Partners in Healing
OF MINNEAPOLIS
A CENTER FOR HOLISTIC HEALTH

My name is Dr. Deborah Simmons. I received a PhD from the University Minnesota and am licensed by the Minnesota Board of Marriage and Family Therapy. I have been a licensed mental health professional specializing in primary and secondary infertility and third party reproduction (i.e., egg donation, sperm donation, gestational surrogacy, and donor embryos) since 1997. I also specialize in miscarriage, stillbirth, fetal anomalies, premature delivery, and reproductive decision-making. In addition to my private practice at Partners in Healing of Minneapolis, I practice at the Center for Reproductive Medicine in Minneapolis.

I have been a clinical member of the American Society for Reproductive Medicine's (ASRM) Mental Health Professional Group since 1999. ASRM is the U.S. medical society for all professionals that work in the reproductive medicine field. I provide I have presented at ASRM national annual conferences on clinical hypnosis for infertility and on reproductive decision-making. I am also a member of the European Society of Human Reproduction and Embryology. I am a professional member of RESOLVE: The National Infertility Association and a frequent speaker. I am a professional member of Path2Parenthood, formerly the American Fertility Association, and a member of that organization's Mental Health Advisory Council. I work with OB/GYN clinics, infertility clinics, surrogacy and egg donation agencies, mental health professionals, and reproductive attorneys in the Twin Cities and around the country. Helping people to build their families is a blessing. Gestational carriers are a blessing, too.

As a state-licensed mental health professional and a member of national accrediting associations, I must meet clear well-defined national standards to take actions in the best interests of my patients. This includes gestational carrier candidates.

One's assumptions determine conclusions. If you start with an assumption that all gestational carriers are ignorant, poor, disadvantaged, and otherwise incapable of making their own decisions, you may end up in a place that leads to fears of exploitation of gestational carriers. If you start with an assumption that women are able to make their own decisions about their own bodies, a year of their lives, and why they want to help others, the conclusions come out in a very different place. I have seen over 200 potential surrogates, some through agencies, some in independent matches, some within the family or some with friends. I will not work with traditional surrogates because traditional surrogacy does not conform with national practice standards. Similarly, I will not work with women on medical assistance. I am a gatekeeper. I

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have stopped women from being gestational carriers whom I feel are naïve about the rigors of the process, the risks of pregnancy, or who have been too interested in receiving compensation. I have rejected women from becoming gestational carriers when their partners are too interested in receiving compensation or are not supportive of gestational surrogacy. I am a supporter of compensation for surrogacy because it means that everyone has some skin in the game, both the surrogate and the intended parent or parents. Everyone is invested in a safe process.

The American Society for Reproductive Medicine requires medical, mental health, and legal evaluation for all potential gestational carriers. The risk of exploitation rises considerably when people do things outside of the safe process that we have determined works in Minnesota and around the United States. You may hear about cases in which women have been exploited. These are cases in which mental health screening did not occur or when people did their own contracts without legal counsel. If any of those steps are skipped to save money, to save time, or because people are not paying attention to the risks of pregnancy, then there is the risk of a problem. What you may not know is that there are surrogacy groups on Facebook and elsewhere online where women educate and mentor one another about how to do gestational carrier surrogacy safely. There is no tolerance for naiveté in these groups. Safety is the number one consideration. These gestational carriers want state statutes that protect them AND the intended parents. Pregnancy is what surrogacy is about — HAVING babies. It is completely compatible with pro-life values. No one can be forced to terminate a pregnancy. Gestational carriers determine what they will or will not do about terminating a pregnancy, before there is ever a contract or a pregnancy. Legal contracts protect both the gestational carrier and the intended parents but that is not enough. Defining surrogacy in Minnesota law, as the legislatures in North Dakota, Wisconsin, and Iowa have already done, will protect gestational carriers physically, emotionally, and legally. I strongly encourage the Commission to address this gap in Minnesota law.