

## **United States is Funding Sterilization Camps Targeting Women in India**

International Celeste McGovern Jan 13, 2015 | 7:00PM Washington, DC

Women’s wombs are inflated with bicycle pumps. Some are paid as little as 600 rupees – about \$10 – to be sterilized. Some see – and feel – doctors pull shreds of their organs from their abdomens during procedures. Doctors reuse gloves and needles for dozens of surgeries. Antibiotics or painkillers, if used, may be tainted with rat poison.

These are just a few of the details about India’s “family planning” programs that have emerged in the wake of the latest population control tragedy: the deaths in November of 14 women at a government sponsored sterilization “camp” in central India where health officials’ reports say 83 women underwent surgical sterilization at the hands of one doctor in just a few hours.<sup>[1]</sup>

PRI has numerous documents which demonstrate unambiguously that America’s foreign aid agency USAID has underwritten such camps in India for decades. They also establish that the agency – in concert with a host of American charity groups, India’s biggest bank and private funders like Bill and Melinda Gates – has been the primary architect and a major overseer of the country’s state-run population control.



### **BUSINESS AS USUAL**

Two days after the news broke about the deaths of the women in Chhattisgarh at an abandoned rural hospital – while Indian health officials and human rights activists were denouncing the

camp and the surgeon who conducted it was hiding from the swelling numbers of protesters in the district of Bilaspur— it was business as usual in the rural town of Gaurella just about 40 km north where workers were holding their twice-weekly sterilization day at the local health center.

The death toll was not as high – only one woman died but many more were hospitalized. It probably wouldn't have been reported at all except for the events earlier in the week. The Delhi based Human Rights Law Network had sent an activist and two lawyers to speak with the deceased women's relatives and health workers in Chhattisgarh. The stories recounted in their report released in December illustrate one of the darkest and cruellest population control regimes on earth.<sup>[2]</sup>

## **ONE FAMILY'S NIGHTMARE**

*Chaiti Bai was 22 years old and the mother of a six year old and 7 month old baby. She had never used contraception between her pregnancies but she had been feeling unwell in October 2014 and was jaundiced. So when the mitanin – or community health worker – came to her door and told her she could receive treatment at the Community Health Center in Gaurella, she agreed. The health center has a target of sterilizing 800 women each year, but the worker never mentioned sterilization or family planning to Chaiti.*

*Upon arrival at the center, Chaiti's husband Budh Singh was given a blank paper to sign. Unlike many in the center, he and his wife could read and write, but there was not text on the paper. He signed for his wife's medical treatment anyway. No one mentioned family planning or sterilization and Budh was ushered outside to wait.*

*A few hours later, when he was allowed into the recovery room, Budh found Chaiti among many women lying on the filthy floor, barely conscious. A health worker gave him some medicines for his wife, but no instructions and no paperwork.*

*The following evening Chaiti began vomiting. The health center sent her by ambulance to the district hospital three hours away the following day, but she died en route. Bud Singh received a compensation cheque from the government for 200,000 rupees –about \$3200.*

## **WHO IS TO BLAME?**

Health officials reported that some of the medicines used in Chhattisgarh contained a banned chemical used to poison rats. Police arrested the head of the company that made the drugs in Bilaspur and shut his factories. But other reports cited rusty surgical equipment causing infection as the cause of deaths. Many blamed the butchery of the greedy surgeon who, working for 100 rupees per operation according to one news report, was accused of trying to cram as many as he could in an afternoon's work.<sup>[3]</sup>

Surgeon R.K Gupta, who conducted the procedures did not understand the outrage, however. He told reporters that he had done more than 50,000 such surgeries and blamed the government for the number of women he sterilized on the day. "It is up to the administration to decide how many women would be kept for operation," he said.<sup>[4]</sup>

Indeed, human rights activists pointed to the government for failing to put a stop to the camps which not only violate the most basic national health and safety standards, but also clearly and egregiously breach national and international guidelines respecting human rights. Human rights activists have repeatedly documented that camps like those in Chhattisgarh are pervasive and routine throughout India. They've detailed how women are persuaded with cash incentives – or the chance to win a refrigerator or a car – and how they are coerced – into sterilizations. And they have described cases in harrowing detail: young childless women consenting to procedures by thumbprint unaware that it would leave them infertile; dozens of women being sterilized on school desks by doctors operating by flashlight; women maimed in the quest to meet government sterilization quotas.<sup>[5]</sup> Just last year, there was outrage after the national television station aired footage of women lined up and bleeding on the ground at a camp where 103 lower caste women had been sterilized in under five hours in another state.<sup>[6]</sup> Yet none of the Supreme Court of India rulings, international policies and declarations, ever seem to make a difference in India which has been a playground for population controllers for decades.

## **USAID DENIAL**

USAID has denied having anything to do with India's odious sterilization camps in the past but its recent response to PRI carefully distanced itself only from "involuntary sterilization" in India.

"We are aware of the tragic deaths which have occurred in India related to female laproscopic sterilization surgeries," a USAID spokesman said in a written statement to PRI. "We offer our deepest condolences and sympathies to the affected families. USAID does not support involuntary sterilization contraceptive services in India or in any other country in which we implement programs. U.S. law prohibits the use of foreign assistance funds to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any person to undergo sterilizations. Additional legal and policy requirements that apply to USAID-supported sterilization activities also help ensure the principles of voluntarism and informed choice." But documents reveal that USAID has for more than two decades been at the helm of India's family planning programs, not just funding the massive directive that includes tens of thousands of camps, but overseeing and orchestrating the entire program, even encouraging cash incentives for sterilization and IUD insertion.

A 2012 report from the Washington, D.C based global health consulting firm, Futures Group International, for example, outlines USAID's 20 year involvement in one family planning program, funding more than 60,000 "integrative reproductive and child health camps" which provided more than 810,000 sterilizations in a single state in India, in its first 10 years of operation — even providing transportation to the camps, but only for the sterilization "acceptors."<sup>[7]</sup> The document describes a USAID designed program called the Innovations in Family Planning Services (IFPS). Determined to constrict India's population growth, USAID signed the IFPS bilateral agreement on September 30, 1992. It was launched as a 10-year program, with \$325 million from USAID to be matched by \$400 million from India's government. It targeted India's most populous state, Uttar Pradesh, because of its high fertility rate (5.2 children per woman) and its low contraceptive use (21% using a Western technology to prevent births).

“The primary goal of the IFPS Project was to assist the state of Uttar Pradesh in reducing the rate of population growth to a level consistent with its social and economic objectives,” explains an affiliated program’s [website](#). “In this long term goal, it is implied that there is a need to lower the level of fertility significantly.”<sup>[8]</sup> Eventually, buoyed by its success, the IFPS extended into two more phases of operation between 2005 and 2012 in the states of Uttarakhand and Jharkhand. As well as providing “reproductive health services,” USAID interventions included training, technical support, social marketing, “behaviour change communication,” and the cultivation of “private public partnerships” (PPPs) in the global family planning industry.

As a first step towards achieving its long term goal in Uttar Pradesh, USAID and the IFPS created a special “autonomous parastatal” agency called the State Innovations in Family Planning Services Agency (SIFPSA) to “provide flexibility and avoid bureaucratic delays.” In other words, they made an unaccountable agency to operate away from public view and outside the democratic process. It was directed by members of the governments of India and Uttar Pradesh as well as representatives from USAID and a number of private sector experts, all of whom, according to one [report to USAID](#), it could afford to pay higher salaries than the governments could offer and had more control over finances.<sup>[9]</sup>

The Futures Group report documents how SIFPSA and the IFPS have used every “innovation” they could think of to achieve USAID’s population reduction goal: attracting and training “providers,” “integration” of “family planning” with immunization and other services; the recruitment and training of armies of community workers to act as “motivators” to persuade Indian women to accept Western pharmaceuticals and surgical interventions; incentive schemes for “acceptors,” massive advertising campaigns on radio, TV, wall paintings and even puppet shows to “change behaviour;” sex education campaigns for teenagers; and campaigns to lure women to give birth in cleaner, safer delivery rooms – where they can also be contracepted. Even the local dairy co-operatives are utilized as a platform for propagandizing Western ideas about small families and promoting condoms, pills, IUDs and, of course, sterilization.<sup>[10]</sup>

While some of IFPS’s interventions, such as improving hygiene in delivery rooms or training gynecologists, have arguably helped Indian women, the campaigns for women’s “reproductive rights” and “children’s health,” it is clear from the USAID and affiliates documents that all of the initiatives are ultimately aimed at achieving USAID’s paramount goal of reducing the number of children born in India. “Foreign donors have been funding sterilization in India almost since the inception of India’s Family Planning Program,” Kerry McBroom, an American human rights lawyer with HRLN in Delhi told PRI. “Donor organizations need to be accountable for rights violations perpetrated with their funding. Activists have made reports of unsafe and unethical sterilization for decades – it’s impossible that donors are totally oblivious to the violations.”

Given that 85% of all family planning money goes to female sterilization, McBroom added, “wherever money is being spent for ‘maternal health’ or ‘reproductive health’ money is going for camps as they comprise a significant portion of both these projects.” Take, for example, how USAID paid for transport for women attending “reproductive and child health camps,” (RCH camps) but only if they agreed to be sterilization. One [USAID/India Strategic Objective Close Out Report](#) published by the Organisation for Economic Co-operation and Development (OECD)

describes a \$168.3 million plan for “Reducing Fertility and Improving Reproductive Health in Northern India.”<sup>[11]</sup>

“RCH camps, which are popular as Parivar Swasthya Sewa Divas (Family Health Days)... provide an opportunity to integrate the efforts of providers and increase access to reproductive health services,” says the report. “Each camp included a gynecological check-up, child examination and immunization, family planning counselling and services and provision for transportation to clients who utilized sterilization services.” Each camp was scheduled in advance and publicized. In rural areas, attractive jingles on audio cassettes were played, said the report on the project overseen by the Department of Finance in India, the SIFPSA and ICICI, India’s largest bank.

“SIFPSA has funded 47,889 camps over a six-year period from 1998,” says the report. “On an average, 100 clients attended each camp and more than half of these accessed integrated MCH services.” It adds: “Since most of these camps were in remote rural areas, the availability of a team of surgeons, anesthetist and female gynecologist were ensured from the district level. Enhanced budget for maintenance and fuel for vehicles was provided so that an adequate number of vehicles could be deployed to transport doctors to RCH camp sites and sterilization clients to their homes.”

Indicators used to measure the success of the USAID funded program included the “contraceptive prevalence rate” and the “total fertility rate” in Uttar Pradesh. Other indicators of progress were the percentage of babies born to trained providers and the percentage of women who received two tetanus toxoid (TT) vaccine injections during pregnancy – a questionable service considering that tetanus vaccines were recently surrounded with accusations of being tainted with contraceptive antibodies in Kenya, and all the more suspect in a campaign dedicated to reducing fertility.<sup>[12]</sup>

“Attendance at the RCH camps grew over time,” explains the Futures Group report. “By 2003, each camp on an average served 100 clients and more than half of the sterilization operations in the IFPS districts were performed at the RCH camps. Through March 2006, IFPS had supported 60,148 RCH camps, providing 525,000 antenatal check-ups, sterilization services to 810,000 men and women...” along, of course with a host of other family planning and immunization services.

## **ALL-AMERICAN FIELD SUPPORT**

“Field support” groups listed in various documents include Johns Hopkins University, its affiliated non-profit “health organization” Jhpiego, the New York City-based Association for Voluntary Surgical Contraception (AVSC) which was founded as the Sterilization League of New Jersey in 1937 to “provide for the improvement of the human stock by the selective sterilization of the mentally defective and of those afflicted with inherited or inheritable physical disease.” It is currently known as Engender Health.<sup>[13]</sup>

Other groups financed by USAID to carry out the population control objective in India are the Washington, DC based Centre for Development and Population Activities (CEDPA), which

trains health workers and “motivators” on the ground and produces family planning literature, CARE International, Population Technical Assistance Project<sup>[14]</sup>, New York City based Population Council, the Chapel Hill, NC based medical training and technological support group Intrahealth International, and the Washington, D.C based Population Reference Bureau.

These group’s websites attest that they are still busy in family planning in India and many acknowledge USAID funding . CEDPA’s most recent report lists \$5.8 million in grants from the US government in 2010 for example, as well dozens of other private and corporate funders including the Ford Foundation, the Conrad N. Hilton Foundation, the William and Flora Hewlett Foundation, the John D. and Catherine T. MacArthur Foundation and the Exxon Mobil Foundation.<sup>[14]</sup>

<http://www.lifenews.com/2015/01/13/united-states-is-funding-sterilization-camps-targeting-women-in-india/>