

Women's bodies, men's decisions

by *Alison Sawyer*

Forced sterilization is the subject of much controversy in legal circles, among those concerned with minority rights, and among feminists. The controversy arises because sterilization is a surgical procedure and the person being sterilized must, in law, give his or her consent to the surgery. In practice, such sterilization is often done without the person's consent, or with only the consent of some third party--usually a parent, a doctor, or a hospital administrator.

Statistics on non-voluntary sterilization are hard to pin down. The public and politicians do not like to acknowledge that doctors still perform sterilization operations without their patients' consent. Of course, there are

stories.

I have, for example, the story of an acquaintance in Toronto, which confirms in my mind that forced sterilizations are done on unwitting welfare mothers, among others. In this case the woman had been in a mental in-

"Doctors had been pressuring native women and welfare recipients into being sterilized"

stitution, had two children, and at the age of 22 while on welfare went into hospital for an abortion. During the abortion, she was sterilized without her knowledge.

A Vancouver *Star* story on March 11, 1977, on the joint meeting of the Advisory Councils on the Status of Women across Canada, reported that a delegate from Saskatchewan told those present that doctors in her province had been pressuring native women and welfare recipients into being sterilized when they were entering hospitals.

In 1976, a Roman Catholic missionary to the Northwest Territories revealed that one-third of Inuit women between the ages of 30 and 50 had been sterilized without being told and against their will. This was substantiated by similar statistics reported in a 1972 CBC public affairs program. The then Health Minister Marc Lalonde replied to such stories with a flat denial.

While the government of Canada may have been unwilling to acknowledge such blatant racism, the Government Accounting Office in Washington, D.C. reports all. The records of the United States Indian Health Service show that its doctors have sterilized thousands of native women without proper consent. On four reserves alone, 3,400 native women were sterilized over a four-year period in the 1970s. These women were not told that the operation was optional, not mandatory.

Forced sterilization of the mentally retarded has been a particularly contentious issue in the late 1970s. In Québec between 1976 and 1978, 500 mentally retarded people, most of whom were women, were reported sterilized. Similar reports come out of Ontario and British Columbia. And, despite a moratorium on sterilization of mentally retarded people below the age of 16, some illicit sterilization still goes on. A case from Prince Edward Island that will be decided on by the Supreme Court of Canada in the next two years could change the whole fabric of legislation on who has the right to give consent to a sterilization operation--you or your legal guardians.

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Sterilization became an acceptable practice in the 1920s, when doctors and lawmakers turned to scientific procedures for controlling population. It was believed that the decision

as to who was to be allowed to reproduce could be made on the basis of scientific assessment of who was physically, mentally and morally sound.

There was a fear among the male élite that those who did not measure up to their scientific assessment of who was fit might have higher reproductive capacities than the more desirable white, male-dominated middle classes. If left to their own devices, it was feared, they would reproduce unchecked.

The genetic strain of undesirable characteristics would grow and streng-



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then, and lead to an even higher population of this type that would threaten the genetic strain of the whites in power.

These fears, for which there is no scientific evidence, resulted in many jurisdictions

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in Canada and the United States passing sterilization laws. For example, between 1928 and 1972 forced sterilization was legal in Alberta under the *Alberta Sterilization Act*. British Columbia had a similar piece of legislation in the same time period.

The *Alberta Act* set out five categories of people who could be sterilized:

- psychotic patients;
- mental defectives who suffered from arrested or incomplete development of mind which existed before they turned 18;
- individuals suffering from epilepsy with psychosis or mental deterioration;
- individuals suffering from neurosyphilis not responsive to treatment; and
- individuals suffering from Huntington's Chorea.

During the time the *Act* was in effect, some 2,500 patients were actually sterilized; 35.3% of them were male and 64.7% female. A study of how this *Act* was administered showed that a

greater proportion of eastern Europeans, Indians and Métis were sterilized than of the rest of the Alberta population.

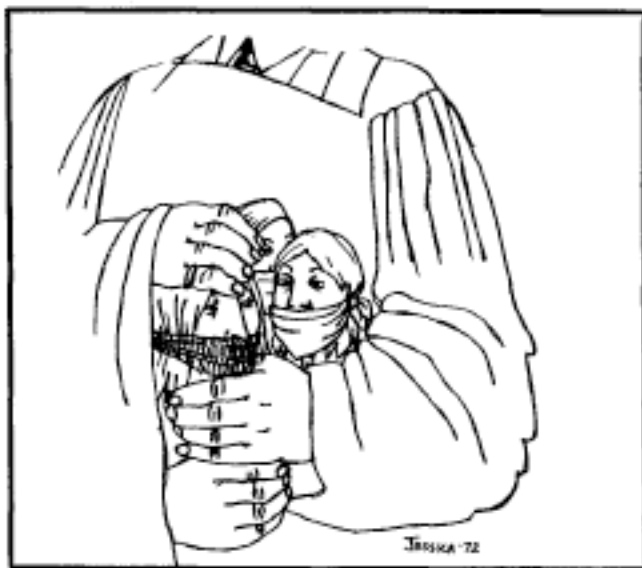
Under the Alberta law, a Eugenics Board decided who was capable of giving consent to sterilization. If the patient was considered incompetent, a spouse, a parent, a guardian, or the Minister of Health was required to consent.

In British Columbia, the Eugenics Board had first to decide what was more specifically set out in the Alberta law. There had to be a unanimous decision by the Board

that procreation by the inmate (of a provincial institution) would be likely to produce children who by reason of inheritance would have a tendency to serious mental disease or deficiency.

In the United States, 32 states had similar legislation. In Virginia it is reported that 8,000 "mental patients" were legally sterilized between 1924 and 1972. The Virginia statute has not yet been repealed, although the state Board of Health has prohibited its use. The purpose of the *Act* is stated to be to prevent "racial degeneracy".

The laws written in the 1920s were based on inconclusive findings. But the very fact that legislation existed meant that authorities had to continue to look for justification for these laws. Although the scientific underpinnings have been shaken and the laws repealed, arguments are still made in favour of forced sterilization. These arguments have shifted from saying it would be of benefit to *society* (the



hereditary not ones) to saying that sterilization would be of benefit to *those being sterilized*, to their parents, and to potential future children.

The shift in argument shows the male biases that are behind forced sterilization. In the early twentieth century, when the white male capitalists were still securing their hold over the rest of us, the genetic scientists provided the rationale. Now the capitalists, through the government, decide for themselves if and where the population should be controlled. This so-called "management of human resources" takes responsibility for decisions about child-bearing out of the control of individual men and women.

The government establishes standards to determine which sectors of the population should be sterilized. Almost without exception it is women who are chosen, whether they be on welfare or mentally handicapped.

The polite reasons given for sterilizing mentally handicapped women include, for example, to spare them from the "traumas" of mothering. It is a matter of foresight, it is said--a matter of avoiding the strain the potential children of such "unfit" mothers would put on community social services.

The real problems are thus not tackled. Men have always preferred to exploit and manipulate resources rather than to develop them wisely. So it is with their treatment of

women.

Women's bodies are seen as resources to be controlled and exploited to meet the demands of the socio-economic system. The control of our bodies has been a long-standing feminist demand. It is the men in power who choose not to approach the socio-economic problems which make it impossible for all women to have fully developed self-determined lives.

Alison Sawyer is a lawyer now living in Vancouver, British Columbia.

(See this issue's Rights and Wrongs section on what to do if you or someone close to you is threatened with sterilization.)