

# NEWS FROM

P.O. BOX 204 • EAST MEADOW • NY 11554

H O L I D A Y 2 0 0 3

# NINE

NATIONAL INFERTILITY NETWORK EXCHANGE

## PRESIDENT'S MESSAGE

It happens three times a year. Usually on my birthday, wedding anniversary, and the year's end. At each interval I reflect on where I am as opposed to where I wanted to be. While it is true that some of my goals were met, the most important one, a baby in my arms, always seemed elusive. Begging from a broken heart not to spend another birthday without a pregnancy, crying as another year of married life bore no fruit on our family tree, hoping that this year I could send a holiday card with *my* child's picture instead of only receiving one from everyone else.

There is a Hebrew saying that tells us that "the last things are the most dearest." In English we would say, "Last but not least." As December counts down to the end of the year, there are some things that are special because they are last. The last one at a special sale, the last dance, coffee, good to the last drop, a last kiss. Unable to let go of my dream of parenthood, there was the "one last IVF cycle".

There are many things we think about last, and yet they have lasting value. For some, adoption is a last choice and the results of a successful adoption are immeasurable. There is always one last person on your holiday gift list that is the hardest to buy for, however, this gift is the most heartfelt and appreciated.

As you reflect on your own experiences for the year do not dwell on all that you may not have accomplished – Look at all you have done – While pregnancy may have eluded you, look at all you attempted in an effort to succeed. See the strength you exhibited. Embrace this strength and use it in the coming year.

With best wishes for a successful and Happy New Year!

Ilene Stargot

The National Infertility Network Exchange (NINE) is a national not for profit organization for persons and couples with impaired fertility. NINE supports the decision of legal and medical means to build families as well as the decision to remain childfree.

NINE holds monthly educational meetings at the Samuel Field YM/YWHA located at 58-20 Little Neck Parkway, Little Neck, NY. Meetings begin at 7:30PM. These meetings are free of charge and open to the public.

Publication of information in the newsletter or information made available during monthly NINE meetings does not necessarily imply our endorsement.

For additional information on the National Infertility Network Exchange (NINE) and its' services please contact the NINE information line.

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**NINE**  
P.O. Box 204  
East Meadow, NY  
11554

[www.nine-infertility.org](http://www.nine-infertility.org)

**Information Line Hours**  
(516) 794-5772  
11AM-8PM  
(Mon.-Thurs.)  
11AM-3PM (Friday)

# UPCOMING MEETINGS

Samuel Field YM/YWHA  
58-20 Little Neck Parkway, Little Neck, NY.  
7:30PM.

## EMOTIONAL IMPACT OF INFERTILITY

.....February 10, 2004

## TO BE ANNOUNCED

.....March 9, 2004

*We are often  
unaware of the  
strength and  
courage within  
the human  
spirit*

—Anonymous

  
Tom Wilson



## New Arrivals



Lauren, Tom, Robbie,  
Andrew, Sara, Emma & Spencer  
Weinstein-Rottkamp

Welcome  
Riley Jones  
December 26, 2002

Sandra & Jim DeCarle

Welcome  
Sara LubaRose  
Birthday 3/11/98  
Arrival in USA 5/31/03

Christina & Patrick Luongo

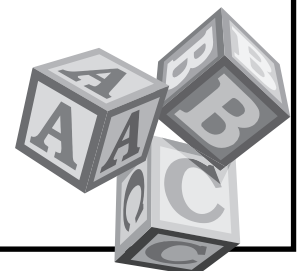
Welcome  
Christen Patrice  
August 21, 2003

Dawn, Walter & Ethan Garcia

Welcome  
Matthew Dennis  
September 2, 2003

Nancy & John Marino

Welcome  
Michaelangelo John  
October 25, 2003





# In Your Own Words

## An Act of Faith

It all happened in less than a week. The ultrasound results showed a huge cyst engulfing my left ovary.

Although I knew ovarian cysts were quite common, the timing couldn't have been worse. Aaron and I had decided to start a family. Now I had to stay on the pill in hopes that it might prevent the need for surgery.

About two hours after the call from my doctor, my boss told me she was going to have to lay me off. For the first time in 16 years, I was about to be without a job. I had barely dried my tears from that news when Aaron got "the call." As part of the National Guard, he was being summoned to Kuwait for the impending war. His orders were for at least one year. We had little time to say goodbye.

I returned home to an empty house and cried. If my fears of infertility, unemployment and loneliness weren't enough, the media had begun fueling the fear of the nation regarding the war: duct tape and plastic sheeting. Food and water for three days. Emergency meeting locations. I debated buying a gas mask. This was no world for children—no world for anyone. Overwhelmed, I called my father. "How could I be so selfish to want to bring a child into a world that could end at any moment?" I asked.

As an only child, I had always wanted children—a big family so that the kids could keep each other company on snow days and long car rides. Now I wasn't so sure that I could bear the thought of bringing even one child into a world on the verge of annihilation. As he always does, Dad just listened, comforting me without telling me what to do or discounting my feelings. I felt better and went to bed without turning on the TV for the first time in weeks. The next day this note came:

*Dear Wendy,  
I've been thinking about what you said last night—your uncertainty about bringing*

*children into the world in its present condition. Here's what I think. I think having children is an act of faith. It's not about following out a logical line of thought before you do it, like making a business decision. And the world will never, not ever, be safe and secure—it only seems like some times are calmer and more peaceful than others. There are no guarantees. You can't know what your children's world will be like any more than we knew what yours would be like when we conceived you.*

*In 1970 we were mired in our own worst nightmares in Vietnam. The threat of blowing up the entire planet in a war with the U.S.S.R. or China was still very real. We had only recently survived the trauma of the Cuban Missile Crisis, the Kennedy assassination, the Martin Luther King assassination, the Robert Kennedy assassination. And with each of those traumatic events, we wondered aloud or to ourselves, "What kind of a world has this become? Will anyone survive, the insanity?" But, by chance or by choice, you came into our lives (two totally inept and inexperienced parents), and you had a pretty decent upbringing. And we enjoyed a pretty decent parenting experience (which, by the way, is still going on). The world was a mess, we were worse than dirt poor, we weren't equipped, and yet some inner resource (I call it faith, trust, mystery) helped us to continue moving forward. It's not strictly a logical, calculated decision; it's only partly about your head. It's largely about your heart, your foolish, foolish heart, and about conceiving—with someone you love and who loves you someone else the two of you can love. It's a leap of faith, of trust in something or someone you can't see—whether you call that "other" God or something else.*

*My recommendation is—and you know I hate to suggest a course of action to you, because I think it's your life and not mine—when Aaron gets back, if you two love each other and can imagine a family sometime (faith is also an act of the imagination, seeing things that aren't*

*now as something they might be), it's time. Don't wait on a bigger house, a more secure job, or a safer, saner world. If we'd waited for any of those, you wouldn't be on the receiving end of this conversation right now. Have faith. Just imagine.*

*Love, Dad*

Who would have thought that one letter could change your life? Somehow, knowing that the world has been in crisis forever comforted me, helped me realize that it never has been and never will be perfect enough for a child. But that doesn't mean we should stop conceiving—conceiving children, conceiving change, conceiving peace. Besides, maybe my child will be the one to bring the world as close to perfect as it can be. Until then, I'll just have faith and imagine.

It's largely about your heart, your foolish heart.

By Wendy Burt

Family Circle 7/8/03

*Please share your feelings, stories, success, with those that care and understand.*

*Requests for anonymity will be honored.*

*We will correct grammar*

*Send your stories to:  
In Your Own Words  
P.O. Box 204  
East Meadow, NY 11554*

# Pregnancy Created With Egg Nucleus of Infertile Woman

By Denise Grady

Doctors in China have become the first to make an infertile woman pregnant with an experimental technique devised in the United States for women who have healthy genes but defects in their eggs that prevent embryos from developing.

The technique involves removing the nucleus, which contains the genetic material, from a woman's fertilized egg and transferring it to the egg of another woman that has had its nucleus removed. The resulting hybrid egg is then placed in the womb of the first woman. The idea is that the second woman's egg will provide a healthier environment for the genes.

Although researchers at Sun Yat-sen University in Guangzhou succeeded last year in impregnating a 30-year-old woman with the technique, she gave birth prematurely and the twin fetuses she was carrying died. Although the process, nuclear transfer, was legal at the time in China, it was recently banned there.

Critics say the technique is perilously close to human cloning, which has been widely condemned, although there is no proof it has been done or even seriously tried. Those who oppose nuclear transfer also say it poses unknown hazards to children who may be born as a result, and as evidence they cite the death of the fetuses in China.

Doctors involved in the research say it is not cloning but simply an effort to give infertile women a chance to have children that are genetically their own. They say it has been studied extensively in mice and is effective and safe.

Nuclear transfer is similar to a crucial step in cloning, but it differs in important ways.

To make a clone, like Dolly the sheep, researchers start with a fertilized egg and remove its nucleus. Then they replace the nucleus with a nucleus from an adult animal, electrically stimulate the egg to start its development and implant it in the prospective mother's womb. Any offspring will be a genetic copy, or clone, of the adult animal from which the cell was taken.

Nuclear transfer and cloning are similar in that both involve taking the nucleus from one cell and slipping it into an egg from a different individual.

They differ in the goals of the procedure and in the kind of nuclei that are switched. In cloning, the goal is to make a copy of an adult, and the adult nucleus is transferred. In nuclear transfer for infertility, the nuclei transferred are not from adult cells but from the sperm and egg of the people who are trying to become parents. The offspring will be their child, not a clone.

Dr. James Grifo, who developed the procedure at New York University and tried it in 1998 on several patients who did not become pregnant, said it was irresponsible to confuse it with cloning.

"Cloning is making a copy of a human being who already exists," Dr. Grifo said in a telephone interview yesterday. "This is nuclear transfer, one element of cloning. It allows a couple to have their genetic baby, not a clone. They shouldn't even be discussed in the same sentence."

In China, Dr. Zhuang Guanglun, one of the researchers, said in an interview: "This isn't cloning. Cloning involves copying whole people."

Dr. Grifo said the twin fetuses that died in the experiment had no evidence of genetic defects or other problems from the technique. He said the pregnancy ended because the mother's membranes ruptured and she went into labor early, one of the risks of carrying more than one fetus. The first fetus was born at 24 weeks and the second at 29 weeks. Between the births, the mother developed an infection.

Dr. Guanglun said, "The problem was when an infection set in, but that doesn't negate the success of the initial experiment."

He said the research was banned because it was thought to be too similar to cloning.

He called China's regulations "nonsense for people who don't understand these techniques," and added, "When it's clear that something like this is to people's benefit, it should be allowed."

Dr. Grifo said he and his colleagues gave their findings to doctors in China because regulations imposed by the United States Food and Drug Administration in 2001 made it too difficult to continue the research in the United States.

Dr. Jeffrey Kahn, director of the center for bioethics at the University of Minnesota in Minneapolis, said he found the experiment in China troubling.

"My concern is that people see this as an end run around oversight and restrictions

within the United States," Dr. Kahn said. He pointed out that stem cell researchers had left California for England and that cloning experts had left Scotland for Singapore to escape rules that they considered onerous.

"What's next?" he asked. "A ship out in international waters?"

Dr. Kahn also said that even though nuclear transfer was not the same as cloning, it helped demonstrate that cloning might work. "It is effectively creating the path for other people to do that," he said.

At the same time, Dr. Kahn said, stopping the research could have the effect of penalizing infertile people who have no other hope of having their own biological children.

Dr. Grifo said he had worked on the technique from 1995 to 1998 with consent from patients and the permission of New York University's ethics board. He said he had also studied it extensively in mice.

He said his goal was to help women whose eggs became fertilized but then stopped developing, a problem mostly traceable to defects in structures in their egg cells called mitochondria. The defects may appear with age but they affect younger women in some cases.

Now, the only way such women can have children is to adopt or to become pregnant with an egg from a donor. Nuclear transfer, Dr. Grifo said, would give them a chance to have children that are genetically their own.

But in 2001, the F.D.A. declared that it had jurisdiction over nuclear transfer and related research, and that experimenters would have to submit an Investigational New Drug Application.

That move put an end to nuclear transfer work in the United States, Dr. Grifo said. He said the application process - normally followed by drug companies - would be too time consuming and expensive for most infertility researchers working in clinics and universities. In addition, he said, it seemed to him that the research was so frowned upon that his application would probably be rejected anyway.

Dr. Grifo said that he and Dr. John Zhang, a graduate student from China studying with him, decided to give their research to doctors in China. Dr. Zhang visited the group at Sun Yat-sen University.

"We didn't perform the research, but we gave them the tools so they could do it," Dr. Grifo said.

Dr. Grifo and Dr. Zhang are named as co-authors on a summary of the research, and Dr. Zhang is presenting it today in San Antonio.

Dr. Grifo said, "We knew patients would benefit, and we did not want to see the research die."

# Endometriosis

New treatment options for a painful disorder

## What It Is

Five million women in the U.S. have this disease, in which tissue similar to the lining of the uterus (called the endometrium) is found outside of the uterus, usually on the fallopian tubes, ovaries or in the abdomen. Each month, this misplaced tissue builds up, breaks down and sheds in response to the hormonal changes of the menstrual cycle. But unlike the tissue that lines the uterus, which is shed outside the body during menstruation, the misplaced blood and tissue adheres to pelvic structures. This results in internal bleeding and inflammation, which can cause pain, scarring, infertility, adhesions and bowel problems.

## Symptoms

- Pain before and during periods
- Painful urination or bowel movements

Painful sex

- Infertility
- Fatigue
- Gastrointestinal upsets such as diarrhea, constipation or nausea

## Risk Factors

- Having a mother, sister or daughter with endometriosis which increases a woman's risk tenfold Beginning your menstrual cycle at an early age Short menstrual cycles and long, heavy periods
- Developing an autoimmune disorder such as lupus, rheumatoid arthritis or multiple sclerosis

## Diagnosis

The disease is confirmed via laparoscopy in which a doctor makes a small incision, usually near the belly button, and inserts a thin tube-like instrument with a light on the end to view the location, size and extent of the endometriosis. Sometimes a biopsy is taken to confirm the disease; other times, the doctor removes the endometrial tissue during the procedure. Unfortunately this procedure can miss lesions.

However, a new, less-invasive procedure is being developed. Metro Test, which is not yet available in the U.S., involves an endometrial biopsy and blood test.

## Treatment

Pain medications, such as ibuprofen and acetaminophen, relieve discomfort. Oral contraceptives are often prescribed, although the reason why they reduce the pain is unclear. Progesterone, testosterone or gonadotrophin releasing hormone (GnRH) therapy causes lighter menstrual cycles or stops them altogether. This slows the growth of endometrial tissue, but it is not a long-term solution. Side effects similar to menopausal symptoms occur. Surgery can remove lesions and aid in pregnancy. In severe cases the uterus and ovaries may need to be removed; however, lesions often return. New drugs that attack endometriosis, called selective progesterone receptor modulators, are being studied.

Womans Day 6/03

# Your Pap results—**decoded!**

## The Finding

ASC-US (atypical squamous cells of undetermined significance)

ASC-H (atypical squamous cells with possible highgrade lesions)

LSIL (low-grade squamous intraepithelial lesions)

HSIL (high-grade squamous intraepithelial lesions)

## What it means

There are odd-looking cells on the surface of your cervix but nothing obviously precancerous.

The cells need more testing but are less than 20 percent likely to be cancerous.

There are some unusual cells, but they're unlikely to become cancerous.

If untreated, there's a 10 percent chance your cells could become cancerous.

## What's next?

You'll have another Pap in six months, or you'll be screened for human papillomavirus.

A colposcopy, which allows your doctor to view your cervix closely and take a biopsy.

A colposcopy and often a biopsy of the cervix.

You may need to have brief outpatient surgery to remove the lesions.

Redbook, September 2003

## Q: If my mom had fibroids, should I avoid taking birth control pills?

**A:** Many OB-GYNs say that women with a family history of these tumors should avoid the Pill out of concern that hormones might 'feed' them. But several large-scale studies have shown that women who take oral contraceptives are less likely to develop fibroids than women who don't. Experts aren't sure why, but they suspect that the estrogen and progestin in birth

control pills may protect against fibroids in the same way that pregnancy does.

If you've had fibroids yourself, though, check with your doctor about taking the Pill. You might want to use something else.

By the way, the fact that your mother had fibroids may have nothing to do with whether you get them or not. Scientists are beginning to question the long-held belief that the growths are hereditary.

Health July/Aug 2003

# SLEEP YOUR STRESS AWAY

Getting a good night's sleep can help you cope with stress more effectively. But not getting enough sleep can cause more stress. Insomniacs have higher concentrations of stress hormones than others, both day and night, according to a study conducted at the National Institutes of Health in Bethesda, Maryland. Women are especially prone to sleep disturbances. In one national survey, more than half of women reported that their sleep problems frequently interfered with their daily activities.

Experts believe that sleep, especially deep sleep, enables our nervous system to function well. Without it, we lose our ability to concentrate, remember or analyze. Some experts speculate that during deep sleep, cells manufacture more proteins,

which are essential for cell growth and repair of damage from things like stress and ultraviolet rays.

Scientists believe that activity in the area of the brain that controls emotions and social interactions lessens during sleep and that deep sleep may help people be emotionally and socially adept when awake.

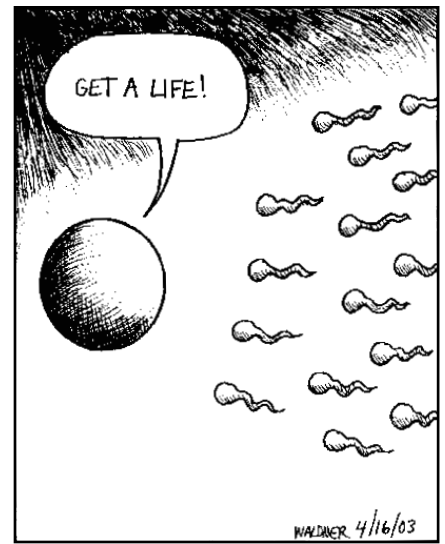
Sleep may also help our brains to store a newly learned activity in its memory bank. In a study in Canada, students deprived of sleep after learning a complex logic game showed a 30 percent learning deficit when tested a week later compared with ~ students not deprived of sleep.

The effects of sleep deprivation on other bodily functions are just as alarming. In studies from five medical centers across

the country, researchers established that individuals with insomnia were also more likely to have poor health, including chest pain, arthritis and depression, and to have difficulty accomplishing daily tasks. Another breakthrough study revealed that even temporary loss of sleep can affect the body's ability to break down carbohydrates, interfere with the function of various hormones and worsen the severity of ailments such as diabetes and high blood pressure.

So whatever works to help you sleep well, whether it's regular exercise earlier in the day, weekly massages, yoga, meditation or a lavender-scented bath, make time for it today.

*Ladies Home Journal 9/03*



## Varicocele Repair Does Not Improve Male Infertility

Despite its widespread use, varicocele repair does not appear to be an effective treatment for male infertility, according to a report published in the May 31st issue of *The Lancet*.

The finding is based on an analysis of data from seven randomized controlled trials that evaluated the effectiveness of varicocele repair for male infertility. In 281 couples, the male partner underwent varicocele repair and in 259 couples the male partner did not.

Sixty-one pregnancies occurred in the treated group and 50 occurred in the control group, study authors Dr. Johannes

L. H. Evers, from the University of Maastricht in the Netherlands, and Dr. John A. Collins, from McMaster University in Hamilton, Canada, note. The likelihood of pregnancy was not significantly different between the groups.

On subgroup analysis, the researchers found no evidence that varicocele repair was effective in men with clinical varicocele, subclinical varicocele, or in men with normal semen analysis. Still, the number of men in each subgroup was small and, therefore, the ability to detect a significant difference may have been limited, the authors note.

Based on these findings, "routinely treating varicocele in men from subfertile couples seems ill-advised, especially if undertaken outside the context of a properly done randomized trial," the investigators conclude.

"At best, varicocele treatment is marginally effective in a selected groups of oligozoospermic men," Dr. Allan Templeton, from the University of Aberdeen in the UK, notes in a related editorial. "At worst, as some studies suggest, it does more harm than good."

*Reuters Health Information 2003*

# HELP NINE HELP YOU

**When shopping on-line you can easily earn fundraising dollars for NINE. Just use iGive.com.**



NINE has joined up with iGive.com. The iGive.com concept is simple. Make life a little easier on yourself and support The National Infertility Network Exchange (NINE) at the same time, by doing all your shopping through the 470 + popular online stores at [www.iGive.com](http://www.iGive.com). You'll find everything you need from paper goods, decorations, office supplies, clothing and accessories, appliances, cooking supplies and food, music and entertainment, flowers, travel arrangements at prices that are equal if not better than a visit to the local mall. And best yet, a percentage of every purchase goes to the NINE at no extra cost.

Here are just some of the great things available at the stores at [www.iGive.com](http://www.iGive.com):

- **Electronics & Gadgets** at Sharper Image, Brookstone and Hammacher Schlemmer.
- **Books and CDs** at Amazon.com, barnesandnoble.com, Best Buy, Buy.com, TowerRecords and Overstock
- **Sporting Goods** at Golf Warehouse, Sports Authority, West Marine and Swiss Army
- **Auto, truck and SUV accessories** at TechnoScouts.com and Tire Rack.
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- **Computer games and software** at Dell Home, HPShopping, Apple Store, PC & Mac Connection
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- **Toys and Games** at Disney Store, eToys, eSticker.com and KB Toys
- **Pet Toys** at DogToys.com, Petco.com, PETSMART and Allpets.com

To make sure each new shopper gets off to a great start, iGive will donate \$5 with each shopper's first time purchase. Tell your friends and family to use this great site and add NINE as the charity.

Here are the details:

- Join iGive.com. It is a free service.
- List the National Infertility Network Exchange (NINE) as your Favorite Cause
- Access the retailer through the iGive.com site to make a purchase
- NINE will be given 1%-25% of the purchase price
- iGive.com keeps track in your personal account the dollars you have contributed to NINE.
- 470 plus retailers to choose from.
- Compatible with Netscape Navigator 4.0 and Internet Explorer 4.0
- SAVE MONEY through iGive.com's exclusive coupon's and deals.



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# Whatever Happened To Surrogate Motherhood?

By Jennifer Kornreich

## Moms for Hire

You don't hear much about surrogate mothers anymore, except when the occasional celebrity, such as 54-year-old Cheryl Tiegs, uses one to have a baby (or twins, in her case). But the practice of employing surrogate is not only alive, it's thriving, up exponentially in the last two decades. Since the first surrogate born in 1976, an estimated 15,000 to 16,000 babies have been born to surrogate mothers in the U.S. alone (numbers are hard to pin-down, since so many surrogate matches are made privately or over the Internet these days), according to Sherrie Smith of the Center for Surrogate Parenting and Egg Donation, an agency in Annapolis, Maryland, and Encino, California.

While the pool of people interested in using surrogates to become parents includes gay couples and single women, most, according to Shelley Smith, a licensed marriage-and-family therapist and director of the Surrogacy and Egg Program of Los Angeles, are heterosexual couples in their late 30s and early 40s.

## One Last Hope

In fact, Libby Yarnall, now 41, and her husband, Steve, 44, were first told about surrogacy by one of Libby's fertility doctors. But Libby persisted in trying an array of high-tech options to enable her to carry her own child—and only after surgery for uterine adhesions, endless months of drug therapy to thicken her uterine lining, and four unsuccessful *in vitro* cycles did she begin to really consider the idea. Why not? She already had six frozen embryos. Having a surrogate carry one, she realized, just might be the couple's only chance to have a child that was genetically speaking—theirs.

So Libby Yarnall, a marketing researcher, turned to the Internet and found a slew of sites—such as Surrogate Mothers Online and Parents Pursuing Surrogacy—which provide advice and net-working possibilities to those considering this increasingly popular option.

The Yarnalls are typical of the infertile couples who turn to other women to carry their babies for them. Both are professionals, so they were able to put together the hefty sum it takes to go through the process. Costs vary tremendously, but according to one attorney who specializes in the field, they run something like this: surrogate fee (\$15,000 to \$25,000); IVF and hormone treatments (\$10,000 to \$20,000), which are usually not covered by insurance; and either surrogate agency fees (\$7,500 to \$20,000) or legal fees (\$2,000 to \$5,000) if the couple is doing this privately. That means a couple could end up spending from \$32,500 to \$65,000.

Like most "intended parents" (the name in surrogacy-speak given to the couples hoping to find surrogates), the Yarnalls sought a "gestational" surrogate: a woman who carries (or "gestates") either the couple's own embryo or an embryo created using a third-party "donor" egg, rather than a "traditional" surrogate, who is inseminated with the husband's sperm and thus has a biological link to the baby. Cristie Montgomery (who was a traditional surrogate herself) says that 93 percent of her clients seek gestational surrogates.

While there have been only a handful of cases in which a traditional surrogate tried to contest a contract and thus have some claim to the child, couples still tend to feel "safer" if the surrogate doesn't have a biological link to the baby.

## Meeting Libby's "Match"

Potential surrogate mothers are also happy with the new baby technology, it seems: With no genetic link, say experts, many more women became comfortable with the idea of carrying someone else's baby. Mary Killeen was one of these women. Libby came across Mary's name while browsing through surrogate ads online. If she was going to go through with this idea,

Libby had two basic requirements: She wanted someone who'd been a surrogate before and who lived within driving distance, so Libby could go to all the doctor's appointments. Mary, fit the bill: She lived four hours away from the Yarnalls, and had delivered triplets for a couple living in Holland just two months before Libby saw her ad online.

"Mary and I took our time getting to know each other. We wanted to be sure we were on the same page," says Libby. This feeling-out period is especially important for anyone not using the agencies that screen both intended parents and potential surrogates. Libby and Mary had a good feeling about each other from the get-go.

## Who Wants to be a Surrogate—and Why?

Good question. After all, for most women having babies is tiring, uncomfortable and not without risk to one's health. So why do it with no baby to take home at the end of the whole ordeal?

While money may influence their decision to become surrogates (the \$15,000 to \$25,000 most receive barely works out to minimum wage, costed out over the 18 months the process can take, but it is a down payment on a house to a start on their kids' college funds), experts say that it's usually not the chief motivating factor.

Andrea Braverman, Ph.D., chief psychologist with the Pennsylvania Reproductive Associates, who's studied the motivations of surrogates. "Most are genuinely altruistic: They empathize with the childless couple."

But your typical surrogate, who's usually in her 20s or 30s and married with kids of her own, is driven by more than just good will. Experts say she also derives a heady sense of power from her ability to give two people the one thing they want most: a baby. "I call it positive narcissism," says Braverman. "This is their opportunity to be center stage—and they really enjoy it, much like I enjoy speaking to a room full of people."

## Tying the Knot

The linchpin of a successful surrogacy, is the contract, whether gestational or traditional. John Weltman, an attorney and president of Circle Surrogacy in Boston (and the father of two surrogate-borne sons), says that in the case of gestational surrogacies, the courts have set a precedent in granting the intended parents all rights and responsibilities for the child as long as a contract spells out that they (and the surrogate) "intend" for them to be the parents. Even in the case of traditional surrogacies, the courts have routinely favored intended parents, as long as the contract was ironclad. "There's been only one instance in which a traditional surrogate was granted any custody (she was given half custody), and that was only because the couple had lied about their marital status, voiding the contract," says Weltman.

Mary and Libby discussed their issues via email, including the number of IVF cycles they would try (three); whether either would want a selective "reduction" (i.e., abort a fetus) in the event of a multiple pregnancy (both said no); or an abortion if birth defects were found (another unanimous no); who would take custody of the baby if something happened to the Yarnalls (Libby's mom was named); and even the birthing arrangements (the Yarnalls wanted to be present). Once all these things were decided and detailed in the contract, the couples' attorneys finalized the terms.

"I also allowed a stipulation that from 32 weeks on, if I was in an accident, I'd be kept on life support until the baby was viable," says Mary. "It would have been hard on my family, but I wanted to go through with the pregnancy."

## Planting the Seed

Now they got down to the business of getting Mary pregnant. First, Mary had a big batch of tests to make sure she was healthy: Blood was drawn to check her hormone levels, a sample of her uterine lining was taken to see if it was thick enough for an embryo to be implanted, and both she and Gary were tested for sexually transmitted diseases (they'd been tested before she carried the triplets, but it's standard to test for STDs every pregnancy). Then Mary began taking the hormones—some of which she had to inject into her buttocks—that would help prepare her body to accept and sustain Libby's embryo. Finally, with Libby at her side in the OR, Mary had the Yarnalls' embryo injected into her uterus. Mary was pregnant after one IVF cycle.

## What to Expect When Your Surrogate's Expecting

Blood tests. Ultrasounds. Monthly checkups. Libby trekked to Tampa for almost every procedure. But no matter how often she talked to Mary or the doctors, Libby still felt removed. Surrogacy is fraught with emotional land mines and like many "intended" moms, Libby grappled with feelings of grief and envy. "There were times I was jealous of Mary," she admits. "I'd have given anything to feel that baby kick inside me." But as hard as it was for Libby when she was by Mary's side, "It was harder when she wasn't. After every doctor's visit, I shed a few tears," says Libby.

"Sure, we were conscious that our baby was growing and evolving," says Steve, "but in reality nothing in our lives changed until the birth. No growing belly, no kicks. That was sad" Libby coped by trying to bond with the baby even when she wasn't with Mary. "I made a tape of myself singing lullabies," she says. "Then I gave Mary huge headphones to hold to her stomach."

Mary happily played tunes to her tummy at night. But other requests from Libby were less welcome, such as those she made for Mary to eat a better diet. "I told Libby up front that I don't do vegetables, but right away she sent me research on eating right," says Mary. "Finally I had to say 'Libby, I've delivered six children and they're all fine. Please relax!'"

## Labor Day

Waiting outside the OR that day, Libby just wanted to trade places with the woman who was lying on that operating table. After all, it wasn't just Mary whom Libby was worried about; that was her baby in there. But the nurse appeared, to say that both surrogate and baby a five-pound, 14-ounce girl-were OK.

Steve and Libby, after checking on Mary, waited in the hallway to see their baby. It was December 27, 2001—three roller-coaster years after the Yarnalls' first attempt to get pregnant—and the nurse wheeled little Sidney Paige out to meet her parents. "They wouldn't let us touch her yet, so we just stared at her," says Libby. "She was perfect."

Once Mary was wheeled to her hospital room, the women spent two nights together with the baby. "When it was time to leave, I looked at Mary and was overwhelmed," says Libby. "She could have died. How do you thank someone who's done this for you? We just cried."

## Cutting the Cord

How do you thank someone who's carried your baby? Some parents offer a money bonus. "Our surrogate did such a beautiful thing for us, we gave her extra money," says Elise Lally. "But she wanted something more, a close friendship, that I didn't feel we could give at least not right after the birth."

In the end, many surrogates are content to receive the occasional Christmas card, pictures, and news from the families they've helped.

# ADOPTION FORUM

## 34 YEARS LATER, ONE COACH'S SWEETEST VICTORY

By BILL PENNINGTON

For 34 years, April 5 was never just another day for Kitty Fassel and her husband, Jim, the head coach of the Giants. On that day, wherever they were in the rolling stone existence of a coach's life, the Fassels would always find time to come together privately and quietly say, "Happy Birthday" to the son they did not raise.

As she spoke, seated on a couch in this suburb of Denver, Mrs. Fassel held hands with and clutched the arm of her son, John, whom she put up for adoption three days after his birth on April 5, 1969. After several years of searching - by both the Fassels and the son, John Mathieson - the Fassels, who had kept John's birth a secret to all but their most immediate family, were reunited with their son on Wednesday.

A recent change in Colorado adoption law had suddenly made it easier for biological parents like the Fassels to reconnect with a child whose whereabouts they knew nothing of.

Seated among his newfound brothers and sister, with whom he shares a resemblance right down to the chin dimple inherited from their father, Mr. Mathieson said, "Finally, I can look around and say: 'I fit in somewhere.'"

His adoptive father, Tom, is dead, and his mother, Dorothy Rogers said, "I'm 74 and the only one left in my family, so I think it's a blessing that John is more or less getting something like an extended family."

But what is it like to wake up one day, at the age of 34, to discover that you fit in as the son of a renowned National Football League coach?

"I was already in shock just knowing my natural parents had found me," said Mr. Mathieson, who called himself an avid pro football fan. "But when Jim said he was the head coach of the New York Giants, that put me in cardiac arrest."

Jim and Kitty Fassel were first year college students when they met in 1967, she at Cal State, he at Fullerton Community College.

We spent time together, we fell in love and we made a mistake," Mr. Fassel said "We found out she was pregnant as we

were getting ready to begin our sophomore years. We talked about getting married, but our parents thought that wasn't the best way to start a marriage. They didn't want us to feel forced into it.

"We never considered an abortion. Kitty went off to Colorado to a business school to have the baby. Nobody knew but our parents. We never told anyone."

Mrs. Fassel attended school outside Denver until early March. "I left the school in the middle of the night by taxi," she said. "They took me to the Catholic home for girls."

She had a natural childbirth. "The only image I have had for all these years is of this blond-haired, blue eyed baby with the sweetest face and a dimple in his chin," she said.

"Naturally, you wonder if you did the right thing," Mrs. Fassel said. "But we were of an age where there is so much you don't know. I don't know if I would have been a capable mother at 19."

The Fassels were married in 1971 and had a child three years later, coincidentally named John.

John Mathieson was adopted by a military family stationed at Fort Carson in Colorado. "He was a good, compassionate child and he loved the outdoors and he loved to play football," said Dorothy Rogers, now Of Alamogordo, NM "His father and I weren't sports people. But John, was 6' 2" and I'm 4' 11", so I don't think we ever expected everything to be the same. I think it's nice that he's finding out some reasons for some things."

John was a linebacker on the football team. He enlisted in the Army and served for seven years. Afterward he and Kristi married, and in 1994 they settled in Colorado. A few months earlier Mr. Fassel, the offensive coordinator of the Denver Broncos, had left Colorado to become an assistant with the Oakland Raiders.

Seven years ago, Mr. Mathieson began looking for his biological parents, contacting the Catholic Charities of the Archdiocese of Denver, making phone calls and asking around. "But I got nowhere," he said.

The Fassels had not been much more

successful in their years of trying to find John. Then, last July, Colorado regulations were changed to allow agencies to attempt reunifications if both parties gave their written consent. The Fassels renewed their efforts, and also for the first time, told, their children, John, 29, Brian, 27, Jane, 24, and Michael, 21, about the brother they had never known existed.

Mrs. Fassel said. "The kids were wonderful. They just wanted us to find him. I was and am so proud of them."

When Mr Mathieson heard his parents were looking for him he said "I just lost it and cried for two hours straight. My greatest fear in life was that I would want to find my natural parents, but they wouldn't want me to find them. To find out they were looking for me brought out more emotion than I could ever describe."

Their first face-to-face meeting took place at a Denver area hotel where the Fassels had rented a suite of rooms. Mr. Mathieson arrived with a dozen roses. "But it took John five minutes to get through the door with everyone running up to hug him and his wife and his daughters," Mrs. Fassel said. "I felt like I had been asleep for 34 years and was waking up to the greatest dream come true."

In a quiet moment off the family room, Mr. Mathieson was marveling at the scene in the adjacent room. "I've waited my whole life for this," he said. "My wife used to tell me that there's always hope, that there is a family that I belong to."

Which, on this day, reminded Mr. Mathieson of a story. He was watching a television replay of Mr. Fassel's now-famous speech in November 2000, when he boldly predicted a playoff berth for the Giants, who were reeling from consecutive losses.

"I turned to Kristi, pointed at the television and said: 'That's what I would have done,'" Mr. Mathieson said. "I said: 'That guy is doing the right thing! When they went to the Super Bowl that year I must have seen that television clip 20 times. I always thought: 'That's the way to handle it. I'd have done the same thing.'"

# LEGISLATION

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## **New York**

The New York law requires insurers to cover the diagnosis and treatment of correctable medical conditions and makes clear that coverage cannot be withheld for a correctable condition solely because the condition results in infertility. However, the law DOES NOT require coverage for the reversal of voluntary sterilization, or procedures intended solely to produce pregnancy - like IVF. (New York Consolidated Laws, Insurance, Sections 3216, 3221 and 4303).

## **West Virginia**

West Virginia's law requires health maintenance organizations to cover basic health care services, including infertility services, when medically necessary. The West Virginia Insurance Commissioner does not define infertility services. (West Virginia Code §33-25A-2)

## **Ohio**

Ohio's law requires health maintenance organizations to cover basic preventive health services, including infertility. The Ohio Insurance Department has no written definition of infertility services, but states that the procedure must be medically necessary. Experimental procedures are not covered. (Ohio Revised Code Annotated §1751)

1742 was repealed and replaced and the \$2,000 General Interpretation no longer applies.

## **Rhode Island**

The Rhode Island law requires insurers and HMO's that cover pregnancy services to cover the cost of medically necessary expenses of diagnosis and treatment of infertility. The law defines infertility as "the condition of an otherwise healthy married individual who is unable to conceive or produce conception during a period of one year." The patient's co-payment cannot exceed 20 percent. (Rhode Island General Laws (§ 27-18-30, 27-19-23, 27-20-20 and 27-41-33)).

## ADOPTION

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### **International**

#### DELAYS EXPECTED AS RESULT OF NEW GUATEMALA ADOPTION PROCEDURES

According to the State Department, the Guatemalan Central Authority for Adoptions "will not accept post-June 30, 2003 cases in which children have been referred under the old notarial process." Since the Central Authority is now the referring body, the State Department warns prospective adoptive parents not to accept referrals from agencies or attorneys. State also informs parents to expect delays as a result of backlogged pre-June 30 cases and implementation of the new procedures.

#### INDIA RATIFIES HAGUE CONVENTION ON INTERCOUNTRY ADOPTION

In June, India joined the growing number of countries that have ratified the Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption. The Convention will enter into force there on Oct. 1, 2003. In 2002, Americans adopted 466 children from India, making it the eighth largest sending country. As reported in last month's newsletter, a group in India is challenging the legality of several intercountry adoptions from that nation, alleging corruption and child trafficking, and is advocating a nationwide moratorium on international adoptions pending an investigation and changes in domestic practices.

### **Federal**

#### CONGRESS SEEKS TO PROMOTE ADOPTION OF OLDER WAITING CHILDREN

Senator Bunning (R-KY) recently introduced legislation (S1439) reauthorizing adoption incentive payments to states, providing \$6,000 for each older child adoption (defined as the final adoption of a child 9 or older) over the base number (beginning with 2003) of such adoptions. Current law provides states \$2,000 for each special needs adoption, defined as birth family income eligibility based on pre-1996 standards, above the baseline. The bill

also authorizes \$43 million for adoption incentive payments in fiscal year 2004, the same amount as 2003. S1439 does not incorporate other aspects of the Administration's proposal to convert Title IV-E entitlement funding to a block grant. The Senate Finance Committee is considering the bill; there is currently no companion legislation in the House.

### **State**

#### TEXAS DELAYS SOME ADOPTIONS DUE TO BUDGET CRISIS

The Texas Department of Protective & Regulatory Services is delaying adoption placements handled by private agencies under contract until Sept. 1, 2003, because it lacks funds, according to a July 27, 2003, Houston Chronicle article, "State Budget Crisis Puts Kids' Adoptions in Limbo." Private agencies handle about one-third of foster care adoptions, and 433 such pending adoptions are experiencing delays as a result of the state's budget crisis. There are 3,800 Texas children in foster care waiting to be adopted, and it costs the state much more to keep them there than it does to pay private agencies to find them permanent homes. Next year's budget for contracts with private agencies is even smaller.

#### GEORGIA BIRTH PARENTS PERMITTED TO INITIATE SEARCHES

As of July 1, 2003, birth parents can legally access the Georgia Adoption Reunion Registry to search for children they placed for adoption. For the Registry to facilitate contact, the adopted person must be 21 or older and both parties must consent. According to the July 2, 2003, article, "New Law Lets Birth Parents Seek Children They Gave Up," in Savannah Now, the Registry has helped 95 adopted people or siblings start searches, 40 of which have resulted in reunions from July 1, 2002, to May 31, 2003. The state Office of Adoption reports that "about 85-90 percent of the birth parents we contact do want contact" and each year about 1,000 people sign up for the Registry.

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