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THE OUTSOURCED SELF

What Happens When We Pay Others to Live Our Lives for Us

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"Just get me *home*," she pleaded each time I visited. "I'll be fine on my own."

That was not possible. However, after a near century of living like a church mouse, she had saved enough to pay for care. We found some useless, uncanceled checks quirkily tucked in an old telephone book. In fact, I discovered that bringing her home would cost less than the nursing home. I just had to find someone to be with her.[13] I began calling around for a live-in caregiver. I called a suspicious-sounding woman living in a trailer park off Route 4 who declined due to a bad back. I called a farmer's wife who needed the money but couldn't leave her ailing husband's side. I contacted all my friends and their friends, and their friends' friends. The search was on.

Chapter 4

Our Baby, Her Womb

As we drove into the vast parking lot at 10:45 in the morning, mothers in floral summer dresses and flip-flops, fathers in short-sleeved shirts, and girls in strapless tops and capri pants were slowly streaming from every direction toward the auditorium of the Holy Mission Baptist megachurch in Jackson, Louisiana. At the entrance, a young man in a dark suit passed out sheets listing "Events of the Day" and pointed parents with toddlers toward one door, older children toward another. I was led into a great auditorium filled with nearly five thousand seated parishioners facing three enormous screens. Looming above us was the projected image of two earnest singers in a loud and rousing vocal duet of "Jesus Lives," set to the 1960s tune "Celebration Time."

The singers moved on to "Christ Is Alive" and "The Empty Grave Rejoices." Parishioners were tapping their feet, rocking, bouncing gently in their chairs. A few stood. Hands clapping, hips swaying. Soon a dozen smiling ushers roamed the aisles, tossing in the air dozens of red, white, and blue beach balls for the audience to catch and pitch about the festive auditorium. When the music drew to a close, the Director of the Youth Ministry,

dressed in jeans and a blue shirt with rolled-up sleeves, led us in prayer. He then called on parishioners to stand and shake hands with their neighbors, left and right. "Ask them, What's your favorite Beach Boys song?" Laughter arose. "I can't remember . . . 'California Girls'? 'Do it Again'?" "Now," the minister said, "ask the person in front and in back." More laughter. "'Good Vibrations.' 'Fun, Fun, Fun' . . . I like that one, too."

This lighthearted ritual of greeting was part of the church's open-arms philosophy—one that had attracted Tim and Lili Mason, both born-again Christians. Before they married six years ago, they had been American nomads, moving several times each to new cities and, once settled in Jackson, from one neighborhood to another. The parents of both Lili and Tim lived in other states, and the couple knew neighbors only enough to "wave at." So it was through Holy Mission Baptist—which served 17,000 believers, Tim told me proudly—that they had discovered a community. In fact, soon after they joined the church, a facilitator proposed that they join a group of young couples looking forward to parenthood. To improve their marriage, they also signed up for church-sponsored marital counseling. All of it offered them a welcome relief from the lonely, restless lives they had lived before marriage and church, though this sense of community also felt, to Tim, somehow moveable. As he said cheerfully, "If we move again, we can find a satellite campus and still feel part of the same community."

Despite the thousands of people in the audience that Sunday morning, the pastor's message seemed directed specifically at Lili and Tim and their thwarted hopes for a baby. After describing the heartache of waiting for something that just didn't happen, the pastor told the biblical story of Sarah, the wife of Abraham, who found herself too old to conceive the child she yearned to have. She "foolishly took tools into her own hands," the pastor said, and talked Abraham into sleeping with her servant Hagar. When Hagar conceived a son, Sarah flew into a jealous rage and banished her and her baby, Ishmael. Abraham was, the pastor commented

wryly, "a wimp for going along with Sarah's wild scheme," and now found himself in a fine mess. A murmur of appreciation for the pastor's frank remarks rose from the rapt congregation.

The message of the sermon was to "leave the tools in God's hands" and not, like Sarah, take them into one's own. Little could the pastor have known that two listeners in the front middle row had actually flown halfway around the globe to hire a "Hagar" to bear their child.

This was to be their biological child—the product of Tim's sperm and Lili's egg—implanted in the womb of a surrogate who lived in India. The science, the technology, the very idea would have been beyond the wildest fantasies of my grandparents, not to mention Sarah and Abraham. Yet Tim and Lili were not even venturing into the farthest reaches of today's reproductive possibilities. For a person can now legally purchase an egg from one continent, sperm from another, and implant it in a "womb for rent" in yet another. An Israeli entrepreneur who calls himself "Doron" in the 2009 documentary *Google Baby* assembles such parts of life for a fee. A client can even purchase the sperm and egg online, have them delivered in liquid nitrogen to a clinic in India, have them implanted in the Indian surrogate, and pick up the baby nine months later. Where, I wondered, was the human touch in all this—the spirit of the gift? I was visiting Lili and Tim to see how they were feeling their way along this part of the market frontier.

After lunch at a nearby mall, we returned to the Mason home through a quiet, leafy neighborhood of dandelion-free lawns, small ornate water fountains, and two-car garages. All was quiet except for the distant roar of a leaf blower and weed whacker down the street near a truck marked TOP TURF LAWN CARE. The elegant homes, the sculpted shrubs, the manicured grass, all spoke of a desire for order and control.

"I'm a talker," Lili began, handing me a tall glass of iced tea on a porch behind their spacious three-story redbrick home. A pretty, bright-eyed, petite woman, the daughter of Indian immigrants, and a computer programmer, Lili was wearing cutoff shorts, a white

shift, and plastic sandals, an outfit she had worn to church earlier that day. "I'll tell you anything you want to know," she offered.

In recent years, Lili had suffered from osteoarthritis and scoliosis, and after a double hip replacement, her doctor advised her to give up on trying to bear a child. But physical problems were not, she offered, the entire reason why she had never had a baby. Like many working women, she had delayed the decision to conceive and, even now at forty, approached the idea of a baby with caution: "I was slow to really *want* a baby. I was never one of those women who knew from day one she had to be a mother. But I don't beat myself up about it."

When I asked Lili about her early years, she slowly tucked her lustrous black hair behind her ears and described, with surprising detachment, the painful memory of her father's relentless tirades ("You're filthy. You're a slut. You're no good") and her after-school job cleaning blood and vomit off the floors of mussed rooms in her father's small hotel. "He didn't want me to turn out like the women who stayed in his hotel. I used to cry, hit myself, pull my hair, and slap myself. There was a railroad track behind the hotel. I used to think about lying down on it. So going through all that, I learned to be numb."

Ironically, her father seemed to push Lili into the very nightmare he imagined himself protecting her from. In her teen years, Lili began experimenting with drugs and sex. "I'm a 'try stuff' sort of person," she said, "so I thought I could handle it. But I couldn't." After a series of boyfriends, four abortions, and one failed marriage, Lili found herself living alone in a high-rise apartment building in New Orleans, working a temp job as a file clerk during the day, flipping channels on her television at night, and accepting monthly checks from her worried parents.

"I was so depressed," she continued. But one late weekend afternoon, she switched the channel to a plain-talking spiritual adviser, Joyce Meyer, and that day, alone in her apartment, she "submitted to Jesus." Some while later, she moved to another apartment building and met Tim, also a recent convert, who told

her he very much wanted a child. They married. With a brightened outlook, a desire to strengthen her bond with Tim and to be a good Christian wife to him, Lili began to try to want to have a child. "There's still part of me that says, 'Gaaaa . . . no!' But another part says, 'I'd like to do it for Tim.' Tim is the real *go go go* guy on getting a baby."

When I spoke to Tim later, he made no secret of his desire for a child. He was seated on the living-room couch, his leg in a full-length plaster cast propped up on a stack of pillows, the result of a recent fall in their backyard. Stocky, blond, with cherubic blue eyes, it was in a soft voice and slow measures that he described his day job managing warehouse shipments and Saturday afternoons coaching soccer and baseball. "I'm thirty-four and have gotten to a certain stage in my career," Tim said. "I want to devote the next chapter of my life to being a father." When he imagined being a parent, Tim pictured quitting his warehouse job, while Lili continued to work, and after Lili got home in the evening, teaching guitar in his basement office.

Refusing to be disheartened by four years of fruitless effort to get pregnant, Tim turned to other possibilities. Before their marriage, he had assumed it would be easy for Lili to get pregnant. But after four years of trying, they turned to in vitro fertilization. For this, the doctor harvested Lili's eggs, combined them in a petri dish with Tim's sperm, in hopes of creating an embryo that could be implanted in Lili's uterus. But try after try, the procedure failed and costs mounted. After Lili's double hip replacement and her doctor's disappointing counsel not to carry a child, Tim started to research surrogacy.

I was Googling around and found some articles online about this infertility clinic in Anand, Gujarat, that offers very inexpensive IVF and surrogacy. I gave it to Lili to read and said, "Tell me what you think." She read it and said, "You want me to go to *India* for a medical procedure? You must be out of your mind."

Lili's parents, naturalized Americans who had been born in India, had never heard of Indian infertility clinics. Nor had word of them come through the *samaj*, the local Indian community in Jackson that kept up on eligible marriage partners and local dowry prices. Instead, word came to Tim via Google. Lili remembered her response: "No way! I wouldn't be caught dead in an Indian hospital!" But Tim persisted: "I brought up online images of their modern equipment; it looked just like the IVF equipment the clinics have in Jackson."

Had they considered adoption? I asked. Yes, but only as a last resort. Had they thought of asking a friend or relative to be their surrogate? Tim replied:

> Actually, my brother's wife and the wife of a friend both offered. We weren't really entertaining the idea of my brother's wife as much as Betty, the wife of my childhood buddy. We're pretty close to them. I was overwhelmed that she offered us this huge gift and was excited to do it for us. They had to stop at one child for financial reasons and she'd enjoyed her pregnancy and wanted to go through it again.
>
> They also felt bad for us. My buddy is a fireman and he told us he goes on calls in bad neighborhoods at 3:30 a.m. or 4:00 a.m. and will see a toddler in the middle of the street. There are so many people with babies that just don't take care of them. And yet it's so hard for responsible people to become parents.

"Why not accept Betty's offer?" I asked. "It's the cost," Lili replied. "Insurance doesn't cover the cost of medically preparing me to produce eggs, the cost of preparing the surrogate's body to receive them, or the cost of the surrogacy itself." Tim continued:

> Then there's the cost of the psychological evaluations. Plus lawyer fees. Altogether it would come to between $20,000 and $22,000 just to try. Then if Betty got pregnant, there are labor costs. The total could come to $50,000. We'd obviously want to pay Betty, too. If we hired a stranger here in the States, that alone could range from $25,000 to $40,000. So the total bill could be $80,000 here—and that's if you have a normal baby. In India the total could be $10,000.

Lili and Tim earned a combined $172,000 a year. I asked them if they had considered moving to a smaller home to save money so they could pay for a surrogate in America. No, they liked the house and needed the basement for Tim's music lessons. The SUV? It was handy, and at least they didn't have two cars. Could they accept a gift, I asked Lili, from her well-to-do parents?

> My parents wouldn't hesitate to give us money. But now, at age forty, I have a fifteen percent chance of having it work with my egg and another woman's womb. I wouldn't want to spend their money for such a slim chance of success. Who goes with these odds? Do you invest in a stock with such terrible odds of return? No. Even if you have the money, it's not a wise decision.

So, despite Lili's hesitation, Tim e-mailed Dr. Nayna Patel at the Akanksha Clinic in Anand. She replied with a series of medical questions. Tim answered these, inquired further, and asked for names and e-mail addresses of references. Thinking over the events that had led them to Anand, still painfully fresh in their minds, Tim recalled: "She gave us the names of three couples, all of whom ended up with babies. We e-mailed all three and spoke by phone with two. They said sometimes you e-mail Dr. Patel and she doesn't answer and you have to e-mail again, or call late at night. She's very curt, but it's not a scam."

A few months later, Tim and Lili flew to India. "When we decided to go I began to feel, 'Hey, I really want this baby,'" Lili said. They checked into a small hotel in Anand. The next morning, they took an auto-rickshaw to the clinic, where Dr. Patel's amiable husband ushered them into her office.

Dr. Patel herself graciously greeted Lili and Tim and, after a short interview, drew back a white curtain separating the front of her office from two examining tables in the back. She asked Lili to undress and lie down. As Lili recalled: "When Dr. Patel examined me with the wand [a medical device used in pelvic exams], it felt like she was driving a stick shift around my abdomen: first gear, reverse. In the United States, a doctor might warn you, 'You'll feel a little pressure here or there. . . .'"

Lying on the same table, Lili prepared to have blood drawn. Tim described the scene: "There's no rain for ten months of the year in Anand. So the ground is very dry with big cracks in the soil, dust over the cars, rickshaws. So this blood-work guy comes into the clinic office with dusty feet." Lili added:

> He looked like a street vendor. He pulled syringes out of what I thought was a dirty camera bag. He entered the exam room with his rubber gloves already on. I thought, "What the heck is this?"

To collect semen, Tim was conducted to a room with a bed (he recalled grimy sheets) and a loose faucet hung over a dirty sink. "They tell you to wash your hands," another client who completed his task in the same room told Tim, "but my hands were already cleaner than that water." Lili was then sedated and the doctor retrieved two eggs, which were mixed with Tim's sperm in a petri dish. Five days later, an embryo formed. They were elated.

The Quiet, Thin Surrogate

The Akanksha Clinic houses the world's largest-known group of commercial surrogates. A baby a week is born there. Dr. Patel, the director, is especially proud of her clinic's attention to quality control (most surrogates live on a supervised high-quality diet, often in secluded dormitories) and efficiency (Akanksha encourages highly businesslike relationships between surrogate and client so as to facilitate the easy transfer of the baby).

When Lili and Tim arrived at the clinic to meet the surrogate into whom their precious embryo would be implanted, Dr. Patel handed them her profile. At the top was her name and under it:

> Age: 25
> Weight: 44 kilos
> Height: 5 feet
> Complexion: wheatish
> HIV: negative
> Hepatitis: negative
> Occupation: housewife
> Marital Status: married
> Children: one
> Cast [*sic*]: Hindu
> Education: uneducated

The surrogate, recruited by Dr. Patel herself, was ushered into the main office, her eyes fixed on the floor, as were those of her husband, who filed in behind her. As Tim recounted:

> The surrogate was very, very short and very, very, very skinny and she didn't speak any English at all. She sat down and she smiled. She was bashful and her husband, too. You could tell they were both very nervous. We would ask a question and the translator would give a one- or two-word response. We asked what her husband did for a living, and the age of their child, just to make conversation. I don't remember the answers. I don't remember her name.

Surrogates earn more money if they agree to live in the dormitory for the full nine months, which nearly all of them do. Tim continued:

We asked whether she planned to stay in the dormitory or stay with her husband. She said she would live in the dormitory the whole time. Dr. Patel told us her husband would only be allowed to visit for a couple hours and in a crowded room, so there would be no chance they would have sex or that he would transmit any infection.

Lili remembered being nervous about meeting the surrogate:

> It was because of this Indian-to-Indian dynamic. Other client couples—American, Canadian—tend to react more emotionally. They hold hands with their surrogate. But to me, that's weird; we don't do that touchy-feely thing—especially not for services rendered. You know, "I'm so glad you are doing this for me, let me hold your hand." I'm a little bit rough around the edges anyway. But to me it's simple: This girl is poor and she's just doing it for the money.

But when Lili saw the diminutive woman enter the room, she did feel an urge to reach out.

> I didn't want her to think of me as this big rich American coming in with my money to buy her womb for a while. So I did touch her at some point, I think, her hair or her shoulder. I tried to smile a lot. Through the interpreter I told her, "I am very glad and grateful you are doing this." I explained that we'd tried to have a baby but couldn't. I told her not to worry for herself; she would be taken care of. I asked her about her own child. She didn't look at ease. It was not the unease of "I can't believe I'm doing this," but more the unease of the subordinate meeting her boss.

The surrogate and her husband asked Tim and Lili no questions about themselves. "I'm sure to them it's a pure business transaction," Tim said. "Payment for surrogacy could equal ten years' of

salary in India. Still, if she'd been more cheerful, maybe we would have talked more."

The encounter lasted fifteen minutes. The second and last time the Masons met the surrogate, she was lying on a table preparing to have their embryo implanted in her womb. Lili stood by the table and held the surrogate's hand for about half an hour. A day later, Tim and Lili flew back to Louisiana. Two weeks after that they received an abrupt e-mail from Dr. Patel: "Sorry to inform you that Beta HCG of your surrogate is less than 2, hence pregnancy test negative. Herewith attached is the report of Beta HCG." In other words, the egg had failed to grow in the surrogate's uterus.

Had the surrogate been malnourished? Had the procedure been done correctly? It was hard to know. Dr. Patel recommended trying again with Tim's sperm and a donor's egg. Weary of the roller coaster of hope and disappointment, they asked about the chances of success. "Sixty percent," Dr. Patel responded. But she had told a television interviewer it was 44 percent, and still other gynecologists estimated 20 percent. "We couldn't tell what the real rate was," Tim said, adjusting his leg cast on the sofa.

But the Masons decided to take the next step. They agreed to purchase a donor egg that would be artificially fertilized by Tim's sperm and implanted in the womb of another surrogate. For this, Dr. Patel's clinic needed to locate the right donor.

Several months went by.

At last, Dr. Patel wrote to say that she had found an egg donor. She was already on her seventh day of medication, the doctor explained, to help stimulate egg production. But who was paying for the medication she was already on, Tim and Lili wondered. Other clients? Had they dropped out? If so, why? "It seemed strange, but we wired her the $4,500 she requested," Tim said. Egg donors at the clinic, Tim later discovered, received $100 to $500 per donation.

Lili and Tim asked to see a photograph of the donor so they could have some idea of what their child might look like. Weeks

passed. No photo arrived. Lili called Dr. Patel. In the notes Tim kept at the time, the exchange between them went like this: "Doctor asked, 'If you don't like the picture, will you pull out of the egg donation?' We said, 'No, it would just be nice to see the picture.'" A day later, a photo arrived.

She was "small, thin, and fairly pretty," Lili recalled. Soon after, Dr. Patel implanted the donor egg fertilized with Tim's sperm into the second surrogate. (To increase the chance of success, the doctor routinely implanted about five embryos at a time, aborting fetuses if they numbered more than two.)

Two weeks later another dispiriting e-mail message appeared on Tim's computer: "Hello. Sorry to inform you that Beta HCG of your surrogate is less than 2, hence pregnancy test negative. Herewith attach the report of Beta HCG."

Tim and Lili never met their egg donor or second surrogate, nor did they see their first surrogate again, nor did they see the dormitory where both surrogates had promised to live for nine months. And when I asked them whether they would have kept in touch with their surrogate had a baby been born, both paused in slight surprise at the question. "I would have left that up to the surrogate," Lili said.

> If she had no preference one way or another, and just gave some polite answer, I probably would have sent some photos of the baby or a letter. If there had been no response, I'd probably have given up. She probably can't write. The Surrogate Profile Form said "no education." Even if she could write, I can't read Gujarati. It's probably a big cost for them to write letters. And who knows if they'd still be living at the same address.

Although Tim and Lili had no real interest in forming a friend- or family-like bond with their surrogates, it was not a sign of callousness or moral unease. They were caring people who faithfully tithed their income for the poor in India. They objected to any suggestion of exploitation and were disturbed to hear surrogacy

mentioned in the same breath as the black market for organs. As Tim reflected:

> There are so many activists out there saying that "wombs for rent" are a violation of human rights. I think it's just a decision people make on their own. It's not the same as one person buying and another selling a liver on the black market in Mexico. These Indian surrogates are very poor. They may not be the people you drive by, living beneath a blue tarp by the edge of some Indian road. But they're not much above that. So why would you not want to help somebody out? What's wrong with that? If they have a financial incentive, that's fine.

Simply, Tim and Lili saw their relationship with the surrogate as a mutually beneficial transaction. They imagined themselves as outsourcers paying a stranger to provide a professionally supervised service. They hoped to establish a pleasant, temporary bond with the surrogate, to pay her, thank her, and leave. They sought to create the sort of relationship one might establish with an obstetrician or dentist. In the outsourcer ideal, relations are pleasant and honest, but the point of them is to facilitate the exchange of money for service. In the course of a modern day, the outsourcer manages many such relationships—with a babysitter, psychiatrist, physical trainer, for example—and can't get "entangled" with them all.

Tim and Lili's relationship with the Akanksha Clinic came to a decisive end after they received the last of Dr. Patel's cryptic, disheartening messages, and Tim declared the search for a surrogacy baby at Akanksha over. "We're now looking into adoption in Nepal," he said. To prepare for that, they took an adoption class that Lili said had transformed her thinking.

> When we were doing the surrogacy, I wasn't so aware of the mother-child bond. I didn't know a baby could recognize the voice of the mother who carried it. I guess I felt detached.

But after we took the adoption class, I realized how important contact between the surrogate and baby might be, and so how important it was for me to feel connected to the surrogate. If you're carrying a child for nine months, and then suddenly it's delivered and gone, there would inevitably be a void. God didn't create our bodies to work with IVF and surrogacy. So I now think I would have wanted some relationship with the surrogate—for the sake of the child.

Everything for Sale

The international search for a baby immersed Tim and Lili in a globe-spanning stream of "medical tourists" for which India is a particularly popular destination.[1] Since India declared surrogacy legal in 2002, an estimated three thousand Assisted Reproductive Technology (ART) clinics have sprung up nationwide and are predicted to add, from 2012 onward, an annual average $2.3 billion to the nation's gross domestic product.[2] Advertisements describe India as a "global doctor," offering First World skills at Third World prices, short waits, privacy, and—especially important in the case of surrogacy—a minimum of legal red tape. The Indian government encourages First World patients to come to India by granting lower tax rates and import duties on medical supplies to private hospitals that treat foreign patients.

The fertility market is flourishing in the United States as well. Had Tim and Lili decided to purchase an egg in the United States, they could have entered the world of ads placed by fertility clinics and prospective parents in college newspapers, on Facebook, and on craigslist. In a 2006 study of more than one hundred advertisements seeking egg donors published in sixty-three college papers, Dr. Aaron Levine, a professor of public policy at the Georgia Institute of Technology, found that a quarter of these offered potential compensation exceeding $10,000. Guidelines issued by the American Society for Reproductive Medicine, the nonprofit arm of an

industry group, take no issue with the commercial purchase of eggs but urge limits on their price. A client should pay no more than $10,000 for an egg, they suggest. But ads in newspapers at Harvard, Princeton, and Yale on average promise donors $35,000.[3]

The society also recommends that fertility clinics forbid clients from paying additional fees in return for special "traits" such as a gift for math or music. The society has no means to enforce its guidelines, however. With its Corporate Council members from Good Start Genetics, Freedom Fertility Pharmacy, Merck & Co., Pfizer Inc., and other for-profit companies with a financial interest in the matter, the society is unlikely to question the wisdom of placing reproduction on the market frontier. Dr. Levine discovered that for every extra one hundred points in a university student's SAT score, the advertised fee rose by two thousand dollars. And dozens of American clinics now offer would-be parents detailed profiles of the characteristics of sperm and egg donors. Xytex Corporation in Atlanta, Georgia, for example, provides potential clients a list of genetically coded attributes—including the length of eyelashes, the presence of freckles, and results of the Keirsey Temperament Sorter test.[4]

Students themselves found the fertility clinic ads unremarkable. One twenty-two-year-old Brown University undergraduate told the *New York Times* that she was shocked at first that they would target "what they were looking for, like religion, SAT score, and hair color." But like other things she was first exposed to in college, "the shock wore off." I asked one of my students at University of California, Berkeley, how she felt about ads for human eggs in the *Daily Californian*, the college newspaper: "Our tuition is rising," she said, "and we're less and less a public university that regular families can afford. I have friends who are looking seriously at those ads. I don't blame them."

Tim and Lili had themselves come to accept things that had once seemed unthinkable. In the meantime, they had placed their name on a waiting list, number 375, to adopt a Nepalese child and had settled in for a long wait. It might be a year or two. The

minister at Holy Mission Baptist Church was right, they felt, sometimes waiting can be painfully hard. Still, Lili now saw meaning in the wait. "I need to work on my anxiety and anger issues. Maybe God is giving us time to truly prepare."

When I contacted the Masons a year later, Lili told me that the Nepal adoption agency had been accused of corruption and that several countries had pulled out, including the United States, through which they had put in their application papers. But Tim had gone online again and discovered a clinic in Hyderabad, which he visited with his father, leaving behind a check for $7,000 and a semen sample. "This clinic keeps trying with surrogates and donors for as long as it takes until one succeeds," he explained. "The next payment isn't due until a pregnancy is confirmed at three months. The total will come to $25,000, including the payment to the surrogate, the egg donor, the delivery, everything." The first donor's eggs yielded sixteen embryos, which were implanted in three tries over several months. The couple had recently learned that, perhaps due to storage problems, Tim's sperm had died and the clinic needed more samples.

Lili was resigning herself, it seemed, to life without a child. But Tim, "the upbeat spirit" in their home, as Lili described him, could not. His injured leg had healed badly, robbing him of much feeling in his left foot. This made it impossible to play soccer and took much of the joy out of coaching—another great love in his life. Perhaps for that reason, the wish for a baby loomed ever larger, and, cautiously hopeful, Tim was planning a second trip to Hyderabad.

Chapter 5

My Womb, Their Baby

Tim was right. Anand is dusty. I had come to India to visit friends, but was thinking about the downcast eyes and folded hands of the Masons' surrogate sitting that day in Dr. Patel's office at the Akanksha Clinic. What had brought her in? What was she feeling? The clinic guarded surrogate names, and the Masons had forgotten hers. But perhaps I could talk to other surrogates. I decided to try. I was joined on a flight from Mumbai to Ahmedabad by Aditya Ghosh, a journalist with the *Hindustan Times*, who had covered the expanding Indian surrogacy industry and had offered to come with me and translate. Together we made our way through the town by auto-rickshaw. The driver honked his way through the chaos, swerving around motorbikes, grunting trucks, and ancient large-wheeled bullock-carts packed with bags of fodder and slowly hauled by head-nodding oxen. Both sides of the street were lined with wind-tossed plastic trash and small piles of garbage on which wandering cows fed. The driver turned off the pavement onto a narrow, pitted dirt road, slowed to circumvent a pair of black-and-white-spotted goats, and stopped abruptly outside a dusty courtyard. On one side stood a small white

building with a sign that read, in English and Gujarati, AKANKSHA CLINIC.

Two dozen dainty Indian women's sandals, toes pointed forward, were lined up in a tidy row along the front step of the clinic. After being greeted by Dr. Patel, the clinic's director, I followed an embryologist to a small upstairs office to talk with two women, Geeta and Saroj, who had both carried other women's babies. They entered shyly through a door that led from a large dormitory filled with closely set iron cots. Nearly all of the surrogate mothers who have carried the more than three hundred babies delivered at Akanksha since 2004 have lived in this dormitory or in two others nearby. Each facility has a kitchen, a television, and a prayer room. Small children are allowed to stay with their mothers, but older children and husbands are barred from overnight visits. Surrogates are not permitted to leave their quarters without permission and seldom do. This is partly because they try to hide their pregnancies from disapproving relatives, and partly because they are forbidden to sleep with their husbands during pregnancy. They are offered weekly English lessons (which few attend) and computer lessons (which more do), and they receive daily vitamin injections and nutritious meals served on tin trays.

Geeta, a twenty-two-year-old light-skinned, green-eyed Muslim beauty, was the mother of three daughters. One sat wide-eyed on her lap. Like all the surrogates, Geeta was healthy, married, had the assent of her husband, and was already a mother. As one doctor explained, "If the surrogate has her own children, she'll be less tempted to claim the baby she's carrying for a client."

"How did you decide to become a surrogate?" I asked Geeta.

"It was my husband's idea," she replied.

Her husband cooked *pav bhaji* (a vegetable dish) during the day and served it from a street cart in the afternoon and evening. He heard about surrogacy from a customer. "The man was a Muslim like us," she told me, "and he said it was a good thing to do."

> So I came to Madam [Dr. Patel] and offered to try. We can't live on my husband's earnings and we had no hope of educating our daughters. My husband says if we can afford to send our daughters to school and if they study hard, they won't have to end up as housemaids and depend on others for money. Today, daughters are better than sons—more studious, loyal, and compassionate. While I'm at the hostel, my husband is cooking and caring for our two older girls.

Geeta leaned forward, adding softly, "Besides my husband, only my mother-in-law knows what I'm doing." All other surrogates I talked to spoke of carefully guarding their secret from gossiping family and neighbors since surrogates were generally suspected of adultery—a cause for communal shunning or worse. So as to disguise their identity when photographers visited the clinic, they would don white surgical masks that covered all but their eyes. Geeta had even moved with her husband and children from her home village fifty miles away to one nearer to Anand. As one surrogate's husband remarked darkly, "People don't understand or approve, and they talk."

Geeta met her clients twice, the first time for fifteen minutes, and the second time for about thirty. "Where are your clients from?" I asked. "Very far away; I don't know where," she answered, adding, "They're Caucasian, so the baby will come out white." She had been promised five thousand dollars for delivering the baby, and, deposit by deposit, the money was placed in a bank account in her name.

How, I asked, did she feel about carrying a baby she would have to give up? "I keep myself from getting too attached," she explained. "Whenever I start to think about the baby inside me, I turn my attention to my own daughter. Here she is." Geeta bounced the chubby girl on her lap. "That way, I manage."[1]

Seated next to Geeta was Saroj, a heavy-set, dark-skinned Hindu woman with intense, curious eyes and a slow-dawning smile. Like

other Hindu surrogates at Akanksha, she wore *sindoor* (red powder applied to the part in her hair) and *mangalsutra* (bangles), both symbols of marriage. She is, she told us, the mother of two girls and a boy, and the wife of a street vendor who earned one hundred dollars a month. She gave birth to a surrogate child a year and three months ago, and was now waiting to see whether an implantation has succeeded so she could carry a second—the genetic child of Indian parents from Bangalore. Half of Akanksha's clients are Indian, I was told, and half are foreign. Of the foreigners, half come from North America. Like Geeta, Saroj knew very little about her clients: "They came. They saw me. They left," she said flatly.

Geeta and Saroj were in seclusion for now. I asked Saroj, who had done this once before, whether the money she earned made her feel more respected once she returned home. For the first time, the two turned to each other and laughed out loud. Then Saroj said:

> At first I hid it from my mother-in-law. But when she found out, she said she felt blessed to have a daughter-in-law like me because she's never gotten this kind of money from her son.

In a study of forty-two Akanksha surrogates, Amrita Pande, a sociologist who lived nine months in Anand, found that over half described themselves as housewives; the rest listed such occupations as bank teller, farmer, cleaner, waitress, nanny, maid, and plastic sorter. Hindu, Muslim, and Christian, most had seventh- to twelfth-grade educations, five were illiterate, and one—who turned to surrogacy to pay the expenses for a small son's heart surgery—had a bachelor of arts. Over three-quarters of them lived at or below the Indian poverty line.[2]

Many of these women came to surrogacy through word of mouth, which was actively spread by recruiters who were themselves former surrogates. Many first tried making money by donating their eggs, five hundred dollars per operation. To donate eggs, women visit the clinic for weeks beforehand to receive

injections of ovary-stimulating hormones. Then they are sedated, undergo a procedure that is uncomfortable nevertheless, and are released to go home. "Women are lining up to have it done," Pande told me. "I talked to one woman who had endured six or seven retrievals and was thinking about an eighth. She told me it was extremely hard to ride home in a bouncy auto-rickshaw hours after a painful procedure. Often after egg harvests, the women go on to become surrogates."

Acting as a broker, the clinic normally negotiates a fee with the client on behalf of the surrogate. Fees differ. One dismayed surrogate carrying twins for an Indian couple discovered that she was being paid far less—$3,400—than the surrogate sleeping in the next cot, who was carrying a single baby for an American couple for $5,000. Despite the jealousies that arose, the Akanksha surrogates were glad to share tales about an experience largely invisible to those outside it.

Anjali at Home

It was dusk.

Aditya Ghosh, Manju (a photographer who has worked with Aditya in the past), and I were on our way to visit Anjali, a twenty-seven-year-old commercial surrogate who lived in a village on the outskirts of Anand. As a Muslim call to prayer hung in the air, we skirted mud puddles along the ill-lit path through the village. Sari-clad women balancing pots on their heads, gaggles of skinny teenage boys, scurrying children, and shuffling elderly men proceeded along a path lined with brick, tin-roofed shacks and mildew-stained concrete homes.

Suddenly a man's voice pierced the dust: "Aditya! . . . Aditya!" A stocky figure approached. A warm smile. A quick arm wraps itself around Aditya. It was Anjali's husband, Chahel, who now led us along the pathway to his home where his wife was waiting to receive us, seven months pregnant with her second surrogacy.

"*Anjali!* We have guests!" he called out. Waving from the second story, Anjali beckoned us up. We shed our shoes and stepped into the family's bare living room. Two cots with floral bedcovers were flush against opposite walls, serving as seats. Chahel hauled in a white plastic chair from the kitchen. A television with a surround-sound system stood tall in one corner and behind it an array of small gold-framed pictures including one of the elephant god Ganesh, whose help worshippers invoke to overcome all obstacles. Along a bare concrete wall a ledge bore a row of large black-and-white photos. One was of Anjali and her two children playing in a stream, and two others were of Anjali, Dr. Patel, and the entire family inside Dr. Patel's clinic. Anjali, the *doyenne* of Anand surrogates, had been the very first surrogate to bravely show her face to curious newspaper photographers who periodically appeared at the clinic and challenged the shame attached to surrogacy. She was now trusted—unlike most others—to live pregnant outside the dormitory.

Married at sixteen, mother of two, she had come to surrogacy through misfortune. Seven years ago, her husband had been a housepainter supervising eight other painters. Mixed into his paint was a caustic ingredient, lye. After accidentally rubbing his eye with a paint-covered finger, Chahel discovered that his eye had become both painful and blind. He was rushed to a doctor who told him he needed treatment that cost far more than he as a painter and Anjali as a shopgirl could afford. Unable to borrow money from struggling kin, they went to the moneylender who charged—as is typical—an annual interest of 40 percent. They soon found themselves in debt, destitute, and ashamed, daily sneaking past neighbors to a nearby temple to eat charity meals.

It was at this point that Anjali applied to become an Akanksha surrogate. She tried to get pregnant for hire altogether seven times, miscarried once, and then carried a baby to term for an Indian couple for $4,000. She earned nothing for her failed attempts and miscarriage, but the $4,000 was more than Chahel could have made in a decade. Anjali paid a contractor to build a two-story

concrete house, the first floor of which they rented to another family. With the rest of the money she enrolled their nine-year-old daughter and seven-year-old son in private school. Returning to surrogacy, she failed to conceive four times—each time given shots of powerful hormones—before becoming pregnant again. But this time she negotiated the unusually high fee of $8,000.

Shuffling in her house slippers into her new kitchen, Anjali returned with a tray of teacups, sat down, and asked, "How much does it cost to go to medical school in America? My daughter wants to be a doctor," she explained. When she learned how expensive it was, she asked Aditya, "Are the surrogates in Mumbai paid more than in Anand?"

"Yes, more."

"So I'll come to Mumbai," she replied. "Give me the addresses of those doctors." Then, perhaps mindful of her own eagerness, she added, "It's not for me, but for a friend. . . ."

In fact, Anjali's practical approach was hardly surprising. Throughout the surrogate process, she had been instructed to remain emotionally detached from her clients, her babies, and even from her womb—which she was asked to imagine as a "carrier." Further, it was for the services of this carrier that she was paid: $115 on the first month, $115 on the third, $1,250 on the fourth, $115 on the seventh, and $2,750 on delivery. Anjali had done an extraordinarily personal thing—given life to the child of another woman. Paradoxically, during the snowstorm in Turner, my aunt Elizabeth's rescuers had done a far less personal favor—hauling in an electric generator—in a far more personal way. From every conceivable perspective, my aunt and her rescuers, on one hand, and Anjali and her foreign clients, on the other, stood at opposite ends of a broad spectrum. Elizabeth's relationship with her neighbors was face-to-face, rooted in the same land, lore, gossip, and religion, involving little direct exchange of money. Anjali's transactions with her clients were cursory, businesslike, and spanned differences in language, culture, ethnicity, nation, and, most of all, social class.

Before we left, Aditya asked Chahel: "Will Anjali be a surrogate again?"

"No. No. Twice is enough! This is the last time I'll let her do it. Does a man want his wife to do this? No. I am a man!"

"Yes, but the money is good, isn't it?"

"I am a man!" Chahel insisted as we approached the door.

We took our leave, thanking Anjali and Chahel, giving them small gifts, and making our way back along the dirt path through the village. We crossed the railroad tracks and walked in total darkness along the edge of a busy street without sidewalks, a jumble of cars, clopping donkeys, and pedicabs streaming past. After a while, Aditya asked Manju, "Do you think Anjali will do it a third time, even if Chahel doesn't want her to?"

The two mulled it over.

"I think so," said Manju.

"So do I," Aditya replied.

Although Tim and Lili were able to imagine the poverty of Indian surrogates, they had no sense of the emotional challenges they faced, especially that of retaining their dignity. Tellingly, dormitory gossip among the surrogates targeted those who were "too practical" about their job. Amrita Pande found, for example, that Anjali was roundly criticized by the other surrogates who felt that she had become too driven, too strategic, and too materialistic. She had her fancy new house, her children in private school, her stereo, her DVDs, and she still wanted more. They all needed money and they were all renting their wombs to earn it. But as a matter of dignity, the surrogates felt there were limits; their bodies were not just moneymaking machines. Granted, there was little talk among them of surrogacy as an act of altruism, and many admitted enjoying aspects of their nine months of dormitory life. "Ice cream, coconut water, and milk, every day—and they are paying for it!" one surrogate told Pande, adding: "I think I deserve it for all I am doing right now."[3]

Nonetheless, they drew a firm line. Yes, they had babies for money, but they strongly resisted the idea that materialism had

suppressed their motherly feelings. As one put it, "We will remember our babies all of our lives." So some surrogates condemned Anjali for carrying babies only for money, and for being therefore "like a whore"—a dishonor they all feared. Poignantly, even surrogates desperate for money took pride in not becoming *too* money-minded, and in feeling that they were giving the gift of life.

"Was It My Baby to Give or Was It Bought Before I Gave Birth?"

A week after my visit to Anjali, I was accompanied by Alyfia Khan, another *Hindustan Times* reporter, on a visit to another fertility clinic, this time on a pockmarked street in Mumbai. Together we headed to Dr. Nandita Palshetkar's office to meet with Leela, a lively twenty-eight-year-old deli waitress who, six months earlier, had given birth to another couple's baby. Like other surrogates, Leela desperately needed money. But whether because she was not directed to detach from her baby or minimize contact with her clients, or because of her outgoing personality, Leela's experience seemed a world away from that of the Anand surrogates—far less alienating.

Leela's black hair was drawn back from her open face into a long braid, which bobbed cheerfully about her back. Dressed in a bright pink sari, she smiled broadly and leaned toward me, eager to talk. How had she become a surrogate? I asked.

> My father died young, so my mother raised us three girls on her wages as a maid. She was too poor to offer a dowry when my older sister married. And after the marriage, my brother-in-law's family hounded my mother mercilessly for money because my brother-in-law wanted to buy a motorbike. One day while my sister was in the kitchen, her husband doused her with kerosene, lit her, and burned her to death.[4] Looking at my sister's glassy eyes and burnt face, I vowed I would never be poor.

At age eighteen, Leela married a waiter at the deli where she worked and had two children with him.

> I didn't know he was an alcoholic until after we married. My husband ran up a four-thousand-dollar debt with the money-lender, who sent agents to pressure us to repay it. They yelled and knocked on our front door and made my life hell. We had to lock the door and couldn't leave the house for work. I decided to act. I heard from my sister's friend that I could get money for donating my eggs, and I did that twice. When I came back to do it a third time, the doctor told me I could earn even more as a surrogate.

The genetic parents paid her well, she felt. "Was she able to pay off her husband's debt?" With lowered eyes, she replied: "Half of it."

For the last few months of Leela's pregnancy, the genetic parents arranged for a maid to come to her home in Mumbai, and, unlike all the other surrogates I spoke with, Leela openly bonded with her baby. "I am the baby's *real* mother. I carried him. I felt him kick. I prayed for him. At seven months, I asked the doctor if I and two other surrogates could celebrate *Godh Bharai* [a ceremony to honor the in utero child]. We had sweets. We took photos. Yes, he is mine. I saw his legs and hands on the sonogram. I suffered the pain of birth. To this day I feel I have three children and one of them I gave as a gift."

The baby's genetic parents, Indians from a nearby affluent suburb, presented Leela with a "lovely new sari" for *Godh Bharai*, and continually reached out to her:

> The genetic mother sees me as her little sister and I see her as my big sister. She held my hand during the delivery. When the baby was born, she said, "Look how beautiful our child is." Afterward she helped me back and forth to the bathroom. They telephone me every month, even now, and call me the baby's auntie. They asked if I wanted to see him. I said yes. They brought him to my house, but I was disappointed to see he was long and fair, not at all like me.

Although a friendship of sorts arose between the two mothers, Leela's doctor, like Dr. Patel, discouraged it. "I deleted their phone number from my cell phone list because Madam told me it's not a good thing to keep contact for long," Leela says. "But that's okay. What we had is more than enough for me."

Most surrogates at the Akanksha Clinic had little contact with their clients and wished for more. Many imagined that their clients were concerned about the details of their pregnancy and were grateful for clients' all-too-rare check-in messages. Unlike Leela's client, those at the clinic could be very businesslike. In fact, three surrogates woke up after cesarean deliveries to discover their babies gone. Two years later, one of them, whose clients had been very friendly up until then, still hasn't gotten over it. "They just took the baby and ran. They never said thank you or good-bye."[5] Another wondered: "Was it my baby to give or was it bought before I gave birth?"

After giving birth, surrogates are not allowed to breast-feed the baby to avoid enhancing their attachment. Those who got to hold the baby before giving it away reported strong feelings. Another surrogate, named Sharda, said: "When the baby cries I want to start crying as well. It's hard for me not to be attached."

As a topic, the surrogate's attachment to her baby and client arose again and again in unexpected ways. For example, after Anjali's baby was born, and the joyous Canadian genetic parents traveled to India to claim it, Anjali—a devout Hindu—made what was, to her, a horrifying discovery. As she later told Aditya over the phone, "My clients were Muslim! I am a Hindu. For nine months I carried a Muslim child. I have sinned! They gave me a lot of money, but all my life I must live with this sin. It was a huge mistake. I could have waited for other clients." For nine months, Anjali had thought of herself as a carrier with little regard for the

identity of the baby inside, much as Dr. Patel had instructed her to do. But now, she realized how much it mattered to her that she was carrying a Hindu baby. Another surrogate told me she would refuse to carry a baby for gay clients, but in a separate interview her obstetrician confided, "If I have gay clients, I don't tell my surrogates."[6]

One Delhi-based Hindu surrogate agreed in a written contract with her Sikh clients to visit daily, for the nine months of her pregnancy, the Sikh Gurudwara Temple in Delhi and there listen, for the spiritual sake of the fetus, to chanting from the Sikh holy book. The clients even hired a maid to tend to the surrogate, instructing the maid (the surrogate suspected) to make sure that she went to the temple every day. She was a Hindu surrogate carrying a Sikh baby. But she confided to an interviewer, "Secretly I prayed for the baby to my *own* Lord."[7]

Parvati, a thirty-six-year-old Akanksha surrogate, learned, after the fact, that in signing her contract (which was written in English), she had signed over the right to decide whether or not to abort a baby. At Akanksha, surrogates were usually implanted with many eggs, and when three or more survived, Dr. Patel routinely aborted the "extras." When Parvati found she was pregnant with triplets, Dr. Patel told her that one had to go. Distressed, she told Amrita Pande:

> Doctor Madam said that the babies wouldn't get enough space to move around and grow, so we should get the surgery. I told Doctor Madam that I'll keep one and Nandinididi (the genetic mother) can keep two. After all, it's my blood even if it's their genes. And who knows whether at my age I'll be able to have more babies.[8]

Against Parvati's strong wish, Dr. Patel aborted one fetus.

Geeta, Saroj, Sharda, Parvati—all might seem like victims of hypercommodification, a twenty-first-century, female service-sector version of Marx's "alienated man." They were paid for their labor. To get paid, they had to agree to terms that severely limited their say over various aspects of their pregnancies, which, in turn, whittled down their autonomy, their selfhood, and, because of this, their capacity and desire to relate to the baby they carried. The less they related, the more like a vessel they felt, and the less they were able to see themselves as giving a gift. The surrogate who awoke from a cesarean birth to discover the baby gone had no sense of "giving" the baby to her clients. The clients took it. It was already theirs. From the transfer of money on, the Hindu surrogate carrying the Sikh baby was also—in the clients' eyes—carrying their private property. Each Akanksha story was different, but in nearly every one commerce—and the ethos of production, control, and efficiency that went with it—dampened the spirit of the gift.[9]

As did the effort to undermine any possible bond between surrogate and baby. Dr. Patel, for example, required that the egg inside the surrogate must not be her own. In addition, she instructed surrogates to think of their wombs as carriers, bags, suitcases, something external to themselves. The surrogate had no say about whether or not to abort an "extra fetus" or have a cesarean section. At Akanksha virtually all births were by C-section, ostensibly to "reduce infection" but perhaps also to sedate the mother and reduce her memory of the birth.[10] The clinic maintained a policy of no breast-feeding, and a surrogate had no legal right to see or say good-bye to the baby.

The women at Akanksha had experienced pregnancy both as mothers and as surrogates. And there was a difference. This difference did not reside in the fact of surrogacy, according to most people I talked to. As one Mumbai-based gynecologist put it, "surrogacy can be a beautiful thing." Rather, the difference had to do with giving birth in or outside Akanksha's culture of mass production. It reminded me of the contrast between early capitalism—where a worker owned his shop, controlled his tools, and took personal pride in his craft—and late capitalism—where a worker labored on a factory assembly line, monitored by efficiency-minded managers.[11] The new Indian fertility clinics

were for-profit "factories," and Dr. Patel aspired to be the Henry Ford of surrogacy. "There may be surrogacy clinics all over the state, the country, the world," she told Amrita Pande, "but no one in the world can match our numbers."

Given the poverty propelling the women into surrogacy, it is not clear whether they were free agents in an open market or exploited workers in a reproduction factory.[12] The surrogates themselves seemed to see it both ways. Some sported the rhetoric of "free choice," setting aside their dire options. Despite her terrible predicament, Anjali, for example, claimed to be the proud author of her fate. Another surrogate, who got pregnant twice, once with one child and the second time with twins, had very clear objectives: her Israeli clients had promised to buy her tickets to Israel, where she hoped to land a lucrative job and send home remittances.[13] But most surrogates, as Amitra Pande found in her fieldwork at Akanksha, described their "choice" as *majboori* (a compelled, involuntary act). One broker, hired to recruit surrogates, hung around an abortion clinic, where he could waylay women who'd recently aborted a child they could not afford to keep and draft them into surrogacy. Other brokers preyed on women's fears of being bad mothers—unable to pay dowries or school fees.

However they saw themselves, surrogates paid a heavy price in emotional labor. For it was by no means natural or automatic to feel as detached as they were required to feel about the baby growing inside them.[14] They worked at their detachment. As Saroj put it not too credibly, "If someone puts a precious jewel in my hand, I don't covet it as my own." Others sought to reinforce their detachment with various rationales. "With children you never know," one said, "kids can leave you in the end." One who had girls of her own talked about how girls were more loyal and helpful than boys, and so she had no need or desire for more children of her own and no desire for the boy she carried.

Akanksha has become a model for other fertility clinics emerging in India and other countries. Indeed, a certain competition between them for market share seems to be in progress. In *One*

World, Ready or Not, William Greider describes a "race to the bottom" that unfolds as entrepreneurs seek cheaper and more pliant labor and customers seek cheaper goods and services.[15] At each stage of the race, the company finds workers willing to accept lower wages somewhere else, and at each step, workers' rights dip lower. Some observers fear a similar race to the bottom in the production of babies.

That race is already under way, Amrita Panda observed, in India: "With so much publicity, and promise of money, you see mom-and-pop infertility clinics opening up all over Delhi." According to Dr. Thankam Varma, medical director of reproductive medicine at a well-known hospital in Chennai there are now over thirty thousand infertility clinics in India.[16] Many large clinics receive U.S. clients via channels set up with American clinics, such as the Los Angeles–based Planet Hospital, which links treatment with "fertility tourism" to exotic Indian temples.[17] New Life India, like other bigger clinics, also recruits women from Georgia and Ukraine to travel to India and have their white, blue-eyed eggs harvested for sale.[18]

Smaller clinics are getting in on all this, too. Sponsored by drug and medical equipment companies, national conferences on assisted reproduction, once held in major cities, now take place in more provincial Indore, Jodhpur, Cochin, and Guwahati. "With so many new clinics springing up and no regulation, I worry about a proliferation of quacks," Pande noted. To save costs on the expensive IVF medium, 21 out of 43 small clinics in one recent study even organized test tube conception in batches.[19] Following the dynamics of global capitalism, will Thai entrepreneurs set up clinics that undersell those in Anand and Mumbai and other smaller clinics such as these? Will Cambodia set up clinics that undersell Thailand?

In response to commercial surrogacy and the economic logic that might take hold, the nations of the world are, like individuals, trying to draw the line. And at the moment, they seem highly confused about how and where to do that. In Saudi Arabia, surrogacy was permitted between two wives of the same husband,

though this has now been banned. Israel has legalized commercial surrogacy, and whether provided by public or for-profit clinics, the state pays for it—though only for heterosexual citizens. In Spain, commercial surrogacy is illegal but egg donation is not. The laws in most countries around the world ban commercial surrogacy, although the practice sometimes goes on. Only four countries in Western Europe (Finland, the Netherlands, Belgium, and the United Kingdom) have explicitly legalized nonprofit surrogacy.[20] The United States is a legal patchwork—a 2007 study found that seventeen states and the District of Columbia had passed laws on surrogacy, some to ban it and others to approve and regulate it.[21]

In the midst of evolving legislation, the complexities of surrogacy itself have evolved as well. A PBS documentary, "Surrogacy: Wombs for Rent?" documented what occurred, for example, when clients hired a surrogate but then felt buyer's remorse. A Los Angeles–based surrogate named Susan Ring agreed to carry a child—twins, as it turned out, from a father's sperm and a donor's egg—for the married couple who hired her.[22] But, "when the intended mother handed me the ultrasound photos of the fetus," Susan reported, "I thought that was odd." Then she found out the couple was having marital difficulties. Just weeks before she was due to give birth, Susan asked the parents what they planned to do, and the wife replied, "No, what are *you* going to do?" When the twins were born, Susan recalled, "no one was at the hospital." The divorcing couple planned to put the babies into foster care and never paid the surrogate. In the end, the surrogate, herself a single mother of two, heroically hired a lawyer to gain custody of the legal orphans. Since she was not the genetic mother, her case was at first denied. She appealed and, after three months, won. She then placed the twins into the loving hands of adoptive parents.

Susan Ring, the Indian surrogates, and their clients all find themselves in uncharted market territory. Some fiercely resist the market ethos. Others circumvent it, while still others earnestly embrace it. Most Akanksha surrogates tried to blend submission to the factory-like rules of the clinic with pride in providing for

their own children. And birth after birth, the delivery room handoffs from poor women to richer went smoothly—for the most part. Before I left, I asked a kindly embryologist, Bhadarka, whether the clinic offered surrogates any psychological counseling. "We explain the scientific process," she answered, "and they already know what they're getting into." Then, looking down and stroking the table between us, she added softly, "In the end, a mother is a mother, isn't that true? In the birthing room there is the surrogate, the doctor, the nurse, the nurse's aide, and often the genetic mother. Sometimes we all cry."