

Facing High Costs at Home, Americans Seek Fertility Help Abroad

As fertility rates fall globally, including in the U.S., hopeful parents are looking for affordable solutions abroad.

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Top: The Czech Republic has become one of many international hubs for Americans seeking out fertility treatments abroad. Visual: Steve Thompson/Flickr
([**T**HE PHONE RANG at 11:30 a.m., Prague time, just like it did every morning. Andrea Murillo accepted the incoming FaceTime call from her husband in her small, short-term rental apartment. Outside her window, the sun had just broken through the cloudy Czech sky. “Hey honey,” she said cheerfully when she could see his face, in a tone that would make it hard to guess that they had been more than 5,000 miles apart for over two months.](https://www.flickr.com/photos/st1138/24023241036/in/photolist-CARoAY-cubYwd-SjBmU-3S8vsA-sS6BNK-CQZfJq-sRXxiN-t9y5S2-4Rrunx-cZxvsU-P71jG-3DXzBJ-5s7HN2-7DHtxG-P71md-9fDDZ8-XF1sbB-2gUWrkx-2jncCyt-4xLPCe-JjrEn-5LNisF-6hTz3i-4RvFyf-5sc4b1-bEBAoe-bEBAmn-5sc47N-8xQuU4-69hThJ-3YLkb5-4ZnKCb-4ZnKbu-7jWDbF-FgY5mZ-91Vs2E-5sc43J-2josxhU-bhCGrH-dLGcc5-3YG48x-2sNUUw-a7hTgr-GAbMXz-24BCVw3-277Af7o-L1BPnQ-24krbbe-KAnDeY-23unmSS))</p>
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Tony was lying in bed alone, his chin on a pillow, the lights off and his face illuminated by the phone’s screen, inside their three-bedroom house in a Dallas

suburb. He'd be off to work in a couple of hours, but he had to check in with his wife first. The summer before, neither of them would have pictured their attempt to get pregnant quite like this. When she hung up the phone, Andrea said, "Boy, it's early for him." It was 4:30 a.m. in Dallas.

Like many modern couples, the Murillos spent most of their young adulthood focused on their careers. They didn't start trying to have children until they married in 2016, when Tony was 41 and Andrea was 38 — past her peak fertility, when it's usually easier to conceive without medical intervention. Within six months, they had progressed from old-fashioned intercourse to medically-assisted conception — expensive procedures that weren't covered under their insurance plan. The procedures all failed, nearly wiping out their life savings in the process.

Tony and Andrea Murillo's wedding in September 2016. *Visual: Courtesy of the Murillo family*

As a last resort before turning to other routes like adoption, they cast their eyes overseas. It was Tony who first had the idea. "We were looking for whatever options we could before we had to say we'd give up on trying to have a child," he said. Through online research — "all his YouTubing, all his whatevers" — as Andrea put it, he started to realize that costs for fertility treatments, also often called infertility treatments, were lower outside the United States. "The more and more I researched," Tony said, "the more and more it made sense for us."

As fertility rates fall around the world, including in the U.S., the Murillos and many other hopeful parents are part of a different trend: the fast-growing and lucrative

globalization of fertility treatments, also known as “reproductive travel” or “fertility tourism.”

Although a handful of states require insurance companies to cover such treatments, most don't. That means patients still need to pay out of pocket for common services like in vitro fertilization (IVF) — where a woman's eggs are fertilized by a man's sperm outside of her body and then implanted as an embryo — which can run into tens of thousands of dollars. Estimates vary on just how many Americans respond to that high cost by looking abroad. Some experts suggest the number is as few as 1,000, while others have put the number as high as 70,000 — all of it without firm basis, because governments don't tend to track the trend. What's clear, however, is that a steady stream of Americans with perfectly good health insurance are traveling to countries they otherwise might never have set foot in to go through one of life's most fundamental pursuits: starting a family.

“The whole process of birth is a miracle itself,” Andrea said. “It's the most normal and natural thing in the world to do,” she added, “but it's the hardest thing for some women, and I'm one of them, and it sucks.”

“We were looking for whatever options we could before we had to say we'd give up on trying to have a child,” said Tony Murillo.

After Tony mentioned the idea of traveling abroad to Andrea, she joined in the search and would spend all day exploring overseas clinics, which have flourished in some parts of the world and often cater to patients who live in other countries. Tony would do his part in the evenings after he came home from work. When

they found a clinic that was promising, they would usually watch a YouTube tour with an introduction to the staff and facilities. If they were interested in the clinic, they could choose to have a Skype consultation with the doctor for a fee.

“You just kind of trust your gut,” Andrea said about the selection process.

After about two months of research, the Murillos had winnowed the list down to the Czech Republic and Spain, both countries that have thriving fertility industries, modern medical practices, and English speakers in clinics. But either way, they weren’t sticking around to try more treatments at home. “Either we could do it one time here in the U.S. and that was it,” Tony said, “or go overseas and do a couple of different times if we had to.”

I T'S NEVER BEEN easy to have a baby, at least when it comes to the precise timing. In her lifetime, the average woman releases between 300 and 400 eggs (https://books.google.fr/books?id=WQRAfsjuUgQC&pg=PA24&lpg=PA24&dq=lifetime+ovulation+400&source=bl&ots=yON9g6dpbw&sig=ACfU3U0_e5-0MulFNDemR148rtPDBSLREg&hl=en&sa=X&ved=2ahUKEwi2zZH-foAhV06uAKHRvjCbsQ6AEwC3oECA0QKQ#v=onepage&q=lifetime+400&f=false) through ovulation over a period of around 35 years. If an egg isn’t fertilized by sperm within about 24 to 36 hours, it dissolves (https://books.google.fr/books?id=tBeAeYS-vRUC&pg=PA706&lpg=PA706&dq=egg+degenerat+24+hours&source=bl&ots=yON9g6dpbw&sig=ACfU3U0_e5-0MulFNDemR148rtPDBSLREg&hl=en&sa=X&ved=2ahUKEwi2zZH-foAhV06uAKHRvjCbsQ6AEwC3oECA0QKQ#v=onepage&q=lifetime+400&f=false) and since sperm can live inside a woman’s body for almost a week, there are only about six days each month (<https://www.webmd.com/baby/charting-ovulation>)

your-fertility-cycle#1) where it's possible to get pregnant through natural intercourse, without the help of a fertility doctor.

Couples who are unable to conceive after one year of unprotected sex (six months if a woman is over 35) meet the threshold of what the Centers for Disease Control and Prevention (CDC) define as infertility (<https://www.cdc.gov/reproductivehealth/infertility/index.htm>), which is also the point at which most doctors recommend seeing a fertility specialist. There are all sorts of causes of infertility (<https://www.cdc.gov/art/pdf/2016-report/ART-2016-National-Summary-Report.pdf>) — the CDC lists at least six in its 2016 Assisted Reproductive Technology National Summary Report, in addition to other health issues or combinations of factors. Most relate to female infertility, generally involving issues with the reproductive organs or the inability to produce eggs; around half involve male infertility (<https://undark.org/2020/07/01/male-infertility-andrology/>), generally concerning issues with the quality or delivery of sperm. But 25 percent (<https://academic.oup.com/humrep/article/31/7/1390/1749660>) of women with fertility issues receive the most ambiguous of diagnoses: unexplained infertility.

According to one common metric, having a baby seems to be getting even harder: The number of women who have problems either getting pregnant or carrying a pregnancy to term has risen by more than 21 percent (<https://www.cdc.gov/nchs/data/nhsr/nhsr067.pdf>) since 1982, according to the CDC's most recent National Survey of Family Growth (https://www.cdc.gov/nchs/nsfg/key_statistics/i_2015-2017.htm#infertility).

“The whole process of birth is a miracle itself. It’s the most normal and natural thing in the world to do, but it’s the hardest thing for some women, and I’m one of them, and it sucks,” said Andrea Murillo.

Women are also having fewer children

(<https://ourworldindata.org/fertility-rate>). In 2019, America’s fertility rate, the average number of children a woman has in her lifetime, reached an all-time low

(<https://www.prb.org/u-s-fertility-drops-to-historic-low-in-2019/>), according to the World Population Data Sheet, which is published annually by the Population Reference Bureau, a nonprofit that collects data about the structure of populations. Despite this contraction

in fertility rates and a persistent public perception ([https://www.fertstert.org/article/S0015-0282\(06\)01573-1/fulltext](https://www.fertstert.org/article/S0015-0282(06)01573-1/fulltext)) that infertility is on the rise, the infertility rate — which measures those couples having difficulty getting pregnant but doesn’t account for miscarriages or stillbirths — has been declining

([https://www.fertstert.org/article/S0015-0282\(06\)01573-1/fulltext](https://www.fertstert.org/article/S0015-0282(06)01573-1/fulltext)) since at least 1965. Around one in 15 women

(https://www.cdc.gov/nchs/nsfg/key_statistics/i.htm) in America meet this threshold, according to the CDC’s latest statistics (which only take into account married women). In 2014, the CDC published

(https://www.cdc.gov/reproductivehealth/infertility/pdf/drh_nap) its first National Public Health Action Plan for the Detection, Prevention, and Management of Infertility. Three years later, the American Medical Association joined the World Health Organization in categorizing

(<https://www.ama-assn.org/delivering-care/public-health/ama-backs-global-health-experts-calling-infertility-disease>) infertility as a disease.

But the issues of infertility are especially acute in older couples. “There is an infertility epidemic,” said Sherman Silber, director of the Infertility Center of St. Louis, who helped invent many of the treatments commonly used for infertility today. “But it’s simply related to the fact that people are starting at an older age.”

Age is inversely related to fertility, so the older you are, the harder it is to conceive. It affects both sexes but has an outsized impact on women because the quality of a woman’s eggs decreases with time (<https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2014/03/female-age-related-fertility-decline>). Until age 34, the probability of pregnancy ([https://www.fertstert.org/article/S0015-0282\(17\)30257-1/fulltext](https://www.fertstert.org/article/S0015-0282(17)30257-1/fulltext)) goes down gradually; after that, it falls by 10 percent a year. At 40, 95 percent of women are infertile, according to Silber.

American women have children at a much older age (https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_13-508.pdf) than a century ago (<https://www.cdc.gov/nchs/data/databriefs/db68.pdf>), and many couples just don’t anticipate problems getting pregnant. “People are like, ‘Oh, we live longer, we don’t have to rush into marriage and childbearing,’” explains Marcia Inhorn, an anthropologist at Yale University who studies infertility and infertility treatments. “So people are pushing it back, pushing it back, but without adequate fertility education.”

When people can't have children and they start looking for help, it often comes in the form of assisted reproductive technology (ART), a catchall term for treatments that handle eggs and sperm outside of the human body.

The earliest successful example, in vitro fertilization, or IVF, dates back to 1978 and involves mixing eggs and sperm in a Petri dish to encourage fertilization. Since then, many reproductive technologies have appeared, including, but not limited to: egg donation, where a healthy egg is removed from a donor, fertilized in a lab, and implanted into another woman; genetic screening, which helps identify potential illnesses and disorders prior to the embryo being implanted in the uterus; and intracytoplasmic sperm injection, or ICSI (pronounced "ik-sea"), a variant of IVF where a single sperm is inserted directly into an egg.

Andrea Murillo (center) with her two doctors at Fertility Port after embryo implantation. Andrea underwent two rounds of in vitro fertilization — one in the U.S. and one abroad. *Visual: Brant deBoer*

To arrange in vitro fertilization abroad, Andrea worked with Medistella, a medical tourism agency run by Michaela Novotná (left) and Anna Dostálová (right). *Visual: Brant deBoer*

In many ways, ART has revolutionized pregnancy in America; it has so far been used in more than 1 million births

(<https://www.pennmedicine.org/updates/blogs/fertility-blog/2018/march/ivf-by-the-numbers>) in the U.S. In some parts of the world, its use has expanded more rapidly. For example, between 1997 and 2014, the number of ART cycles in Europe increased nearly fourfold, to just under 800,000 a year. Over the same period in the U.S., the number nearly tripled but only reached 200,000.

For the hopeful parent or parents, there's a lot that comes along with these procedures. First, there are the tests: semen analysis, infectious disease screening, and an evaluation of the uterus to make sure everything is working properly. Next, for women, the medications — most of which are self-administered injections in the abdomen, thighs, or buttocks — one to suppress the natural menstrual cycle and one to stimulate egg development.

Then, more tests: blood analysis and vaginal ultrasounds that help doctors look at the ovaries to see how the woman's body responds to the medications and when the eggs are ready. The second round of tests is followed by one more medication, an injection known as the trigger shot, which helps the eggs mature. Then, there's the harvest. For the sperm, this usually entails a man masturbating (<https://www.sart.org/patients/a-patients-guide-to-assisted-reproductive-technology/general-information/collection-of-semen/>) into a plastic cup; for the eggs, this step takes place in an operating room and involves painkillers and often general anesthesia. After the eggs have been retrieved, there's another medication, which prepares the uterus for the early stages of pregnancy. Finally, after the eggs are fertilized (creating embryos) and possibly tested for genetic abnormalities, one or more of the embryos are transferred into the uterus. The entire process — one cycle of IVF — takes up to four months (<https://www.rmia.com/education-center/cycle-timeline/>). "Nothing in medicine is perfect," said Eric Surrey, a fertility doctor at the Colorado Center for Reproductive Medicine. "But I mean, we've had great progress in this field over the last 20 years, and I don't see any reason why that progress would stop."

“There is an infertility epidemic. But it’s simply related to the fact that people are starting at an older age,” said Silber.

Despite rapid advances, there’s still a lot of uncharted territory. When asked about unexplained infertility, for example, a CDC representative bluntly replied by email: “If the cause of unexplained infertility was known, it wouldn’t be unexplained.” There are other mysteries to uncover, too. Doctors don’t entirely understand how some stages of pregnancy happen, including a key moment in which an embryo implants itself into the lining of the uterus, Surrey said. “If you don’t understand a mechanism, you can’t really treat the problem,” he added. “And I think that’s the biggest frontier that we need to pursue.”

For now, the odds of having a child with the help of medical science still aren’t great. For women under 35, only around 36 percent (<https://www.cdc.gov/art/pdf/2016-report/ART-2016-National-Summary-Report.pdf>) will get pregnant per IVF cycle using their own non-frozen eggs, according to the CDC. By 41, it’s less than two-thirds of that; after 42, it will have fallen by another half to 6 percent. The rates for IVF (<https://www.cdc.gov/art/pdf/2016-report/ART-2016-National-Summary-Report.pdf>) using a donor egg are higher but still below 50 percent overall.

In the U.S., fertility clinics often paint a rosier picture of success compared to the CDC — even though both draw from the same set of data. Private clinics can advertise cumulative success rates (<https://www.npr.org/sections/health-shots/2020/01/20/795274448/her-own-birth-was->

fertility-fraud-and-now-she-needs-fertility-treatment) or use their own in-house calculations that remove certain categories (<https://www.smartfertilitychoices.com/ivf-success-rates/>) of patients who were unsuccessful, while the CDC reports the clinics' single-cycle success rates. One recent study from the U.K. found that from 53 clinics' websites, there were 51 different methods (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5278289/>) used to measure the success rate, and many of these didn't reveal how the rate was calculated. The inflated figures — which average around 60 percent for private clinics in the U.S., according to a 2012 article (<http://ilj.law.indiana.edu/articles/7-Hawkins.pdf>) in the Indiana Law Journal — often mislead consumers. The “intermingling of business and medicine leads to lots of problems,” said Carolin Schurr, a geographer at the University of Bern who studies the transnational fertility industry. Schurr said she is leery of success rates advertised by clinics because “it really depends how you calculate them, and there's a lot of room to manipulate.”

B EFORE THE MURILLOS began looking at fertility clinics overseas, they had already tried and failed to get pregnant several times in the U.S. Andrea, who is originally from California, had spent most of her adult life in the South, pursuing a career in corporate communications and marketing for Hilton Hotels, which brought her to Dallas in 2009. By the time she met Tony through a dating website in late 2013, they were both in their mid-to-late 30s. Both were big Cowboys fans. Both had been engaged before. Both wanted children but hadn't had a chance. “Life didn't line up that way for me,” Andrea said. Tony, a Dallas native and Marine Corps veteran who is a branch

manager at a local bank, was excited to pass on his experience to a new generation of Murillos. In September 2016, they were married, and Andrea promptly updated her employment status on Facebook: “Started New Job at Working on getting Pregnant.”

Six months later, Andrea still wasn’t pregnant. Tony’s best friend had recently had three children through IVF, and his wife recommended that the Murillos think about it. “Tony and I would still be trying to this day if we didn’t have them in our life to say: IVF,” Andrea said. They consulted a doctor at Fertility Specialists of Texas in March 2017, where they were diagnosed with unexplained infertility. Like many couples in their situation, they first underwent a low-tech artificial insemination euphemistically known as the “turkey-baster method” — technically called intrauterine insemination, or IUI — which cost around \$3,000 and wasn’t covered by their insurance policy.

This first method failed, so they started looking into IVF, where the odds are better but still not promising; in Andrea’s case, they were around 15 percent. It was also significantly more expensive

Andrea Murillo and her mother, Dolores “Jeanne” Gaither, in 2013.

Visual: Courtesy of the Murillo family

(<https://www.sart.org/patients/fyi-videos/the-difference-between-iui-and-ivf/>). “You sneeze in the office and they’re going to charge you for the tissue,” Andrea said. “You don’t get away with anything with these people.” The Murillos weren’t satisfied with the experience they had at the first clinic, which Andrea compared to a cattle call. Their insurance wouldn’t provide any support for IVF either, and they couldn’t justify handing over an additional \$25,000 for one round at a clinic they didn’t love.

Shortly after their artificial insemination failed, but before they had decided on a new clinic, Andrea's mother, Dolores "Jeanne" Gaither, fell ill with leukemia. Gaither would be released from the hospital several months later after successful chemotherapy, but during that time, the Murillos put their dreams of parenthood on hold to help.

In the meantime, Andrea's work had become stressful. In the fall of 2017, she had a panic attack. Because the Murillos believed that stress could impact Andrea's ability to get pregnant, Tony suggested that she leave her job, even though they were already worried about how they would pay for IVF with two salaries. By Christmas of 2017, Gaither's hair was starting to grow back, and the Murillos refocused on having a child.

In March 2018, Andrea began taking medications to increase the odds of conception at a different fertility clinic called Aspire Fertility. The couple also decided to take a course on money management through Dave Ramsey's Financial Peace University. This round of IVF would cost them nearly \$22,000, and that's after a 25 percent discount on medications because Tony is a veteran and a 14 percent discount on the procedures for using a smartphone app called Glow to book the clinic.

At the end of April, the clinic harvested Andrea's eggs. They collected 28, of which 20 were fertilized but only one passed the prerequisites to be implanted (the quality of an egg's DNA deteriorates with age, and fertility doctors don't typically use eggs with genetic abnormalities). Andrea's single, healthy embryo was transferred to her uterus in the beginning of June 2018.

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Around the same time, Andrea’s mother relapsed and was soon back at a hospital in Jacksonville. Andrea couldn’t wait to leave Dallas to be by her mother’s side again. She would have gone earlier, but she had to wait for pregnancy test results. Gaither needed a bone marrow transplant, but by the time Gaither’s brother volunteered to be the donor, it was too late. On a Monday in mid-June, Andrea received discouraging early results from a blood test, and by Wednesday she got confirmation: She wasn’t pregnant. On Thursday, her mother received her own bad news: She had 10 days to live.

Once Andrea arrived in Jacksonville, Gaither kept trying to shop online for the baby. “It was a heartbreaker,” Andrea recalled. “I didn’t ever tell her we weren’t pregnant because I had already told her we were,” Andrea added, “and she was so excited, so I couldn’t say we weren’t.”

After her mom died in July, Andrea and Tony waited a few months before deciding what to do next. If they had gone back to Aspire for another round of IVF, they would have exhausted their savings. “That would have been our last time,” Tony said. They also weren’t sure how much time and money they should spend before looking into alternatives such as adoption or fostering. “We want to be parents, ultimately,” Andrea said. “We both feel like we have that to give, and so that’s kind of where our heart is.”



EVERY STEP of fertility treatment has a price tag. The baseline cost for a single round of IVF in the U.S, according to the Society for Assisted Reproductive Technology, is between \$10,000 and \$15,000. But factoring in doctor's visits, medications, and optional procedures, the average cost jumps to over \$22,000 (<https://www.fertilityiq.com/topics/ivf/the-fertilityiq-family-builder-workplace-index-2019-2020>), according to a 2018 estimate by FertilityIQ, a website that provides research on treatments for infertility in the U.S. This is three to four times higher (<https://books.google.fr/books?id=PnWeDwAAQBAJ&pg=PA205&lpg=PA205&dq=IVF+costs+four+> than in most European countries, write Margaret Marsh, a historian and chancellor at Rutgers University-Camden, and Wanda Ronner, a professor of clinical obstetrics and gynecology at the University of Pennsylvania, in their book "The Pursuit of Parenthood: Reproductive Technology from Test-Tube Babies to Uterus Transplants." Because the chances of success increase with the number of attempts, many women end up having more than one cycle (https://www.sartcorsonline.com/rptCSR_PublicMultYear.aspx) — some many more than that — and costs can climb well into the six-figures.

The cost is so much greater in the U.S. thanks, in part, to higher pharmaceutical prices, the absence of a nationalized health care system, and the need for malpractice insurance. The U.S. medical industry is also market-driven. "Ultimately, it's like any other product," said Eli Adashi, a professor of medical science at Brown University. "It's what the market will bear."

By the time the Murillos began looking at options overseas, they had already spent much of their

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life savings. Andrea was still unemployed, and Tony's insurance plan through the Bank of Texas would not cover their fertility treatments. Texas law

(<https://statutes.capitol.texas.gov/Docs/IN/htm/IN.1366.htm>)

only requires coverage for couples who have been infertile for at least five years or who have one of several specific medical conditions leading to infertility. The Murillos would have been excluded until Andrea was 42 years old.

The predicament the Murillos faced is not unusual. The majority of Americans don't have insurance coverage to treat their infertility. Only 19 states even have laws dealing with relevant insurance coverage. Of those states, just 13 include IVF in their laws, and fewer than half actually cover the cost of IVF, according to Adashi. "Amongst those, there are so many exclusions that at the end, you don't end up with a meaningful or large number of couples that are covered," he said.

Only one in five employers (<https://resolve.org/what-are-my-options/insurance-coverage/health-insurance-101/>) nationwide provides any kind of benefits for help with infertility, according to Resolve, a national patient advocacy organization for those suffering from infertility. The federal government's public insurance coverage is spotty and almost exclusively limited to some active duty military members and wounded veterans who have suffered a loss of reproductive ability due to an injury during their service. In the private sector, insurance coverage for fertility treatments has been gaining ground in recent years because companies are trying to attract employees who want these benefits, according to Adashi.

Help? Denied.
(<https://undark.org/2019/08/19/lactation-consultant-insurance-coverage/>)

Insurers have been reluctant to offer coverage for several reasons despite the fact that about one in eight women

(https://www.cdc.gov/nchs/nsfg/key_statistics/i_2015-2017.htm#infertilityservices) of childbearing age have

received infertility services, according to the CDC's National Survey of Family Growth. Many insurance companies (https://books.google.fr/books?id=mwvqAwAAQBAJ&pg=PA200&lpg=PA200&dq=%22experiment_oAhXK5eAKHdasC_sQ6AEwAHoECAwQKQ#v=onepage&q=%22

consider treatment for infertility to be elective, like cosmetic surgery, or classify it as an experimental medical treatment, a category that is often declined coverage. Also, historically, it just hasn't been an option, and this precedent has been slow to change.

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The federal government has remained silent about fertility treatment benefit plans, in part due to the influence of America's pro-life community

(https://books.google.fr/books?id=mwvqAwAAQBAJ&pg=PA200&lpg=PA200&dq=%22experiment_oAhXK5eAKHdasC_sQ6AEwAHoECAwQKQ#v=onepage&q=%22

id=mwvqAwAAQBAJ&pg=PA200&lpg=PA200&dq=%22experiment_oAhXK5eAKHdasC_sQ6AEwAHoECAwQKQ#v=onepage&q=%22

"Embryos are frozen, embryos are discarded. There's great sensitivity, in this country anyway, to all of that, and that's perhaps why the government, in the first place, is not in the business of funding IVF," Adashi said.

"That's sort of been an uneasy truth that has been in existence since 1981," he added.

Still, public views on in vitro fertilization, and infertility in general, are changing. Many people have family, friends, or colleagues who have used assisted reproductive technologies, which helps to socially normalize the procedures. And now that the AMA classifies infertility as a disease, patients and their advocates might have a better chance

(<https://www.ama-assn.org/delivering-care/public-health/ama-backs-global-health-experts-calling-infertility-disease>) of justifying coverage under

American insurance policies. According to Elizabeth Britt, a professor at Northeastern University who studies legal rhetoric, in her book “Conceiving Normalcy: Rhetoric, Law, and the Double Binds of Infertility

(https://books.google.com/books/about/Conceiving_Normalcy.htm?id=mwvqAwAAQBAJ),” treatments are “generally not considered medically necessary” for conditions that are not defined as diseases, “and even procedures not considered experimental may be excluded” by insurers.

BOTH SPAIN AND the Czech Republic have become hotspots for reproductive travel, which makes up a sliver of the greater medical tourism industry — probably less than 5 percent (<https://www.mordorintelligence.com/industry-reports/medical-tourism-market>) of the nearly \$55 billion market, which is expected to nearly quadruple in size (<https://www.grandviewresearch.com/industry-analysis/medical-tourism-market>) over the next seven years. Fertility tourism is one of its fastest-growing sectors (<https://www.mordorintelligence.com/industry-reports/medical-tourism-market>). But nobody actually

knows how many people or how much money is crossing borders. “Estimating medical tourism, even in general, is difficult because patients do not disclose this information to providers or insurance companies,” Ganesh Maniam, a medical student at Texas Tech University who has published ([https://search.proquest.com/openview/1790ac8a6dceaab07487dee: pq-origsite=gscholar&cbl=2030637](https://search.proquest.com/openview/1790ac8a6dceaab07487dee/pq-origsite=gscholar&cbl=2030637)) on the phenomenon, wrote in an email. “And physicians do not typically report medical tourism statistics.”

Choosing between the two countries wasn't easy for the Murillos. They were suspicious of the advertised success rates and concerned about the quality and modernity of the labs. It was also simply unfamiliar territory. Tony had never been to Europe and worried that outside the U.S., the treatments would be done “in the back of some warehouse or something like that.” Andrea, who had been to Spain before, hadn't been to the areas where the fertility clinics were located.

As a first point of comparison, there was a notable price difference. The average baseline cost for IVF in the Czech Republic (<https://www.fertilityclinicsabroad.com/ivf-abroad/ivf-czech-republic/>) is around \$3,000, which is half the cost of Spain's (<https://www.fertilityclinicsabroad.com/ivf-abroad/ivf-spain/>) and about one-fifth of the price in the U.S. The Murillos calculated that the total cost of one round of own-egg IVF and, should that fail, an additional round of donor-egg IVF in Prague — including medication, airfare, food, and several months of hotels — would be around \$12,000, less than half the cost of one cycle in the U.S.

But for those who seek fertility treatment overseas, it's not always about cost. A consumer might also be looking for (<https://books.google.fr/books?hl=en&lr=&id=xw3MDwAAQBAJ&oi=fnd&pg=PA109&dq=Virginia> higher quality of care, shorter waiting times, or medical treatments that aren't available (or legal) in their home country. Many nations, for example, don't allow fertility treatments (<https://www.fertilityclinicsabroad.com/ivf-clinics-abroad/can-anyone-have-ivf-treatment-abroad/>) for same-sex couples or for single women. The destination has a lot to do with the procedure you're looking for. For egg donation, Spain and Eastern Europe are desirable. For high-quality treatment and liberal laws for same-sex couples, the U.S. is one of the most attractive options for those who can afford it.

For Americans, the Czech Republic has a lot to offer. In addition to its low cost, it has a large selection of fertility clinics to choose from. As of 2017, there were 43 clinics (<https://www.uzis.cz/res/f/008274/asistreprodukcce2017.pdf>) in the country — almost the same amount as its Starbucks coffee shops (<https://news.expats.cz/czech-food-drink/starbucks-coffee-to-hit-czech-supermarket-shelves-this-summer/>). Although the Czech Ministry of Health releases limited data regarding patients' nationalities, its 2017 report on assisted reproductive technology shows that more than a quarter of IVF cycles, and nearly 90 percent of

donated-egg transfers, were performed on foreigners.

Liberal national legislation

(<https://www.fertilityclinicsabroad.com/ivf-abroad/ivf-czech-republic/>) in the Czech Republic also allows genetic screening and egg donation, which isn't true

(<https://academic.oup.com/hropen/article/2020/1/hoz044/571520> in some European countries. This was important to the Murillos because in case the IVF with Andrea's egg failed, they wanted the opportunity to use donation. And they also wanted the donor to look like Andrea, who has a fair complexion and wavy blonde hair. "Their skin color and eye color is similar to us," she said. "It's a good match-up to U.S. genetics, if that's what you're looking for, and that's what we were looking for."

It turns out that this is what many white, lower-middle and working-class Americans, who have been priced out of the U.S. market, are also looking for

(<https://search.proquest.com/openview/2da709120a661a974ffa41fdpq-origsite=gscholar&cbl=4661818>). "That's really the driving force," said Amy Speier, a medical anthropologist at the University of Texas Arlington who has studied reproductive tourism in the Czech Republic. In the search for a White child, "a lot of people choose the Czech Republic over Spain because they imagine Spain only has Brown babies, which is totally wrong."

Around September 2018, the Murillos happened upon a medical tourism agency called Medistella, which acts as a matchmaker bringing together doctors and patients — supply and demand — across international borders. "I'm not an embryologist," said Anna Dostálová, Medistella's co-founder, "but I can help to explain how it works in my point of view, which sometimes the patients understand better."

Dostálová and her business partner, Michaela Novotná, help take care of the basics for incoming patients: selecting a clinic (which pays Medistella for the referral), providing information about tests, deadlines, and medication, recommending travel and accommodation plans, and following up after the patients return home. “It’s our job to put them at peace and let them know there’s somebody who cares,” Dostálová said.

After some consultation, the Murillos settled on a plan: They would use their winter holiday to try to get pregnant in Eastern Europe.

Their medical vacation would be a significant commitment. The average international patient only needs to spend one or two weeks (<https://uscfertility.org/fertility-treatments/ivf-cycle-details/>) abroad during a cycle of IVF. But if Andrea’s first round failed and she had to use an egg donor, she could be in Europe for more than three months.

THE WEEK BEFORE Christmas, Andrea and Tony flew to Prague. They knew the odds were against them. “I’ve already had two unsuccessful tries — an IUI and an IVF — so odds didn’t matter to me,” Andrea said. Tony was more stoic: “It might take, it might not.”

Two days later, Tony provided a sperm sample at Fertility Port, which the clinic froze for when they would need it later. The clinic was closed for the holidays, so the Murillos pretended to be traditional tourists: an excursion to Rome, ornament shopping at the Prague Christmas market, and taking in the New Year’s Eve fireworks from the iconic Charles Bridge.

After two and half weeks, Tony went back to work in Dallas, and Andrea handled the rest on her own. She befriended a couple from New York who were also in the city for IVF and met up with them several times in January. On Jan. 14, the doctors harvested her eggs. This time, six eggs were collected. Only one developed into an embryo, but it wasn't viable because it failed during genetic testing, which means it was not likely to be born healthy or, possibly, born at all. There would be no transfer. IVF had failed for the second time, and Andrea's last chance to have her own genetic children was gone. "And you don't get any of that money back," Andrea said. "It's spent, so you just have to move on."

The couple moved to the next plan: an egg donor. Unlike many other countries, including the U.S., the Czech Republic requires that egg donors remain anonymous and does not generally allow for sex selection, so there's not much the Murillos could find out about their future child. They chose a donor with the limited criteria allowed: 29 years old, light brown hair and blue eyes, three inches taller than Andrea. "Tony's Mexican, so we're going to have a Czexican," Andrea said. "Or a Czex-Mex, that's the other one. Well, we hope anyway."

Andrea spent the end of January and most of February with a friend in Ireland, only returning to Prague for four days for medical tests. Every time she came back to Prague, she stayed in a different apartment or hotel. Because they were on a tight budget, she spent much

of her time in the rentals, cooked her own meals, cleaned and re-cleaned, watched documentaries, and had several daily video calls with Tony.

I**N MID-MARCH**, the Murillos learned that eight of the eggs from their anonymous Czech donor had fertilized with Tony's sperm. Two of those would be implanted when they turned five days old. Since the length of pregnancy is measured from the first day of the mother's last menstrual period, not from the date of conception, Andrea would be almost three weeks pregnant when the embryos were implanted. On day four, with one day to wait, Andrea was full of nerves. "Today, I'm zero days pregnant, and tomorrow I'll be 19 days pregnant," she said. "Just like that."

The next day, Andrea came into Fertility Port looking anxious and hustled into the small waiting area—a room with a few cushioned lounge chairs and a Nespresso machine. The clinic's logo, printed in oversized block letters behind the reception desk, is its name with a pink tadpole-like sperm swimming into the egg-shaped letter "O." She had followed the doctors' advice to prepare for the procedure: no makeup and no perfume. Also, her bladder was full to make the operation easier. "Afterwards, I can go as much as I want," she said. Andrea held her phone up to give Tony the chance to say hello to everyone in the room, including Dostálová and Novotná, who had come to provide emotional support.

Before long, the doctors whisked Andrea into the operating room for the transfer, which was over in a few minutes. After half an hour's rest, she returned to the lobby into a flurry of hugs and group photos. "American smiles," one of the doctors said when they posed for a picture with Andrea and the Medistella team.

A few minutes later, Andrea was outside, alone on a bench facing the road. Soon, she would catch a flight for Dallas. In her lap, she was holding a bag the doctors had given her, which contained pregnancy tests that she was to use two weeks later.

WHEN ANDREA LANDED back home, Tony took the next week off from work. The couple quickly fell back into life as usual, running errands and playing with their two dogs. It seemed like Prague had been a dream, as if Andrea had never been gone, and they were both relieved. "I've always wanted a boy," Tony said. "But going through everything we've gone through now, I just want a healthy child."

As they waited to learn whether the time apart would pay off, the couple was in one of those uncomfortable periods that accompany fertility treatment: preparing themselves to deal with either possible scenario. They discussed getting the house ready for a child and contemplated whether they would try again if the pregnancy didn't take. They didn't have much money left, but if the donor eggs failed, they still had three embryos frozen in Prague. "Do we go until we exhaust all our embryos?" Andrea had asked before the transfer. "Or do we accept the fact? It's definitely accepting the fact that you can't do something. That's hard, so I don't know."

In early April 2019, the wait was over. Andrea had a positive pregnancy test. Later that month, she had an ultrasound that detected a fetal heartbeat. She was pregnant. In early December, almost a year after traveling to Prague, the Murillos' long journey ended when she gave birth to a son, Christian Cole.

Three months later, amid the prosaic demands of raising a child, the outbreak of the coronavirus led to statewide lockdowns in Texas. So for Christian's six-month vaccinations, Andrea visited the nearly empty pediatrician's office wearing a face mask while Tony waited in the car to sooth their baby after he had been given shots.

Even though it was a difficult experience, they don't regret the path they took to and would encourage others to do the same. "Advice, do it," Andrea said. "One thousand percent, do it. Save your money, take the time off work to build your family and visit a safe country to get IVF." If money weren't a consideration, the Murillos wouldn't have hesitated to have one of their frozen embryos implanted. But money is still tight, so they've been weighing the importance of the lifestyle they want to provide for Christian — such as good schools, extracurricular activities, and vacations — against the benefits of having a second child, which include, not least of all, having "someone to call family after Tony and I pass away, since we started this whole thing late."

About two weeks ago, the Murillos decided that they would follow their initial plan to return for a sibling in 2021, whenever it's safe to travel again. The whole

process might be made easier this time because Andrea started working for Medistella as a U.S. patient advocate last summer. The first step: apply for a passport for their infant son.

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