long school holidays, during summer and winter, only twice a year! And sometimes, even during those precious days off, you have an emergency or your doctor goes to a conference! Life is a complete nuisance. Oh, I should not say this as an expecting mother. Anyway, as time passed, I realized it was a race against time. . . . I had my last IVF and ova extraction last year. I had diffi-

6. From the online women’s support group “Mothers Waiting for Babies to Come.”

7. She and other members of the organization “Agaya” (Dear Baby) advocate discarding the stigma of the disparaging term *burim* 不妊 (infertility) and instead promote the use of the term *nanim* 難妊 (difficulty in conception) (*Weekly Hankook*, November 1, 2006).

8. Pseudonym to protect the interviewee. Recorded on March 2, 2006.

culties in recovering from anesthesia. I think I didn't want to wake up. Anyway, the procedure failed. And I was already 40 and after all these years, there was not much chance. I knew for sure, yet I also knew that I would not be able to give up until menopause. It is awful—I mean, after all those years and money spent, I would have no child, no career. But, you see, he [her husband] is still 43 and can have a child with another woman.

While the state has aggravated the “plight of the infertile” with Fertility Boost Drives, it also endorses their desire to do anything to have their own children. In the DNA-BANK case, when ova traffickers were arrested for illegal transactions, the purchasers of ova were all released and no charges were filed against them. According to the police, “One cannot punish these pitiful, infertile women who yearn to have children but cannot; there is no practical measure to console their sorrows” (*Weekly Hankook*, November 1, 2006). As the sense of national crisis and the “plight of the infertile” intersect, it becomes difficult to set limits on the efforts of childless couples to have biological offspring. Su-min continues:

Su-min: I begged my doctor. I told him that I would find a surrogate so he could transfer the embryo to her instead of me.

Q: How did the doctor respond? Did he say yes right away?

Su-min: Oh, no. He was initially quite reluctant, as commercial surrogacy is not legal. But, everyone knows that if one says she is a relative, that is enough. And I told him that if you had been a patient at infertility clinics for such a long time, the state should grant the person an official award in recognition of her efforts! I mean, I have visited almost every famous clinic. Am I not entitled to use surrogacy? The clinics have been telling me to trust them, and I did everything I was asked to do for more than a decade, and how on Earth can they say no when we both know there is a way? I threatened my doctor that, then, I would do IVFs until I die while anesthetized Yes, she [the surrogate] is 13 weeks pregnant now, but how it happened is another long, long story.

The “plight of the infertile” in the current South Korean society has reached a point where childless couples, doctors, and police believe that any act can be justified to produce children, despite official disapproval of surrogacy. Presented as the last means to have and consequently produce more children for the nation, the practice of surrogacy can be neither fully legalized nor prohibited by the South Korean state. Therefore, while debates focused on how only altruistic surrogacy could be safely allowed, but not commercial surrogacy, the reformed Bioethics and Safety Act and the new Protection and Regulation of Stem Cells Act provided only minimal legal regulation of surrogacy. The steps infertile couples can take are simultaneously curtailed and endorsed by a society obsessed with encouraging child-birth.

Conclusion

Public bioethical debates often focus on regulatory process and institutional practices, while ethics is understood as an individual’s personal moral judgment. The South Korean situation underscores the importance of the wider context in which meanings emerge, such as the national preoccupation with population maintenance seen here. During public debate on the reform of the Bioethics Law, solving the reproductive and economic crisis of the country through stem cell research and IVF procedures has taken priority over ethical considerations; the proposed bills had to find their ethical guarantee in a normalized concept of family. Consequently, while the bills were drafted to address ethical problems in assisted reproduction and stem cell research, the ethical proof of the new bills is solely hinged upon the imagination of the family as a nonpoliticized, noncommercial space. Despite official perceptions of surrogacy as unethical, anxiety about the national fertility crisis has framed surrogacy as the last means for the infertile to have children, and consequently to provide needed future laborers. In both cases, the discourse of national crisis has framed and conditioned the issues of whose suffering garners public

recognition, who reproduces using assisted reproductive technologies, and, eventually, what is the right and duty of a citizen in contemporary South Korea.

It is not my intention to suggest that the discourse of population has an overarching and determining force. Rather, it is a call to examine the emerging bioethical issues in a more situated and contextualized way. It is often the case that the terms such as population, biopolitics, or even bioethics cause us to imagine an objectified and universal world. Yet none of these concepts and practices is free from the complex web of reproductive arrangements, social norms, historical contingencies, and specific cultural repertoires of living human subjects. Therefore, it would be our task to move beyond the rigid demarcation of women's studies, law, policy, politics, or biomedicine, and to closely attend to the everyday world that contemporary South Koreans inhabit.

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