

STERILIZE WELFARE MOTHERS?

Nashville, Tenn.

When black women were first brought to this continent in bondage, part of their oppression entailed forced impregnation designed to insure future generations of chattel slaves. Now this situation is being transformed into its equally odious opposite through legislative campaigns for mass sterilization of women forced onto relief by capitalism's financial crises.

A bill has been introduced in both houses of the Tennessee legislature to "offer" "voluntary" sterilization to women on welfare who have more than one "illegitimate" child. If the mother doesn't "volunteer" to be sterilized, her welfare payments would be cut off and each "illegitimate" child born after refusal would be declared "dependent," "destitute" or "orphaned" and the state would have the right to take the child from its mother.

State representative Larry Bates, sponsor of the bill in the House, reasoned in a telephone interview that since the state's maximum payment to a mother with five children was \$161 a month, women would do better with less children. He said payments to families could not be raised because state welfare costs to families with dependent children had already risen \$15 million a year for the last three years.

The root of Tennessee's problems,



Welfare Mothers Demonstrate

he said, was the number of people born into welfare's "poverty cycle." Bates' bill passed the general welfare committee with only two dissenting votes: those of the only woman and the only black representative on the committee. On April 5 a vote was scheduled on whether to put the bill on the legislative calendar.

While Bates said support for the bill "is great" in the legislature and he had 3300 letters from voters for the bill and only 20 against it, opposition to it

is mounting from welfare, student, tenant, left and religious groups, including the NAACP and the People's Rights Organization (PRO), a local of the National Welfare Rights Organization (NWRO).

Meetings and demonstrations against the bill are escalating. On March 15, the general welfare committee heard testimony by some 50 people from around the state against it. In a press statement, newly elected black Rep. Charles Pruitt compared the bill to "Hitler's attempt to rid Germany of 'undesirables' by sterilizing masses of women." Mrs. Bonnie Peacock, president of the PRO, said the bill was "just another way of walking over poor blacks." Black state Sen. Avon Williams has pointed out most people on welfare in Tennessee are blind, disabled and old. Offering "voluntary" sterilization to women, he said, would not strike at the heart of the state's greatest welfare "burden".

On April 5, the day after the third anniversary of the assassination of Dr. Martin Luther King in Memphis, demonstrations for social justice were held around the nation. The demonstrations in Tennessee included the demand that women with children on welfare not be sterilized.

Reprinted from The Guardian

THE FAMILY ASSISTANCE PLAN A STUDY BY THE NATIONAL WELFARE RIGHTS ORGANIZATION

PRESIDENT Nixon and key members of the administration have heralded the Family Assistance Plan (FAP) as a revolutionary reform of the welfare system.

How revolutionary is it? Now is the time to find out. FAP in some version will come before the Congress in a matter of weeks. If it passes it will be too late for America's 50 million poor people.

Here are some of the things supporters claim FAP does. Do the facts support the claims?:

FAP ALLEVIATES POVERTY AMONG ALL AMERICANS

*FAP's basic grant level (\$1600 for a family of four) is \$2120 below the government's own official poverty line and \$4900 below the adequate income line (computations based on Bureau of Labor Statistics surveys.)

*FAP does increase aid to the aged, blind, and disabled. (In fact, its benefit schedule discriminates in their favor.) But it doesn't help them out of poverty. \$1560, the maximum a single aged person could get under FAP, is still wholly inadequate.

FAP PROVIDES A UNIFORM NATIONAL MINIMUM INCOME FOR ALL AMERICANS

*People in equal need are not treated equally under FAP; only some "categories" of the poor get help; single adults and childless couples get no assistance at all, no matter how desperate their need.

*Payment levels still differ widely from state to state; in Mississippi under FAP, a family of four would get \$1600 a year; the same family would get \$3980 a year in New Jersey.

*FAP preserves mythical notions of the "deserving" and "undeserving" poor; payments differ greatly from category to category; a single aged adult under FAP might receive almost as much as a family of four.

FAP INCREASES BENEFITS FOR THOSE NOW ON WELFARE

*FAP increases benefits for only 13% of welfare families -- in 8 southern states; 60% will be frozen indefinitely at their current levels; 27% -- in 6 northern states -- may suffer drastic cuts.

*FAP sets the ceiling for federal support at the poverty line; this means a possible loss to 1.5 million people.

*FAP contains no automatic cost-of-living escalator; millions and millions of poor people will be condemned to increasing poverty.

FAP GETS PEOPLE OFF THE WELFARE ROLLS AND ONTO THE PAYROLLS

*Most people covered by FAP who could work are already working; even under the best circumstances, only about 2% of all welfare recipients could attain self-sufficiency through employment.

*There aren't enough jobs to go around for those already in the labor force; the official unemployment rate is over 6% subemployment rates in ghetto areas consistently run 50%.

*There are no real "employment opportunities" available to "employable" recipients; FAP would merely force them into menial, dead-end jobs at slave wages -- and displace other workers in the process.

*Having a job does not necessarily mean having an adequate income; 73% of the heads of poor families are working people; a family of four with a husband earning \$1.60 an hour (the federal minimum wage) is still below the poverty line; FAP contains no minimum wage protections; most recipients would have to work for much less than \$1.60 an hour.

FAP GREATLY ASSISTS THE WORKING POOR

*FAP's forced-work provision compels recipients to accept any job offered, no matter what the pay, or

be cut off welfare; subsidizes employers who offer dead-end jobs at slave wages; forces other working poor people out of jobs; drives down wages for all working people.

*FAP helps some working people a little; but its "breakeven point" (\$3920) -- the point at which earnings cancel out benefits -- is still wholly inadequate. (A family of four needs at least \$6500 a year to make ends meet.)

FAP PROVIDES SUBSTANTIAL WORK INCENTIVES

*Supporters of FAP claim it provides a work incentive of 50% in other words, a recipient's benefits are reduced only 50¢ for every dollar he earns. But actual incentives are much lower and vary unfairly state to state (50% to 3%). After adding in other implicit taxes (social security and income taxes and reductions in income-conditioned benefits such as food stamps) some families may find they have 0% work incentive.

FAP PROMOTES STABLE FAMILY LIFE

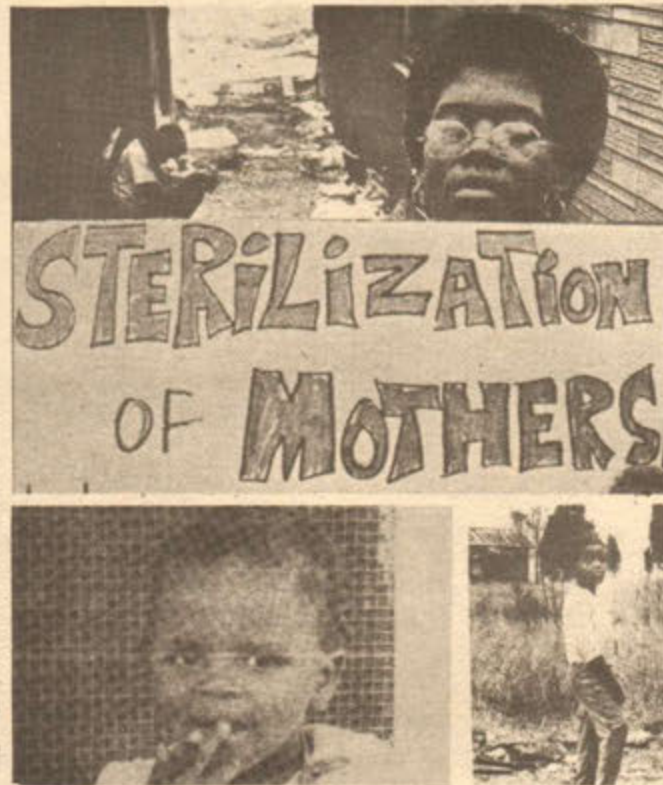
*Under FAP, mothers of school-age children are forced to work; a mother cannot refuse a job, no matter how low the pay; if she does, she is cut off welfare.

*If a mother is cut off welfare, benefits to her children may be paid to a third party, somebody outside her family.

*A stepparent is forced to support his spouse's children, whether or not he is obligated to do so under local law. This provision threatens to reinstate the unconstitutional "man-in-the-house rule;" a prime incentive to family break-up under old welfare law.

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STERILIZATION - ANOTHER PART OF THE PLAN OF BLACK GENOCIDE



America's poor and minority people are the current subject for discussion in almost every state legislature in the country: Reagan in California is reducing the already subsistence aid given to families with children; O'Callaghan in Nevada has already completely cut off 3,000 poor families with children.

However, Tennessee is considering dealing with "the problem" of families with "dependant children" by reducing or eliminating the very possibility of children for black and poor people. The number of "illegitimate" children would be controlled by involuntary sterilization of women.

Specifically, a woman who gives birth to a child outside of this racist society's marital laws would have to be sterilized in order to continue to be able to feed her children by receiving welfare benefits. Sterilization would be the State's insurance against a large young generation of blacks and other poor people swelling the welfare roles.

For approximately the last 65 years, various dysgenic (causing the deterioration of a family line or race, generation after generation) sterilization laws have been introduced and passed in states' legislatures across America. In the last 15 years alone, at least nine states - California, Delaware, Georgia, Illinois, Iowa, Louisiana, Maryland, North Carolina and Virginia - have passed involuntary sterilization legislation.

In the late 1930's (during the Depression), records show that at least 25,000 mothers were sterilized without either their knowledge or permission. These were all poor people, mostly blacks. A classic justification for such a blatant violation of human rights is that sterilization is necessary "to keep the country from being flooded with criminal and degenerate and weakminded elements." In fact, in some places, sterilization laws have been called "eugenic" (relating to improvement of a race of people by bearing "healthy" children) laws.

In 1964, in Mississippi a law was passed that actually made it felony for anyone to become the parent of more than one "illegitimate" child. Originally, the bill carried a penalty stipulation that first offenders would be sentenced to one to three years in the State Penitentiary. Three to five years would be the sentence for subsequent convictions. As an alternative to jailing, women would have had the option of being sterilized. Pressure from the people caused the sterilization section of the bill to be dropped. However, the State of Mississippi to this day still can impose a jail sentence upon women who born more than one "illegitimate" child. (Three months in prison is the maximum penalty).

The modifications of this genocidal law were made in the bill after women, mostly black, came together in Jackson (Mississippi) and exposed as Mrs. Fannie Lou Hamer stated, that "six out of every ten negro women were taken to Sunflower City Hospital to be sterilized for no reason at all. Often the women were not even told that they had been sterilized until they were released from the hospital."

The current bill (House Bill Number 20) being proposed in Tennessee will absolutely force women to submit to sterilization or lose all welfare benefits. It also grants the State the right at its own discretion to take children of welfare recipients from their natural parents and place them in foster homes. This bill was introduced by racist freshman Representative Larry Bates, a Dixiecrat from Northwestern Tennessee, who sits on the General Welfare Committee.

Because of the angry protests from black and poor women in Tennessee, the State generously allowed a public hearing to take place on this bill. At this meeting, pig Bates referred to welfare mothers as "brood cows", while reading so-called letters of support for his plot, specifically a letter from a Tennessee mayor which stated

that "...Even my maid said this should be done. She's behind it 100 percent." When he (Bates) argued that one purpose of the bill was to save the State money, it was pointed out that welfare mothers in Tennessee are given a maximum of \$15.00 a month for every child at home (The maximum welfare payment in Tennessee, which is for a family of five or more children, is \$161.00 per month.), and a minimum of \$65.00 a month would have to be spent by the State to keep a child in a foster home.

The so-called open hearing was closed while Mrs. Willie Pearl Ellis, who is the head of the Memphis Welfare Rights Organization, was in the middle of a sentence. She challenged this, saying, "I'm a welfare recipient. If Mr. Bates can propose a bill as to what to do with my life, I think I have a right to question that ...If you're going to sit and make decisions on how to control my life - and you don't live under the same circumstances - I have a right to ask questions."

The overall plan of Genocide of Black People by the U.S. Government has been exposed for some time now. What we must always be conscious of is the various manifestations of this plot. We deny, some of us, that the history of the Nazi reign of terror could repeat itself here and now. We say that we won't let it happen. We won't allow ourselves to be a part of mass murders, such as occurred in Auschwitz or Dachau. But, under Hitler's rule many women suffered death and permanent physical damage to themselves and their offspring under so-called medical research examinations and operations upon them, while the insane Hitler worked frenziedly to eliminate all races of people, except the "Master Aryan Race" or the white, non-Jewish Germans.

The U.S. Government does have and will and is enacting its plan to commit Genocide on Black people. The involuntary sterilization of our women, reaching into generation after generation is, unfortunately, just one part of that plan.

ALL POWER TO THE PEOPLE!

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 childbirth. 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.

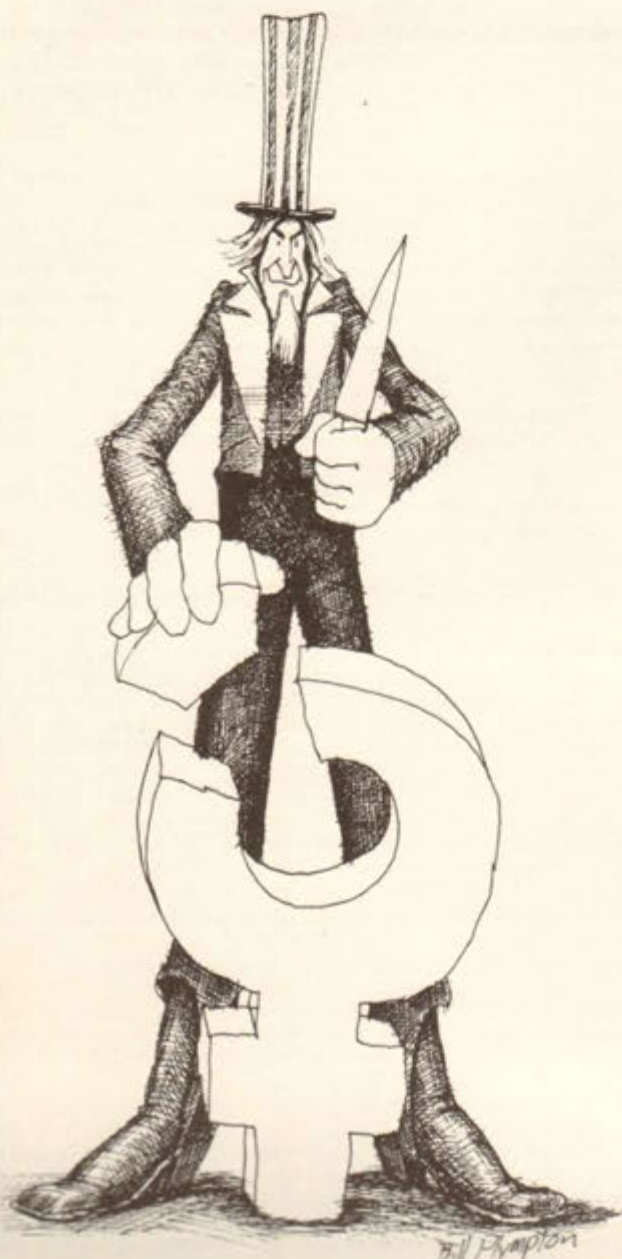
STERILIZATION ABUSE—WORLDWIDE

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 an 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 to have 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 _____

Native American Growing Fight Against Sterilizations of Women

by Andrea Carmen

"As the Cheyenne will tell you, the strength of the Indian Nation is in their women. No matter how straight your arrows, no matter how brave your warriors, no nation is defeated until the hearts of the women are on the ground." —Dr. Connie Uri

There is mounting evidence that the U.S. government is currently engaged in a genocidal campaign designed to rid itself of the Native people. The weapons in this campaign are not the guns and epidemics which nearly accomplished this in the 19th century. Instead, the U.S. government, through the Indian Health Services and affiliated programs, has been performing forced and uninformed sterilizations on Native people in ever-increasing numbers over the last few years. Lee Brightman, United Native Americans President, estimates that of the Native population of 800,000, as many as 42% of the women of childbearing age and 10% of the men have already been sterilized.

Recent information supports this estimate. The first official inquiry into the sterilization of Native peoples was made three years ago by Dr. Connie Uri for then-U.S. Senator Abourezk (D.—South Dakota). Dr. Uri reported that 25,000 Indian women had been permanently sterilized within Indian Health Service facilities alone through 1975. All reports indicate that sterilization of Native people is on the increase. In a study done at Claremore, Oklahoma, 132 Native women were sterilized during 1973. At the same hospital, 52 Native women were sterilized in July, 1974 alone. There is some information that full-blood Indian women are being singled out, although a concrete study of this has yet to be done. Native sources report that there is one tribe in Oklahoma in which there are no full-blooded women who have not been sterilized.

In 1974, HEW provided firm guidelines for sterilization, known as the informed consent regulations. However, Dr. Uri reports that sterilizations performed on Native women were in violation of these guidelines, even though most were performed in government-operated and funded hospitals and clinics. The informed consent regulations state that no woman can be sterilized sooner than 72 hours after delivery and that the patient must be given a fair and understandable explanation of the operation, its effects, dangers, and its irreversible nature. HEW further stated that the patient must be told (and this must be written in large letters at the top of the consent form) that no welfare or other benefits can be withheld as punishment for refusing sterilization. The consent form must be signed in the presence of a witness chosen by the patient, and the patient can change her mind at any time regardless of whether a consent form has been signed. HEW also initiated a moratorium on sterilizations of women under 21 years of age. Non-compliance with these procedures is a violation of federal regulations. Although numerous violations were discovered by Dr. Uri and other studies, no individuals or clinics have been penalized in any significant way.



The true extent of the violations of informed consent procedures in the sterilization of Native women is only recently coming to light. Few studies have been done, and Native women are reluctant to discuss sterilization publicly. Hospital records are often incomplete or "lost", and many women do not discover until months or years pass what has really been done to them. But growing numbers are relating instances of sterilization violations.

Lee Brightman, whose growing concern over the sterilization abuse of his people may lead to a lawsuit against the Indian Health Services, discussed the findings of his visit to the Rosebud Reservation in South Dakota. In only a week's time, Brightman located seven young Native women who had been sterilized unknowingly, unwillingly, or on the basis of misinformation. He reports that two of these women went in to the Indian Health Services Hospital on the Reservation to have their appendixes removed, and came out without ovaries. One sixteen year old girl, emerging from anesthesia after delivering her first baby, was told that she "was fixed so that she wouldn't have more kids until she was eighteen." She is now 21, married, and has not conceived. Although the hospital has no record on her, it appears that she was sterilized.

Another young woman entered the hospital with an ovarian cyst and was convinced that she should have a hysterectomy (a complete removal of the reproductive organs), although common medical practice limits the treatment in such cases to removal of the cyst. Another young woman was sterilized right after childbirth while still drugged because her mother, convinced by the doctor that her daughter (a healthy young woman) would die if she attempted to have more children, signed a consent form on her daughter's behalf. The mother had recently been persuaded to undergo sterilization herself on a similar pretext.

Rather than being unfortunate "slip-ups", Brightman is convinced that these and other instances of sterilization abuse are a conscious part of the U.S. government's "genocidal campaign against the Indian". Government hospitals use lies, scare tactics and misinformation to coerce Native women to undergo sterilization.

It is clear that Native people, although targets of particularly concerted effort, are not alone as victims of sterilization abuse. Within the U.S. and around the world, U.S. governmental and private interests are waging a battle against people of color, in which sterilization is a major weapon. Since 1966, HEW has been funding sterilizations for poor women, promoting it over other forms of birth control. Although HEW did not keep accurate records before 1973, it estimates that in 1973 alone, between 100,000 and 200,000 poor women were sterilized in the United States. While the money for HEW-financed child care centers, Head Start programs, and community health care centers and programs has been cut in recent years, the budget for "family planning" increased from \$51 million to over \$250 million in the period 1969-1974.

Racism and Sterilization

The racist underpinnings of the population control movement date back to the turn of the century when organizations formed to promote birth control among the "undesirables": the immigrants from Southern Europe and later groups such as Blacks, Asians and Mexicans. In 1945 a bill was in Congress calling for the sterilization of all Japanese-American women. The bill was defeated by only one vote. According to a 1970 fertilization study, 20% of married Black women had been sterilized, almost three times the percentage of white married women. There was a 180% rise in the number of sterilizations performed during 1972-1973 in New York City municipal hospitals which serve predominately Puerto Rican neighborhoods. It appears that sterilization of minority and poor women is a major, unpublicized weapon in the U.S. Government's domestic "war on poverty". The government doesn't emphasize long-term self-help programs or increasing educational and health care benefits to promote development of the poor. Instead it is perpetuating the old Malthusian doctrine that poverty results from too many people. Those who benefit from the capitalist system of unequal opportunity and distribution further promote the fallacy that too many children are responsible for poverty, rather than the economic system itself. It is interesting to note that much of the research into population matters and birth control is funded by groups such as the Rockefeller Foundation, International Planned Parenthood (Rockefeller-controlled), the Population Council and the Ford Foundation.

(This article appeared in the October, 1978 edition of the PROUT BULLETIN, 413 Malden Avenue East, Seattle, Washington 98112.)

Sterilization Around the World.

The scope of the U.S. Government and corporate interest's sterilization becomes even more ominous when considered on a global scale. Puerto Rico has the highest incidence of sterilization in the world. At least 35% of Puerto Rican women of childbearing age have been sterilized through programs largely funded by the U.S. Government. In Columbia, between 1963-1965, Rockefeller funded programs sterilized 40,000 women who were coaxed by gifts of lipstick, artificial pearls, small payments of money and by false promises of free medical care (Population Target, Monnie Maas, 1976). In many foreign countries, the U.S. Government finances population control projects through the Agency for International Development (AID). This money is being used for the testing of often dangerous sterilization techniques for use at home and for use by repressive governments against "troublesome" ethnic groups. While AID has increased money for training police in counter-insurgency tactics and medical personnel in sterilization techniques, it has reduced money given for education, health and agricultural development.

Economic Motivations

When these facts are added up, the issue of sterilization within and outside the U.S. takes on a new meaning. The issue is more than one of the denial of women's rights or one of mindless racism. The economic motivations behind the push for sterilization are becoming increasingly clear: they are part of an attempt to secure the world's resources for the already privileged capitalist class. This is one obvious purpose behind the escalation of sterilizations in the Native population. Certainly, overpopulation cannot be used as an excuse, since the entire Native population totals only 2/5 of 1% of the U.S. population. Rather, if the present trend is not reversed, the Native people are in grave danger of extermination. In fact, according to Lee Brightman, the sterilization campaign is nothing but an "insidious scheme to get the Indian's land" once and for all. In the U.S., approximately 55% of the unmined uranium, 30% of the unmined coal, and an undisclosed amount of oil, copper, timber and other resources is on Indian land. Recent attempts to wrest the land from Native people through federal legislation repudiating previous agreements is only one side of the attack, Brightman believes. "By killing off the unborn, the government will have no more need for such legislation," he asserts. "There will be no more Indians to hold the land."

Fearing public outcry, the U.S. Government has kept its Native politics unpublicized. Yet as this information slowly comes to light, the Native people can expect support from wide sectors of the population. Recently, the feminist reproductive rights movement has joined with third world people in the struggle against sterilization abuse. Court cases are being fought and abuses are being uncovered as women gain the confidence to come forward. More speed and public support will be needed, however, if the powerful forces motivated by a desire to accumulate and control are to be stopped and the Native people are to be allowed to survive.

Report Indicates New Campaign

35% Puerto Rican Women Sterilized

A hitherto "secret" report from an economic policy group empowered by the Governor of Puerto Rico has recently surfaced in the United States. One can see immediately why the report, dated November, 1973, has been kept from the public: it talks openly and directly about alternatives available for reducing the ranks of the Puerto Rican working class.

As the report, entitled "Opportunities for Employment, Education and Training" would have it, Puerto Rico's key problem is, and has always been, unemployment.

The latest official figure given in the report is an unemployment rate of 12.3% in 1972 (although unofficial sources, such as the Puerto Rican Chamber of Commerce, hold it as high as 30%); what concerns this particular subcommittee of colonial administrators is that, at the rate things are going, unemployment could reach 18.5% by 1985.

"The Governor of Puerto Rico recently selected the figure of 5% unemployment by 1985", the report underlines. There is clearly a major discrepancy between the two figures, which presents a tough problem to the subcommittee. How to solve it?

The members of the subcommittee — Teodoro Moscoso, Administrator of Fomento, Secretary of Labor Silva Recio, Secretary of Education Ramon Cruz, and the then President of the University of Puerto Rico Amador Cobas, have come up with two solutions. One way is to foster new jobs — the same solution which has been advocated throughout Puerto Rico's twenty-five years of industrial development, and which has yet to reduce the high unemployment rate. The other, which they go on to discuss immediately, is to "reduce the growth of the working sector" of the population.

Their line of attack is two-pronged, involving the massive sterilization of Puerto Rican working-class women, and a forced migration of Puerto Rican workers to the United States. It is the former aspect of this plan which concerns us here.

The Sterilization Plan

Under the heading of "organization and focusses of family planning", the November report estimates the female population of child-bearing age outside of San Juan to be 485,948. Agreeing with other studies on the astounding figure of 33% for the number of Puerto Rican women of child-bearing age that have already been sterilized, the report goes on to say "in other words, of the 485,948 women of reproductive age living in Puerto Rico, excepting the area of San Juan, 160,363 are sterilized. This leaves a potential clientele of 325,585 women . . ."

The women of San Juan are to be handled through a "model project" controlled by the School of Public Health of the University of Puerto Rico.

The plan then, involves the *entire population* of Puerto Rican women of child-bearing age in its scope, and the primary method of birth control? What it has always been in Puerto Rico — sterilization.

One-Third of Puerto Rican Women Sterilized

Figures from different studies give a general picture of the rate of sterilization of Puerto Rican women over the past four decades.

In 1947-48, Paul K. Hatt, in a study of 5,257 ever-married women 15 years old or over, found that 6.6 per cent had been sterilized. A figure more or less equal (6.9 per cent) was put forward in 1948 by Emilio Cofresi from studies of women who were clients of various programs of the Department of Health in Puerto Rico.

In an island-wide survey carried out by Hill, Stycos and Back in 1953-54, the prevalence of female sterilization of ever-married women 20 years old or over was estimated at 16.5 per cent.

In 1965 the Puerto Rican Department of Health carried out an island-wide study on the relationship between cancer of the uterus and female sterilization. Although the Department of Health says no link between cancer and sterilization was substantiated, it *did* discover that 34% of Puerto Rican women between the ages of 20 — 49 years were sterilized.

The number of women sterilized in the same age group rose to 35.3% in 1968 according to a study by the Puerto Rican demographer Dr. Jose Vasquez Calzada.

The incidence of sterilization in Puerto Rico is the highest in the world. India and Pakistan, for example, which have public sterilization programs, have an estimated sterilization of 5% and 3% respectively.

The Colonial Context

What is the context in which this massive sterilization was taking place? Since its invasion of Puerto Rico in 1898, the United States has maintained virtually complete control over the island's development. Until 1952, the Governor of Puerto Rico was appointed by the President of the United States, and had veto power over a local House of Representatives. Civil services, armed forces, police, mail, citizenship, trade agreements, schools, media, and economic programs were under U.S. supervision.

The establishment of the Commonwealth Government in 1952 in no way changed the fact of U.S. control, since Congress still maintained ultimate veto power over any law passed by the Puerto Rican Government, and any law passed by Congress automatically applied to Puerto Rico. What the Commonwealth Government did do was supervise the influx of U.S. corporations in a rapid industrialization program during the fifties, which transformed Puerto Rico from a sugar economy to one of the most highly industrialized countries in the world.

Population Control — A U.S. Theory

In 1901 Governor of Puerto Rico William Hunt wrote in his report to the President of the United States: "Not only could it [the island] comfortably keep the one million inhabitants we have now, but five times that number."

By the thirties, however, J.M. Stycos reports in "Female Sterilization in Puerto Rico" that a good many doctors were already aware of the "problems of population". He cites the efforts of Dr. Jose Belavel, head of the Pre-Maternal Health program to interest many physicians in the "pressing need for sterilization and birth control".

During the thirties in the United States population control research was being carried on by the Rockefeller Foundation.

Theories were circulating expressing the general idea that economic problems in underdeveloped countries were really problems of too many people; if only the population growth could be controlled, the standard of living would rise.

The population theories, as the newsletter of the North American Congress on Latin America (NACLA) entitled "Population Control in the Third World" indicates, had, and still have, strongly racist roots, based on the concept of the safeguarding the superior white civilization from the crude and inferior "underdeveloped" world which threatens to overwhelm the globe with its "population explosions."

For the United States, there was the particular problem of keeping the colonial population of Puerto Rico under control. By 1933 U.S. sugar companies had monopolized 314,000 acres. Thousands of impoverished farmers, forced from their lands, migrated to the cities or became agricultural laborers on sugar plantations where wages averaged 37¢ per day. This had its political consequence: caneworkers began to organize militant unions, and nationalism was growing. What better way to obscure the real problem of U.S. control of the island than by blaming it on population growth? A quote from a Puerto Rican legislator during the time, (taken from Back, Hill and Stycos: "Population Control in Puerto Rico"), expresses this confusion:

"...those of us who have discussed maldistribution of Puerto Rican lands and its growing absentee ownership must realize that these problems are growing more and more serious through our existing surplus population and its constant growth, particularly in recent years. The inevitable consequence is increasing unemployment, growing poverty and mounting misery."

The Sterilization Campaign

According to Harriet Presser in "The Role of Sterilization in Controlling Puerto Rican Fertility", sterilization was introduced into Puerto Rico in the 1930's, along with contraception methods. In 1934, 67 birth control clinics were opened with federal funds channeled through the Puerto Rican Emergency Relief Fund. The funds lasted only two years; then in 1936 the private Maternal and Childcare Health Association opened 23 clinics.

The Family Planning Association of Puerto Rico, another private organization, was established in 1954, two years after the Population Council was formed in the United States by John D. Rockefeller. During the next ten years, according to Presser, it subsidized sterilization in private facilities for 8,000 women. Between 1956 and 1966 it also subsidized sterilization of 3000 men. This organization still functions today, and has an important role to play in the future, according to the November, 1973 report. Presently it receives \$750,000.00 of its \$900,000.00 budget from the federal Department of Health, Education and Welfare.

Thousands of sterilizations also took place in public hospitals. In 1949 the Commissioner of Health in Puerto Rico was quoted in *El Mundo* as saying he would favor the use of district hospitals once or twice a week to perform fifty sterilizations a day.

Many doctors were pro-sterilization rather than other forms of birth control. "Many physicians thought, and still think," says J.M. Stycos, that contraception methods are too difficult for lower class Puerto Ricans and regarded post-partum

sterilization as the most feasible solution to the [population] problems".

An experience of one pre-medical student in Puerto Rico in the 1950's, told to us by an informed source, indicates that this preference for sterilization was not only an obviously racist attitude, but a policy.

As part of her training, the student was told that any pregnant woman who came into the hospital for a delivery who had already had two or more children must have her tubes tied after giving birth. This was standard procedure, checked afterwards by another doctor to make sure that it was carried out.

Generally, it seems that most sterilizations were carried out post partum. In 1949, using J.M. Stycos' work again, 17.8 per cent of all hospital deliveries were followed by sterilization. Stycos notes that these figures may underestimate the actual incidence of sterilization because it did not count the women who had home deliveries and then hospital sterilization; also, not all sterilizations may be recorded as such in the hospital records, he adds.

Private hospitals also had an exceptionally high incidence of sterilization in proportion to deliveries, says Presser. She cites one hospital that had to *reduce* its sterilizations to 25% of all deliveries because of outside pressure.

Presser indicates that most sterilizations have been post-partum, and that "enabling an increasing incidence has been the continued rise in hospital deliveries", which went from 10 per cent in 1940 to 37.7 per cent in 1950, 77.5 per cent in 1960 and 90 per cent in 1965, according to the Puerto Rican Department of Health.

Hospitals in Puerto Rico are substantially financed by the United States government. The entire medical apparatus in Puerto Rico was developed by the United States; training was carried on by U.S. doctors. Many of the doctors working in Puerto Rico and performing sterilizations have been and are today from the United States.

The United States carries on population control programs throughout the third world, most of which, according to NACLA, are financed by the Agency for International Development. Some AID programs, such as the "Family Planning Insurance" in Costa Rica actually offer money in return for sterilization.

Puerto Rico's colonial status gives the United States the ability to carry on effective population control programs in the world.

The increased sterilization of Puerto Ricans becomes more and more necessary as the U.S. industrial plans for the island — plans which profit U.S. corporations, and do not build a future for the inhabitants of Puerto Rico — develop. This becomes clearer as we continue to explore the ramifications of the report "Opportunities for Employment, Education & Training."

To be continued in the following issue.

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Special thanks to Lucy for help with translations.

Rockefeller cartoons from "The Incredible Rocky."

Thanks to Joel Andreas for his Rockefeller cartoon.

Information sources:

Health Research Group, *Study on Surgical Sterilization*, released in October, 1973.

Bonnie Mass, *The Political Economy of Population Control in Latin America*, 1972.

Newsday articles, January 2, 3, 1974.

Ramparts, September, 1974.

Triple Jeopardy, October, 1973, January, 1974, December, 1973.

Asian Women

Our own interviews.

WHAT IS THE PROBLEM?

At Los Angeles County General [LA County-University of Southern California Medical Center] women are being sterilized. In many cases women signed consent forms after they had been in labor for many hours or had been heavily drugged. Other women believed they were consenting to a caesarian section and not to sterilization. Spanish-speaking women were given consent forms in English, which they obviously could not read. Some women left the hospital not knowing they had been sterilized.
[Health Research Group]

IN LOS ANGELES

• Between 1968 and 1970 the number of sterilizations not medically necessary increased dramatically at the Women's Hospital:

Hysterectomies (removal of uterus or womb)	increased 742%
Tubal ligations (permanent tying of tubes)	increased 470%
Tubal ligations after delivery	increased 151%

(Health Research Group)

• This increase in operations means more practice for people who are learning to be doctors. A resident of LA County Hospital told the new interns in June of 1973:

"I want you to ask everyone 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 [i.e., an operation] for some resident or intern."

(Health Research Group)

IN OTHER PLACES IN THE U.S.

- Nial Ruth Cox was sterilized in 1965 in North Carolina:

"I was 17 and pregnant," she recalled. I was living with my mother and eight brothers and sisters. I got pregnant, because I didn't know about birth control. When the welfare caseworker found out, she told my mother that if we wanted to keep getting welfare, I'd have to have my tubes tied temporarily. I asked the doctors later if I could have more kids. They brushed me off. Then I found out I could not."

Now she and others are suing officials in North Carolina.

(Ramparts)

- At an Indian hospital in Claremore, Oklahoma, 52 Indian women were sterilized in just one month (July, 1974). Women who come to the hospital are urged by doctors and social workers to stop having babies. Hysterectomies are often performed right after delivery. (The program is financed by HEW - the US Department of Health, Education and Welfare.)

- In Delaware a state senate committee recommended that welfare mothers with two or more illegitimate children should be sterilized.

(Asian Women's Journal)

- At Duke University County Hospital, also in North Carolina (which serves mainly unemployed Blacks), welfare women or unwed mothers who come in to have their babies often have one of two things happen to them. Either the doctor will hold the baby up by his feet over the floor and threaten to drop him unless the woman signs a sterilization paper,

or when the woman comes into labor, the personnel will refuse to help her until she signs sterilization papers.

(Triple Jeopardy)

- In Puerto Rico 1/3 of the women between the ages of 20 and 49 had been sterilized by 1965, in programs funded and controlled by HEW.

(Bonnie Mass pamphlet)

IN OTHER PARTS OF THE WORLD

- Colombian newspapers charged that 40,000 women were sterilized between 1963 and 1965, through programs funded by the Rockefeller Foundation. These women, mostly from rural areas and urban slums, were coaxed into agreeing to the operations by gifts of lipstick or artificial pearls, by payments of \$1.50 and by promises of free medical care.

(Bonnie Mass pamphlet)

- In India, men have been offered free transistor radios if they agreed to be sterilized.

MOST OF THESE EXAMPLES HAVE TWO THINGS IN COMMON.

1. The targets for forced sterilization are poor women—mainly Black, Chicana, Puerto Riquena, Latina, and Native American.
2. Sterilization is done in programs that are funded by the US government through HEW, and AID (Agency for International Development) and by private foundations which are funded and controlled by rich people like the Rockefellers.



WHAT IS STERILIZATION?

Sterilization is a permanent means of birth control. In other words, after being sterilized you can never again have more children. Surgical sterilization can take several forms. Women can receive a hysterectomy, where the womb is removed; a laparoscopy, where the tubes are cut and burned (this is the cheapest, fastest, and least tested way); or a tubal ligation, where the tubes are cut and tied (they cannot be untied for you to have more babies). Men can receive a vasectomy, where the tubes that carry sperm are cut.

All surgery is dangerous, but of these operations, hysterectomy is the most serious operation and should be avoided if possible. Sterilization should only be used when people are absolutely sure they don't want to have any more children and don't choose to use another method of birth control.

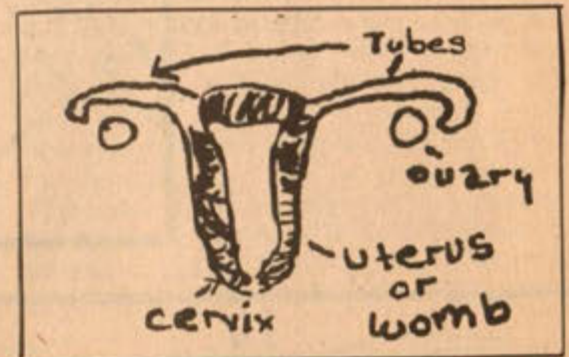
In addition to these surgical means, sterilization may result from other causes. Both venereal diseases and infection of the female organs can make a woman sterile if she isn't given proper health care.

WHAT IS FREE CHOICE? WHAT IS FORCED STERILIZATION?

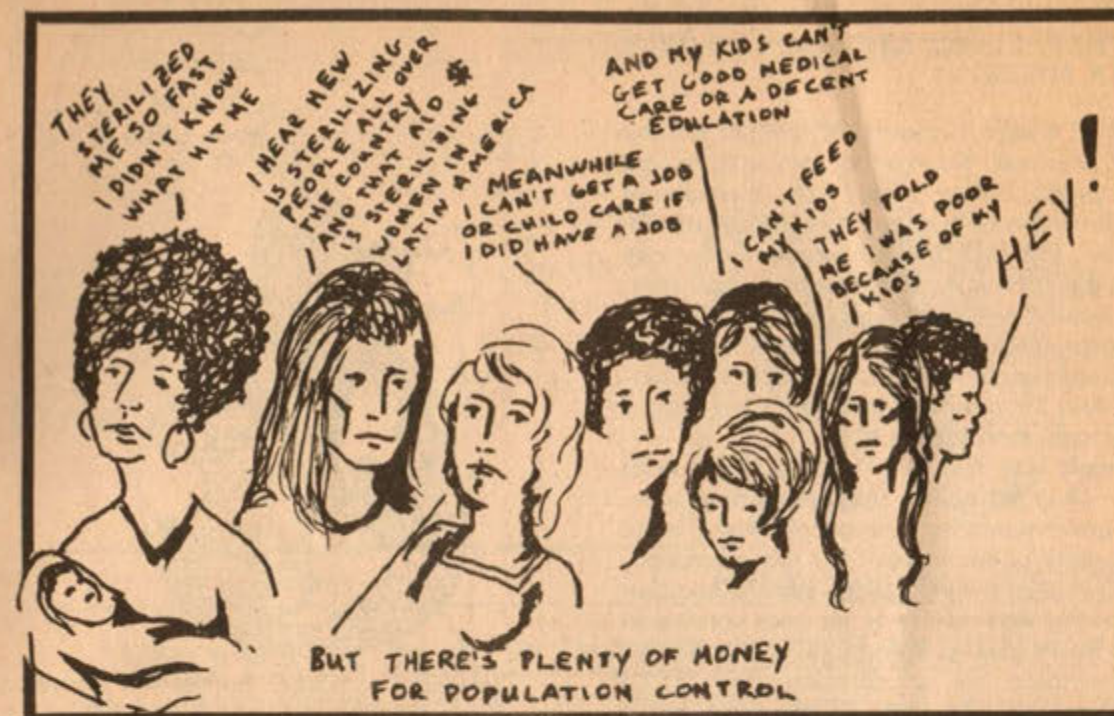
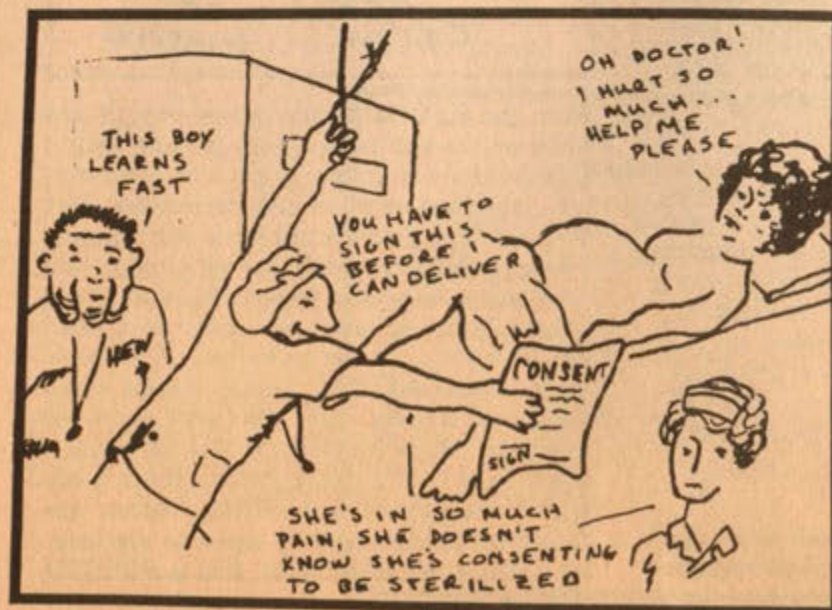
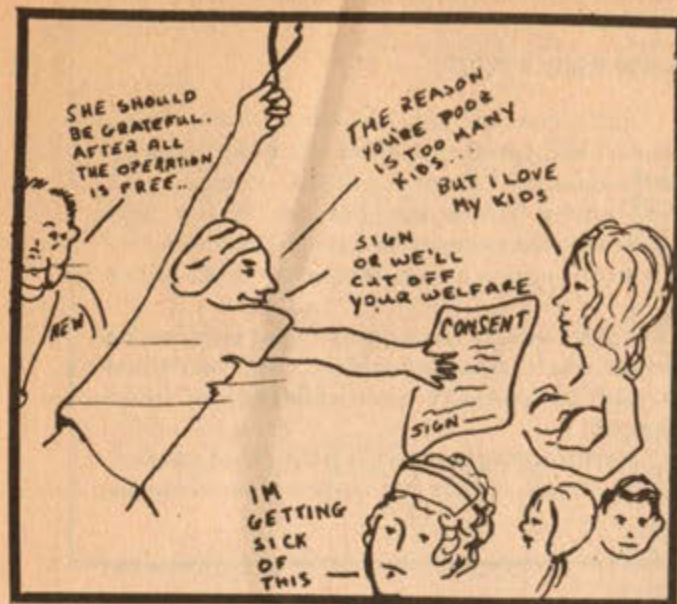
When parents are too poor to clothe and feed their children adequately, can they freely choose to have another child? When women are offered the "choice" of being sterilized or having welfare payments cut off, that is not free choice. When a Spanish-speaking woman signs an English form consenting to be sterilized, that is not free choice. When prisoners are told they will not be paroled unless they agree to be sterilized, that is not free choice. When "mentally deficient" people are sterilized without their consent, on the excuse that they cannot make the decision themselves, that is not free choice.

Poor women do not freely choose to be experimented on. Rich women can afford a private doctor who will prescribe an already tested method of birth control. But poor women have no choice but to get free or low-cost birth control at a teaching or research hospital where sterilization and birth control methods are being tested. Some of these birth control experiments result in the sterilization of women who are used as guinea pigs.

We believe that the purpose of birth control is to give women more choice about how we will live our lives. We believe women



have the right to decide how many, if any children we will have. Women have fought together for a long time to get safe birth control, including abortion and sterilization. But we know that birth control alone will not give us the freedom we want for all people. We want to live in a world where all human life is valued, and we have real power to control our lives. For women to be truly free there must be enough food, proper health care, jobs, good schools, and child care centers for everyone. Birth control will give all women freedom only in a society where these basic human needs are met. When women are forced by their poverty to agree to sterilization, this is not free choice, this is FORCED STERILIZATION.



FORCED STERILIZATION IS RACISM IN PRACTICE

The population control movement in the US has its roots in racism. At the turn of the century, organizations formed to promote birth control, first among poor immigrants from Southern Europe and later among other groups such as Blacks, Asians, Mexicans. Because middle and upper class white people were afraid of being outnumbered, they passed laws authorizing sterilizations.

We are taught that men are better than women and that whites are better than non-whites. The majority of those sterilized are non-white women. Because of job and educational discrimination non-white women have a greater chance of being sterilized. In Los Angeles, Latina women without immigration papers have been especially hard hit by forced sterilizations. For these women "fighting back" means exposure and deportation. When the drug companies or Rockefeller's International Planned Parenthood need to experiment with a drug or a new method of birth control they do it on poor non-white women. There are documented cases of birth control pills being tested on Black and Puerto Rican women before they were certified "safe" for the US public.

The racism of the sterilizations goes further than who is actually sterilized. White

workers are told that the reason taxes take so much out of their salaries is because they are supporting all those non-white people and their kids on welfare. Minority people are told that the reason they are poor is not because of job and education discrimination but because they have too many children. This helps direct the anger of these people towards poor people or towards themselves instead of against the corporations and the government of the rich.

Inside the US the idea of forced sterilization is not new. During World War Two, thousands of Japanese-Americans were rounded up and put into concentration camps. In 1945, a bill was presented to Congress to sterilize Japanese-American women. The bill was defeated by only one vote.

20% of married Black women have been sterilized. This is almost three times the percentage of white married, according to the 1970 National Fertility Study.

WHY WOULD THE GOVERNMENT RATHER ELIMINATE POOR PEOPLE THAN POVERTY?

Of all things in the world, people are the most precious. Yet we live in a system that puts profits before people—the interests of the businessmen before the needs of the people. We feel that government priorities should be providing food, good medical care, and other necessities. Instead, the US government spends money on bombs, on police for struggling countries, ghettos, and barrios, and for programs of population control and forced sterilization.

People ask for jobs and decent health care—they get money for free sterilizations. The government and the people who control the wealth of our country say that overpopulation causes poverty. They say the solution to poverty and misery is for poor women to have fewer babies. By spreading this lie and by providing free sterilization, they try to avoid making the changes that will really eliminate poverty.

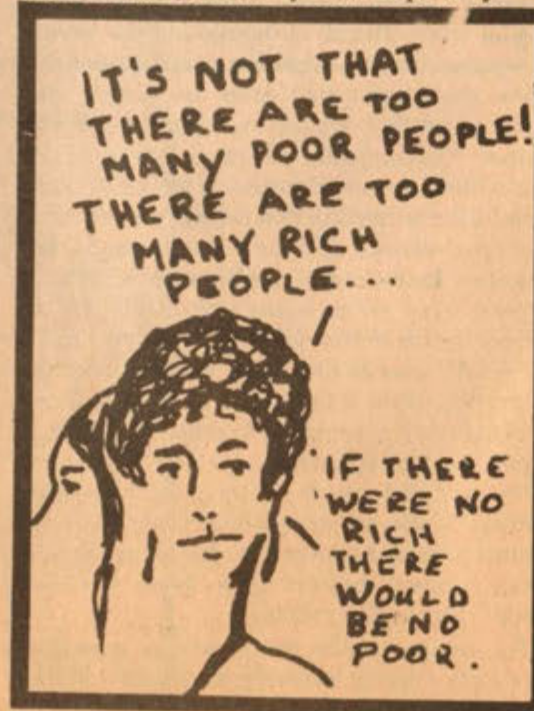


China, the country with the most people in the world, is a living example of how untrue this "overpopulation causes poverty" argument is. In 1949, China's population was 400 million and it was one of the poorest countries in the world. But in 10 short years following the Chinese revolution in 1949 China was able to organize the economy so that all her people were fed. Now in 1974, China's population has doubled to 800 million, but unemployment, hunger, and most disease has been wiped out.

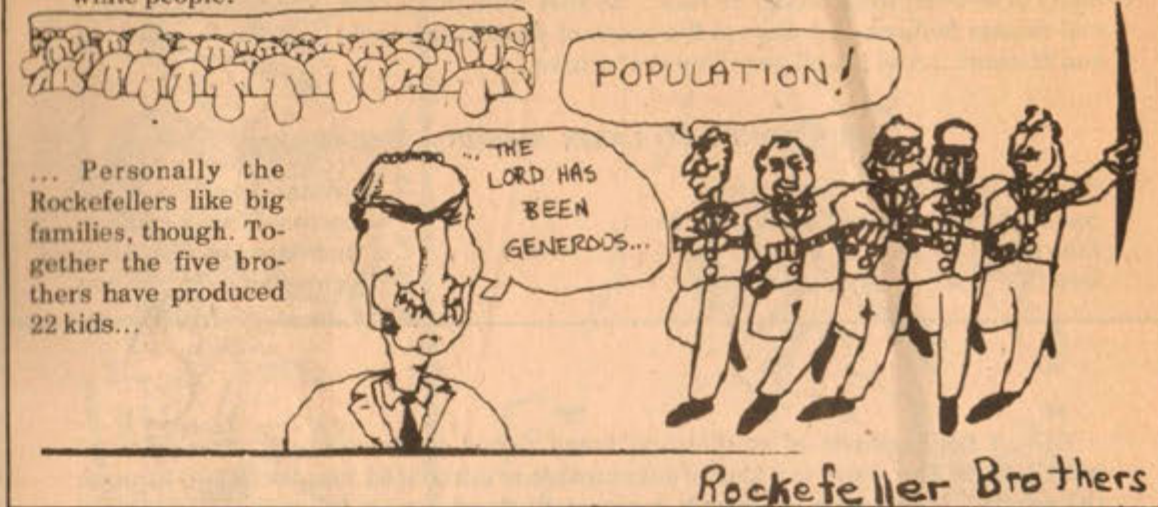


Similarly, in Cuba, population growth is even encouraged, while everyone has plenty to eat and all the necessities of life. Since Cuba, also, was an extremely poor country, this shows that it is control and distribution of wealth, not overpopulation, which both creates poverty and can eliminate it.

Why is the US government interested in keeping poor people all over the world from having a lot of babies? The US government (and the private foundations) can say they are doing something to help stop the poverty in the world. At the same time they can mask their own responsibility for that poverty.



The Rockefeller family, which is one of the biggest financial backers of population control programs, has wealth of over 10 billion dollars. This is more than the combined wealth of all Chicanos, Puerto Ricans, Native Americans and 40,000,000 white people.



WHO PAYS FOR FORCED STERILIZATION?

THE DEPARTMENT OF HEALTH EDUCATION AND WELFARE

The US government, through the Department of Health, Education, and Welfare (HEW), is a major source of funds for birth control services in the US today. Since 1966, HEW has been funding sterilizations for poor women who can't afford to pay private doctors. Although HEW has not kept accurate statistics before 1973, it estimates that in 1973 alone between 100,000 and 200,000 poor women were sterilized! While in recent years the money for HEW-financed child care centers, Head Start programs, and community health programs has been cut, in the period 1969-1974 the budget for family planning has increased from \$51 million to over \$250 million.

HEW has population control programs all over the country. In Los Angeles, this money is funnelled through the Los Angeles Regional Family Planning Center (LARFPC). LARFPC channels this HEW money to LA County Hospital, John Wesley, Martin Luther King, White Memorial, Glendale Adventist, and UCLA Medical Center.

AGENCY FOR INTERNATIONAL DEVELOPMENT

For foreign countries, the US government finances population control projects through the Agency for International Development (AID). This money is used for research on new population control methods and for research on the birth rate and attitudes of people in a country towards birth control.

With this foreign aid, countries can buy contraceptive materials from US companies. Just as HEW money for population programs has increased, so too has AID money increased. From \$35 million in 1968, AID funds for population programs grew to \$125 million in 1973.

We're not against helping people in other countries, but AID programs don't help people. AID programs make countries dependent on the US by requiring that AID money be spent on US goods. Many programs help keep dictatorships in power, by helping them to suppress dissent. For example, in Brazil, where people who speak out are jailed and often tortured, AID has trained more than 100,000 policemen in the past 10 years. AID money is also used by repressive governments to sterilize certain ethnic groups in an attempt to wipe them out. A good example are the Indian populations in Latin America. While AID pours money into police forces and population control programs, it is reducing the money given for such things as education, health, and agricultural development.

PRIVATE FOUNDATIONS

Much of the research into population matters and birth control is funded by foundations such as the Rockefeller Foundation, International Planned Parenthood Foundation (IPP, which is Rockefeller-controlled), the Population Council, and the Ford Foundation. These foundations receive money from wealthy families, from the US government, and from each other.

"GENEROSITY"

...The Rockefellers say that the world's main problem is people... If there weren't so many of us everything would be fine... So they brought us the "Population council" and donate millions of dollars to the cause of sterilizing people in India, Puerto Rico and Harlem... And it's all very liberal of course...

AID MONEY TO LATIN AMERICA 1966-69

Population Control Programs:	increased by \$7 million
Agriculture and Rural Development:	decreased by \$3 million
Education:	decreased by \$6 million
Health:	decreased by \$49 million

One of the methods of sterilization being tested is the "slurry" (transcervical installation). The slurry is a kind of cement that is introduced into the womb through the cervix. Once inside the womb it moves to the fallopian tubes where it blocks them, preventing the egg from reaching the womb. This technique is only 60% effective and has unknown side effects.

The slurry is being developed in particular for use in Latin America. Because it can be administered by someone who is not a doctor, the slurry can be used on a massive scale.

The National Institute of Health (a part of HEW) has given money to a Miami doctor to study the slurry. He has encouraged other doctors using the slurry to perform hysterectomies on their women patients in order to discover how the slurry works.

The Department of Health, Education and Welfare produced, in April 1974, guidelines to be followed by any institution receiving federal funds for sterilization. According to LA County General, patients now have these rights. IF YOU HAVE BEEN DENIED THESE RIGHTS, CONTACT US.

1. Sterilizations can be performed no sooner than 72 hours after delivery.
2. The patient must be given a fair explanation of the operation so that she understands that she will no longer be able to have babies. She should also know what alternative birth control is available, and what benefits and problems are involved with sterilization operations.
3. The patient must be told and it must be stated in big letters at the top of the consent form that no welfare benefits will be withheld as punishment for refusing to be sterilized.
4. The consent form must be signed in the presence of a witness chosen by the patient.
5. The patient can change her mind at any time, whether or not she has signed a consent form.
6. For an indefinite period, no sterilizations should be performed on women under the age of 21.

