**Meeting of the University of Michigan Regents**

**Public Comment**

**November 21st, 2013**

“Thank you for the opportunity to speak to you today.

I am a graduate student in Molecular Cellular and Developmental Biology. I have been petitioning the University of Michigan to include coverage of fertility treatments after I was diagnosed with infertility in earlier this year.

As a biologist, I view my life and livelihood in Darwinian terms: my goal is to be successful so that my children can be successful and so forth to my grandchildren, just as my parents did for their four children. Getting a diagnosis of infertility made me truly feel like a failure to the human species.

I had planned to be a parent just as much as I had l panned to become a scientist- and each of those roles is equally part of my identity and feelings of self-worth. After my diagnosis, I started second guessing my past decisions: Why did I work so hard to create such a stable existence if not for the success of my own children? Why did I let the pressure of academia persuade me to wait so long to start our family? If we had only started trying right after we were married- maybe we’d already have a family by now.

In reality, there was really nothing we could have done about it. It’s an uncontrollable medical condition and who knows how long I have had it. My specific diagnosis is diminished ovarian reserve- meaning that there are many fewer eggs left than is normal for my age. The recommended and most successful treatment for this is in vitro fertilization, known as IVF.

But as a UM employee, there is no healthcare coverage for fertility treatments- not even lower cost options relative to IVF. We had to make this medical decision into a financial one. We have been forced to select the less costly treatment even though it is less likely to meet my needs. We have not been successful conceiving and at $3000 per try, this treatment is still incredibly expensive for graduate students.

Undergoing fertility treatments and financing them by yourself is a huge ordeal- emotionally, physically, mentally, and financially. I alternate between two states: being extremely hopeful that these less expensive treatments will work and then being completely devastated when they don’t. I am constantly looking for clinical trials that I could qualify for and I scour the Internet for cheaper fertility drugs. Embarrassingly, I even enter contests to try to win a free IVF. I try to figure out how we can move out of Michigan to a state or institution that covers IVF. I agonize over how many times should we keep trying the less expensive options before moving on to IVF? All the while, if insurance covered my recommended treatment, I could have had a successful round by now.

It personally hurts me that the university doesn’t cover treatment for this medical issue that affects such a basic human function- yet it covers other aspects of sexual health and family planning- like pregnancy termination, and adult sterilization.

Having coverage for fertility treatments would mean greater chances of success for those students who need assistance having children. It would allow them the ability to plan to have children during a good time in their academic careers. I’m not the only one who thought it was a good idea to start having children at this stage in their career. Half of the men in my cohort welcomed their first babies into the world in 2013. None of the women in my cohort have had children yet.

If you were unaware of this issue before today it is because in academia, women are told in any number of ways not to be open about their plans to have children.

This hole in our insurance coverage conveys that message. I have not shared any of this information with my colleagues for fear that they will no longer respect me as a scholar or that they will doubt my career commitment.

I am speaking about my infertility to begin an open, honest dialogue in the University community that will dispel the misperception that fertility treatments can be equated with cosmetic procedures, available exclusively to the privileged. Instead, we need to think inclusively about coverage for all people who require assistance getting pregnant.

Thank you for your time. “