Jennifer Lahl's Remarks on Surrogacy before the Texas Senate Committee on Health & Human Services

Chair Kolkhorst, Vice Chair Perry, and Members of the Senate Committee on Health and Human Services,

Thank you for the opportunity to testify today. My name is Jennifer Lahl. I am a registered nurse with a master's degree in bioethics and the founder of the Center for Bioethics and Culture Network. For over 20 years, our organization has researched, documented, and advocated against the exploitation inherent in the assisted reproductive technologies industry, specifically surrogacy. We produced documentary films such as *Breeders: A Subclass of Women?* and *#BigFertility* that feature the real stories of women and children harmed by these practices. We have published peer-review research on the harms of gestational surrogate pregnancies. I have testified before legislative bodies all around the world and across this country on these issues.

While I was born in Texas, I now live in California, one of the most surrogacy-friendly states in the country. California is considered a reproductive tourist destination for both domestic and international commercial surrogacy arrangements. Women's bodies are treated as commodities and children as products to be bought and sold. Since most of Europe and Asia prohibits surrogacy, would be parents travel to the U.S., where the SCOTUS guaranteed birthright citizenship, they have a pathway to citizenship, since the child born here is a U.S. citizen. Over 40% of surrogate pregnancies in California are for foreigners.

Agencies explicitly market their services to global clients, offering them travel support, visa help, and turning their trip into a vacation. These concierge services guarantee high quality medical care and legal protection for the purchasing parents, often at costs exceeding $100,000.

International prohibitions on surrogacy have created this multi-billion-dollar global marketplace. A market targeting financially vulnerable young women – the primary target here is our military wives, for their wombs. And a market for babies. Many European countries surrogacy because they recognize that the human body, motherhood, and the parent-child relationship should not be subjects of a contract or transaction.

Yet in the U.S., the contract is at the heart of the surrogacy industry. These contracts prioritize those paying for or profiting from the arrangement. They also regulate a surrogate's behavior, ability to travel, important medical decisions, and even require compliance with selective reduction or termination clauses, where permitted by law. Financial penalties are tied to compliance. If she fails to obey, she is threatened with

breach of contract and will have to return all money she has received and more. If you have never read a surrogate contract, I encourage you to do so.

French law effectively treats surrogacy as a form of prohibited commodification akin to exploitation or "slavery-like" practices. Surrogacy is such an undignified way to treat a woman and a child she carries.

Our own research builds on other research studies which show a gestational surrogate pregnancy is medically high risk. As a pediatric nurse, I know that when a pregnant mother is at risk, her unborn child is also at risk. What are these risks? Gestational hypertension, preeclampsia, placenta previa, C-sections, and long-term health consequences from the powerful hormones used in IVF.

Surrogate mothers have died in the U.S. because of these high-risk pregnancies. The babies they carried for others have died. Many report profound grief and trauma from relinquishing the baby they carried; in fact, surrogate mothers are more likely to have post-partum depression and be diagnosed with mental illness. For babies: They are deliberately separated from the only mother they have ever known. They often have long-term health consequences due to higher rates of prematurity and low birth weight.

Despite these realities, there are minimal guardrails: no meaningful limits on the number of children a woman may be contracted to carry over her lifetime, weak or nonexistent requirements for long-term health tracking of surrogates or children, and virtually no oversight of the multi-billion-dollar agencies and brokers who facilitate these deals. But all the regulation in the world will never protect women and children.

I am happy to speak at this hearing and support any legislation that might be an important start to protecting women and children in Texas.

My recommendations would be:

1. Close your borders and prohibit all international surrogacy arrangements – either commercial or altruistic.
2. Monitor state agencies that market and broker these arrangements to be sure they are in compliance with the law.
3. Establish a statewide tracking system of women who were surrogates and the children born of them – to follow-up on their long-term health and well-being.

Members of the Committee, pregnancy is not a service. A woman’s womb is not a rental property, and a child is not a product to be bought and sold. Texas can and should lead by

rejecting this form of 21st-century exploitation and protecting the dignity of women and children.