

VOGUE

COLOR COMES BACK:
A FIRST LOOK AT RESORT

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By Charles Gandee

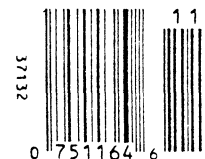
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up front

family matters

Love doesn't just follow biology, as **Elizabeth Bartholet** learned. Then why, she asks, do our laws, our medical system, even our insurance policies send the message that adoption is second-best?

I was married when I gave birth to my first child but divorced when he was just a few years old. Some years later I decided that I wanted more children, regardless of whether I was married. But I found that I was unable to conceive.

I knew nothing about adoption at the time, or rather I had the same collection of limited and inaccurate information that most people have. And I had a lot of fears about adoption—fears of what I knew, of what I thought I knew, and most of all of what I didn't know.

It seemed natural to look first to doctors for help. Once on that medical track, I found it hard to get off. I subjected myself to every form of treatment that offered any possibility of success. I had operations to diagnose my problem; I took fertility drugs and charted my menstrual cycles and my temperature; I had surgery to remove scar tissue from my fallopian tubes. And I went through in vitro fertilization (IVF) on repeated occasions in programs in three states. As a single person in my early forties, I was officially excluded from every IVF program in the country that I was able to find out about. But I begged my way into programs that were willing to consider bending their age rules, and I presented myself as married, with the help of a loyal and loving friend who was willing to play the part of husband. Not being used to a life of fraud, I spent much of my IVF existence terrified that I would be discovered.

And then I got lucky: I ran out of money. IVF treatment was excluded from health insurance coverage back then, and I had cursed my fate and timing, because it seemed likely that the exclusion would eventually be eliminated.

I woke one morning in March 1985 — I learned later that it was the month, and for all I know the very day, my adopted son-to-be was born — and realized that I had spent much of the last nine years and most of my savings on the fertility pursuit. I was suddenly aware that I didn't want to use up any more of my life on treatment. I wanted a child, and I wanted to move on. I called my IVF clinic that day and told them I was withdrawing from the program.

I now look back in amazement at the person I was, traversing the country from one IVF program to another in search of an infertility fix. I am bemused at my shifting notions of the "natural" and of "choice." It had seemed to me natural to pursue biologic parenting, even when that meant that doctors and lab technicians took over the business of conception, harvesting eggs they had cultivated in my body and inseminating them in glass dishes. It had seemed also that I was choosing when I made the decisions to move on to new stages of treatment. Indeed, I had felt thrilled with the sense that I was pushing against the social and biologic constraints that prevented a single woman with damaged fallopian tubes from giving birth.

Now I look back and see a woman driven by forces that had told her since birth that she should go forth and multiply, that her ability to bear a child was central to her meaning as a human being, and that "real" parenting meant raising a biologically linked child.

In July of 1985 I called an adoption lawyer in Peru I had heard about



Harvard law professor Elizabeth Bartholet with her sons Christopher, age eight, and Michael, age five

from friends. "Come, I have a beautiful baby waiting for you." Six days later I was on a plane to Lima.

During those six days I raced about. I had already completed the Massachusetts "home study" required by United States law as proof of parental fitness, but I had to put together a new set of documents required by the Peruvian adoption authorities: birth certificate, marriage certificate, divorce certificate, fingerprints, proof of residence, proof that I had no police record, report from a doctor on my physical health, report from a psychiatrist on my mental health, letter from my employer, letter from my minister. All these and more had to be prepared and then taken to a series of different officials to be certified. I also had to gather the immigration documents needed for my future child's visa and send them to the authorities in Peru.

Within 24 hours of my arrival in Lima I got a telephone call from my lawyer, telling me that I could come meet "my baby." I went out my apartment door, took the elevator to her apartment on the twentieth floor, and walked down the hallway. I saw myself as in a movie. It seemed that time should stop or at least slow down to allow breathing space for what was about to happen. But my feet kept walking down the hall, and when I rang the bell the door opened.

There was a baby, held in someone's arms, looking right at me and smiling. He was resplendent in a white knit sweater and pants. I reached out and took him in my arms. Late that night we went home to our Lima apartment to start our life together. In the next week I nursed him through his first medical crisis and we began the adoption process that would make him legally mine. One afternoon I watched him playing, smiling and giggling between coughs. I am the complete rationalist, with no religious or mystical leanings, yet I found myself wondering at the miracle that after all the years of wandering I had found my way to this particular child, this one who was meant to be mine.

Adoption transformed my feelings about infertility and my understanding of what parental love is all about. For years I had assumed that I had to produce a child in order to re-create the experience I had known with my first child. I had been filled with fears and doubts about ▶106

adoption even as I packed my bags for the flight to Lima. Could I love in the same way a child who was not born from my body? Could I feel the kind of total commitment I had known toward a child who came to me as a baby stranger?

I discovered that the thing I know as parental love grows out of the experience of nurturing. There are some differences in raising children who are genetically, racially, and ethnically different, but these differences don't put adoption lower on some family hierarchy. There are special pleasures involved in parenting the child who is genetically familiar, and there are special pleasures involved in parenting the children whose thick black hair and dark black eyes and Peruvian features I could not have produced. I am aware of myriad ways in which my consciousness has been expanded and my life enhanced by adoption, and I think of people who have known only biological parenting as people who are missing a special experience.

Two years after adopting Christopher, he and I returned to Lima to adopt Michael. I experienced the same kind of mysterious and magical connecting with this new child. I spent a total of five months in Peru accomplishing these two adoptions. I think of these months as involving the hardest, loneliest experiences of my life, as I struggled to deal with the mystifying bureaucratic system that controlled our fate and that threatened regularly to take from me these children who now felt completely mine.

Back in the United States, I spent the next years watching these children grow and thrive, reveling in my life with them. I also spent a lot of time thinking about how difficult society makes it for adults and children to enjoy this form of family and wondering whether it could be different. Eventually I wrote a book on the subject (*Family Bonds: Adoption & the Politics of Parenting*).

I was one of the lucky infertility patients, because I did move on to become a parent. Treatment enables only a limited number of infertile couples to have children, and it helps prevent many from ever considering adoption. By the time people exhaust their treatment options, many don't have the will, the energy, or the money to get through the many barriers that stand in the way of becoming an adoptive parent.

Women have fought hard in the past few decades for control over their reproductive lives—for reproductive choice. These things have been defined largely in terms of the right to contraception and the right to abortion.

But reproductive freedom means more than this. Women care about *parenting* as well as *not parenting*, and they have a long way to go to achieve choice and control in parenting matters. Many women now move almost directly from efforts to prevent pregnancy to the discovery that they can no longer necessarily achieve it. And they have no control over what is now their goal: parenting. Even those who stay on the treatment track for years will generally not succeed in having a child.

Adoption has been made far more difficult than it should be, but adoptive parenting is at least an achievable goal. The contrast with the infertility struggle is compelling.

I'd like to see us expand our notion of reproductive rights to include adoption rights—the infertile woman's right to parent a child who has no parent, the child's right to a home, and also the birth-mother's right to give up her child.

Now we condition birth-mothers to feel that it is "unnatural" to surrender their children for others to raise. Ninety-eight percent of single birth mothers keep their children, even though many of them are not well situated to be parents. Now we say we care about children's "best interests" but regularly sacrifice their interests in a nurturing home to birth parent "rights." Thousands of children are held in foster-care limbo for years at a time, denied the opportunity for permanent homes because of our society's reluctance to sever birth bonds even when birth parents are demonstrably unfit.

We also condition the infertile to obsess over medical treatment. We treat infertility as a medical rather than a social problem and put doctors

in the key advisory role. The infertile are lured into IVF by aggressive and misleading advertising that is characteristic of a free market. Few doctors see it as their job to talk to patients about *why* they are considering treatment, whether more treatment is worth it, or when enough is enough. Fewer still see it as their job to help patients compare the advantages and disadvantages of treatment versus adoption. Simultaneously, the infertile are pushed away from the adoption world by messages that adoption is an inherently inferior form of parenting.

If the infertile do manage to learn about all their options, they find that our society gives vastly preferential treatment to people seeking to produce children.

First, would-be biological parents are free from regulation—they make their own decisions, subject only to financial and physical constraints. Not only that, but society subsidizes their choice with health insurance and tax breaks. People who want to adopt operate in a highly regulated world: The government determines whether they will be allowed to parent—and if so, what kind of child—and adoptive parents are required to pay every step of the way.

Parental screening is a very real deterrent to many people who might otherwise consider adopting. People don't like to become helpless supplicants, utterly dependent on the grace of social workers, about something as basic as their desire to parent. Screening adds to the costs of adoption, it takes time, and it turns the process of becoming a parent into a bureaucratic nightmare.

By regulating adoptive but not biologic parents, society also sends the message that it trusts what goes on when people give birth and raise a birth child, but profoundly distrusts what goes on when a child is transferred from a birth parent to an adoptive one.

The flight into the unknown that landed me in Lima, Peru, in the summer of 1985 was part of a long journey. I feel I've learned a lot from my travels through the infertility treatment and adoption worlds. Adoption works, and works well, both for children in need of homes and for the infertile who want to parent. Why structure it in ways that drive prospective parents away from children in need? Why structure infertility treatment in ways that encourage the infertile to produce new children or to spend their lives trying?

We need new forms of adoption regulation designed to *facilitate* the process. At the same time, we need to regulate the fertility industry to guarantee patients meaningful information about the costs and benefits of treatment and adequate protection against the risk of harm.

We are now moving in exactly the wrong regulatory direction. Adoption "reform" typically means erecting new barriers to this form of family. Six states now require insurance companies to pay the bills for IVF. Mandated insurance coverage would give an extraordinary boost to the already burgeoning IVF industry, stacking the deck even more for procreation and against adoption.

Michael and Chris are now five and eight years old. Our lives are a rich mix, each day packed from 6:00 A.M. to 10:00 P.M. I no longer experience daily the sense of miracle I used to feel when I thought about how different our lives would be had I not climbed on that plane to Peru. I no longer think of it as amazing that this family, formed across the continents, seems so clearly the family that was meant to be. Now it is unimaginable that I could be living without these children. Now it's hard to remember the person I was when I was pursuing that procreation dream-child. And now it's strange and sad to think that so many women are still engaged in that pursuit. ●

Elizabeth Bartholet teaches family law, civil rights, and public interest law at Harvard Law School. She writes and consults widely on infertility, adoption, and reproductive technology issues. Her book, Family Bonds: Adoption & the Politics of Parenting, which discusses the issues here at greater length, was published by Houghton Mifflin this year.