

WRITTEN TESTIMONY

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Offered In Compromise Between:
OHIO HOUSE BILL 135
PROPOSERS & OPPOSERS

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Submitted:
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to

THE OHIO HOUSE OF REPRESENTATIVES
COMMUNITY AND FAMILY ADVANCEMENT COMMITTEE

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JESUS & LINCOLN

There is a striking similarity between the Man of Galilee and the man from Illinois.

Both had obscure beginnings.

Each came to his own and they received him not.

Neither allowed difficulty to turn him from his central purpose.

Both prepared for responsibility through self-sacrifice and self-denial.

Both loved little children.

Both befriended the weak.

The common people heard each of them gladly.

Neither condescended, yet both loved all men as children of God.

Both hated the things which enslaved men.

Each had a passion for justice and truth.

Each took the pains of humanity as his own so that he was a "man of sorrows...acquainted with grief."

Neither made room for bitterness.

Each of them knew the loneliness of following the course of the heart rather than the dictates of men.

Both marched resolutely toward death for humanity.

Each of them died to set men free.

K. MORGAN EDWARDS

"The Treasure Chest"

Harper & Row, Circa 1965

Chairman Derickson, Vice-Chairman Ginter, Ranking Member Howse, and all remaining members of the Ohio House of Representatives Community and Family Advancement Committee—I greatly appreciate the opportunity to reach out to you today, in regard to proposed House Bill 135. I am an attorney licensed here in our great State of Ohio, a mental-health legislative advocate, and a resident deeply concerned with this bill as introduced into Ohio’s House. I am writing to address several ethical matters as they relate to this legislative proposal first and foremost, from the perspective of an individual born and raised in Ohio, who has shouldered the burden of disability as it relates to my own mental health from birth up through childhood, and into adulthood as well.

I. INTRODUCTION – MISPLACED, MORAL JUDGMENT.

To begin, I’d like to reference the sponsor testimony of Representative David Hall. He notes, in regard to H.B.135 joint-sponsor Representative Sarah LaTourette’s opinion, that “[he] agree[s] with [his] joint sponsor” in that “discriminating against a person because they have been diagnosed with a genetic condition is anti-American and morally wrong.” Moving then, into Representative LaTourette’s sponsor testimony for further detail, she asserts: “I hope that you can see that this isn’t an issue about abortion,” adding, “I’m not here to judge.” Nevertheless, she notes at the same time, “I’m well aware that...all of us have our minds made up on” the issue of abortion and, “I believe that life begins at conception and that abortion is wrong.” To not cast judgment is to enter a theoretical debate with an open-mind; noting, that a mind is not *open*, when the judgment of “wrong,” has already been *placed*.

II. PROPONENT’S ARGUMENT – EUGENICS AS IT RELATES TO NAZISM.

To get started then, I would like to note some comments submitted into testimony by Dr. Dennis M. Sullivan, MD, MA (Ethics), FACS, stating as follows: “Our society has seemed to increasingly embrace perfectionism as its ideal. There are deep ethical implications to all of this.” I agree, noting further Dr. Sullivan’s elaboration, “[t]he perfecting of humanity is an important argument...based on the elimination of undesirable traits. Society runs the risk of creating superior and inferior subclasses of humanity. Such a program could lead our society to embrace a

philosophy that some persons are desirable and others are dispensable,” somewhat akin, to Nazism. To take Dr. Sullivan’s argument one step further, I would like to point out, that our society has *already* implemented this *program*; the most common example of course, as evidenced, by America’s socio-economic, cultural stratification.

Next, I’d like to reference the testimony submitted in support of H.B.135 by Stephanie Ranade-Krider, Ohio Right to Life, Executive Director. Mrs. Ranade-Krider states that abortion in light of a confirmed Down Syndrome diagnosis “is nothing less than the modern day practice of eugenics,” noting that “[t]he idea of ‘weeding out the unfit’ to ‘improve the human population’...is alive and well today, and we seem to be unwilling to admit it.” She continues, “[h]ow contradictory” this practice is, “in a time where our culture so highly values diversity and works so hard to promote acceptance of the marginalized members of our communities.” In response, I would note, that “so highly values diversity” and “works so hard to promote acceptance” are *very* generous concessions to grant our American society as a *whole*; notably so, as it relates to our fellow American citizens who, for example, still yet argue in opposition to the following ideas:

1. Providing the healthcare benefits which “Obamacare” has conferred upon millions of *less fortunate* Americans;
2. Removing gender-bias in employment-compensation so as to provide *equal pay* as between men and women; and
3. Raising the minimum wage for low-income employees to satisfy even just, a *minimally* humane manner of living.

Lastly noting, that *if* the concern here with H.B.135 is truly “eugenics” from an *ethical* standpoint, perhaps we would not allow genetic testing *at all*; but in any case, we are free to conclude with certainty, that it *is*, *entirely* contradictory in terms of logic, to limit this concern for humanity to unborn children, *alone*. Anyone who is genuinely, *pro-life*, would also by *default*, oppose the death penalty and genuinely support helping others’ rise up *out*, from poverty. Any political position wherein these three perspectives stand in disarray, is a position in which ethics too, suffer from great disharmony.

III. OPPONENT'S ARGUMENT – EUGENICS AS IT RELATES TO NAZISM.

Moving forward now into the opponent side of the debate, the argument begins to *zero* in more closely on two separate fronts of individuality: addressing here first, the civil rights of women, and next after that, the civil rights too, of unborn children.

A. THE CIVIL RIGHTS OF WOMEN.

As the argument relates to the civil rights of women, it was not so much the *intent* of a certain few proponents that left such a sour taste upon my palate, is it was their *attitudinal* approach toward casting pro-choice women in an evil light. To *do* so, to *presume* that all pro-choice women are evil by *nature*, or rather, by *God's* law, is silly. To do so is to cultivate ignorant hatred towards fellow human beings, and **what** in God's name, could *be*, **less** godly?

1. CIRCUMVENTION OF THE FEMALE PSYCHE.

Moving along, we first must discuss, in regard to women's rights, the issue with H.B.135 as it relates to the circumvention of the female psyche. To put it simply, H.B.135 threatens to remove a doctor's medical license [2919.20(D)], in response to the doctor's compliance with the female patient's *will* to terminate pregnancy [2919.20(B)], whilst simultaneously exculpating the female patient of any and all responsibility she played in *requesting*, and then voluntarily following *through* with the medical procedure she *requested* in the first place [2919.20(F)]. This is *nonsense*; in what other situations sociologically, do we hold *men* criminally and/or civilly responsible, but not *women*? The only one that *immediately* comes to mind would be *rape*; although, *interestingly enough*, rape *also* has to do with the circumvention of the female consciousness.

In any case, rape and corresponding human anatomy aside, we *generally* try to treat men and women in America with equality, at least under the law, which is why this proposal, at least in this *particular* respect, does not seem to make any sense, at *all*. To the *contrary*, such an argument takes us *back*, to a very *slippery*, sociological slope.

2. PSYCHOLOGICAL HARM CAUSED TO THE FEMALE PSYCHE ON THE BASIS OF SOCIO-ECONOMIC STRATIFICATION.

Moving forward, let's next examine the psychological trauma posed by H.B.135 towards women based upon socio-economic status. Suppose, for argument's sake, we have a woman who discovers *in-utero*, that she is pregnant with an unwanted Down Syndrome baby; socio-economic stratification then splits the potential consequences of the group as a *whole*, into two separate circumstantial scenarios. First, we have women with access to money, who *will* have the opportunity to flee to a different locale, to obtain the abortion procedure successfully, with minimal cost to their own physical and mental health. That's scenario no.1; *with* money. Scenario no.2 is not so, *elegant*. In scenario no.2, we have women of *limited* financial resources, who may be forced into the "black-market" to obtain an abortion procedure. In this case, I think it's most helpful to imagine the concept of a "botched" abortion, noting the potentially *severe* physical and mental repercussions that could therein result, to both the fetus, *and* the mother.

Now, in the *alternative*, consider the testimony of Jaime Miracle, Deputy Director for NARAL Pro-Choice Ohio, delivered in opposition to H.B.135 as it relates to the socio-economic impact upon responsible, pro-choice women, who in the absence of oppressive financial circumstance, may very well be pro-life:

Will this woman have access to maternity leave and/or paid sick leave to help her bond with her child and help her continue to earn a wage if she has to take time off to help take care of her child? Looking at the statistics, the answer is probably not. In the US, only 13% of workers have paid family leave. When you break that down by wage, only 4% of low-wage workers have paid family leave. Only 59% of workers have access to unpaid family leave, and most of them cannot afford to take it, even when they technically have access to it. In Ohio 45.9% of workers have no access to paid time off when they or a family member are sick, forcing that person to decide between getting paid or taking care of her sick loved one.

To date, I've still yet found it *very* challenging to identify *any* other reason aside from ignorance, which would motivate human beings to *hate* fellow human beings, for exercising *choice* under such oppressive circumstance. And this is *notably* so, in a situation such as this with H.B.135, wherein the unborn child is going to need a *significant* amount of additional supports and services, *beyond* that required just, for a "normal" child even. What good mother does *not* feel significant *guilt*,

leaving their child in daycare for someone else to *raise* because it has become *necessary* in this American society for both parents (assuming there *are*, two present) to *work*? I do not understand how human *beings* can harbor so, *much*, **hatred** towards fellow human *beings*, for making the *rational* decision, that they do not have the resources to properly and ethically and humanely care for and fulfill the *needs* of a minor, human *being*. Which brings us lastly, to the adoption-portion of the proponent-side argument, to be discussed in further detail below, within “The Civil Rights of Unborn Children” section.

3. THE BREEDING OF DISTRUST BETWEEN WOMEN AND DOCTORS.

Moving along full-speed ahead, I’d next like to address the issue of a legal determination of a doctor’s intent. H.B.135 Section 2919.20(B) at line 20 indicates that an abortion may *only* be prohibited in the instance of “pure” intent, such that if *any* reason for the abortion is given *in addition* to a lacking desire to bear a fetus diagnosed with Down Syndrome, then the abortion must still be, *permitted*. This is going to create legal chaos in the judicial arena, notably in light of the barrier to trust, that this bill will impose between doctors and their female patients.

Noting testimony submitted by Gary Daniels, Chief Lobbyist, ACLU of Ohio, “[i]f this bill passes, women in Ohio will surely be aware of its ramifications. As a result, a woman seeking an abortion may choose to withhold from her doctor information about her reasons for terminating her pregnancy.” In addition, he raises the conflicting-interest issue this bill will cause between women and their physicians directly, stating that “doctors worried about losing their licenses or getting sued may turn into overzealous investigators and patients will become suspects.” This consequence would certainly become, then, a serious quandary for our medical field here in the State of Ohio, given its direct juxtaposition of the ethical oaths to which licensed physicians must subscribe, prohibiting dishonest, fraudulent and/or conflicted behaviors on their part, in relationship to patient treatment.

B. THE CIVIL RIGHTS OF UNBORN CHILDREN.

Shifting over now, to the rights of the unborn child, I would like to note a comment lent by Representative Hall in his sponsor testimony. He states, “[w]e owe it to these Ohioans,” i.e.

fetuses diagnosed in utero with Down Syndrome and presumably also, children born with Down Syndrome, “to ensure them the chance to live their vibrant, happy, and fulfilled lives and to protect them from discrimination.” This is a rosy outlook for sure; yet, it lends itself to a much more dismal conclusion when you take into account the presently skewed statistics, that have been offered in H.B.135’s support. Notably, Representative LaTourette indicates in her corresponding sponsor testimony, that:

79% [of parents and guardians of people with Down syndrome surveyed] reported that their outlook on life was more positive because of their child with Down syndrome. Among siblings (12 and older), 97% expressed feelings of pride about their sibling with Down syndrome and 88% thought they were better people because of their experience... Individuals with Down syndrome were also surveyed. 99% are happy with their lives. 97% like who they are and 96% like how they look.

To the best of my knowledge, this research is presumably based upon the opinions of the mere 10% of women and their families, who consciously *chose* to carry out and deliver to term, a child diagnosed in-utero with Down Syndrome. That means that, in passing this bill, you will automatically bring *into* the statistical mix, those other 90% of women who consciously chose, with their families, to *terminate* the Down Syndrome pregnancy. As a consequence, in changing this underlying assumption upon which all of our current statistics are presumably *based*—by passing this legislation, all of those statistics are very likely to *drastically* change. Noting further, such change will not likely occur in a *good* sense, or at least, not at *first*—as the new data will incorporate for, *likely* the first time, the life satisfaction rates in scenarios where the Down Syndrome child *was not wanted*.

1. DOWN SYNDROME, SOCIOLOGICAL SUPPORT & ADOPTION.

Moving into the meat of this argument, Representative LaTourette indicates that, “[a]gain, [she is] aware...that not all individuals are equipped to parent a child with [a Down Syndrome] diagnosis. But again, there are many organizations that exist” she indicates, “that are able to help.” The issue here is whether those particular organizations would be willing to legally commit themselves to fulfilling all needs necessitated by those women who are anywhere *less* than 100% ready, willing and able to *care*, for a child born with Down Syndrome. Particularly noting, that if

such organizations are not willing to legally commit to providing such assistance in full and as promised, directly to the point that they *would* be willing to be sued in a court of law for failing to *uphold*, their *promise*—that such organizations’ promise is, relatively speaking, entirely worthless to these families, to whom these organizations so gladly *now*, pledge their allegiance.

In addition, Representative LaTourette indicates that “[t]he National Down Syndrome Adoption Network...ha[s] a registry of adoptive families across the United States looking to adopt children with Down syndrome. There are no fees. The organization also provides support to the adoptive families.” The issue here is sad, but *true*: in exercising due diligence on behalf of the very *vulnerable* population of humanity in question—we must *ask* ourselves, what *kinds* of families *are* looking to adopt babies born within the Down Syndrome human condition? This notably brings to mind the testimony presented in support of H.B.135 by John Munnis, Jr., disability self-advocate and Democrats for Life of Ohio board member: “I have advocated for a more inclusive world for people with disabilities” because, “I know about the abuse and neglect at some of the institutions for people with disabilities.”

2. DOWN SYNDROME & COMPETENT MEDICAL CARE.

Pressing on *forward*, I’d like to again reference Representative LaTourette’s sponsor testimony:

Common traits a person with Down syndrome exhibit include: low muscle tone, small stature, an upward slant to their eyes, a single deep crease across the center of their palm and some degree of intellectual disability. A person with Down syndrome is at increased risk for several medical conditions including: congenital heart defects, respiratory, hearing and vision problems, thyroid conditions and gastrointestinal issues...all individuals diagnosed with Down syndrome will experience cognitive delays [with potentially 49% of cases ranging in severity beyond] mild to moderate.

Representative LaTourette then goes on to indicate that “[a]ll of these conditions are treatable and/or manageable with modern healthcare and the majority of individuals with Down syndrome are now able to lead healthy, long lives.” But we must ask ourselves—what about those who are *not* able to do so; and, how would the absence of familial support (as otherwise presumed, in the skewed statistics provided in Representative LaTourette’s testimony) impact the capability of the child to remain healthy; and, most *notably*, what about those families who do not have *access* to

competent, “modern healthcare”, such as those families who are dependent up Medicaid for support?

Mrs. Ranade-Krider, Executive Director of Ohio Right to Life *does* then shed a *bit* more light in her written testimony supporting H.B.135, stating that:

Down syndrome is not considered a severe disability. Many persons with Down syndrome are able to obtain an education, maintain employment, and live with varying degrees of independence. As medical and technological advances are made, these citizens will become increasingly independent and productive citizens.

And yet, see then *still*, only *more* questions are hereby raised as a result. For instance, in terms of being *disabled*, what constitutes “*severe*”? And in addition, what about those persons struggling with Down Syndrome who are *not* able to obtain education, maintain employment and/or live with some level of independence? What are we going to do with them? How are we going to *support* them in *their* individual struggle, to withstand the inertia of hatred so many fellow Americans *cast* against those with disabilities who are *not*, able to *be* productive in a manner which this American society deems to be *useful*? Furthermore, what are we going to do with these citizens between now and when medicine and technology become capable to provide competent and consistent support? And lastly, what are we going to do with that 90% increase in babies born with Down Syndrome into families that are less than willing and/or able, to provide for children who command levels of dependency greater than children who are “normal”?

In response, I *would* like to note, from *personal* experience, that a *significant* portion of my fellow Americans *are* less than *keen*, on donating their hard-earned taxpayer dollars to support fellow disabled citizens. When I publicly “came out” of the closet within written testimony submitted to this *very* Statehouse, in order to *advocate* for myself and others who struggle with mental health disability diagnoses in darkness—my employment was subsequently terminated, and in the absence of opportunity within a stigmatic society in light of my publicly disclosed Bipolar I diagnosis, I *had* to go on public assistance in order to survive. And I can *promise* you, I loathed *every second* of the process, just *thinking of all, those people*, in the back of my mind, who *hate* people like me for involuntarily being financially dependent upon our shared government. It was a *nightmare*— *not* because I hate who I am, but because so many of my fellow Americans hate me for *what* I am: a *human being*, who is simply not capable of “fitting” in.

3. DOWN SYNDROME & BULLYING IN A HATEFUL SOCIETY.

Continuing on ahead, but notably, nearing the end, I would like to revisit the testimony submitted by Mrs. Ranade-Krider, wherein she states, “[a]s you consider this legislation, consider our brothers and sisters with disabilities who live among us, and think of the message we send by standing by while others like them are devalued in our society.” I will *tell* you, I think of this message *often—being* her sister in this American society, *living* within an extra-ordinary human condition by which others *have devalued* my human worth because I am not capable to so perfectly, *fit in*. As her sociological sister, it made me *sick* to read her following comment: “[w]e all celebrated the recent story of a high school quarterback taking his friend with Down syndrome to prom as an example of an upstanding young man.” I must *ask—what, makes* this, an **example**, of an upstanding *citizen*? *If* that boy *were* truly, her *friend*, this would be commonplace *conduct—not* some kind of overarching moral *achievement*. Mrs. Ranade-Krider’s comment may seem trite—but I can *assure* you of its value from the perspective of a human being who’s persevered through three decades of torment at the hand of this society: this comment displays a very commonplace sociological *theme*, wherein others *pity* those with disabilities because they are not willing to look a little *harder*, to find the value in our *existence*. Never the less, this point is at *least* useful to segue into some additional H.B.135 proponent testimony, presented from a *different*, and more *hopeful*, perspective.

Notably, I would next like to refer to a personal story submitted by Heather Bellegia-Ernest, mother to a beloved son born within the Down Syndrome condition. She states, “[h]ow do you explain to a child that some people think their lives aren’t worth living?” Then noting, in the process of composing her testimony, she had the following conversation with her young son:

“Ethan, some people think because you have Down syndrome, you shouldn’t have been born.” I almost couldn’t even bring myself to string these words together. Just to say these words aloud went against everything moral and right within my soul. “So, what would you say to those people, Ethan?” After a long pause, Ethan said, “Well, that’s not right mom. That goes against God.”

I would have to agree; not only within the context of those who hate others born with Down Syndrome, but more generally so, those Americans who hate other humans for being born into *any* extra-ordinary human condition. Mrs. Bellegia-Ernest goes on to question why children born into

such extra-ordinary human conditions should be protected to a greater extent than “normal” children, landing on the word, *extinction*. “A lot of it is fear” she explains, working to understand the perspective of those whose would just as soon, allow children born within extra-ordinary human conditions to become extinct. But then, she notes, in regard to her atypical son, “[f]or every challenge we faced as a family, there were 10 more blessings!” In my experience, being born and growing up within this American society as a person who’s been cast aside on a majority of occasions due to my lacking ability to “fit in”, Mrs. Bellegia-Ernest’s perspective is extraordinarily tolerant—her love for her son *evidenced*, by her commitment to patience. I believe, this perspective is nothing short of beautiful; and I sincerely *hope*, that our society continues to *move* in this direction. But in order to *do so*, we *must* sociologically cultivate Mrs. Bellegia-Ernest’s extraordinary tolerance in *just* the manner she describes: “Education is the answer. Support is the answer. Extinction is not.”

Similarly situated is the story presented by Jackie Keough, mother to beloved daughter Mary Kate who was born with Down Syndrome as well. She states:

The first health challenge was meeting with the doctor and being told the negatives about our child. We were told we could and probably should institutionalize her; she would be a drain on our family. They left out the extras, Mary Kate would bring joy and laughter and celebration for the little accomplishments that are often taken for granted.

The key that I hope you are beginning to see, in reading through this extensive compilation of both original and borrowed testimony, is that children and even *adults* who are different—who *are* so different from the “norm” that we are cast aside and labeled as those “others” with “disabilities”—we *aren’t*, easy. We are not *easy* children to raise, because we *cannot* easily conform to those sociological mandates that pressure *all* American humans beings to strive towards perfection and normality; notably, to the *exclusion* of beauty, and *individuality*. But *just* because we are challenging to deal with, does *not* mean that we are *worthless*; it merely means that to *find* our worth, others *do* have to care to stop and take the time—our strengths are not always so *apparent*; to the contrary, they often lay *inside*, hidden.

On that note, then, in order to *properly* address the issue of disability in this nation, as it relates to discrimination against human beings born within atypical human conditions—I would like to highlight some additional testimony submitted by Mr. Munnis, disability self-advocate and

Democrats for Life of Ohio board member. In his testimony, Mr. Munnis discusses the issue of “quality of life” for those with disabilities, breaking the concept down into two different philosophies—the medical model and the social model. He states:

The medical model is the view of disability that doctors developed—consciously or not. Under the medical model, what will make problems of people with disabilities better is “curing the disabled person or making them seem as least disabled as possible.”

The medical model then, follows along that commonplace, American sociological path— requiring that we “strive for perfection” and, mutate ourselves to “fit in at any cost”. The issue with this model then, *specifically*, is that it does not *work* for people who are *not* capable to fit in, at *any* cost less than that of our own lives. Mr. Munnis then goes on to elaborate this issue in further detail, explaining the social model, i.e. the medical model’s universal inverse-opposite:

The social model was developed...by people with disabilities themselves. Under the social model of disability, “what will make the problems and issues people with disabilities have better is a change in society (like making things accessible for everyone).” Or making the world more inclusive.

“We should use the social model,” he says, and I *wholeheartedly, agree*. As an example, he states that:

For Down syndrome one thing we can do to promote quality of life is to promote inclusion in education. Research shows that students do better when mainstreamed with typical students—as opposed to [placing disabled students] in segregated environments.

And then, in closing he urges:

This Democrat believes we should have better answers. A better solution is to make [a] world that includes people with disabilities and supports families. That is better than the pessimistic view that their lives are not worth living.

Again, I wholeheartedly agree. *However*, as Representative LaTourette states in her written testimony, “on average, 6,000 babies with Down syndrome are born each year...Upon receiving a potential diagnosis of Down syndrome for their unborn child, up to 90% of women choose abortion.” To put it differently, the 10% being born *now*, is statistically equivalent to 6,000 babies born with Down Syndrome per year; *such* that, upon the passage of this legislation, 100% born would *become*, statistically equivalent to 60,000 babies born with Down Syndrome per year.

Consequently, a *sociological* issue is then going to arise upon this bill's passage, if and when, regarding a significant increase in demand for special education.

This issue, then, was perhaps not taken into account in the drafting of this legislation, noting once more the testimony of Jaime Miracle, Deputy Director for NARAL Pro-Choice Ohio:

In fact, as we debate this bill, the budget passed by this Ohio House slashes funding for programs that serve people with developmental disabilities, the House passed budget even significantly cuts Medicaid funding for this population...Less money means less services in [our] communities.

And then in *addition*, he *also* states:

Funding for special education programs also falls short of what is needed in this state. According to the Ohio Coalition for the Education of Children with Disabilities, special education funding fell \$210 million dollars short of what was needed last year. Advocates are currently suing the state of Ohio because underfunding of our school systems in general has left districts without sufficient resources to provide the proper level of education for special needs students in their districts.

\$210 *million*, **short**, at 6,000 Down Syndrome babies per year—and still yet we have our H.B. 135 proposal sitting here, proposing to *raise* enrollment to 60,000 student, per **year**. To be frank, these *really* aren't the kinds of considerations that we can simply overlook as the legislating body of one of America's United States. Perhaps it was an error in drafting, *but all the same*.

IV. REACHING A COMPROMISE – EUGENICS VERSUS ETHICS.

In closing, I would like to briefly reference the testimony of Dr. David A. Prentice, Ph.D., Vice President and Research Director at the Charlotte Lozier Institute. His testimony is unique, in that it reads like a brochure for stem-cell research and/or an advertisement on behalf of a pharmaceutical company. Notably though, he states, in part:

Medical science has also improved significantly not only in terms of surgeries to alleviate some of the physical problems associated with Down syndrome, but also in potential pharmaceutical treatments. Bradford notes several clinical trials, all begun with the last five years, with drugs that are hoped will improve cognition for individuals affected by this condition...Work with a mouse model has shown that treatment of newborns with a genetic activator has therapeutic potential to improve cognitive function...A recent 2014 paper used an induced pluripotent stem cell model, with cells from Down syndrome patients, to show that certain neural cells called astroglia behave aberrantly in Down syndrome, but that an FDA-approved antibiotic drug, minocycline, can partially correct problems with these cells...Another study reported in April 2015 the discovery of a

potential mechanism to explain some of the cognitive deficits seen with Down syndrome, and found that use of an FDA-approved drug, bumetanide, enhanced behavioral performance in learning and memory tests in a mouse model of Down syndrome.

I *do* wonder, if quality of life were *not* an issue, *why* Dr. Prentice and his fellow scientists would go to such trouble. It seems, given their licensure as physicians, that the quality of life of humans with Down Syndrome must therefore *necessarily* be quite dismal; at least, to *such* an extent that it *would* justify such *extensive* research. But in *either* case, the point in regard to H.B.135 remains unchanged. The behemoth undertaking represented in this legislative proposal is—*what kind of quality of life are we really prepared to offer*, to our 60,000 - 6,000 = 54,000 additional babies born with Down Syndrome, every year? And yet, I do not see that this consideration has been taken into account *at all*, in the sponsor testimony proffered by Representative LaTourette and Representative Hall. To the contrary, all I *do* see, is the political issue of *abortion*—and mounting problem after problem, to shortly *follow*.