

Statement to the House Health and Government Operations Committee  
Re: House Bill 705  
Submitted by Ann Dowling  
OPPOSE

This bill states that each individual “has the fundamental right to reproductive freedom, including but not limited to the ability to make and effectuate decisions to prevent, continue, or end one’s own pregnancy.”

I would suggest that a woman’s reproductive freedom is quite often unduly influenced by medical professionals themselves. Almost nine years ago, my married daughter had an experience with a physician that clearly illustrates the pressure that is exerted on young women that directly violates the portion of the bill stated above. In August 2014, my daughter made an appointment with one of the most respected and well-known OB/GYNs in Annapolis for a new patient exam and to discuss the unwanted growth of facial hair. As soon as the physician walked into the exam room, his first words to her were, “Why aren’t you on birth control?” When my daughter replied that she did not want to be on birth control, he responded that he would “have her on birth control by the end of the appointment.” He asked her why she did not want a prescription for the pill, and one of the reasons she gave was that one of the possible mechanisms by which a pill acted was as an abortifacient. She said this did not seem to concern him, and when she pressed him on the issue, asking him whether or not it could cause an abortion, he answered, “It depends on what your definition of abortion is.” For the entirety of the appointment he continued to bring up the option of birth control. When he discussed ways to prevent the growth of facial hair, he again brought up the birth control pill, along with two other medications. He assured her that the pill would both prevent the growth of facial hair and give her the added benefit of not getting pregnant. He then asked her if she wanted to get pregnant, to which she replied, “No.” Again, he advised her to go on birth control. My daughter said that despite his unwelcome insistence that she consider birth control, he maintained a friendly demeanor throughout the appointment; however, friendly coercion is, nevertheless, still coercion. At the end of the appointment as he was walking out the door, he started laughing. She asked him what he was laughing about. He told her that she was the very first young woman he had ever had as a patient who had told him that she did not want to go on the pill. He said that while many older patients expressed reservations about it, she was the first young woman who had voiced concerns. One might wonder how I remember this story in such detail when it happened so many years ago. It is because I decided to write everything down after she relayed the incident to me. I was so angered by the physician’s attitude and arrogance in assuming that he had the right to bully my daughter into making a reproductive decision that she quite clearly did not want to make.

Ask any expectant mother who has carried a child with an adverse prenatal diagnosis if she ever experienced pressure to terminate her pregnancy and, undoubtedly, you will discover that a large percentage of these women endured those pressures from their own medical caregivers. As a mother of an adult child with Down syndrome and a son with an incurable

form of muscular dystrophy, and the grandmother to a pre-teen with an extremely rare genetic syndrome, I am all too aware of the reality of the types of pressure that pregnant moms face from the medical community when they are expecting an “atypical” child. Let us not be so naïve to believe that every woman is supported and validated in her choice to wholeheartedly accept her unborn child.

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