

Testimony in favor of HB 482: “Donor-Conceived Persons and Families of Donor-Conceived Persons Protection Act”

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Distinguished Committee Members -

My name is Anna Levin. I am a Maryland-licensed attorney and Hopkins-trained bioethicist. I grew up in the San Francisco Bay Area and moved to Baltimore in 2004 to study Public Health at the Johns Hopkins University. I went on to receive my JD from Loyola University New Orleans College of Law in 2011 and my Masters of Bioethics from the Berman Institute of Bioethics at the Bloomberg School of Public Health in 2022. I currently reside in Pennsylvania. My Masters thesis (available here:

[https://ischolarship.library.jhu.edu/bitstream/handle/1774.2/67249/LEVIN-THESIS-](https://ischolarship.library.jhu.edu/bitstream/handle/1774.2/67249/LEVIN-THESIS-2022.pdf?sequence=1)

[2022.pdf?sequence=1](https://ischolarship.library.jhu.edu/bitstream/handle/1774.2/67249/LEVIN-THESIS-2022.pdf?sequence=1)) is about the Evolving Ethics of Sperm Donation. This topic has always fascinated me not only from a legal and bioethics perspective but also because it is my personal story. I am writing today in support of Maryland’s HB 482 to support the rights of donor conceived people.

I am in the minority in that I have known from a young age that I was donor conceived. Growing up, I knew very little about the anonymous sperm donor I nicknamed “MDUD,” my medically unknown Daddy. I knew he was a medical student at the time that he donated, that he was Jewish with brown hair and blue eyes, had no known history of any genetic diseases, and described himself as musical and funny. Generally I didn’t care much about the fact that I was donor-conceived. My parents did the right thing by providing me with “age-appropriate honesty,” but I would go through periods of time where I would feel angry about the way I was conceived. I knew I had blue eyes from my mother and knew that certain other features of mine came from her side of the family, but I always wondered why we had trouble seeing eye to eye much of the time—she described me as a “half step off.” We always wondered where my musical talent came from, my love of science, and outgoing nature. I would look at people in the community and wonder, “could that be my dad?” “Will I ever know if I have any brothers or sisters?” We reached out to the fertility doctor when I was a teenager because my desire for knowledge deepened as I went through puberty and became a young adult. His answer was essentially “sorry but I’ve given you all the information I can.”

In 2019 I made the decision to submit a sample to 23andme and Ancestry DNA. The day before Thanksgiving, I received my results and they have been nothing short of life-changing. I have since become an advocate for the donor conceived, using my legal and bioethics training to advocate for the needs of people like me. That day, I discovered the identity of my biological father and that I am one of at least 41 half siblings. Given how frequently my donor donated, there could be hundreds more who have yet to discover that they were donor conceived. My donor donated 2-3 times a week throughout medical school and then returned to the clinic after his residency to donate for another 2-3 years.

I attribute my own largely positive experience incorporating this newfound family and knowledge into my life to the fact that my parents did tell me from a young age about my conception. My siblings’ stories help illustrate some of the ethical issues that must be addressed:

First, we must eliminate anonymous donation. In this day and age, when services like 23andme and ancestry.com are readily available, anonymity cannot be guaranteed either for recipient parents or for donors. With social media, it is easy to connect the dots and find family members.

Second, donor conceived people need access to complete and accurate medical histories. While my donor does not himself suffer from any mental health illnesses, he had a grandparent who committed suicide and struggled their whole life with manic depression and bipolar disorder. At least 5 of my siblings have been diagnosed with bipolar disorder and have struggled a great deal with this illness throughout their lives. Others have suffered from more mild forms of depression and anxiety. I can't help but wonder if my donor would have been allowed to donate at all had he been thoroughly screened for both his physical and mental health history. Thoroughly screening donors and providing recipient parents and the donor conceived with a complete medical history is of utmost importance and will facilitate effective communication with health care providers and access to the appropriate preventive care and screenings at the right time.

Third, there must be a limit on the number of times an individual can donate and a way to ensure donors are not jumping from clinic to clinic. The risk of consanguinity is too high when dozens of half siblings are growing up in the same community. I unknowingly grew up in close proximity to two of my half siblings—I went to Hebrew school with one and attended school dances and sporting events with another. Two of my siblings unknowingly attended the same high school and ran in the same social circle. One of my brothers was only told about his conception from donor sperm a few weeks before his wedding when his mother sat him down to encourage him to have his fiancée tested to ensure she was not a half-sister. With age-appropriate honesty and access to accurate information, situations like this can be avoided.

While all of these issues need to be addressed within the fertility industry and this legislation is an important step in the right direction, what this all comes down to is a fundamental human desire for connection and knowledge about oneself and one's identity. So many of my siblings describe growing up feeling "othered." They did not feel connected to their "social father" or his side of the family, felt different from cousins and other family members and never knew why. They struggled internally. Once they discovered their true origins and had the opportunity to connect with their genetic relatives, many of them describe feeling like it all made sense. Unexplained feelings from their childhood started to become clear. That is nature kicking in. Depriving the donor conceived of this information deprives them of a full sense of self and identity. One sister grew up part of a large Greek family. At 32 she became aware of the fact that her dad was not her biological father and she struggled with the trauma of a non-parental event. She learned that our biological father is Jewish. In the 4 years since my sister's late discovery, she has come to terms with her new sense of self and has incorporated some Jewish traditions into her life. This fundamental human need and desire for connection and self-knowledge is what must be protected.

HB482 is an important step in the right direction.

Anna Levin

2230 Lehman Court

Enola, PA 17025

(415) 518-7474; Anna9985@gmail.com

