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24 Sep 19 · 27 tweets · [sarahstuartxx/status/1176578886563508224](https://twitter.com/sarahstuartxx/status/1176578886563508224)

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**How to respond to the UK Surrogacy Consultation in 10 easy minutes**

Should babies be on sale as commodities in the UK? Should disadvantaged women be paid to be a 'breeder' for people much richer than she is? Should those richer people become the legal parents of th...

<https://nordicmodelnow.org/2019/08/30/how-to-respond-to-the-uk-surrogacy-consultatio...>

The UK surrogacy consultation ends on 11 October.

Tonight a surrogacy specialist event was held in a trendy bar in the heart of the City of London. I was honestly expecting it to be held in an upmarket conference centre, but no.

The growth sector for the surrogacy industry is with gay male couples, who are also involved at a business level.

**Nir Keren – CReATe Fertility Centre**



Nir is a Managing Director at CReATe Fertility Centre in Canada and has a background in business improvement and marketing. After seeing first-hand the obstacles international IPs can experience, he realised that his mission and passion was to bring the awareness of the Canadian surrogacy option to IP's seeking alternative options.

He is passionate about supporting IP's around the world, ensuring they have a smooth and straight-forward Canadian surrogacy journey. To this end, with Dr. Librach, and The CReATe Fertility Centre, Nir has established 'Babies Come True', a concierge service supporting CReATe's international IPs through their individual surrogacy journeys. Nir and his husband are currently going through the process of surrogacy in Canada themselves and love to share their story.

**A bit about your hosts**

My Surrogacy Options, founded by Adam & Chris Dreyfus-Gibson, began life as a vehicle through which to host our bespoke surrogacy events, aimed at providing IPs with as much information as they need to empower their journey. Our events bring together the best of global surrogacy providers so that, no matter what type of journey you select, you have the opportunity to meet and speak to the experts in that area.

Over time My Surrogacy Options has evolved into a one-stop-shop online resource for all things surrogacy, created by parents who have completed their surrogacy journeys for IPs who are planning and undertaking theirs. My Surrogacy Options provides you with first-hand knowledge of the end-to-end journey, giving you objective advice and support at all stages so that you can be empowered throughout your own unique journey to make the best decisions for you in order to effectively build your family.

Adam and Chris began their own surrogacy journey in 2016.

It is also an expanding market for law firms, who use the cover of equality-speak to promote their services for this exploitative industry. (City Law Firm are also available for mass firings.)

### Multi-redundancies

If you are about to make several employees redundant you should look to find a lawyer, like A City Law Firm, that will come to your premises; offer agreed fixed fees; see several staff at once.

### Karen Holden – A City Law Firm



Karen Holden is the owner and Managing Director of A City Law Firm. The firm has been handling alternative family work, including surrogacy, since its inception 11 years ago. It is listed in the Legal 500 for its surrogacy work. It is a pioneer and champion for equality and LGBT+ rights not just in the family law sector.

The family team handle UK surrogacy and support those going abroad through the process and upon return for; their parental order, immigration and advice in terms of employment rights (for maternity/paternity/parent time off/pay).

Karen herself has been awarded Freedom of the City for her work in equality. Her family team will be with her to offer specific advice on the evening.

Clinic websites do not post photos of Gestational Mothers and portray them as ‘hosts’ or ‘vehicles’. They are not referred to as women or people.

Payments are staggered to control any kind of litigant behaviour from the women.

### Description of Services

First Portion of Agency Fee (with retainer agreement) .....	\$14,000
Second Portion of Agency Fee (upon match) .....	\$14,000
Screening of Gestational Surrogate (upon match) .....	\$3,500
<i>(psychological evaluation; standardized psychological testing; background investigations; home check; social</i>	
Retention of Art Risk Solutions Insurance Claims Management .....	\$3,000
Gestational Surrogate Compensation:.....	See Attached*
*NOTE: THE ATTACHED SURROGATE COMPENSATION IS A RECOMMENDED PLAN BUT EVERY GESTATIONAL SURROGATE HAS	
THE RIGHT TO REQUEST COMPENSATION THAT SHE BELIEVES IS APPROPRIATE FOR HER PARTICULAR CASE AND	
Rematch Fee (After Embryo Transfer) .....	\$10,000
Medical Monitoring Administration Fee.....	\$1,000
Medical Monitoring Initial Escrow Funding.....	\$3,000

Contracts empower Intended Parents, who have way more money and power than the Gestational Mother. Buyers are presented as stable upper middle class couples who will give a child the best upbringing.

In this excerpt, two completely different standards of behaviour are set.

clinic.

WSS prescreens potential Gestational Carriers as follows: Psychological evaluation by licensed clinical psychologist of Gestational Carrier and her husband or partner, standardized personality test (MMPI or PAI) of Gestational Carrier, background checks for Gestational Carrier and spouse/partner, preliminary interview by social worker, home check, medical records review by Reproductive Endocrinologist, determination of whether or not the Gestational Carrier has suitable insurance or if insurance must be purchased by Intended Parents.

Intended Parents will participate in a counseling session with a Worldwide Surrogacy designated counselor.


Restriction to surrogacy is sometimes framed as a form of discrimination against infertile people and gay couples. ART are sold to gay couples as transformative reproduction which challenge gender norms.

# Everyone Deserves the Gift of Family



## THE PATH TO PARENTHOOD IS DIFFERENT FOR EVERYONE

Have you thought about whether gestational surrogacy is right for you and your growing family?

Surrogacy is often presented as ‘women helping women’ or a ‘win-win’ for everyone, you don’t have to scratch the surface too hard to see that the clinics exist to serve the Intended Parent.



Our **"Intended Parents Come First"** motto offers you the benefit of:

-   
Recognized leadership, and proven experience in domestic and cross-border Fertility Law
-   
A large network of resources that will facilitate your needs

Visits between Intended Parents and Gestational Mothers are chaperoned by the clinics, whether that is online or in person.

Gestational Mothers often receive minimal information about the Intended Parents.

6. If all parties approve profiles, a Skype or call (facilitated by the agency) is set up with Intended Parents and Gestational Carrier to talk, answer questions about themselves, and for informal conversation to begin to get to know each other.
7. If the introductory Skype or call goes well and all parties decide to move forward, then WSS sends the "It's a Match" email with all contact information. At this point the second-half of the agency fee is due (\$14,000) as well as the initial escrow funding deposit of \$16,000.

Access to evidence-based information on the downsides of surrogacy is limited to the public

(indeed a quick web search I did just revealed sites and pages which were positive about surrogacy).

Brochures boast of 'Diva Donors' but hide the truth that produced children via Assisted Reproductive Technologies (ART) have increased risk of serious defects.

Harms to women acting as egg donors (in no particular order) include:

- \* Term 'egg donor' puts women on a par with 'sperm donor' even though the process is invasive and takes several months.
- \* Sometimes the needle used to retrieve the eggs from the follicles pierce artery or urethra – said to be rare, but poor reporting of these issues.
- \* Ovaries can become strangulated and die.
- \* Main risk for egg donors is administration of exogenous hormones (Lupron) which is linked to future infertility, early menopause, ovarian cancer.
- \* Ovarian hyperstimulation can cause death and severe fluid retention.
- \* Romanian egg donors have been paid as little as \$270 USD.
- \* Blonde-haired and blue-eyed women attract highest fees.
- \* Ads from clinics target college-aged women who are likely to have loan repayments.
- \* Women are encouraged to believe they are 'over-achievers' in order to retrieve a higher yield of eggs from them (one case where 52 eggs were taken, 3 times higher than the safe amount).

Harm to women who act as Gestational Mothers, in no particular order:

- \* Surrogates carrying third party embryo have increased risk of gestational hypertension and preeclampsia.
- \* Forced abortions of babies with multiple anomalies.
- \* Women forced to have C-sections to fit in with Intended Parents travel schedules.
- \* Women acting as surrogates are often transported to foreign countries where they do not understand the language and are deprived of a support system.
- \* Medical decisions for the Gestational Mother are made by the Intended Parents.
- \* Women recruited by surrogate agencies are normally co-opted into the arrangement by a fixer from the same ethnic and social economic background.
- \* IVF linked to increased risk of various cancers and immunological interactions.
- \* Women are financially penalised for refusing to live in the surrogate 'dorm' and financially rewarded for having C-sections.

\* Surrogates cannot read the contracts and therefore do not give informed consent. Problem of coerced consent. Most come from a background where they would have no understanding of associated health risks of IVF.

\* Minimal compensation awarded and unfair payment schedules (payments staggered to discourage demands from women carrying the baby).

\* Surrogates who are not able to conceive may not be paid at all, or forfeit a portion of their fee if they miscarry.

\* Often forced to live in surrogacy 'residence' away from their children and support systems to ensure that they 'eat well' and do not run away.

\* Women receive high doses of hormones prior to embryo transfer.

\* Gestational Mother has no legal right to terminate a pregnancy or refuse an abortion.

\* may be forced to undergo forced 'reduction' of foetus in the case where she was carrying twins and Intended Parents did not want this.

\* Minimal post-partum follow up.

\* One survey carried out in India reported that 44% of Gestational Mothers felt that giving up the baby was the worst part of surrogacy.

\* Gestational Mothers in developing countries are paid a fraction of what women in the USA are paid (normally around a maximum of 7,000 USD, though often money goes direct to husband who gives permission for his wife to be a GM).

\* Gestational Mothers in developing countries have few economic prospects and likely to be impoverished, have their own children, and also carry out domestic work.

The UK consultation ends on 11 October. You can use the Nordic Model's response at the start of the thread or you can reply directly to the Law Society.

Gestating a foetus isn't work. Babies shouldn't be bought and sold.

<https://www.lawcom.gov.uk/project/surrogacy/>

### Next steps

The consultation is now open and will close on 11 October 2019.

Comments and responses to the consultation can be sent using the online form:

<https://consult.justice.gov.uk/law-commission/surrogacy>

However, we are happy to accept comments in other formats. If you would like to a response form in word format, do email us to request one. Please send your response:

By email to [surrogacy@lawcommission.gov.uk](mailto:surrogacy@lawcommission.gov.uk)

OR

By post to Surrogacy Team, Law Commission, 1st Floor, Tower, 52 Queen Anne's Gate, London, SW1H 9AG.

If you send your comments by post, it would be helpful if, whenever possible, you could also send them by email.

If you have any questions, you can contact the team at:

[surrogacy@lawcommission.gov.uk](mailto:surrogacy@lawcommission.gov.uk)

One final thing, this particular surrogacy agency does admit that multiple births are risky and



recommends single pregnancies. Note absence of acknowledgement of danger it presents to the Gestational Mother and the importance of money.

E. WHETHER YOU LIVE IN THE UNITED STATES OR ABROAD, YOU MUST HAVE MEDICAL INSURANCE COVERAGE FOR YOUR NEWBORN BABY AND IT IS YOUR RESPONSIBILITY TO MAKE SURE YOU HAVE SUCH MEDICAL INSURANCE COVERAGE OR THAT YOU WILL DIRECTLY PAY FOR THE MEDICAL EXPENSES FOR YOUR NEWBORN BABY. IF YOU ARE THINKING OR PLANNING TO TRY TO HAVE TWINS, THIS IS THE HIGHEST RISK FOR MEDICAL BILLS THAT MAY NOT BE COVERED BY INSURANCE UNLESS YOU HAVE A SEPARATE POLICY FOR THE NEWBORN. **WSS STRONGLY RECOMMENDS THAT THE INTENDED PARENTS ATTEMPT TO HAVE ONE BABY AT A TIME AS THIS IS SAFER MEDICALLY AND FINANCIALLY.** INTENDED PARENTS MAY NO LONGER RELY ON THE AFFORDABLE HEALTH CARE ACT ("OBAMACARE") FOR NEWBORN INSURANCE AS THE PROOF OF RESIDENCY REQUIREMENTS HAVE BECOME MUCH MORE STRICT AND IMPOSSIBLE TO MEET FOR INTENDED PARENTS WITHOUT U.S. SOCIAL SECURITY CARDS AND WHO ARE RESIDING ONLY TEMPORARILY IN THE UNITED STATES. **IT IS VERY HIGHLY RECOMMENDED BY WSS THAT YOU OBTAIN INSURANCE AND/OR MEDICAL BILL PAYMENT ASSISTANCE FOR YOUR NEWBORN(S) THROUGH ONE OF THE FOLLOWING RESOURCES, OR THROUGH SOME OTHER RESOURCE**

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