

Testimony of
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Members of the Kansas Senate, thank you for inviting me to address you today.

My name is Jennifer Lahl. I am a Registered Nurse with more than 20 years of experience in pediatric critical care nursing. I have contributed chapters to a nursing textbook on maternal and child health, and I was the three-time editor of *Facts and Comparisons*, a drug reference book for use by healthcare professionals. I have been a longtime patient advocate.

In 2000, I received a master's degree in bioethics. I have served since that time as president of a non-profit organization, the Center for Bioethics and Culture. I have written and spoken extensively on reproductive technologies, the exploitation of women through various reproductive technologies, and the risks to the health and well being of women and children. I have testified to members of the European Parliament in Brussels on the exploitation of women for their eggs by the international fertility industry. I have briefed members of the U.S. Congress on Capitol Hill several times, and I have been interviewed by numerous media outlets in print, radio, and television.

I am also an award-winning documentary filmmaker, having written and directed three films, including *Eggsploitation*, which addresses the risks to young women who decide to sell their eggs. One of the women featured in this film has come with me here to testify in the past. She was an egg donor while a Ph.D. student at the University of Kansas. She almost died about a week after selling her eggs and had to undergo an emergency surgery to remove a torsioned ovary. She went on to develop bilateral breast cancer as a very young woman with no family history of the disease, possibly as a direct result of the fertility drugs, which have known cancer risks. My latest film, *Anonymous Father's Day*, addresses the ethics of anonymous sperm donation through the eyes of people created by anonymous sperm donation. This film underscores the fact that many children created through such third-party contracts are not at all happy with the practice. I am currently in production of my next film, which will focus on surrogacy and contract pregnancies. As my recent piece in the Huffington Post states, women are not Easy Bake ovens. They are not wombs for hire.

I'd like to turn now to look at the reproductive landscape since the 1978 birth of Louise Brown, the first person to be born via in vitro fertilization. I hope these points will spur many questions for you. I'm sure my colleagues and I can address your questions, and that we can have a productive conversation. The current challenges we face in the area of assisted reproductive technology, or ART, include:

- We face a multi-billion dollar per year global, and largely unregulated fertility industry.¹
- Post-menopausal pregnancies are more common as women postpone pregnancy and turn to egg donation and ART to conceive, ignoring the risks that maternal age presents to both mother and child.²
- Litter births, such as the so-called octomom, are at epidemic rates. Multiple birth situations like this present many, many risks to both mothers and children.
- We are witnessing the birth of “Twiblings” where twins are created in the laboratory but born via two separate surrogate mothers.
- “Selective reduction,” which has been called ART’s “best kept secret,” is fraught with ethical problems. It is used to reduce multiple births (the disappearing twin phenomenon), screen out “imperfect” children, and casually select children for survival on the basis of sex.³
- Preimplantation genetic diagnosis, or PGD (embryo testing and screening) -- what I call “search-and-destroy” -- is now a routine means of “quality control” in the laboratory.
- “Savior Siblings” are now created in the laboratory, specifically designing a genetic match for a sick child in need of a transplant.
- A growing new demographic of single mothers and single fathers by choice, and new co-parenting contracts between adults who are not in an intimate relationship with one another.
- Same-sex couples now having children via ART, exploiting women for eggs and wombs and creating motherless or fatherless children.
- Changes in gamete “donation” resulting from the American Society for Reproductive Medicine’s guidelines on inter-familial donation, which seek to provide guidance on situations in which mothers, fathers, sisters, and brothers

¹ *USA Today* reports, “Fewer than 20 percent of U.S. clinics follow professional guidelines on how many embryos should be used for younger women.” Dr. Bradley Van Voorhis, director of the fertility clinic at the University of Iowa, said, “Clearly, most programs are not adhering to the guidelines.” From “Most Fertility Clinics Break Rules,” *Associated Press*, February 21, 2009, http://www.usatoday.com/news/health/2009-02-21-fertility-clinics_N.htm

² For more, see Liza Mundy, *Everything Conceivable: How the Science of Assisted Reproduction Is Changing Our World* (New York: Alfred A. Knopf, 2007).

³ Fifteen years after birth of Louise Brown, the first “selective reduction” was performed on a 51 year-old post-menopausal woman pregnant with quadruplets from donated eggs. Her pregnancy was reduced to twins (a phenomenon referred to as “vanishing twin.”) Liza Mundy, *Everything Conceivable: How the Science of Assisted Reproduction Is Changing Our World* (New York: Alfred A. Knopf, 2007).

can share their sperm, eggs, and wombs to help their family members conceive and bear children.⁴

- Grandmother surrogacy options with grandmothers carrying and giving birth to their own grandchildren for a daughter who cannot carry her own child.
- All of this is a largely failed enterprise. A 2010 report from the Centers for Disease Control (CDC), the most recent report available, on IVF success rates are quite telling. From 147,260 IVF cycles there were 47,090 live births, with 61,564 infants born (including multiples). Over 100,000 IVF cycles failed!

I have been to Kansas twice now, both times to address the Senate on matters involving the scandal of reproductive technologies. First, with the young woman who sold her eggs while a student here in Kansas. I now find myself here again, prompted by a case in Kansas where a lesbian couple had a child via donated sperm. The couple has since separated, and they are seeking financial support for the child. The case is now in your courts to see if the man who donated his sperm is responsible for paying child support.

It is time for much needed regulation:

- We need to remove financial incentives from third party reproduction arrangements.
- We need to remove anonymity from sperm and egg donation, we need to maintain open records, and we need to make those records available to those created from donated sperm and eggs.
- We desperately need regulations. Industry guidelines are meaningless, toothless, and almost entirely ignored.

I often ask why is it, when anything comes out of the human body -- other than eggs and sperm -- it is labeled, entered into a database, and carefully tracked. When blood is donated, we know where it came from and we know who eventually received it. When we remove a gallbladder, an appendix, or even a skin sample for biopsy – everything is labeled and tracked, and its ultimate disposition is known. But not so with eggs, sperm, or embryos.

The Canadian Assisted Human Reproduction Act, which prohibits payment for eggs, sperm, or commercialized contract surrogate pregnancy states, “to allow commercial exchanges of this type would undermine respect for human life and dignity and lead to the commodification of women and children.” That is exactly what we have here in the United States. I hope Kansas will take a big step and lead the effort to bring change.

⁴ The Ethics Committee of the American Society for Reproductive Medicine, “Using Family Members as Gamete Donors or Surrogates,” *Fertility and Sterility* Vol. 98 No. 4, October 2012, 797-803.