

FINRRAGE (Australia)
**Feminist International Network of Resistance to
Reproductive and Genetic Engineering
PO Box 5270
North Geelong Victoria 3215**

2 May, 2019

**Legislation Committee: New Inquiry into the *Human
Reproductive Technology and Surrogacy Legislation
Amendment Bill 2018***

Dear Committee Members,

FINRRAGE – Feminist International Network of Resistance to Reproductive and Genetic Engineering – has been in existence since 1985. Our Australian chapter regularly contributes to Australian Inquiries on reproductive technologies, stem cell research and cloning. With regard to surrogacy, we sent Submissions to the 2015/16 Federal Inquiry, the 2018 Inquiry in South Australia, and the recent Allan Inquiry in WA (see enclosed). For these reasons, our remarks here will be brief.

We reject ALL ‘types’ of surrogacy and find it a matter of great regret that neither the Federal Inquiry Report ‘Surrogacy Matters’, nor the SA and WA inquiries were prepared to stand with Germany, Austria, France, Switzerland, Spain and other countries that have abolished both commercial and altruistic surrogacy. An investigation of the *roots* of surrogacy shows without doubt that the intentional manufacture of embryos that grow into children and are then removed from their birth mother and trafficked to ‘foreign’ people who ordered them on line – like a parcel from Amazon – is deeply reprehensible.

Firstly, the child never consented to be a take-away baby, and secondly, both her or his birth mother and the egg ‘donor’ risked their health (and their lives) to act as a ‘suitcase’ for entitled adults whose desire for a child has morphed into a narcissistic and selfish act of appropriation that we truly believe has no parallel.

Surely by now we should have learnt from the Federal and State apologies to the Stolen Generations and white birth mothers whose children were taken in the 1960s to 1980s. Surely by now we should know of the plight of young people and adults who were donor conceived, who cannot locate their donors and feel like they don’t ‘belong’ all their lives. But no, we are doing it yet again, worse this time because *these take-away babies are pre-planned*. There is no question in our minds that we will see both Federal and State apologies to children born through surrogacy in years to come. We strongly urge anyone considering embarking on surrogacy to consider these profound ethical dilemmas, say no to exploitation, and find other ways to enjoy children in their lives.

While these remarks pertain to any surrogacy (ab)user independent of their sexual preference or relationship status (single or coupled), and constitute a human rights abuse of the birth mother, egg ‘donor’ and child born of this act which we believe constitutes reproductive prostitution, we now move to the particular problem when two gay men or a single man become surrogacy users: the topic of the Amendment Bill the Legislation Committee is tasked to investigate.

With the recent expansion of marriage availability for lesbians and gay men, we increasingly see an alleged entitlement from male couples to a ‘right’ to a child that is genetically related to one of them. *But no one has a right to a child*. This is made abundantly clear by the UN Convention on the Rights of the Child. In addition, Article 2 prohibits the sale of children, and Article 35 stipulates “State Parties shall take all appropriate national, bilateral and multilateral measures to

prevent the abduction of, the sale of, or traffic in children for any purpose or in any form (my emphasis).” Surrogacy no doubt is trafficking in children so why does the Australian government who has signed this UN Convention, not abolish surrogacy?

Nor has any one a right to the exploitation of women as elaborated in CEDAW and other UN Conventions (see our 2018 WA Submission).

While, again, these rights violations pertain to both heterosexual and homosexual users of surrogacy, if gay men undertake surrogacy, *they always need an egg donor*. Put differently, they always put the lives of *two* women at risk: the so-called surrogate (a misnomer) and the egg ‘donor’.

It is thus *not* discrimination to *not* allow gay men access to two fertile women; on the contrary, one could describe it as harms minimisation for the physiological and psychological health of the two women: the fewer surrogacies, the fewer women are harmed. (Of course as said earlier, we would prefer to see *all* surrogacy abolished.)

Egg ‘donation’ can be a profoundly dangerous undertaking. As the enclosed story of Maggie Eastman shows (published in *Broken Bonds. Surrogate Mothers Speak Out*, Spinifex Press, 2019) egg ‘donation’ can result in (terminal) cancer. Maggie was a multiple egg donor for both gay and heterosexual couples. Being told time and time again how wonderful she was for giving these people the chance of their ‘own’ child, no one told her about the dangers that the hormonal drugs posed for her own body. Finally, in her early 30s, she was diagnosed with terminal breast cancer. She has since undergone multiple chemotherapies, had a hysterectomy (hence can not have children of her own), and is on heavy daily medication to prolong her life.

This is by no means an isolated story, the literature is full of horror stories of women who thought they had engaged in acts of kindness for strangers, and paid for it with severe ill health, mental and physical (or death). We refer Committee Members to the Film ‘Eggsplotation’, produced by the Center for Bioethics and Culture (<http://www.cbc-network.org/film/>).

And, of course, there are all the dangers to the pregnant ‘surrogate’ mother whom we refer to in detail in our other Submissions: ill health during pregnancy, under the control of the ‘intended parents’ regarding medical tests, possible embryo reduction or abortion, as well as restraints on sexual activities, food selections etc. Near the end of the pregnancy, there are frequently problems such as gestational diabetes, high blood pressure followed by preeclampsia, placenta praevia and other birth complications. The birth is almost always by C-section and the baby is removed immediately. Puppies are allowed to stay with their mothers for 6 to 8 weeks before they are removed. No such luck for babies born from surrogacies. No such luck for their birth mothers: surrogacy is cruel beyond belief.

The next and last point we deal with is the demand in the Amendment Bill to allow single men to use surrogate mothers to create a child for them.

Words almost fail us to even consider this request. Why should a single man have the ‘choice’ to exploit two fertile women for the ‘desire’ to see his genes in a baby? (The other half are, of course, from the egg ‘donor’ who more often than not remains anonymous, or at least not identifiable before the child reaches 16 or 18.) Why would any one bring a child into this world with the explicit desire that she or he would have no mother? It is tragic enough if a mother dies and the husband or partner then has to look after their children on his own. But this is profoundly different from intentionally and willfully creating a child ‘in his own image’. We are reminded of age-old longings by patriarchal men to make their own children and erase the mother. And of course the artificial womb continues to be researched which would be the ultimate feat of mother erasure. Patriarchy in action!

And what would the purpose be of these motherless children? To be loved and cherished by their father, or perhaps be used for other, deeply sinister and criminal purposes (we remind Committee Members of the horrific sexual abuse of their son – bought in Russia from a destitute mother – in the Boy Lovers Network by paedophiles Peter Truong and Mark J Newton (see p. 41 in Renate Klein’s *Surrogacy: A Human Rights Violation*).

The example we have heard is that single men should be able to use surrogacy if their partner or wife who contributed the egg cell to an embryo, died before a pregnancy was established. But this is a Furphy: such a man is not 'single', whether he was married or not he is a *widower*, still part of a heterosexual couple. Surrogacy will not assist in overcoming his grief for her loss if he has not already attempted to deal with this. We would not be in favour of allowing him access to a surrogate mother, tragic as such a very rare case may be. One can not recreate loved ones who are gone. A child can never replace a man's wife who prematurely died.

In sum, while we condemn all surrogacy as a human rights violation of the two women involved and the resulting child(ren) and want it to be abolished, we in particular advise against the acceptance of the Amendment Bill to allow gay men access to surrogacy. This is not based on homophobia (many of our members are long-term lesbians) but, as we have already explained, on the always necessary exploitation of *two* women. Furthermore, it can never be fair to, on purpose, produce *motherless* children. It is sad enough when it happens by accident or fate (e.g. relationships splitting up).

As for the proposal to allow single men the use of so-called surrogate mothers, we are adamant that we would call this a travesty. Perhaps we should remember Biology 101: men make sperm. Sperm alone – even two sets of it - cannot make – and grow! - a baby.

We should perhaps remember that while technology makes many things possible, in the end it has to be human wisdom, ethics and dignity that decides whether to allow unbridled adult self-centredness to be fulfilled at great cost to others, particular yet to be conceived children who have absolutely no say in the matter. We think the answer here is a decisive 'no'.

We recommend the Amendment Bill be rejected.

Sincerely,



Dr Renate Klein
Co-ordinator, *FINRRAGE* (Australia)



FINRRAGE (Australia)

**Feminist International Network of Resistance to
Reproductive and Genetic Engineering
PO Box 5270
North Geelong Victoria 3215**

16 March 2018

To the
Project Manager
Dr Maureen Harris
Reproductive Technology Unit
Patient Safety and Clinical Quality
Clinical Excellence Division
Department of Health
189 Royal Street
PERTH WA 6004
HRTSR@health.wa.gov.au

Dear Dr Harris

Thank you for inviting us to contribute a Submission to the Review of the Surrogacy Act 2008 as well as the Human Reproductive Technology Act 1991 by Professor Sonia Allan. As we sent a Submission in 2014 in response to a Review of the same Surrogacy Act 2008, we have kept most of that Submission but updated it with a Summary of some of the changes in surrogacy matters since 2014 (Part A). We also provide some brief comments on the HRT ACT 1991 (Part B).

The Feminist International Network of Resistance to Reproductive and Genetic Engineering (*FINRRAGE* Australia) has been in existence since 1985 and regularly comments on Australian and overseas governments' regulations in relation to surrogacy and other reproductive technologies.

Please do not hesitate to contact us if you would like further information.

Yours sincerely,

Dr Renate Klein
Coordinator
FINRRAGE (Australia)

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PART A REVIEW OF SURROGACY ACT 2008

Summary of new developments in surrogacy matters since 2014.

- In May 2014, Western Australians and the world learnt of the sorry tale of Baby Gammy, a child born with Down Syndrome to a Thai birthmother, Pattharamon Chanbua. Gammy, as well as his twin sister Pipah, had been commissioned by convicted paedophile David Farnell living in WA. On 14 April 2016, Family Court Judge, Justice Stephen Thackray, rejected an application by Pattharamon Chanbua to have her daughter returned to her in Thailand. This decision means that a convicted paedophile has more rights than a birth mother. Judge Thackray also decreed that Pipah was never to be left alone with Farnell and that every three months she has to be told (in an age appropriate way) how to look out for inappropriate behavior from Farnell: a deeply problematic way for a girl to grow up.

<https://www.theguardian.com/lifeandstyle/2016/apr/14/baby-gammys-twin-sister-stays-with-western-australian-couple-court-orders>

However, it should be noted that Judge Thackray was highly critical of surrogacy. As he put it in his judgment (No 757-759, pp. 176-177 [2016] FCWA 17):

“This case should also draw attention to the fact that surrogate mothers are not baby-growing machines, or “gestational carriers”. They are flesh and blood women who can develop bonds with their unborn children. It is noteworthy that no evidence was provided about the long-term impact on mothers of giving up children they carried, and there was no evidence of the impact on the children themselves. Nor was there any expert evidence of the impact on the other children of birth mothers who would have seen their mother pregnant, and perhaps felt the baby move in her belly, only to find that the baby never came home from hospital. Did those children wonder who would be the next to be given away? And what of their feelings of grief and loss if they were misled into believing the baby had died?”

FINRRAGE (Australia) concurs with Judge Thackray’s words. Surrogacy, whether commercial or so-called altruistic, a) treats women as ‘breeders’; b) so-called egg donors who contribute half the genes to the child remain anonymous most of the time (meaning the child will never be able to find out about her/his full genetic heritage) and have to undergo dangerous medical treatments; and c) children are treated as ‘take-away babies’: they never consented to be removed from their birth mother. We also agree with his comments on the impact of surrogacy on the birth mother’s other children.

In other words, surrogacy consists of a human rights violation of birth mothers, egg ‘donors’ and their children and breaches all existing UN Conventions:

- The Convention on Intercountry Adoption
- The United States Slavery Convention
- The International Convention on the Rights of the Child

The Optional Protocol to the Convention of the Child on the sale of children, child prostitution and child pornography
 The Protocol to Prevent, Suppress and Punish Trafficking in Persons. Especially Women and Children, supplementing the United Nations.
 The Convention against Transnational Organized Crime
 Regional Instruments such as the Orviedo Convention which stipulates that “The human body and its parts shall not, as such, give rise to financial gains.”

- Between 2015 and 2016 the Federal Government conducted an Inquiry into surrogacy. The Report by the House of Representatives Social Policy and Legal Affairs Committee was handed to the government on 4 May 2016. ‘Surrogacy Matters’, as the Report was called, recommended the continued prohibition of commercial surrogacy throughout Australia. With regard to so-called altruistic surrogacy, the report recommended the development of national laws including ‘best practice’ regulation. For unknown reasons, so far none of this report has been actioned on by the Attorney General and Australia continues with its diverse state and territory based laws. (*FINRRAGE* contributed Submission No. 70;
[http://www.aph.gov.au/Parliamentary_Business/Committees/House/Social Policy and Legal Affairs/Inquiry into surrogacy/Submissions](http://www.aph.gov.au/Parliamentary_Business/Committees/House/Social_Policy_and_Legal_Affairs/Inquiry_into_surrogacy/Submissions))

FINRRAGE welcomed the Report’s Recommendation to continue the prohibition of commercial surrogacy throughout Australia and we hope that the WA Government will continue this prohibition. As to the recommended ‘best practice’ law regarding ‘altruistic’ surrogacy, we suggest that regulation will never be the answer to surrogacy. Regulation does not go to the root and does not scrutinise the practice for what it is: unacceptable selling or at least trading in human misery (the inability of infertile people to have their own biological children), and the exploitation of vulnerable birth mothers, egg ‘donors’ and resulting children. We should have learnt our lessons from the Stolen Generations and babies taken from unmarried women in the 20th century.

FINRRAGE suggests that surrogacy is worse than forced adoption. Here babies are knowingly created to be given away – surely a reprehensible violation of their human rights and those of their birth mothers.

No doubt this Inquiry will receive Submissions from organisations that stand up for the rights of adoptees and their birthparents such as VANISH, ARMS and the Australian Adoptee Rights Action Group and also oppose surrogacy.

FINRRAGE contends that there is only one answer to the problem that is surrogacy: ABOLITION.

- In 2015, India closed its borders to surrogacy by foreigners as did Nepal and Thailand. However, new destinations were shamelessly promoted by the pro-surrogacy advocacy group ‘Families through Surrogacy’ in their increasingly frequent conferences throughout Australia. Amongst them are poor nations such as Ukraine, Georgia, Mexico. It must be noted that ‘Families through Surrogacy’

holds their meetings even in Australian territories and states in which going overseas for surrogacy is a criminal act, punishable by 1-3 years in prison (ACT, NSW, QLD). They feel free to do so, presumably, because there have been no convictions recorded in any of these locations which is a serious breach of these state and territory laws.

FINRRAGE recommends that the WA Government enact legislation that makes going overseas for surrogacy a criminal act. Importantly such legislation needs to be enforced. As a consequence, groups like Families through Surrogacy should not be permitted to hold marketing conferences in WA in which they showcase overseas speakers and promote international surrogacy tourism.

- In 2016-2017, a new scandal involving international surrogacy came to light in Cambodia. Australian nurse and owner of Fertility Solutions, Tammy Davis Charles, was sentenced and jailed for human trafficking and falsifying birth certificates. We do not know what happened to the poor Khmer women who had been recruited as surrogates for a significant number of Australian couples. Rumour has it that they were relocated to Laos which appears to be the next destination for overseas surrogacy for Australians. Once the next scandal breaks in Laos and surrogacy is made illegal there as it now is in Cambodia, another impoverished country with poor women will be found to take its place. And so the exploitation will roll on.

FINRRAGE believes it is crucial to stymie demand for surrogacy by pointing out the human rights violation of this practice to would-be commissioning parents. Surely no one, however intense their desire for a child with their own genes, would agree to reprehensible slave-like exploitation of (poor) women whether at home or overseas. As a society we were able to greatly reduce smoking, to greatly reduce slavery – to use just two examples. We must believe in the good will of people who will refrain from being part of a practice that is nothing but shameless baby trade and reduces women to breeders: ‘gestational surrogates’ as the IVF industry calls birth mothers!

Unfortunately, the pro-surrogacy lobby is very successful in not only promoting surrogacy but increasingly normalising it: “Try IVF a few times and when it does not work, there is always surrogacy.”

- *FINRRAGE* (Australia) is increasingly contacted by Australian women who tell us their heartbreaking experiences with so-called altruistic surrogacy in Australia. Their stories share many similarities: a family member is infertile or becomes infertile through illness. She, her partner and their families are devastated that they cannot have their own children. IVF does not work, but they may have frozen embryos. A female relative is approached – or offers herself – and out of sheer naivety and the strong desire to do good, agrees to bear a baby for the couple. Problems become already apparent during the pregnancy when, quite frequently, the so-called commissioning mother (these days called, nicely, ‘intended mother’, IM) cannot deal with her relative being pregnant, when she herself is infertile. The hurt and malice bestowed on the pregnant woman can be

considerable, leading to tension, stress and ill health of her and the developing baby.

Often, promises for payments for medical expenses are not upheld. This can even include not paying for the hospital at which the birth takes place. Some of these cases end up in the Family Court with both parties then prohibited from speaking publicly about their ordeal. The babies remain the casualties of the warring parties. While the mothers remain birth mothers on the birth certificates, they may not be allowed to see their children at all. This can lead to a severely destabilised mental health status of the birthmother with dire consequences for her relationship/marriage, work, and her other children.

FINRRAGE believes it is crucial that the public (and governments) begin to understand that the danger of harm and exploitation in so-called altruistic surrogacy is no less than in commercial surrogacy. In some ways it might even be worse as the surrogacy process deeply divides families and causes lasting grief and anger for all parties. It is thus crucial that ALL forms of surrogacy are prohibited.

- Since our 2014 Submission regarding the 2008 Surrogacy Act, international resistance to surrogacy has grown significantly. Since May 2015, Stop Surrogacy Now (www.stopsurrogacynow.com/) – of which FINRRAGE is part – has acted as an international clearinghouse to assist so-called surrogate mothers and egg ‘donors’ who have been harmed by this practice. To date, there are over 8000 signatories to Stop Surrogacy Now’s petition. European feminists also offer strong resistance and, in 2015, drafted an International Convention to Abolish all Surrogacy which they sent to the Hague Conference on Private International Law, HCCH (<https://collectif-corp.com/2015/03/24/hague-conference-feminists-for-the-abolition-of-surrogacy/>). This document was resent in February 2018 as the HCCH has a working group on ‘parentage’ that has held yearly meetings in February since 2015 (<https://www.hcch.net/en/projects/legislative-projects/parentage-surrogacy>). This group of experts labours under the ill-founded assumption that once you regulate ‘parentage’, international surrogacy will be acceptable. The point is that surrogacy has to be stopped *before* there are babies born who were already allocated ‘parents’ by pre-birth orders – in which the birth mother and egg provider entirely disappear! (This happens in some US States such as Oregon.)

FINRRAGE, together with Stop Surrogacy Now, CoRPS in France and their sister organisations in Italy and Sweden, and Stoppt Leihmutterchaft in Austria (<https://www.stoppt-leihmutterchaft.at>) wants no less than the global abolition of all kinds of surrogacy.

The European Parliament has also condemned all surrogacy in 2011 and 2015 (see *FINRRAGE* member, Renate Klein’s 2017 book *Surrogacy. A Human Rights Violation*, pp. 143-144, for details on the global resistance movement to surrogacy; <http://www.spinifexpress.com.au/Bookstore/book/id=301/>).

To summarise developments since our 2014 Submission:

FINRRAGE suggests that Western Australia should become the first Australian state to prohibit ALL forms of surrogacy. Our suggestion is based on the fact that surrogacy is a human rights violation of the birth mothers, the egg 'donors' and the resulting children. It contravenes all current UN conventions and instruments. It is a sordid business – even in its 'altruistic' form – and no regulation will be able to prevent harm and exploitation. It needs to be stated again and again that there is no 'right' to a child for anyone: female, male, heterosexual, homosexual.

The prohibition of all surrogacy needs to come with an information campaign aimed at those groups who are the current drivers of this practice: infertile people and gay men as well as the IVF industry, surrogacy lawyers and consumer groups such as Families through Surrogacy who make money from the exploitation of the desire for a child. Overseas Australian Consulates/Embassies and immigration officials have to be informed that going overseas for surrogacy is prohibited for WA citizens (as well as those from NSW, QLD and the ACT) and that they cannot issue passports to children born from surrogacy arrangements.

Some people believe that surrogacy cannot be stopped, that it has already become too normalised. We disagree. There are only about ten countries (among them Ukraine, Russia, Georgia) and some Mexican and US states which permit commercial surrogacy. Most countries in Europe prohibit all surrogacy. Some, such as Belgium, the UK, Austria, and Greece, allow so-called altruistic surrogacy. Professor Allan is very aware of which countries allow what types of surrogacies and will concur with us that the majority of countries in the world do not allow surrogacy.

In spite of international scandals, in which the media tells us that 'hundreds' of Australian couples were implicated, surrogacy, for Australians, is not a very big business. This is even more evident in the case of 'altruistic' surrogacy in Australia. We are not talking about thousands of clients flocking to an IVF clinic for surrogacy, but at best 200 to 300 a year. However, groups like Families through Surrogacy pretend that there is a huge demand for surrogacy and in their seminars around Australia shamelessly promote their services for finding a 'surrogate' or egg 'donor' overseas or here in Australia.

Should the WA government opt to continue with its prohibition of commercial surrogacy but continue to allow 'altruistic' surrogacy – which we would find very disappointing – then at least it should implement the same provisions as NSW, QLD and the ACT: that going overseas for commercial surrogacy constitutes a criminal act. Then these prohibitions need to be enforced.

Advertising for both so-called surrogate mothers and egg 'donors' must remain prohibited.

The sale of egg cells in WA must also remain prohibited.

Care must also be taken that the birth mother will remain on the birth certificate for life and that her name cannot be exchanged with that of the commissioning mother. Also, since the Family Court's rejection of an appeal in the matter of *Bernieres vs Dhopal* on 1 September 2017, a sperm donor should not be declared the 'father', although he and his partner might be able to apply for a parentage order and/or adoption if the birthmother agrees (http://www.austlii.edu.au/cgi-bin/viewdoc/au/cases/cth/FamCAFC/2017/180.html?context=1;query=Bernieres%20and%20Dhopal;mask_path=au/cases/cth/FamCAFC+au/cases/cth/FamCA).

What follows is our 2014 Submission about the 2008 Surrogacy Act. After that, in Part B of this Submission, please find some comments on the 1991 Human Reproductive Technology Act 1991.

***FINRRAGE* is pleased that the Western Australia Surrogacy Act 2008 does not permit commercial surrogacy and we urge the WA government to keep this prohibition.**

No other state or territory in Australia allows for commercial surrogacy and we sincerely hope the laws will stay this way. However, we are currently experiencing a 'softening up' phase in Australia (and internationally) as commercial pro-surrogacy groups are intent on convincing lawmakers as well as the general public with sentimental 'heartbreak' stories, that commercial surrogacy is in the interest of infertile couples who cannot otherwise obtain a child.

FINRRAGE has conducted research on the difficult issue of infertility. We do not wish to diminish the pain that comes with unwanted childlessness. However, we believe that there is no 'right' to a child and certainly not one that (ab)uses another woman as a mere 'incubator' for the wanted child. (We have called this *the exploitation of a desire* – for *desire* is what involuntary childlessness is; it is not a need.) Indeed, we posit that the abuses of so-called surrogate mothers as mere 'objects' to produce the 'product baby' amount to a violation of their human rights.

It might be interesting for the Surrogacy Review Committee to have a look at the Program for a Pro-Surrogacy Conference that will be held in Melbourne on 24 to 25 May 2014. It exemplifies the concerns we have about the infiltration of Australian common sense (and laws) by US-style commercial surrogacy proponents, supported by a very strong Australian lobby of pro-surrogacy supporters, such as conference convenor Sam Everingham, founder of Surrogacy Australia, and himself father (with his partner) of two children borne by two Indian so-called surrogate mothers.

The website of Surrogacy Australia (<http://www.surrogacyaustralia.org/>) advertises the event as ‘The largest event globally for intended parents, parents and surrogates’ and says: ‘Speakers include

- 16 parents who have used [surrogates in] Australia, US, India, Thailand & Eastern Europe
- 8 reproductive medicine experts from Australia, US & India
- 5 surrogates and their partners
- 6 lawyers & migration agents from India & Australia
- Surrogacy facilitators & agencies from the US, Thailand, India, Mexico and Eastern Europe
- Researchers, counsellors & young adults via surrogacy¹

It is crucial to note that surrogacy has become international business. US critics Jennifer Lahl, Director of the Center for Bioethics Culture, and Kathy Sloan, public advocate and board member of the National Organization for Women and the International Coalition for Reproductive Justice, put it succinctly when they write²

A woman signs away custody for money, and an industry (brokers, lawyers, clinics, fertility doctors) profits from trafficking in babies and women’s bodies. **They say that blood is thicker than water but in the case of surrogacy, money is thicker than blood** (our emphasis).

Swedish author of *Being and Being Bought*³, Kajsa Ekis Ekman, calls surrogacy reproductive prostitution and writes (2013, p. 145):

The product of surrogacy is absolutely tangible – it is a newborn baby. ... The woman bears and births a child and hands the product over. At the same moment she gives up the child, she receives payment. The first thing we wonder is: **Why should this not be considered human trafficking?** (our emphasis).

FINRRAGE objects to surrogacy because we believe this practice causes irreversible harm to:

¹ Please note this UPDATE: some observations on this meeting are now included in Klein, *Surrogacy. A Human Rights Violation*, 2017, p. 47, Note 39. Since 2014, these conferences have been held yearly in Australia in one capital city. In 2017, additional one-day workshops started to be offered in Perth, Brisbane, Canberra, Sydney and Melbourne. They are continuing in 2018.

² ‘Sloan, Lahl: Inconvenient truths about commercial surrogacy’ 1 April 2014, <http://www.twincities.com/columnists/ci_25470963/sloan-lahl-inconvenient-truths-about-commercial-surrogacy#>

³ Ekis Ekman, Kajsa (2013) *Being and Being Bought; Prostitution, Surrogacy and the Split Self* (<<http://www.spinifexpress.com.au/Bookstore/>>)

1. The so-called surrogate who is stripped of her human rights and declared a 'gestational' carrier only. She is perceived as a living baby factory and can be physically harmed by drugs to synchronise her menstrual cycle so that the 'commissioning couple's' embryo can be implanted. She might suffer complications during pregnancy, may be forced to undergo embryo reduction or an abortion if the developing baby/ies show(s) foetal abnormalities. She may also experience birth complications (and become infertile herself).

She is expected to develop no bonds with the developing baby as the transferred embryo contains none of her genes. This flies in the face of every pregnant woman's experience of carrying a baby and feeling its movements 24/7 for nine months. It also flies in the face of the science of *epigenetics* which shows that the (foetal) environment may significantly alter gene expression.

The sexism, racism, classism and xenophobia in commercial surrogacy arrangements is well documented, in particular in countries such as India (where often the husband acts as the pimp of his wife), and Thailand.

In the case of most overseas surrogacies, the resulting child(ren) will be unable to have contact with her/his birth mother, thus creating another generation of 'stolen' (=bought) children and grieving relinquishing mothers: have we learnt nothing from history, especially in Australia? **In the light of these appalling human rights violations it is crucial that no state in Australia should ever allow commercial surrogacy.**

Surrogacy is far from a successful procedure. Despite the fact that the women carrying the embryo are fertile, the 2011 figures from the Perinatal Statistics Unit⁴ for (non-commercial) surrogacies performed in Australia show that (p. 44):

There were 177 gestational surrogacy cycles in 2011, including 131 gestational carrier cycles and 46 cycles undertaken by intended parents. Among the 131 gestational carrier cycles, 34 (26.0%) resulted in a clinical pregnancy and 21 **(16.0%) resulted in a delivery**. Of all 23 babies born to gestational carriers (21 singletons and one set of twins), 22 were live born and one singleton's outcome was unknown (our emphasis).

A sixteen per cent 'success' rate means that 84% of these so-called surrogate mothers had to endure disappointment after failed embryo transfer or miscarriages at any time during the pregnancy which might have impacted on their health as well as on their emotional wellbeing. (It is important to note that

⁴ Macaldowie A, Wang YA, Chambers GM & Sullivan EA 2013. Assisted reproductive technology in Australia and New Zealand 2011. Sydney: National Perinatal Epidemiology and Statistics Unit, the University of New South Wales. <<http://www.npesu.unsw.edu.au/sites/default/files/npesu/surveillances/Assisted%20reproductive%20technology%20in%20Australia%20and%20New%20Zealand%202011.pdf>>

in general the 'success rate' for IVF in Australia continues to be at a low 17.5% live births; see p. vi in Macaldowie *et al.* 2011, not something that the general public is aware of.)

Recognition of so-called surrogate mothers in law: **In most jurisdictions, on the original birth certificate the name of the birth mother appears. We are pleased that the WA Surrogacy Act 2008 follows this practice and hope this will not change after the Review.** Unfortunately, since 2010, Victoria now inserts the name of the commissioning mother in the birth certificate, thus robbing the birth mother of any legal connection to her child – and the child of knowing who their birth mother is until s/he is 18 years of age and asks to see their original birth certificate. This will lead to the same problems and trauma we have long seen with adopted people (see *Adoption Deception* by Penny Mackieson, 2015 (<http://www.spinifexpress.com.au/Bookstore/book/id=283/>)).

2. The Egg 'Donor'. In the case of two men who are the 'commissioning couple' – an increasingly frequent practice in Australia and overseas – or the female partner of a heterosexual couple who is unable to produce viable egg cells to be fertilised, an egg 'donor' is needed. This woman has to submit to the full gamut of IVF procedures: being put into artificial menopause first, then stimulated with fertility hormones, than having the egg cells 'harvested'. This can result in the serious emergency of ovarian hyperstimulation syndrome which has cost women their health (and even lives).

The US documentary 'Eggsploitation' (www.eggsploitation.com) brilliantly shows the exploitation of 'donor' women which often results in damage to their health and emotional well being. As in the case of so-called surrogate mothers, it is poor women (in both developed and developing countries) who risk losing their health (or lives) in order to make money (often to survive).

There are moves afoot in Australia to pay women for their egg 'donation' (as is the case in the US) which should be strongly discouraged precisely for the dangers these procedures hold for women and because it further commercialises and commodifies women's bodies.

3. The Resulting Child. Children too are victims in both commercial and altruistic surrogacy arrangements. As the documentary 'Breeders' <http://breeders.cbc-network.org/> shows, even children who are able to stay in touch with their birth mother may be deeply hurt by being 'given' away at birth.

For others, who are never able to connect with their birth mother, this brings with it the full gamut of emotions from anger to depression and sorrow we have come to know from painful discussions on adoption. Furthermore, a new generation of 'donor' children are already searching for their birth parents (often fathers) and talk of their grief, anger and confusion. As the Action Group 'Tangled Webs' which challenges the practice of donor conception in Australia and internationally, states: "No-one has the right to a child. To claim the right to a child is to treat that child, another human being, as an end to satisfying one's own desires, as an object and not as a person," see

<<http://tangledwebsorg.wordpress.com/>>. Similar sad and upsetting stories can be read on
<<http://www.anonymousus.org/stories/index.php?cid=2#.U1XUSVdWlc>>.

4. The So-Called Surrogate Mother's Family. Elizabeth Kane, the US' first surrogate mother, had come to regret the surrogacy and called it reproductive prostitution. Her own son began screaming "Mama's baby all gone ... Mama's baby all gone" and at thirteen years' of age attended a special school for children with learning disabilities. And when another 'surrogate' mother, Nancy Barass, came home from hospital without a baby, her daughter, aged eight, asked her: "Mummy if I 'm bad, will you give me away too?"⁵

In sum, FINRRAGE (Australia) urges the Government of Western Australia to uphold its current prohibition of commercial surrogacy. In addition, we suggest that the WA Government follow Queensland, NSW and the ACT and also prohibit overseas surrogacy as it leads to human rights violations of poor women in poor countries whose bodies are turned into cheap factories for rich Westerners' desires for a made-to-order child.

It has to be noted that the parliamentarian who brought in the 2011 law against overseas surrogacy in NSW was none other than the Hon Linda Burney MP. No doubt she was drawing on the heartbreak caused by forced adoption amongst the Indigenous population in Australia (Stolen Generations).

In the 21st century we cannot give in to the new culture of greed that sees a child as a necessary 'accessoire' to a relationship (whether hetero- or homosexual) – aided and abetted by a growing empire of surrogacy 'consumer groups' who abuse women's human rights by turning them into baby-making machines, thereby causing tremendous suffering to so-called surrogate mothers, egg 'donors', and their children.

[End of 2014 Submission]

PART B: REVIEW OF Human Reproductive Technology ACT 1991

We will not comment on matters of establishing the Council and Licensing etc up to Part 4A Prohibited Practices.

Looking at Prohibited Practices, we are quite impressed with the way the 1991 Human Reproductive Technology Act was already anticipating developments in IVF/cloning technology over the next two decades.

We strongly suggest the WA Government keep the *prohibition* on Human Cloning

⁵ Kane, Elizabeth (1988/1990) *Birth Mother: The Story of America's First Legal Surrogate Mother*. Houghton Mifflin Harcourt, Boston/Sun Books, Macmillan, South Melbourne, with a Foreword by Robyn Rowland; and Klein, Renate (2017) *Surrogacy. A Human Rights Violation*, p. 42.

(pp. 94-97), as well as ALL 'Other prohibited Practices (pp. 97-102).

In particular, we strongly believe that creating 'three person babies' through mitochondrial replacement therapy (MRT) must remain prohibited in WA (and the rest of Australia).

The same is true for inserting foreign genetic material into an embryo as has been done so far in China and the USA (Oregon) with CRISPR-Cas9 technology. Both these practices mean that the resulting children (should there be any; not yet the case in the CRISPR experiments) will pass on their changed genomes to their own children and all generations of children thereafter. We consider such experiments deeply unethical – no scientist should have the right to change people's genetic make-up – however laudable the arguments for deleting 'bad' genes and inserting 'good' genes to prevent incurable diseases may be.

It is too risky, could lead to a host of new diseases, and it could be abused to eradicate human beings that do not fit the 'norm', whatever the norm is meant to be. We consider these technologies to be a form of eugenics and fervently hope they will remain prohibited in Australia.

As we believe the 1991 ACT has been updated to be in line with the Commonwealth of Australia's 'The Prohibition of Human Cloning and the Regulation of Human Embryo Research Amendment Bill 2006', we will therefore not comment on any of the sections to do with the Licensing System for using 'excess' ART embryos (pp. 111-116) as well as Monitoring Powers, Enforcement and Administration.

We understand the References in the updated version of the 1991 HRT Act to be in line with the Surrogacy 2008 Act and believe that we have commented on relevant issues in Part A of this Submission.

We note, however, that advertising for a so-called surrogate mother or egg 'donor' is not covered by the Act. Prohibition against both these practices should be inserted into the revised Act.

We also note that Surrogacy is restricted to heterosexual couples. We believe this is discriminatory to gay men (and lesbians although they very rarely need surrogacy). However, as we wish to see ALL forms of surrogacy prohibited in Western Australia (and all other parts of Australia), we cannot in good faith suggest the inclusion of homosexual couples in the Act. The same holds true for making surrogacy available for single individuals (male or female).

Lastly, we believe that much more information needs to be added to the revised HRT Act on the rights of donor conceived people to know about their origins (transferrable to the rights of babies conceived through surrogacies).

As this Review concerns an Act that is called *Human Reproductive Technology Act*, there are of course many other issues that could – and indeed should – be incorporated.

The IVF industry is regulated in a most unsatisfactory way in Australia. The reporting of live births varies from clinic to clinic. The Perinatal Statistics Unit used to release Annual Reports with figures about live births, but they have stopped. This leaves the public with no official information on how to obtain objective information on clinics' performances. In 2017, Australian IVF clinics listed on the stock exchange reported loss of income or stagnation, so business is not booming. Perhaps it is for this reason, that they offer all sorts of unproven 'add-ons' to basic IVF procedures from which they make a lot of money.

In her book *Avalanche* (2016, Hamish Hamilton Melbourne) Julia Leigh details her experiences with unsuccessful IVF treatments. The 'add-ons' she was offered included 'embryo glue', 'assisted hatching', treatments for high Natural Killer Cells, testosterone treatment and 'DHEA Supplementation' (in Klein, 2017, p. 167). Two years, two Intrauterine Inseminations and six ICSI IVF treatments cost her thousands of dollars – with no baby at the end.

FINRRAGE strongly believes that such 'cowboy practices' need to be scrutinised and tightly regulated. With more older women accessing IVF clinics, we think this is urgent in order to prevent further exploitation. Since the federal government does not seem to be inclined to create a national authority such as HFEA in the UK (Human Fertilisation and Embryology Authority), the WA Government could found such an Authority to deal with state matters.

ICSI (Intra Cytoplasmic Sperm Injection) is a case in point. Initially, from 1991 onwards, ICSI was used for male infertility. Unfortunately, these days it is also used for idiopathic infertility and accounts for close to 50% of all IVF treatments. Needless to say that women bear the brunt of this trend as they have to undergo hormonal stimulation and egg retrieval (the dangers of which we explained earlier). Moreover, it now appears that the resulting sons have inherited their fathers' low sperm counts (only half of a 'normal' sperm count) and low sperm motility. Put differently, ICSI has led to the transferral of male infertility to the next generation of males whose parents underwent this treatment (see F Belva *et al.*, 'Semen quality of young adult ICSI offspring: the first results'. *Human Reproduction*, Vol 13, No 12, pp. 2811-2820, 2016).

For the IVF industry, this treatment failure – because surely it must be called out in this way – is another lucrative business opportunity: they have secured themselves the next generation of IVF users.

Similarly, IVF clinics have jumped on the surrogacy band wagon. Once women have gone through multiple failed IVF treatments (10-15 is no exception), they are then enticed to start with a 'surrogate' and egg 'donor'. Two more new clients for the depleted coffers of the IVF clinics; hence they join forces with groups such as Families through Surrogacy and sponsor their meetings and speak at them.

A further worldwide scandal is the lack of data on long-term effects of the many drugs women undergoing IVF are subjected to. In 1995, The National Health and Medical Research Council (NHMRC) committed themselves to doing research on adverse effects as documented in their publication 'Long-term effects on women from assisted conception' (Commonwealth of Australia, Canberra).

Shamefully, they reneged on their promise and the study never eventuated. It is thus fair to say that IVF remains a big experiment despite the fact that it is 40 years since Louise Brown, the first child resulting from IVF treatment, was born. Many overseas studies link IVF treatments including egg donation to cancer of the breast and ovaries as well as to other serious adverse health effects. But the big studies are lacking and no one appears to be interested.

A lack of interest in the health of children and now adults born of IVF is similarly scandalous. In 2003, epidemiologist Carol Bower reported on research conducted in Western Australia. In her words "Heart defects are common, chromosomal abnormalities like Down Syndrome, spina bifida, gastro-intestinal abnormalities, muscular-skeletal, dislocated hips. Club feet, those sorts of things." (Carol Bower, 17 July 2003. 'IVF defects. Australia': Catalyst, ABC-TV).

Much more research is needed on the health of children conceived through IVF including information on possible infertility for both (now adults) women and men.

There are a host of other IVF procedures that demand to be scrutinised. Not least of them pre-implantation genetic diagnosis (PIGD) in which a cell of an early IVF embryo is removed and tested for chromosomal 'defects'. PIGD (also called PID) is expensive but it is becoming increasingly popular and will be even more so when genetic testing of women and men intending to embark on becoming parents becomes more commonplace. While *FINRRAGE* is seriously concerned with the rapid development of more and more tests to find out details of our genetic make-up, for the IVF industry, more people seeking PID after a 'bad' or even simply inconclusive test result is to be welcomed as it means more business.

To conclude, we suggest that the HRT Act 1991 could be greatly improved by incorporating IVF practices, some of which, but by no means all, we have just briefly mentioned.

Anonymous No More: How I Was Groomed to Be a Multiple Egg Donor

Maggie Eastman (USA)

Every time I share this story, it gets a little easier. Shame silences. I get to reclaim my voice and my spirit a bit more each time I talk about my experience. I know there are people who think I deserve what happened to me. Many have told me exactly that. I don't share this story for those people. I share my story and what happened to me – from the decisions I made to the end result – because I hope something good will come from the living nightmare I went through.

I have people in my life now who love and support me. I have cheerleaders and their cheers roar louder than any of the people I care nothing about who continue to try to silence this story with accusations and shame. What was done to me reflects poorly on the doctors, nurses, the counselor, and all the others involved who claimed to represent my best interests. Health professionals who took an oath to keep their patients safe and do no harm. It does not reflect poorly on me. I never took advantage of a young woman's altruistic nature and naïveté.

The hurt, anger, fear, and blame I once felt have subsided. All that remains now is a desire to educate, a drive to have my story be the foundation for change. Let this story serve as a message of hope and encourage others to see women as more than baby-making commodities.

In 2002, I met a woman through a friend at a party. I was there supervising the toddler-aged children until they went to bed. The woman was a nurse at a fertility clinic. I was 21, she was in her early 40s. She spent some time asking me about my interests. Nothing strange. It seemed like she was just wanting to get to know me. In a relatively short time, this woman knew I liked kids, was a struggling college student working several part-time jobs and still taking out loans. I'm sure she could tell I was naïve, sheltered, and insecure. Anyone who spent two minutes with me then would have noticed those traits about me. Here was a woman who had just met me and she was telling me I was beautiful, intelligent, capable, and had a lot going for me. She wasn't wrong. Those things were true. They still are. The difference then was my perception of my self-worth. I was struggling with depression, felt awkward in my body, was silently confused about my sexuality, and desperately wanted to be liked and fit in. In many ways, I wasn't that different from other young women my age. My biggest flaw was a desire for others to like me and my need to be seen as a good person. I'd do almost anything to prove this. I craved hearing that I was liked, that I was kind and generous, and that I made others happy. I could quite easily be talked into doing things for others with just a little praise. That is where I believed my value was: in what I was able to do for others.

The nurse kept complimenting me that night. The way I carried myself, my intelligence and independence. My belief in women's rights and desire to be a respected feminist. At some point during the party, after grooming me all evening, she pulled me aside and suggested I think about donating my eggs. She said people would pay a lot of money for my eggs and again showered me in compliments. I said I wasn't interested in doing it just for the money. Her response was that the money could go towards paying my student loans and I'd be in a better place when I graduated. That did appeal to me. Making a smart decision to get further ahead, faster. Pay off debt and not have any ties or owe anyone. And I wasn't using my eggs right now. I didn't think I would ever want to have kids. Why not donate my eggs to someone who couldn't get pregnant on their own? After all, that would be really generous, kind, and would definitely make someone happy. I began to think about it. I asked what the risks were. Virtually none, she said. Just some discomfort and a big time commitment. So I made an appointment to go to the clinic and meet with her.

I did my research before going in. It was 2002. I googled egg donation. All that came up were advertisements recruiting donors. Twenty-one year old me did not understand how the design of the language, images, and concepts in these advertisements was incredibly calculated: "Be an angel, make their dreams come true." Beautiful young women, beaming with sunlight on their faces, presumably having donated their eggs and in doing so, finding eternal bliss. There was nothing stated about risks; no studies showing donors having adverse effects. So I went to the appointment and it was more of the same. If I did this, if I donated my eggs, I would be loved, respected, chosen as beautiful and intelligent, seen as kind and generous. On top of all that, they were going to pay me to do it. And the worst that could happen was that I'd have a little tummy bloating and discomfort. So I made the decision to just start the process. Fill out the paperwork, take the tests. My information would go in a donor file and maybe one day, someone might see it and choose me.

That day came very quickly. Within weeks, I got a call from the nurse who breathlessly told me I had been chosen by a lovely couple and she knew we were a perfect match. The nurse knew exactly what she was doing. It never occurred to me that I could still say no. That option was never offered. The momentum of the process was so fast I didn't have time to think about it. Although I hadn't committed to or signed any agreements, I was treated as though I had. Language changed subtly and they started to refer to me as 'the donor'. I felt stuck. I just wanted everyone to be happy.

There was paperwork I needed to sign. Written out plain as day, right in front of me, were forms declaring there were no side effects or known complications for the procedure. I had to give myself shots of hormones to prepare my body to donate. The drugs originally came in two small vials. I had to use syringes to mix them, then draw in the correct amount into a new syringe before I could give myself an injection. When you go to a pharmacy and pick up a prescription, it comes with warnings about interactions, side effects and risks. Yet here was a doctor in a doctor's office handing me pills and vials, which were labeled but with no additional information or warnings. So I trusted them. They were healthcare providers and professionals. I had no reason not to. They loved me. I wouldn't figure out for another ten years that when fertility doctors see egg donors, they see anonymous women who represent tens of thousands of dollars to them. They care nothing for them. Donors are

useful only until their eggs have been removed. Then they can be discarded like trash. That's the danger of being anonymous. To the doctor, you're someone who is going away once you've been used and paid. To the recipient, you're a nameless photo in a binder of profiles of women.

And who writes the profile? It's a combination of the donor recruiter and the donor. The donor recruiter is a non-medical professional in the office that handles processing paperwork, interviewing donors, scheduling physicals and psychological evaluations, and they take photos and build profiles. They are responsible for getting donors to commit to donating. I filled out a pack asking me questions about my likes, interests, and hobbies. Books I enjoyed, food I liked, my ethnic heritage. On paper I looked good. I could be whatever I told them I wanted to be. Recipients saw a profile of a young Caucasian female, dark hair and eyes, thin and fit, athletic, soft spoken, an academic, and someone with multiple and varied interests. Somehow, my years of failed treatments for depression and anxiety didn't make it in the profile. Those were about the worst things I had going at that point. I had some suicidal thoughts, but nothing more than the average college student. I later heard stories of donors who hid drug addictions, family history of diseases, and domestic abuse.

I completed my first donor cycle. As I woke up in the recovery room after the retrieval, that same nurse was there. "You lit up like the Christmas tree in Times Square! I can't wait to use you as a donor again," she said. I will never forget her words. In that moment I thought of myself, "You did something worthy of praise. They're proud of you and thankful to you". Now, all I can think of when I remember her words is that she was honest. She couldn't wait to 'use' me again.

It was as though completing one donor cycle somehow meant I'd be willing to continue, even though I'd never agreed to be a multiple donor. It was expected. And again I felt stuck. Like I couldn't say no. If I did, I'd be letting these people down and they were counting on me. Women couldn't fulfill their dreams of motherhood without me. I was needed.

I went on to donate nine more times over ten years. I didn't let myself go to a place of questioning it. I just fell into a routine of them calling me, excitedly telling me I was chosen. I'd feel the warm glow of acceptance and mistakenly believe it meant I was loved. I never realized I was being used.

Each time I went through the process, it would be slightly different than the previous time. The brand of birth control pills changed. The hormone injections began coming in pre-filled syringes where you screwed the needle in and dialed in the dosage. I once became so uncomfortable during a retrieval, the doctor started knocking me out completely on subsequent donations so I wouldn't feel anything. After every donation my ovaries, which were normally the size of a walnut, would swell. The worst it ever was, they swelled to the size of a grapefruit. I'd waddle around like I was five months pregnant, my stomach distended from enlarged ovaries, and they would reassure me everything was fine and this was completely normal. Within a month, the swelling would decrease and my ovaries would eventually return to walnut size. During the time they were swollen, everything was

sensitive to the touch. I'd wear baggy clothes so no one would ask questions, furthering the feelings of shame and the belief that although I was doing this great act and helping others, I wouldn't be accepted by the outside world and my friends and family who would never understand. I had to be anonymous, and I had to hide what I was doing.

Several interactions reinforced the need to keep the fact I was donating a secret – reminding me I must remain anonymous. When I was in college, I lost a couple of friends when I told them I was donating. They were religious and accused me of playing God. One of them told me if a couple couldn't get pregnant on their own, it was a message from God they should not be parents. I found this belief so abhorrent it made me even more certain I was doing the right thing. I also confided in a boyfriend who immediately broke up with me and a family member who then accused me of selling their unborn biological relations. Each interaction was confusing and hurtful, and I turned to the nurses at the clinic for guidance in how to respond. They would reassure me that not everyone was strong enough to do what I was doing, that I was special and I was giving the greatest gift. And so I continued to donate every time they called me.

Then, I found myself at 31, divorced, crying at the fertility doctor's office about my marriage falling apart, losing my home and feeling extremely depressed. The doctor told me he'd use me as a donor again, get me some money, and since I was working as a communications officer in a police dispatch center, I could just move on with my life and meet a nice police officer. Here is what should have happened in that moment. A doctor who really cared about their patient would and should have said, "I can tell this is a difficult time for you. Anyone would be struggling. Now is not the time for you to be making a serious decision like donating your eggs again. See a counselor and work through the depression." But a fertility doctor doesn't see donors as patients or people. Recipients are the paying clients. Donors are just little egg incubators. Just anonymous bodies producing eggs like children making shoes in a sweatshop. Once the shoe is made, you take it, shut the door so you don't have to look at who made it, and put it on the shelf and sell it for thousands. You do it enough, you don't see the faces anymore. You just see dollar signs.

That's what still stings a little. At some point throughout all this, the fertility doctor, whom I trusted and mistakenly believed liked me, made a decision that risking my health and well-being was worth some amount of money. I was a commodity.

I donated that tenth time and it felt different from every time before. A nurse at the clinic began to talk to me throughout the process and said she thought the doctor was doing some shady things. She didn't say what exactly. But she'd come in and do my ultrasounds and I'd be lying there, crying and depressed. She'd say, "You know, he always gets so many eggs from you. You should demand more money. He has money so he should give it to you." It made the transaction seem tainted in some way. I didn't feel like I was doing it that time for the good that might come from it. It felt desperate. It felt dark and sleazy. I couldn't bring myself to feel any comfort or glow from their compliments. My life was falling apart and I didn't see a future. I no longer knew who I was.

Shortly after that last donation, I felt a lump in my breast. I fixated on it for months. I told myself it was nothing, but I watched it grow in size the more I obsessed over it. I finally went to my primary care physician (PCP). She sent me for a mammogram. They told me it was nothing. You're too young and have no risk factors for breast cancer they said. Yet the lump grew. I went back to my PCP a while later and told her I was really getting worried about it. She sent me for another mammogram and an ultrasound. I was told again that there was nothing there. My PCP and I weren't comfortable with that result. She sent me to a breast surgeon for a biopsy. The breast surgeon did a punch biopsy, which to this day remains the worst physical pain I have ever felt. She took a hollow needle and placed it over the lump, which in my case was on the side of my nipple. The needle is pushed into the skin and the lump to remove a portion for a biopsy. 24 hours later she was telling me I had breast cancer. Another week later and she was telling me I had stage 4 estrogen positive metastatic invasive ductal carcinoma. Breast cancer that had spread to my bones and my liver. Terminal cancer.

I called my friends and family. Everyone I told had the same question. How? How do YOU have terminal breast cancer at 32? I was healthy. Depressed, but physically healthy. I was careful about what I ate, I worked out, I rarely drank alcohol, I didn't use drugs or smoke cigarettes. I was good to my body. Why would it revolt in this way? How had cancer come in and spread this far this quickly?

My family and friends suspected being an egg donor had played a role. I was unwilling to believe it. I refuted their points saying, "No, these were doctors. They had to inform me about risks and they assured me there were none. They can't just lie to patients." Except fertility doctors aren't really doctors in the sense of what we expect from a physician who is treating us for the flu, or allergies, or even cancer. A fertility doctor is someone whose industry is largely unregulated. Even now, the only real 'recommendation' is a suggestion that fertility doctors not use a donor more than six times. No one is there to stop them though. Egg donors are presented with the claim there are no risks, not because studies on egg donation and donors have proven this, but because donors are an anonymous population that has never been medically tracked or studied. So there are no directly proven risks that indicate links between egg donors and cancers.

All that exists now is anecdotal evidence from the brave donors who come forward amid all the shaming and slander to share their stories as young women with debilitating and severe diseases, cancers, strokes, and their own fertility issues. "So what?" People say, "It's just a few women. That's not enough to come to any conclusive result." Well, there are more women with similar stories who have filed lawsuits, settled, and signed non-disclosure agreements. There are women who have died before they could share their story. And there are women who can never come forward because they donated anonymously. Because someone they know did not approve of it – and they are silenced by the shame of what has happened to them; to their body, their health, and to their life. Women who were healthy, fit, intelligent, and dreaming of bright futures. And they have one more thing in common. They decided to donate their eggs.

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It took me just over a decade to finally believe it, but with the encouragement and support of strong and dedicated women and with hard work and personal growth on my part, a light was finally shining on the abusive and shameful scheme I fell for at 21. And here I am now, sixteen years after my first donation, living with terminal cancer. It's a cancer that normally afflicts post-menopausal women who have had children. I was nowhere close to menopause and have no children. The only way my oncologist and treatment team could surmise any treatment being effective was to place me in menopause. So at thirty-two, I had a complete hysterectomy. My body hasn't felt like it's been mine for almost half my life. I've only just begun, four years post chemotherapy treatments, to love my body as it is. When the nurse and the doctor lied to me and conned me into becoming an egg donor, they stole parts of my life. I will never be pregnant or give birth. I spent years of my life in treatment and missed out on many experiences during that time. I lost my ovaries and uterus and my body no longer responds the same way sexually. I meet people I think I might be interested in dating and instead of just having to share that I donated my eggs a few times, I have to disclose a terminal cancer diagnosis and all the baggage that comes with it. All because I let someone use me.

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