Abstract. Eugenic thinking divides people into groups according to real or perceived genetic traits, identifies some groups as unwanted, and then promotes the elimination of the unwanted groups. Some American medical professionals are pursuing a eugenic agenda that pressures and misleads parents to abort unborn children with Down syndrome. These counselors have a strong, unwarranted bias that influences parents’ decisions significantly. The use of prenatal genetic testing and in vitro fertilization increases the number of deaths of unborn children with Down syndrome. The widespread practice of identifying and aborting children with Down syndrome is properly called eugenics. National Catholic Bioethics Quarterly 18.2 (Summer 2018): 237–246.

Just a few months after Ohio’s governor signed a law banning the abortion of children believed to have Down syndrome, the American Civil Liberties Union filed a lawsuit intended to overturn it. The ACLU cannot deny that the practices of screening unborn human children for Down syndrome and aborting the children with positive test results have become very common; studies indicate that around 85 percent of children with Down syndrome are aborted in the United States.1 The ACLU denies,
however, that parents who choose these abortions are discriminating against a genetically defined class of persons who have a moral and legal claim to survival. ACLU staff criticize the Ohio law for not focusing instead on improving “access to accurate medical information, resources, and the support necessary to raise their children with dignity.”

They say nothing about the possibility that the drastic reduction of the Down syndrome population may be influenced by a bias toward abortion in the medical information and advice that parents are given. They also do not explain why this all looks suspiciously like a program of eugenics.

This paper argues that eugenics is, in fact, resurging in America through the widespread elimination of a new generation of unborn children with Down syndrome. It is not so much the parents who intend this twenty-first-century holocaust, but the medical professionals who intentionally manipulate parental decision making. This intention is demonstrated in the efforts of certain medical professionals to mislead, withhold information and options from, influence, and sometimes pressure parents to end the lives of children with Down syndrome.

In targeting the Down syndrome population, certain medical professionals are following the lead of advocates and practitioners of eugenics in twentieth-century medical and research institutions, cultural and intellectual societies, law enforcement agencies, and political organizations. Since the 1930s, eugenicists have tried to reduce or eliminate groups in the population that are identified by certain genetic characteristics. Persons with Down syndrome are on a long list of such groups, which include people who have mental and physical disabilities, people with epilepsy, and people who suffer from migraines as well as those are considered unintelligent or “shiftless,” criminals, people who are poor, people who are sexually active, and people who are African American, Hispanic, or Native American.

In America, eugenic policies have included the forced or manipulated sterilization of women and men (estimated at sixty thousand or more Americans) and birth control. In the 1930s, sheriffs would capture poor children in the Appalachian region of Virginia and transport them to state mental hospitals. Deemed “unfit” because of


supposedly inherited traits, they would be forced into low-paid labor and eventually released only if they agreed to be surgically sterilized. Beatings and solitary confinement were routine. In 1937, a Gallup poll found that 84 percent of Americans were in favor of forcing mentally ill persons to undergo sterilization.

Other means of eugenics have been proposed but not implemented in America. A special committee of the American Breeders Association was formed in the 1930s “for cutting off the defective germ-plasm of the American population.” The committee included Nobel Prize winner Alexis Carrel, chief of the US Bureau of Statistics, as well as experts from Harvard, Yale, and the University of Chicago. This committee targeted ten groups for elimination: the “feebleminded,” paupers, inebriates, criminals (including petty offenders and debtors), epileptics, the insane, the “constitutionally weak,” persons predisposed to specific diseases, the deformed, and people with defective sense organs. A “first wave” would eliminate more than 10 percent of the population, and the next wave would identify and eliminate their extended families.

Eugenicists historically have pursued all legal means at their disposal. So as the interpreter of law, the Supreme Court has explicitly approved the practices of forced sterilization and abortion. In declaring the legality of forced sterilization, Justice Oliver Wendell Holmes wrote, “It is better for all the world if, instead of waiting to execute degenerate offspring for crime or to let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their kind... Three generations of imbeciles are enough.” That Supreme Court decision has never been reversed.

American eugenics had a significant influence on radical politics in nineteenth- and twentieth-century Germany. When in prison in 1924, Adolf Hitler read eugenics texts that referred to the work of Charles Davenport and other American eugenicists. Harry Laughlin of the American Breeders Association kept in close touch with the German Nazis and accepted an honorary doctorate from the University of Heidelberg in 1935. Laughlin and fellow American Clarence Campbell also served as vice-presidents for the International Congress for Population Science held in Berlin in 1935, and Hitler sent fan mail to Leon Whitney, who was president of the American Eugenics Society.

Given the various understandings of “eugenics,” the term is used here to identify an intended or actual attempt to eliminate a class of persons who are unwanted because of their genetic characteristics. Eugenicists follow three stages of thought:

9. Black, War against the Weak, 400.
(1) dividing humans into groups according to real or perceived genetic categories, (2) deciding that some such categories are unwanted, and (3) promoting or engaging in the elimination of these target classes from the population, usually future generations. The core elements are conscious intention and the use of perceived or actual genetic characteristics to separate the unwanted from the wanted. These core elements hold for both early eugenics and its contemporary forms, even though early eugenics was arguably distinguished by more simplistic and polemical theories of genetics.

**Ideological Bias**

The eugenic agenda against children with Down syndrome is driven by an ideology that obscures the true interests of parents and the value of proceeding with the birth of their children with Down syndrome. There are widespread but contested beliefs in America about the undesirability of certain genetic conditions such as Down syndrome, spina bifida, autism (which is probably not entirely genetic in origin), and even gender and intelligence. Studies of women in prenatal care show a common approval of abortion if their children are diagnosed with Down syndrome. As many as 72 percent of pregnant mothers had their children screened for Down syndrome in 2012, up from estimates of 25 percent in 1988 and 50 percent in 1992.

Studies also show that much of the American population holds strongly biased views against persons with Down syndrome. Sizable percentages of the adult population prefer segregation in educational (30 percent), workplace (18 percent), and social (40 percent) settings. Moreover, preborn children diagnosed with Down syndrome are more likely to be aborted than children with other genetic conditions, including spina bifida, anencephaly, Turner syndrome, and Klinefelter syndrome. In a meta-analysis, 45 percent of women who chose to abort a child diagnosed with


Down syndrome indicated that their decision was due to society’s very low respect for persons with this condition.\textsuperscript{16}

Certain medical professionals stand out in their extraordinarily biased perspective about the potential effect raising a child with Down syndrome will have on a family’s future happiness. In one study, physicians and other health care providers strongly emphasized the negative aspects of parenting a child with Down syndrome over the positive aspects.\textsuperscript{17} In a still-cited 1990 study, 48 percent of genetic counselors made such negative appraisals, compared with only 6 percent of mothers and 17 percent of nurses.\textsuperscript{18}

**Does Genetic Testing Influence Parental Decisions?**

Genetic testing can influence parents in favor of abortion. Once they get a result, parents must often make a quick decision that is motivated by fear of the future, anxiety about developing emotional attachments to the child, and awareness of the physical differences between the roughly ten-week-old unborn child and a born baby. Not very much in this process positively disposes the parents toward the survival of their child. The promise by companies selling genetic-testing services that they will help parents to have only “healthy” children puts a decidedly negative valuation on any child who receives a positive test result for some characteristic termed an “abnormality.”\textsuperscript{19}

New parents of an unborn child face a bewildering array of statistics and marketing literature that encourages them to pursue genetic testing as part of “informed choice.” Studies indicate that even mothers who do not initially consider abortion as an option will often request testing for reassurance that their baby is healthy or to gain control if the baby turns out to be disabled.\textsuperscript{20} There is only a weak association between the attitude of a mother toward Down syndrome and her choice to have the

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preborn child genetically tested. In one study, of the quartile of women most favorably disposed toward persons with Down syndrome, 67 percent still chose genetic screening.21

Genetic testing is an indirect tool for the elimination of persons with Down syndrome because it increases the likelihood of abortion, which is the direct means. Consider that the primary tool by which countries like Denmark and Iceland have nearly eliminated the live birth of children with Down syndrome is the aggressive promotion of neonatal tests for chromosomal abnormalities. There is evidence that medical professionals who advocated for enhanced screening technologies were motivated specifically by the hope that more children with Down syndrome would be aborted, since the populations of persons with this condition or with fragile X syndrome have been considered to be public health problems.22 Some advocate for even more thorough testing to avoid the supposed financial costs of Down syndrome to society.23

Rapid advances in testing now make it much easier for a pregnant mother to test her child. Noninvasive prenatal testing makes it possible to test for the disorder without using amniocentesis or other procedures that risk harming or killing the potentially healthy child. In addition, it can identify Down syndrome more accurately than older methods can. The perceived cost to the mother of testing her child has drastically decreased over a period of several years. Testing is now done as early as nine or ten weeks of gestation.

The indirect means of genetic testing ultimately has a direct, eugenic effect: if a child tests positive for Down syndrome, then abortion becomes much more likely. In a 2012 study, 23 to 33 percent of nonpregnant women said they would abort their fetus if he or she tested positive, yet 89 to 97 percent of women chose abortion when tests indicated Down syndrome.24 Evidence also indicates that parents who receive false-positive results of blood tests for chromosomal disorders abort their child around 6.2 percent of the time without undergoing confirmatory testing. (This does not include the abortions that follow indications of Down syndrome on ultrasound testing.)25 Prenatal testing has an additional effect: many mothers who have experienced the pain of deciding whether to abort a disabled child “choose not to choose”

in the future by simply avoiding another pregnancy altogether.²⁶ This reduces the number of all births, including the births of persons with Down syndrome.

**IVF As a Tool for Eugenics**

For parents who use in vitro fertilization to create and then select a new child from among a number of living embryos, preimplantation genetic diagnosis provides another mechanism for avoiding the birth of a child with Down syndrome by analyzing embryos for a variety of genetic characteristics. In IVF, multiple human embryos are created. The embryos considered most “healthy” are implanted in the uterus of the mother or a surrogate. Embryos that are not selected for birth are discarded, frozen, or destroyed in research.

The use of PGD and IVF to identify and eliminate children with Down syndrome is especially efficient, making the process of destroying embryos unseen by parents and therefore less emotional for them. Today, IVF is presented as an entirely positive tool for adults who want a healthy baby, but it has a universal effect of destroying and preventing the births of certain types of persons. We should not be surprised that Robert Edwards, the scientist who developed IVF in the 1970s and received a Nobel Prize for his work in 2010, was a publicly known eugenicist. He was a member of the Eugenics Society in Britain, which he frequently led,²⁷ and he wanted to use IVF to help eliminate “unwanted” populations.²⁸ Between 1985 and 2017, more than one million children were born in the United States through IVF. It seems likely that tens of thousands of human embryos with Down syndrome were destroyed in the process.²⁹

**Do Medical Professionals Actively Promote Abortions of Persons with Down Syndrome?**

Physicians who have negative attitudes toward allowing the successful birth of children with Down syndrome are highly likely to provide poor counseling and inadequate information to parents. The lack of good and helpful information contributes to the negative feelings parents have about their potential experience with a child with Down syndrome.³⁰ In fact, when less information is provided about resources for people with disabilities, parents are more likely to choose abortion;

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87 percent of women reported that genetic counselors did not give them information about quality-of-life issues.\textsuperscript{31}

The number of abortions reflects the nature of the information provided. Only 66 percent of mothers who were pregnant with children diagnosed with Down syndrome were notified by counselors of the option to continue their pregnancy.\textsuperscript{32} In a meta-analysis of mothers who chose to abort, 83 percent based their decision on a perception that parenting the child would be too burdensome, exactly the impression that many physicians go to pains to communicate.\textsuperscript{33} Forty-six percent of maternal-fetal medicine specialists do not believe they have a responsibility to counsel parents before a decision to kill the fetus, and 25 percent of fetal care pediatric specialists agree. Influence from certain physicians seems to have a direct effect on the number of abortions. For example, in their role as health care professionals, maternal-fetal medical specialists are more likely than fetal care pediatric specialists to support parents’ decisions for abortion (52 vs. 35 percent). Actual termination rates are consequently much higher for patients of maternal-fetal medicine specialists (51 vs. 21 percent).\textsuperscript{34}

The negative attitudes of medical professionals about the birth of children with Down syndrome diverge considerably from the actual experiences of parents. Reportedly, 99 percent of parents of children with Down syndrome love their offspring, and 88 percent say their other children are better people because of their brother or sister with Down syndrome.\textsuperscript{35} Anyone who has a sibling will recognize that such a nearly universal positive attitude between siblings is extraordinary. The organization Be Not Afraid alerts parents that, even if prenatal diagnosis indicates a high probability that an unborn baby will have significant medical issues, “mothers who chose to carry their baby to term recover to baseline mental health more quickly than those who aborted due to fetal anomaly.”\textsuperscript{36} By exhibiting an inaccurate and negative attitude, medical


\textsuperscript{33} Choi et al., “Decision Making following Prenatal Diagnosis,” 161.


\textsuperscript{36} Bridget Mora, “Prenatal Screening and Diagnosis,” fact sheet, Be Not Afraid, 2016, 1, http://www.benotafraid.net/Portals/30/Prenatal%20Screening%20Brochure%20for%20General%20Distribution.pdf. See also “Isn’t Continuing the Pregnancy Harmful to the Mother’s Mental Health?,” FAQ, Perinatal Hospice and Palliative Care, accessed June 4,
professionals are actively and unnecessarily increasing the number of preborn children with Down syndrome who are killed by abortion.

Abortion is an ideal mechanism for achieving eugenic aims. The preborn child is easily eliminated in a relatively safe, non-burdensome medical procedure. The procedure itself is entirely legal in the United States, privately experienced by the mother, openly approved of by nearly half of society, and often covered by private insurance or government welfare benefits. The child is eliminated before the parents have much time to bond emotionally or incur significant financial costs for his or her care. In vitro fertilization and PGD are similarly effective and efficient means of furthering eugenic agendas.

Is This Really Eugenics?

If we define eugenics by the elements that historically are part of eugenic programs, substantial evidence suggests that prenatal genetic screening is, in fact, a eugenic practice: (1) Embryos with Down syndrome are categorized in a single group on the basis of their genetic condition. (2) An extreme bias against persons with Down syndrome is clearly evident among certain medical professionals who counsel parents. And (3) genetic screening, abortion, and IVF and PGD are used widely with the specific intention of killing fetuses and embryos with Down syndrome.

One potential counterargument to eugenic intent is that parental decisions for abortion seem to be carried out innocently. Parents, the direct agents and decision makers, appear to be focused on their personal lifestyles rather than on a society-wide effect. At the level of individual choice, however, the parents who choose to abort an unborn child with Down syndrome are participating in widespread discrimination against a genetically similar population. Each decision to abort a child with Down syndrome uses violence to incrementally alter the genetic makeup of society.

Moreover, the decision discriminates on the basis of a single chromosomal difference. Even federal law, through the Americans with Disabilities Act, recognizes that disabled individuals belong to a class of persons who need and deserve protection. From a broader perspective, it is hard to simply give parents a pass for not understanding these implications of their decision to abort. Most Americans would not forgive mistreating, aborting, or otherwise killing a person on the basis of race, which is simply a genetic characteristic; this holds true even when the discrimination is influenced by a more prejudiced individual.

A child with Down syndrome may require extraordinary care, but this condition almost never causes parents to love their child any less after birth. There is evidence that the decision to abort a child with Down syndrome is made not on the basis of the expected costs of raising such a child, but because of the perceived loss of personal rewards, such as the joy of parenting and the emotional fulfillment of seeing the child’s

accomplishments. The same study reveals that this concern about personal rewards is significantly greater than the concern about physical disabilities. Consequently, even an individual choice to abort involves highly questionable judgments, based solely on a genetic characteristic, about the future disposition of a child. Parents are consciously making that choice.

The evidence also demonstrates that, at a minimum, medical professionals are part of a network of forces that have a eugenic result. An overwhelming percentage of unborn children diagnosed with Down syndrome are in fact being killed. As described above, the entire process of parental decision making involves a variety of influential factors that help bias the decision toward abortion. The marked difference between parents’ initial intentions and their actual decision to abort following genetic screening and physician counseling is striking. Even the American Medical Association expressed concern in 1994 about eugenics achieved through “social pressure” toward genetic testing and the subsequent abortions.

Some would say that the human entities killed by abortion are not really “persons” with a right to life or to anything else. They would say that to label such abortions eugenic is to level undeserved criticism at an act that is seen to be ethically allowable and is common. The concern about eugenics does not hinge solely on the question of when personhood begins, however. We must also consider whether these actions have the intended effect of targeting and eliminating people with specific genetic characteristics. These are characteristic aims of eugenacists.
