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LETTERS

## The Joys and Complications of Surrogacy

Published: December 20, 2009

To the Editor:

Re "[Building a Baby, With Few Ground Rules](#)" ("21st-Century Babies" series, front page, Dec. 13):

The anguish the Kehoes endured when they were ordered by a court to return their twins to the surrogate mother could have been avoided. Most established fertility clinics and agencies perform rigorous psychological screening of intended parents, donors and surrogates. Anything less is cutting corners. Anything less risks devaluing women and children and the earnest emotions and hopes behind the desire for a family.

Reputable agencies bring all the parties together and bind them under a clear legal arrangement before the process even starts. The surrogate would have been made aware of Amy Kehoe's mental health history, and any concerns on her part would have been addressed beforehand, avoiding the painful court proceedings that followed.

Stories like these leave those of us who have labored for years to bring transparency and ethical guidance to the fertility industry sleepless at night. The last thing we want is to cleave a family. Unfortunately, when couples set out on the cheapest, quickest path to make one, they increase the risk of being exploited, confused or misguided.

Debra Chaney  
Troy, Mich., Dec. 14, 2009

*The writer is president of Alternative Reproductive Resources, Michigan Branch, an egg donation agency.*

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To the Editor:

I am particularly troubled by one aspect of your article. The article describes the complicated and extensive arrangements that the mother-to-be made for surrogacy and then explains that the surrogate obtained a court order to retrieve the twins after learning that the mother-to-be, Amy Kehoe, was being treated for mental illness.

Mental illness need not be a deterrent to parenthood. With proper treatment, help and support, mothers and fathers with mental illness can be good parents. The Kehoes' large extended family could have helped provide support to Amy and Scott Kehoe and their

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babies.

The feelings of the surrogate were allowed to overrule psychiatric testimony that Ms. Kehoe's illness has been fully controlled for eight years and that she currently has no symptoms. Would we assume that a mother with treatable heart disease, diabetes or cancer should be separated from her child?

Jessica Wolf  
Fairfield, Conn., Dec. 15, 2009

*The writer is an assistant clinical professor in the Yale department of psychiatry.*

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To the Editor:

As prospective adoptive parents, my husband and I met half a dozen times with a social worker. The agency that cleared us for adoption did a criminal background check that included our driving records and every one of our addresses for the last 18 years. After our son was placed with us, a social worker visited our home three times and submitted a court report about our progress as parents before we could finalize the adoption.

This thorough process is the norm in adoption. Why not surrogacy?

Ellen Simon  
Jersey City, Dec. 14, 2009

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To the Editor:

We are approaching 2010. Can we stop with the tiresome designer baby stereotypes?

You spend most of the article highlighting disaster stories, using language like "order up a baby" and "vexing ethical questions," and then write just one line admitting that most cases of surrogacy are not as complicated.

It is a shocking oversimplification to suggest that people seeking help with surrogates or donors view their babies as disposable or as "pets." The fact that money is involved just fuels the tendency to sensationalize people's struggles to start a family.

On the same day this article was published, my family and friends gathered for my baby shower, where they met my wonderful surrogate. Screams of joy, thank-yous and applause rang out as she stood up to show her belly carrying my 33-week-old daughter. In that moment, do you think any of us were wondering when my "commodity" will be born?

Cindy Yoon  
New York, Dec. 16, 2009

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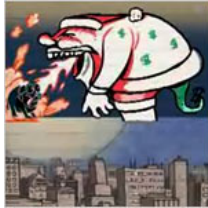


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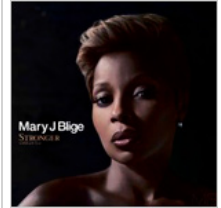
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