

October 15, 2019

Hi Barbara,

I hope you are doing well too. I think we met at ASRM 2016. Time really flies, doesn't it?

Thank you for sharing the rationale for denying Sacred Heart Guardian and Shelter (SHG)'s participation at the 2019 RESOLVE Midwest Family Building Summit. I respectfully disagree with your statement that SHG's information and services do not fit this audience, as they are "just starting out in medical treatment or exploring their options with adoption or third party reproduction."

My understanding is that RESOLVE's goals are to support a community of people suffering from infertility and to provide information about available "family-building" options, one of which is IVF.

People exploring their options want and deserve objective, balanced information. They put their trust in patient advocacy groups to highlight information that may not be clearly presented by their fertility clinic. And with IVF, there are things that become clear to patients only at the end of the experience. We have a chance to illuminate certain truths early on, truths that the patients will eventually come to realize. We can help them not have to say: "I wish I had known," or worse, "why didn't someone tell me?"

Although the clinical goal of a fertility clinic is to help women achieve pregnancies, clinic staff may not fully address the agent of that pregnancy: the *embryonic human being*, with their patients. However, it is critical that this discussion does happen, and that its timing is prior to the start of an IVF cycle.

Your conference provides an opportunity for people to hear, digest and reflect on certain facts in a way they likely can't do when sitting across from the doctor or IVF coordinator. Believe me, I understand that these facts are not easy to share or to hear, but if we truly want to do good, it is our responsibility to provide objective, balanced information about IVF, including that:

- Each embryo generated by IVF (aka fertilized egg, 2PN, zygote, morula, blastocyst) is a unique, living, **human being**.
- The likelihood of an embryo (zygote) surviving from fertilization to birth is roughly 7.5%. (Tucker, Levy et. al, 2010).
- Embryos die in the lab due to:
  - Self-arrest
  - Lab *discard*\* per grade, PGD or PGS
  - Technical malfunction, human error (e.g., Ohio, California)
  - Failure to survive cryopreservation freeze or thaw
  - Patient-elected disposition of so-called "excess" embryos (donate to research, thaw and *discard*)
- Human error may result in embryos being created with incorrect gametes.
- Human error may result in embryos being transferred to the incorrect recipient.

\* "*Discard*" involves removing a living human embryo from either the incubator or cryopreservation, waiting until cell movement and division has stopped (death), and disposing of it as medical waste.

Furthermore, people considering IVF should feel empowered to:

- Ask any question without embarrassment.
- Direct their doctor or embryologist to limit the number of embryos generated.
- Request burial for any embryos that die in the lab.

I hope that you will reconsider SHG's participation at this year's conference. I know it is fast approaching; please let me know if this is still a possibility. If not, I hope you will consider us for 2020. I would also be grateful for your/RESOLVE's responses to my points raised above.

Sincerely,

Laura

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