

HB0583

Favorable

Dr. Frank Arlinghaus

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Please issue a favorable opinion on House Bill 583.

This bill is an important step toward limiting the ongoing discrimination against people with Down Syndrome and the worldwide destruction of those diagnosed in the womb with this condition. As this bill is heard in this committee hearing just days before International Down Syndrome Day, I ask that you do more than raise awareness with gaudy socks, and make a statement on behalf of those with Down Syndrome that we love all people, including those classified as an adverse prenatal diagnosis (and who are thus primarily designated for disposal)..

In many European countries, the abortion rate of Down Syndrome pregnancies is 90% or higher. In the United States, that figure is lower only because up to 25% of women decline to have Down Syndrome diagnosed. However, among pregnancies diagnosed with Down Syndrome, the abortion rate is nearly 90%, even among those who expected not to consider abortion prior to the diagnosis. Our experience is that this is related to a consistent push to eliminate children with this condition. This is not love, to destroy people because they are designed differently than you would want.

Our belief is that every human being is inherently valuable, of inestimable value from conception to natural death, and that there are no extenuating circumstances that would change that. Wealth, status, race, gender, intelligence, beauty, circumstances of conception; none of these make one person of greater value than another. However, our own experience helps us understand that the disproportionate abortion rate of Down Syndrome children is no accident.

My friends have experienced the push by doctors, nurses, and even ultrasound technicians to abort their pregnancies after such a diagnosis. Often the test was pushed under the guise of wanting to be prepared, and once the diagnosis was considered unfavorable, the push to abort began.

My wife and I first experienced this personally when one of her pregnancies would result in her turning 35 before giving birth. At the time, this was the line at which pregnancies were termed high risk. At an ultrasound,

we were strongly encouraged by the ultrasound technician (as described above) to have an additional test. We declined despite the push, and the technician stopped only after we challenged her to name one condition that would be treated medically before birth by anything other than abortion. Other friends experienced a much harder sell on aborting the pregnancy after their baby was diagnosed with Down Syndrome.

We diminish our society by this systematic push to eliminate the vulnerable. We show our true colors by giving lip service supporting those with Down Syndrome after they are born, but by advocating by our actions the systematic destruction of them while in the womb. This is an unfortunate practice that reminds one of a eugenics program. We must be better than that.

Opponents of this bill will express concern about referring to the unborn as children or limiting the options people have to choose abortion. However, this bill is not about abortion, which is a standard option presented by doctors, nurses, and even ultrasound technicians, as much as it is about ending the idea that some form of handicap makes someone less of a person and therefore a more legitimate target for destruction. Maryland law already codifies this form of discrimination, and thereby encourages the practice we see of targeting some people as not as valuable. It's time to end that practice, and stand up for those with Down Syndrome. For these reasons, I ask that you return a favorable report on HB0583.