

**REPRODUCTIVE IMPERIALISM: STERILIZATION AND
FOREIGN AID IN THE COLD WAR ERA**

Early this year the media reported that officials in Uttar Pradesh, India's most populous state, had introduced incentive schemes to encourage people to undergo sterilization. Thousands of primary school teachers were told they had to find "volunteers" for sterilization as a part of India's overall approach to reduce the country's population growth.

If that sounded shocking to western ears, it had to be compared with Uttar Pradesh's 2004 "guns for sterilization" policy. In that scheme Indians purchasing firearms or seeking gun licenses were told they would be fast-tracked if they could round up similar "volunteers" for sterilization. So, for example, a rich farmer obtained a gun license after he brought in five farm workers to a nearby clinic where they were sterilized. The laborers complained they had never been informed of the true nature of their operation, an allegation the farmer hotly denied.

The media account of this story might leave the average reader with the impression that this was news. Yet, an historical perspective tells us nothing could be further from the truth. These incidents in Uttar Pradesh are just the latest in a long series of events that date back to the mid-twentieth century. Then, in the midst of the Cold War, state governments in India began launching program after program over the next fifty years designed to sterilize large numbers of countrymen and women. The most notorious was the 1976-1977 policy of Prime Minister Indira Gandhi in which millions of men, mostly from poor neighborhoods, were rounded up and forcibly sterilized.

Yet, these initiatives owed far more to western opinion, power, and pressure than indigenous Indian sentiment. As the twentieth century progressed, numerous well-known and influential Americans strongly advocated the need for mass sterilization as the only method

capable of saving the globe from demographic disaster. While some prominent Indian figures echoed calls for sterilization, the main impetus came from groups and individuals within the US and other industrialized societies. In what can only be described as imperialism, such opinion-makers were able to convince western governments to fund population control programs based on access to sterilization in developing countries throughout Asia and Africa. Between 1965 and the Reagan presidency U.S. political leaders “ranked population growth behind nuclear war as the second most important threat to the world.” By contributing more than 50% of all international aid for family planning, the U.S. government’s program of assistance to population reduction in other countries constituted “an important instance of U.S. global power and involvement in the lives of people around the world.” (Donaldson, ix-x) In the words of another historian, “the decision [in the 1960s] to link U.S. foreign-policy objectives with the subsidy of family planning and population control” was a “truly exceptional” endeavor “in that it explicitly aimed at altering the demographic structure of foreign countries through long-term intervention. No nation had ever set in motion a foreign-policy initiative of such magnitude.”(Sharpless, p. 72)

By tying foreign aid in general to compliance with population reduction policy the federal government was frankly engaged in an imperialist enterprise that conflicted with the value systems of literally hundreds of millions of people around the world.

This chapter in American history is hardly a secret, yet the reliance on sterilization as the method of choice of international family planners is. What historians have overlooked is the extent to which leading population control advocates promoted widespread sterilization as the best weapon in the battle to curtail Third World fertility. The key US-based group that

supported sterilization still operates today. It is the non-profit, Non-governmental Organization (NGO) EngenderHealth. With an annual budget of \$40 million, EngenderHealth currently works with local health care groups in dozens of countries around the world providing training, counseling, and surgical contraception services. In 2002 EngenderHealth won the United Nations Population Award, and regularly collaborates with UNPFA and other family planning NGOs.

EngenderHealth insists that it is simply another NGO working to improve the reproductive health of women around the world. Yet its history, contained in the rich collection of records found at the University of Minnesota's Social Welfare History Archives, tells a somewhat different tale. EngenderHealth's roots were firmly planted in the eugenics movement of the 1930s. Founded in 1937 as the Sterilization League of New Jersey (SLNJ), its leadership lobbied assiduously but unsuccessfully for a eugenic sterilization statute in that state. In 1943 the SLNJ became a national, non-profit organization and changed its name to Birthright, Inc. In 1950, having moved from Princeton, New Jersey to Manhattan, Birthright became the Human Betterment Association of America (HBAA) in 1950, then the Human Betterment Association for Voluntary Sterilization (HBAVS) in 1962, the Association for Voluntary Sterilization (AVS) in 1965, the Association for Voluntary Surgical Contraception (AVSC) in 1984, AVSC International in 1994, and finally EngenderHealth in 2001. In recent years it has expanded its scope to include broad-based family planning, maternal care, HIV/AIDS services, and post-abortion care, but its main focus is sterilization, that is, vasectomy for men and tubal ligation for women.

What do the EngenderHealth records tell us? They document the rise of EngenderHealth

from a marginal group known for its eugenic statements in the early Cold War to a major player among other international family planning NGOs, including Marie Stopes International and International Planned Parenthood Federation. Before the 1960s EngenderHealth was underfunded, hamstrung by a small membership and a reputation for strident advocacy of sterilization as a form of birth control in the pro-natalist 1950s. Its main focus was defusing the “poverty bomb,” widening access to “voluntary” sterilization in low-income areas such as Appalachia and Dade County, Florida. But in 1964 Hugh Moore, the noted population controller and fabulously rich inventor of the Dixie Cup, threw his influence and money behind the group.

EngenderHealth increasingly shifted its focus from the domestic scene to overseas campaigns to reduce population growth until in 1972 it became for the first time the recipient of funding from the U.S. Agency for International Development (USAID). Since then, its major concern has been the promotion of sterilization as a key weapon in the struggle to improve the reproductive health of women the world over.

This overview of EngenderHealth’s past, however, merely scratches the surface of historical reality. EngenderHealth has spearheaded a highly successful campaign to popularize sterilization as a contraceptive method in the second half of the twentieth century. This entailed ending sterilization’s status as a “dirty word,” due largely to its association with eugenic laws in America and Nazi Germany. Its advocacy of sterilization also entailed a conflict with the Roman Catholic Church, which to this day contends that sterilization is “mutilation” of the reproductive organs and therefore prohibited. By the end of the twentieth century large numbers of Catholics had resorted to sterilization, a clear victory for EngenderHealth, at least for the moment.

EngenderHealth scored other important victories in the second half of the 20th c. In the 1960s the federal government began funding birth control as part of the Johnson administration's "war on poverty." Despite initial opposition, EngenderHealth and its allies in the family planning movement managed in 1971 to convince politicians and officials at OEO to pay for sterilizations for low-income Americans. At the same time, EngenderHealth, allied with the ACLU, launched a series of successful lawsuits against various U.S. hospitals for refusing to comply with patients' requests for sterilization. "Operation Lawsuit," as this legal campaign was called, was a resounding success, as were EngenderHealth's efforts to win recognition from the medical profession that sterilization was purely a matter between patients and their physicians. Last but not least, by the early 1970s most health insurance plans agreed to pay for sterilization operations, again largely thanks to EngenderHealth.

But its biggest victory lay in the international field. Today, sterilization is the most popular form of global birth control, with roughly a quarter of couples worldwide relying on it. This success was achieved in the teeth of opposition from Republican presidents Ronald Reagan, George H. Bush, and George W. Bush, who have tended to cut funding for assistance to overseas reproductive health services, especially abortion. There are national groups advocating voluntary sterilization throughout the developing world, including Asia, Africa, and Latin America. This situation dates back to the efforts of EngenderHealth in the late 1960s to form an international association of pro-sterilization organizations.

Another reason why EngenderHealth warrants more attention than it has received is the fact that its membership has included some of the most eminent individuals from the family planning movement. Margaret Sanger, Robert Latou Dickinson, Alan Guttmacher, Joseph

Fletcher, John Rock, Paul Ehrlich: these are just a few of the well-known birth control advocates who served on EngenderHealth's board during its sixty-year history. Their names have lent considerable credibility to the sterilization movement, headed by EngenderHealth.

Today, EngenderHealth's history in particular and the history of the sterilization movement in general is more relevant than ever. The real danger facing many developed and developing countries around the world is *depopulation*, not overpopulation. Philip Longman, author of The Empty Cradle, states that "not since the fall of the Roman Empire has the world ever experienced anything on the scale of today's loss of fertility." From the pages of The New York Times and Foreign Affairs to a rash of new books, demographers predict this "birth dearth" in many countries will soon trigger a crisis that will cripple future generations. As the baby boomers approach retirement age, anxious governments wonder how in the coming years taxpayers will pay the bills for costly social programs, such as medicare and social security. In Europe, where low fertility rates and an aging population coincide with stagnant economies, policy-makers believe the status quo is unsustainable but worry that the political will to change it is missing.

Other experts warn the drop in fertility in countries such as China and India where roughly forty per cent of the world's population resides has produced a gender imbalance heavily skewed in favor of males. Some forecast that the millions of unmarried, under-employed, unhappy, and rootless surplus men in the world's two most populous countries will threaten domestic stability and endanger international security.

These forecasts may or not come true. What is indisputable is that the nations of the world, including the most powerful, face uncertain futures because of the activities of NGOs

such as EngenderHealth. The popularization of sterilization as a form of contraception has proven to be one of the biggest imperialist ventures in all of history. If the predicted “demographic winter” materializes, it may also prove to be one of the most counter-productive.

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