

July 1, 2013 – Addendum to testimony

Members of the DC Council, thank you for allowing me to address you at the hearing on Bill 20-30, the Surrogacy Parenting Agreement Act of 2013. Today, I offer these remarks in rebuttal to arguments others offered in favor of the bill and to comments and questions from the council members.

These arguments fall under these three categories:

- There are no health risks to egg donors and surrogate mothers
- Compensation is not an issue and does not corrupt the contracts
- The children would not exist if not for surrogacy

First, the claim that there are no health risks to women who take fertility drugs whether to prepare their womb to accept an embryo transfer or to “donate” their eggs, if needed by a same-sex couple or couple where the woman’s eggs are insufficient, does not stand up to the published academic literature on risks to women. I refer you to the 2007 Institute of Medicine’s report, “Assessing the Medical Risks on Human Oocyte Donation for Stem Cell Research,” which lists risk of cancers and of developing Ovarian Hyperstimulation Syndrome (OHSS), as well as compromising the future fertility of the egg donor.

Further, we continue to learn more and more about associated risks. A new study, just published in Sweden, shows in vitro fertilization (IVF) carries an increased risk of venous thromboembolism and pulmonary embolism, especially during the first trimester of pregnancy. In June, a new IVF drug, kisspeptin, was introduced in the United Kingdom, as “the hope to spare women from the potentially life-threatening condition of OHSS.”

Cancers, life-threatening OHSS, risk to future fertility, and strokes caused by embolisms only amplify the serious health risks we ask otherwise healthy women to assume. These are not women who are themselves patients, who would assume some level of risk in order to have a child of their own. Many studies report how little is known about the risks and that no long-term studies have ever been conducted on healthy egg donors. Journals report that more studies are needed and that women need to be followed longer in order to get more data. Frankly, the burden is on the industry to prove this practice is safe. So far, the evidence shows that it is not.

The second issue is that of financial compensation and the role it plays in medical decision-making. Councilmember Catania asked me if I was opposed to people making money, which seemed an absurd question, unless he views surrogacy contract pregnancies as any other profit-making industry. Surrogacy must be viewed through the lens of the patient’s consent to medical procedures and the foundational element of *informed* consent. Medical and nursing



students are taught that money corrupts; it is a coercive incentive in obtaining a free informed consent. One of the main reasons we do not allow organ selling in the U.S. and have enshrined the organ-sharing network as an altruistic *donation* system, is the concern that money corrupts decisions that serve the best interest of the donor. The more one needs money, the more risks one is willing to assume. Consider how human subjects are treated in clinical trials: at each step in any clinical trial, the safety and best interests of the human subjects in the trial are front and center. The large sums of money a surrogate mother can make are an inducement to risk her health and wellbeing. This is precisely why payment for surrogacy is forbidden in countries such as Canada.

Finally, the dismissive statements made to Jessica Kern, who testified at the hearing as one created and born via a surrogate pregnancy, were very disheartening to hear. As someone who has spent more than a decade writing, speaking and producing documentary films in the area of third-party reproduction, these kinds of comments are often hurled at those born via surrogacy or who are donor-conceived. “Aren’t you just glad to be alive?” “Don’t you know how much your parents really wanted you?” “Without this technology you wouldn’t exist.” To deny their pain and ignore their stories as you move this bill forward would demonstrate that the best interests of the intended parents in surrogacy contracts are the most important and the children’s needs are simply not taken into consideration.

The day after the hearing a new study was released in the *Journal of Child Psychology and Psychiatry* entitled, “Children Born Through Reproductive Donation: A Longitudinal Study of Psychological Adjustment.” This study shows that children born via surrogacy showed higher levels of adjustment problems at age 7, and concludes that the absence of a gestational connection the child has with the birth mother may be more problematic than the absence of a genetic connection. This distinction is important as it underscores the nine months in the womb are not insignificant to the child’s later well-being.

I ask you to not to pass this bill. Surrogacy contract pregnancies are bad for women and for the children created by them.

Thank you,

Jennifer Lahl
President