

Sterilization Abuse of Women: the Facts

IS THERE A POPULATION EXPLOSION?

MYTH: Population, left unchecked will outstrip food production and use up resource reserves.

FACT: According to the Food and Agricultural Organization of the United Nations, the "food problem" is one of surpluses. Surpluses and not scarcity have led to problems in the commodity market.

The economic system which dominates the world's commodity market is based on profit. When a commodity (in this case, food) is overproduced and does not bring the desired price, the product is stockpiled and an artificial shortage is created. This forces the price to rise and ultimately forces people to starve.

Since the mid 1950's food production has been growing 1 1/4 times as fast as population—and this with only 1/10 of the world's total land area under cultivation.

MYTH: Overpopulation causes poverty.

FACT: In 1949, after more than a century of foreign domination, China was one of the poorest countries in the world. The population was over 400 million and people were starving.

Today, China's population has doubled to 800 million and starvation, unemployment and many epidemic diseases which have their roots in poverty, malnutrition, and social neglect have been wiped out. Obviously, population was not China's problem, but the control and distribution of wealth.

The Chinese people threw out foreign profiteers and seized control of their own economy. They plan their economy and distribute the wealth they produce to serve the needs of the people of China.

The solution to poverty does not lie in population control, but in enough food available, full employment, quality health care, day care and education.

WHAT IS STERILIZATION?

Surgical sterilization can take several forms. For women, sterilization is the tying, obstructing or removing of the Fallopian tubes (tubal sterilization). Hysterectomy, removal of the uterus (womb), is also being used to sterilize.

WHAT ARE THE COMPLICATIONS?

Sterilization is not a problem-free method of birth control. It is not any safer than the continued use of oral contraceptives, and it is considerably more dangerous than the IUD or diaphragm. Sterilization is considered to be a major operation which requires the use of an anesthetic.

The mortality rate for tubal sterilization is 25 per 100,000 women. Side effects after this operation include: bleeding, uterine perforation, accidental burning or bowel trauma (between 1 to 2% of cases); abdominal pain or pain during menstruation (20 to 30%); an increase in menstrual bleeding (10 to 40%).



The complication rate for a hysterectomy is 10 to 20 times higher than for tubal sterilization, with between 300 to 500 deaths per 100,000 operations. Recovery from a hysterectomy usually requires at least 6 weeks.

Psychological complications after sterilization operations are common. According to a 1973 study, one fourth of the women who have been sterilized regret their decision, and in certain instances, a regret rate of 32% has been documented.

IS STERILIZATION 100% EFFECTIVE?

As can be seen from the chart below, hysterectomy is 100% effective. However, more women become pregnant after tubal sterilizations than those who use the pill.

Pregnancies can result after tubal sterilization operations because of surgical failure and recanalization (the tubes grow back together).

IS STERILIZATION REVERSIBLE?

Sterilization is NOT reversible.

Misconceptions about the reversibility of tubal sterilizations stem from the fact that there is an operation which attempts to reconnect the tubes. However, this operation fails approximately 75% of the time.

In those 25% of the cases where the tubes are successfully reconnected, there is *very little* chance that pregnancy can be achieved.

	Hysterectomy	Tubal Sterilization	Pill	IUD
Pregnancy Rate per million women	0	10,000	5,000	30,000
Deaths per million women	1,000	1,000	31	9
Serious Complications per million women	150,000	15,000	600	400

These figures were taken from the *Health Research Group Study on Surgical Sterilization*, Oct. 1973.

WHAT IS STERILIZATION ABUSE?

Population control is official U.S. government policy, not only for inside the U.S. but for countries under its control all over the world. The health services are instruments of social policy, and it is in the health services where the evidence of sterilization abuse is rampant.

Teaching hospitals are pushing sterilizations, especially hysterectomies, to train residents. Almost every major teaching hospital in the U.S. has doubled the number of elective tubal sterilizations since 1971.

In 1973 a resident of Los Angeles County hospital told the new interns, "I want you to ask every one of the girls if they want their tubes tied, regardless of how old they are. Remember everyone you get to get her tubes tied means two tubes for some resident or intern..." Another resident, this time at Boston City Hospital, has been quoted, "... We like to do a hysterectomy, it's more of a challenge ... you know a well-trained chimpanzee can do a tubal ligation ... and it's good experience for the junior resident ... good training."

Deceptive labels are being given various sterilization procedures in order to make them more readily accepted. Names like "bandaid surgery" and "a stitch" are misleading and tend to make sterilization easier to "sell".

There is ample evidence that people are not being informed of the most basic fact about surgical sterilization—its irreversibility. In 1973, a report by the Health Research Group charged that of the 2 million people sterilized each year, *several hundred thousand* are not informed of either the irreversibility, the risks or the alternative methods of family planning.

Sterilizations are also being solicited and performed concurrently with abortions. A consent form for sterilization is often thrust in front of a woman in labor or who is about to undergo a cesarean section. According to a Nader group report, the surgery is performed "as soon as the infant is born so she [the mother] won't have time to change her mind."

Three young Chicano women have filed suit against University of Southern California Medical Center officials. All three women say that permission for the sterilization operations was sought while they were in pain and under heavy sedation during caesarian child-birth. One woman, Melvina Hernandez, was not even aware she had given her permission for the operation at all. She wore an IUD unnecessarily for two years until learning that she had been sterilized.

STERILIZATION ON THE RISE

Since 1970 there has been a three-fold increase in the incidence of female sterilization in the United States. Approximately one million female sterilizations are performed each year.

WHO IS BEING STERILIZED?

The overwhelming majority of people who are victims of sterilization abuse in the U.S. are Native American, Black, Chicano, and Puerto Rican women.

There was a 180% rise in the number of sterilizations performed between 1972-1973 in New York City municipal hospitals which service predominantly Puerto Rican neighborhoods.

A 1970 National Fertility Study by the Office of Population Research of Princeton University found that 43% of the women sterilized in federally financed family planning programs in 1973 were Black, while Black women represent only one third of the patient population. Twenty percent of married Black women in the United States have been sterilized. One third as many white women have been sterilized.

The acting director of OB/GYN at a municipal hospital in New York City reporting that it is common practice to use elective hysterectomies to train residents, states: "At least 10% of gynecological surgery in New York City is done on this basis, and 99% of this is done on Black and Puerto Rican women."

"... We like to do a hysterectomy ... a well-trained chimpanzee can do a tubal ligation ... and it's good experience ... good training."

Representatives of the Mohawk Nation are charging that the U.S. Public Health Service has been conducting numerous sterilizations on young Indian mothers without informing them of the exact nature of the surgeries. The Indian Health Service Hospital in Claremont, Oklahoma surgically sterilized 132 Indian women in 1973. One hundred of these operations were non-therapeutic. In other words, the sole purpose of the surgery was to render the women incapable of having children.

There is a definite trend towards sterilizing younger women. In 1973 the median age of women sterilized in federally financed family planning programs was 28. Less than half of these women were over 30, and four of every 100 were under 25 years.

A study at a large hospital in St. Paul, Minnesota recently revealed that 19.7% of the women sterilized in 1968-1969 were under 25. In 1971 this percentage had risen to 29.7%.

On Oct. 11, 1973 the *Washington Star News* reported that "Among a dozen women sterilized at Baltimore City Hospital ... seven were teenagers ... all but one were under 30."

WHO FUNDS STERILIZATION?

The United States Department of Health, Education and Welfare (HEW) supplies most of the funds for sterilization in the U.S. HEW has been funding sterilizations for poor women since 1966.

HEW also funds child care facilities, Head Start, and community health programs. But between 1969-1974 funds for these services were cut while the family planning budget increased from \$51 million to over \$250 million.

Recently, HEW announced which "family planning services" would qualify for increased federal aid. The decision was that HEW would fund 90 percent of the cost of sterilization for the poor, but would only match state funds for abortion. This gives federal incentive to clinics and hospitals to promote sterilizations—the most irreversible method of birth control and the one most susceptible to abuse.

The Rockefeller and Ford Foundations, among others have poured millions into private agencies and research organizations in an effort to "curb population growth" around the world.

STERILIZATION ABUSE—WORLDWIDE

United States corporations are multinational and so is U.S. population policy. Through the Agency for International Development (AID), the Peace Corps, and various private foundations and religious organizations, population control is carried out in countries all over the world.

For example: 40,000 women were sterilized in Colombia between 1963-65 by Rockefeller funded programs. These women were coaxed by gifts of lipstick or artificial pearls, by small payments of money, and by promises of free medical care. A million women were sterilized in Brazil between 1965-1971. In India, men are being given transistor radios if they agree to a vasectomy. In Bolivia, a U.S.-imposed population control program administered by the Peace Corps sterilized Quechua Indian women without their knowledge or consent.

The U.S. funds population control in foreign countries through the Agency for International Development. AID spends more money on population control—\$125 million in 1973—than it spends on programs like agricultural and rural development.

When the U.S. gives a country aid it doesn't really "give" anything away. "Strings" are attached so that the



countries are forced to become more dependent on the U.S. and its corporations, and they are forced to implement the population policies dictated by the U.S. An important factor in determining how much foreign aid a country qualifies for is how much consideration that country gives to population control.

AID also contributes to a wide range of private clinics, foundations and organizations, such as Planned Parenthood, which research and carry out population control in both foreign countries and in the U.S. Many of the directors of these private agencies have close ties with U.S. corporations and with the U.S. government.

STERILIZATION ABUSE IS IMPERIALISM IN PRACTICE

Puerto Rico is a key example of how population policy is used by U.S. imperialism to maintain control over another country.

Puerto Rico has been a colony of the United States since it was invaded in 1898. The U.S. government has absolute control over all aspects of Puerto Rican life, including the economy.

Since 1952, there has been a conscious effort to turn Puerto Rico into a haven for U.S. corporations seeking cheap labor, natural resources and 100% TAX FREE PROFITS!

In the last 10 years U.S.-owned oil refining and petrochemical industries have taken over one third of the island's economy. These industries are highly polluting and require a relatively small work force. Proposed future industrial development for Puerto Rico includes the construction of a 'superport' to accommodate huge oil tankers, and the strip-mining of copper. Ecologists predict that these developments would bring with them the virtual destruction of the island.

The intensive industrial development of Puerto Rico has been accompanied by U.S. population control policy. Forced migration resulted in the displacement of two million Puerto Ricans to the United States. And Puerto Rican women have been subjected to the most intensive sterilization campaign of any country in the world.

DEVELOPMENT OF STERILIZATION IN PUERTO RICO

A low-key birth control movement began in Puerto Rico in the 1930s. Between 1940-1950 many private clinics were operated solely to sterilize.

In 1949 the government began recommending sterilization and created a program of specialized clinics which sterilized 50 women each day. By 1950, 7,000 women had been sterilized.

In 1965 the Puerto Rican Department of Health carried out the island-wide study on the relationship between cancer of the uterus and female sterilization and discovered that 34% of Puerto Rican women between the ages of 20-49 years were sterilized.

The *New York Times*, on Nov. 4, 1974, reported that 19 free sterilization clinics opened up that year "operating a top capacity program of about 1,000 sterilizations per month."

35% OF PUERTO RICAN WOMEN STERILIZED

Puerto Rico has the highest incidence of sterilizations in the world. A study done by Puerto Rican demographer Dr. Jose Vasquez Calzada in 1968 demonstrated that 35.3% of Puerto Rican women of childbearing age have been sterilized.

92% UNDER 35 YEARS

Studies by Columbia University demographer Harriet Presser show that Puerto Rican women are the youngest in the world to be sterilized. Almost two-thirds of the women are between the age of 20-49 years, with 92% under 35.

OVER 80% FUNDED BY HEW

The key agency carrying out sterilizations in Puerto Rico is the Family Planning Association of Puerto Rico. It was established in 1954 and presently receives \$750,000 of its \$900,000 budget from the United States Department of Health, Education and Welfare.

STERILIZATION ABUSE—ATTACK ON WORKERS

Unemployment in Puerto Rico is officially 22%, unofficially 30% (May, 1975). A 1973 Commonwealth Government document entitled, *Opportunities for Employment, Education and Training*, concludes that in order to reduce unemployment it is necessary to "reduce the growth of the working sector."

A study by the Population Studies Department of the University of Puerto Rico found that the highest rate of sterilization (43.8%) occurred among the \$4,000-\$5,000 per year income bracket.

The official emphasis on reducing unemployment does not stem from any real concern for the needs of the Puerto Rican people—if it did there would be an emphasis on providing jobs, not reducing the population.

Unemployment and poverty oppress and oppression breeds discontent. The struggle of the Puerto Rican people for national liberation and self-determination has a long history. Today it has grown into a widespread movement which is threatening U.S. hegemony. The right of Puerto Rico to independence from the U.S. has been recognized by the United Nations and by countries all over the world.

For the U.S., controlling the population of Puerto Rico is an attempt to divide the Puerto Rican nation and limit political unrest so that superprofits for U.S. corporations will not be threatened.

Opportunities for Employment, Education and Training maps out the strategy: one million more Puerto Ricans are to be forced to migrate to the U.S.; today's sterilization campaign is being aimed at all Puerto Rican women of child bearing age not yet sterilized.

U.S. IMPERIALISM—OUR COMMON ENEMY

As a colony, Puerto Rico experiences the same social and economic problems we face in the U.S., only magnified. It is often used as the testing ground for social and economic policy destined to be instituted within the United States and elsewhere in the world.

In 1974 the editors of the official publication of HEW's National Center for Family Planning Services, *Family Planning Digest*, wrote: "As U.S. professional attitudes change, it is possible that we may see sterilization become as important in family planning in the fifty states as it already is in Puerto Rico."

In giving our concrete support to the Puerto Rican people in their demand for independence, we are joining forces with them against U.S. imperialism—our common enemy.

WOMEN'S RIGHTS AND STERILIZATION ABUSE

Because of its irreversibility, sterilization effectively terminates a woman's control over her reproductive ability, an important body function. Her right to informed consent must be guarded as well as her right to be sterilized. Incomplete and false information, overt and covert coercion, preferential funding and hysterical propaganda about "overpopulation" are being used to obtain "consent" and even "demand" for sterilization. This is a flagrant violation of women's rights to control over their own bodies and their own lives.

Birth control as an individual right must not be confused with population control as a social manipulation.

Sterilization operations are being "sold" by the health services which function as businesses selling commodities and which have no concern for the women they serve. Dehumanizing health care encourages sterilization abuse and is a violation of women's democratic rights.

In order for women to have free choice, demands for birth control (including abortion and sterilization) must be made within the context of total health care and along with demands for other basic necessities of life—enough food available, quality health care, day care, education, and full employment.

THE LEGAL RIGHT TO INFORMED CONSENT

In February of 1974 the Federal Government produced guidelines to be followed by all hospitals and other health care institutions which receive federal funds for sterilization operations. These guidelines require that a woman must give voluntary informed consent to sterilization operations. This requirement provides several patient rights.

The first is the freedom from pressure, coercion or intimidation by doctors or other health workers. There is an *absolute* and *unconditional* right to refuse the operation. This means that a threat that you may lose or be denied any other social services, housing or health care benefits because of your refusal to have a sterilization operation is illegal.

A second right is the right to change your mind after signing the consent form or to delay the operation for as long as you wish.

As a procedure to protect these rights the federal guidelines require a 3 day waiting period between the giving of informed consent and the actual operation. In addition, sterilization of any woman under 18 is illegal.

Another important part of informed consent is the right to be fully informed and to know about such things as:

- 1) The dangers and risks of the operation, which is major surgery, compared to other means of birth control;
- 2) That the operation is permanent, you can never again become pregnant; and,
- 3) That alternate means of birth control are available, what they are, and what their dangers and effectiveness are compared to sterilization.

Before signing a consent form a health worker is required to provide and explain all of this information. It is also very important to take home and read carefully the consent form before signing it.

If you feel that you have been denied any of these rights, or if you know someone who has, please contact CESA.

WHAT CAN WE DO ABOUT STERILIZATION ABUSE?

Sterilization abuse will continue to victimize many more people unless we organize and struggle to stop it. The women and men of CESA: Committee to End Sterilization Abuse, are working:

- 1) to educate and publicize the issues raised by sterilization abuse—namely, the uses that population control programs serve and the implementation of racism, sexism and the oppression of working people within the health care system;
 - 2) to demand that families and all women of child-bearing age have free access to methods of birth control within high quality, comprehensive health care;
 - 3) to see that guidelines on sterilization are established for New York City hospitals which insure that women give consent for sterilization only after being truly informed and counselled, are not coerced, and are permitted a waiting period of at least 30 days between consent and the actual operation.
 - 4) to initiate legal actions against those who abuse patients' rights by whatever means.
- CESA is unaffiliated and seeks support from individuals and organizations to develop the program to end sterilization abuse.

to: CESA: Committee to End Sterilization Abuse
Box 839, Cooper Station, New York, N.Y. 10003

____ I/my organization would like to sponsor CESA.

____ Enclosed find my/our contribution.

____ Yes, I/we would like to work with CESA. Get in touch with me/us.

____ I/we would like more information about CESA.

____ I/we would like more information about sterilization abuse.

Name _____

Address _____

City/State _____ Zip _____

Telephone _____