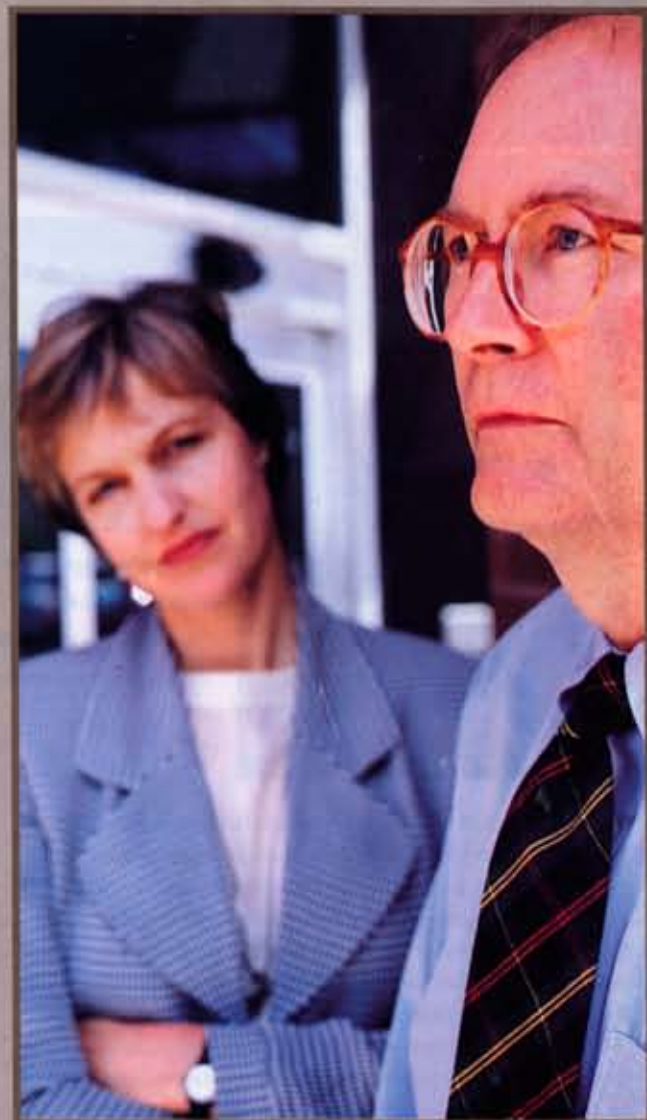


If it takes a village to raise a child—how many people does it take to conceive one?

What happens when the latest technology is applied to messy

human lives? *Laurie Abraham* talks to one fifty-three-year-old woman

and the medical establishment that held her fate in its hands



We Trust



On ice: Sperm is siphoned from a storage tank. Opposite page from left: the libertarian (Paul Kuneck), the moderate (Lisa Erickson), and "the redneck" (Bruce Campbell).

"HERE HE IS WITH THE SHORTS HALF-UNBUTTONED," Eileen Jenet* says, handing me a large photo of Vath Manivong*, the father of her infant son. This and a half-dozen other semiprofessional shots of a nude or nearly nude Vath, variously flexing his muscles and lounging against haystacks, are what Eileen chooses to show me when I ask to see what the father of the baby looks like. She takes a drag from her cigarette, carefully blowing the smoke to the side, away from the crib. "I told you he looked just like Jungle Boy."

Eileen isn't a wide-eyed teenager who somehow missed the multicultural-sensitivity trend. When she met Vath seven years ago, she was forty-six, a mother of four making ends meet with child support and rent from the basement and attic apartments of a fixer-upper she bought in 1980, just as her Minneapolis neighborhood began rapidly gentrifying. Vath, meanwhile, was barely twenty, a Laotian refugee working as a bag boy at a grocery store a short walk from Eileen's home.

Their romance began with a series of notes Eileen left on Vath's windshield: "Nice smile," then "Nice hair." Finally, she taped a quarter to a piece of paper: "Call me. I'm gaining weight with all this ice cream," (her excuse for a daily trek to the store). But before Vath had a chance, Eileen bumped into him on the street and cut to the chase: She invited him to dinner. "Bodybuilders need food," she told friends who marveled at how she she scored such a hunk, and before long, the two were living together.

From Eileen's perspective, things went well over the next five years: Vath and her grade-schooler, Jenna, clicked. He wasn't a criminal, like the girl's incarcerated "cat burglar" father, nor did he order Eileen around "like a dog" or dismiss her as "the blond," as the father of her middle two daughters had. (Eileen's eldest daughter, from her brief and only marriage, to her high school boyfriend, died of ovarian cancer at twenty-two.) In fact, Vath always called her by name—"Eileen, Eileen, Eileen"—"I'm a person!" she says, softening for a moment—and if anyone did the ordering in their relationship, it was she. Unflappable, quick on the verbal draw, Eileen became a kind of parent figure to Vath, whose own mother and father, struggling to survive in their new country, had left him in charge of his little brothers for years. And then there was the glossy, black, shoulder-length hair, the white-toothed smile that broke over Vath's face like a sunrise.

At forty-nine, Eileen had a miscarriage, which particularly disappointed Vath. Afterward, he kept telling Eileen he wanted his own family. "In his culture, a man's wealth is measured by how many children he has," Eileen says. So at fifty-two, she decided that the only way she'd keep Vath was to try to give him what he wanted. She'd clipped an article about a sixty-two-year-old Italian woman who had a baby with eggs donated by a younger woman, after her only son died in a car accident. "The technology is there," she told Vath. "Why not jump on it?" Vath didn't know much about IVF, but he *did* want to be a father—so why not?>

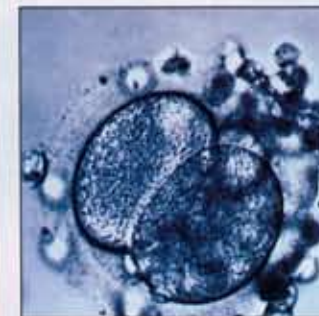


In Vitro



On a lighter note, the slim suit stands apart.

Stretch-wool jacket, \$1,051; and pants, \$563; thin wool shirt, \$418; Helmut Lang. Leather clutch, Hermès. Sunglasses, Polo Ralph Lauren Eyewear. Calf-skin oxfords, Coach. More info, last pages.



"The technology is there," Eileen told Vath. "So why not jump on it?" Above, a two-cell embryo.

THE U.S. INFERTILITY INDUSTRY—which has grown from thirty to 300 clinics in the last decade—hums with vexing ethical and moral questions: Are doctors, besotted with profits, treating couples whose chances of getting pregnant are almost nil? Do shoddy clinics inflate their "take-home-baby" rates? Or, similarly, do physicians implant too many embryos in women, raising the chances of pregnancy but also increasing the odds of dangerous, costly multiple births?

In-vitro fertilization—which, at its most basic, involves mixing sperm with eggs in petri dishes and transferring the resulting embryos to women's wombs—is outside medicine's usual system of checks and balances. There is virtually no government regulation of the field; and most insurers don't cover IVF and related procedures, so they can't control how they're used.

Infertility science's latest challenge to Mother Nature—and to our consciences—is to remove eggs from paid, usually anonymous donors and give them to women whose own supply is either of poor quality or nonexistent. One cycle of the treatment costs from \$10,000 to \$20,000, including roughly \$1,500 to compensate a donor for taking ovulation-induction drugs and allowing doctors to extract her eggs. (Which raises another ethical concern: Are donors fully informed about the possible link between the ovarian stimulants and cancer?)

This is the method that caught Eileen's attention, and, in the regulatory void, it's up to individual doctors to choose which patients are eligible for donor eggs. In Minneapolis, in fact, only one of a half dozen high-tech fertility specialists is willing to take women older than fifty: Paul Kuneck, MD, the medical director of IVF Minnesota. Kuneck didn't know he was the only game in town for women over fifty until the Minneapolis *Star Tribune* polled local doctors about their age limits; the paper was reporting on the widely publicized case of a California woman who lied about her age and gave birth to a donor-egg child at sixty-three. Kuneck's cut-off, he told the *Star Tribune*, was fifty-five, assuming women can pass rigorous medical and psychological tests, and where "the financial backing is appropriate, and the motivation is appropriate."

WHEN EILEEN AND VATH WALKED into the waiting room of Kuneck's clinic—traditionally furnished with upholstered arm chairs, dark wood end tables, and gilt-framed artwork—they raised a few eyebrows. "I would have bet eight to one that [they'd] never make it," Kuneck says. For starters, there was their obvious age difference, and the fact that they're an interracial couple (her heritage is Eastern European). Then, too, Eileen is flashier than the average well-scrubbed, coral-lipsticked Minnesota woman. She curls and sets her long, very bleached hair, and even now, when she spends the days at home in shorts and bare feet with her baby, she rarely lets a morning pass without applying black eyeliner and mascara.

Kuneck and his partners, Bruce Campbell, MD, and Lisa Erickson, MD, are subdued, earnest—more so than any of the other Minneapolis fertility specialists I met. No joking with the reporter, just long explanations of their practices that are alternately enlightening and obfuscatory. Kuneck may be slightly less circumspect than his partners: He has pictures of his two sons prominently displayed in his office, while Campbell and Erickson are more careful about advertising their fecundity.

Kuneck wasn't Eileen's first stop on the fertility circuit, however; St. Paul IVF specialist Jacques Stassart, MD, was. "With him, it was, 'You old bags are too risky,'" Eileen says in her inimitable fashion. Stassart's program had voted to draw the line at fifty after one fifty-five-year-old had such a difficult pregnancy that her insurer shelled out more than a half-million dollars by the time her twins were born. Nationwide, it's not known how many programs accept women as old as Eileen; a 1991 survey showed that about a third of them exclude those past forty, but that number is probably meaningless by now. In recent years, as doctors have realized that it's not an old uterus but old eggs that prevent pregnancy, most have begun offering the donor program to infertile patients over forty, whose chances of having a baby with their own eggs are in the single digits but are as high as 50, even 60 percent with donated ova.

Undeterred by Stassart's rejection, Eileen called IVF Minnesota, and the nurses steered her to Kuneck, as they do anyone past forty-five. "[Kuneck] will do anything, anyone," nurse Jan Vesledahl says knowingly. "That sounds terrible, like he'll take someone from Chicago and Lake [a rough part of town] just for the money, but it's not like that." What she means is that Kuneck is a

medical libertarian compared to his partners.

Campbell labels himself the "group redneck" (though you'd never guess it from his gentle, scholarly manner), and confines his practice to married couples forty-five and under. "Those are the folks I think bring most to parenting," he says. Erickson, who joined IVF Minnesota from the Mayo Clinic about a year ago, will treat lesbians and single women, but rarely takes anyone older than forty-five. "Somewhere, you just can't have an open door," she says, thinking out loud. "We obviously don't do donor egg in prepubescent girls. So there's a sensible limit at the other end, too." Infertility is "natural" for menopausal women, she says, but not for younger women.

Kuneck, on the other hand, gets almost passionate about "people's right to seek medical care," be they a "forty-seven-year-old woman looking at donor egg, or a single woman looking at donor sperm, or a gay couple." So while his partner Campbell worries about becoming a "medical prostitute," Kuneck speaks of having a hard time refusing older patients, "seeing as there are no national guidelines to say when you have to stop."

During Kuneck's first conference with Eileen and Vath, he reviewed the substantial medical risks of having a baby at her age. "He told me everything, like I could have a heart attack and die," Eileen says. Pregnant women over fifty are much more likely than

the gun-carrying couple." He'd mentioned several times that he refused the two women outright. "They scared the hell out of me."

The vast majority of donor-egg patients, at IVF Minnesota and elsewhere, are in their early to mid-forties. Many have repeatedly tried and failed with conventional IVF; others married late or for a second time, or weren't ready to turn their careers down a notch in their thirties. Yet not one infertility doctor, nurse, or psychologist I spoke with said he or she would automatically reject a patient who, like Eileen, wanted a child to keep a boyfriend around—"How different is that from Henry VIII?" asks Linda Hammer Burns, the part-time psychologist for Kuneck's program—but "extenuating circumstances" may persuade her that such a situation isn't unduly coercive.

Besides the conference with Kuneck and a battery of medical tests (including a cardiac-stress test for which Eileen trained with three-mile walks around the lake near her home), she and Vath also had to agree to meet with Burns's predecessor. But the doctors don't use "psychological screening" to separate good-parent material from bad any more than they use the information about patients' motivations. The people who don't make the psychologist's cut are seriously disturbed enough that Erickson, mulling over past rejections, remarks, "My resident had one patient who was barking like a dog."

Eileen and Vath took the MMPI, a written test that can detect

Eileen wasn't about to get shot down on the financing:

"It's cheaper than a new car, and everyone has a new car these days."

others to suffer high blood pressure and diabetes, Kuneck informed her. Though she'd been told to make out a will, Eileen wasn't impressed. "I figured God couldn't punish me for bringing a baby into the world." Plus, she reasoned, if the unthinkable happened, and she died, Vath could raise the baby. "That's why it's good to have a younger father."

Eileen wasn't coy with the doctor about why she wanted to get pregnant. "[Vath] wants his babies," she told him.

"If you really love each other," Kuneck responded at one point, "it doesn't matter whether you have any children."

"That's pretty idealistic," Eileen retorted. "Men want their own child, an extension of themselves." Kuneck gets nervous when couples say their future together depends on having a baby, but, ironically, considering Eileen's freewheeling references to "Jungle Boys" and "Suzy Wongs," it was the "cultural difference" rationale that won the doctor over. As Kuneck puts it, "For [Vath], with his religious background, they needed to have a child."

The truth is, while Kuneck and other infertility specialists may expound on "appropriate motivation" when controversial cases make the papers, they don't consider it their job to judge IVF candidates' parental fitness. Most doctors do set some basic criteria for themselves—like age limits or Campbell's "no lesbians" rule—but they're not sitting in their offices scrupulously sorting "good" parental prospects from "bad." "If I saw an abusive relationship, I might say, 'Look, I'm uncomfortable working with you two,'" Kuneck says. "An alcoholic relationship, same thing. But just the garden-variety relationship where you say, 'God, I can't believe these two are married,' I don't have the right to get involved." But Kuneck doesn't want people to take that the wrong way: "We are put in the position of at least saying certain standards have to be met; I told you about

mental illness, and saw the psychologist individually and together. She asked what was most important to them in a child.

"Looks," Eileen blurted.

"Health," Vath followed.

"I mean, you could have a lot of faults," Eileen explained, "but if you're a good-looker, you've got an easier way—you really do. Teacher's pet is always the cute one."

Why in the world would Vath want to saddle himself with a child, the psychologist continued, after having to tend to his brothers for so many years? "I love kids," Vath said. "That's why I went to college to try to be a teacher."

Then she asked Eileen if she'd considered the implications of having a child that wasn't genetically hers. "If I carry that baby and deliver that baby, it's my baby," she answered, unknowingly voicing the attitude toward parental bonding that psychologists like to hear. "Male looks predominate, anyway," she went on. "Especially with [Vath] being dark-skinned and brown-eyed, the baby will look like him. And, look, you can have your own biological kid, and he'll still look like Uncle Harry." (IVF Minnesota has about twenty anonymous donors available at any one time, and as it happens, Eileen's "Uncle Harry" point is very similar to one nurse Jan Vesledahl makes to couples who aren't satisfied with the minimal physical facts—hair, eye, and skin color—the clinic puts in the donor profile. "Do you know what your husband's grandfather looked like?" she says.)

Kuneck says his doubts about Eileen and Vath were calmed by the length of their relationship and by the psychologist's report. "She basically said, 'If you put prejudices aside, this is a strong, stable couple whose heads are screwed on right.'" But then again, Eileen didn't reveal every single detail of her life—which isn't uncommon, Kuneck and other doctors know, and explains why cases of pregnant >

sixty-three-year-olds pop up in the medical literature. Initially, Eileen had asked her then-eighteen-year-old daughter to be her egg donor, but because of the possible link between the ovulation-stimulation drugs and ovarian cancer, the IVF Minnesota staff ruled the girl out when they learned Eileen's eldest had died of the disease. As half-sisters, the girls weren't as genetically similar as the clinic thought, but Eileen didn't want to point that out. "Four kids by three fathers, they'd think I was unstable." Eileen also didn't disclose that she smokes—Kuneck tells patients he won't work with smokers—a major omission, since her age already put her at increased risk for heart attack during pregnancy. Finally, Kuneck asked Eileen about her finances. "I own rental properties, so the bills go up, the rents go up." In reality, there was only one rent by now, \$400 a month for the basement apartment, but the fast-talking Eileen wasn't about to get "shot down" on the financing. "[IVF] is cheaper than a new car," she told Kuneck. "And everyone has a new car these days."

Eileen says she wasn't questioned further about how she planned to pay for the treatment, not that anyone would have been shocked: She remortgaged her home—routine in the infertility



world. IVF Minnesota's staff did have one piece of information to suggest that Eileen wasn't firmly ensconced in the middle class: She was covered by the state medical-assistance program. But as long as Eileen could come up with the required \$9,500 down payment, that wasn't an obstacle for the clinic. "If a person comes to me who's on public assistance and says, 'My aunt died, and I've got \$7,500 to do IVF,' I would not have the ability to say no legally," Kuneck says. "That would be discrimination."

So seven months after Eileen first contacted IVF Minnesota, she was lying on an examining table, her open legs draped with a sheet, while Kuneck inserted three embryos through her cervix and into her uterus. For the last six weeks, Vath had given her daily shots of a drug that suppressed any lingering function of her ovaries, and she'd been taking estrogen supplements to prepare her womb for a child. The lighting was low, soft music was playing. "This isn't exactly the backseat of a Buick, is it?" Eileen cracked, breaking the mood the doctors set in hopes of making high-tech conceptions as meaningful as possible. Vath, who'd given sperm two days before to fertilize the donor's eggs, accompanied Eileen but barely muttered a word. Over her knees, Eileen could see him standing flattened against the wall, as far away from the action as he could be.

ONE NIGHT ABOUT TWO months into her pregnancy (the embryo transfer was a success), Eileen was asleep by the time Vath arrived

home. Stripping off his clothes, he slid into bed and put his arm around her. "Do you have a condom?" Eileen spat. "I don't know where that thing's been."

That, as Eileen and Vath tell it, was the beginning of the end. Sometime during the six months between when Vath impressed the psychologist with his commitment to Eileen and when he masturbated into a cup, he'd begun to question whether he wanted to stay with a woman twenty-seven years his senior. "We weren't on the same speed in sexual ways," he says, groping to explain his disaffection. "You know, I want it every day, or whatever, you know, and she's—I love her, I still do—but it just wouldn't work out." He could have called a halt to the infertility treatment, but he never considered it. "I had my heart set on having a kid," he says.

Proving once again that truth is stranger than fiction, Vath inherited \$300,000 and a house three weeks after the embryos were implanted. The windfall wasn't unexpected; he'd befriended an elderly man at the grocery store several years before, and as the former college professor became increasingly ill, Vath moved in to care for him and discovered he'd been named in the will.

"She wanted me to sell the house and put it in some investment and live off the interest; I wanted to get into business," Vath says now, with an immigrant's entrepreneurial zeal. He's at the wheel



of his new white Pathfinder. "You can't make money working for somebody else. I want to be my own boss." No longer clerking at the supermarket or taking classes, he'd just emerged from his first business acquisition, a small flower shop, balancing a bucket of brightly colored carnations on his head.

Eileen doesn't dispute Vath's version of events. "Most fathers, they're buying baby clothes, fixing up the nursery, buying the crib, the carriage—there's been none of that," she complained the night she accused him of sleeping around. "I've been too busy with [the estate]," Vath protested.

"Enough said," Eileen replied. "I can raise this baby by myself. I've done it before, I can do it again."

The next day, Vath decided to stay in his deceased benefactor's home for good. "I got tired of hurting her," he says without irony.

Vath stopped by every day until almost the third month of Eileen's pregnancy to give her progesterone injections, which helped build up the lining of her womb. "What have I done?" Vath wondered as he plunged the needle into Eileen's buttocks. Eileen's legs swelled, she developed jowls, and a mild but reversible case of diabetes. But overall, says Virginia Lupo, Eileen's obstetrician, who specializes in high-risk pregnancies at Hennepin County Medical Center, >

she did "extremely" well. "Your heart pumps 50 percent more blood when you're pregnant. Fifteen-year-olds can do that easily; a fifty-three-year-old with a thirty-eight-year, pack-a-day history of smoking who is still smoking, that's a whole different story. It wouldn't have surprised me if she had had a heart attack during that pregnancy."

About noon, one week before her February 25 due date, Eileen began having contractions. She gathered a few things into a bag, took the bus alone to the hospital, and twelve hours later gave birth to a healthy, seven-pound baby boy by cesarean section.

IT'S THE BEGINNING OF JUNE, and Eileen is sitting in her sunny kitchen, reviewing the vital statistics of her son's donor-mother. Race: caucasian. Hair color: blond. . . . "She had a college education; I didn't realize that," Eileen says when she reaches "high school + four" on the fact sheet. Her nonchalance toward the "education" category would probably give the IVF nurses a kick; they're used to prospective parents grilling them on their donor's intelligence. "You're going to be so smart," she coos to Janus*, who's nestled in her arm, and who has his father's dark features, as Eileen predicted he would.

Eileen and the little boy spend most of their time in the kitchen, which is outfitted with a playpen, or just outside on a blanket in the grass. "Oh baby, there's nothing in there, but you're welcome to it,"

"I got the prize: the baby. And I've got a sperm donor who has to give me money every month. Such a deal!"

Eileen says as the baby starts to fuss. She pushes up her shirt to breast feed. "I'm the human pacifier." She laughs, and looks up. "This relationship with Vath, you can't say I didn't give it my all, and then some." She reaches up to pat at her head, a habit she's developed since clumps of her hair started falling out, a side effect of pregnancy. "He said [a child] is what would be missing in his life, so I said, 'Okay, I'll fix it, I'll fix it.' It didn't work."

Vath pays Eileen \$500 a month in child support and drops by between flower deliveries to visit his son. He says he feels guilty about what's happened, but also acts as if the extraordinary course of events was beyond his control. "If [a relationship] doesn't work out, that's the way life is. I believe in destiny." He recently invested in another business, a janitorial service, and says his pursuit of wealth is only a means to an end. He was fated, he says, "to help a lot of people," including his son, Eileen's daughters (whom he says he'll give jobs), his mother, even a friend of his mother's on welfare. "I'm from a different culture, and as long as you provide financially for your kids, you're okay. You ever read that book *It Takes a Village*? It's true. It takes a village to raise a kid."

While Eileen admits fleetingly to being "heartbroken" by the breakup, she's a "tough old Polack," one who gets what she expects from men, which is very little. She repeatedly tells me how she responded to a friend who asked if she felt stuck by her situation: "No, I got the prize: the baby. And I've got a sperm donor who has to give me money every month. Such a deal!" She laughs.

Eileen hasn't yet decided whether she'll tell Janus he's a donor-egg child, but spending hour upon hour with the two of them, it's hard to conclude that she's anything other than a devoted, affectionate mother. As her obstetrician, Lupo, observes, "She's real comfortable, not paranoid. Some people get into the pregnancy experi-

ence and never think about having a baby at home. But she was always thinking about the little kid in diaps."

Despite Lupo's enthusiasm for Eileen's mothering, she is so disturbed by the ease with which a woman her age (and with her cardiac risk) can qualify for IVF that she's taking the matter before the ethics committee of the county medical society. "My issue with this whole thing is that in vitro is an unregulated procedure in the U.S. The only thing driving it is money."

Lisa Erickson, too, is concerned about the medical risks older women run. Others, like Bruce Campbell, are more worried about the future of children born to older women. "I'm happy to give the woman autonomy," he says, "but we've got this innocent third party who has no advocate. And it gets into weird metaphysical questions: Is someone better off not being conceived or being conceived into a situation where their mom might die when they're seven? Do you want your ten-year-old to worry about nursing-home care?"

Both Campbell and Erickson are willing to give donor eggs to cancer patients in remission, despite their diminished life expectancies and increased pregnancy-related medical risks. And there are plenty of grandparents raising children; and Tony Randall was a dad at seventy-seven; and, as Lupo says, "Around the time [Eileen gave birth] there was an item in the *Star Tribune* about a twenty-five-year-

old who killed her three-year-old. I look at Eileen, and I think she's probably gonna be around for a lot longer than three years and she's going to give that kid wonderful love."

The same kind of ethical dilemmas arise when one asks whether Eileen and Vath should have been denied IVF because of their less-than-solid relationship or their financial tenuousness. "If you go to adopt a child at [religiously affiliated] agencies," Lupo says, "you must belong to a church, you must be married X number of years, you must have a separate room for the baby. There are rigid sets of criteria that a number of moms delivering at this hospital wouldn't meet."

That last point is the key one, say those who argue against using the same standards for IVF as for adoption. The difference between the two is that with adoption, the child isn't biologically connected to either parent; with IVF, he is, writes feminist lawyer Lori Andrews. "Traditionally, society has considered that biological tie sufficient indication of parental merit to let a person reproduce without prior restraint." Or, as Andrea Braverman, the chair of the mental health professional group of the American Society for Reproductive Medicine, says, "Just because someone is infertile does not make them any more suspect in terms of being able to parent than somebody who can go out one night and—oops—get pregnant."

The upshot, then, is that where technology leads, some doctors—and patients—will follow. In other countries, such as France, only premenopausal women are allowed to use donor eggs, but here, infertility treatment is a part of a woman's reproductive freedom, says University of Minnesota ethicist Jeff Kahn, Ph.D. "Not that this is a great parallel, but look at abortion. We've said for women who can pay for it, it's between them and their doctor. We don't ask people their reasons for having an abortion."

The ethics committee of the reproductive-medicine society >

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"discourages," though doesn't rule out, post-menopausal pregnancy, and most infertility experts say implanting donor eggs in the over-fifty set isn't worth fretting about because only a handful of women will ever opt for it. But then who would have imagined that we'd become blasé about sperm donors and surrogate mothers or, for that matter, heart transplants and nose jobs? And while there indeed may be only limited demand for strangers' eggs, fertility specialists predict that in a few years women will be able to freeze their own eggs when they're twenty, and thaw them when they're ready for a baby—a technological advance which resets the biological clock and can't help but reignite the debate about older mothers.

Assuming that the decision about who gets donor eggs remains in doctors' hands, it's hard to think of a better alternative to selecting prospective parents than IVF Minnesota's approach. Many inside and outside the fertility community think *all* patients should see a psychologist, not so much for screening as to give them a chance to discuss the emotional toll of IVF, and whether they're truly prepared to become parents. But apart from that, do we really want Kuneck to act like a child-custody judge empowered to prevent people from having children? Do we want Campbell, who already refuses to work with single women and lesbians, to poke around couples' lives to see if their parenting standards match his? Fundamentally, do we trust MDs to decide who makes a good parent any more than we trust ourselves?

One of the strangely sad aspects of infertility treatment is that after women get pregnant, they are referred to obstetricians, and Kuneck, Erickson, and Campbell may never lay eyes on them again. The infertility specialists are apprised of births (or miscarriages), but they usually have no idea what happens to the families they help create.

"Do you think Kuneck would want to see the baby?" Eileen asks me.

Sure, I tell her. He proudly had showed me a letter from a grateful couple, and Dr. Erickson keeps a scrapbook filled with baby pictures she snaps when couples return to show off their kids.

"Aww, forget it," Eileen says. "They probably see too many babies, anyway."

* These names have been changed.

(McDougal, continued from page 116)

Mark Geragos made his motion regarding the subpoena served on Kenneth Starr. Judge Flynn declared it valid and ordered Starr to report to his court on May 27. There was jubilation among McDougal's supporters: Starr would finally be called to task. Three days later, Flynn rescinded the order.

In June, she was moved, to a maximum-security facility in Pasadena called "Twin Towers." According to Bill Henley, she is locked in a glass-enclosed cell so she can always be seen. The cell has an intercom for her to call out, but the guards sometimes turn it off. She is locked down twenty-three hours and forty-five minutes a day.

On July 16, Democratic Senator Robert Toricelli of New Jersey presented the details of Susan's incarceration on the Senate floor. "I don't know Susan McDougal, and I confess I don't know a great deal about the Whitewater case," he said, no doubt voicing the confused feelings of many Americans. "I rise today . . . to talk about justice. This is a barbaric set of circumstances that is indefensible and gives rise to the question of whether or not Mr. Starr's investigation is being led by someone who seeks justice or is driven on the personal destruction of individuals to vindicate himself and his own investigation."

Four days later, the ACLU of Southern California entered the fray, supporting Susan's assertions regarding her treatment in jail and the illegality of her incarceration.

At press time, pretrial hearings for the Mehta case were scheduled to start the week of August 20. It's going to be difficult, at this point, to find jurors who don't have preconceived notions about Susan McDougal. Harder still, will be assembling the highly complex relationship between Mehta and McDougal. What's ironic, of course, is that even if Susan's appeal of the Whitewater convictions fails, and even if Susan is proven guilty in the Mehta case, it's Starr's reputation that is taking the hits: Whatever debt Susan owes, the punishment she has endured seems to be more than payment in full. Michael Kennedy believes that, ultimately, Starr has been his own worst enemy. "He has destroyed his one credible witness," Kennedy says. "America doesn't believe tortured testimony." □