

1 Ken Connelly
2 AZ Bar No. 025420
3 Kevin H. Theriot
4 AZ Bar No. 030446
5 ALLIANCE DEFENDING FREEDOM
6 15100 N. 90th Street
7 Scottsdale, AZ 85260
8 (480) 444-0020
9 (480) 444-0028 facsimile
10 kconnelly@ADFlegal.org
11 ktheriot@ADFlegal.org

12 *Attorneys for Proposed Defendant-Intervenor Sharing Down Syndrome Arizona*

13 **IN THE UNITED STATES DISTRICT COURT**
14 **FOR THE DISTRICT OF ARIZONA**

15 Paul A. Isaacson, M.D., et al.,

16 Plaintiffs,

17 v.

18 Mark Brnovich, Attorney General of
19 Arizona, in his official capacity, et al.,

20 Defendants.

Case No. 2:21-cv-01417-DLR

**Sharing Down Syndrome Arizona's
Motion to Intervene as Defendant and
Memorandum in Support**

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Introduction

1
2 People with Down syndrome and other genetic abnormalities lead lives full of
3 profound love and meaning—experience tells us so. Yet many countries, including the
4 United States, resort to a regime of discriminatory abortion to “deal with” those with
5 Down syndrome. In other words, at the very time the most vulnerable among us need our
6 help, societies across the globe respond instead with violence. Take Iceland, for example.
7 In that country nearly 100% of children with Down syndrome are aborted, a statistic that
8 has been presented as Iceland getting “close to eradicating Down syndrome births[.]” *Box*
9 *v. Planned Parenthood of Ind. & Ky.*, 139 S. Ct. 1780, 1790 (2019) (Thomas, J. concurring);
10 Julian Quinones & Arijeta Lajka, “What Kind of Society Do You Want To Live In?”:
11 Inside the Country Where Down Syndrome Is Disappearing, CBS News,
12 <https://www.cbsnews.com/news/down-syndrome-iceland/>. Meanwhile, Denmark aborts
13 approximately 98% of children diagnosed with Down syndrome, the United Kingdom
14 90%, and France 77%. *Box*, 139 S. Ct. at 1790-91. And here in the United States,
15 somewhere between 61%-91% of mothers choose to abort their child if he or she is
16 diagnosed with Down syndrome. S.B. 1457 § 15.

17 Faced with this global and national discriminatory abortion regime, the Arizona
18 legislature passed S.B. 1457 on April 22, 2021. Among other things, the law advances the
19 state’s interest in protecting the disabled from discrimination by preventing abortions
20 based solely on “genetic abnormalit[ies]” such as Down syndrome. A.R.S. § 13-
21 3603.02(A)(2). It is an extension of extant Arizona law, which has included protections
22 against race-and sex-selective abortions for over a decade. *See* A.R.S. § 13-3603.02(A)(1)
23 (Effective July 20, 2011). Plaintiffs—who include practicing physicians and the Arizona
24 Medical Association—have challenged S.B. 1457, seeking to cast aside the
25 nondiscrimination and other provisions, leaving those with Down syndrome subject to
26 discriminatory treatment in the form of selective and targeted abortions.

27 On September 28, 2021, this Court enjoined the nondiscrimination and related
28 provisions, finding that it was likely the provisions were void for vagueness and “impose[d]

1 an undue burden on the rights of women to terminate pre-viability pregnancies.” Doc. No.
2 52 at 29.

3 Proposed Intervenor-Defendant Sharing Down Syndrome Arizona is a nonprofit
4 organization which assists and provides support to children and families experiencing
5 Down syndrome. Decl. of Virginia C. Johnson, ¶¶ 3, 6-9, 12, 25-28. The legal challenge
6 filed by the Plaintiffs in this matter directly implicates Sharing Down Syndrome’s interests
7 because it seeks to block crucial new legal protections for those with Down syndrome.
8 These protections can help ensure that children diagnosed with Down syndrome receive
9 the same right to life and chance to grow and develop as babies without diagnosed genetic
10 abnormalities. If Plaintiffs are successful, children with Down syndrome are likely to
11 continue to be discriminatorily aborted based on the genetic abnormalities with which they
12 are diagnosed. Plaintiffs’ success in ensuring that babies with Down syndrome are stripped
13 of legal protections against discrimination will also inhibit Sharing Down Syndrome’s
14 ability to reach, educate, and support children and families experiencing Down syndrome.

15 As a result, Sharing Down Syndrome has unique interests to defend, and
16 information to supply to this Court, in this litigation.

17 **The Challenged Laws**

18 Since 2011, the state of Arizona has prohibited persons from “perform[ing] an
19 abortion knowing that the abortion is sought based on the sex or race of the child or the
20 race of a parent of that child.” A.R.S. § 13-3603.02(A)(1). In 2021, Arizona added to its
21 ban on discriminatory abortions based on sex and race by including a prohibition against
22 discriminatory abortions based on genetic abnormalities, such as Down syndrome. The
23 Arizona Legislature promulgated S.B. 1457 (the Act), which contains several provisions
24 designed to “protect[] the disability community from discriminatory abortions, including
25 for example Down-syndrome-selective abortions.” S.B. 1457 § 15. More specifically,
26 Section 2 of the Act includes a provision prohibiting a person from performing an
27 abortion if that person knows “that the abortion is sought solely because of a genetic
28 abnormality of the child.” *Id.* at § 2. “Genetic abnormality” is defined as “the presence or

1 presumed presence of an abnormal gene expression in an unborn child, including a
2 chromosomal disorder or morphological malformation occurring as the result of abnormal
3 gene expression.” A.R.S. § 13-3603.02(G)(2). The Act contains two exceptions. First, a
4 “[g]enetic abnormality . . . [d]oes not include a lethal fetal condition.” *Id.* Second, a
5 “medical emergency” exception permits abortions in “the physician’s good faith clinical
6 judgment” to prevent the death or “substantial and irreversible impairment of a major
7 bodily function” of the pregnant woman. A.R.S. § 13-3603.02(A), (G)(3); § 36-2151(6).
8 Moreover, the Act explicitly exempts “[a] woman on whom . . . an abortion because of a
9 child’s genetic abnormality is performed” from all criminal or civil liability. A.R.S. § 13-
10 3603.02(F).

11 In addition to the Non-Discrimination Provision, the Arizona Legislature also
12 added a new statute—the Interpretation Policy—which requires that the state’s laws be
13 “interpreted and construed to acknowledge, on behalf of an unborn child at every stage of
14 development, all rights, privileges and immunities available to other persons, citizens and
15 residents of this state.” A.R.S. § 1-219(A).

16 In passing the law, Arizona found that “prohibiting persons from performing
17 abortions knowing that the abortion is sought because of a genetic abnormality of the child
18 advances at least three compelling state interests.” S.B. 1457 § 15. The Act: (1) “protects
19 the disability community from discriminatory abortions, including for example Down-
20 syndrome-selective abortions,” (2) protects Arizona citizens from coercive medical
21 practices “that encourage selective abortions of persons with genetic abnormalities,” and
22 (3) “protects the integrity and ethics of the medical profession by preventing doctors from
23 becoming witting participants in genetic-abnormality-selective abortion.” *Id.*

24 Plaintiffs have challenged both the Non-Discrimination Provision and the
25 Interpretation Policy.
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Statement of Facts

1
2 Sharing Down Syndrome Arizona “is a nonprofit organization dedicated to helping
3 individuals with Down syndrome” and “families who have sons or daughters with Down
4 syndrome.” Johnson Decl. ¶ 3. “Sharing Down Syndrome began with five families
5 approximately 31 years ago, and it has grown to include some 5,000 families currently as
6 part of [its] network.” *Id.* at ¶ 4. Sharing Down Syndrome was formed so that every child
7 and family would have the best chance at a bright future by receiving early and consistent
8 support from the Down syndrome community. Its goal is to reach every family in Arizona
9 who has a child with Down Syndrome. As part of this process, Sharing Down Syndrome
10 makes hospital visits to newborn babies with Down Syndrome, and their families. In 2020,
11 Sharing Down Syndrome visited 120 families in 29 Arizona cities and the Navajo Nation,
12 providing them with love, support, and educational materials about their baby and his or
13 her development. *Id.* at ¶¶ 6-9.

14 Sharing Down Syndrome begins its “support efforts to children and families so early
15 . . . because babies with Down syndrome are often faced with a host of medical challenges,
16 which can include heart defects, intestinal and respiratory problems, developmental delays,
17 hearing and vision impairments, and intellectual disabilities.” *Id.* at ¶ 10. All of this can be
18 overwhelming to new parents, so one of Sharing Down Syndrome’s main goals is to step in
19 to help at the time it is most needed. Additionally, in Sharing Down Syndrome’s experience
20 it is unfortunately the case that society and even some in the medical profession “can often
21 place great pressure”—subtle and not so subtle—on parents to abort children with Down
22 syndrome, precisely because children with this diagnosis have so many medical challenges.
23 *Id.* at ¶¶ 17, 25. However, Sharing Down Syndrome has also witnessed that when “families
24 are given loving support and information—even when they have knowledge that their child
25 may have a genetic abnormality and all the health challenges that may come with such a
26 diagnosis—they very often choose to bring their babies to term,” and then “cannot imagine
27 life without that child once he or she is born.” *Id.* at ¶¶ 18-19.

28

1 Sharing Down Syndrome knows from experience that “children with Down
2 syndrome can and do live lives full of meaning and love” just like any other human beings,
3 and “make great sons and daughters, brothers and sisters, and aunts and uncles, as well as
4 friends, students, and employees.” *Id.* at ¶ 20. Sharing Down Syndrome is “an organization
5 dedicated to helping those with Down syndrome realize their full potential,” and it
6 therefore “supports laws like S.B. 1457, which prohibit the discriminatory treatment of
7 those with Down syndrome and other genetic abnormalities.” *Id.* at ¶ 21. Discriminatorily
8 aborting babies with genetic abnormalities is not progress. S.B. 1457 signals an
9 understanding that babies with Down syndrome, like babies who face discrimination based
10 on their sex or race, are deserving of legal protections. “In fact, without such a law, doctors
11 can abort a baby solely because he or she shows signs of Down syndrome. It is difficult to
12 conceive of a more discriminatory practice than that.” *Id.* at ¶ 23.

13 Sharing Down Syndrome has worked with its extensive network of families and
14 children (many of whom are now adults) with Down syndrome for three decades. Its
15 resulting knowledge and experience uniquely equips it to address the challenged provisions’
16 important role in eliminating Down syndrome discrimination inside and outside of the
17 womb.

18 Sharing Down Syndrome also has extensive knowledge of the factors that often
19 motivate women to seek an abortion after they receive a diagnosis of Down syndrome or
20 other fetal abnormality. Oftentimes, women and families feel they have no alternatives to
21 abortion, given the challenges faced by those who have children with Down syndrome or
22 other genetic abnormalities. Not unexpectedly, Sharing Down Syndrome sees a common
23 theme of hopelessness among some women when they receive the news that their unborn
24 child has Down syndrome. An important part of Sharing Down Syndrome’s mission is to
25 communicate to families that they can bring their child into the world, that they have the
26 ability to raise him or her, and that there are support structures available to help them. *Id.* at
27 ¶ 25.

28

1 Without the Non-Discrimination provision, the deck is stacked against children with
2 genetic abnormalities like Down syndrome. Without these provisions, it is legally
3 permissible to discriminatorily abort such children solely because they have a disability, and
4 that discrimination stigmatizes Down syndrome people already born. Sharing Down
5 Syndrome considers this an avoidable tragedy and therefore seeks to intervene in this
6 matter to provide the Court its unique perspective and knowledge about children with
7 Down syndrome and their families.

8 **Argument**

9 Sharing Down Syndrome's interests are directly implicated by Plaintiffs' challenge
10 and this Court should grant it intervention as of right, or alternatively, permissive
11 intervention. In evaluating this motion, this Court should "take all well-pleaded,
12 nonconclusory allegations in the motion to intervene . . . and declaration[] supporting the
13 motion as true absent sham, frivolity or other objections." *Sw. Ctr. for Biological Diversity v.*
14 *Berg*, 268 F.3d 810, 820 (9th Cir. 2001).

15 **I. Sharing Down Syndrome is entitled to intervene as of right because its** 16 **unique interest in protecting people with Down Syndrome is implicated and** 17 **not adequately protected by the parties.**

18 This Court must permit Sharing Down Syndrome to intervene under Federal Rule
19 of Civil Procedure 24(a)(2) if it can demonstrate these four elements: (1) its request is
20 timely; (2) "it has a significant protectable interest relating to" a challenged law; (3) the case
21 outcome "may, as a practical matter, impair or impede [its] ability to protect its interest[s]";
22 and (4) "the existing parties may not adequately represent [its] interest[s]." *See In re Est. of*
23 *Ferdinand E. Marcos Hum. Rts. Litig.*, 536 F.3d 980, 984 (9th Cir. 2008). These requirements
24 are "broadly interpreted in favor of intervention." *Id.* at 985. Sharing Down Syndrome
25 satisfies them all.
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1 **A. Sharing Down Syndrome’s motion to intervene is timely because the case is**
2 **still in the early stages of litigation.**

3 Courts evaluate three factors when assessing timeliness: “(1) the stage of the
4 proceeding at which an applicant seeks to intervene; (2) the prejudice to other parties; and
5 (3) the reason for and length of the delay.” *Smith v. L.A. Unified Sch. Dist.*, 830 F.3d 843,
6 854 (9th Cir. 2016) (citation omitted). The “crucial date” for determining timeliness is
7 when Sharing Down Syndrome “should have been aware that [its] interests would not be
8 adequately protected by the existing parties.” *Id.* (citation omitted). Here, Sharing Down
9 Syndrome’s Director became aware of the lawsuit on August 23, 2021, but its full board of
10 directors did not learn of the lawsuit’s details until a September 21, 2021, special meeting
11 called to discuss the matter with potential *pro bono* counsel. Johnson Decl. ¶ 30. Given the
12 recency of Sharing Down Syndrome’s awareness of its need to intervene and the early
13 stage of the proceedings, all relevant factors demonstrate that its motion is timely.

14 First, the case proceedings are at a very preliminary stage. This Court just issued its
15 order on Plaintiffs’ motion for a preliminary injunction. Doc. No. 52. Discovery is not yet
16 underway, no answer has yet been filed by the State Defendants, and the scheduling
17 conference is not due to take place until December 22, 2021 (Doc. No. 54). Under these
18 circumstances, a determination of timeliness is appropriate. *See, e.g., Safari Club Int’l v. Jewell*,
19 No. CV-16-00094-TUC-JGZ, 2016 WL 7786478, at *1 (D. Ariz. May 13, 2016) (finding
20 motion to intervene timely when filed after issuance of a scheduling order and within three
21 months of scheduled merits briefing); *Sanyer v. Bill Me Later, Inc.*, No. CV 10-04461 SJO
22 (JCGx), 2011 WL 13217238, at *3-6 (C.D. Cal. Aug. 8, 2011) (finding timely a motion to
23 intervene filed one year after the case started where the court had already ruled on a motion
24 to dismiss and choice-of-law arguments and document discovery had recently begun, and
25 noting that other “district courts in the Ninth Circuit have regularly found motions to
26 intervene timely in cases where the stage of the proceedings had advanced further than the
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1 instant case”); *Acosta v. Huppenthal*, No. CV 10-623-TUC-AWT, 2012 WL 12829994, at 2 (D.
2 Ariz. Feb. 6, 2012) (granting permissive intervention when motion was filed more than
3 fourteen months after plaintiffs’ complaint was filed, noting that “no discovery ha[d] taken
4 place[,] . . . briefing on the parties’ summary judgment motions [was] still ongoing . . . [and]
5 . . . [t]he Court ha[d] yet to deeply engage with the substantive issues”).

6
7 Second, given the litigation’s preliminary stage, the parties will not suffer any
8 prejudice from Sharing Down Syndrome’s intervention. *Cf. Smith*, 830 F.3d at 857 (holding
9 that “the only ‘prejudice’ that is relevant under this factor is that which flows from [the]
10 prospective intervenor’s” delay (citation omitted)). The timing of Sharing Down
11 Syndrome’s motion cannot be considered prejudicial to the parties when they have yet to
12 even propose a scheduling order to the Court, and the Court has yet to set applicable
13 timelines going forward.

14 Finally, the time that elapsed prior to Sharing Down Syndrome’s filing this motion
15 is reasonable under the circumstances. As soon as its Director learned of the lawsuit, she
16 set out to analyze how the issues would affect Sharing Down Syndrome and then gathered
17 her board of directors for a meeting in order to discuss the matter and make a collective
18 decision. Johnson Decl. ¶ 30. Once it met on September 21, 2021, the Board of Directors
19 evaluated the lawsuit and its potential impact, assessed the merits of participating in the
20 litigation, and discussed the matter with counsel. The Board then gave those members who
21 could not attend the chance to watch the recorded meeting and direct questions to
22 counsel. After that process, Sharing Down Syndrome expeditiously decided to seek
23 intervention and officially retained counsel that was willing to provide *pro bono* services. *Id.*

24 Understandably, all of this took some time, especially because Sharing Down
25 Syndrome is a nonprofit and all of its board members are volunteers who work other full-
26 time jobs during the day. Regardless, discovery has not yet begun, a scheduling order has
27 not yet been issued, and less than two months has elapsed since the complaint was filed.
28 Given that courts have granted intervention when six or more months have passed prior to

1 intervention, there can be little question that Sharing Down Syndrome’s proposed
2 intervention is timely. *See, e.g., Ctr. for Biological Diversity v. U.S. Bureau of Land Mgmt.*, 266
3 F.R.D. 369, 373 (D. Ariz. 2010) (finding that motion to intervene as of right was timely
4 when filed “approximately nine months after the case was filed and six months after the
5 Amended Complaint”); *Georgia v. U.S. Army Corps of Eng’rs*, 302 F.3d 1242, 1259-60 (11th
6 Cir. 2002) (finding motion to intervene as of right was timely even though intervenor knew
7 of case for six months before moving to intervene, at which time “discovery was largely
8 complete”); *Mille Lacs Band of Chippewa Indians v. State of Minn.*, 989 F.2d 994, 999 (8th Cir.
9 1993) (finding motion to intervene timely even though filed “some eighteen months after
10 suit had been commenced and nine months after the deadline for filing motions to add
11 parties”).

12 For all these reasons, Sharing Down Syndrome’s motion to intervene is timely.

13 **B. Sharing Down Syndrome has a significant, protectable interest in defending**
14 **a law that protects the dignity of people with Down Syndrome and their**
15 **families.**

16 There is no “clear-cut or bright-line rule” for determining whether a proposed
17 intervenor has shown a sufficient interest for intervention. *In re Est. of Ferdinand E. Marcos*,
18 536 F.3d at 984 (citation omitted). Rather, the determination involves “a practical,
19 threshold inquiry. No specific legal or equitable interest need be established.” *Greene v.*
20 *United States*, 996 F.2d 973, 976 (9th Cir. 1993) (citation omitted). Courts should utilize the
21 “interest” requirement “primarily [as] a practical guide to disposing of lawsuits by involving
22 as many apparently concerned persons as is compatible with efficiency and due process.”
23 *In re Est. of Ferdinand E. Marcos*, 536 F.3d at 985 (citation omitted).

24 A proposed intervenor has a “significant protectable interest’ in an action if (1) it
25 asserts an interest that is protected under some law, and (2) there is a ‘relationship’
26 between its legally protected interest and the plaintiff’s claims.” *Cal. ex rel. Lockyer v. United*
27 *States*, 450 F.3d 436, 441 (9th Cir. 2006) (citation omitted). Notably, intervention is proper
28 even when the law an intervenor seeks to defend “does not give the proposed intervenors

1 any enforceable rights” or “protect any of their existing legal rights.” *Id.* Here, Sharing
2 Down Syndrome “has a sufficient interest for intervention purposes [because] it will suffer
3 a practical impairment of its interests as a result of the pending litigation” if the Plaintiffs
4 prevail. *Id.* And a court in this district granted intervention under similar circumstances. In
5 *Tucson Women’s Ctr. v. Az. Med. Bd.*, No. CV-09-1909-PHX-DGC, 2009 WL 4438933, at *3
6 (D. Ariz. Nov. 24, 2009), the court found that CPC, a nonprofit pregnancy resource center
7 offering “alternatives to abortion,” had a significant protectable interest in a lawsuit
8 challenging an Arizona “statute requiring that physicians throughout Arizona advise every
9 abortion patient of the services provided by nonprofit organizations such as CPC.” The
10 court found a protectable interest because the law “undoubtedly would have the practical
11 effect of furthering the purpose and work of CPC, and invalidation of the statute likewise
12 would have a practical effect on the organization.” *Id.* So too here. The Non-
13 Discrimination provision would, as a practical matter, further Sharing Down Syndrome’s
14 purpose and work, and invalidating the statute would also practically affect the
15 organization’s work and mission.

16 Sharing Down Syndrome has multiple interests at stake. For instance, its mission “is
17 to educate and empower, but especially give hope to individuals who have Down
18 syndrome so they may grow up to become independent self-advocates.” Johnson Decl.
19 ¶ 3. The Non-Discrimination provision furthers this goal because it codifies respect for the
20 lives of preborn babies with Down syndrome and the fact that they are worthy of legal
21 protection against disability-based discrimination. If Plaintiffs prevail in having the Non-
22 Discrimination provision permanently enjoined, Sharing Down Syndrome’s work will
23 continue to be hindered by a system which permits discriminatory treatment of Down
24 syndrome preborn babies, a system which in many instances results in the abortion of such
25 children. And if a court were to determine that preborn babies with Down syndrome are
26 not worthy of antidiscrimination protections, that would severely undermine Sharing
27 Down Syndrome’s ability to effectively empower and provide hope to individuals with
28 Down syndrome. Put simply, striking the Non-Discrimination provision will substantially

1 impair Sharing Down Syndrome’s ability to convey its desired message—that children with
2 Down syndrome and other genetic abnormalities have lives that are worth living—and will
3 further impede its work in helping families bring such children to term and secure the very
4 best resources for their upbringing. *Id.* at ¶¶ 12, 24-26.

5 Moreover, if Plaintiffs succeed, it will likely continue to be the case that many
6 women abort their children upon learning of a diagnosis of genetic abnormality like Down
7 syndrome. It is often the case—in Sharing Down Syndrome’s experience—that society and
8 the medical profession can subtly or not so subtly encourage or steer families toward
9 abortion when such diagnoses are made. *Id.* at ¶¶ 17, 25, 31. The Non-Discrimination
10 provision makes it easier for Sharing Down Syndrome to provide support and information
11 to families facing diagnoses of genetic abnormalities before they can be pressured into
12 making a hasty abortion decision they might regret. The provision thus helps level the
13 playing field for Sharing Down Syndrome’s message. People with Down syndrome live
14 lives full of love and meaning just like all other people, *id.* at ¶ 20, and permitting a regime
15 of discriminatory abortions targets and punishes them for a genetic abnormality they have
16 no control over. This is a blatant form of discrimination and thwarts Sharing Down
17 Syndrome’s ability to fully serve the needs of the Down syndrome community.

18 Additionally, Sharing Down Syndrome keeps lists of families who are willing to
19 adopt children with Down syndrome, and when the opportunity arises facilitates the
20 placement of such children with willing and loving families. *Id.* at ¶ 15. If the Non-
21 Discrimination provision is permanently enjoined, many mothers will continue to abort
22 their children once they learn of their Down syndrome diagnosis, precisely because there is
23 no law to protect those children against discrimination. Many Down syndrome babies will
24 therefore not be brought to term, and Sharing Down Syndrome’s adoption project will
25 suffer as a result. *Id.* at ¶ 35.

26 Finally, so long as there is no law in effect that protects preborn babies with Down
27 syndrome from discrimination, Sharing Down Syndrome has to use more of its resources
28 convincing families that the best thing for their child and for them is to bring the baby into

1 the world. Because it is a nonprofit with limited resources, this use of resources takes away
2 from the rest of Sharing Down Syndrome’s important work. *Id.* at ¶ 34. Conversely, if the
3 Non-Discrimination provision goes into effect, Sharing Down Syndrome will have more
4 resources available for its hospital visits to newborn babies with Down syndrome, its work
5 to help ensure inclusive education for children with Down syndrome, its adoption
6 program, and its other important events and programs that help empower individuals with
7 Down syndrome. *Cf. Ctr. for Biological Diversity v. Zinke*, No. CV-18-00047-TUC-JGZ, 2018
8 WL 3497081, at *3 (D. Ariz. July 20, 2018) (finding impairment of protected interests
9 where, *inter alia*, the proposed intervenor “would have to expend more time and resources
10 in developing a new plan which would take resources away from other statewide wildlife
11 programs”).

12 **C. Sharing Down Syndrome’s ability to protect its interest in advocating for**
13 **people with Down Syndrome will be impaired by an order enjoining the**
14 **Non-Discrimination provision.**

15 When a protectable interest exists, a court should have “little difficulty concluding
16 that the disposition of th[e] case may, as a practical matter, affect” the intervenor. *Lockyer*,
17 450 F.3d at 442. In this case, as already discussed above, if Plaintiffs are successful in
18 convincing this Court to permanently enjoin the Non-Discrimination provision, Sharing
19 Down Syndrome’s interest in directly supporting children with Down syndrome, its
20 interest in empowering them and providing them with hope, and its interest in placing
21 them for adoption with willing families on waiting lists, will, as a practical matter, be
22 impaired. Johnson Decl. ¶¶ 31-35. These impairments are more than sufficient to satisfy
23 this factor. *See Citizens for Balanced Use v. Mont. Wilderness Ass’n*, 647 F.3d 893, 898 (9th Cir.
24 2011) (concluding that if plaintiff prevailed and succeeded in “enjoining enforcement of
25 the restrictions of the Interim Order that limit motorized and mechanized use in the Study
26 Area, [the intervenor’s] interest in conserving and enjoying wilderness in the Study Area
27 may, as a practical matter, be impaired”).
28

1 **D. No existing party adequately represents Sharing Down Syndrome.**

2 Courts consider three factors when determining whether existing parties adequately
3 represent the interests of the proposed intervenor: “(1) whether the interest of a present
4 party is such that it will *undoubtedly* make all of a proposed intervenor’s arguments; (2)
5 whether the present party is capable and willing to make such arguments; and (3) whether a
6 proposed intervenor would offer any necessary elements to the proceeding that other
7 parties would neglect.” *Arakaki v. Cayetano*, 324 F.3d 1078, 1086 (9th Cir. 2003) (emphasis
8 added).

9 Sharing Down Syndrome must only show “that representation of [its] interest ‘*may*
10 *be*’ inadequate” to satisfy this element for intervention. *Trbovich v. United Mine Workers of*
11 *Am.*, 404 U.S. 528, 538 n.10 (1972) (citation omitted) (emphasis added). “[T]he burden of
12 making that showing should be treated as minimal.” *Id.*

13 Sharing Down Syndrome satisfies this “minimal” showing. First, it is not clear that
14 the State “will make all of the arguments [Sharing Down Syndrome] would make,” *United*
15 *States v. Oregon*, 839 F.2d 635, 638 (9th Cir. 1988). The State does not expressly represent
16 the interests of resource and support organizations like Sharing Down Syndrome, which
17 will face financial, associational, and operational burdens if the Non-Discrimination
18 provision is struck down. In addition, the State is not asserting the specific interests of
19 Sharing Down Syndrome’s network.

20 Additionally, although both Sharing Down Syndrome and the State may “generally
21 seek the same outcome in this litigation,” their interests “are not entirely alike.” *Zinke*, 2018
22 WL 3497081, at *4. Indeed, the State’s “representation of the public interest” is not
23 “identical to the individual parochial interest” of Sharing Down Syndrome. *Citizens for*
24 *Balanced Use*, 647 F.3d at 899 (citation omitted). And even though they currently seek the
25 “same result,” because they have “distinct reasons for doing so,” it is doubtful the State
26 will raise all of Sharing Down Syndrome’s arguments. *Wildearth Guardians v. Jewel*, No. 2:14-
27 cv-00833 JWS, 2014 WL 7411857, at *3 (D. Ariz. Dec. 31, 2014) (finding that the applicant
28 “sufficiently demonstrated inadequate representation”). Moreover, “even if [Arizona] and

1 [Sharing Down Syndrome] have the same goal in this litigation, there is no guarantee that
2 [Arizona] will not change or adjust its policy or position during the course of litigation.”
3 *Zinke*, 2018 WL 3497081, at *4 (cleaned up).

4 Relatedly, the State is not “capable and willing to make” all of Sharing Down
5 Syndrome’s arguments because it lacks standing to do so. *Arakaki*, 324 F.3d at 1086. The
6 State does not share Sharing Down Syndrome’s “more narrow, parochial interests” and
7 thus cannot raise them. *Nw. Env’t Advocates v. U.S. Dep’t of Com.*, 769 F. App’x 511, 512 (9th
8 Cir. 2019) (citation omitted) (holding that district court erred in denying intervention as of
9 right). Rather, the State’s general interest in setting an interpretation policy and in ensuring
10 nondiscrimination by regulating abortion vis-à-vis those with genetic abnormalities is
11 distinct from Sharing Down Syndrome’s specific interests in providing educational,
12 emotional, and material support to individuals with Down syndrome, as well as their
13 families and the broader Down syndrome community. The State will also not represent
14 Sharing Down Syndrome’s particular stake in its ability to pursue its mission, operations,
15 and associational relationships. No other party can raise these potential injuries to Sharing
16 Down Syndrome and its members, who are actual individuals with Down syndrome and
17 the families who support and raise them. Johnson Decl. ¶¶ 29-36. Sharing Down
18 Syndrome can advance arguments and bring a perspective to this Court that the State
19 cannot—that of persons with Down syndrome and their families. Put simply, Sharing
20 Down Syndrome will be focused primarily on defending the Non-Discrimination and
21 related provisions from a position of lived experience, and will be able to offer the Court
22 more attentive and fulsome arguments on the validity of those provisions than any other
23 party.

24 Finally, Sharing Down Syndrome would offer “necessary elements to the
25 proceeding that other parties would neglect” by providing this Court critical evidence and
26 arguments unavailable to the State. *Arakaki*, 324 F.3d at 1086. For instance, Sharing Down
27 Syndrome can provide evidence of the significant impact the Non-Discrimination and
28 related provisions can and likely will have on individuals with Down syndrome and their

1 families. Johnson Decl. ¶¶ 17-20, 24-26. The Non-Discrimination provision prohibits
2 doctors from performing abortions that they know the mother seeks based solely on the
3 baby’s genetic abnormality diagnosis, so it promises to combat societal and medical
4 pressures put on families to abort those children diagnosed with Down syndrome. The
5 provision also promotes Sharing Down Syndrome’s message that children with Down
6 syndrome should be treated with equal respect and dignity. Striking that provision would
7 continue a regime where discriminatory abortions result in the tragic deaths of Down
8 syndrome children through abortion, which Sharing Down Syndrome has experienced
9 time and again. Johnson Decl. ¶¶ 25-26, 31. And it would undermine Sharing Down
10 Syndrome’s message of hope and empowerment. Members of Sharing Down Syndrome’s
11 network stand as a testament to the power of the organization’s support in helping provide
12 families what they need to bring their children into the world and raise them to be full and
13 contributing members of society. *Id.* at ¶¶ 18-20, 24-28.

14 This information is critical to allow the Court to fully assess the benefits of the
15 Non-Discrimination provision in particular. Yet the State does not have access to this
16 information in the way that Sharing Down Syndrome does. Sharing Down Syndrome will
17 offer evidence showing that people often change their minds about abortion and having a
18 child with Down syndrome after learning relevant information and after being supported
19 in ways in which the broader society and even the medical community often neglect to do.
20 *Id.* at ¶¶ 17-20, 25, 31. Sharing Down Syndrome’s close working relationship and its
21 position of trust with its supported families makes it uniquely situated to address the
22 benefits of the Non-Discrimination provision—and the harms that will result if it is struck
23 down—in a way that the State of Arizona cannot.

24 The Supreme Court has confirmed that intervention of right is warranted where, as
25 here, a proposed intervenor has raised “sufficient doubt about the adequacy of
26 representation[.]” *Trbovich*, 404 U.S. at 538. In *Trbovich*, the official prosecuting the law was
27 “performing his duties, broadly conceived, as well as can be expected,” but the Supreme
28 Court recognized that the individual whose interests were at stake may have valid concerns

1 about deficiencies in the official’s representation, and may not take “precisely the same
2 approach to the conduct of the litigation.” *Id.* at 539.

3 In sum, Sharing Down Syndrome satisfies the four elements for intervention as of
4 right in this case. Courts, in evaluating these elements, are “guided primarily by practical
5 and equitable considerations.” *Arakaki*, 324 F.3d at 1083. And those considerations weigh
6 in favor of intervention here.

7 **II. Sharing Down Syndrome should be granted permissive intervention.**

8 Sharing Down Syndrome also satisfies the requirements for permissive
9 intervention. Federal Rule of Civil Procedure 24(b)(1) provides that “[o]n timely motion,
10 the court may permit anyone to intervene who . . . (B) has a claim or defense that shares
11 with the main action a common question of law or fact.” This Rule “does not specify any
12 particular interest that will suffice for permissive intervention[.]” *Protect Lake Pleasant, LLC*
13 *v. Johnson*, No. CIV 07-454-PHX-RCB, 2007 WL 1108916, at *5 (D. Ariz. Apr. 13, 2007)
14 (citation omitted). It also “plainly dispenses with any requirement that the intervenor shall
15 have a direct personal or pecuniary interest in the subject of the litigation.” *Id.* (citation
16 omitted). The Court must also consider “whether the intervention will unduly delay or
17 prejudice the adjudication of the original parties’ rights.” Fed. R. Civ. P. 24(b)(3).

18 As already shown, Sharing Down Syndrome’s motion is timely and will cause no
19 undue delay or prejudice to the original parties. *See supra* at 7-9. Sharing Down Syndrome
20 does not anticipate raising any new claims or counterclaims that could surprise the parties
21 or slow the case.

22 In addition, Sharing Down Syndrome’s defenses will “share[] with the main action a
23 common question of law or fact.” Fed. R. Civ. P. 24(b)(1)(B). *See Kootenai Tribe of Idaho v.*
24 *Veneman*, 313 F.3d 1094, 1110 (9th Cir. 2002) (commonality standard satisfied when
25 intervenors “asserted defenses . . . directly responsive to the claims of injunction asserted
26 by plaintiffs”), *abrogated on other grounds by Wilderness Soc’y v. U.S. Forest Serv.*, 630 F.3d 1173
27 (9th Cir. 2011). And in doing so, it can provide relevant evidence regarding the benefits of
28 the challenged provisions—most notably the Non-Discrimination provision—and the

1 harm that results when discriminatory abortions are permitted based on genetic
2 abnormalities.

3 Accordingly, Sharing Down Syndrome requests that this Court grant it permissive
4 intervention.

5 **Conclusion**

6 Sharing Down Syndrome has unique interests in protecting people with Down
7 syndrome, and has the ability to provide highly relevant information to this Court that the
8 State cannot. Intervention is therefore proper here. Accordingly, Sharing Down Syndrome
9 respectfully requests that this Court grant it intervention as of right, or in the alternative,
10 permissive intervention.¹

11 Respectfully submitted this 13th day of October, 2021.

12
13 *s/Ken Connelly*

14 Ken Connelly

15 AZ Bar No. 025420

16 Kevin H. Theriot

17 AZ Bar No. 030446

18 ALLIANCE DEFENDING FREEDOM

19 15100 N. 90th Street

20 Scottsdale, AZ 85260

21 (480) 444-0020

22 (480) 444-0028 facsimile

23 kconnelly@ADFlegal.org

24 ktheriot@ADFlegal.org

25
26
27 *Attorneys for Proposed Defendant-Intervenor Sharing Down Syndrome Arizona*

28 ¹ Sharing Down Syndrome intends to file an answer or responsive pleading when it becomes due.

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CERTIFICATE OF SERVICE

I hereby certify that on October 13, 2021, I electronically filed the foregoing paper with the Clerk of Court using the ECF system which will send notification of such filing to all counsel of record.

s/ Ken Connelly
Ken Connelly
AZ Bar No. 025420
ALLIANCE DEFENDING FREEDOM
15100 N. 90th Street
Scottsdale, AZ 85260
(480) 444-0020
(480) 444-0028 facsimile
kconnelly@ADFlegal.org