



MEDIA MIX

Surrogate path for dads not always as easy as for Ricky

By PHILIP BRASOR

When Puerto Rican pop star Ricky Martin announced on Aug. 21 that he was the father of twin boys born to a surrogate mother, the media reacted cautiously. Martin is single, and for years rumors have circulated that he is gay. Celebrity interviewer Barbara Walters once asked him about this, and he dodged the question, but since the announcement, most of the media speculation about whether or not Martin is homosexual has been confined to the blogosphere.

Regardless of his sexual orientation, Martin's means of becoming a father is worthy of discussion. His decision to have a child via gestational surrogacy, which means donor eggs are fertilized in vitro and then implanted in the womb of a woman who is not the producer of those eggs, raises questions as to why he didn't go the traditional route; and by "traditional" I don't mean impregnating a woman, but, rather, adoption. As a single man, it is probably more difficult for him to adopt a child than it is for a couple, but it certainly isn't impossible. For one thing, he's the head of The Ricky Martin Foundation, whose mission is to eliminate child trafficking and exploitation throughout the world. He knows something about orphans.

Surrogacy is becoming medically easier, but it is still considered a last resort for couples who can't have children the conventional way. Martin isn't the first single celebrity, or even the first single male celebrity, to bring a child into this world using the method, and one can only assume that his reason for doing so is the same as that of infertile couples: He wants his child to have his DNA.

This desire is understandable, but there are still nonmedical complications, as demonstrated in the tale of the Japanese doctor whose own daughter, delivered via gestational surrogacy last month, remains in legal limbo in India. As in Martin's case, the media has mostly kept its opinions to itself with regard to the doctor's motives, but also as in Martin's case, the story deserves more scrutiny.

Shukan Asahi provided a detailed account of the case in its Aug. 29 issue. The anonymous physician is in his 40s and has a child by his first wife, but they are divorced. As often happens in Japan with divorced couples, the father has no custody or visitation rights.

"I have no luck with women," the doctor told Asahi, but he still wanted a child. In June 2007, he visited a clinic in India that specializes in surrogate births.

Four months later, he married a Japanese woman, also in her 40s, and in November they traveled together to the Indian clinic, where they made arrangements with a surrogate mother to have their child. With his sperm and an egg from an anonymous donor, the surrogate mother, an Indian woman in her 20s, became pregnant.

On July 25, she gave birth to a girl, but by that point the doctor and his new wife had divorced. In India, parental authority is given to the biological mother and father of a child, and the Japanese doctor's name was listed as the father on the birth certificate. The mother, however, was anonymous (she is believed to be from Nepal), so there is no mother's name on the document.

Early reports said that the doctor wanted to adopt the baby and that Indian law does not allow single men to adopt, though that isn't the issue since the doctor is the acknowledged biological father. The issue is that the baby has no nationality. Japan cannot issue a passport because, even though the father is Japanese, a birth report with a mother's name is required, and there is none. The Indian government will not issue a passport because the father is not Indian and the mother's nationality cannot be determined.

Perhaps because of the initial misunderstanding about adoption, the ex-wife has been criticized for leaving her ex-husband in the lurch. She has since sent faxes to various media outlets explaining that she never wanted to go through with the surrogacy plan. In fact, the doctor didn't tell her about it until after they were married, at which point he had already made arrangements. When she went with him to India, he told her the hospital could make it look as if she were the one giving birth. She also claimed that hospital staff convinced her to sign the surrogacy agreement by saying she didn't have to come to India to pick up the child. Her husband could do it by himself.

Shukan Asahi speculates that the ex-wife is the same woman who recently posted a message on a Web site for infertile couples saying that she underwent fertility treatment in India and in Japan, and in both cases the treatment failed. The chances of a woman over 40 conceiving a child is said to be about one in 50. Asahi implies that the husband knew this before he married her and went ahead with the Indian surrogacy plan as a kind of insurance.

During the next nine months, the strain of trying to become pregnant, combined with her guilt over signing the agreement, took its toll on the ex-wife. The doctor is not bitter toward her.

"I understand her feelings," he told Asahi. "I don't want the

media to say bad things about her."

The doctor went to India because surrogacy is not sanctioned in Japan, even though the government has not actually made it illegal. As long as it isn't allowed, more Japanese couples may go overseas to seek surrogate mothers, and such legal problems will likely occur again. The Justice Ministry has said it will do all it can to help the doctor bring home his daughter, but it can do nothing until the baby gets a passport.

The baby, meanwhile, is being cared for in India by the doctor's mother, and an Indian nongovernment organization has filed a lawsuit to "protect" the child. Once a trial begins, the baby won't be able to go anywhere. The NGO claims that the surrogacy procedure in this case amounts to "trafficking." It would be interesting to hear Ricky Martin's opinion.

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