

The Curious Lives of Surrogates

Thousands of largely invisible American women have given birth to other people's babies. Many are married to men in the military.

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Jennifer Cantor, a 34-year-old surgical nurse from Huntsville, Ala., loves being pregnant. Not having children, necessarily—she has one, an 8-year-old daughter named Dahlia, and has no plans for another—but just the experience of growing a human being beneath her heart. She was fascinated with the idea of it when she was a child, spending an entire two-week vacation, at the age of 11, with a pillow stuffed under her shirt. She's built perfectly for it: six feet tall, fit and slender but broad-hipped. Which is why she found herself two weeks ago in a birthing room in a hospital in Huntsville, swollen with two six-pound boys she had been carrying for eight months.

Also in the room was Kerry Smith and his wife, Lisa, running her hands over the little lumps beneath the taut skin of Cantor's belly. "That's an elbow," said Cantor, who knew how the babies were lying in her womb. "Here's a foot." Lisa smiled proudly at her husband. She is, after all, the twins' mother. It is an act of love, but also a financial transaction, that brings people together like this. For Kerry and for Lisa—who had a hysterectomy at the age of 20 and could never bear her own children—the benefits are obvious: Ethan and Jonathan, healthy six-pound, 12-ounce boys born by C-section on March 20. But what about Cantor? She was paid, of course; the Smiths declined to discuss the exact amount, but typically, surrogacy agreements in the United States involve payments of \$20,000 to \$25,000 to the woman who bears the child. She enjoyed the somewhat naughty pleasure of telling strangers who asked about her pregnancy, "Oh, they aren't mine," which invariably invoked the question, "Did you have sex with the father?" (In case anyone is wondering, Lisa's eggs were fertilized in vitro with Kerry's sperm before they were implanted on about day five.)

But what kind of woman would carry a child to term, only to hand him over moments after birth? Surrogates challenge our most basic ideas about motherhood, and call into question what we've always thought of as an unbreakable bond between mother and child. It's no wonder many conservative Christians decry the practice as tampering with the miracle of life, while far-left feminists liken gestational carriers to prostitutes who degrade themselves by renting out their bodies. Some medical ethicists describe the process of arranging surrogacy as "baby brokering," while rumors circulate that self-obsessed, shallow New Yorkers have their babies by surrogate to avoid stretch marks. Much of Europe bans the practice, and 12 states, including New York, New Jersey and Michigan, refuse to recognize surrogacy contracts. But in the past five years, four states—Texas, Illinois, Utah and Florida—have passed laws legalizing surrogacy, and Minnesota is considering doing the same. More than a dozen states,

including Pennsylvania, Massachusetts and, most notably, California, specifically legalize and regulate the practice. Today, a greater acceptance of the practice, and advances in science, find more women than ever before having babies for those who cannot.

In the course of reporting this story, we discovered that many of these women are military wives who have taken on surrogacy to supplement the family income, some while their husbands are serving overseas. Several agencies reported a significant increase in the number of wives of soldiers and naval personnel applying to be surrogates since the invasion of Iraq in 2003. At the high end, industry experts estimate there were about 1,000 surrogate births in the United States last year, while the Society for Assisted Reproductive Technology (SART)—the only organization that makes an effort to track surrogate births—counted about 260 in 2006, a 30 percent increase over three years. But the number is surely much higher than this—in just five of the agencies NEWSWEEK spoke to, there were 400 surrogate births in 2007. The numbers vary because at least 15 percent of clinics—and there are dozens of them across the United States—don't report numbers to SART. Private agreements made outside an agency aren't counted, and the figures do not factor in pregnancies in which one of the intended parents does not provide the egg—for example, where the baby will be raised by a gay male couple. Even though the cost to the intended parents, including medical and legal bills, runs from \$40,000 to \$120,000, the demand for qualified surrogates is well ahead of supply.

Another reason for the rise in surrogacies is that technology has made them safer and more likely to succeed. Clinics such as Genetics & IVF Institute in Virginia, where Cantor and the Smiths underwent their IVF cycles, now boast a 70 to 90 percent pregnancy success rate—up 40 percent in the past decade. Rather than just putting an egg into a petri dish with thousands of sperm and hoping for a match, embryologists can inject a single sperm directly into the egg. The great majority of clinics can now test embryos for genetic diseases before implantation. It's revolutionizing the way clinics treat patients. Ric Ross, lab director at La Jolla IVF in San Diego, says these advances have helped "drop IVF miscarriage rates by 85 percent."

IVF has been around only since the 1970s, but the idea of one woman bearing a baby for another is as old as civilization. Surrogacy was regulated in the Code of Hammurabi, dating from 1800 B.C., and appears several times in the Hebrew Bible. In the 16th chapter of Genesis, the infertile Sarah gives her servant, Hagar, to her husband, Abraham, to bear a child for them. Later, Jacob fathers children by the maids of his wives Leah and Rachel, who raise them as their own. It is also possible to view the story of Jesus' birth as a case of surrogacy, mediated not by a lawyer but an angel, though in that instance the birth mother did raise the baby.

The most celebrated case of late, though, resulted in the legal and ethical morass known as the "Baby M" affair. Mary Beth Whitehead, age 29 in 1986, gave birth to a girl she had agreed to carry for an infertile couple. But Whitehead was also the baby's biological mother and tried to keep her after the birth, leading to a two-year custody battle. (In the end, she was denied custody but awarded visitation rights.) As a result, surrogacy agreements now almost always stipulate that the woman who carries the baby cannot also donate the egg. But even as surrogacy is becoming less of a "Jerry Springer" spectacle and more of a viable family option for those who can afford it, the culture still stereotypes surrogates as either hicks or opportunists whose ethics could use some fine-tuning. Even pop culture has bought into the caricature. In the upcoming feature film "Baby Mama," a single businesswoman (Tina Fey) is

told by a doctor she is infertile. She hires a working-class gal (Amy Poehler) to be her surrogate. The client is a savvy, smart and well-to-do health-store-chain exec while Poehler is an unemployed, deceitful wild child who wants easy money. When Fey's character refers to her surrogate as "white trash," we're supposed to laugh. "I just don't understand how they can think that," says surrogate Gina Scanlon of the stereotypes that influenced the film. Scanlon, 40, is a married mother of three who lives in Pittsburgh. Scanlon is also a working artist and illustrator who gave birth to twin girls for a gay New Jersey couple 18 months ago. The couple—a college professor and a certified public accountant—chose Scanlon because she was "emotionally stable," with a husband and children of her own. Unlike egg donors, who are usually in their 20s, healthy women as old as 40 can serve as surrogates; Scanlon two weeks ago underwent an embryo transfer and is now pregnant again for a new set of intended parents. "Poor or desperate women wouldn't qualify [with surrogacy agencies]," she says. As for the implication that surrogates are in it only for the money, she notes that there are many easier jobs than carrying a baby 24 hours a day, seven days a week. (And most jobs don't run the risk of making you throw up for weeks at a time, or keep you from drinking if you feel like it.) "If you broke it down by the hour," Scanlon says wryly, "it would barely be minimum wage. I mean, have [these detractors] ever met a gestational carrier?" And even if they have, how would they know?

Very little is understood about the world of the surrogate. That's why we talked to dozens of women across America who are, or have been, gestational carriers. What we found is surprising and defies stereotyping. The experiences of this vast group of women—including a single mom from Murrietta, Calif., a military spouse from Glen Burnie, Md., and a small-business owner from Dallas—range from the wonderful and life-affirming to the heart-rending. One surrogate, Scanlon, is the godmother of the twins she bore, while another still struggles because she has little contact with the baby she once carried. Some resent being told what to eat or drink; others feel more responsible bearing someone else's child than they did with their own. Their motivations are varied: one upper-middle-class carrier in California said that as a child she watched a family member suffer with infertility and wished she could help. A working-class surrogate from Idaho said it was the only way her family could afford things they never could before, like a \$6,000 trip to Disney World. But all were agreed that the grueling IVF treatments, morning sickness, bed rest, C-sections and stretch marks were worth it once they saw their intended parent hold the child, or children (multiples are common with IVF), for the first time. "Being a surrogate is like giving an organ transplant to someone," says Jennifer Cantor, "only before you die, and you actually get to see their joy."

That sense of empowerment and self-worth is one of the greatest rewards surrogate mothers experience. "I felt like, 'What else am I going to do with my life that means so much?'" says Amber Boersma, 30, of Wausau, Wis. She is blond, outgoing and six months pregnant with twins for a couple on the East Coast who could not bear children on their own due to a hysterectomy. Boersma, married to a pharmaceutical rep, is a stay-at-home mom with a 6-year-old girl and 4-year-old boy, and a college graduate with a communications degree. "Some people can be successful in a major career, but I thought I do not want to go through this life meaning nothing, and I want to do something substantial for someone else. I want to make a difference."

Then there's the money. Military wife Gernisha Myers, 24, says she was looking through the local San Diego PennySaver circular for a job when she saw the listing: "Surrogate Mothers Wanted! Up to \$20,000 Compensation !" The full-time mother of two thought it would be a great way to make money from home, and it would give her that sense of purpose she'd lacked

since she left her job as an X-ray technician in Phoenix. In 2004, Myers and her husband, Tim, a petty officer third class in the Navy, were transferred from Arizona to California. Ever since, she missed bringing home a paycheck, helping other people—and being pregnant. She loved the feel of her belly with a baby inside, and the natural high that comes from "all those rushing hormones." So last fall she signed with one of the many surrogacy agencies near the 32nd Street Naval Station, where her husband is assigned. Her grandmother was not pleased with Myers's decision. "She said, 'Gernisha! We just do not do that in this family'," recalls Myers. "My uncle even said he was disgusted. But you know what? I'm OK with it because I know I am doing something good for somebody else. I am giving another couple what they could never have on their own—a family."

Like Myers, military wives are largely young stay-at-home moms who've completed their own families before they hit 28. IVF clinics and surrogate agencies in Texas and California say military spouses make up 50 percent of their carriers. "In the military, we have that mentality of going to extremes, fighting for your country, risking your life," says Jennifer Hansen, 25, a paralegal who's married to Army Sgt. Chase Hansen. They live in Lincoln, Neb., and have two young kids, and Chase has been deployed to Iraq for two of the past five years. "I think that being married to someone in the military embeds those values in you. I feel I'm taking a risk now, in less of a way than he is, but still a risk with my life and body to help someone." Surrogate agencies target the population by dropping leaflets in the mailboxes of military housing complexes, such as those around San Diego's Camp Pendleton, and placing ads in on-base publications such as the *Military Times* and *Military Spouse*. Now surrogate agencies say they are solicited by ad reps from these publications. Military wives who do decide to become surrogates can earn more with one pregnancy than their husbands' annual base pay (which ranges for new enlistees from \$16,080 to \$28,900). "Military wives can't sink their teeth into a career because they have to move around so much," says Melissa Brisman of New Jersey, a lawyer who specializes in reproductive and family issues, and heads the largest surrogacy firm on the East Coast. "But they still want to contribute, do something positive. And being a carrier only takes a year—that gives them enough time between postings." Dawne Dill, 32, was a high-school English teacher before she married her husband, Travis, a Navy chief, and settled in Maryland. She's now a full-time mother with two boys of her own, and is carrying twins for a European couple who prefer to remain anonymous. Dill is due in May. The attraction of surrogacy for her, apart from wanting to feel useful, was that the money could help pay for an occupational-therapy gym for her older son, who is autistic. "We're thinking of building the gym in our basement so he can get to it whenever he needs," says Dill. She worried that having an autistic child might disqualify her as a surrogate, but fortunately the agency was unconcerned. "They said because I was not genetically related to the twins, that it was just not an issue, and my IPs [intended parents] never brought it up to me personally. I assume they're OK with it, but maybe think it's too touchy of a subject to discuss openly with me," says Dill. As a prepartum gift, the couple sent Dawne and her husband to the Super Bowl.

Military wives are attractive candidates because of their health insurance, Tricare, which is provided by three different companies—Humana, TriWest and Health Net Federal Services—and has some of the most comprehensive coverage for surrogates in the industry. Fertility agencies know this, and may offer a potential surrogate with this health plan an extra \$5,000. Last year military officials asked for a provision in the 2008 defense authorization bill to cut off coverage for any medical procedures related to surrogate pregnancy. They were unsuccessful—there are no real data on how much the government spends on these cases. Tricare suggests that surrogate mothers who receive payment for their pregnancy should

declare the amount they're receiving, which can then be deducted from their coverage. But since paid carriers have no incentive to say anything, most don't. "I was told by multiple people—congressional staff, doctors and even ordinary taxpayers—that they overheard conversations of women bragging about how easy it was to use Tricare coverage to finance surrogacy and delivery costs and make money on the side," says Navy Capt. Patricia Buss, who recently left the Defense Department and now holds a senior position with Health Net Federal Services. The subject of Tricare surrogacy coverage is becoming a hot topic throughout the military world; on Web sites such as militarySOS.com, bloggers with sign-on names such as "Ms. Ordinance" and "ProudArmyWife" fiercely debate the subject.

Surrogacy is not just an American debate—it is global. Thanks to reproductive science, Gernisha Myers, who is African-American, is now 18 weeks pregnant with the twins of Karin and Lars, a white couple who live in Germany. They are one of many international couples who turned to America to solve their infertility issues because surrogacy is not allowed in their own country. Couples have come to the United States from many countries, including Iceland, Canada, France, Japan, Saudi Arabia, Israel, Australia, Spain and Dubai in recent years. Although some couples are now turning to India for cheaper fertility solutions—yes, even surrogacy is being outsourced at a tenth of the price—the trend has yet to diminish America's draw as a baby mecca.

Karin and Lars picked Myers after they read her agency profile. Myers says that the psychological screening is one of the most grueling, invasive and odd parts of the process. "The [questionnaire] asked some weird questions, like 'Do you think about killing people sometimes?' Or 'Would you want to be a mountain ranger if you could?' Or 'Do you find yourself happier than most?' But when they asked 'Are you afraid you're going to get attached to the babies?' I said, 'In a way, yes, even though I know they're not mine.' They said, 'Believe it or not, some GCs [gestational carriers] never feel any kind of bond.' I found that hard to believe back then, but now I know what they're talking about. I don't feel that motherly bond. I feel more like a caring babysitter." Myers's psychological detachment has a lot to do with the fact that, like most carriers today, she's in no way biologically related to the baby inside her—the legacy of the "Baby M" case. The most recent significant case involving a surrogacy dispute, *Johnson v. Calvert* in 1993, was resolved in favor of the intended parents, and against a surrogate who wanted to keep the baby. John Weltman, president of Circle Surrogacy in Boston, says that parents who work with a reputable agency have a "99 percent chance of getting a baby and a 100 percent chance of keeping it." But up until just about two years ago, Weltman says every single intended parent asked, "Will she [the carrier] try and keep the baby?" Now, he says, a third of his clients don't even mention it.

That doesn't mean that it's gotten any easier for the surrogate to give up the baby. Most gestational carriers say it is still the hardest part of the job, and some have a rougher time than others. Gina Scanlon recalls the days after the birth of her first pair of surrogate twins: "When you go home it's so quiet," she says. "The crash comes. It's not the baby blues. It's not postpartum depression. It's that the performance is over. I was practically a celebrity during the pregnancy—someone was always asking me questions. After I had them, no one was calling. Now nobody cares. You're out. You're done. It's the most vain thing. I felt guilty and selfish and egotistical." Stephanie Scott also found that life after surrogacy was not what she expected, especially since everything hummed along so nicely when she was pregnant. Seven and a half months in, she was feeling great—all except for those damn nesting urges. The stay-at-home mom tried to stay out of the baby stores and avoid those sweet pink onesies and baby booties shaped like tiny ballet slippers—but it was near impossible to resist. Her mind-

set should have served as a warning. Although she knew the baby in her swollen belly belonged to a couple on the East Coast, she hadn't prepared herself for that biological surge that keeps stores like Babies "R" Us in business. "I showed up to the delivery room with six months' worth of baby clothes," admits Scott, 28. "They ended up being my gift to the baby's intended parents. Sort of like a baby shower in reverse. I know, it's weird." But that was nothing compared to the childbirth: "When she was born, they handed her to me for a second," she says. "I couldn't look, so I closed my eyes tight, counted 10 fingers and 10 toes, then gave her away. I cried for a month straight. I was devastated." The baby Scott gave birth to is now 3, and photos of the toddler come twice a year, on the child's birthday and Christmas. Scott says she thinks things would have been different had she been counseled more by the agency on attachment issues, but it was a small and less than professional operation (and there are plenty of those in the unregulated world of surrogacy agencies). It's one of the reasons Scott opened her own business in Dallas, Simple Surrogacy. "I would never just throw a girl out there like that. Surrogates need to know what lies ahead."

Any comprehensive road map of surrogacy should include not just potential attachment but an entire pull-down sheet on the second most difficult area of terrain: the relationship between surrogate and intended parent. The intentions and expectations of both parties are supposed to be ironed out ahead of time through a series of agency questionnaires and meetings. What kind of bond do they seek with one another—distant, friendly, close? Do they agree on difficult moral issues, like abortion and selective termination? And what requests do the IPs have of potential carriers? The parties are then matched by the agency, just as singles would be through a dating service. And the intended parents—or parent—are as diverse as the surrogates: gay, straight, single, married, young and old. Much of the time it works, even though it does often resemble an experiment in cross-cultural studies. "In what other world would you find a conservative military wife forming a close bond with a gay couple from Paris?" says Hilary Hanafin, chief psychologist for the oldest agency in the country, Center for Surrogate Parenting. And a good match doesn't necessarily equal a tight connection like that of Jennifer Cantor's and Lisa Smith's. Christina Slason, 29, who delivered a boy in January for same-sex partners from Mexico City, felt as the couple did—that a close relationship was not necessary. "We agreed that we would keep in touch, but neither of us felt the need to really bond," says Slason, a mother of three who lives in San Diego with her husband, Joseph, a Navy corpsman. "We were there to have a baby, nothing more. We were all clear on that."

But things are not always that clear. For Joseph, a single father from Massachusetts who asked to be identified only by his first name for privacy reasons, the process of finding a suitable surrogate on his own was frustrating, particularly when the first match got cold feet and pulled out. Intended parents Tamara and Joe Bove were troubled when the carrier for their triplets refused to go on bed rest even when a doctor advised her the babies' lives would be at risk if she did not: "She had delivered monstrously large twins vaginally before, even though one of them was breech. So she was kind of surprised that this could happen to her and just wouldn't cooperate." Tamara was plagued with worry. "Our plan was to keep in touch even after the babies were born, but then she stopped listening to the doctors. But you still have to keep acting like everything is fine because she's in control until the babies are born." (Despite Tamara's worries, the triplets were born healthy at 31 weeks via a C-section.)

Control, not surprisingly, is a sore point. A favorite pastime among surrogates—most of whom join support groups at the request of their agencies—is sharing stories of the most bizarre IP requests they've heard. One military surrogate was told if her husband was

deployed anywhere in Asia, she was not to have sex with him when he returned for fear that he was unfaithful and carrying an STD. Jennifer Hansen, the surrogate from Nebraska, says she had a few requests from her intended parents that were odd to her "as a Midwestern girl." Hansen says she's been asked not to pump her own gas. "They believe it leads to miscarriage," she says. "I've also been asked to change my cleaning supplies to all green, natural products. I'm a Clorox girl, and have no idea where to even buy these products. So they just box them up and send them to me from California." What most surrogates don't realize, according to Margaret Little, a professor of philosophy at Georgetown University and fellow at the Kennedy School of Ethics, is that the contracts governing their conduct during the pregnancy are not enforceable. She does have to surrender the baby once he's born, but cannot be forced to have (or not have) an abortion, or to obey restrictions on what she can eat, drink or do. The intended parents' only recourse is to withhold payment; they cannot police her conduct. "Surrogacy raises important red flags," Little says, "because you are selling use of the body, and historically when that's happened, that hasn't been good for women."

On the other hand, other agencies reported that some concerned surrogates have pumped and shipped their breast milk to the intended parents weeks after the birth out of fear that the newborn will not build a strong immune system without it. As for Jennifer Cantor, resting at home last week after delivering Jonathan and Ethan, she intends to stay in touch with the family whose lives are now inextricably bound up with hers. Before returning to their home in Georgia, Lisa and Kerry brought the twins for a visit with the stranger who bore them, and with Cantor's daughter, Dahlia, whose relationship to them doesn't even have a word in the language yet. Lisa described her babies as "the true meaning of life N absolutely perfect." Next time they're hoping for girls. They're also hoping to find someone like Cantor—who, however, does not plan to be a surrogate again, much as she enjoyed it. She is relieved that she can sit normally and put her arms around Dahlia again, without a big belly in between them. She was happy that she had been able to fulfill her dream of bearing a child for someone else. "It was exactly," she said last week, "the experience I imagined it would be."

With Jeneen Interlandi and Daniel Stone

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