

Sterilization



**ASSIGN
BUSTER**

Sterilization is still used in several states as a means of reducing the number of welfare recipient; by making sterilization a condition for medical care to continue to receive welfare payments and even requirements for parole from prison. Hospital records in Aiken, South Carolina revealed over one-third of the welfare mothers who had babies under Medicaid were required to undergo sterilization (Wolf 1996 38). Sterilization was the policy of the county; three obstetricians who told the welfare mothers they would have to agree to sterilization before the doctors would deliver their babies (Williams 2007 87).

The records show that 18 welfare mothers had been sterilized during the first six months of the year and of these, 17 were black mothers (Wallace and Ferrante 2005 76). In this study, the primary subject resides in the pro-sterilization perspective wherein the issue revolves on the positive implications of sterilization. By late 1982, sterilization again became the solution of choice, but this time a truly massive rural campaign was envisioned (Wolf 1996 39). There were several reasons for this. First, rural birthrates remained unacceptably high and were climbing.

Second, while the overall number of couples willing to sign a one-child certificate continued to show an increase nationwide, in some areas the certificate rate among the rural populace was declining (Williams 2007 87).

Discussion Many middle-class white feminists cast motherhood and the home as the cornerstone of their oppression and saw birth control their ticket to freedom. Efforts to limit childbearing, such as contraception and abortion) dominated the agenda of the mainstream women's movement (Wallace and Ferrante 2005 76).

Many women of color, on the other hand, had for generations struggled for the right to raise their own children (Williams 2007 89). Under slavery, slave masters often forcibly separated black children from their parents. At the turn of the century, social reformers launched campaigns to limit the fertility of the so-called “ lower-races. ” As a result, many African American men and women had historically identified birth control with the eugenics movement (Valk 2008 132).

Attempts in the 1930s and 1940s to introduce birth control in the black community were unsuccessful because of fears that such methods would be used as a form of genocide (Wallace and Ferrante 2005 76). One of the earliest examples of sterilization advantage reside in the notes that the state’s interest in limiting the growth of the Black population coincided with the expansion of post-World War II welfare provisions that have allowed many African-Americans to leave exploitative jobs.

As a result, the growing unemployment rare among people of color means that non-white America is no longer simply a reservoir of cheap Labor; it is therefore considered “ surplus” population (Williams 2007 89). One recently declassified federal document, National Security Study Memorandum 200, revealed that even in 1976 the United States government regarded the growth of the non-white population as a threat to national security.

In 1970, the Department of Health, Education, and Welfare (D HEW) accelerated programs that paid for the majority of costs to sterilize Medicaid recipients (Wallace and Ferrante 2005 78). In 1979, it was discovered that seven in ten US hospitals that performed voluntary sterilizations for Medicaid

recipients violated 1974 DHEW guidelines by disregarding sterilization consent procedures and by sterilizing women through “ elective” hysterectomies (Valk 2008 132). Native people do not constitute a relatively sizable workforce.

However, because the majority of the energy resources in this country are on Indian lands, the continued existence of Indian people is a threat to capitalist operations (Williams 2007 89). Evidence of this fact is the Senate testimony offered by Scott M. Matheson on behalf of various mining associations in opposing the protection of Indian sacred sites, corporations still want, both covert and overt genocidal practices against Native peoples continue (Srivasta 2005 88).

Thus, it is not surprising that Native women were targets of the population craze when Indian Health Services initiated a fully federally funded sterilization campaign in 1970. 13 Dr. Connie Un, a Cherokee/Choctaw doctor, was one of the first people to uncover the mass sterilization of Native women in the 1970s (Solinger 2005 91). Welfare rights activists also opposed coerced sterilization, practiced on poor, nonwhite, and so-called “ feeble-minded” women since the Progressive Era. ” Welfare recipients, in particular, were sometimes sterilized under the threat of losing their welfare payments. In the early 1970s, in a notorious case, doctors sterilized two black teenagers in Alabama without their consent.

A lawsuit was brought on their behalf and a federal district court found “ uncontroverted evidence in the record that minors and other incompetents have been sterilized with federal funds and that an indefinite number of poor

people have been improperly coerced into accepting a sterilization operation under the threat that various federally supported welfare benefits would be withdrawn unless they submitted to irreversible sterilization. In the mid-1970s, women on public assistance with three children had a sterilization rate 67 percent higher than women with the same number of children but not on public assistance” (Srivasta 2005 88). Coerced sterilization of poor women and women on welfare was sometimes blatant, as in the case above.

But the federal government also found less overt ways to encourage sterilization of poor women to keep them from having children (Patterson 2000 56). Since 1975, for example, Medicaid has covered 90 percent of costs of sterilization, but only 50 percent of cost of abortion. Enacted in a time of rising Inflation, swelling unemployment, reduced standards of living, and political retrenchment, the 1975 revisions give health-care agencies economic incentive to persuade Medicaid patients to choose sterilization. ” Hardly an accident, increases in sterilization represented a strategy on the part of federal officials (Solinger 2005 91). Family Planning Digest, the official family planning publication, prophetically hoped in 1972 to see sterilization become as important in family planning in the fifty states as it already is in Puerto Rico.

Some policy analysts, such as Phillips Cutright and Frederick Jaffe, argue for the cost-effectiveness of family planning and have estimated how much money is saved on welfare, social services, and medical care when social workers rely on family planning or sterilization (Srivasta 2005 88). Thus, it seems that for some policy makers, sterilization might be used as a

budgetary measure to reduce the childbearing of poor women and women on welfare.

Consequently, welfare recipients, both locally and nationally, defined sexual freedom not only as access to birth control, but complete control over one's reproduction, including the right to oppose sterilization and bear children (Patterson 2000 56). Formed in the early 1960s, the Black Women's Liberation Group in Mount Vernon, NY actively supported the birth control pill by 1968. Although NWRO expanded the meaning of reproductive rights, the language of choice was a double-edged sword for welfare recipients (Newman 1999 165).

Arguing that women should have control over their reproduction could also hold them accountable for any children they chose to bear, helping construct the gendered myth of the "welfare queen" and reinforcing the notion that poor women should simply use birth control, have abortions, or abstain from sex if they could not afford to raise their children. Personal responsibility might serve as the substitute for public support (Patterson 2000 58).

Presumably, the political opinion in question is the belief that people ought to be free to choose the size of their family.

In Canada, forcible sterilization is usually characterized as persecution on account of membership in a particular social group, variously described in terms such as "Chinese parents with more than one child who face forcible sterilization, parents of more than one child, or parents (Newman 1999 165).

In Australia, the High Court ruled in *Anor v. Minister for Immigration and Ethnic Affairs* (1997) that there is no particular social group to which the

targets of forcible sterilization belong but has not considered political opinion as an alternative ground (Patterson 2000 58).

In theory, women ought to be the main beneficiaries here, because it is women who typically suffer forcible sterilization and abortions. This is not because the Chinese state prefers to sterilize women over men, but because the “choice” of which spouse will be sterilized is made by the couple, with the unsurprising result that it is the woman who almost always ends up being sterilized (Newman 1999 168). Ironically, the leading cases from the highest courts of Canada and Australia all involve male claimants allegedly escaping forcible sterilization, perhaps because men are more likely than women to have the resources to flee (Nelson 2003 86).

The phenomenon of domestic violence is perhaps the paradigmatic manifestation of women’s relative powerlessness in the ‘private sphere’ (Morgan 1996 143). As with forcible sterilization, a divergence appears to be emerging with respect to the treatment of domestic violence in the United States, on the one hand, and Canada and Australia on the other. The trend in American jurisprudence appears to favor characterizing successful claims based on domestic violence as persecution on account of political opinion (Morgan 1996 143).

Canada and Australia treat them as persecution for reasons of membership in a particular social group (Newman 1999 168). Sterilization is the most widely used contraceptive method in the world. More than 108 million women and 41 million men have undergone sterilization procedures (United Nations, 1999). Sterilization is safe and highly effective; most of the health

risks are associated with poor anesthetic or surgical technique (Nelson 2003 86). Pregnancy identified after tubal sterilization may result from conception before sterilization or from unsuccessful sterilization (Newman 1999 169).

Failure rates, which vary by method of tubal occlusion, surgical expertise, and patient characteristics, are overall estimated to be between 2 and 4 per 1, 000 in the first year of use (Kingfisher 1996 188). When female sterilization failure occurs, ectopic gestation is more likely than intrauterine gestation, but the absolute likelihood of ectopic pregnancy is actually lower than that associated with use of no method or even tubal sterilization is usually performed via an abdominal incision (Morgan 1996 143).

Sterilization or voluntary surgical contraception (VSC) is one of the most popular and effective methods of fertility regulation, it is cost- effective, and, being a one-time method, most couples in developing countries opts for this when they want no more children (Nelson 2003 86). Although vasectomy, is safer, cheaper and simpler than female sterilization, there are far more female acceptors of sterilization, especially in developing countries, it is estimated that nearly 140 million women of reproductive and have accepted sterilization compared with about 42 million (Morgan 1996 146).

A vaginal approach offers the advantage of producing no visible scar, but such a procedure increases the risk of pelvic infection and thus is used less frequently. The fallopian tubes may be blocked by tying (with or without removal), by coagulation, using unipolar or bipolar current, or by mechanical occlusion with silastic bands or clips (Moore 2002 98). All procedures except conventional laparotomy can be safely performed using local anesthesia,

thus avoiding the hazards inherent in the use of general anesthesia (Mankiller 1998 65). Studies suggest that tubal sterilization is a remarkably safe surgical procedure.

The case-fatality rate has been reported as low as 4 per 100, 000 procedures in U. S. hospitals but as high as 19 per 100, 000 procedures in Bangladesh (Moore 2002 98). Most deaths are caused by complications related to use of anesthesia, even when general anesthesia is not used. Deaths have occurred from hemorrhage and thermal injury as well (Mankiller 1998 65). Sterilization is both more drastic and less necessary than the other procreative choices available. Accordingly, it should perhaps be limited to persons who can give actual informed consent (Kingfisher 1996 188).

Others would not be vulnerable to substitute decision making but would simply not have sterilization as an option: they would be free to choose another method of birth control, including Norplant, or even abortion if that was necessary (Moore 2002 99). Sterilization is now, and projected through the year 2010 to be, the most commonly used birth control method in the United States. For example, it is projected that of the 42. 3 million women practicing birth control in the year 2000, 9. 9 million will use oral contraceptives, 11. 3 million will use other reversible forms of birth control, and 20. million will opt for sterilization (Franks 2005 188).

These statistics make it difficult to argue that sterilization should be disallowed for persons with limited capabilities as an “ oddball choice” (even though it is by nature a once-in-a-lifetime choice). If we are to create exceptions to the proposed general approach of self-determination for all

expressive persons, perhaps it is important that the exceptions be truly exceptional (Moore 2002 99). On the other hand, surgical sterilization is not the birth control method of those segments of the population with the greatest range of options.

The women most likely to be sterilized in the United States are those with low incomes, those with little education, Hispanics, and blacks (Mink 1998 211). Moreover sterilization is most in use by women who are married and have already had children—not women similar to those sterilized today by third-party consent (Franks 2005 188). The social acceptability of forced sterilization for poor women is also furthered when measures against procreation and abortions by poor women come together (Mankiller 1998 65).

States are required to set up goals and programs to reduce illegitimacy and are awarded hefty sums if they successfully simultaneously decrease their abortion rates. The legal apparatus has now been erected to encourage and sanction state-sponsored sterilization of poor women (Franks 2005 188). Sterilization of persons dependent on charity or government assistance was declared to be necessary to reduce the unacceptable costs of welfare recipients to the state (Eager 2004 32).

The Interior Ministry drew up elaborate charts to demonstrate that the state could not afford to allow asocials -persons categorized as unable to earn their own living - to reproduce (Eghigian 2001 177). In one example, based on proposed legislation for voluntary sterilization drawn up by the Prussian Health Council in 1932, made sterilization compulsory for persons with

hereditary diseases, habitual criminals, mentally retarded persons, and persons with mental illness (Mink 1998 211). Hundreds of so-called Genetic Health Courts were created to determine who should be sterilized.

This effort to prevent the reproduction of undesirables represented the reverse side of the pro-natalist policies designed to get carriers of “ pure blood” to have more children (Davis 1999 153). Best estimates put the number of persons sterilized in Germany between 1933 and 194 at close to 400, 000. Most of these compulsory sterilizations were carried out before the start of the war. One of the advantages of sterilization is towards the hereditary complex wherein the genes that possess negative traits, such as hereditary conditions are better trimmed down to small amount, which yields to more positive result (Eghigian 2001 177).

The family will not have financial burden due to the frequent special needs of genetically ill children (Eager 2004 32). Moreover, the statistically able groups in the society will increase while the rates of disabled will be minimized. Moreover, in this event, the governmental obligations for such disabled individuals will be minimized and better yet allocated to other essential needs of the community (Crew 1998 68).

Most recent discussion of sterilization concentrate either on the cultural and political factors that form the basis of sterilization laws and practices in a specific country, or on the moral and societal implications of sterilization. Critical discussions distinguish, first, between voluntary and involuntary sterilization and second, between sterilization as a state policy and sterilization as a method of individual family fertility control (Eager 2004 32).

Most studies focus primarily, although not exclusively, on female sterilization since women are sterilized, either voluntarily or not, much more often than men (Crew 1998 68).

Sterilization has been one of the primary family planning methods known world-wide that are usually utilized to establish a fertility frame or limit the size of a family. Although there are various family planning procedures that offer lesser bodily modifications and lesser risks, sterilization is commended due to its permanence and safety. Moreover, the advantages of permanent family planning methods provide wide scale benefits especially for the welfare recipients, particularly the black community. Since sterilization limits the family size, the first impact of such family planning method is on the aspect of financial stand of the family.

Most commonly and as validated by National Statistics, the black community and the natives (who are usually the welfare recipients) are the families with highest family size. Economic stand of these families are greatly affected evidently due to the higher number of children that have to be fed and supplied with needs. Sterilization also offers a stable family planning procedure that is 100% sure to withhold fertilization. Other family planning modes still have chances to induce fertilization due to the mechanics and systems of functioning, such as Condom or diaphragms, which can easily slip.