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Reproductive tourism's risks and ethics

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Increasingly, we find ourselves living in a global society. Through online communication, and social networking initiatives like twitter and Facebook, borders between countries seem to melt away. If you travel, however, from one country to another in the literal, instead of in the virtual sense, you may find that this is not the case. Laws, regulations, and cultural differences, as well as socioeconomic realities continue to divide us. The economic disparities between nations as diverse as the United States and India have helped to create a system known as reproductive tourism that some say exploits, and others say sustains, poverty stricken Indian women.

Reproductive tourism sometimes goes by the more homogenized label of cross border fertility care. It simply means that couples or individuals leave their country of legal residence and travel elsewhere to pursue infertility treatment. Motivations vary and include quality of care, anonymity of donors, and wait time.



Will poverty push her into surrogacy? dipan_s

But the main motivation for reproductive tourism, at least for American citizens traveling abroad, is financial. Surrogacy agencies have cropped up in countries such as Russia and India, all promising no waiting lists, inexpensive treatment, and a mini vacation thrown in. Sound good? That may depend on the side of the border you are on, and how prepared you are to tackle the legal quagmires that may arise.

A current news story has propelled reproductive tourism into the spotlight. Almost two years ago, German nationals Jan Balaz and Susanne Lohle hired Martha Khristi, an Indian woman, to serve as their <u>gestational surrogate</u>. Ms. Khristi delivered a set of twins for the married couple in late 2008. German law does not recognize surrogacy however and German citizenship was denied to the babies. Travel documents could not be obtained and the twins were not free to leave India, so their parents attempted to obtain Indian citizenship for them. After several challenged verdicts and almost a year in the Indian courts, their request was granted.

<u>Yesterday, the Supreme Court of New Delhi issued travel documents</u> to the twins, who have already celebrated their first birthday. They can now return to their parent's native home of Germany. Their legal battles may not be behind them however, as Ms. Khristi was named as biological mother on both birth certificates.

This story does not represent an isolated incident. Family formation and reproductive law attorney, <u>Theresa Erickson, Esq.</u>, has researched programs in places such as India, Thailand, and the Ukraine, where surrogacy is not regulated or supported by law. Erickson has found that on average the financial costs are usually not much different from those found in our country, especially when you figure in the risks that must be undertaken legally, particularly in places where the levels of medical technology, safety, and privacy regulation is lower than our own.

Erickson noted that the intended parents in this case thought they had done everything right. They contacted the appropriate authorities early on in their search. And yet, neither they, nor their babies, were protected by law. Also unprotected in this case was their surrogate, or their anonymous Indian egg donor.

In countries where poverty is widespread, inferior medical care, as well as poor nutrition and substandard sanitary conditions are the consistent norm. Indian women living under these conditions may feel a level of coercion when considering the financial escape hatch that surrogacy can give them. An Indian surrogate can expect to earn somewhere between \$3,000-\$6,000 as a surrogate. In a country where the per capita income is not quite \$500 per year, this is a staggering sum.

Is this exploitation? Or is it rather a great opportunity for the women now being outsourced to play this role? Says Prospective Families Donor Agency founder and long time donor advocate, Amy Demma, J.D. "I have heard colleagues question pre-natal care and other clinical issues. There are risks, and they are serious".

As there are no official records about surrogates kept in India, we do not know how many women give birth to babies in this way, nor do we know how many failed attempts there are. We also do not know the quality of medical care that these women will receive after they give birth, or how they will be cared for if medical complications related to the birth occur.

Everything possible should be done to obtain accurate information about the care your surrogate has and will receive both before, during, and after her pregnancy.

In order to protect yourself during the process, <u>Erickson</u> suggests the following:

Check out the doctor and the clinic you will be using - understand their statistics and how they are obtained, as well as their standards and practices.

Make sure that the clinic is regionally accredited.

Be aware that internet posts, presumably written by happy clients, may actually have been written by the clinics themselves, disguised as clients instead.

Double check to see if your doctor speaks your native language.

Get a list of all contacts within the clinic before you begin your journey.

Decide if you are going to use a medical travel company or take care of the preparations yourself. An intermediary can be helpful if problems arise.

Be prepared to change your travel plans at the last minute, as complications can and most likely will occur.

Make sure your travel documents are in order and your passport is valid.

Obtain local currency.and if necessary travel visas.

Verify the need for local vaccinations.

Within the current system, reproductive tourism can be fraught with unforeseen risks. These pertain to the intended parents, their children, and their donors. It is crucial that the health and well being of all involved parties be taken into account and considered before the process begins.