In an episode that aired on primetime television in 2007, America’s favorite talk show host portrayed cross-border surrogacy as a win for everyone.

Oprah Winfrey blazed her spotlight on an American couple that traveled to a fertility clinic in the Indian city of Anand to commission a baby. In front of an audience of millions, she extolled the benefits of the arrangement for the couple, who can finally have a baby, and for the woman who is paid to become their surrogate, who can finally send her child to school. Yes, many in the audience agreed, there seem to be benefits all around!

Cross-border surrogacy is a contract-based arrangement that uses assisted reproductive technologies, such as in vitro fertilization. It is a lucrative global industry – the heart of which beats in India – and part of a wider, multi-billion dollar market in assisted reproduction. Thousands of individuals, straight and gay, married and not, have hired surrogates to bear their children.

So who would rain on this parade? Why are there “concern trolls” raising difficult questions about a “solution” that seems a boon for everyone involved?

The answer demands a closer look at the supply side – at the lives, motivations, and vulnerabilities of the women who carry and deliver babies for others, most often to pull themselves and their families out of dire poverty. Their marginalized social and economic status creates a power imbalance that makes it impossible to negotiate dignified and fair “working” conditions and, in fact, allows recruiting agents and clinics to get away with exploitive practices.

Scratch the surface, and these arrangements are replete with health and human rights problems: gestational mothers, otherwise known as surrogates, unable to read the contractual obligations to which they consent; minimal compensation and unfair payment schedules; forced seclusion from family (including young children) and community, in dormitories with round-the-clock monitoring; high-risk medical procedures, including high doses of hormones for embryo transfer and mandated cesarean sections; and little or no postpartum follow up, even in cases of unexpected birth outcomes and health emergencies such as hemorrhage, which can occur days or weeks later with fatal results.

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In early October, I traveled to Armenia as a featured speaker at a discussion on “Promoting Gender Equity and Breaking Gender Stereotypes.”

Hosted by the American University of Armenia (AUA), the Women's Support Center in Yerevan, and the Armenian International Women’s Association, the event drew students, faculty, Peace Corps volunteers, and NGO staff and directors. Dr. Meri Khachikyan, the coordinator of the Armenian Our Bodies, Ourselves translation/adaptation project, and Dr. Bruce Boghosian, AUA president, also attended.

Domestic violence is a major concern in this small country – as it is in all of the countries where OBOS has global partners. As part of OBOS’s efforts to encourage men’s engagement in violence prevention, we connected a young man on the AUA panel with staff at Jane Doe Inc., the Massachusetts Coalition Against Sexual Assault and Domestic Violence, which provided him with slides about the role men can play in stopping violence.

Another concern addressed by panelists was the growing problem of sex-selective abortion in Armenia (also common in the neighboring countries of Georgia and Azerbaijan). Figures from 2005 show that 120 boys were born for every 100 girls; only China has a more skewed rate.

Following the AUA event, I attended several meetings with members of groups involved in the Coalition to Stop Violence Against Women in Armenia. In a country where government officials and church leaders have at times endorsed or congratulated those committing homophobic and sexist acts of violence, these courageous activists have been known to disrupt high-level meetings to draw attention to women’s and LGBT rights in Armenia.

I also traveled to rural Dilijan with Dr. Khachikyan, where I witnessed the initial organizing efforts of about a dozen young women (and one young man) concerned about the lack of sexuality education in their conservative community. The group members, each of whom received their own copy of the latest Armenian edition of Our Bodies, Ourselves, came up with several excellent ideas about meeting venues that would be safe spaces for young women, as well as ideas for outreach via social media.

They also were ready to take on problematic cultural practices. For example, many parents of young women still do a “check the bed for blood” test after a newly married couple spends its first night together, looking for signs their daughter remained a virgin before marriage. If they find blood, they take a basket of red apples to the groom’s parents to acknowledge the young woman’s “purity.” Plastic surgeons now do a brisk business with hymen reconstruction in many parts of the country, even though this is technically illegal.

Despite the numerous issues women face in Armenia, the intergenerational advocacy and critical support provided by a number of European and American funders contribute to the continued growth of a grassroots movement that will improve the health and well-being of women and girls. 🌹
At the American Public Health Association convention held in Boston in November, Our Bodies Ourselves organized a panel that examined new threats as well as persistent challenges to achieving health equity and reproductive justice for all.

Speakers addressed the topics of abortion, contraception, sterilization abuse, birthing justice, and assisted reproductive technologies, referencing lessons from the earlier women’s health movement as appropriate.

Although the women's movement of the 1970s ushered in an era that fostered greater social and economic choices for some women, recent setbacks make clear just how fragile these limited gains were. Panelists noted how current attacks on access to abortion and contraception, constraints on women's choices in childbearing, and increases in gender-based violence will require new strategies and approaches moving forward.

The session, moderated by Heather M. Brandt, an associate professor at the University of South Carolina's Arnold School of Public Health, included the following panelists:

- **J. (Jake) Kathleen Marcus**, a Philadelphia-based lawyer with a long history of working on reproductive rights and with National Advocates for Pregnant Women. Jake spoke about state interventions, even in the absence of fetal personhood statutes, such as court-ordered cesarean sections and provider refusal to allow vaginal births after cesarean (VBAC).

- **Judy Norsigian**, OBOS Executive Director. Judy spoke about the need for better safety data to enable informed decision-making by women who donate their eggs, as well as challenges posed by the growing practice of cross-border commercial surrogacy.

- **Katherine Record**, Senior Fellow at the Center for Health Law and Policy Innovation, Harvard Law School, and OBOS Board member. Katherine juxtaposed U.S. efforts to improve gender equity abroad with the increasing trend to restrict access to reproductive healthcare at home. She noted how efforts to achieve global gender equity may be contravened by our own country’s laws.

- **Malika Redmond**, Executive Director of SPARK Reproductive Justice NOW!, and OBOS Board member. Malika noted new research that underscores the overwhelming support of African Americans for legal abortion, affordable contraceptives, and comprehensive sex education. These attitudes were broadly shared across age, gender, education, income, ideology and religion. She also shared SPARK’s recent efforts to put an end to the shackling of incarcerated women during labor and birth, to expand access to Medicaid, and to eliminate racist, anti-choice billboards in communities of color.

More details about the issues covered in these presentations will be available at OBOS’s blog: [OurBodiesOurBlog.org](http://OurBodiesOurBlog.org)
New Board Members Bring New Ideas and Energy

Our Bodies Ourselves is pleased to welcome five new board members who are already contributing skills and ideas to advance the organization’s mission:

Rachel Breman, a women’s health nurse at Johns Hopkins University, manages an online nursing and midwifery collaborative. She has a special interest in Latina health issues and has worked in the Dominican Republic overseeing a maternal and newborn health assessment and training program. Rachel was also a Peace Corps volunteer in Niger.

Malika Redmond, executive director of Atlanta-based SPARK Reproductive Justice NOW!, was previously the lead gender justice researcher at Political Research Associates, where she wrote about reproductive justice and LGBTQ issues. She also served on the board of the National Women’s Health Network and has organized and co-facilitated a reproductive health leadership institute in Atlanta for college students.

Jennifer Sulla, an environmental attorney at Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, is co-chair of the Hazardous and Solid Waste Subcommittee of the Environmental Law Section of the Boston Bar Association. She advises purchasers, sellers, landlords, and tenants of properties with contamination on due diligence, risk allocation, and remedial strategies. She also advises clients on regulatory compliance with state and federal environmental laws and regulations.

All of us at OBOS are excited to work with this stellar group, and we thank them for their dedication to women’s health!

ARHP Honors Judy Norsigian

The Association of Reproductive Health Professionals presented OBOS Executive Director Judy Norsigian with the Irvin Cushner Award during its annual conference in Denver. Judy delivered a keynote address, "Reproductive Health and Justice: How Our Advocacy Can Best Address Persistent Problems and New Challenges." She appears here with other conference speakers (left to right): Carole Joffe, UCSF; Alina Salganicoff, Kaiser Family Foundation; Judy; Cristina Aguilar, Colorado Organization for Latina Opportunity and Reproductive Rights; and Margery Gass, North American Menopause Society.
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Cross-Border Surrogacy: How OBOS is Advancing Public Discourse and Action (continued from page 1)

In the middle are the children born as a result of these arrangements. Without best practices and regulation, their rights as citizens in cross-border arrangements, their legal parentage and best interest in custody disputes, and their safety in the absence of adequate screening of commissioning parents, hang in limbo while the world catches up.

This is the untold story of cross-border surrogacy – one on which Oprah did not dwell, one that many of us – including many commissioning parents – know little about. In such a story, where the scales are tipped from the start, only one side wins. The other simply settles.

Here is another story. OBOS, with the Women's Rehabilitation Center (WOREC) and Sama Resource Group for Women and Health, is responding to ethical conundrums and human rights issues raised by the largely unregulated cross-border surrogacy market and its ability to adapt to lucrative regional niches.

Sama, based in India, uses action research to critically examine cross-border surrogacy practices, articulate the impact on the lives of women, and make policy recommendations. Sama and OBOS provide technical support to WOREC in Nepal as it builds awareness in its nationwide network of Women Human Rights Defenders, assesses the status of an emerging fertility sector – especially along the country's border with India – and crafts a preemptive response.

Our goal is simple – develop evidence-based, objective and accessible information to ignite broader social dialogue and action on an issue that is layered, laden and, most importantly, misrepresented by recruiting agents and fertility clinics.

This collaboration is a call for best practices and regulation of assisted reproduction, and a stepping-stone to engaging with commissioning parents as allies who can hold the industry accountable. It embodies OBOS's legacy of bringing important sexual and reproductive rights issues from the periphery to mainstream dialogue.

And, as policy lags behind technology and markets and the media continue to color public perception of a complex human rights dilemma, this collaboration positions us on the cutting edge to ensure cross-border surrogacy moves forward as an ethical option for growing our families and financial stability – making it a true win for everyone.

Coming Soon! OBOS's New Website

In the nearly 10 years since Our Bodies Ourselves last revamped its website, online communications, and the very nature of how we find and share information, has changed dramatically.

Now, thanks to seed money from Ipas, a global non-governmental organization, OBOS is working with Cornershop Creative to overhaul its digital communications and fundraising efforts. Launching in early 2014, the new OBOS website will be easier to navigate, more easily shareable via social media, and fully accessible via mobile devices.

The project includes more than a redesign: We are making available a quarter of the text of Our Bodies, Ourselves, including the full chapter on abortion, expanding coverage of reproductive and sexual health issues, and providing more information and resources to supporters like you.

The new website will tell OBOS's story – from its small beginnings to its expanded global presence – and more prominently feature OBOS's Global Initiative and the many women's groups around the world adapting Our Bodies, Ourselves for their own communities. And it will engage visitors in OBOS's advocacy efforts around such issues as assistive reproductive technologies.

OBOS communications strategist Christine Cupaiuolo and web manager Kiki Zeldes have been assisted by a stellar volunteer advisory group that includes Debbie Adler, Nancy Forsyth, Anne Meade and Siddhesh Patil. We're deeply appreciative of all their efforts!