

THE SALVATION ARMY AUSTRALIAN TERRITORIES POSITIONAL STATEMENT

SURROGACY

The Salvation Army recognises the anguish experienced by involuntarily childless couples. Some couples have been assisted in overcoming infertility through the new reproductive technologies such as IVF. For other couples the problem is that the wife is unable to carry the developing child from the time of conception through to viability. For such couples, surrogacy would seem to provide an opportune solution. In surrogacy, another woman (the surrogate or birth mother) carries the child until delivery or soon after, when the social or commissioning mother takes over. Whilst appearing opportune, surrogacy is fraught with legal, moral, ethical and spiritual difficulties.

Surrogacy takes several forms. The genetic material may be derived from both of the commissioning parents through IVF processes, the husband's sperm may be used along with the birth mother's ova, or both male and female genetic material may be donated, again through IVF processes. Also the surrogate mother may act either for payment (commercial surrogacy), or out of love for the infertile couple (altruistic surrogacy). Often a sister or special friend may do this, though through IVF technology, mothers have acted on behalf of daughters (i.e. women have given birth to their own grandchildren). Currently, commercial surrogacy is illegal in all Australian states, although altruistic surrogacy has a less clear-cut status and is difficult to regulate in any case.

The concerns about surrogacy are several. Christians would accept that marriage is exclusive, monogamous and permanent. Scriptural teaching reveals the Creator's intention that children should be born into the exclusive context of the mutual intimacy of a husband and wife. Surrogacy, along with other technology such as artificial insemination using donor sperm (AID), is a significant intrusion into that exclusivity.

Surrogacy also risks the exploitation of some in order to meet the needs of others. It is a process that involves the deliberate use of one woman's womb to produce a baby for the would-be mother. The growing foetus is intimately attached to the birth mother sharing the air she breathes and the food she eats. The language of surrogacy tries to deny this relationship by emphasising the 'ownership' of the 'product' —the child. The birthing mothers experience is made invisible, rewritten for her. Birth mothers have been described as 'incubators' or 'just a suitcase'. This does not take into account the trauma experienced by the relinquishing mother.

Birth mothers are often chosen because they have already proved their fertility by having a child. Serious emotional trauma is possible to siblings who helplessly watch as their baby brother or sister disappears from the family. They may carry a tremendous burden, wondering if they will be given away as well. Children would be especially vulnerable in altruistic surrogacy where family members are involved.

Altruistic surrogacy often seems more acceptable than commercial surrogacy, but power dynamics operate in families. These bonds can be more formidable than money. The currency is love — love and gratitude will be exchanged for the child. Where infertility is such a painful experience, it can be difficult, even in the closest relationships, to distinguish between an act of surrogacy out of love and one out of guilt.

And then there are concerns regarding the child. Surrogacy has been described as people thinking of their own desires and not of the child. This is in sharp distinction to adoption where the child's need is paramount. In adoption prospective parents are carefully selected to meet those needs. For fertility practitioners it is the needs of the parents and the donors of sperm and ova that prevail. Society should be concerned for children deliberately created in order to be separated from their gestational (birth) mother.

The Salvation Army find surrogacy an unacceptable practice. However, it will continue to provide compassionate pastoral support for couples who decide to make use of this technique and, of course, attaches no stigma to the children born as a result of such decisions.

Approved by IHQ, 28th June 2001