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July 18, 2016

Dear Governor Dayton, Respected Senators and Representatives, and Future Members of the Proposed Surrogacy Commission,

Today, my doctor from Mayo Clinic, Dr. Charles Coddington, called me to let me know there are fascinating proposed changes afoot in our state, changes that have the potential to impact current reproductive options for mostly women today, and in the future. To set the stage, I am one of your constituents in northern Minnesota. I'm a conservative Christian woman, pro-life and Republican who close to six years ago at the age of 37, was diagnosed with cancer, froze her eggs with donor sperm, and then 5 years later became a mother through the help of a gestational carrier.

I am one of few that have made the journey and have made it successfully. I realize by putting names and faces to this emotionally charged issue, I open myself to the controversy and to scrutiny. But, I have a greater fear of remaining silent, and not speaking out. The question we all must ask at this juncture is do we really want a panel of legislators making reproductive decisions? Will all of us who have families formed through gestational carrier relationships have to fear losing our genetic children that we love dearly with our hearts and souls? We may not have been able to carry our children in our uteri, but we carried these children in our hearts.

To start, have you ever been faced with the reality that despite doing every "right" thing, you can still lose it all?

That was me in December of 2010.

I was 37 years old, recuperating from cancer surgery, and I was listening to my answering machine after a long day at work. It was the receptionist from the consultant reproductive endocrinologist's office from the Twin Cities with the disheartening news: "Due to your current health condition, the doctor is no longer able to work with you." I held the phone in my lap and wept.

Six years prior, at age 31, I was diagnosed with a congenital heart defect that could not be corrected despite surgery; ultimately, it was managed pharmacologically. Four years after that, at age 35, I waited for a terrifying day and a half for the pathology report to return to find out if I had ovarian cancer, after a laparoscopy was converted mid-surgery to an open laparotomy to remove a severely diseased and destroyed ovary and Fallopian tube, and then blunt cutting and burning of a meshwork of scar tissue and lesions that entrapped my other ovary, Fallopian tube, ureters, bladder, uterus, intestines, and rectum. Stage IV endometriosis and other gynecologic complications was the final diagnosis—I dodged the cancer bullet. I then endured chemically induced menopause for four months to try to mop up and dissolve with medications what two surgeons over five hours could not remove. Treatment was ceased at this point after I developed head to toe hives after the fourth round of drug infusion. I was on my own to face this monster and its continued internal rampage.

If that weren't enough, two years later I found out I really did have cancer and faced the challenge no one ever wants to face.

It was at this point, at age 37, that I had to face the situation that I might never be a mother. For a woman who has always loved children and longed to be a mother, the news is devastating. I chose not to give up, but to pursue all options.

After being turned down for adoption by two agencies, basically due to my cancer history, single status, and “aging out” as a potential parent, I turned to next step options: IVF. I planned to carry my own child, experience childbirth, and parent. But between the cancer and the other health conditions, following that step of my dream of being of mom was thwarted as well. Ultimately, the only way I could even remotely become a parent was to rely and entrust to another party to nourish and carry a baby for me.

In April of 2014, I wrote to Senator Pappas of my journey with my gestational carrier to that point. Despite the negative thoughts of many of surrogacy, it can be an amazingly positive and joyful experience. My gestational carrier (H) and I are more like sisters now that two separate parties joined by a contractual agreement. Yes, we both worked with an agency. Yes, we both, as well as her spouse, underwent a rigorous review process at not only the agency level, but the medical and psychological level. We did not enter into this on a whim. H. is a loving, giving woman, who repeated told me she enjoys being pregnant, but is very happy with her family of two sons. Her oldest, upon meeting me at the 5 week mark told his mom, “Megan needs to be a mom and I’m glad we’re helping her.”

I was scared at becoming a mom. Would I know what to do? Babies don’t come with instruction manuals. I went through the labor and delivery process with H and her husband; I caught my baby when she came into the world. H asked me what we had, and through my tears I managed to blubber out, “It’s a she—I mean it’s a girl!!!” We didn’t know what we were having; at the 20 week ultrasound we could have found out, but after seeing a healthy fetus, that’s all we needed. Our little girl entered the world at 3:30 in the afternoon on August 4, 2014, half grown at 9 pounds, 10 ounces, and hollering before she was fully born. She still loves to talk and sing now at 23 months. When they placed her in my arms, it was as if she just fit. We did skin-to-skin contact for the first hour, just like as if I would have delivered her myself. She started rooting for milk, and tried valiantly to try to find my nipple! H. and I had previously agreed that the baby would get the colostrum, if possible. Back to H. the baby went, and H. manually expressed the colostrum while I spooned it in Lillia’s mouth. We all stayed at the hospital together, and I happily cuddled my new daughter in my arms until 4 am when the nurse came in and took her back to the nursery and told me to go to sleep—I’d need it!

H. and I enjoyed a full day post-partum together, where she held and cuddled Lillia. We parted the next morning, her to home, and me back to the hotel for a day before journeying to Duluth, MN to begin my new chapter as a mommy. It was truly the start of a new chapter in life. I had so yearned for so long to be a mom, and now I was. Many nights, even now, I gaze at my sleeping daughter and am amazed she is here. She’s everything I ever dreamed of and more.

Opponents of surrogacy say children born of gestational carriers will not bond with their genetic parent, will be emotionally unstable, and overall problematic. Thus far, I disagree. Lillia is very easy going, loves others, and plays very well with her counterparts at daycare and church. She loves to meet and greet people when we travel, and loves dogs. Of course, I’m biased—I’m her mom, and I’m all she knows. But the daycare has reported repeatedly that she is extremely well adjusted and time and time again they tell me we have forged a very strong relationship evident by her confidence and self-assuredness (mixed with a healthy dose of “persistence”, also known as stubbornness!).

Don't get me wrong: Our relationship with H. didn't end when Lillia was born. Lillia truly is "our girl." H. and I still exchange frequent texts and pictures. We've been to each other's homes. Our families are intertwined, and I count H's family as part of mine, including their extended families as well. We see each other in person at least twice a year, the most recent was going to North Dakota this past weekend to enjoy time together.

I write to you today to urge all of you to look deep into your hearts regarding the formation of the proposed surrogacy commission panel. I understand the fear many people have, that families formed in this manner are somehow lacking the crucial elements that they believe come with conception, gestation, and birth—all by the genetic and birth parent. Detractors feel it is all about money . . . but if you ask my gestational carrier, she will tell you, carrying a baby for another woman wasn't a money making scheme. She chose me, to help me, with the hopes of being able to successfully carry a baby to term. There are no guarantees that a fetus will stick. Yes, it is a lot of give and take, and pure trust. You must face all your fears of the unknown, and know that you cannot be by the carrier's side every moment of every day. Legal counsel is necessary, to protect all parties from unscrupulous actions and to ensure all parties involved realize a baby is not a commodity, but a human being. The joy of our lawyers, the courts, our families and each of us when our beautiful girl arrived has created an unforgettable story, and amazing start to a little person's amazing life.

I urge each of you, irregardless of political or religious affiliation, to pause for a moment. I never thought it would be a question that I could be a mom. I was denied the option to adopt due to health conditions, single status, and age. Maybe I could have foster parented . . . but would I be able to form those bonds, only to have a child returned to their birth family and leave a gaping hole in my heart? My daughter not only has her own family, but also an extended family with her gestational carrier. We preach time and time again that it takes a village to raise a child. My daughter had her village starting in the test tube, and it continues to grow and expand. H. will forever be a part of Lillia's life. I look forward to Lillia knowing her full background, how her mommy chose to be a mom. Yes she has a donor dad—with some pretty awesome characteristics that I already see coming through. Yes, she was carried by a gestational carrier—an amazing woman with a loving heart and caring nature who so loves her own children and family that she wanted me to have the opportunity to experience all this joy and love as well. Yes, she has me, her genetic mom who will do everything possible to raise her to be a strong, independent, well rounded girl, young woman, and later adult.

In closing, all I can say is that becoming a mother is the best thing that has ever happened. I would do it all over again in a heartbeat. Please don't limit families' options to achieving their dream, and hope, and desire to parent. Gestational surrogacy can be a wonderful and beautiful start to a long-lasting relationship. I Corinthians 13, verses 7 and 8 help describe the journey well: "Love bears all things, believes all things, hopes all things, endures all things. Love never ends...." Children born of these struggles with fertility have been loved and desired for years before their existence. The struggles their parents have faced forge a special bond that will never be broken. The bond formed with a gestational carrier is a lifelong loving relationship that enriches and continues to grow forever.

Respectfully submitted,

Megan R. Undeberg, PharmD, BCACP  
and mom to 23 month old Lillia