



Surrogate mothers at the Kaival Hospital at Anand, in the western Indian state of Gujarat in February 2006.
(Ajit Solanki/The Associated Press)

Foreign couples turn to India for surrogate mothers

By Amelia Gentleman

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MUMBAI: Yonatan Gher and his male partner plan eventually to tell their child that it was made in India, in the womb of a woman they never met, with the egg of a Mumbai housewife they picked out from an Internet line-up of candidates.

The embryo was formed in January in an Indian fertility clinic about 4,000 kilometers, or 2,500 miles, from Gher's home in Tel Aviv, nurtured by a team of doctors who have begun specializing in surrogacy services for couples from around the world.

As they waited to see if the fertilization process had been successful, Gher, 29, and his partner sped around the streets of Mumbai in the back of an autorickshaw, drinking in scenes of a country they had never previously visited, staring at the unfamiliar faces of Indian women and children and "trying to imagine our child," he said.

"The child will know early on that he or she is unique, that it came into the world in a very special way," said Gher, a communications officer for the environmental group Greenpeace. "But as it grows up and asks questions about the birds and the bees, then we will need to go into more detail."

Reproductive outsourcing is a new but rapidly expanding enterprise in India. Clinics that provide surrogate mothers for foreigners say they have been inundated with requests from the United States and Europe in recent months, as word spreads of India's combination of skilled medical professionals, relatively liberal laws and low prices.

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Commercial surrogacy, which is banned in some European countries and subject to a wide spectrum of regulation in U.S. states, was legalized in India in 2002. The cost of the medical procedures, air tickets and hotels for two trips to India (one for the fertilization and a second to collect the baby) comes to around \$25,000, roughly a third of the typical price in the United States.

"People are increasingly exposed to the idea of surrogacy in India; Oprah Winfrey talked about it on her show," said Dr. Kausal Kadam in her office at the Rotunda clinic, an hour after creating an embryo for Gher and his partner, with sperm from one of the men (they would not disclose which one) and an egg removed from a donor just minutes before in another part of the clinic.

No contacts between egg donor, surrogate mother or future parents were permitted.

There are no firm statistics on how many surrogacies are being arranged here for foreigners, but anecdotal evidence suggests a sharp increase.

Rudy Rupak, co-founder and president of PlanetHospital, a U.S. medical tourism agency, said he expects to send at least 100 couples to India this year for surrogacy, up from 25 in 2007, the first year he offered the service.

"Every time there is a success story, hundreds of inquiries follow," he said.

In Anand, a city in the eastern state of Gujarat where the practice was pioneered in India, more than 50 surrogate mothers are currently pregnant with the children of couples from the United States, Britain and elsewhere. Fifteen of them are living together in a hostel attached to the clinic there, waiting to give birth.

Dr. Naina Patel, who runs the Anand clinic, said that even Americans who could afford the cost of surrogacy at home were coming to her, because Indian women "were free of vices, like alcohol, smoking and drugs." She said she receives around 10 e-mailed inquiries a day from childless couples abroad.



Under guidelines issued by the Indian Medical Council, surrogate mothers sign away all their rights to the child. In cases where the surrogate provides a womb for an embryo formed from the sperm and egg of the prospective parents, it is only the names of these genetic parents that appear on the birth certificate. If an egg donor is involved, her name does not appear on the document, either; only that of the father.

This eases the process of taking the baby out of the country. But for many, like Lisa Switzer, a 40-year-old medical technician from Texas whose twin babies are being carried by a surrogate mother from the clinic, the overwhelming attraction is the price.

"Doctors, lawyers, accountants, they can afford it, but the rest of us - the teachers, the nurses, the secretaries - we can't. Unless we go to India," she said.

Surrogacy is an area fraught with ethical uncertainties. Critics argue that the ease with which relatively rich foreigners are able to rent the wombs of poor Indians creates the potential for exploitation. Although the government is actively promoting India as a medical tourism destination, something about the exchange of money for babies has made many here uncomfortable.

The Ministry of Women and Child Development said in February that it was considering introducing legislation governing surrogacy, but this is not imminent. An article highlighting some of the concerns about the practice, published in The Times of India, questioned how such a law would be enforced: "In a country crippled by abject poverty, how will the government body guarantee that women will not agree to surrogacy just to be able to eat two square meals a day?"

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Gher and his partner (who asked not to be named) have worked through their doubts and are certain they are doing a good thing.

"People can believe me when I say that if I could bear the baby myself I would," he said. "But this is a mutually beneficial answer. The surrogate gets a fair amount of money for being part of the process."

They are paying around \$30,000, which includes flights, hotels and medical care. The surrogate is paid about 300,000 rupees, or \$7,500.

"Surrogates do it to give their children better education, to buy a home, to start up a small business, a shop," said Kadam. "This is as much money as they could earn in maybe three years. I really don't think that this is exploiting the women. I feel it is two people who are helping out each other."

Gher agreed. "You cannot ignore the discrepancies between Indian poverty and Western wealth," he said. "We try our best not to abuse this power. Part of our choice to come here was the idea that there was an opportunity to help someone in India."

In the clinic, it is clear that an exchange between rich and poor is under way. On some of the contracts, the thumbprint of an illiterate surrogate stands out against the signature of the clients.

Although some Indian clinics allow surrogates and clients to meet, Gher said he prefers anonymity. When the woman gives birth later this year, he and his partner will be in the hospital, but not in the labor ward, and will be handed the baby by a nurse.

The surrogate mother does not know that she is working for foreigners and has not been told that the future parents are both men. Although the clinic advertises its gay-friendly credentials on its Web site, offering wombs to people who do not have them, homosexuality remains illegal in India.

Israel legalized adoption by same-sex couples in February, but surrogacy for same-sex couples is still not permitted. A fertility doctor recommended Rotunda, which made news last November when doctors there delivered twins for another gay Israeli couple.

Rotunda did not allow interviews with its surrogate mothers, but a 32-year-old woman at a fertility clinic in Delhi explained why she is embarking on her second surrogacy in two years.

Separated from her husband, she found that her monthly wages of 2,800 rupees as a midwife did not cover the expenses involved in raising her 9-year-old son. With the 550,000 rupees she earned from the first surrogacy, she bought a house. With the 350,000 rupees she expects from the second, for which she is negotiating with an American couple, she will be able to pay for her son's education. "I will save the money for my child's future," she said.

The process requires a degree of subterfuge in this socially conservative country. She has told her mother, who lives with her, but not her son or her neighbors.

So far, the experience of having a baby has been strangely virtual for the Israeli couple. Profiles of egg donors were sent by e-mail ("We picked the one with the highest level of education," Gher said), followed by additional information (a factory worker was rejected in favor of a housewife, who is presumed to have a less stressful lifestyle). Gher is posting updates about the process on Facebook. Soon ultrasounds of their developing child will start appearing in his inbox. Highly pixilated, blown-up passport photos of the egg donor and surrogate mother are pinned up on the wall of their apartment in Israel.

"We've been trying to half close our eyes and look at it in a more holistic way to imagine what she would actually look like," he said of the donor's blurred image. "These are women we don't know, will never know, who will become in a way part of our lives."