Opposition to SF1

I am testifying in opposition to SF1. My name is R. Paul Post, MD and I am a retired family physician, having practiced family medicine in Minnesota for 40 years. For 27 of those years, I included obstetrics in my practice and delivered over 900 babies.

My opposition to this bill is focused on the following points:

1. The language in the bill is quite extreme, talking of the rights of individuals, but does not define what is meant by an “individual”.
2. Does this include all minors, with no age restriction? If you have adolescents or remember your own adolescence, we all know that adolescents have limited decision making ability, especially as it relates to decisions with long term consequences.
3. There is no mention in the bill of the individual rights of the unborn child, as much as pro-abortion advocates hate to admit that an unborn child may have rights. There are numerous well-documented studies that demonstrate that pre-born children can experience pain as early as 24 weeks. (There are also studies that show pre-born children as early as 20 weeks will withdraw from a pinprick, but it is debated whether this is truly perception of pain at the cortex level or just a reflex). At any rate, when intra-uterine surgery is performed as early as 22 weeks, analgesia and anesthesia are routinely used.
4. The bill makes no mention of the potential harms of abortion:
5. Psychological: many cases are documented of women with depression, PTSD, and regret years after an abortion. (I have personally counseled numerous women dealing with these issues.)
6. Risks of complications from surgical and medication-induced abortions. These are real and not insignificant, including infertility, severe infections, and even death. There is very little oversight of abortion clinics to protect these women.
7. Long term health concerns: increased risk of pre-term birth in future pregnancies, increased risk of Pelvic Inflammatory Disease.
8. The bill makes no mention of restricting late term abortion. This procedure is rarely talked about, but these procedures are brutal and risky, and occur much more frequently than pro-abortion advocates will admit. It involves injection saline or another chemical into the uterus to kill the baby, then surgically dismembering the baby and removing the parts one by one. It is amazing to me that just blocks from here, at St. Paul Children’s Hospital NICU, doctors and nurses are working feverishly to save the lives of 21-22 week prematurely born infants. Ironically, at the same time we are allowing the brutal taking of an innocent life at 24 weeks, even up to 35 weeks.
9. The bill makes no mention of the practice of prescribing abortion-inducing medications. During the Covid pandemic, the FDA allowed providers to prescribe these medications with telemedicine, and this practice has continued even though access to office visits is back to normal. This is a dangerous practice, with no exam to confirm pregnancy or to rule out ectopic pregnancy.

For the reasons outlined above I would urge you to not go forward with this bill

R. Paul Post, MD, FAAFP

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