My name is Elaine Petty and I am speaking today as a pediatric nurse with a master’s degree in bioethics from Georgetown University. I would like to speak out against the bill that has been introduced to legalize surrogacy in Washington, D.C. because it breaks biological bonds, creates dissonance in healthy sociological structure and is a source of health risks, economic exploitation and commodification of human beings.

I worked up the street at Children’s National Medical Center and observed first-hand the importance of healthy relationships between parents and children. Biologically and physiologically this process begins in the womb where hormones, particularly oxytocin, cause a bonding between mother and child. The months a baby spends in the womb are arguably the most critical period of human development. It is during these important months that the brain begins creating and organizing connections that become the foundation of later learning, socio-behavioral development and emotional adjustment. To create a child by design with a plan to rupture this bond is exploitative and treats the child as a commodity rather than considering what is best for the child. To think that we can treat this relationship as a contract and turn a blind eye to the consequences is to ignore what we know of developmental science and objectifies and subordinates the welfare of both the child and the surrogate mother.

How do surrogates deal with this fragmentation of motherhood that separates the genetic, social and gestational components? Some refuse to release the child they have nurtured for 9 months. Many have been shown to employ cognitive dissonance reduction strategies, otherwise known as self-deception. To cope with the loss of her child, she must view her relationship with the baby as one of ownership, her own role as a “human incubator,” and the child as a “product.”

For my master’s thesis at Georgetown University, I carefully researched the technology that allows us to do 3rd party reproduction and learned that it has developed as an industry and not a medical procedure. The commercial aspect of this transaction treats the egg donor or surrogate as a commodity. The health risks, which are real and serious, are often minimized. Wooed by financial need and compassion for those who want to have a child, these women are often uninformed of the risks they are taking. The egg donors self-administer daily injections of powerful hormones for weeks and then undergo a surgical procedure to remove the eggs. The surrogate also takes some of the same hormones to prepare her for the pregnancy. The short-term consequences can be serious and have been known to result in a range of medical complications, including their own infertility and even death. The long-term results have not been studied and are not known. The conclusions led me to entitle my thesis "Women for Sale and Eggs Needed."
As a resident of Washington, D.C., I am deeply concerned that we create an economic and social environment that supports healthy individuals and families. It is wrong to appeal to a woman’s natural generosity toward others who can’t have children and exploit their own financial need to draw them into a situation where they will experience physical and emotional health risks and where the resulting child is treated like a commodity. As Kathleen Parker states in her article in the Washington Post, “By turning the miracle of life into a profit-driven, state-regulated industry, the stork begins to resemble a vulture.”