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# LIFESTYLES

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*An online registry has allowed a Chetek couple who conceived using a sperm bank to meet other families whom the anonymous donor helped, learn about the children's medical histories and find more ...*

## Pieces of the DNA puzzle



Staff photo illustration

Zach Forsberg, top, and his sister, Zoe, bottom, are half siblings to Teddy Persson, center. The three children share several physical characteristics, including their eyes. These photos were taken when they were about 2.

By Jennifer Schmidt  
Leader-Telegram staff

**B**eth Ager always longed to have a baby. But knowing her husband of 16 years was sterilized, she realized they couldn't conceive by conventional means.

So they turned to a sperm bank. Using semen from an anonymous donor, they were able to build their family.

"When we got married, we knew that we'd need to do this if we wanted a biological child for me," said Ager, 41, of Chetek.

Ager's husband, Mike Persson, 60, has two biological sons from a previous marriage. He had a vasectomy after they were born.

At first, the idea of trusting a sperm bank and its screening process made Ager a little leery.

"This is a little bit outside of my control. I'm not looking at the person I'm going to be reproducing with," she said.

The more she learned, the more comfortable with the process she grew.

The couple chose to work with Cryogenic Laboratories Inc. in Roseville, Minn. In searching the company's catalog, Ager and Persson read about potential donors' nonidentifying backgrounds and chose donor 1047.

"(She) tried to pick one that was more like me,"

**To learn more about the Donor Sibling Registry, go to [www.donorsiblingregistry.com](http://www.donorsiblingregistry.com).**

**Beth Ager welcomes contact from area families who might have a connection to her 3-year-old son. Contact her via the Donor Sibling Registry or e-mail her at [mickbeth@chibardun.net](mailto:mickbeth@chibardun.net).**

**Conception is costly for many couples. Page 2E.**

Persson said, referring to his wife. "You know, the same Scandinavian background and interests, roughly the same height, things like that."

Ager and Persson know this man's physical characteristics, including his height, weight, skin color, eye color and hair color. They also know his nationality, blood type, education, occupation, number of siblings,

medical history, hobbies, likes and dislikes.

The one aspect they'll never know is his identity.

Another mystery involves how many other couples he has helped — that is, how many other children with this man's eyes, nose and personality are out there.

For that piece of the puzzle, Ager and Persson slowly are finding clues.

Their tool of choice is the Donor Sibling Registry, a Web site run by Colorado single mother Wendy Kramer.

The site offers a means of mutual consent contact for members of donor families. This could include donors to their offspring or half brothers and sisters to each other.

For a fee, people can post their information on the registry. Those visiting the Web site can search by sperm bank and donor number to see if they match with anyone listed.

If a match is identified, people can contact one another by e-mail and establish whatever

**When we got married, we knew that we'd need to do this if we wanted a biological child for me.**

— Beth Ager, who built a family with her husband, Mike Persson, using sperm donor insemination

contact is comfortable.

"Some people exchange medical information, photos, and then a lot of people are flying all over the country to meet each other," said Kramer, 47, of Nederland, Colo.

Kramer, whose 16-year-old son, Ryan, was conceived through donor insemination, began the Web site for personal reasons.

When Ryan was 2, he asked about his father, wanting to know why other kids at preschool had a dad and he didn't. Kramer separated from her husband about a year after Ryan was born.

She explained to him — in simplistic terms — about sperm and eggs and how mommies and daddies sometimes involve nice doctors when they want to have a baby but can't on their own.

"Basically, that laid the groundwork for him," Kramer said. "Every year when he would ask or get curious, we went a little bit deeper. That way, it was always a part of who he was. It was never a shock. It was never a source of shame."

As Ryan got older, he wanted to know more about his donor and any half brothers or sisters he might have. When he and his mother didn't get answers from their sperm bank, clinic or doctor, they posted a message on a Yahoo discussion group.

"We just thought, 'Well, maybe other people are curious too,' having no idea that it would become what it is today," Kramer said.

Kramer's first Internet posting was in September 2000. By October 2003 she had so many messages from people trying to find each other — about 1,500 — that it was getting impossible for people to connect.

At that point, Kramer said she decided to hire technical help, build a Web site and database, incorporate

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### How It Works

Beth Ager of Chetek and her husband, Mike Persson, used sperm bought from Cryogenic Laboratories Inc., a commercial sperm bank in Roseville, Minn.

The average cost of a vial of donor sperm is \$225, said Amy Erickson Hagen, CLI's site manager.

Some women buy one vial and have a successful pregnancy, while it takes multiple attempts — and vials — for others, she said.

Ager explained that the semen is thawed, washed and instilled in the uterus in a process called intrauterine insemination. She underwent the procedure at Marshfield Clinic in Chippewa Falls.

She became pregnant on the first try, although it later was learned she had a malformed uterus. She lost the baby and several others in subsequent attempts.

"But I had my uterus repaired and had some success, and now I have my little boy," said Ager, who was inseminated 18 times.

In addition to offering anonymous donor semen, which Ager and Persson used, CLI offers the option of Future Connections Identity Release, Hagen said. Donors in this program agree to let their full name and last known contact information be released when the offspring reaches the age of 18 and contacts CLI.

Past donors who've entered the program as anonymous must stay anonymous, Hagen said.

"The confidentiality of both parties is protected," she said.

— Jennifer Schmidt



Contributed photo

Beth Ager, lower left, of Chetek and Sherry Forsberg of Luverne, Minn., became pregnant with sperm from the same anonymous donor from Cryogenic Laboratories Inc. in Roseville, Minn. Forsberg's children, Zoe, 13, upper left,

and Zach, 15, right, are half siblings to Ager's son, Teddy Persson, 3, middle. A Web site known as the Donor Sibling Registry brought the two families together. It offers mutual consent contact for members of donor families.

# Donor/Moms find similar physical traits among their children

from Page 1E

as a nonprofit organization “and pretty much set up the Donor Sibling Registry very close to what it is now.”

In the registry’s first two years of existence, it had 37 members. Today it boasts 6,600, with matches between nearly 2,700 half siblings and/or donors made, said Kramer, who has appeared on the “Oprah Winfrey Show,” “Good Morning America,” “Today,” “The Early Show” and “60 Minutes” and granted interviews to several national newspapers, including The New York Times and The Washington Post.

Ager, mother to 3-year-old Teddy Persson, has used Kramer’s online service to connect with other families in situations similar to hers.

So far, she’s learned that her donor has at least

21 reported pregnancies, mostly in Wisconsin, the Dakotas, Michigan and Minnesota. Through the registry, she’s found six half siblings of Teddy’s — other children who came into being after their mothers were inseminated with donor 1047’s sperm.

Ager has met some of the mothers in person and communicates more frequently — weekly in some cases — over the phone and via e-mail.

“I hate to use the word ‘family’ or ‘instant family,’ but there’s a connection that may be very important someday to Teddy,” she said. “It’s just something that I want to do for his sake.”

Other motivations for reaching out to them include a desire to know more about the children’s medical histories, a longing to tell her son more about his heritage and simple curiosity on her part.

“Who is this donor?” she asked. “And by seeing other children and learning about them, that’s another way to extrapolate what this anonymous person is like.”

She and Sherry Forsberg of Luverne, Minn., talk about everything from their kids’ development to new matches on the registry. Forsberg, 46, is mother to 15-year-old Zach and 13-year-old Zoe, both creations of sperm from donor 1047.

“It’s funny because my kids always wanted to have more siblings, and this is a way they can do that,” Forsberg said.

The two mothers marvel at the little quirks their sons share, such as how both boys sleep with their eyes partially open. There’s also a strong physical resemblance between the children.

“They all have the same brown eyes, except for one who has blue eyes, the same eye shape,

the same noses, the same upper lip, the same smile, the same chin,” Ager said. “And they all have this pale, luminous complexion that really photographs well. They just really shine.”

Teddy knows the truth about his true origin, despite his young age.

“He’s growing up with this. I’ve never wanted to keep it a secret from him,” Ager said. “I just feel as though that’s fundamentally not an option for us. I don’t want to keep anything from him. I believe he has a right to know.”

Neither Ager nor Persson say they have any regrets about their reproductive choice.

“It’s like adoption in a way. The baby comes into your life and, whether he’s yours or not genetically, you love him,” Ager said.

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# Conception costly for couples who use infertility treatments

## Many insurance plans don’t cover procedures

By Mary Jo Feldstein  
St. Louis Post-Dispatch

ST. LOUIS — Kelly Reed and her husband, Hoyt, have good-paying jobs. They own their home in Des Peres, Mo., plus a rental property. Even so, she feels financially strapped.

Over the past three years, the Reeds have spent \$40,000 to \$50,000 on infertility treatments not covered by their health insurance plan. To come up with the cash, they’ve dipped into savings, tapped a home equity loan and given up vacations.

Kelly Reed, 30, a nurse, also has worked extra shifts. “I just never wanted to give up,” she said. “You go into each cycle thinking, ‘This isn’t going to work,’ and you think, ‘Why am I spending all this money?’ But there’s just this glimmer of hope.”

On April 27, after five attempts at in vitro fertilization, she gave birth to a son. “When I look at Jack, I don’t even think about the money,” she said.

The steep price of infertility has prompted wishful couples to drain savings, take out high-interest loans, travel overseas for less-expensive care and move to one of the few states that require some employers to provide coverage.

At the same time, many physicians have skirted traditional medical conventions and begun offering everything from creative financing programs to arrangements that resemble infertility insurance.

Physicians describe infertility as an epidemic, growing as more women choose to delay childbirth.

Most health insurance plans do not cover infertility treatments. It’s a decision often made by employers who look at rising health care costs and can’t justify adding a benefit they see as superfluous. But some say that view may be shortsighted.

Without coverage, one round of in vitro fertilization costs an average of \$12,440, the American Society of Reproductive Medicine says. And, on average, women need two to three cycles to become pregnant.

In vitro fertilization, in which a woman’s eggs are retrieved, fertilized in a laboratory and transferred back into her body, is one of the most expensive infertility treatments. But many couples try medication and less-invasive procedures first, adding thousands of dollars to the cost.

Physicians hoping to make infertility care more accessible have started promising couples they’ll get a baby or a portion of their money back.

Shared-risk plans are another option. Couples pay for a

■ More than 7.3 million Americans, or one in eight women of childbearing age, had trouble getting pregnant or carrying a baby to term in 2002, according to the most recent data from the Centers for Disease Control and Prevention. That’s a jump of nearly 20 percent over figures from 1995. The percentage could be much higher. An estimated 50 to 80 percent of infertile couples never seek medical care because they can’t afford it.

■ About 1 percent of U.S. babies born each year had help from in vitro fertilization, the American Society of Reproductive Medicine says.

couple of procedures. If those aren’t successful, the doctor pays for the next round of treatment.

“It’s saying we’re going to try our best to give you a baby to take home, and if we don’t, we lose,” said Dr. Ronald Wilbois, medical director of the Infertility and IVF Center at Missouri Baptist Medical Center.

At his office, couples can pay for three cycles at once and receive a discount. Or they can pay more for a cycle and get a 70 percent refund if they don’t take home a baby.

Wilbois also participates in a program with Capital One. Known more for its credit cards, Capital One offers loans to patients willing to go to one of 30,000 physicians in its nationwide network. Doctors pay a fee to participate.

The doctor sets the price for the procedure, and then the couple contacts Capital One for loan approval and terms.

“There are more and more people engaging in these fertility treatments, and it’s costly, so it seemed like a good place for us to step in,” said Pam Girado, a Capital One spokeswoman.

For doctors, offering Capital One and other programs can generate business. Because infertility patients pay out of pocket, they typically study several clinics’ birth rates, prices and financing arrangements before deciding on a provider.

But one prominent St. Louis infertility specialist criticized the financing plans and other arrangements. Shared-risk programs, for example, are often available only to women young and fertile enough to get pregnant during the first treatment rounds, said Dr. Sherman Silber, medical director of the Infertility Center of St. Louis at St. Luke’s Hospital.

His response is to focus on technology. He has started to use a method of in vitro fertilization pioneered in Japan that he believes will boost birth rates while cutting the cost of the average cycle to \$8,000. “If you can reduce the cost that dramatically, then you can make this available to a lot more people,” he said.

Infertility costs also hurt employers and insurers who don’t provide coverage.

Uninsured couples are more likely to undergo more aggressive rounds of in vitro fertilization, choosing to have more embryos transferred to boost their chance of a pregnancy. But transferring more embryos also leads to higher rates of multiple births and high-risk pregnancies.

So, some experts say, if insurers paid for the procedures — and restricted them — they could reduce overall costs. Restrictions could include limiting the number of embryos transferred or the age of women able to participate.

Ninety-one percent of employers who provide infertility coverage say they haven’t seen an increase in their medical costs as a result of providing the coverage, according to a



McClatchy-Tribune

Kelly Reed of Des Peres, Mo., tried to cheer up her grumpy 3-month-old son, Jack, after a nap. “We’re trying to get him on a regular nap schedule, but he is a stubborn baby,” she said.

survey of more than 900 employers conducted by Mercer Health and Benefits. The survey was paid for by Resolve: The National Infertility Association, a support and advocacy group based in Bethesda, Md.

Research by insurer United Healthcare Corp. supports the survey. Companies that cover infertility treatments spend between \$1.54 and \$3.50 per employee a month on the benefit, United Healthcare estimates.

It’s about the same as companies that don’t cover infertility treatments. They spend \$1 to \$3.50 per employee a month for infertility-related costs.

The costs are likely about the same because patients without infertility coverage are more likely to implant more embryos, leaving their insurers to pay for more twins and triplets.

Some criticize paying for what amounts to a life choice when so many Americans lack basic medical coverage.

“That we’re arguing about access to infertility treatments and we have 46 million people without health insurance, that’s unconscionable,” said Dr. Michael Alan Grodin, director of the Law, Medicine and Ethics Program at Boston University.

But Joe Isaacs, chief executive of Resolve, said procreation is a basic life function and the inability to do so is a disease that should be treated as any other.

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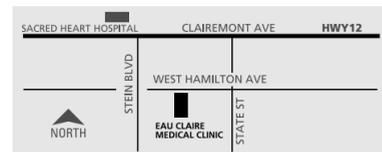
Dr. Sabbagh received his medical degree from Aleppo University School of Medicine, Aleppo, Syria. He completed a Research Fellowship at Emory University School of Medicine, Atlanta, an internship and residency at Cook County Hospital, Chicago.

Dr. Sabbagh completed a Fellowship in Pulmonary and Critical Care Medicine at State University of New York, Health Science Center of Brooklyn, Brooklyn, NY and had most recently been practicing at Hickman Community Hospital and Clinic, Centerville, Tennessee.

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