

## 12. RENTING A WOMB

Medical tourism is big business in India. Foreigners from many countries are flocking to India for services from hip replacements to reproductive technologies: medical procedures they can get more quickly and more inexpensively than at home. India is an appealing medical tourism destination because of its relatively advanced health care and the widespread use of the English language.

A rapidly growing segment of this market is surrogacy. In just a few years, this service has grown from one clinic in Anand to others in Gujarat and around the country. Parents wanting a child visit these clinics in India to be connected with a woman who will carry a baby to term for them. Many prospective parents are infertile, some are gay couples, and some simply don't want to be inconvenienced by pregnancy. Experts estimate that the market generates between one half billion and two billion US dollars annually in India, and that as many as 25,000 children are born through surrogates, with over half of those destined to overseas parents.

Surrogacy services include implantation of fertilized eggs, prenatal care, and a fee to the surrogates for carrying the fetus to term and then releasing it to the contracted parents. Sometimes the implanted eggs are the biological mother's eggs fertilized by the biological father's sperm, while in other cases the eggs or sperm may be from other sources.

Most women who serve as surrogates are very poor and often illiterate. Critics worry that the women are being exploited. Sama, a non-governmental, Indian organization dedicated to protecting women's health, points out that surrogacy was legalized in India in 2002. Although a few protections have been put into law in recent years, the surrogacy market is still largely unregulated. Sama claims the existing law does more to protect the parents than to protect the surrogate women. They point out that Indian law does not address protection of women from maltreatment, from unscrupulous clinics that value the baby's life over the mother's, and from other exploitations. Sama also asserts that women may be coerced into surrogacy by husbands or in-laws or even "pimps" who benefit from the business. In addition, many surrogates suffer stigma attached to their unexplained pregnancy, feel compelled to lie to their families and friends, and must stay at the clinic and away from their villages for the duration of the pregnancy. Critics of Indian surrogacy raise the concern that, to assure one viable fetus, clinics often implant too many fertilized eggs into a surrogate, a practice that endangers both the fetuses and the woman. Critics may also be troubled by the selective abortions of extra fetuses and of fetuses with characteristics undesirable to the contractual parents.

Often accustomed to working for less than \$2 per day, Indian women welcome the surrogacy fee ranging from \$5,000 to \$7,000 (more than ten times their annual possible income). Some women repeatedly serve as surrogates. Defenders of surrogacy point out that the women are able to make money in a way that is often safer than their usual occupations and that they get good food and good healthcare during the pregnancy. Dr. Nayna Patel, who began the first surrogacy clinic, defends surrogacy against claims of exploitation by pointing to all the safeguards she established to assure that the women know exactly the terms of their contract, at least at her clinic. She cites case after case of women who have made a better life for their nuclear families with the extraordinary money they make. In interviews, surrogates say that they welcome the money to buy their families houses, to fund dowries, and to secure a better life for their own daughters. Finally, Dr. Patel points out that surrogacy is a uniquely female occupation and is empowering for some women.

Foreign advocates of surrogacy in India point out that it is relatively inexpensive and is quickly arranged. Surrogacy services in the US can cost up to \$70,000, while in India the same services cost about \$12,000. In addition, prospective parents observe that the surrogacy contract signed in India provides better

protection of their interests than those in the US, because only a few US states uphold surrogacy contracts as legally binding on the surrogate, thus allowing a US surrogate to change her mind and keep the child. Western parents also assume that most Indian women would not welcome another mouth to feed, and they feel reassured that an Indian surrogate will be more likely to relinquish the baby without resistance.

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