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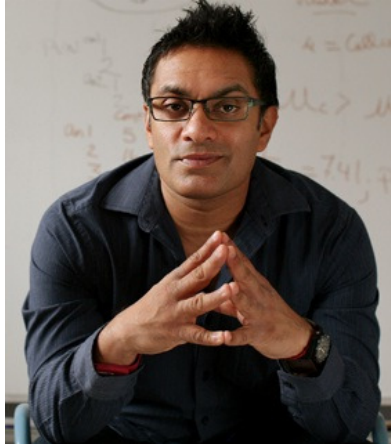
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Saturday, Oct 01, 2011

COMMUNITY-NEWS:

Desperate couples resort to foreign surrogates

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Six years after Canada outlawed the buying and selling of human eggs and sperm and the 'renting' of women's wombs, a new international baby-making business is flourishing

• By Sharon Kirkey,

Raywat Deonandan, a University of Ottawa assistant professor, says the use of Indian surrogates by Canadian couples is raising many ethical questions.

OTTAWA — Inside two special houses in the Indian state of Gujarat, the women spend their time waiting. They live

together, eat meals together and take sewing, cooking and English classes together: 67 surrogates whose bellies bulge with the babies of foreign couples, including Canadians.

Tiny, 26-year-old Vandana is pregnant again. In 2008, she delivered twin girls for a New Brunswick couple. Vandana worked as a roadside labourer breaking stones at construction sites for up to 12 hours a day, for which she earned about \$2 daily for her labours. According to the clinic that employs her, she bought a house with the money the doctors paid her -- about \$7,000 -- for becoming impregnated with the Canadian embryos.

Another surrogate, Smita, paid for her daughter's schooling with the rupees she made bearing twins -- a boy and girl -- for another couple from Canada.

"We have helped many Canadian patients," says Dr. Nayana Patel, medical director of the Akanksha IVF Center in Anand, Gujarat.

Benhur Samson is helping Canadians procure surrogates, too. The Chicago-based, Indianborn entrepreneur runs Surrogacy Abroad Inc. His all-inclusive, \$36,000 U.S. international surrogacy package covers services from psychological screening of surrogates to exit visas for the babies.

Samson says he assisted four Canadian couples in bringing babies home from India last year; he's currently working with "25 to 30" more.

Six years after Canada outlawed the buying and selling of human eggs and sperm and the "renting" of women's wombs, a new international baby-making business is flourishing. It's being called "reproductive tourism," a global industry in which more and more infertile Canadians are seeking fertility services abroad that would carry fines of up to \$500,000 and 10 years in jail at home.

Infertile Canadians are travelling to India to pay surrogates to carry their children and to Mexico, Argentina, Spain, Romania and the Czech Republic for in vitro fertilization using paid donor eggs -- a desperation to reproduce that's colliding with the ethical and moral issues surrounding the commercialization of life and the potential exploitation of women mired in poverty in the developing world.

"Frankly, ever since the laws in Canada came into existence, egg donation in Canada -- in Montreal at least -- has ground to a virtual halt," says Dr. Seang Lin Tan, an internationally regarded infertility expert at Montreal's McGill University. "We have about 50 patients a year who can find their own donors -- friends or relatives. But the majority can't find donors and for those who can't find donors we send them abroad."

Tan refers women to Argentina, where, he says, the costs are "reasonable, and

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the results are very good."

The Infertility Awareness Association of Canada directs women needing donor eggs to the U.S. -- assuming they can afford it. "It's closest to home, they speak the language and we're trying to minimize the patient's stress as much as possible," says executive director Beverly Hanck.

"Could you imagine, you can't have a baby and you find out you're infertile. That's the first devastating blow. Second, you suffer from premature ovarian failure and you need an egg, and then, my gosh you find out you can't get an egg in this country?"

At the clinic in Anand, surrogacy costs \$22,000 to \$25,000 U.S., a fraction of the fees charged in the U.S., where surrogacy can cost \$100,000 or more.

Patel's surrogates are implanted with embryos produced via in vitro fertilization using the commissioning couple's eggs and sperm, or, if the woman can't conceive using her own eggs, with the eggs of a donor. The only thing the surrogate provides is the womb. Patel says three to four embryos are transferred at each attempt at pregnancy -- increasing the odds of success but also the risk of multiple births.

Patel says her clinic provides a legitimate service to women who can't carry a child -- they don't have a uterus, for example, or their uterus is abnormal, or they've had multiple miscarriages or gone through rounds of failed IVF --and for surrogates, who use their once unimaginable earnings to help their families. "They want to earn this money. They cannot do it by any other means." Surrogacy, Patel says, changes their lives "360 degrees."

"Women in India, they're not equal, in the sense that they're just taken for granted -- the kids are depending on them, the husband is depending on them, the in-laws are depending on them," Samson adds. "All of a sudden, I see the husbands bring them a flower when they come to visit" their wives in the surrogate house.

Most of his clients are Caucasians; babies born via an Indian surrogate are Caucasian, too, he says. "Even with an Indian (egg) donor, most of the babies get the father's features," Samson says. "Sometimes it's only by the hair color that you can tell it's an Indian donor."

But cross-border reproductive care raises sticky ethical questions: are the bodies of impoverished women being exploited by the rich? What guarantees are there that the surrogates or egg donors aren't being coerced into participating? Is it, as Patel describes on her website, a "win-win situation," whereby a woman with the biological means to do so is rewarded for helping infertile couples get the baby they so desperately long for? What happens if the baby is born disabled or there is some other "unforeseen outcome"?

"What bothers me so much is that we're totally commercializing, de-personalizing and de-humanizing the most intimate of human relationships, that of parents and children," says Margaret Somerville, founding director of Montreal's McGill Centre for Medicine, Ethics and Law.

Somerville participated in the drafting of the Declaration of Istanbul, a consensus document signed by representatives of scientific and medical bodies the world over that calls for an end to organ trafficking and transplant tourism, "because we know that what happens there is huge abuse," she says. "What comes first is, how much money can you make out of this? And just like the reproductive tourism industry, it's the poor people who get used and the rich people who buy."

But the prohibition against paying for sperm, eggs or wombs "has made it impossible for many couples needing donor gametes to access care in this country -- even though from a safety and effectiveness perspective, it's very feasible for us to do that," says Dr. Edward Hughes, a professor of obstetrics and gynecology at Hamilton's Mc-Master University.

The ban, he says, effectively off-loads the burden to other countries where donors may not be treated ethically.

Others say that the desire to reproduce -- while genuine and real -- shouldn't be all about the needs of the parents.

"There's a reason that the government of Canada, acting on behalf of Canadian citizens, is trying to put into writing the values of Canadian society by making payments for tissue-based services illegal," says Raywat Deonandan, former scientific adviser to Assisted Human Reproduction Canada, the country's fertility agency.

"We can't pay for sperm or eggs, we can't pay for blood or organs, because once you start commodifying human tissue, it's a slippery slope into an ethical morass."

Deonandan, an assistant professor at the University of Ottawa, says one Indian village ostracized a surrogate for carrying the baby of two gay Israeli men. In at least one clinic, surrogates are isolated and segregated once they become pregnant, he says, suggesting there's sometimes a social stigma attached. "Is there any postpartum care for the surrogate after the baby is born? Often there isn't," he says.

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In many parts of India, infertility is seen as a curse. Surrogacy is sometimes sold to women as a way for them to perform almost godly work, he says, "by alleviating this curse on the part of the American and Canadian couples."

As long as DNA has proven that the baby is the genetic child of at least one of the Canadian parents, a baby born abroad to a surrogate mother could become a Canadian citizen by descent, according to Citizenship and Immigration Canada.

And while Canada's assisted human reproduction act prohibits payment for surrogacy, it doesn't prohibit couples from going to foreign countries for surrogacy or other fertility-related services.

Nor does it prohibit Canadian clinics from providing information on medically assisted procreation abroad.

High in demand in the cross-border reproductive trade are fresh young eggs -- a phenomenon borne from a huge wave of women who are putting off child-bearing only to discover that their own eggs have effectively expired.

The quality of a woman's eggs begins to deteriorate rapidly during her 30s. By her 40s, only the oldest and least fertile eggs remain. In his book, *Designing Babies*, British fertility expert Roger Gosden likens these "residual" eggs to the popcorn kernels left at the bottom of the pan "after the rest -- white, fluffy and delicious -- have burst."

The success rate for IVF in women under 35 who use their own eggs is about 38 per cent. The odds sink to seven per cent for women 40 and older, and continue to shrink until, by age 45, the take home baby rate is about one to two per cent. But with donor eggs, her chance of pregnancy increases to that of the age of the donor. In other words, it's the age of the eggs -- and not the uterus -- that matters.

Egg donors have to inject themselves daily with drugs that induce their ovaries to produce multiple eggs. A woman normally produces one egg per month. Some eastern European centres are pushing donors to produce up to 100 eggs. The risk is ovarian hyperstimulation syndrome, where the ovaries swell and fluid spills into the belly and chest. In severe cases, it can lead to blood clots and kidney failure.

The egg trade, however, hasn't been entirely outsourced: Canadians seeking eggs are posting ads on the Internet. One London, Ont., couple advertising on Kijiji is offering "about \$10,000" for all medical, travel, lost work time and other expenses for an egg donor. A Toronto couple is advertising for an Asian egg donor on Craigslist.

"Because it's a black market, you're not getting a 32-year-old who is sitting in her kitchen and has a couple of toddlers when it occurs to her that she'd like to help her fellow man by donating eggs," says Hanck, of the infertility awareness association.

Hanck saw one case where a couple's request to use a surrogate they found on the Internet involved an obese mother of four who had six previous abortions and four caesarean sections.

"From a patient's perspective, I say no. First of all, you're putting the surrogate's health at a very high risk. We know money is changing hands. ... They're probably doing it in cash, nobody sees it. You can almost not stop this with the Internet."

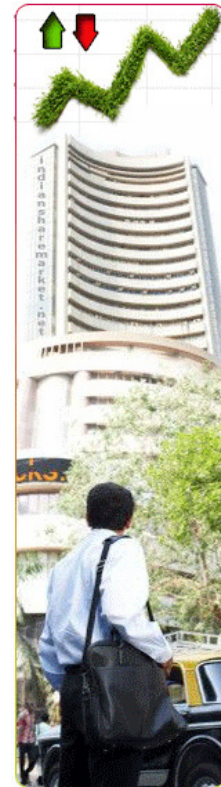
Canada's assisted human reproduction act doesn't prohibit reimbursement of actual expenses incurred by an egg donor or surrogate. Yet Health Canada hasn't specified what kinds of "receipted expenses" can be reimbursed. "As we say in Yiddish, 'What means receipted expenses?'" says Jan Silverman, an infertility counsellor at Toronto's Women's College Hospital.

"There are people who will provide eggs and they are getting compensated. It's happening and don't fool yourself that it's not going to keep happening," Silverman says. "Make it open, for God's sake. People are not being protected, and that's the part that makes me crazy. If we're not going to be able to do this up-front and make sure we have contracts that are real contracts, we're not going to be able to make sure people are being dealt with fairly, that donors and surrogates are being dealt with fairly, as well as the commissioning couples. There is so much room for abuse."

Assisted Human Reproduction Canada, the body charged with enforcing the Assisted Human Reproduction Act, says its mandate is to regulate the laws, not write them. Health Canada says any offences under the act apply to activities taking place within Canada and that couples who choose to go to another country to pay for surrogacy or gametes would be subject to the laws of that country.

Silverman says nobody chooses egg donation or surrogacy as a first choice. "Nobody wants that. They want to give birth to their own child. They want to use their own uterus. I don't see the fancy women who want to preserve their figures so they ask a surro to carry their baby."

Women who have paid for eggs in the U.S. say they feel almost like fugitives from the law.



indiansharemarket.net

"I worry about the government finding out later on -- it's an absolute fear I have," says a 31-year-old Saskatchewan woman who is eight weeks pregnant after undergoing IVF with donor eggs at a Colorado clinic. The couple experienced four years of infertility and two miscarriages before the woman was diagnosed in January with a genetic disorder that causes infertility and pregnancy loss.

They paid \$5,000 for eggs from an anonymous donor. "I went to one of the best clinics in the world. ... I can be guaranteed that I got exceptional care," said the woman, who requested anonymity for fear of the law. "What about some of these people who are going to Third World countries?"

Surrogacy in India is legitimate because no Indian law prohibits it, according to the Law Commission of India, which says foreigners have turned the country's fertility industry into a veritable "pot of gold," according to a 2009 commission report on the need for legislation to regulate assisted reproduction. "It seems that wombs in India are on rent which translates into babies for foreigners and dollars for Indian surrogate mothers."

Nayana Patel's surrogates have already given birth to close to 250 babies. The surrogates are allowed to bear another woman's child up to five times. The maximum is five pregnancies -- including her own children.

There have been complications, Patel says. In two cases, the surrogate required an emergency hysterectomy because of bleeding. In another case, the surrogate's placenta ruptured. The baby couldn't be saved, and died inside the uterus. "Once in a while, complications can happen," Patel says, but rarely, she says, are they major.

Patel captured headlines in 2003 when she arranged for a woman to carry her own daughter's IVF-conceived twins. The daughter, who lived in the United Kingdom, couldn't find a surrogate.

Inside the surrogate's houses in Anand, the surrogates pass the time, waiting for the day they will give birth and relinquish all rights to the child growing inside them.

"They learn, they become confident, and they have the moral support of all the surrogates around them," Patel says. "They see that they're not the only one doing it, or that they're not doing something wrong." (The Ottawa Citizen)

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