The Orphan Ranger

The New Yorker

July 17, 2000

ANNALS OF PARENTHOOD

THE ORPHAN RANGER

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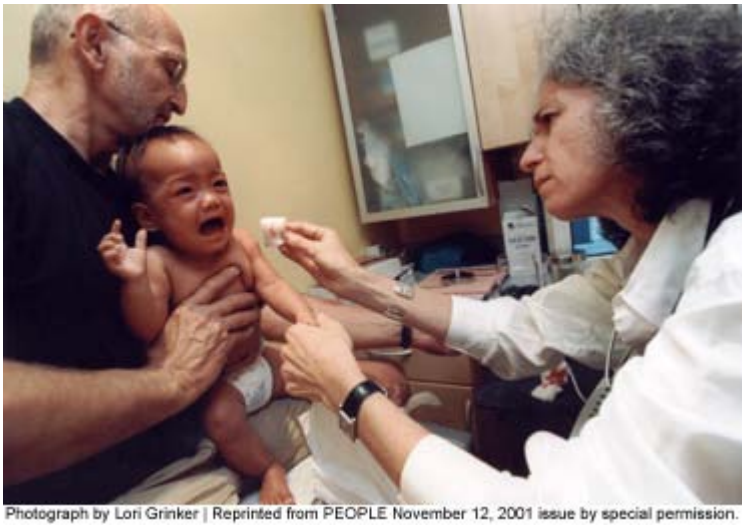
In the half-dark of a small Greenwich Village living room crammed with lithographs, woodcuts, and books, Dr. Jane Aronson sat watching videos until well past midnight. She snapped the cassettes in and out of the VCR and made notes on a legal pad. Each film, which lasted between three and four minutes, had been inexpertly made at an orphanage in Russia or Eastern Europe and featured a child available for adoption. The films had been sent to the doctor by prospective parents who were being asked by an adoption agency to make up their minds: yes, we want to take this child, or no, we cannot.

Aronson founded a clinic at Winthrop-University Hospital, in Mineola, New York, called the International Adoption Medical Consultation Services, in 1993, but has recently moved her medical practice to New York City. She has a lanky build and a handsome, aquiline face. She was dressed in a loose-knit sweater, khakis, and boots; her hair, an unruly salt-and-pepper, had been released from the long ponytail she wore at work. It had been a frustrating evening. In the first video, a baby girl, on her back in a crib, began to cry. Was she going to be inconsolable or easily comforted? Would she hold her head up with nice muscle tone? There was no way of telling because the tape ended. In the

next video, a little boy seated at a small table was invited to place bright-colored plastic rings in order of size on a plastic base. With great caution, he chose the wrong ring. The thick, bare arm of a caregiver reached across the table, snatched the ring away, and shoved the correct ring into the child's hand. He lifted it onto the base. Then he very slowly reached for another ring, also the wrong one. The caregiver grabbed the correct ring and placed it on the base herself, then added another and another, until the task was completed. End of tape. "Oh, for the love of God," Aronson said.

In each video, Aronson hoped to see the child play and interact with others, so that she could look for syndromes that can afflict children who have been institutionalized. Some types of psychological damage are impossible to discern on a short video, but Aronson could observe the child's social, motor, and language skills. She also wanted to see close-ups of the face, in order to rule out fetal alcohol syndrome. After viewing each tape, Aronson put on a pair or rimless eyeglasses and read the medical file that came with it. Russian medical reports tend to be filled with bizarre diagnoses, such as "pyramidal insufficiency," "neuroreflex excitability syndrome," and "seizure readiness syndrome." These terms have no Western equivalents or eipdemiological foundations. Yet they cannot be dismissed entirely, since Russian doctors have seen the children and American doctors have not.

With these slivers of information, Aronson will phone prospective parents and give them her impressions, which are based as much on intuition as they are on science. For that reason, she never recommends that a family adopt or not adopt a particular child, though some of her clients press her for this guidance. Rather, she calibrates her conclusions as "average risk," "mild risk," "moderate risk," or "extreme risk." She does not have a "no risk" category.



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Four years ago, Aronson's office in Mineola received a video from a prosperous Manhattan couple in their late thirties, whom I'll call Maureen and Skip Rossi. They both worked in the financial industry and were good-looking and athletic, with a close circle of friends. They'd been married for six years and had struggled with infertility for two years before turning to adoption. They registered with a West Coast agency and in June 1996, received a manila envelope containing a medical report, photographs, and a video of a fourteen-month-old boy living in an orphanage in Vladivostock, in the Russian Far East, near the Sea of Japan. They had hoped for a younger baby, so at first they left the envelope, sealed, on their dining-room table. "I didn't want to see a boy's face and have it in my mind and then not accept him," Maureen later explained to me. "We were educating ourselves, and knew that the longer the time in an orphanage the greater the risks," Skip added.

Two days later, they finally opened the envelope and beheld a pale, pathetic child sitting on a small chair in the middle of a room. His name was Seriozha. He had scant hair, and his forehead and scalp were stained with a blue antiseptic. The videotape of the boy was only about ninety seconds long, and "the camera was all over the place - floor, ceiling, walls, Skip said. "Some people say you look at a child and think, 'Oh my God, this is the child meant for me!'" Maureen said. "It didn't happen that way for me. You're looking, you're thinking, Is this my child?"

He wasn't walking, Maureen recalled. "His fingers seemed to go at an angle, and he had a sad, sad face, emotionless, blank." "He played with a toy and made a noise," Skip said. "We watched the tape often and started becoming attached." The Rossis did not show the tape or the photos to their family and friends. On the advice of a social worker, however, they telephoned Dr. Aronson. The clinic that Aronson established at Winthrop is one of about a dozen facilities that have sprung up around the country in the last ten years to treat orphans from overseas. Typically, the clinics offer a range of services, from pre-adoption consultation and primary-care pediatrics to sub-specialty referrals for myriad health issues, which include infectious diseases, developmental delays, and - in the case of children who have been institutionalized for long periods - psychological problems. Aronson and her colleagues in this new field have petitioned the American Academy of Pediatrics to become an official section. They are part of a social experiment that is without precedent, as tens of thousands of children from institutions in foreign countries are moved into loving families.

The first large group of these children arrived from Romania between 1990 and 1994 and included a small but significant percentage of kids who were too damaged to be reclaimed simply by food, love, and security. So the pressing question for families who set out to adopt from abroad is: Can you assess the harm done to a child by life in an institution, and can you treat that child? The new adoption doctors are finding that the answer to this question can be surprising and counterintuitive.

In 1999, American families adopted a record number of children from abroad, more than sixteen thousand, from ninety-four countries; the majority of them came from Russia and China. During the last decade, the landscape of international adoption has changed as radically as that of conception and pregnancy, and for some of the same reasons: new technologies and shifting social mores have allowed prospective parents to get involved in selecting the child - a process that used to be the exclusive domain of the adoption agency and the orphanage director. Perhaps two-thirds of adoptive families still register with an agency, then wait months, or years, for a "referral" - the notice that a particular child has been assigned to them. But a growing number of families have begun to exert more control over the process: they browse for photographs of children on the Internet, which now features hundreds of adoption sites; they investigate more than one child at a time; and they insist on videos and medical reports. However, the ability to shop around and the right to say no can force prospective parents to confront their deepest values. If they are told that their referral represents extreme risk, they may react like an expectant couple receiving bad news from an amniocentesis, agonizing over the consequences of rejecting the child whose video they have watched. (Agency social workers say they usually do not learn the fate of a child once a referral is declined.)

When Dr. Aronson looked at the video of Seriozha, she told me later, "I saw psychomotor retardation and the small stature typical of a depressed child." Seriozha had a "sad, withdrawn, painful look," She recalled, yet in her judgment his adoption was only a moderate risk. "Do we get a thumbs-up here?" the Rossis asked Aronson, and she gently replied, "You know I don't operate like that." "She felt she saw enough," Skip said. "There were concerns, there were delays, but it was basically a good referral."

After two months, Maureen said, "We chose to accept the referral, though we were afraid, knowing he had delays." In September 1996, Seriozha was cleared for adoption, and the Rossis told everybody. "It's a boy!" Still, they withheld the pictures. "We didn't want to scare them," Skip said.

In October 1996, Skip and Maureen met at a restaurant after work to celebrate Seriozha's eighteen-month birthday. They'd bought a book for him and inscribed it at the table: "We longingly await your arrival. Love, Mommy and Daddy." "It was the first time we'd use those words," Skip recalled, "and then Maureen mentioned something to the waitress about a birthday, and they brought us a little cake with a candle and Maureen began to cry a bit. That's when I realized, This is real, this is our son." About a month later, the Rossis received word that Seriozha was in the hospital. A new set of photos arrived, and they were even more alarming than the ones from the summer. "He was so frail," Skip said. "They said it was bronchitis. By now, he was part of our family. My reaction was 'My God, this is our son, he's sick, someone has to help him! I just wanted to go get him!"

Dr. Aronson said, "Every video we received over a six-month period was more

excruciating. His eyes were completely empty. I was distressed about him, tortured about him. I remember thinking, He's come this far. He's a survivor. But he looked dreadful." "We had wanted a healthy child," Maureen said. "From the time we got the referral, there was this mixture of hope and fear: Will this child ever by normal? Will the delays follow him for years? I don't think I slept for years: from infertility to 'Is adoption of an institutionalized child the right answer?' to 'Is this the right child?' to 'O.K., but what will our quality of life be?'"

On the wall behind the desk in Aronson's new office in Manhattan is a framed sepia photograph of a group of Plains Indians on horseback. Her great-uncle, Dr. Joseph D. Aronson, was a renowned tuberculosis researcher who treated Native Americans in the nineteen-thirties. After she earned her medical degree, in 1986, Aronson worked for a time in the Navajo nation before pursuing a specialty in infectious diseases. "The first time I got involved with an adoptive family, in the early nineties, they struck me as so desperate for information," she said. "There was a kind of intimacy and creativity that came into the work. When I'm in the room with these families - all these different personalities, different stories, people feeling abandoned by the forces that be, because of infertility, and now they have a child - I'm singing inside."

During the late nineteen-nineties, Aronson made seven trips abroad, to Russia, Romania, Bulgaria, and China, and in 1997 she launched a program called Orphan Rangers, in which graduate students and health-care professionals work in overseas orphanages, in an effort to document and improve conditions. The members of the program have observed that the quality of care can vary greatly from one orphanage to another, and even from one child to another. The sunny baby with a crib near the door may get far more attention than the dour child at the far end of the room.

Aronson has also discovered that prospective parents can have very different reactions to the unsettling process of evaluating a child. Some - already in love with a photograph or a video - want a rubber stamp for their decision, and are outraged if they don't get it. "There are families who can't, or won't, listen to the risks," she told me. "There will be a very, very premature infant, and I'm busy explaining all the possible issues, and they ask, 'What kind of risk is it?' 'Well,' I'll say it could be compared to jumping off the Empire State Building without a parachute.'" Some have been encouraged by their faith or by a religion-based agency to regard their referral as divinely directed. But those who consider turning down a referral are often morally stricken. A significant number of families who refuse one referral decide not to adopt at all.

On the other hand, some prospective parents request six or eight referral videos, and send them to half a dozen adoption doctors. "I was humming along the other night," Aronson said, "watching videos, calling parents, and then I hit a couple in what I call the Bloomingdale's frame of mind. They were nitpicking. 'Did you think her ears stick out too much?' they asked me. I've had people comment on the color of a child's skin, on the

slant of a child's eyes, on the shape of a baby's lips. I once said, 'This isn't a shopping mart, you know.'"

Part of Aronson's irritation arose from the fact that she herself longed for a family. "I'd be in orphanages in Russia, and I'd see a kid I was just crazy for," she told me. "I felt it physically, the pain of being face to face with children who were available and nobody else wanted them." As a young girl, she dreamed of having children. "I saw myself in a big brownstone in Manhattan, with lots of kids, being a doctor and walking my kids to school," she told me. Adults were charmed when she announced that she wanted at least three children. But, as she grew up and gradually came out as a gay woman, reactions changed. "'Oh,' people would say, 'I didn't think you'd want that,'" she explained. "That was the reaction from gay as well as straight friends." Over time, she said, "I came to believe I wouldn't be a good parent because of how I conducted my life - it was all about perfectionism. I was afraid I would be too judgmental. I came to believe I'd be better as a professional taking care of kids - in medicine, my perfectionism was appropriate."

In December, 1996, when Seriozha was twenty months old, Maureen and Skip, in the company of five other American couples, flew to Seattle, then to Anchorage, and on to the Russian Far East. After twenty-four hours of travel, the couples landed in Vladivostock. "It was run-down, war-torn-looking, dismal," Maureen said. First, the families appeared in court to adopt the children, and then were taken to meet them.

On Christmas Day, under gray skies, the group made its way across ice and mud in the cement courtyard of a dirty brick building, and into the orphanage. There, everyone was asked to wait in a large central room. "As each child came out, I started fearing I wouldn't know what he looked like," Maureen said. "Suddenly, in walks Seriozha! Oh my God, I recognized him. I put my hand out and he took my finger and Skip did the same. I picked him up. I was crying. After all these months, it was unbelievable. He didn't smile, showed no emotion. He had a very narrow face, almost no hair, very pale, no expression."

"He seemed unsure of us, understandably," Skip said. "He tried to go back into his room at one point; he got up, walked across the room, and walked right into a piano, kind of bounced off, and kept going." The Rossis were permitted to visit Seriozha during the next three days, and they were increasingly optimistic. "On the second day, he sat in our laps," Skip said. "There was a toy with big plastic rings - he took one off and gave it to me. He was lethargic, very tired, very sad. But on our third visit, New Year's Eve, the caregivers were all having a party and we were able to stay a long time. It was the most fun yet." The Rossis returned to the States to wait until the adoption was finalized. It was a hopeful, happy time. They eagerly showed Jane Aronson a tape that they'd made of their visit. "She kind of put the kibosh on it," Ship said. "She brought us back to reality, pointing out how really lethargic and sad all the kids seem."

Aronson and her colleagues understand how much is at stake when they speculate about a child's future. They rely on probabilities, then pray to be proved wrong. Doctors know, for example, that a child tends to lose about a month of growth and development for every three months spent in an institution, but they are often delighted by how quickly adopted children catch up. Doctors also know that low birth weight, prematurity, small head circumference, eating disorders, and prenatal exposure to alcohol, drugs, or cigarettes are all risk factors for developmental disability; poor eye contact, rocking, self-injury, aggression, and hyperactivity can signal behavioral problems. These doctors have observed cases in which a child taken from an institution fails to bond with a new family and remains hostile, even dangerous, to it. Yet many of the alarming behaviors seen in orphanage children disappear within months of adoption, or respond to therapies. "I believe so deeply in the intrinsic mysterious core of an individual," Aronson told me. "There are locked-up secrets in these children, in the core of their being. I believe there are parents who can unlock them, who relish the challenge and the opportunity."

It was a small, determined group of Americans with Romanian children who in the early nineteen-nineties forced American medicine to deal with the problems of post-institutionalized kids. In 1993, an Atlanta real-estate executive named Lois Hannon, along with her husband, adopted a three-year-old girl, Juliana, from a Romanian orphanage. Now eleven, Juliana is the Hannons' only child. She has shiny straight black hair and a pretty face, but her growth is stunted; she rocks and grimaces; she has never spoken and is not completely toilet trained. Cognitive tests put her at three yeas of age.

Juliana has variously been diagnosed as having "post-traumatic stress disorder, pervasive development disorder, institutional autism, brain injury," Lois Hannon told me. "She fits a lot of categories. But the bottom line is that she's a kid who spent three years in an institution." The adoption agency had assured Hannon that love and time would cure Juliana. When that turned out not to be true, Hannon and Thais Tepper, another parent of a troubled Romanian child, founded the Parent Network for the Post-Institutionalized Child, which maintains a Web site, publishes a newsletter, and sponsors regional conferences. "The Parent Network has helped us understand how complex these children are," said Dr. Patrick Mason, a pediatric endocrinologist, who in 1996 co-founded the International Adoption Evaluation Center, now located at the Marais Institute, in Atlanta. "The only reason I'm doing this work is because of Lois Hannon and Juliana."

Aronson, Mason, and their colleagues are building on a worldwide body of work that began in the nineteen-forties and nineteen-fifties with the observation of orphanage children by such pioneering researchers as Rene Spitz, John Bowlby, and William Goldfarb. Until then, the vast majority of babies surrendered to orphanages died in infancy. It was only with the development of better infant formulas, medical quarantine, and antibiotics that children began to grow up in institutional settings. But they did not thrive. Researchers began to document developmental delays and behavioral problems,

which ultimately persuaded child-welfare authorities in both the United States and Canada to phase out large group homes and move toward foster care.

The orphans who began to arrive from the Eastern block presented American doctors with problems not seen in this country for many years. A few clinics that treated the children of international adoption had existed since the late nineteen-eighties; the first of these was founded by Dr. Dana Johnson, the chief of neonatology at the University of Minnesota, after he had adopted a baby from India. But these clinics deal primarily with infectious diseases such as hepatitis and tuberculosis. The situation changed with the arrival of the children from Romania, who had experienced severe neglect and, as a result, suffered from an array of psychological and developmental problems.

In January of 1997, the Rossis returned to Russia to bring Seriozha home. "When we got back to the orphanage," Maureen said, "he took one look and turned around and tried to go back to the bedroom. We followed him and took him back to the central room and tried to change his clothes. He started screaming. It was very unsettling. He was frail, but also strong. We were struggling to change him - it was one of the hardest things I've ever done. We wrestled him to the floor trying to get these new clothes on him, and a girl from the agency kept interrupting with helpful remarks, and I finally turned on her and said, 'Is there something you need from me right now?' He screamed as we put his snowsuit on and screamed as we left the room, but quieted down at the first step out of the orphanage, and slept in the car on the way to the hotel."

The next three days in the hotel were wonderful, Maureen said. "He slept through the night, slept late. We just sat there watching him, wanting him to wake up so we could play. It was blistering cold outside, the windows frozen, no telephone, no TV, three days of bonding. He started laughing." On the ten-hour flight to Moscow, however, Seriozha was transformed. "We were supposed to give him a lollipop for take-off," Maureen said. "As we accelerated, I took it away from him and he freaked out. He threw a forty-five-minute, bloodcurdling, screaming tantrum. He was like a terrified wild animal, arching his back, banging his head on the ground, biting his fingers. Onlookers were horrified. People kept trying to talk to him in Russian, making him scream louder. They tried to tell us what to do, in Russian. We had him strapped into the seat. They said, 'Unstrap him!' so we unstrapped him, but he was hurting himself. They agency staff person on the plane said, 'There must be a pin in his clothing sticking him! I've never seen anything like this!' He finally calmed down, but we couldn't relax, couldn't sleep for ten hours."

"Our social worker had give us so much literature, so many scary stories, while saying ninety per cent of the adoptions didn't turn out like that," Skip said. "Suddenly, we're thinking, Our worst fears have come true. We're in the ten per cent." They spent the night in Moscow in despair. "Two of the American couples had children at home," Skip said, "and we'd all been looking to them for advice. One of the hardest things was seeing how taken aback they were by Seriozha's behavior. They tried to be nice, but we could see

they felt sorry for us." At 3 a.m., exhausted, the Rossis decided to phone Aronson in New York. "She was very systematic, very matter-of-fact, which calmed us down," Skip said. "'Take a breath, let's go through this: Does he have a fever? Is his nose running? Is he eating?' She was so calm and unafraid. She said, 'Here's the plan: As long as you're travelling, he rules. When you get home, you'll make things right.' So we said, 'O.K. He rules.'"

"The next morning, we let him carry a pepper shaker out of the restaurant," Maureen said. "One of the Americans said to us, 'Are you crazy?' But we were too afraid to try to pry it away from him. I did a little dance with him in the lobby, leaning this way and that way, trying to empty the pepper before he got it into his eyes." On the three-hour flight from Moscow to Copenhagen, Seriozha was calm, but the moment the Rossis entered their hotel room something set him off again. "We couldn't leave our room," Skip said. "We called Dr. Jane again, from Copenhagen. She was very calm and took us through the list again. 'Is he hurting you? No? Good. Don't let him hurt himself.' It comforted us to hear her voice. "The next day, we had to get on a ten-hour flight to Newark," Skip went on. "We were petrified." An hour and half away from Newark, Seriozha had another tantrum. "We crawled into a little alcove at the back of the plane," Maureen said, "and he was screaming and flailing. Skip pinned his arms and legs, and then he bit Skip."

"The look in his eyes was absolute terror," Skip said. But, he added, "I never said to myself on that trip, 'We made a mistake.' I came close to thinking it, but I never got there. At that point, we were trusting in God that we were trying to do a good thing, that we were doing the right thing." When the Rossis arrived in Newark, a welcoming committee of family and friends was there, but they wouldn't let anyone get near Seriozha for long. "That was a Sunday night," Skip said. "On Monday morning, we had him in Jane Aronson's office." Seriozha threw a tantrum in Aronson's office. His parents were thrilled. "Now someone knew, there was someone we could talk to," Maureen said. "We couldn't tell our families about it - we were afraid they'd be too scared, or that they wouldn't accept him." Aronson's advice was to let Seriozha vent this rage in a place where he couldn't get hurt. The Rossis built a "tantrum corner" by placing a sofa diagonally across one corner of the living room and padding the triangle behind it with a hundred dollars' worth of eggshell foam. "Dr. Jane wasn't panicked at all by Seri," Maureen said, but Aronson now admits that she was thinking, They don't realize how delayed this child is.

Aronson and her colleagues have concluded that orphanage children can recover from their behavioral and emotional problems, but evaluation and treatment must begin immediately. Dr. Ronald Federici, a developmental neuropsychologist in Washington, D.C., has become one of the acknowledged authorities on what he calls, "detoxification from institutionalization." He is a fast-talking, jaunty man who has adopted six older children from Russian and Romanian orphanages. "The adoption agencies tell couples 'Just give the child a lot of love, and give it time,'" Federici said to me. "Well, love is one

of the worst interventions for a kid who doesn't know how to process it. And time? I'll have parents come in and say, 'We've been struggling with him for three years. We're about to disrupt the adoption.' And I say, 'Three years! Where have you been? I've been here.'"

Federici has written a book, "Help for the Hopeless Child," in which he lays out a twenty-step program for bringing a child home from an orphanage. "It is very important for families to absolutely and unequivocally not overstimulate the child" he writes. "Your child's room should be relatively stripped of stimulation, colors, sights, sound, toys and, primarily, food. Remember, even though this seems cruel to you and me, it is all the child knows and it is what feels familiar....Do not take the child to department stores, shopping centers, grocery stores, or, worst of all, amusement parks such as Disney World, where children can become completely disorganized and out of control." Children who have suffered profound neglect or abuse may need to be taught step by step how to feel emotion, how to use language, and how to move around. Adoption doctors have begun to adapt rehabilitation techniques practiced on stroke victims, brain-injured patients, abused children, learning-disabled children, and Vietnam vets suffering from post-traumatic stress disorder, and to apply these treatments to orphanage children.

With Aronson's guidance, the Rossis had Seriozha evaluated immediately, and the news was not good. "He was twenty-one months old and tested a twelve-to-sixteen-month level for gross motor skills, fine motor skills, and language," Maureen said. "It was a scary time. We'd go to friends' houses and watch their kids do things he couldn't do. At the playground, he was afraid of the equipment, afraid of the other children. Skip and I had had an active social life. Now we were thinking, Seriozha is our life. We won't see much of our friends anymore."

The Rossis investigated special-education programs. At one school, Maureen saw a grim classroom with severely disabled children. "This was definitely not where he belonged," she said. "I grabbed Seri and ran out of there and took a taxi to the Manhattan Center for Early Learning." The Center for Early Learning, on the East Side, is a state-funded school for special-needs children. For a year and a half, Seriozha - sometimes with his mother, sometimes with a nanny or his grandfather - attended nursery-school-type classes designed to enhance his physical, social, and language skills. "It was nothing clinical or complex," Maureen said. "It was a colorful, happy, musical place. He loved it. With occupational therapy, he played with Lincoln Logs and Legos, and fished little fishes out of a basket. He'd have half an hour of group speech. The muscles of his mouth were underdeveloped, so he was given a straw that, when he blew through it, made a little animal move along the length. He worked so hard to overcome what he couldn't do. He developed so quickly. He grew, and his hair grew in, and he started to speak English. It all happened so fast."

"It didn't happen that fast," Aronson said the next time I spoke with her. "This was a very

delayed child. What happened fast were the changes in them. They, as Seriozha's parents, grew very quickly. They were totally invested in this kid. They did not obsess about his delays or past life. They took joy in his daily progress.

"Over six months, nine months, twelve months, Seriozha made a slow but secure attachment to his family," Aronson went on. "It took maybe two years for him to come out of his shell. Recently, the family came to my office. He waltzed in like any other four-year-old, completely relaxed, like 'I own the world,' 'So, Seri, how's school? I asked him. "How's life?' We talked, and his eye contact was unrelenting. He's incredibly gifted, by the way. I spent a few years being frightened about this kid. But his parents fell in love with this child. I think they saw who he was."

Most of the babies Aronson treats are healthy and well developed. But some of the older children who have grown up in orphanages face severe challenges. "I'm in pain about the kids who somehow are not going to go beyond a certain plateau," she said. "I do my best to work with these families, to help them find the best resources. A fantastic mother came in recently. At two and a half, her son is not making the kind of progress we hoped for. He has serious expressive-language delays, he's obsessed with little cars, trains, zippers. He's been diagnosed as having pervasive developmental disorder. But he's a tender, sweet boy. I had him seen by a pediatric neurologist, who has strategies. I'm not all doom and gloom with these families; it's not 'This is the label and that's the end of it.'"

A short time ago, the Rossis moved into a Colonial house in Connecticut, where I visited them recently. When Seirozha got up from his nap and came shyly, in stocking feet, into the den, he rubbed his eyes unhappily and clung to his mother at the sight of a stranger. But as he woke up, and had juice and a snack, he sat beside me on the sofa, ready to chat. He has alabaster skin, wavy blond hair, deep-set dark-blue eyes, an upturned nose, and a sweet giggle laugh. With the referral photos in hand, I could not have picked this child out of a lineup.

"Do you know Dr. Jane?" I asked Seriozha.

"Yeah," he said mournfully. "First time I ever met her, she took a shot at me."

"You remember that?" I asked. "No," he said, and then, as an afterthought, "fortunately."

The Rossis had adopted another child, a girl, who also came from an orphanage in the Russian Far East. Six weeks earlier, Alexandra, aged nine months, had arrived. Now Seriozha turned to his sister, who was in a walker and said, "You're just a little whipper-snapper, Alexandra - right, Mommy?"

Alexandra's adoption had proceeded without any delays or dramas or doubts. "Now that I see how smoothly it can all go, I feel terrible about what I must have said to people who

called me for advice after we adopted Seriozha," Skip said. "Who knows how many people I scared off?"

But for Aronson, families like the Rossis have been an inspiration. In February, she began the process of adopting a baby boy. "I think I was working over many years toward becoming the person who could be a good parent," she said. "All my families have been my teachers. I've watched them grow into their roles and I'm with them all the way. And now I have a person in my life who wants what I want - a big family, three children minimum." Her partner, Diana Leo, is the director of development at New York Law School. "She has helped me have the family I have dreamed of all my life," Aronson said.

For the past six years, Aronson has been the medical consultant for Spence-Chapin, a New York-based adoption agency. When she called the agency to say that she wanted to start her own adoption, the director of international adoptions said, "Jane, we've all been waiting for this." Aronson chose to adopt from Vietnam, because, she said, "I had such strong feelings about the war as a kid. I was intoxicated with this history of the country." Waiting for a referral gave her a deeper understanding of what her patients go through.

"I felt scared, anxious, terrified some days," she said. "I asked myself the same questions my patients ask me: Will I be a good parent? Will the child be cute? Will the child be happy? In June, Aronson was notified that, at the end of the summer she will probably be travelling to pick up Ben, who was born in April. "I am delirious," she told me. "I simply fell in love at the sound of his name. And when I saw him I was totally gone. I completely forgot to ask about his measurements or head circumference."

One day, when I visited Aronson at her office, a package arrived from Chicago. In it were a photograph of a Chinese baby girl and a medical report. Aronson studied them, and then got the adoption-agency caseworker on the speakerphone.

"Susan? Dr. Aronson."

"Dr. Aronson! Thank you for calling! Did you get it? We don't think this baby is normal, so I didn't call the family."

"What's the problem?"

"The tongue," the caseworker said. "Did you see the tongue?" In a small, square, color photograph, a tiny head was squinting and yawning, and the tongue looked short and blunt, malformed.

"I don't see that this baby is different from many others we see."

"But did you see the tongue?"

"I'll tell you what I see, Susan: I see a moment in time. I see a baby who has just woken up from a nap. I'm not scared by this picture. The science of it isn't there."

"You're saying she's all right?"

Jane Aronson was thinking that the baby's height, weight, and head circumference at the time of admission to the orphanage and at her last exam were normal, that she'd been full term at birth, that she was Chinese and therefore not likely to suffer from fetal alcohol syndrome. Of course, she didn't know anything about the child's genetic history or about the birth mother's prenatal care and exposure to infectious diseases. But, even if the baby were lying on a table in front of her, there was a limit to the predictions science could make about human personality, and about human resilience. "Get a better picture of this baby," Jane Aronson told the caseworker, "and let's save a life."

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