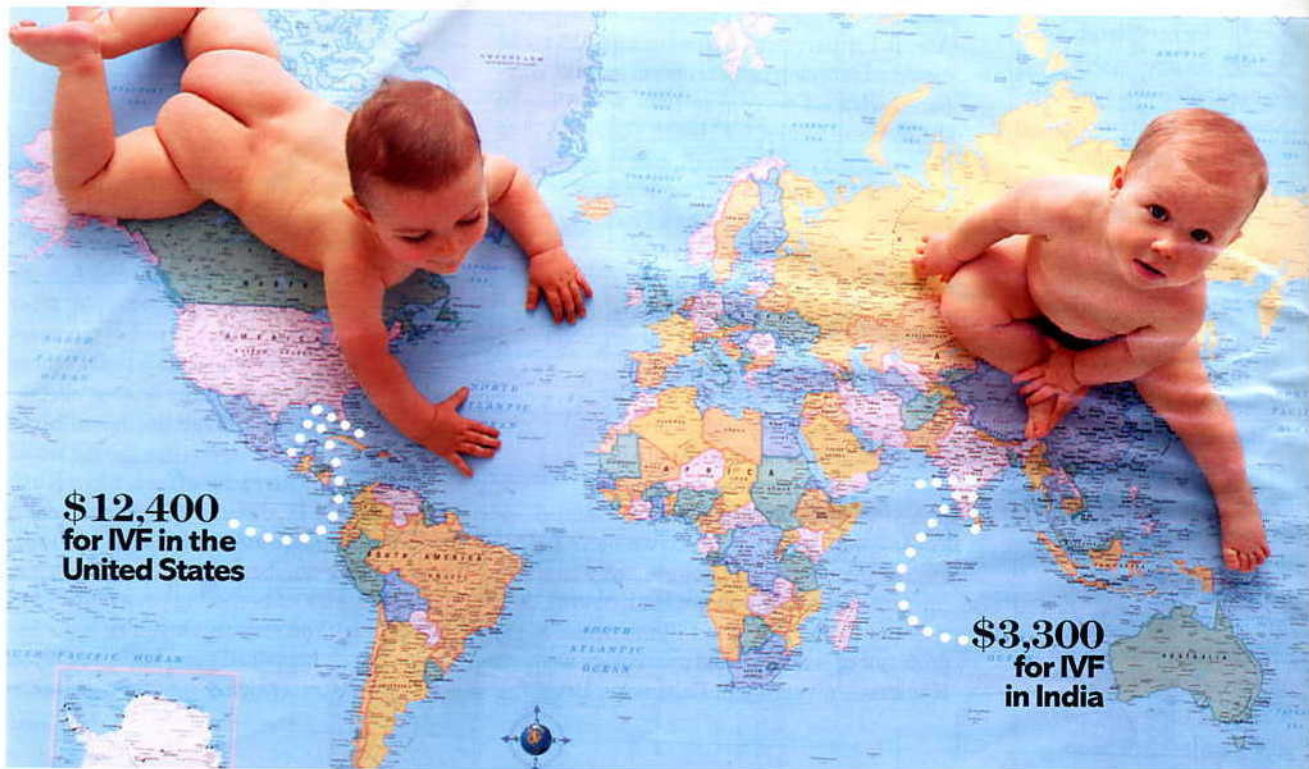


How far would you go to have a baby?

The average cost of a single in vitro fertilization attempt in the United States is about \$12,400. In India, it's roughly one quarter the price. Already young couples are doing the math, booking vacations and coming back pregnant. By Brian Alexander



When Janice Garfunkel hit her mid-thirties she knew she wanted to have kids. There were just two problems: She was single, and she wasn't rich. Being single didn't daunt her, and she wanted children so badly that she forged ahead with fertility treatments even though they might cost her tens of thousands of dollars and weren't covered by her insurance.

She started with a relatively simple procedure called intrauterine insemination (IUI), in which donor sperm were placed in her uterus. IUI cost a few hundred dollars, but unfortunately it failed. So she decided to pursue in vitro fertilization (IVF), despite its \$12,000 price tag.

Garfunkel was prepared to make the financial stretch, but, by chance, she happened on a magazine article about a surrogate mother in Israel. The article said that IVF for the surrogate cost only \$2,300. That price seemed ridiculously low and incredibly appealing. Garfunkel, a rabbi, had spent time in Israel and had friends there. So she e-mailed a friend in Tel Aviv. Could this be possible? she asked.

"I got a message back saying, 'Yes, it's true. The best guy is Dr. Kol, and here is his e-mail address,'" she recalls. Garfunkel contacted Shahar Kol, M.D., a fertility doctor in Haifa. He agreed to take her on as a patient, and within weeks she was making plans to fly to Israel. "It was that easy," she says.

Getting pregnant in Israel was simpler than she could have imagined—in fact, she conceived after just one IVF attempt; eight months later, back in the U.S., she gave birth to a daughter, and three years after that she used the frozen embryos from her first procedure to conceive her second daughter. The total cost for the trip to Israel and the treatments that resulted in two healthy children, now six and two years old? About \$7,000.

Americans are big consumers of high-quality, low-cost goods made in other countries. We know, as informed shoppers, that France makes great wine, Italy makes lovely shoes and China makes, well, just about everything. And increasingly, other countries—like India, Israel, Canada, Australia and South Africa—make babies for infertile American couples for prices that are low compared with

those in the U.S. Like prescription drugs, fertility treatments are now a hot commodity in the global marketplace.

At first the major consumers of fertility treatments in other countries were women who needed healthy donor eggs but could not afford the fees charged in the U.S. or could not find an American egg donor who was an ethnic match. But in vitro fertilization is also cheaper overseas, and now even women who plan to use their own eggs are opting to travel for the procedure. The case is compelling: Garfunkel's costs were about one third of what it would have cost her in the U.S. Also, "It was a nice vacation," she says.

It's a line straight out of a fertility travel brochure—something that actually exists these days. Some foreign clinics and hospitals now advertise that they have special departments or clinic personnel who will help overseas patients with everything from hotels and meals to theater tickets.

In November 2003, Robin Newman, an American from Santa Barbara, California, started a company called Renew to link women with clinics in South Africa and Canada. In addition to the fertility services, boasts the company's Web site, "an incredible vacation is yours as well. The shopping values and dining experiences alone make this a remarkable trip."

One of Newman's clients who flew to South Africa admitted that some of the "tourism" rhetoric might be a little overblown. "It wasn't the best vacation. I was hormonal and it was hard work, but it was beautiful country and we drove around Cape Town and poked around a game reserve." She was satisfied with Renew's service, however, and she says her total bill of \$11,000 was about half what she would have paid in the U.S. for the variety of drugs and treatments she needed.

The hidden costs of fertility treatments

How can foreign clinics charge so much less? First, malpractice insurance premiums imposed on doctors in other countries are either much lower or nonexistent. "I have a colleague in the United States who pays more for insurance than I earn in a year," says Roger Pierson, Ph.D., director of the Institute for Reproductive Science and Medicine at the University of Saskatchewan, in Saskatoon, Canada.

Staffing costs are much lower too. A typical IVF clinic in the U.S. will have at least one physician, an embryologist, a couple of nurses and three office workers, while staffs at foreign clinics are often much smaller. Aniruddha Malpani, M.D., a Mumbai, India, fertility doctor who sees American patients, tells *Glamour*, "We do not have a lot of overhead, partly because of the small amount of paperwork. So there is little administrative cost." Dr. Malpani has excellent credentials—he studied at the prestigious King's College in London and the University of California, San Francisco. He charges about \$2,500 for standard IVF using a patient's own eggs (not including fertility drugs). An American clinic would charge around \$8,600.

Foreign clinics may also economize on amenities. Clinics in other countries can be spartan compared with American offices. They may not be air-conditioned, for example, and can lack some of the privacy of American facilities. Meghan*, who underwent successful IVF in Tel Aviv after spending more than \$100,000 on fertility treatments in this country, told *Glamour* that, compared with typical U.S. clinics that provide nice leather chairs and videos to help men provide semen samples, the Israeli center she went to was "no frills—a bathroom and nothing else.

No magazines, nothing."

But simple can have its advantages. The layers of staffing in the U.S. can sometimes insulate doctors from patients—all of the women who spoke to *Glamour* said they received more personal attention from doctors in other countries than they ever did from doctors here. Clinic staff in Tel Aviv were so attentive, Meghan says, that "they wouldn't even let me leave the hospital until I ate a meal. They really watched out for me."

Rosa Tyser, 37, of La Vergne, Tennessee, spent six years desperately trying to have a baby. Initial tests showed nothing wrong with Rosa or her husband, Gary, so the couple tried IUI, placing Gary's sperm directly into Rosa's uterus. Countless attempts were unsuccessful. Then Rosa's ob-gyn diagnosed her problem: premature ovarian failure, a condition in which the ovaries sputter along like an unreliable old car, making an egg once a month but none the next, or failing to make any eggs at all.

IVF, her doctor said, might help. So the Tysers plunged ahead. After three attempts and \$40,000 in expenses, their doctors told them that the only solution was egg donation. But a cycle with donated eggs could cost about \$20,000—which would not be covered by their insurance. The Tysers decided to give up.

Rosa was devastated. It looked as if she would never have a child. "I felt like half a person. Every month I would feel like a failure," she says. "It wasn't just that I wanted to have children. I wanted a whole bunch!"

The Tysers chose to adopt two children from India, Anjaleena, now five, and Douglas, now two. They later tried to adopt a third, but by then their combined ages, 85 years, would have likely made it difficult under Indian regulations. So Rosa, who wanted her third child to resemble her first two, looked for an embryo left over from Indian IVF patients. On the Internet, she learned about IVF clinics overseas that could make embryos from donor eggs and sperm for as little as \$3,000. She searched the Web and found Dr. Malpani. If all goes well, by the time you read this, Rosa will be flying back from Mumbai, pregnant. She will have been implanted with embryos created with an Indian woman's donor eggs and an Indian man's donor sperm in Dr. Malpani's clinic. The total cost to Rosa and Gary will be about \$10,000, maybe a little less, a figure that



It can be so overwhelming to realize you could be \$60,000 in debt for IVF, but there are pretty realistic alternatives.

*Name has been changed to protect privacy.

includes all medical services, fertility drugs, donor sperm and eggs, food, accommodations and airfare. That's about half what they would pay for IVF with donor eggs and sperm in the United States.

Rosa is excited about the prospect of actually experiencing pregnancy, and though she cherishes her other children, she says, "I would have tried this before I had adopted if I had known about overseas treatment."

Anna*, 32, a Seattle interior designer, also started treatment in the U.S. despite the financial hit. "My husband and I are both self-employed, so we have limited insurance coverage," she explains. "Infertility is considered a condition that is not a detriment to life, so our plan wouldn't cover it."

Anna and her husband dug into their savings. Her husband had microsurgery (\$7,000) to unblock his seminal tubes. Then the couple tried relatively

about \$7,000 (in U.S. dollars) and got pregnant—for slightly more than half of what it cost them here for a single IVF attempt.

"For just over \$5,000 you get pregnant, and we had fun up there," she says. Anna, thrilled with her swelling tummy, continues: "It can be so overwhelming to realize you could be \$30,000, \$40,000, \$60,000 in debt for IVF—but there are alternatives, realistic alternatives. It can sound scary, like, wow—this is another country! But in reality it works pretty well."

Overseas clinics: the danger factor

Sounds great. But how safe are foreign clinics and the services they provide? Many doctors and clinics outside the U.S. are as qualified, say experts, as their counterparts in this country. In fact, major breakthroughs in reproductive technology have come from doctors and scientists in

Australia, western Europe, Singapore and India. Clinics in countries with robust government oversight, such as Australia, the United Kingdom and Israel, have a particularly good reputation among international observers. The American Fertility Association (AFA), a patient advocacy group, even maintains a database of providers

that includes a few foreign doctors who meet basic standards.

Still, there are major differences between fertility clinics at home and abroad. For example, the AFA doesn't monitor foreign clinics as closely as those in America. That means women must ask tough questions, such as whether donors are screened for viruses like HIV and hepatitis. But the biggest difference between U.S. and overseas clinics may be one of ethics. Some foreign fertility doctors, especially those in Asia, are willing to place as many embryos as possible into a patient's womb. "If we get five or six good embryos, we transfer all of them," confirms Gautam Allahbadia, M.D., an IVF specialist affiliated with two private hospitals in India. →

How much is that baby in the window?



low-tech insemination procedures (\$500 per attempt), none of which worked. One IVF cycle at a Seattle hospital (\$12,000) also failed, and Anna got partway through a second cycle (\$3,000 for ovulation-stimulating drugs and treatment) before opting to cancel it when her failure to produce enough eggs made the procedure a risky bet that could have cost several thousand more.

"We had spent about \$25,000 on all the procedures, when I heard from friends about this clinic that was opening up in Victoria," just across the border in British Columbia, Canada, she says.

Anna and her husband traveled by ferry to the clinic of Stephen Hudson, M.D., where they used their own eggs and sperm. All told, they spent

*Name has been changed to protect privacy.

In fact, foreign doctors like Dr. Allahbadia and Dr. Malpani advertise their willingness to implant several embryos to improve a couple's odds of success.

Sound reasonable? Not so fast. This was the practice in the U.S., too, as recently as five and a half years ago, until public and medical outrage motivated doctors to adopt new standards; now the industry has a voluntary policy of transferring no more than two embryos in women under 35, except in rare circumstances, to avoid pregnancies with triplets or more. The problem with such pregnancies is that they give women just two unpalatable options: carry the embryos to term at a high risk of injury to themselves and the babies, or undergo "selective reduction," the medical term for the emotionally charged decision to abort some fetuses so others stand a better chance of surviving.

Dr. Allahbadia defends his practice, saying there is pressure to be sure a woman who has traveled all the way from America gets pregnant. But he does add that 50 percent of American women who have many embryos implanted at his clinic require fetal reductions once they return to the U.S.

Minutes after a Massachusetts woman had an implantation procedure in Dr. Allahbadia's offices, she told *Glamour* that the doctor had placed seven embryos in her womb. But she and her husband accepted the ethical and medical risk. "I'm not concerned," the husband said. "We are thinking about selective reduction, and we will do that

at some point if we get a positive pregnancy test."

"This is a problem," says Owen Davis, M.D., chief of gynecology at New York's Weill Medical College of Cornell University and president of the Society for Assisted Reproductive Technology, a

professional society for American doctors. Even twins have a fourfold risk of complications, and "while selective reduction is an option, it is not without risk of losing the entire pregnancy," says Dr. Davis. When *Glamour* related Dr. Allahbadia's rationale to American IVF doctors at a recent convention, a few responded by simply rolling their eyes and shaking their heads.

Many American patients, however, seem perfectly willing to take whatever risks are necessary in order to have babies. Traveling abroad and working with foreign doctors may not be an infertile woman's first choice—but she may find it is her only affordable choice. As news of cross-border babies spreads, "I think there is a good chance the trend will grow," says Lori Marshall, M.D., a Seattle clinic director who sits on the ethics committee of the American Society for Reproductive Medicine, a nonprofit organization. "It's really buyer-beware, but for some this could be an affordable option." American women may refuse to wait until the financial pain becomes severe—when they make their first call, it won't be to their city's top fertility clinic, but to their travel agent. ©

Glamour contributing editor Brian Alexander is the author of *Rapture: How Biotech Became the New Religion*.

Sexy foreign eggs—cheap!

If you can't get pregnant and need donor eggs, expect a high price tag. Donors in the U.S. can receive \$3,000 to \$15,000 plus medical care, insurance and other expenses. The total tab? Sometimes \$20,000 or more. Now at least one agency, Elite IVF, a company based in New York and Zurich, says it will match patients with donors at foreign clinics for about \$12,000, a fee that includes donor eggs, IVF and travel expenses for the couple.

Elite IVF can offer such a deal because its donors mainly come from eastern Europe, Asia and India, says general manager David Sher. He won't disclose how much of the fee is passed on to donors. But he does say that the women are well-educated and, above all, beautiful.

In fact, beauty is a major selling point for Elite and other egg donor agencies. Elite's brochure features a sultry, nude woman biting an apple, in an attempt to appeal to prospective clients. While the allure to men may be obvious, such ads have surprising appeal to

women as well. As one donor egg recipient told *Glamour*, "At least now I can breed out my mother's butt."

