

## Testimony in Opposition to HF 1930

My name is Katherine Szepieniec and I submit this testimony on behalf of my daughter, Rosemary.



As a now almost two-year old with Down Syndrome, she has already had to overcome her share of health challenges. She has benefitted greatly from the hard fight of the disability community for decades to get to a point where society has begun to recognize the innate human dignity that she and her peers possess. Without this basic recognition by medical providers of the dignity and right to life that every person has regardless of disability, she and her peers would not be afforded the care needed to live. Assisted suicide is an attack on this foundational societal agreement that life should be cared for not hastened to its end.

The level of care or assistance someone may need when given a 6-month prognosis is often similar to the care that many people with disabilities need every day. What does this bill then say to people with disabilities or those who cannot afford to be cared for at the end of life?

Upon receiving Rosemary's Down Syndrome diagnosis at birth, I recall my sister's extremely excited reaction that her niece was not "neuro typical." She saw the reality that Down Syndrome is not a death sentence and the joy that comes in caring for another. If we can continue to advocate for real care throughout life's journey instead of focusing on ways to end life prematurely, Rosemary could easily out live any of her "neuro-typical" peers. Maybe she will even be running a legislative committee deciding matters of life and death.

Endless possibilities and a long-life expectancy were not always the case for people with Down Syndrome. It was not until as recently as the 1970's that their median life expectancy began to rise beyond toddlerhood.

The reality is that advancements in how we care for and treat people with disabilities do not happen when society views life as disposable, especially when life becomes challenging for the people who are providing the care. **Assisted suicide only promotes this mentality by insinuating, if not explicitly stated, to patients that death is preferable when care is difficult or expensive.** No one, especially someone in their final days of life or someone with a lifelong disability wants to feel like a burden. So, for the sake of my daughter and peers like her, who may not have a mama bear around to protect them as they grow old, I pray that you will vote no to devaluing life so that medicine will continue to make great strides forward in the care and treatment of all people.

Sincerely,

Katherine Szepieniec  
Hastings, MN