

JULIE A. MICKELSON, MD
TESTIMONY, FEBRUARY 27, 2008

Members of the Committee:

My name is Dr. Julie Mickelson and I am testifying in opposition to Senate Bill 398. I am a practicing obstetrician gynecologist in Milwaukee. Obstetrics provides a unique and rewarding opportunity to simultaneously care for two patients, the mother and her baby. The joy on a mother's face to see her 10 week baby moving its arms and legs, its heart beating, says it all. I can think of no other field where a medical provider would do every thing possible to care for and save their patient, but then turn around and kill that patient if asked.

Scenarios occur where the baby and mother cannot both survive, such as an ectopic pregnancy. In these cases we remove the baby, but do so to save the mother. Our intent is not to directly harm the baby. Recently I cared for a patient with ruptured membranes at 22 weeks, prior to viability. The uterus became infected and in addition to starting antibiotics I had to induce labor to cure the mother of a life threatening infection. The baby lived 2 hours and the patient and family treasured those two hours. Our intent was never to directly harm the baby.

Abortion not only kills the baby but can also cause long term harm to the mother. Scientific evidence confirms abortion increases the risk of premature delivery in subsequent pregnancies and increases the risk of depression and suicide as well. I have taken care of patients who have been psychologically devastated by prior abortions.

Abortion discriminates against the imperfect baby. A mother who is encouraged to abort her baby that may have a handicap will always wonder how handicapped that child really would have been, and she adds to her sadness of carrying a sick child the guilt of terminating its life. Even babies with anomalies precluding survival bring joy and happiness to their parents for the hours or days they can be held and loved.

I urge you to vote against this bill.

Julie A. Mickelson, MD