

THE ROAD TO HEALTH IS PAVED WITH ‘GOOD INTENTIONS’:  
A CAUTIONARY THREE PART TALE FOR GLOBAL HEALTH IN THE SPIRIT OF  
REPRODUCTIVE JUSTICE

by

Ardath J. Whynacht

Submitted in partial fulfilment of the requirements  
for the degree of Master of Arts

at

Dalhousie University  
Halifax, Nova Scotia  
November 2010

© Copyright by Ardath J. Whynacht, 2010

DALHOUSIE UNIVERSITY

DEPARTMENT OF INTERNATIONAL DEVELOPMENT STUDIES

The undersigned hereby certify that they have read and recommend to the Faculty of Graduate Studies for acceptance a thesis entitled “The Road to Health is Paved With ‘Good Intentions’: A Cautionary Three Part Tale for Global Health in the Spirit of Reproductive Justice” by Ardath J. Whynacht in partial fulfillment of the requirements for the degree of Master of Arts.

Dated: November 30<sup>th</sup>, 2010

Supervisor: \_\_\_\_\_

Readers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DALHOUSIE UNIVERSITY

DATE: November 30<sup>th</sup> 2010

AUTHOR: Ardath J. Whynacht

TITLE: The Road to Health is Paved with 'Good Intentions': A Cautionary Three Part Tale for Global Health in the Spirit of Reproductive Justice

DEPARTMENT OR SCHOOL: Department of International Development Studies

DEGREE: MA CONVOCATION: May YEAR: 2011

Permission is herewith granted to Dalhousie University to circulate and to have copied for non-commercial purposes, at its discretion, the above title upon the request of individuals or institutions. I understand that my thesis will be electronically available to the public.

The author reserves other publication rights, and neither the thesis nor extensive extracts from it may be printed or otherwise reproduced without the author's written permission.

The author attests that permission has been obtained for the use of any copyrighted material appearing in the thesis (other than the brief excerpts requiring only proper acknowledgement in scholarly writing), and that all such use is clearly acknowledged.

---

Signature of Author

## Dedication

---

For all of the women who have faced forced sterilization  
whose mouths have been sewn shut with fear of persecution  
whose voices have been ignored in the search for reconciliation;

please accept this as a small contribution  
to the fight for reproductive justice.

## Table of Contents

---

Abstract.....	vi
List of Abbreviations Used.....	vii
Acknowledgements.....	viii
Chapter 1: Introduction.....	1
“Never Again?” .....	6
Chapter 2: Theoretical Context.....	10
On Genocide and Settler Colonialism.....	11
Settler States and Tactics.....	14
Intersectionality, Indigeneity, Interdisciplinarity.....	16
Chapter 3: Eugenics, Malthus and the Logic of Elimination.....	19
Logic of Elimination.....	20
Importance of understanding Eugenics .....	21
Eugenics History.....	22
On Choice and Coercion.....	24
Chapter 4: Population, Development and Humanitarian Efforts.....	26
Population Control in the Developing World.....	31
Chapter 5: Methodology.....	39
Chapter 6: The Great ‘White’ North.....	44
Early Invaders.....	47
Settler Establishment .....	48
Fighting Back.....	55
Sterilization Abuses.....	57
Public Scrutiny.....	60
Good Intentions.....	63
Chapter 7: Peru’s Development Plan: Elimination of Surplus Populations.....	65
From Invasion to Settler State at War.....	65
The “Voluntary” Surgical Contraception Program.....	69
Peruvian Truth and Reconciliation Commission (PTRC).....	71
On Maternal Health.....	72
Chapter 8: Indicators of Risk: Modus Operandi.....	75
Chapter 9: Conclusion.....	78
Bibliography.....	82

**Abstract:** The following paper explores three case studies of large-scale forced and coercive surgical sterilizations on indigenous women in Canada, the United States and Peru. The author utilizes settler colonialism as explanation for the complicity of these states in reproductive rights abuses and identifies some risk factors for reproductive rights abuses in future social welfare and global health aid projects.

## **List of Abbreviations Used**

---

AI- Amnesty International

AIM- American Indian Movement

ANT- Actor Network Theory

BBC- British Broadcasting Corporation

CBC- Canadian Broadcasting Corporation

CIDA- Canadian International Development Agency

GAO- Government Accounting Office (United States)

HEW- Department of Health, Education and Welfare (United States)

IACHR- Inter-American Commission on Human Rights

MACOSPOL- Mapping Controversies on Science for Politics

NAHO- National Aboriginal Health Organization (Canada)

NSSM- National Security Study Memorandum (United States)

PEPFAR- President's Emergency Plan for AIDS Relief (United States)

PHR- Physicians for Human Rights

PTRC- Peruvian Truth and Reconciliation Commission

TRC- Truth and Reconciliation Commission (Canada)

UMLS- United Medical Language Service

UN- United Nations

UNFPA- United Nations Population Fund

USAID- United States Agency for International Development

VSC- Voluntary Surgical Contraception Program (Peru)

WARN- Women of All Red Nations

## Acknowledgements

---

The author would like to acknowledge the Canadian Institutes of Health Research and the Canada Graduate Scholarship Program.

Special acknowledgement should be made of all of the academic mentors who have contributed to the direction of this project and patiently guided my clumsy attempts to grasp ideas- plowing through (and into) my readings like a frustrated bull in a china shop.

Jacquie Gahagan; for enduring my constantly shifting plans to make this the largest research project known to mankind and subsequent polite reminders to stick to the original plan.

Rob Wilson; whose dedication to uncovering Canadian eugenic history is an inspiring step forward towards a future of greater human dignity.

Robert Huish, whose thorough and impassioned feedback was most helpful.

Special thanks to the administrative staff of the Dalhousie IDS office and three professors in particular: Theresa Ulicki, Nissim Mannathukkaren and Fiona Martin for kind words of encouragement. The completion of this project can be partly attributed to Mount Saint Vincent University (specifically Anthony Davis, Fred Harrington, Jeff Hollett and Alexa McDonough) for supporting me to balance my full-time study with full-time work.

Special thanks to Jana Grekul and Jocelyn Getgen for their helpful correspondence with me throughout this project.

For the compelling and brave authors who inspired my writing, specifically; those who had the guts to take on issues of genocide, eugenics and settler societies.

Word Iz Bond Spoken Word Artist's Collective; for providing the speech therapy required after so much scholarly syntax.

I'd like to thank my family; who have shown me why the *right* to have a family of your own is more valuable than I can express. And; especially for John Christopher, who quietly ignored my stubborn refusal of help when it was, in fact, very much needed.

Most importantly, the author would like to acknowledge and thank the Mi'kmaq people for the right to occupation they have granted to the unceded land upon which my home and Dalhousie University is located.



## Chapter 1: Introduction

---

*“If the past has nothing to say to the present, history may go on sleeping undisturbed in the closet where the system keeps its old disguises. Our system empties our memory or fills it with garbage, and so it teaches us to repeat history instead of making it. Tragedy repeats itself as a farce, the famous prophecy announced. But with us it is worse: tragedy is repeated as tragedy”*

(Eduardo Galeano. *The Book of Embraces*)

*“[T]he wombs of women of color, in general, and of women of African descent, specifically, have become the frontline of a global struggle.”*

(Monica Bahati Kuumba, 1993 p. 80)

Sterilization surgery is an irreversible means of birth control for women. Forced sterilization is the act of removing or altering a woman’s reproductive system against her will so that she cannot have children. Hundreds of thousands of women have been surgically assaulted by the very institutions and services that supposedly exist to help them and few, if any, have seen justice. In the United States, approximately 65,000 people were involuntarily sterilized in the twentieth century (Bruinius, 2007). Indigenous women were grossly over-represented in US history of involuntary sterilization. It has been estimated that between 25 % and 42 % of American Indian women were sterilized under State-funded campaigns by 1974 (McCintock et. al, 1997). In Canada, approximately 3,000 people were involuntarily sterilized in one province and much of the data regarding the other provinces is either missing or has yet to be fully recovered. Victims of sterilization abuse have been predominantly poor, institutionalized, suffering mental or physical illness and/or deviant behaviour (Bruinius, 2007). Indigenous peoples

have been grossly over-represented in involuntarily sterilizations during the last century. Few, if any, of these women have received justice for the irreversible scars they have endured at the hands of the medical system (Getgen, 2009, Devlin O'Sullivan, 2007). The following work will draw from existing data to investigate and compare three moments in recent history where women have become victim to targeted population control and reduction campaigns. Using descriptive case study methods (Yin, 1994 and Guba and Lincoln in Huberman and Miles, 2002) and thematic analysis of three historical instances of sterilization abuse in the Americas, potential risk indicators will be identified. Canada, the United States and Peru are all settler states; countries governed by the dominant settler culture that was installed during European invasion in the past few hundred years. The following work uses settler colonialism to remove assumptions of benevolence from health aid policy (both within developed nations and in international aid networks) and then explore some emergent themes and patterns at work in each case study that correlated with sterilization abuse. Understanding indigenous women's reproductive health status requires that we acknowledge the painful relationships of poor and indigenous women to settler societies, where the racism present in their lives makes informed consent and quality of care next to impossible.

The 1948 United Nations Convention on the Prevention and Punishment of the Crime of Genocide, defines genocide as:

*“any of a number of acts committed with the intent to destroy, in whole or in part, a national, ethnic, racial or religious group: killing members of the group; causing serious bodily or mental harm to members of the group; deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part; imposing measures intended to prevent births within the group, and forcibly transferring children of the group to another group.”*(UN General Assembly, 1948)

Intent to destroy an ethnic group by imposing measures intended to prevent births is an act of genocide under Article 2 of the Convention. Regardless of the presence of war or insurrection, the practice of strategically limiting births in specific ethnic groups as part of an agenda to eliminate or control that group constitutes an act of genocide under the law, but, coercive sterilization does not take place on a battlefield. It is not as public as a forced migration, its victims do not congregate in a single refugee camp and its body count cannot be quantified. The ‘disappeared’ in this act of genocide have never existed. Direct victims of this act of genocide die from botched operations, are treated like livestock under paternalistic and often sub-standard medical care and although their victimization came under a blade, they will rarely see justice for the crimes committed against them.

Forced sterilizations are the quietest acts of genocide. This phenomenon has taken place under many different names and with many different justifications. Critical scholars and activists have linked the act to genocide (UN General Assembly, 1948), eugenics (Bruinius, 2007), Neo-Malthusianism (Hartmann, 1997) and reproductive imperialism (Kuumba, 2001). Governments responsible for sterilization abuse have claimed that they were acts of social welfare (Bruinius, 2007), population reduction to ensure survival (Hartmann, 1997) and feminist empowerment (Boesten, 2007). The overwhelming justification for this assault on women at the hands of politically-charged population control campaigns has been one of paternal benevolence. Sterilizations have been an instrument of eugenics and the practice of selective population reduction has been intimately connected to the rise of industrialization, formation of the welfare state and mechanisms of global capitalism (Kuumba, 2001). Selective population control methods have been reportedly used in development programs on almost every continent in the guise of population control measures that sought to control women’s fertility so as to avoid providing services (Qadeer, 2005) or support to groups with high unemployment rates or other such drains on state resources (World Bank, Project Database, 2010). Indigenous, poor and institutionalized women have been at the receiving end of quick fix population control programs that sought to reduce social problems by ridding themselves

of the social group facing the burden of the problems through fertility reduction. This work will attempt to explore various critical and theoretical justifications for sterilization abuse and offer a theoretical framework that will serve to answer *why* such abuse has happened and why indigenous women have been grossly over-represented in each case.

The goal of this thesis is to place greater emphasis on the need to understand settler-colonial relations in the quest for reproductive rights for indigenous women. The United Nations explains reproductive rights frameworks and why they are important: “Attaining the goals of sustainable, equitable development requires that individuals are able to exercise control over their sexual and reproductive lives. This includes the rights to: [...] Reproductive decision-making, including voluntary choice in marriage, family formation and determination of the number, timing and spacing of one's children and the right to have access to the information and means needed to exercise voluntary choice” (UNFPA, <http://www.unfpa.org/rights/rights.htm>). Amnesty International defines it as the following:

*Reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. They also include the right of all to make decisions concerning reproduction free of discrimination, coercion and violence. (Amnesty International U.S.<sup>1</sup>)*

Reproductive rights go further than calling for access to contraception: they make demands on the provision of service and locate the decision-making power with the patient and their families.

---

<sup>1</sup> <http://www.amnestyusa.org/violence-against-women/stop-violence-against-women-svaw/reproductive-rights/page.do?id=1108242>

Larner (2000) identifies three ways in which neoliberalism has been conceptualized in the social sciences. She distinguishes between scholars who rely on: “analyses that understand neo-liberalism as a policy framework, those that portray neo-liberalism as an ideology and those who conceptualize neo-liberalism through the lens of governmentality” (Larner, 2000 p. 6). The following investigation employs critical work from scholars who conceptualize neoliberalism as a cultural ideology (Qadeer, 2005). Within the investigation of Peru, neoliberalism is referred to as an economic policy framework. Betsy Hartmann, Director of the Population and Development Program at Hampshire College suggests: “[I]ike many other powerful ideas, the power of eugenic ideology lies partly in its capacity to not draw attention to itself, to appear commonplace” (Hartmann, 2007, p. 25). Defined as selective human breeding for improvement of the race, eugenics has often been used as the very measure with which war criminals and hostile states have sought to rid their boundaries of undesired populations. Its eliminationist logic and simplistic glorification of fitness, efficiency and genetic hygiene has strong parallels with neoliberalism (Hartmann, 2007). It has been noted that there are strong similarities between the ideology of neoliberalism and that of eugenics, which both include: concepts of efficiency, fitness and burden (on the state welfare system) (Hartmann, 2007).

Policies connected to sterilization abuse employ discourses of social welfare to justify paternal actions over reproductive rights (Boesten, 2007). However, the case studies explored in this thesis will demonstrate that these policies are far from expressions of benevolence. Sterilization abuse is but one tactic on a continuum of violence that is employed in order to eliminate people as a quick answer to problems of security, economy and identity. Since Charles Darwin’s half cousin Sir Francis Galton first coined the term ‘eugenics’ in 1883, the use of human breeding policies for social and economic engineering has been often been justified as a merciful act of social welfare (Bruinius, 2007, Koch, 2004). Processes of industrialization led to urban migration and growing groups of poor classes began to draw a correlative pattern between the conditions of poverty and large family sizes. Darwinian assumptions that poor families lived in poverty

because of a pre-supposed ‘unfit’ genetic status created fears that ‘superior’ lineages of elite classes would eventually die out and be replaced by the ‘feeble-minded; masses. In 1968 Paul Ehrlich’s erroneous book *The Population Bomb* resurrected Malthusian fears about global scarcity as a result of world population growth. There was a new threat to global security. Population control policies became a new arena where the global poor became the targets of fertility control campaigns that sought to place the blame of the world’s ills on the wombs of women at the most vulnerable social and economic intersections of society. In each of these periods, theories that provided an eliminationist answer to economic and ‘security’ problems facing the state have been used as an easy way out of addressing the root causes of poverty and instability. Eugenics, genocide and forced sterilization are all expressions of the logic of elimination, and, until they are recognized as stemming from the same problematic logic, we will fail in preventing further abuses from happening.

### **“Never Again?”**

In 2004, reports surfaced that more than 200,000 men and women in Peru’s largely indigenous rural population had been sterilized without their informed consent (BBC News, 2002; Kearns, 2009; Martin, 2010) using international aid funds from the United States Agency for International Development (USAID) in accordance with a military plan to rid the country of all “undesirable” cultural and economic groups (Getgen, 2009, Listen! 1993). Following a 20 year civil war between the Shining Path; a Maoist terrorist group and the largely Spanish speaking, white national government, right-wing authoritarian President Alberto Fujimori enacted a ‘self coup’ whereby he seized control of the military and shut down Congress in an attempt to tighten his grip through brute force. The result was an ever-increasing number of war crimes as the Peruvian military under the control of Fujimori added to the growing list of human rights abuses committed during the civil war (PTRC, 2008). Even more disturbing was the use of women’s rights movements and discourse to justify the sterilizations. The reproductive rights abuses took place as part of a National Family Planning Program, which Fujimori touted to be a progressive step forward for women’s rights in the country. As one of only two national leaders at the 1994 UN International Population and Development Conference in Cairo,

President Fujimori claimed that his family planning campaign was intended to liberate poor women from the burden of having too many children and allow them to more fully participate in Peruvian society (Boesten, 2007). Despite his reputation for being an authoritarian leader, feminist groups applauded his decision to take a progressive stance against the conservative Catholic Church in Peru and provide support for family planning programs in the country (Boesten, 2007).

In the years following the bloodshed, Peru formed a Truth and Reconciliation Commission intended to document years of human rights abuses that took place during the war that killed more than 70,000; the overwhelming majority of whom were indigenous, Quechua-speaking peoples. Despite a broad mandate, Peru's Truth and Reconciliation Commission final report made no mention of the reproductive rights abuses of more than 200,000 men and women (PTRC, 2003, Getgen, 2009). As a result of the omission of information related to the sterilizations, Alberto Fujimori's trial for crimes of war did not include charges relating the act of genocide through the coercive sterilization of Quechua-speaking women. Although he was found guilty of war crimes, he faces impunity for one of the most chilling human rights atrocities of the war.

Settler states are national emblems of chronic colonialism, where colonial rule begins to replace indigeneity over time, thus normalizing settler cultures as the local population (Elkins and Pederson, 2005). Canada, the United States, Australia and New Zealand are considered to be examples of settler states by this definition. Although there is greater balance between indigenous and Spanish/Portuguese speaking populations in Latin America compared with Canada or the United States, countries such as Peru can be defined as a settler state (Gott, 2006). Given that some of the most effective genocides in history have been carried out against indigenous peoples (Churchill, 1997), it should bring concern that a colonial government would be given direct access to the reproductive capacities of the indigenous population. The atrocities that took place recently in Peru should raise questions about the risks inherent in providing colonial governments with access to funds for reproductive technologies targeted at women of

indigenous descent. Given that targeted reproductive control has been identified by the United Nations (1948), genocide scholars (Lemkin, 1944) and critical scholars (Kuumba 2001, Qadeer, 2005, Hartmann, 1995, 2007) as an act of violence and oppression, greater understanding of the risky potential for reproductive health program funding is required.

A common feature of most settler states is a situation of gross health inequity between indigenous and settler-descent groups (Anderson, 2007). Given the drastic internal inequalities between indigenous and settler communities in these settler states, their participation in global sexual health initiatives indicates possible and significant risk for third world women's sexual empowerment, autonomy and health. Modernist notions of medicine and sexuality were established around racial and class divisions that highlighted the opposition of European versus 'traditional' indigenous communities: "In Canada, itself first a colony and then a settler society, bourgeois notions of suspect female sexuality and prescribed moral propriety circulated from the metropole, disciplining both women and men and establishing the meaning and necessity of class difference" (Heron, 2007, p. 32). Internal differences between the health of indigenous and non-indigenous women in settler states parallels the negotiation of global sexual and reproductive health policies on a macro scale. Simplistic conceptions of the "first world" versus the "third world" state become more complex when internal differences between indigenous and non-indigenous women are compared to global disparities in public health. Within settler states, the sexual health of indigenous women and women of colour mirror global inequalities. In Canada, this situation is incredibly startling, given that access to public health care is touted to be a universal right for all citizens (Kelm, 1999 and Anderson, 2007). Given the drastic internal inequalities between indigenous and colonial communities in settler states, their participation in global sexual and reproductive health initiatives indicates a possible answer to why and how aid recipients are able to enact policies that pose risks to the reproductive rights of third world women and violate patient autonomy. The case studies may raise the question: what could these settler states possibly have to contribute to reproductive health for third world women when their *own* indigenous women have such poor health outcomes within the 'first world' system?



The following paper will engage intersectionality as a tool to understand how a convergence of risk factors leads to vulnerability to acts of ‘quiet genocide’. The behaviours of each of the three settler governments will be explored as processes of settler colonialism seeking to replace indigenous populations with settler societies as means with which to demonstrate the importance of questioning benevolence. The first section will provide some theoretical context with which to define the relationships between genocide, eugenics, population control and development. The second section will provide a historical overview of the development of colonial reproductive control and forced sterilizations within Canada and the United States and Peru. The last section will discuss the emergent themes from all three case studies, which point to potential risk indicators that could be utilized within the international aid and public health spheres to achieve global and community health outcomes without further rendering women vulnerable to racism and mis-use of reproductive technologies to serve the economic interests of the state.

## Chapter 2: Theoretical Context

---

This work contends that eugenics, forced sterilization and genocide all stem from the same parent theory: that *economic and security problems can be solved through selective elimination of un-desirable persons*. Given the unique nature of settler colonialism, whereby national policies seek to replace indigenous culture with settler society, reduction of indigenous populations is even more likely. Further intensifying the risk for indigenous peoples is the unique nature of reproductive health and family planning, whereby the patient – professional relationship is profoundly unbalanced and doctors are given direct access to governing the reproductive power of indigenous women (Kelm, 1999). Indigenous women experience violations of their human and reproductive rights as medical patients relative to their relationships to interlocking power structures within settler societies. Using both Lemkin’s original descriptions of genocide (Lemkin, 1944) and contemporary theories about settler colonialism (Veracini 2002, 2007, Veracini & Cavanagh, 2010, Wolfe 1999, 2006, Pearson 2001, Cross 1996) the comparative case studies will identify commonalities in settler state tactics for reducing and eliminating indigenous populations. Using the framework of intersectionality, I will explore why and how it is possible that women facing all different types of social marginalization have been affected by sterilization abuse and why indigenous women have been so over-represented in cases of mass sterilization abuse. The issue of sterilization abuse is one that is faced by women on every continent and, although race is often employed as an organizing category for their disenfranchisement, there are different categorizations that concentrate their risk. HIV-positive women, poor women, landless women are all vulnerable to the violence enforced by the logic of elimination within cultures that continue to practice social engineering through reproductive imperialism (Kuumba, 2001).

### On Genocide and Settler Colonialism

*“Genocide has two phases: one, destruction of the national pattern of the oppressed group; the other, the imposition of the national pattern of the oppressor. This imposition, in turn, may be made upon the oppressed population which is allowed to remain, or upon the territory alone, after removal of the population and colonization of the area by the oppressor’s own nationals”*

(Lemkin, 1944, p. 79)

Can forced sterilization be called an act of genocide? It has been suggested that genocide scholarship “return to and renew itself at the source, as it were, with Lemkin's 1944 formulations as a springing-off point, rather than the UN Convention. (John Docker as quoted in Veracini 2002 p. 2). The argument here, being that narrow legal definitions should not serve as constraining theories within broad, interdisciplinary bodies of research and study. As is often the case with studying complex social phenomena, the challenge of disciplinarity can present barriers to thorough understanding. Within the same interview, Ann Docker expressed her difficulties with this: “The 'genocide' debate rested on both legal and historical knowledges, and part of the problem seemed to me to be that these two ways of seeing the world do not understand each other very well, though they think they do” (Ann Curthoys as quoted in Veracini, 2002 p. 3). Settler colonialism studies have attempted to broaden structural analysis of mass killings and extermination beyond the genocide definition adopted in 1948. The 1948 Convention on the Prevention and Punishment of the Crime of Genocide (United Nation General Assembly, 1948) is largely relative to the first phase, which Lemkin (1944) identifies as the ‘destruction’ of the oppressed group. Settler colonial theorists identify genocide as part of a larger cultural and economic ‘logic’:

*The logic of elimination not only refers to the summary liquidation of Indigenous people, though it includes that. In common with genocide as Raphael Lemkin characterized it, settler colonialism has both negative and positive dimensions. Negatively, it strives for the dissolution of native societies. Positively, it erects a new colonial society on the expropriated land base—as I put it, settler colonizers*

*come to stay: invasion is a structure not an event. In its positive aspect, elimination is an organizing principal of settler-colonial society rather than a one-off (and superseded) occurrence. (Wolfe, 2006 p. 388).*

The concept of settler colonialism as a unique form of colonial relations is an increasingly busy area of scholarly activity (Veracini, 2002, 2007, Wolfe, 1999, 2006). A growing pool of scholars, opposed to the suggestion that we are in a ‘post’ colonial period (Curthoys and Docker as quoted in Veracini, 2002), have begun to analyze contemporary settler societies in an effort to draw attention to structures of domination that have become invisible in their normality and un-touched by intensive critique. Lorenzo Veracini<sup>2</sup>, has noted: “[t]here is a growing historical literature dealing with settler colonialism as separate from other colonial phenomena (i.e. a circumstance where outsiders come to stay and establish territorialised sovereign political orders). Indeed, settler colonialism as an interpretative category has witnessed a noticeable resurgence in recent years “ (Veracini, 2007 p. 2). Australian historian Patrick Wolfe claims (2006, p. 388): “Settler colonialism destroys to replace”, which echoes Lemkin’s broad description of the second phase of genocide. Much of the recent scholarship on settler colonialism has been focused on Australian/aborigine and Israel/ Palestine contexts, but there are multiple other case studies (Barker, 2009, Zmora, 2010, Warwick, 2009, Elkins and Pederson, 2010) which trace the processes and structure of nations built upon settler societies and continued perpetuation of the cultural logic (Wolfe, 1999) of elimination and replacement.

The Settler Colonial Studies Journal defines it as such:

*“Settler colonialism is a global and transnational phenomenon, and as much a thing of the past as a thing of the present. There is no such thing as neo-settler colonialism or post-settler colonialism because settler colonialism is a resilient*

---

<sup>2</sup> Lorenzo Veracini has recently completed the first large volume theoretical overview of settler colonialism, which will be published by Palgrave Macmillan in early 2011. He is also the co-founder of the Settler Colonialism blog space. See: <http://www.palgrave.com/products/title.aspx?PID=317546>

*formation that rarely ends. Not all migrants are settlers; as Patrick Wolfe has noted, settlers come to stay. They are founders of political orders who carry with them a distinct sovereign capacity. And settler colonialism is not colonialism: settlers want Indigenous people to vanish (but can make use of their labour before they are made to disappear). Sometimes settler colonial forms operate within colonial ones, sometimes they subvert them, sometimes they replace them. But even if colonialism and settler colonialism interpenetrate and overlap, they remain separate as they co-define each other.* “(Cavanagh and Veracini, 2010)

Patrick Wolfe (2006) goes on to define settler colonialism as related to, but not the same as genocide. Using historical case studies to trace the pathways and disruptions of colonialism from frontier homicide to subversive assimilation he demonstrates that colonialism can include mass killings and genocide, but that the long-term processes of settler colonialism fulfill a larger category than the legal definition of genocide. However, rather than supporting a hyphenated or qualified version of genocide such as ‘cultural genocide’ or ‘indigicide’, he encourages the use of “structural genocide” to link the legal act of genocide with broader processes of destruction and assimilation: “I contend that, though the two have converged—which is to say, the settler-colonial logic of elimination has manifested as genocidal—they should be distinguished. Settler colonialism is inherently eliminatory but not invariably genocidal.” (Wolfe, 2006, p. 387). What makes settler colonialism dangerous to indigenous peoples is its compulsion to eliminate them. Acts of genocide are but one phase of the process of destruction and, although the logic of elimination is at play within both processes, as Wolfe contends (2006), they are not one and the same.

Although Wolfe (2006) would argue that systematic state abuses of indigenous populations would constitute structural genocide and should be treated as such, others (Getgen, 2009, Kearns, 2009) have argued that the enforced sterilizations in Peru during the late nineties can and should be legally prosecuted as an act of genocide. The following comparative analysis of enforced and coercive sterilizations under three settler

states holds enforced sterilization of racially oppressed women to be an expression of the logic of elimination, while, at the same time, seeking to understand the mechanisms of the abuses through the structural definition of settler colonialism. Although Jocelyn Getgen (2009) has made a strong case for the importance of pursuing reproductive justice for the victims of enforced sterilization through legal prosecution, this work aims to contribute to an understanding of the apparatus of settler colonialism through donor/recipient relationships through international aid and formulate a vision of prevention through historically informed risk analysis. Considering the 500 years of colonial invasion and oppression in the Americas, one could wonder if, instead of holding the current settler states accountable for their persistent abuses; we should question the legitimacy of their very existence, instead.

### **Settler States and Tactics**

Although the brunt of work concerning settler colonialism relates to those nations colonized by Northern European forces during the last five hundred years, almost all nations within the Americas have been colonized and continue to persist as settler societies (Gott 2006 and Cavanagh and Veracini, 2010). Although there are variations, differences and disruptions to what degree colonialism continues to persist in each nation, a broad statement can arguably be made concerning the persistence of colonial elites as settler governance in Latin America: “Along with their imported liberal ideology came the racist ideas common among settlers elsewhere in Europe's colonial world. This racist outlook led to the downgrading and non-recognition of the black population, and, in many countries, to the physical extermination of indigenous peoples. In their place came millions of fresh settlers from Europe. (Gott, 2006 p. 1) Although it is true that Latin American indigenous populations often rival or outnumber Spanish or Portuguese descent populations, a racialized hierarchy has persisted on the continent: “The characteristics of the European empires' white-settler states in the 19th and 20th centuries are well known. The settlers expropriated the land and evicted or exterminated the existing population; they exploited the surviving indigenous labour force on the land; they secured for themselves a European standard of living; and they treated the surviving indigenous peoples with extreme prejudice, drafting laws to ensure they remained largely

without rights, as second- or third-class citizens. Latin America shares these characteristics of "settler colonialism", an evocative term used in discussions about the British Empire" (Gott, 2006 p. 1).

A connecting theme on the following case studies, is the use of social welfare or development discourse to justify acts of reproductive control by the state. Assumptions of state benevolence have allowed forced sterilization to take place. The theoretical context of settler colonialism as outlined by Wolfe (2006) removes the cloak of benevolence from interpreting state actions, in order to make sense of how and why settler states have had quiet histories of reproductive control through forced sterilization. The use of structural genocide (Wolfe, 2006) rather than the legal definition of genocide (UN General Assembly, 1948) explains how and why ethnically heterogeneous groups have been affected. In the preceding case studies, Canada, the United States and Peru will be examined as settler states. The case studies will seek to illuminate indicators of risk for reproductive rights violations at the level of genocide, by outlining emergent themes in each historical case. The presence of settler colonial rule, in itself, represents a single category of risk for mass killings and other such realities faced by the indigenous peoples of these three nations. Through different points in history and under different colonial powers, the indigenous peoples of Peru and North America have faced startling abuses using eerily similar tactics. Wolfe identifies the importance of using settler colonialism through structural analysis in order to prevent atrocities and work towards decolonization: "[s]ince settler colonialism is an indicator, it follows that we should monitor situations in which settler colonialism intensifies or in which societies that are not yet, or not fully, settler-colonial take on more of its characteristics. Israel's progressive dispensing with its reliance on Palestinian labour would seem to present an ominous case in point" (Wolfe, 2006 p. 401). What should be most alarming is not that colonial relations and inequality continue to persist, but that the logic of elimination continues to persist even *within* relationships of declared social progressivism, global health and development.

The case studies will seek to demonstrate that it was this challenge to settler colonialism, violently inflicted by the Maoist terrorist group that provoked an increased need for deliberate and efficient extermination of the ‘undesired’ Quechua-speaking peasants. The perception of many urban Peruvians during the latter stages of the twenty-year war was that the violence was “an Indian problem”. All Indians were the enemy. It will be shown that similar conflicts related to territory and rights can be catalysts for the use of enforced sterilization. Smaller scale conflicts in the Americas such as the 1973 stand-off at Wounded Knee by members of the American Indian Movement would provide a similar catalyst for intensified extermination programmes. It is specifically at *these* sites of breathlessness and shock whereby settler governments often find themselves struggling to maintain security and international legitimacy as battles for rights, resources and reparations play out within their settled territories. It is here that indigenous women find themselves at increased intersections of risk for reproductive rights abuses as the settler state struggles to find ways to quash resistance while simultaneously attempting to comply with international discourses of health, equality and women’s rights.

### **Intersectionality, Indigeneity, Interdisciplinarity**

*“My focus on the intersections of race and gender only highlights the need to account for multiple grounds of identity when considering how the social world is constructed.”*

(Crenshaw, 1991 p. 2)

Coercive sterilization and eugenic abuses have affected women of many colours and backgrounds, facing differing levels of social marginalization. Indigenous women, women with disabilities, HIV positive women, prisoners and other institutionalized women continue to face reproductive rights violations at an unacceptable level. Many of these women face such dangers at the ‘helping’ hands of institutions and services that



claim to exist for their benefit<sup>3</sup>. Intersectionality provides a framework with which to explore the complicated experiences of indigenous women in settler societies, while, at the same time, not claiming any one categorical identity as the defining factor. As suggested by Wolfe (2006) there is a need to understand historical atrocities beyond the limited definition of race or tribe (Lemkin, 1944) as it is not a stable category, nor is it the only indicator of vulnerability for men or women. In as much as the Rwandan genocide was superficially represented as a conflict between Hutu and Tutsi ‘ethnic’ groups (Newbury, 2008), the category of indigenous within this work could be deemed as similarly “fuzzy” (Hancock, 2007). Intersectionality will provide a framework for understanding the experiences of women who have faced sterilization abuses, and also, to locate those experiences within larger structural processes of structural genocide and settler colonialism. The focus on indigeneity within the three case studies and subsequent analysis is intended to illuminate one subset of risk factors for a single category of social identity that is, by no means, stable: “Intersectional work goes deeper to examine the limits of policy-making designed to assist target populations who should theoretically benefit from either racially-targeted or gender-targeted public policy but in reality benefit from neither” (Hancock, 2007 p. 66). As Wolfe’s suggestion (2006) that the processes of settler colonialism be understood as a structural genocide with economic motivations, the category of ‘indigenous’ is important within these case studies only insofar as it is economically and socially constructed within settler societies. Indigeneity is explored as an economic organizing factor, with specific attention to the multiple levels of political and structural inequalities that are faced by aid recipients, either through Indian Affairs and Social Welfare branches of government (Canada and the United States) or international aid donor / recipient relationships (Peru). As Mohanty (1988) and Kabeer (1994) have pointed out; there are serious problems with the assumption of the category of third world women as a homogeneous group. As this the following case studies demonstrate, the hierarchical division between domestic indigenous women and ‘third world’ indigenous women through the disciplinary boundaries of social work, health promotion and international development have led to the continued perpetuation of abuse.

---

<sup>3</sup> Although this work focuses primarily on the effects of reproductive abuses on women, it is true that more than 20,000 men were coercively sterilized under Fujimori’s regime

Intersectionality as a theory directly informs the methodology in the sense that it will mandate the identification and exploration of the presence of interlocking social and economic factors that define the uniqueness of each women's experience (Brah and Pheonix, 2004), demonstrating commonalities while at the same time respecting and demonstrating curiosity for the complications of multiple levels of oppression and privilege: "intersectionality as a research paradigm can generate problem-driven research: it takes a problem in the world, analyzes and moves beyond earlier approaches to studying the problem, and develops a more powerful model to test for its effectiveness in addressing the problem (Hancock, 2007 p. 75).

---

### Chapter 3: Eugenics, Malthus and the Logic of Elimination

---

*“Is a time coming when scientists will be able to tell prospective parents what kind of children they will have? If they can, it will only be after expenditure of large sums, not only to collect the necessary data about the physical and mental traits of each individual citizen and his ancestors, but to keep the information recorded where it can be used”*

(Science NewsLetter, Volume 288, 1926)

*“As in so many cases of abnormal children, prevention may be the answer.”*

(Faye Marley, Science Newsletter, 1966)

According to the official logo of the Second International Eugenics Conference in 1921, eugenics is defined as: “the self direction of human evolution”. The United States National Library of Medicine defines it as the: “[a]ppplied science or the biosocial movement which advocates the use of practices aimed at improving the genetic composition of a population, usually refers to human populations” (UMLS, 2010). Assuming that the practice of eugenics necessarily requires the intent to improve human populations through reproductive practices and, thus, an assumption that genetic changes will constitute the mode within which such an ‘improvement’ will take place, we are left with a problem when applying eugenics to case studies of forced sterilizations on entire groups. Without specific evidence of the presence of social Darwinist thinking or stated intention to improve human genetic stock, we are hard pressed to make the case that forced sterilization suffered by indigenous women in the Americas at various stages of history, were victims of eugenic policy. Although it has been proven that settler states used eugenicist theories to internally justify sterilization campaigns (Getgen, 2009 and Carrion, 2006) eugenic goals were not always overt. Indeed, the subsequent case studies demonstrate that progressive social justice, health and anti-poverty goals were used to justify sterilization campaigns within larger public and international arenas. It is only through exploration of internal documents such as Fujimori’s Plan Verde (Getgen, 2009) and archival sources such as personal letters by feminist Planned Parenthood pioneer

Margaret Sanger (Volscho, 2009) that obvious eugenic references are made with respect to targeted sterilization and contraception campaigns. Although much work has focused on the correlative relationships between genocide, state-sanctioned violence and eugenics (Bashford and Levine, 2010, Newbury, Valentino, 2004), the intricacies of their relationships are not always agreed-upon or clear (Wolfe, 2006, Bashford and Levine 2010). For the purposes of this work, eugenics is explored with respect to outlining the dangerous results of the implementation of eliminationist logic through social policy. It is important to explore the history of eugenics, as it will demonstrate out how the logic of elimination can effectively masquerade beneath the guise of benevolence in social welfare policy and development aid strategies, to the marked detriment of those in receipt of such aid. For the purposes of this study, eugenics is not the parent theory to the atrocity of forced sterilization; it is its sister: a parallel story unfolding from the same common parent: eliminationist logic.

### **Logic of Elimination**

The *logic of elimination* is the assumption that social problems may be solved through the elimination of people or groups. Supposing that there is a continuum of violence with genocide (overt) and assimilation (subvert) at the other end, the intention to eliminate indigenous peoples has been the driving force of frontier violence, child seizure, residential school systems and reproductive control of indigenous women. It has been noted that assimilation is the non-violent means of actualizing the logic of elimination (Wolfe, 2006, Hoxie, 2008, Bear Nicholas as quoted in Loiselle, Whynacht and Arsenault, 2007). I argue that eugenics is the biomedical extension of the logic of elimination of social ills through the elimination or reduction in number of those individuals directly experiencing the perceived ‘social ill’. In this study, forced sterilization actualizes the logic of elimination but under a more acceptable name; ‘family planning’. Eugenics is the actualization of the logic of elimination, using available scientific knowledge of genetics at various points throughout history (Koch, 2004). Patrick Wolfe (2006) is quick to point out that the logic of elimination often, but not always, leads to genocide. By contextualizing the case of forced sterilization within the

broader context of similar representations of eliminationist logic in social policy, future risks can be illuminated.

### **Importance of understanding Eugenics**

Eugenics is a loaded term. In much the same way that the term ‘genocide’ has been used by fringe groups such as pro-life activists (Churchill, 1997) as an inflammatory call to action against the legalization of abortion, the label of ‘eugenics’ has been a political tactic of certain groups seeking to demonize new genetic technologies for religious purposes: “[i]t seems that the reference to eugenics, perhaps precisely because it is poorly defined, serves the purpose of rendering the activity in question ethically unacceptable” (Koch, 2004 p 318). As outlined both by Raphael Lemkin (1944) and by settler colonial theorists (Veracini, 2007, Wolfe 2006 and Pearson 2001) the imperative of a settler colonial state is to destroy the indigenous culture in order to replace it with the imposed norms of settler society. The role of the state in facilitating eugenics must not be overlooked: “The role of the state as the prime actor of eugenic practices deserves specific treatment as this is often seen as a constitutive political feature of eugenics” (Koch, 2004 p. 325). Although the state and its policies are not responsible for all of the eugenic atrocities and human rights violations that took place in the succeeding case studies, an exploration of the role of individual medical practitioners and racism within the medical community is beyond the scope of this study. It is much harder to trace the impact of racist health providers (Shea, 2007) than to trace the impacts of formally adopted policies. It should be noted, however, that historically, doctors had begun to practice eugenic reproductive counseling and surgeries long before the first American eugenics law came into place in Indiana in 1907 and long after the offending laws had been taken off the books (Bruinius, 2007). Further study of eugenics is required in order to understand the consequences of implementing logics of extermination into scientific theory and social policy:

*[E]ugenics as such should not be dismissed as an unscientific, amateurish activity. In Scandinavian countries eugenic legislation was initiated and*

*supported by the academic elite, and established physicians and scientists lent their reputation to legitimizing the scientific validity of the venture. Eugenic treatises were written by highly respected scientists and even though their scientific results do not live up to modern standards, the same could be said of most of the science produced in the past – and probably could be said of much of today's science if scrutinized fifty years from now. (Koch, 2004 p. 323 – 324)*

Indeed, it is easy to discredit an attempt at further study of eugenics, as it seems too easy a target. This exploration focuses not so much on the theory of eugenics and its relative or historical correctness; it attempts to draw out the ease with which eliminationist logic becomes the dominating imperative of the settler establishment and a powerful driver of social policy. Although Lene Koch (2004) does attempt to demonstrate that there is a difference between attempting to control the spread of genes with the control of social ills, many scholars and disability activists have pointed out that eliminationist logic continues to lead to contemporary practices of medical eugenics (Shakespeare, 1998).

### **Eugenics History**

*“A traveler in wild countries also fills, to a certain degree, the position of a commander, and has to confront native chiefs at every inhabited place. The result is familiar enough—the white traveler invariably holds his own in their presence. It is seldom that we hear of a white traveler meeting with a black chief whom he feels to be a better man.”*

(Sir Frances Galton, 1869 p. 339)

The study of population selection and control requires an understanding of the history of eugenics, which, did not begin and end with the Holocaust. Although the Nuremberg Trials were successful in bringing the gruesome details of human experimentation and the relationship between eugenics and genocide to public attention, in some ways, the sensational focus on the Third Reich as evil pioneers of eugenics contributed to the creation of the myth that Nazis were solely responsible for the theory (Bruinius, 2007). In fact, the very theories in employed by the Third Reich were modeled after the work of

nineteenth century English and American scientists (Bruinius, 2007 and Ordovery, 2003). These theories were widely popular leading up the Second World War as immigration and industrialization created an increase in social challenges such as poverty. A cousin of Charles Darwin, Sir Frances Galton, is credited with inventing the initial theory of eugenics (Reilly, 1987, Bruinius, 2007) in 1869 (Galton, 1869). Eugenics initially served as the human application of Darwin's theory of evolution, but quickly rose to become an informing context for restrictive immigration and institutionalization of the poor (Bruinius, 2007 and Ordovery, 2003). Human sterilization became the means to a eugenic end as policy makers sought to reduce the population of institutionalized and poor individuals: "[p]ro-sterilization arguments peaked in the medical literature in 1910, when roughly one- half of the 40 articles published since 1900 on the subject appeared. These articles almost unanimously favored involuntary sterilization of the feeble-minded. As time went by, physician advocates suggested casting the eugenic nets more widely" (Reilly, 1987, p. 155).

By 1907, the first eugenic sterilization law was adopted in the State of Indiana and by 1913, 16 State legislatures in the U.S. had passed sterilization bills (Reilly, 1987, Bruinius, 2007). Eugenics theory became a convenient answer for those seeking to avoid welfare support for poor families and those affected by chronic illness, as well as an informing theory for restrictive immigration. Harold Laughlin, the first superintendent of the Eugenics Record Office in the United States, a lifelong activist and proponent of selective sterilization, was regularly consulted in support of restrictive immigration in the United States (Reilly, 1987 and Bruinius, 2007). Galton's theories (1869) provided a convenient handhold for rampant American racism:

*" [T]he number of negroes of those whom we should call half-witted is very large. Every book alluding to negro servants in America is full of instances. I was myself impressed by this fact during my travels in Africa. The mistakes the negroes made in their own matters were so childish, stupid and simpleton-like, as frequently to make me ashamed of my own species" (Galton, 1869, p. 339)*

Selective sterilization became an expression of positive and negative eugenics, which correlated with a reduction in poor, unwell and minority populations with the encouragement of population increases in affluent white classes: “[p]roponents of eugenics argued that non-"white" populations were contaminating the "white race" and that certain proactive measures such as enhancing the fertility of upper-class "white" women (positive eugenics) and "checking" (negative eugenics) the reproduction of working-class "white" women and especially people of color and non-"white" immigrants” (Volscho, 2009, p. 38). Although eugenic theory reached a high degree of popular appeal in Western Europe and North America by the 1920s, the early American eugenics movement was largely propelled by a small but extremely influential group of lobbyists: “physicians (especially those working at state facilities), scientific eugenicists (including prominent biologists like David Starr Jordan, President of Stanford University), lawyers and judges, and a striking number of members of the nation's richest families. There were, of course, opponents as well. But, except for a handful of academic sociologists and social workers, they were less visible and less vocal” (Reilly, 1987, p. 157).

### **On Choice and Coercion**

Although coercion or outright force was often a constitutive feature of negative eugenics; the selective sterilization of institutionalized persons was part of a broader social movement to support the logic of elimination in support of the economy and human progress. As outlined by Bonnie Mass (1976, 1977) population reduction; often founded in eugenic principles and serving to protect American corporate interests in colonial Puerto Rico, was viewed by Puerto Rican women as an act of patriotism. The line between coercion and voluntary acceptance of permanent sterilization is ambiguous, as, when there is no other contraceptive alternative; a woman’s decision to undergo permanent sterilization can hardly be considered voluntary. Although it has been noted that women have overwhelmingly been the victims of eugenic sterilization (Volscho, 2009, Bruinius, 2007, Mass, 1976, 1977), prior to the advent of tubal ligation as a viable means of human sterilization, vasectomies were performed on institutionalized men at a



greater number than hysterectomies on women (Reilly, 1987). The vulnerable and often precarious location of women in society was exacerbated by the development of new medical procedures and technologies with which to violate their reproductive rights. However, prior to the invention of tubal ligation, the relative attempts to control men's fertility points to the larger social and economic imperatives of the eugenics movement: to reduce troublesome populations by whatever means is necessary. Koch (2004) points out that choice and coercion in eugenics cannot be considered as opposites when there is great social and economic pressure on individuals to make decisions. Further complicating the context of coercion in eugenics history is the complex interrelation between religious morality, scientific advancements in reproductive medicine and increasing industrialization: "Instead, reproductive issues reflect fundamental value conflicts over meanings of human life and death, which themselves represent discrepancies in basic tenets of a variety of religious and secular ethical frameworks. Societies do not often debate fundamental definitions; when they do, the discussion can be volatile" (Blank, 1984, p. 9). Historically, institutionalized individuals were only given release upon acceptance of a sterilization procedure (Reilly, 1987, Bruinius, 2007). Outside of the United States, complicating issues of colonization, subversive reproductive health aid provided to serve the interest of corporate and colonial powers and the use of incentives such as payment and food rations further render many of the supposedly 'voluntary' sterilizations, suspect.

## Chapter 4: Population, Development and Humanitarian Efforts

---

*“The infant is, comparatively speaking, of little value to society as others will immediately supply its place.”*

(Thomas Malthus, on infants born to poor parents, 1806)

*“Population control has not gone away. Although women’s movements won important gains at the 1994 UN population conference in Cairo and although population growth rates are declining faster than anticipated all over the world, population control programs and ideologies remain all too alive and well. However, the targets of population control are shifting, reflecting changing demographic, economic and political realities.”*

(Hartmann and Oliver in Hartmann, 2007)

Anglican Clergyman and British scholar; Thomas Malthus, published the first edition of his Essay on the Principle of Population in 1798. Despite his religious affiliations and training, Malthus was staunchly critical of the poor laws (Malthus, 1798 and 1806), which were administered by the local parish. Poor laws were originally enacted in 1601 in England as a refinement of the original response to poverty, which punished paupers with prison and other sorts of punishment (Chase, 1977). It could be said that Thomas Malthus was the original critic of the welfare state. His arguments espoused Christian notions of nature as divine intervention and contextualized hunger, famine and disease as necessary population checks intended to keep population size relative to available resources (Malthus, 1806). Thomas Malthus did not believe in charitable support of the poor: “the emotion which prompts us to relieve our fellow-creatures in distress is, like all our other natural passions, general, and in some degree indiscriminate and blind” (Malthus, 1806, p. 424). Allen Chase (1977) argues that Thomas Malthus was the

founding father of scientific racism. His work was profoundly influential to the fields of political science, demography, economics and evolutionary biology. Charles Darwin, it has been noted, was well versed in the works of Malthus (Chase 1977). In Malthusian theory, there existed both positive checks to population (famine, war, disease) and preventive checks (abortion, prostitution and celibacy). In this way, it is clear that in practical terms, eugenics operated in ways reminiscent of Malthus' original suggestions. In addition to his suggestion that mass human tragedies and atrocities such as war and famine exist as divine intervention for positive checks to reduce populations to optimal size, Malthus was deeply intertwined in the academic elites who contributed to the colonial governance of India through the British East India Company (Chase, 1977). Notions of white superiority, survival of the elite through divine interventions of mass casualties and sympathy for the plight of the settler were embedded in his theories: "in the accounts which we have of the peopling of new countries, the dangers, difficulties, and hardships, with which the first settlers have had to struggle, appear to be even greater than we can well imagine" (Malthus, 1806, p. 135). He goes on to state the importance of supporting colonial interests through extermination of hostile natives in a kill or be killed scenario:

*"The establishment of colonies in the more thinly peopled regions of Europe and Asia would evidently require still greater resources. From the power and warlike character of the inhabitants of these countries, a considerable military force would be necessary to prevent their utter and immediate destruction. Even the frontier provinces of the most powerful states are defended with considerable difficulty from such restless neighbours."* (Malthus, 1806 p. 139)

As demonstrated within his writing and subsequent critical analysis of his work, it becomes clear that Thomas Malthus was a profoundly racist survivalist whose theories on population and misery are in direct contradiction with humanitarian ideals. This is especially troubling, considering the tremendous impact his work has had on the development of modern population theory and the social sciences. Despite that fact that many economists and demographers have demonstrated that Malthus was erroneous in

his assertion that population growth leads to massive catastrophe<sup>4</sup>, his arguments conveniently provide states with a feigned reason with which to treat poverty and human disaster as a normal occurrence, rather than a preventable occurrence that requires economic investment.

Population policy has navigated a religious and moral minefield that relegated matters of sexuality and reproduction to taboo status. Up until the mid twentieth century, nation states sought to increase birth rates as pronatalist policy was shaped by conceptions of the link between ‘strong’ populations and strong economies (Barrett and Frank, 1999). However, a convergence of factors in the nineteen sixties caused a shift from pronatalism to population reduction and control:

*Against this climate of pronatalism, altruistic crusaders for population control began to organize in Europe and the United States. They gained legitimacy from association with the field of demography and by playing on the fears that urban poverty, overcrowding, and rapid immigration threatened the body politic. This emerging class of population experts held international conferences and founded international organizations, at which they proclaimed scientific theories and humanitarian manifestos about the deleterious psychological, genetic and economic impacts of unregulated population growth. (Barrett and Frank, 1999, p. 199)*

Barrett and Frank (1999) go on to argue that population control discourse was deeply embedded in the global institutional system and slowly, states began to implement national policies so as to align themselves more beneficially with cultures of global governance. The authors have identified three predominant themes in population control discourse: eugenics, neo-Malthusianism and individual choice. After careful analysis of

---

<sup>4</sup> Malthus claimed that population increases much faster than food production, which was the basis for his suggestion that famines and misery were inevitable functions of natural population ‘checking’s. However, he failed to consider that as population increases, so does the available labour supply for food production and distribution. Retrospectively, it’s clear that he could not have predicted food distribution and storage technology, either.

100 years of international population and demography conferences, they conclude that neo-Malthusianism discourse spiked and continued to increase in direct correlation with the decrease in overt eugenic themes (Barrett and Frank, 1999) in the nineteen sixties. However, the authors conclude that the decrease in the popularity of eugenics as a theme in population control was that it favoured population *quality* over quantity, which I would suggest, is not wholly true. Following World War II, associations between eugenic policy and the Third Reich made use of eugenic discourse on the international stage, difficult. I argue that the correlative increase in neo-Malthusianism with a decrease in the prevalence of eugenic discourse was directly related to the defeat of the Nazis in the Second World War and subsequent condemnation of large-scale eugenic policies. Thus, replacing eugenics as an expression of the logic of elimination in response to social problems, neo-Malthusianism provided a slightly different discursive means to the same end: a reduction in the number of persons living in marginalized communities and, therefore, a reduction in expenditure on welfare aid. The relationship between population reduction and pronatalism was further complicated as: “devising an acceptable plan was problematic because countries valued large populations for themselves but feared growth by their neighbours: (Barrett and Frank, 1999, p. 113.) In much the same way that eugenics supported both positive and negative population checking (Volscho, 2009), population reduction (negative checking) was targeted at those populations who compromised national and corporate economic interests (Kuumba, 1993, Mass, 1977, Volscho, 2009). Malthusian sentiments of impending and inevitable catastrophe continued to resonate, despite their retrospective errors. Numerous issues of the Science Newsletter discussed the problem of population following World War II. Headlines such as: “Asia's teeming millions must be controlled or millions of men, women and children will be doomed to death by starvation“ (Science Newsletter, 1951) and: “Overpopulation is the prime problem at tables in the Arab countries, U. N. investigators report. Pressure aggravated by refugees” (Science Newsletter, 1952) were the norm during this period. Anxieties about the third world quickly drowning out the former Colonial superpowers mirrored many domestic anxieties about poor and immigrant families having too many children. This anxiety was exacerbated by the fact that world population was increasing at a very high rate during the twentieth century:

*It took until the first decades of the 19th century for the world's population to reach one billion. A second billion was added by the 1930s. The next billion came in the 1960s and in less than 20 years a fourth billion was added. The net increase in human beings between 1960 and 1983 equaled the total world population at the beginning of the 20th century. Moreover, 90% of this net increase was occurring in the developing world.<sup>24</sup> According to the US government and the American demographic community, the locale of these net increases had the potential of significantly affecting geopolitics. (Eager, 2004. p. 151)*

Paul Ehrlich's best-selling 1968 book The Population Bomb claimed that massive human catastrophe would unfold in the nineteen seventies and eighties if drastic steps were not taken to curb global population growth. His contemporary re-draft of the Malthusian prediction did not come true, but his alarmist sentiments proved to be convenient for both environmental activists and nation states looking to protect their national interests by selectively controlling reproduction, thus curbing excess labour and preventing social unrest (Hartmann, 1995). Attempts to control populations through neo-Malthusian discourse dominated international and national agendas until 1994: "[p]opulation control, therefore, was propagated as the main norm guiding global population policy from 1965 until the 1994 International Conference on Population and Development" (Eager, 2004, p. 146) where reproductive rights and women's health began to emerge as a new discourse within which to address human populations (Eager, 2004). However, as we will see through the subsequent case study on Fujimori's Peru, the use of coercive sterilization persisted despite the emergence of reproductive rights a normative framework (Hartmann, 2007 and Eager, 2004).

## **Population Control in the Developing World**

Neo-Malthusian approaches to population control in the third world were expressed through various mass sterilization programs under the guise of development aid or women's empowerment programs. Puerto Rico, a colony of great economic importance to the United States in the nineteen sixties, was victim to one of the more devastating and large scale economically-motivated mass sterilization campaigns in Latin America. Although the use of mass sterilization in Puerto Rico was heavier than in other Latin American countries during the sixties, these types of programs were a common trend within the region that was closely linked to the U.S. economy through resource exploitation (Mass, 1976). The promotion of mass sterilization programs in Puerto Rico was perpetuated long after World War II because American policy makers feared that a growing Puerto Rican population would exceed the capacity for resource extraction and economic growth (Mass, 1977). By 1975, one third of women of child-bearing age in Puerto Rico had been sterilized. This particular study (Mass, 1977), reviewing the use of sterilization in Puerto Rico between 1929 and 1977 paints a frightening picture of how eugenic approaches to public health (sterilization of sick, vulnerable and poor women) were manipulated by foreign policy makers to ensure economic growth to the benefit of the donor country. Population control was justified within Puerto Rico as an answer to unemployment, while the United States plotted mathematical calculations to determine the total number of births to be averted by 1985 in order to protect their economic interests in the region (Mass, 1977). This particular study confirmed that the massive marketing campaigns financed by foreign interests perpetuated the myth that fewer Puerto Ricans meant better futures for all Puerto Ricans, as families began to request sterilization procedures as a means with which to ensure better economic futures for their families. In the absence of adequate health care systems, poor legislation that punished abortion with prison terms and the belief that unemployment was caused by too many people led many families to follow a sterilization trend far beyond the heavy-handed approaches of American colonial interventions (Mass, 1977). American foreign policy as well as NGO networks including the International Planned Parenthood Federation contributed directly to the mass sterilization of women in order to serve U.S. Economic Interests (Mass, 1976).

This work does not attempt to identify the right or wrong of sterilization surgery based on a woman's sense of regret. As Volscho (2009) has outlined, regret following tubal ligation surgery can indicate long-term impacts on women. The intended focus on this paper is on the inter-connected discourses that have been used to justify reproductive control through sterilization surgery to serve the interests of the state, which, in the case of the following three studies, led to violations of reproductive rights. Briggs (1998) has outlined that there are significant problems with the persistent conception of the 'victimized' status of third world women in ways that serve convenient to middle class white feminists. This has been echoed in development scholarship (Mohanty 1988, Kabeer, 1994). Indeed, the relationship between the feminist and the family planning movements to the experiences of women of colour deserves greater attention. As Devlin O'Sullivan (2007) has pointed out, feminist discourse failed to serve the interest of American Indian women during the 1970s. This was also the case during the nineties, when forced sterilization in Peru was justified by authoritarian leaders feminist empowerment discourse and intervention into family planning campaigns in Peru was not initiated due to the long-standing conflict between the Catholic Church and the family planning movement (Eager, 2004, Boesten, 2007). Indigenous women's movements such as Women of All Red Nations (WARN) were instrumental in raising attention about the connection between reproductive control and elimination of native populations in North America. Regardless of women's sense of regret following the irreversible surgery- the violation of reproductive and patient rights is clear.

Puerto Rico was merely one of many regions where women were under assault by economically and politically motivated provision of selective population control in the guise of aid programs:

*“All medical and social welfare staff, including foreign aid people are forcing us to be sterilized... The tea plantation community is given 500 rupees for a female*



*sterilization, and in the rest of the country half of this amount is given. When there is a serious illness, the factory management are supposed to provide transport to the hospital. But even if someone is unconscious, they are not given transport. But when a woman decides to say yes for a sterilization, immediately the lorry is ready to go to the hospital.”* (Indrana, a Tamil woman from Sri Lanka as quoted in Hartmann, 1995 p. 42)

Feminist critics of development and population policy in both the North and South (Eager, 2004) spoke out through the mid-nineties against what they deemed to be reproductive imperialism in population control programs: “[e]mphasis is so exclusively focused on African population reduction that concern for the well-being of those targeted is often compromised. The experimentation and promotion of unhealthy and, often unapproved, birth control technologies among African women is a case in point” (Kuumba, 1993 p. 82). Monica Bahati Kuumba and Betsy Hartmann are among the outspoken feminist scholars addressing the presence of reproductive imperialism and colonialism in population policy. Kuumba addresses the connection between Malthusianism, racism and eugenics:

*Population control and progressive family planning movements were historically integrated with eugenics: The integration of the birth control and eugenics movement took organizational expression in such entities as the Birth Control Federation of America, Population Reference Bureau and the Planned Parenthood. At their inception, all of these organizations had "birth control as a means of reducing the population of immigrants and blacks" as their stated mission. They also had interlocking leadership with such racist collectives as the American Eugenics Society and the Race Betterment Conference. (Kuumba, 1993 p. 82)*

The belief that poor women’s fertility is responsible for their poverty is a handy argument for those nations looking to avoid taking responsibility for colonialism and the poverty

and misery it has produced over the past 500 years. Critique of this assumption that poor women are responsible for their poverty because they had too many children shifts the burden of care from the state to the parent and thus devalues lives born under marginalized conditions:

*First, the tendency to blame African women's fertility and African population growth for the wide range of social ills they confront is part of a larger ideological trend which lets colonialism and imperialism "off the hook." The emphasis on the effects of population growth to the neglect of the broader, more substantive issues, serves to redirect attention from the real sources of inequality and oppression among people of African descent as well as other colonized peoples of the world. Second, the linking of aid and loan assistance packages from the World Bank to the stipulated establishment of family planning programs serves to reinforce colonial dependence and neo-colonial linkages. While population growth is not without its effect, to single it out as the prime cause of poverty, overcrowding, and a host of other social ills that permeate the African continent and diaspora is ahistoric and fails to acknowledge the real effects and legacy of colonial domination. (Kuumba, 1993 p. 85)*

The extent to which the instruments of development contributed to selective sterilization and other forms of non-permanent contraception in the developing world is immense. The Americans were particularly active in global population control: "Between 1965 and 1980, the United States contributed more than half of all international assistance for population and family planning and underwrote numerous Third World family planning programmes" (Eager, 2004, p. 151). The World Bank also contributed heavily to the promotion of population control, largely under the direction of then President Robert McNamara, a former US Secretary of Defense (Crane and Finkle, 1981). Despite resistance from within the Bank's own staff and many developing nations, McNamara was successful in implementing a large-scale population reduction projects unit in the World Bank by 1970 (Crane and Finkle, 1981). A search of the World Bank Projects

Database<sup>5</sup> for any and all projects with the specific title of “Population Project” as an exact phrase, revealed 40 projects approved between 1970 And 2005 with a total value of over one \$1,185,100,000. Each of these projects was designed specifically to reduce fertility on a national scale in 23 different countries<sup>6</sup>. Population projects were provided for various infrastructure and training needs related to fertility reduction through family planning, which included activities intended to: “reduce fertility levels” and “motivate family planning acceptance and provide population training” (World Bank Project ID # P004467)<sup>7</sup>. Although there has been no comprehensive assessment of the total impacts of bilateral and multilateral approaches to selectively reducing the fertility of poor women in the developing world under the guise of ‘aid’, various case studies (Hartmann, 1995, Connelly, 2006, Saavala, 1999, Rao, 2004, Tobin, 2004) have identified significant effects.

Criticism of the presence of neo-Malthusian ideology in contemporary neo-liberal approaches to population control is not new. Indeed, the observation that racism, eugenics and population control have been intertwined well throughout the twentieth-century even after the Second World War is also, not a ground-breaking observation: “in varying degrees a mixture of population control ideologies and eugenics ideologies have been used by political elites as justifications for controlling the reproduction of women of color” (Volscho, 2009 p. 23). However, rarely has there been any comparison of the experiences of coercively sterilized women in the developed and developing world. The disciplinary boundaries between international development studies, social work and other

---

<sup>5</sup> See below for link to exact search phrase results:

<http://web.worldbank.org/external/projects/main?pagePK=223716&piPK=95917&theSitePK=40941&menuPK=225435&pagenumber=1&pagesize=10&sortby=BOARDSORTDATE&sortorder=ASC&category=advsearch&query=population%20project&status=ALL&regioncode=ALL&countrycode=ALL&sector=ALL&majorsector=ALL&sectorboard=ALL&majorthemeid=ALL&themeid=ALL&network=ALL&procline=ALL&proclinetype=ALL&lendinstrtype=ALL&lendinstr=ALL&goalid=ALL&metathemeid=ALL&startyr=ALL&endyr=ALL&env=ALL&match=exact>

<sup>6</sup> Affected countries included: Tunisia, Trinidad and Tobago, Thailand, Sri Lanka, Sierra Leone, Rwanda, Philippines, Pakistan, Nigeria, Niger, Mauritania, Malaysia, Lesotho, Korea, Kenya, Jamaica, Iran, Indonesia, India, Egypt, Comoros, Burundi and Bangladesh

<sup>7</sup> <http://web.worldbank.org/external/projects/main?pagePK=64312881&piPK=64302848&theSitePK=40941&Projectid=P004467>

social sciences separate the experiences of women within different settler societies, thus masking larger patterns of oppression. Kuumba (1993) points out that racially targeted contraceptive and sterilization campaigns have been historically connected to periods of economic downturn where excess labour reserves became too large to manage without compromising economic and social stability. Her research demonstrates that this has been the case in both Africa and the United States: “mandatory birth control associated with criminal convictions and welfare transfer payment receipts emerged in 1992, a year of record high unemployment and poverty among African-Americans. Instead of altering the underlying sources of the problems, the official position has been to alter the African population itself. (Kuumba, 1993 p. 82) Racism is a means with which settler societies justify and organize their domination over the original indigenous populations (Churchill, 1997), immigrants and slaves. Racism functions to *create* inequality, thus leaving large sections of the population poor and disenfranchised. However, pressing public demands for welfare policies, social protection and human rights leaves the state responsible for providing some support to the poor and disenfranchised. It is here, where the logic of elimination becomes most easily embedded: in family planning. This process of marginalization and ‘charitable’ elimination has unfolded in similar ways throughout the developed and developing worlds. Coercive sterilization presents an opportunity with which to examine how states can conveniently reduce fiscal expenditures on welfare aid (Blank, 1984) and prevents social unrest, while at the same getting away with the mass elimination of unwanted populations. Sterilization of marginalized women serves to reduce their economic and political burden on the state and serve to replace their existence with more resilient settler networks.

It is important to remember, that reproductive imperialism has been delivered through the helping hand of charity. For this reason, approaches to global health aid, especially reproductive and maternal health must be rigorously examined in light of historical case studies of coercive sterilization:

*Eugenics – which included marriage, abortion, and sterilization legislation – served an important function in the newly established Social Democratic welfare states as it sought to limit the numbers of unproductive and degenerate asocial elements of society and was seen as a precondition to the expected expensive welfare reforms of the 1930s which primarily sought to provide greater social security for the healthy and productive elements of the working classes. (Koch, 2004, p. 319)*

Although indigenous women are not the only victims of such atrocities, their experiences present a fairly common thread with which to trace the impacts of settler state violence (Churchill, 1997) on almost every continent. A key facilitating factor in the justification of population reduction programmes in areas of poverty is the blaming of women's fertility for their conditions: "African people and their population growth are assumed to be responsible for their own deplorable conditions" (Kuumba, 1993 p. 81). However, in 2008, the World Bank's Vice President for Human Development, Joy Phu Maphi made the following public statement: "Giving women access to modern contraception and family planning also helps to boost economic growth while reducing high birth rates so strongly linked with endemic poverty, poor education, and high numbers of maternal and infant deaths."<sup>8</sup> It would appear as if the Malthusian tactic of blaming poor women's wombs for their misery is still hard at work. Shortly before his death in 2003, Paul Bourdieu wrote in the foreword to Troy Duster's landmark book Backdoor to Eugenics:

*"State bureaucracies are (such as the National Centre for Human Genome Research) are sociologically disposed to the perpetuate themselves and increase their reach, notably, by extending the range of available tests and by making some screening obligatory. Isn't there a risk in this process, of slipping from mass screening of target populations, and from voluntary to mandatory testing? And shouldn't we fear that the uses of genetic will be determined more by economic and social power relations than by scientific or purely medical needs (as the differential treatment of blacks and Jews suggests, who differ in terms of genetic*

---

<sup>8</sup> <http://youthink.worldbank.org/issues/health/family-planning-still-challenge-many-poor-women>

*risks but more importantly, their social position?* (Paul Bourdieu in Duster, 2003 p. viii)

Since that time his predictions have come all too true as HIV-positive women in Kenya and Chile have been increasingly speaking out against forced sterilization and other rights violations at the hands of national medical systems as a the result of their HIV status.<sup>9</sup> Forced sterilization has been a marginal issue for far too long. If we are to understand the full implications of reproductive rights violations as part of a larger continuum of eliminationist tactics by neoconservative settler states, we must re-visit historical junctures in order to elucidate a pattern. Once the patterns are clear and tactics are understood, we can begin the long battle towards protection of women's rights at the hands of nationally-sanctioned medical systems. Paul Hunt, UN Special Rapporteur on the Right to the Highest Attainable Standard of Health wrote: “[w]hat is unnamed is more likely to be unsupported, ignored and misunderstood” (Correa, Cornwall, Jolly, 2008, p. ii). It is the intention of this work to demonstrate that whether we call it eugenics (Duster, 2002), population control (Hartmann, 2007), reproductive imperialism (Kuumba, 1999, 2001) or genocide (Churchill, 1997), the atrocities that took place in each of these three regions were the result of a commonly accepted *logic of elimination* that took hold in social welfare and health policy. It is with this in mind that the current thesis explores the landscape of reproductive domination at work in colonized north and South America.

---

<sup>9</sup>Reports compiled on behalf of the Reproductive Rights Centre  
[http://reproductiverights.org/en/search/google/hiv?query=hiv&cx=013411022521635236165%3Aqnmxy\\_\\_141c&cof=FORID%3A11&site=search=#978](http://reproductiverights.org/en/search/google/hiv?query=hiv&cx=013411022521635236165%3Aqnmxy__141c&cof=FORID%3A11&site=search=#978)

## Chapter 5: Methodology

---

Tracing the full range of impacts of sterilization abuses in the following three settler states is a tricky task. Sterilization abuse has, for too long, remained veiled in bureaucratic and cultural clouds of secrecy and silence. Attempts to redefine the extent of the abuse through bureaucratically narrow definitions of medical policy, medical paternalism and patient confidentiality coupled with exclusion from official reports and deliberate destruction of evidence. Official numbers of forced, state-sanctioned sterilization may never be known.

The following case studies identify some common themes and patterns coinciding with widespread instances of forced and coercive sterilizations of aboriginal women in settler states. The choice to employ case study methodology in this thesis was the result of a period of initial research into best practices in global health programs for maternal health. The original intention of the author was to explore how regions with high rates of maternal mortality can begin to experience improvements through development aid tied towards improving maternal health outcomes. However, during the course of the initial research period, information about the coercive sterilization of women in Peru came to light. Feeling as if it was a blip in an otherwise positive global health agenda for improving women's reproductive health, the information was discarded. However, after later reflecting on an earlier project, I came to believe that it was more than just an unfortunate atrocity. In 2007, I participated in a documentary project that was intended to explain the importance of decolonization to Canadians. My memory of this project twiggged as I came to realize that there were some startling similarities between Canadian colonial history and the events in Peru. Thus, the present thesis project was borne out of an attempt to understand why and how the events in Peru could have happened.

A formal descriptive case study approach was employed using documentary and archival sources. Data was analyzed using thematic qualitative analysis. Yin (1994) suggests three important principles for case study data collection, which includes: multiple sources of evidence collection, creation of a case study database and maintaining a chain of

evidence between research questions, evidence location and subsequent linking of research questions to presentation of evidence. All three of these principles have been maintained throughout the data collection process. Some sources such as partisan news bulletins in the United States, which apparently exaggerated the participation of the United Nations Population Fund in coercive sterilization, were not used unless the information contained could be identified elsewhere, previously published through a peer reviewed and reputable source. Family planning and population policy exist in a minefield of religious, social and economic ideology that is fraught with intensely conflicting belief systems, so the triangulation of data and careful research into the sources presenting the evidence was necessary in order to separate fact from political rhetoric.

Having originally identified what appeared to be a vague pattern of events replicated in all of the case study regions, this case study investigation is designed to identify factors that correlate to increased *risk*. Risk analysis and cartography is a relatively new form of knowledge translation that seeks to implement cartographical approaches to creating resources that help policy makers to understand risk: “[b]y following the entanglements and showing ( unsuspected ) connections that construct networks of risk-controversies we can see how risks emerge and what elements are catalyst of risk controversies. For these networks or assemblages we use the concept ‘infrastructures of risk’, inspired by an ANT perspective” (Beck and Kropp, 2008, p. 1). The cartography of risk is a sub-section of the larger MACOSPOL project directed by Bruno Latour<sup>10</sup>. Although it is beyond the scope of this thesis project to formally compile the case study data into an internet-based argumentation map in order to assist public and policy makers to understand risks for reproductive rights violations in indigenous communities, some methodological elements of creating a social controversy map were employed during case study data collection. Tommaso Venturini, a former research assistant of Bruno Latour’s recently published a paper describing the methodology of creating controversy maps:

---

<sup>10</sup> see [www.macospol.com](http://www.macospol.com)



*During his lessons, when asked to spell out the instructions of his cartography, Bruno Latour answers with a nonchalant shrug: 'just look at controversies and tell what you see'. Such slick definition is often received with some skepticism and not without reasons. If Latour's cartography is nothing more than 'observing and describing', it's not just actor-network theory that is put aside, but pretty much any social theory as well as any social methodology. (Venturini, 2009, p. 259)*

The practice of engaging in a long, open-minded period of research from a diverse array of accessible sources prior to refining and employing a more formal methodological process allowed the author to identify previously-disconnected themes and patterns. Latour's suggestion to 'just observe' when attempting to understand a complex and often conflicting set of actors and processes in the context of a social problem is an excellent fit with the development of a case study methodology, which promotes a holistic view (Yin, 1994) over a narrow scope of analysis. The theoretical context of settler colonialism was chosen long after the corresponding themes were identified in the case studies. It was identified as the best possible framework with which to understand the behaviours of the three states (Canada, the United States and Peru) in each instance of large-scale reproductive rights violations of indigenous women.

The decision to employ the basic elements of risk cartography in case study data collection was made for both instrumental and theoretical reasons. Beck (1992) and Giddens (1991) have identified our contemporary era as a "Risk Society" (Beck, 1992) where societies are increasingly preoccupied with notions of safety, liability and future outcomes with attention to the manufactured risks of capitalist societies such as environmental pollution, iatrogenesis and consumer behaviours. Risk assessment and risk management have become deeply embedded in western social management processes and bureaucratic cultures. It is the intention of the author to employ 'risk' as a category of analysis for the preceding case studies, will help to render it more relevant and palatable for consideration by policy-makers and bureaucrats responsible for monitoring aid program outcomes. On a more theoretical level, it is the belief of this author that the need

for public consultation and problems posed by the complexity of technical knowledge are not solely relative to the realm of science and technology. As Beck and Kropp (2008) point out: “[i]t is aimed to help anybody interested in the hidden infrastructures of the risk society, their form- making of technologies and risk perspectives in public and political debates, and in scientific, technological, econo-political networking as well” (p. 3). Within the world of development aid, results-based management tools have increasingly incorporated new systems of risk analysis<sup>11</sup> while, at the same time, demanding demonstrated evidence of public support for the technical solutions imposed through development projects.

In each of the three case studies, we will see a frighteningly common set of themes. In each region, there exists a colonial history of attempted extermination of all indigenous races by settler forces. Each of the studies demonstrate that where there is the presence of indigenous uprising and/or open conflict with the governing settler power over issues of rights, resources and structural inequality, settler states who are restricted at using outright violent force to quash the protest will attempt to implement social welfare policies as a conciliatory measure. Sterilization abuse is the violence embedded in these ‘welfare’ policies. Periods of protest are usually the result of times of economic difficulty, whereby indigenous communities face looming poverty at even greater rates. During periods of economic difficulty, settler states will interpret the problem of ‘excess labour’ as an economic issue that can be solved through the reduction of family size in poor communities. Where conciliatory welfare aid and population policy collide, is through the provision of family planning to poor and/or indigenous groups. This provides a convenient nexus for the state whereby, indigenous women who find themselves at a dangerous intersection of race, class and gender are victim to gross violations of their reproductive rights as health care providers attempt to meet state benchmarks through the provision of services, which selectively reduce indigenous women’s fertility, often against the patient’s will. It is important to note, that while this study is particularly concerned with the risks faced by indigenous women, poor white women are also

---

<sup>11</sup> see: <http://www.acdi-cida.gc.ca/acdi-cida/ACDI-CIDA.nsf/eng/NAT-92213444-N2H>

targeted, as well as women from minority groups, although there are differences in the outcomes depending on the women's ethnic identity. It is not the intention of the author to engage in a hierarchical distribution of competitive oppressions<sup>12</sup>. All women who have experienced reproductive rights violations deserve justice. However, for the purposes of exploring the objectives of the settler state in implementing eliminationist social policies, it is important to note that poor and institutionalized women of all colours will be targeted by instruments of reproductive imperialism as the state seeks to reduce payments in social and health welfare aid.

---

<sup>12</sup> Anne Bishop, a renowned author on issues of oppression and solidarity has identified 'competitive oppression' to be the practice of situating one's level and intensity of victimization over or above that of another identity group. She has identified this function of identity politics as contrary to the pursuit of developed allied relationships for social justice.

## Chapter 6: The Great White North <sup>13</sup>

---

*“Of course it is true that nothing can undo what has been done. Coming to grips with the significance of the relentless butchery marking the European conquest of America no more changes its nature than does recognition that the horror that was embodied in Auschwitz and the operations of the Einsatzgruppen in the Western U.S.S.R. serve to alter what transpired during the Nazi perpetration of genocide. The point in either case, however, is not to try and make the past go away-[...] but to utilize its insights gained from it such a way as to intervene constructively in its outcomes, to put an end to the ongoing slaughter or indigenous people.”*

(Ward Churchill, 1997, p. 121)

*“The winners of any war define the terms, and we are no different. It is just that, being Canadian, we labour under a paternalism that makes us cast our worst acts in a comfy glow of « good intention » that does nothing but worsen the crime and fog reality.”*

(Kevin Annett, quoted in Panoptique)

In San Jose, California there stands a curious mansion. For 38 years following the death of her husband, the heiress of the Winchester Rifle Company maintained a constant stream of construction projects on her massive country home. After losing her infant daughter to illness and later, the untimely death of her husband from tuberculosis, Sarah Winchester was left with an exorbitant fortune and an increasingly debilitating bout of

---

<sup>13</sup> The two northern case studies have been combined. There are two factors that contributed to the choice for this format. First; the international scope of the American Indian Movement, which was part of a larger social movement during the seventies that included First Nations people from both sides of the colonial boundary between Canada and the United States. Second; the common time periods shared by the two settler states pointed to the fact that many of the political and cultural currents taking place in these nations were inter-connected during those periods of history. By dividing them into two separate studies, it would legitimate the colonial boundary of Canada and the United States, and leave the reader with the inaccurate impression that the work of American Indian and First Nation activists and subsequent sterilization of indigenous women in each country happened in a vacuum. The geographical closeness and common responses adopted during the time periods in question are best reflected in parallel representation.

depression and anxiety. Plagued with nightmares and a looming sense of regret at the loss of her family, she consulted a spiritualist. The Winchester Rifle- otherwise known as the 'gun that won the West' - had delivered her enormous riches and terrifying nightmares in equal proportions. Mrs. Winchester became convinced that the loss of her family and subsequent nightmares were the doing of spirits- thousands of American Indians who had been shot dead with Winchester rifles during colonial conquest of what is now the United States of America. In order to appease the haunting spirits, Sarah Winchester was advised to build them a house. It is said that Mrs. Winchester held nightly séances to confer with the spirits and protect herself from ghostly retribution. Little is known about her mental state or intentions, but what remains of her 38 year quest to appease her conscience is now a tourist attraction in California. It has been calculated that she built almost 600 rooms, but only 160 exist today as rooms were built, torn down and remodeled constantly. Strange architectural features such as staircases that lead to the ceiling and doors that open to reveal walls behind them make the home a mysterious marvel to visitors, who pay handsomely for tours and souvenirs. It has been said that Mrs. Winchester paid her workman double the going rate and worked steadfastly, with apparently no blueprint or direction, building, tearing down and building things over and over again with massive teams of workmen, in a mysterious flurry of activity up until her death in 1922.

Faced with a global recession and increasing pressure to address economic challenges, the 2009 Canadian Federal Budget included a stimulus package, which quickly became dubbed Canada's Economic Action Plan. The Canadian Press learned in early 2010, that the Conservative government had ordered a rigorous weekly count of each and every single sign that indicated Federal financial support for construction projects funded by the stimulus program. All recipients of stimulus program infrastructure spending were instructed to place large signs indicating the benevolence of the governing party: "[a]t one point, CMHC field staff were required to phone every single First Nation band office with an outstanding project in an effort to determine whether signs had been erected, and if not, why" (Canadian Press, 2010). This blatant attempt to address complex economic

problems through massive expenditures on construction projects has been touted as a thoroughly self-serving attempt of the current Conservative government to boost their public image. In 2008, the Canadian Federal Government was forced to pay another conciliatory note to the First Nations of Canada with a formal apology to former inmates of Indian Residential Schools: “[a]side from providing compensation to former students, the agreement called for the establishment of The Truth and Reconciliation Commission of Canada with a budget of \$60-million over five years” (<http://www.trc-cvr.ca/>). In his formal apology on behalf of the Government of Canada, Stephen Harper acknowledged: “tragically, some of these children died while attending residential schools and others never returned home” (Government of Canada, 2008). Despite reports of mass graves beside former Residential School sites (ad hoc Working group on Missing Children and Unmarked Burials, 2007)) and testimonies of survivors who witnessed murder and homicidal neglect at the hands of school administrators there will be no criminal investigations associated with the Truth and Reconciliation Commission:

*(b) shall not hold formal hearings, nor act as a public inquiry, nor conduct a formal legal process;*

*(c) shall not possess subpoena powers, and do not have powers to compel attendance or participation in any of its activities or events. Participation in all Commission events and activities is entirely voluntary; ([www.trc-cvr.ca/](http://www.trc-cvr.ca/))*

Further highlighting the benevolent intentions of the Federal Government’s establishment of the TRC suspect, is the failure to provide the First Nations people decision-making power over the appointment of a TRC director. The leadership of the Commission is appointed directly by the Government of Canada. The TRC website is available in only English or French and the only mention of investigation into the hundreds of missing children is through reference to a “Research Project” rather than a criminal investigation. The very title of the Government apology lists survivors as former ‘students’ when it is historical fact that children were forcibly confined against their will as inmates. Were there to be a criminal investigation the conflict of interest between the churches and state-

both primary suspects in the disappearance of the children- would be akin to having the murder suspects in charge of the murder investigation. It would appear, to the critical eye, as if both the economic stimulus packages provided to Band Councils and the official Truth and Reconciliation Process are orchestrated public projects intended to ward off critical social protest under the guise of richly-adorned public discourse. Without any real change to the structural causes of aboriginal poverty in a settler colonial state or legal teeth to the Truth and Reconciliation Commission we are left, indeed, with numerous false facades and expensive stairways leading to nowhere.

### **Early Invaders**

The common historical tale is that the discovery of the New World by the Spanish, began with the arrival of Christopher Columbus in 1492 and endured officially for at least four centuries in much of the Western hemisphere. The Spanish controlled much of the Americas from two capital cities: Lima in what is now Peru, and modern day Mexico City, Mexico. In 1898 the Spanish-American War officially ended Spanish colonial rule of Cuba as the emerging might of the United States displaced Spain as colonial administrators of Cuba and official Spanish rule of the Americas was for the most part, defeated. After the Spanish invasion into previously uncontrolled territories, other European nations began their own colonial projects, the largest of which became the British Empire. By 1922, the British Empire controlled the territories of one quarter of the global population on one quarter of the world's total landmass. In the late eighteenth century, the American Revolution ended British rule of what is now the United States. Demonstrating a pattern of continuity between the first settler colonialists and later governance, the U.S. seized control over the territories of Cuba, Puerto Rico and the Philippines. Up until 1918, the U.S. was home to numerous bloody massacres known in the history books as the 'Indian Wars' where white settlers waged exterminationist attacks on every surviving American Indian tribe, which led to the forced removal of most, if not all, of the American Indian peoples to be captured and held in reserve land. Little attention is paid to the pre-existent indigenous civilizations that existed prior to the arrival of the Spanish, who, by some estimates, numbered almost 100 million

(Churchill, 1997). Other invaders, such as the Norse, who wiped out the Beothuk population of Newfoundland had been active in some regions of North America prior to the arrival of Spanish, and later, French and British forces: “From the time Juan Ponce de Leon arrived in North America in 1513 [...] until the turn of the twentieth century, up to 99% of the continent’s indigenous population was eradicated. As of 1900 the Smithsonian Institution reported less than a third of a million for all of North America, including Greenland”(Churchill, 1997, p. 129) Churchill also notes the Darwinist sentiments with which the issue of American Indian populations have received: “Although the literature of the day confidently predicted, whether with purported sadness or with open jubilation, that North American Indians would be completely extinct within a generation, two at most, the true magnitude of the underlying catastrophe has always been officially denied” (Churchill, 1997, p. 130).

In those colonies controlled by the British, where white settlers began to outnumber indigenous populations, the colonies were re-classified by colonial administrators as ‘dominions’ and enjoyed a semi-autonomous existence in some respects. It is important to note, that, after much fighting with the French, Canada became a colony and later, a member of the British Commonwealth and dominion of Britain between 1867 and up until the 1950s when the term “federal” began to be used with greater frequency with respect to the government of Canada. Legally, Canada may still be considered a Dominion of Britain since the 1982 Constitution Act did not indicate any instruction for the formal removal of the term.

### **Settler Establishment**

*“This act of intentional forgetting is further exemplified by Canada's control over the reproductive health of Aboriginal women. Indeed, Aboriginal women threaten Canada's colonialist, patriarchal system through reproducing future generations of Indigenous peoples, who may further threaten the stability of colonialism. Historically, colonisers*



*would simply kill Aboriginal women and children as a means to eradicate Indigenous peoples, but methods have changed alongside time. Sterilization practices have been used on Aboriginal women without their informed consent”*

(Warwick, 2009, n.p.)

Surgical sterilization can include either tubal ligation or a full hysterectomy. A tubal ligation is a surgical procedure whereby a woman’s fallopian tubes are sealed shut, preventing fertilization. It was not until the mid seventeenth century that medical doctors began to view tubal ligation as an alternative to a complete hysterectomy, which involves full removal of the uterus and often the ovaries, fallopian tubes and cervix. A hysterectomy will induce pre-mature menopause in women as estrogen levels fall drastically once these organs are removed. It has been documented that as surgical advances in the practice of maternal and reproductive medicine took place, poor and institutionalized women were often used as guinea pigs for new surgeons who were working to improve their surgical prowess (Kluchin, 2009) and many women scheduled for tubal ligations were coerced into full hysterectomies, which were the usually the preference of surgeons who claimed that they preferred the challenge of a complex, invasive procedure in order to practice their skills (Kluchin, 2009). Although religious organizations frequently protest state-sanctioned irreversible methods of contraception, from a reproductive rights perspective there is nothing wrong with a surgical method of contraception if it is the desire of the patient. The issue at hand, however, is the selective use of *irreversible* methods for indigenous women because of a desire to reduce or eliminate them, all together:

*“Sterilization, as a medical practice, was neither inherently good nor bad. For some women during the 1970s, mostly white and middle-class women, sterilization was an effective, permanent form of birth control. Both the women who desired the procedure and the physicians who performed it generally worked within the larger framework of women controlling their own fertility. Even for*

*these women, however, the paternalism of the medical profession affected their experience.” (Devlin O’Sullivan, 2007 p. 39)*

Where there has been such a marked difference in the results of reproductive counseling amongst women of different class and ethnicity groups, it is clear that the logic of elimination is most prevalent as a ‘negative population checking’ process in the populations least desired by the settler groups.

The popularity of eugenic ideas and subsequent use of medical practices to curb social welfare spending affected Canada from the outset: “Eugenics ideas quickly made their way into Canada as well. In 1908, the League for the Care and Protection of Feeble-minded Persons was formed in Nova Scotia while, in Quebec, a number of McGill University scholars advocated for eugenics” (Gerkur, et al. 2004, p. 361). By 1928 the Province of Alberta passed the Sexual Sterilization Act, quickly followed by British Columbia. The Act was intended to stop supposed ‘mental defectives’ from having children:

*The Eugenics Board was comprised of four people who were mandated to authorize sterilization in Alberta. The Act initially required the consent of patients unless they were “mentally incapable,” in which case “the consent of the next of kin had to be obtained.” In 1937, the Act was amended to ensure that consent was no longer required by patients or the next of kin if the patient was considered “mentally defective.” The 1937 amendment also targeted “individuals incapable of intelligent parenthood.” Aboriginal peoples were easy targets for the new amendment especially with regard to being thought to be incapable of intelligent parenthood. (Boyer, 2006, p. 15)*

As advances in surgical techniques and contraceptive technologies increased in the Northern world, indigenous women began to experience greater marginalization through the combined results of their gender and ethnicity:

*The experience of the Maliseet aboriginal women of the Tobique Reserve in New Brunswick, Canada, during the mid 1970s illustrated this tension. The 1876 Indian Act in Canada defined Indian status by virtue of marriage. From then on, the Canadian government subjected the matrilineal Maliseets to a patrilineal system that declared Indian women “non-Indian” and deprived them of all reserve and band rights if they married white men—a condition that did not change even in cases of death and divorce. (Devlin O’Sullivan, 2007 p. 34)*

As indigenous women began to experience greater levels of marginalization as a result of colonial policies, their reproductive and maternal rights fell under assault as the residential school system became a highly effective means with which the settler government of Canada could assimilate indigenous peoples whose births they were not able to prevent. The Truth and Reconciliation Commission charged with investigating what actually happened to indigenous children in their supposed care delivers the following statement on their public website:

*“It is difficult to place an exact figure on the number of residential schools to which Aboriginal people have sent in Canada. While religious orders had been operating such schools before Confederation in 1867, it was not the 1880s that the federal government fully embraced the residential school model for Aboriginal education. While the government began to close the schools in the 1970s, the last school remained in operation until 1996. For purposes of providing compensation to former students the Indian Residential School Settlement Agreement has identified 139 residential schools. (Despite the fact that the agreement is titled the Indian Residential Schools Settlement Agreement, the lives of First Nations, Métis, and Inuit people were all touched by these schools.) This does not represent the full number of residential schools that operated in Canada. In particular, it excludes any school that operated without federal government support. There were residential schools that were run solely religious*

*orders or provincial governments (or in some partnership between the two.)”*  
(TRC <http://www.trc-cvr.ca/>)

As indigenous populations suffered greater instances of poverty, alcoholism and deprivation as their resources and culture were slowly undermined by the increasingly powerful instruments of settler governance, the rise of biomedicine rendered indigenous women increasingly more vulnerable to surgical abuse. Institutional wardens, hospital staff and doctors began to have greater access to women’s bodies through increasing contact with women. Contraception services as well as the institutionalization of maternal and obstetric services gave the settler state access to women’s reproductive potential (Devlin O’Sullivan, 2007).

The United States of America pursued its own eugenicist policies with fervor as various States implemented similar forms of Sexual Sterilization Laws intended to provide a legal framework to permit eugenic sterilization. As was the case in Canada, indigenous peoples were originally overlooked by eugenic policy. As Koch (2004) has argued, this was a function of the original intent eugenics as a cleansing strategy to prevent pollution of a master race. In her doctoral dissertation, Meg Devlin O’Sullivan (2007) explains the parallel process between eugenic policy and Indian assimilation policies, which culminated in the establishment of Boarding Schools, the American equivalent to the Canadian Residential School System:

*At the start of the twentieth century, as eugenicists worked to arrest the fertility of the “unfit,” the federal government pursued an Indian policy known as allotment that dated to the 1880s and supervised an extensive boarding school system for Indian youth that also had roots in the nineteenth century. Allotment and the boarding school system endeavored to achieve the “civility” and competency of American Indians in accordance with white middle-class standards. The allotment policy divided land previously held by tribes into privately owned plots. Heads of Native families, single Indian adults, orphans, and children received parcels of*

*land with Congress holding all of it in trust for the recipients for twenty-five years, during which time they could “learn” how to own and manage land. Allotment presumably ended the relationship of tribal governments whose land was allotted with the United States and assimilated individual Indians into American society. Concurrently, off-reservation boarding schools separated indigenous children from their families, homes, and cultures—all of which reformers believed held the children back. During this era, the boarding school emerged. (p. 56 – 57)*

Initially, both indigenous peoples and peoples of South American or African descent were overlooked in attempts to provide contraception, especially in the American south. Racist misperceptions that ethnic minorities lacked intelligence to comply with birth control methods (Schoen, 2005) and that American Indians were doomed to extinction due to their inherent inferiority (Devlin O’Sullivan, 2007) left these communities initially overlooked in family planning campaigns. Poor and institutionalized white women were initially the targets of family planning campaigns in public health (Schoen, 2005). Meg Devlin O’Sullivan (2007) points out: “American Indians escaped the attention of eugenicists because at the turn of the century the Native population experienced a nadir that many eugenicists viewed as the natural decline of an inferior race bound for extinction. United States Indian policy, rather, contributed to their demise” (p. 51 – 52).

Boarding and residential schools continued up until the mid-nineties. Between the late eighteen hundreds and the mid-nineteen nineties it is estimated that hundreds of thousands of indigenous children and teens were placed in boarding or residential schools where policies of cultural assimilation coupled with psychological, physical and sexual abuse were common. In the United States, the boarding school system was immense:

*One such policy, which started in 1869, involved removing children as young as five from their families and compelling them to attend boarding schools. The Bureau of Indian Affairs (BIA) controlled 25 boarding schools and 460 additional schools were run by churches with federal funds. Reports of conditions in the*

*schools make harrowing reading: cruel and inhuman treatment was the norm and many children experienced physical and sexual violence. Children reportedly died by the hundreds in these schools because of inadequate food or medical care, although no firm statistics exist. (Amnesty International, 2007, p. 28)*

During the time that residential school systems and other such assimilationist policies flourished in both Canada and the United States, increasing attention to the role of population on the economy led an intensification of control over indigenous women's reproduction: "The early twentieth-century policy of policing defective genes developed into an attempt to curb population growth and cut expensive government programs through surgical sterilization. As members of a rapidly-growing population and recipients of federal programs, Indian women became prime targets for sterilization" (Devlin O'Sullivan, 2007 p. 52).

Eugenicist Margaret Sanger is largely credited with pioneering the concept that the state should be responsible for providing birth control to the poor (Schoen, 2005). Paternalism within the medical profession was an initial barrier to public health-oriented reproductive health services (Schoen, 2005). After 1936, the American Federal Government removed all bans on birth control dissemination: "humanitarian, eugenic, and economic concerns converged in a complex set of factors that motivated health and welfare professionals' involvement in the delivery of birth control. They were genuinely concerned with maternal and child health and hoped to improve women's access to health and contraceptive services. At the same time, most health and welfare professionals shared the view that the poor possessed a number of undesirable qualities that they were likely to pass onto the next generation. They hoped that by limiting the reproduction of the poor would provide a scientific solution to poverty and poor health and would improve the quality of the race. The women's movement, in effect, white-washed the issue reproductive rights: "While middle-class libertarians celebrated easier access to and control over their reproductive rights, poor women and women of color became the major targets of coercive sterilization abuse" (Torpy, 2000, p. 4). Birth control advocates also

emphasized that the distribution of contraceptives among the poor would save tax payers money by controlling state expenses for social services” (Schoen, 2005, p. 4)

### **Fighting Back**

The convergence of dwindling eugenic justifications for racism, increasing attention to the role of population on economic performance, and widespread access to indigenous women and teen girls through institutions such as boarding or residential schools, hospitals and group homes was intensified by yet another factor: protest. During the time that settler governments in Canada and the United States scrambled to phase out and replace indigenous populations through less violent, institutional means; growing opposition from groups such as the American Indian Movement and the Black Panther Party formed the tip of the wedge created by the Civil Rights and Women’s Liberation movements of the sixties. In 1968 the American Indian Movement (AIM) formed in Minneapolis and quickly grew into a worldwide movement of indigenous peoples demanding sovereignty and rights under pervasive settler regimes. According to a statement by their Grand Governing Council:

*The **American Indian Movement** is attempting to connect the realities of the past with the promise of tomorrow ...*

*They are people in a hurry, because they know that the dignity of a person can be snuffed by despair and a belt in a cell of a city jail ...*

*They know that the deepest hopes of the old people could die with them ...*

*They know that the Indian way is not tolerated in White America, because it is not acknowledged as a decent way to be ...*

***Sovereignty, Land, and Culture** cannot endure if a people is not left in peace ...*

*The **American Indian Movement** is then, the Warriors Class of this century,  
(<http://www.aimovement.org/ggc/index.html> Emphasis in original)*

During the 1970s, AIM grew into a powerful movement that engaged in civil disobedience across both Canada and the United States (CBC Archives, 1974). In Canada, the Indian Act prevented first nations groups from engaging in legal actions

against the Crown because of section 141 of the Indian Act, which stipulated that First Nations must seek permission from the Government before hiring a lawyer with which to prosecute them. In 1969, Prime Minister Trudeau's White Paper caused an outcry from first nations groups who reacted with a 'red paper' of their own. Groups such as the National Indian Brotherhood and Ojibwa Warriors Society were vocal opponents of the assimilationist tactics of the Government of Canada. In 1973, Ojibwa Warriors Society sparked what the CBC dubbed the "Kenora Crisis" (CBC, 1974) in Kenora, Ontario, when Warriors occupied Anishinabe Park as part of a land claim and protest against rampant racism and human rights violations of First Nations people in Ontario.

In the United States, AIM organized a series of high profile protests, such as the Trail of Broken Treaties and, most famously, the occupation at Wounded Knee in 1973. Pine Ridge Reservation in South Dakota had been a flashpoint of American Indian uprising, where intense poverty, coupled with intense racism led to an increasingly turbulent hotbed of social unrest. AIM activists and members of the Oglala Lakota people staged an occupation at nearby Wounded Knee; a historical site of the last large massacre of the Indian Wars. The occupation lasted for seventy-one days, despite a large-scale military offensive from the U.S. Marshals Service and other law enforcement officials. Original CIA documents accessed through the American Freedom to Information Act by members of AIM list the American Indian Movement as one of many activist groups being targeted for surveillance during the seventies. One document dated 1976 lists AIM amongst other groups including the Black Panther Party, Puerto Rican Socialist Party, Vietnam Veterans Against the War, and the Palestinian Liberation Organization<sup>14</sup>. In 1978, Indigenous women formed their own grouping in the United States. Women of All Red Nations (WARN) were some of the first to publicly speak out about reproductive rights abuses and the connection to larger processes of colonialism: "WARN sees the fight as having two parts: to stop the government's drive for energy resources on the reservations, and to stop IHS hospitals from sterilizing Native women. The two together are one fight: stop

---

<sup>14</sup> All of the documents procured through Freedom of Information by AIM were scanned and uploaded to a public digital archive: [http://www.aimovement.org/csi/Hill/FBIMpls6\\_17\\_75\\_1.jpg](http://www.aimovement.org/csi/Hill/FBIMpls6_17_75_1.jpg).



the genocide of Native American people” (WARN as quoted in Devlin O’Sullivan pp. 105)

### **Sterilization Abuses**

*In addition, arguments in favor of eugenics and population control increasingly embraced socio-economic rather than biological justifications. By the 1970s, the great threat to American society was not the “imbecile” who passed defective germ plasm to his or her children, but the welfare mother who continued to have children at the government’s expense.”*

(Devlin O’Sullivan p. 53)

Dr. Jana Grekul of the University of Alberta was part of the first research team to conduct systematic archival research of the original files of the Alberta Eugenics Board. Grekul was then working as a graduate student research assistant working for the Population Research Lab at her university. The lab had been contracted by a law firm who represented some victims of forced sterilization under the Sexual Sterilization Act in Alberta. Although the plaintiffs would later settle out of court with the Province of Alberta, Grekul and others were able to publish some of the results of their research using the remaining files that had survived the cost-saving measures of the Provincial Archives Administration:

*“In 1987, the Archives administration recommended that only 20% of the files should be maintained, presumably to reduce storage costs. The Public Records Commission approved the recommendation (October 20, 1987) and all but 861 of the original 4785 files were destroyed in 1988. Our case-by-case check of the Eugenics Board numbers for the remaining 861 files reveals that they are a reasonably representative “1 in 5” sub-sample of the total population of all cases considered by the Board (Grekul et al., 2004 p 366)*

Her findings were consistent with the earlier research (Grekul, et al. 2004) which confirmed that First Nations women were grossly over-represented in the cases brought to the eugenics board, and suffered a higher rate of Board approval for sterilization: “we conclude that Aboriginals were the most prominent victims of the Board’s attention. They were over-represented among presented cases and among those diagnosed as “mentally defective.” Thus they seldom had a chance to say “no” to being sterilized. As a result, 74% of all aboriginals presented to the Board were eventually sterilized (compared to 60% of all patients presented). In contrast, because patient consent was so often required, less than half (47%) of both Eastern and Western European patients were eventually sterilized” (Grekul et. al, 2004 p. 375). In Alberta, it is believed that between 1928 and 1972 approximately 3000 people were sterilized for eugenic reasons, the majority of which were youth, aboriginals, women with disabilities and institutionalized women and girls. In British Columbia, there is no official count of the numbers sterilized as all files pertaining to sterilizations committed under this policy have since gone missing. The law was repealed in British Columbia in 1973 (McLaren, 1986). In Manitoba as late as the mid-nineties, formal guidelines regarding involuntary sterilization of mentally disabled adults were formally in place (Winnipeg Law Reform Commission, 1992).

There is a problem of representation with current research in forced sterilization in Canadian history with regards to First Nations women and girls. In both Canada and the United States, there is historical evidence that medical practitioners engaged in their own eugenic reproductive counseling programs before such laws were in place (Bruinius, 2007). Medical racism was not caused by government policies; laws were put in place only after significant public support for such programs was rampant. It has been estimated that over 150,000 First Nations children were placed in Residential Schools and only half of them are alive today (<http://www.trc-cvr.ca>). In the early part of the twentieth century, however, it was estimated that the schools had a 25 to 45% mortality rate where many students died from malnutrition, tuberculosis and neglect (CBC News, 2008). In recent years, mass graves containing the bones of children (CBC News, 2010)

have been discovered on former residential school sites. Between the early nineteenth hundreds to the mid-nineties, residential school policies were the dominant instrument of elimination following violent conquest of the earlier centuries (Annett, 2008 and Boyer, 2006). If First Nations children were being eliminated through forced confinement, neglect and infectious disease, why would more complicated surgical means of population elimination be necessary? It is possible that there were few, if any, surgical sterilizations of Residential School in-mates. The large death toll of the schools may have rendered surgical sterilization unnecessary from the perspective of the settler state. However, the Truth and Reconciliation Commission has only just begun to uncover the stories of Residential School survivors. Although it is known that aboriginal women were grossly over-represented in the cases presented to the Eugenics Board in Alberta up until 1972 (Grekul, 2004)., we know little about the cases in British Columbia, and very little about potential reproductive rights violations of First Nations girls in residential schools in the rest of Canada. Given the political and economic climate of the seventies and the large -scale sterilization programs taking place in the United States (Churchill, 1997), it is also likely that a significant number of coercive sterilizations took place in Canada in the secrecy of doctor's offices and clinics. Allegations of sexual abuse of girls (and boys) in the schools and subsequent pregnancies where infants went 'missing' following delivery, should point to a grave example of colonial conquest through this residential assimilation system (Annett, 2008). Furthermore, the racist actions of individual doctors through their private medical practice could have resulted in coercive family planning through irreversible means across the country. Until the Truth and Reconciliation Commission delivers its final report, many truths will remain in shadow. It should be noted that research into the Eugenics Board in Alberta will not reflect the true number of reproductive rights violations of indigenous women in Canada unless the Truth and Reconciliation Commission, or another group, takes on the task of researching what happened to girls in residential schools.

## Public Scrutiny

*“The legacy of historic abuses persists. The fact that Native American and Alaska Native women have been dehumanized throughout US history informs present-day attitudes. It helps fuel the high rates of sexual violence perpetrated against them and the high levels of impunity enjoyed by their attackers.”* (Amnesty International, 2007)

Forced and coercive sterilization of American Indian women in the United States has been the subject to greater public scrutiny than what took place in Canada, thanks to a small but vocal network of activist scholars (Churchill, 1997, Boyer, 2006, Amnesty International, 2007, England, year unknown, Kluchin, 2009). It is well known that the Indian Health Service (IHS) was responsible for thousands of such violations of human and reproductive rights: “Between 1970 and 1976 IHS hospitals and affiliates sterilized between 25 and 42 % of all Native American women of childbearing age. The IHS provided poor health care in run-down, under-funded, under-staffed and under-equipped hospitals and clinics that could not meet the needs of Native Americans” (Kluchin, 2009, p. 108). In 1970, Dr Constance Pinkerton- Redbird Uri sparked a public investigation into what had previously been a silent epidemic: “Uri investigated Indian Health Service records and concluded that the practice was rampant across Indian Country. With this information, Uri and Indian Women United for Justice sought to educate the public about the issue, stop the practice, and support individual Indian women in their quests for legal restitution” (Devlin O’Sullivan, 2007 p. 43). Other groups such as WARN and AIM joined the call for justice. Dr. Uri took the fight to South Dakota Senator James G. Abourezk, who initiated an official investigation by the Government Accounting Office (GAO) (Kluchin 2009). The investigation concluded that: “between 1973 and 1976, the IHS funded 3406 female sterilizations and 142 vasectomies. Of the 3406 female surgeries, 3001 involved women of child-bearing age. The GAO identified several violations of the waiting period and informed consent process, but ultimately concluded that sterilizations performed through the HIS did not constitute abuse” (Kluchin, 2009, p. 109). Charles England (year unknown) points to some major problems and oversights with the GAO investigation: “The GAO confined its investigation to IHS records, and did

not probe case histories, nor observe patient-doctor relationships or interview women who had been sterilized [...] [It] was not an investigation; instead, it played the political game of "looking into allegations," and who would blame them otherwise,,with less than a million voters who rarely participated in elections. The Indian people, in this unfortunate case, were "humored" with the GAO investigation. [...] The sterilization of minors is another problem which the GAO investigators could have, but did not pursue. There are special consent forms for cases where women under 21 are to be sterilized, but IHS did not use such forms. Thirty-six women under 21 were sterilized without proper consent between 1973-76" (England, n.p.). Another major problem with this initial investigation was the small sample size of the investigation and limit to only a four year period of inquiry: "the Senator failed to realize that the figure represented only four service areas. The estimate of total sterilizations was actually around 3,000 per year for four years" (England, n.p.). One major issue contributing factor, which facilitated the violations, was a lack of regulation concerning irreversible sterilization procedures: "From 1965 until 1973, many Indian women endured coerced sterilizations at IHS facilities because the Department of Health, Education, and Welfare (and Indian Health Service as a subset of HEW), had no specific regulations controlling sterilization" (Devlin O'Sullivan, 2007 p. 72 – 73). American Indians claimed this GAO report under-represented the total number of sterilizations that actually took place during this period. Indigenous women were viewed by Federal courts as unworthy of reproductive rights and provided them with little justice in matters of sexual assault: "a 1968 federal appellate court ruling upheld a statute under which an American Indian man who committed a rape in Indian Country received a lower penalty if the victim was a Native woman" (Amnesty International, 2007, p. 16). The lack of justice and recognition for the impact of the sterilizations was seen to a reflection of this general attitude by federal and state regulatory bodies. Although it would appear that the sudden interest in providing contraception and reproductive health services came from genuine state interest to improve health outcomes, the intention of the funding programs was for population reduction: "Statistics reflect the combined impact that this new legislation and medical practices had on minority women. During the 1970s, HEW [US Department of Health, Education and Welfare] funded 90 percent of the annual sterilization costs for poor

people. Sterilization for women increased 350 percent between 1970 and 1975 and approximately one million American women were sterilized each year” (Torpy, 2000, p. 4).

Given the shortcomings of the GAO investigation, activists began their own investigations into the issue:

*Existence of the sterilization programs was revealed through analysis of secret documents removed by AIM members from BIA’s Washington DC headquarters during its occupation by those participating in the Trail of Broken Treaties in November 1972. A resulting 1974 study by WARN concluded that as many as 42 % of all Indian women of child-bearing age had by that point, been sterilized without their consent. The WARN estimates were probably accurate as is revealed in a subsequent General Accounting Office Investigation. (McCintock et. al, 1997, p. 312)*

Justification for the sterilizations had been prompted by data showing the American Indian birth rate climbing: “The United States government agency personnel, including the IHS, targeted American Indians for family planning because of their high birth rate. The 1970 census revealed that the average Indian woman bore 3.79 children, whereas the median for all groups in the United States was 1.79 children” (Lawrence, 2000, p. 402). In many cases, the thousands of American Indian who became victims to this dark period of reproductive rights abuses were not aware that they even received the surgery (Torpy, 2000). Many women were operated on while under anaesthetic following childbirth or told that they were undergoing a ‘reversible’ procedure (Devlin O’Sullivan, 2007). Other women were coerced through removal of their children by Child Welfare services who claimed that their children would be returned to them only after the mothers underwent surgical sterilization procedures (Lawrence, 2000). Women were led to believe that surgical sterilization and subsequent reduction in family sizes was their responsibility in order to improve the economic outlook of their families and tribes.

Indigenous women living under Canada and the United States have not received justice for the crimes committed against them. This is especially troubling as, in Canada, involuntary sterilization is considered assault and battery under Federal law. There was American Indian resistance against sterilizations (Devlin O’Sullivan, 2007), but political movements had a difficult time contextualizing the reproductive rights abuses as part of a larger process of structural genocide (Wolfe, 2006). There was a persistent misunderstanding of forced sterilization as a private personal issue with unclear relevance larger processes of colonization, elimination and replacement. Although initiatives such as the GAO and the Canadian Truth and Reconciliation Commission were mandated to assist in healing and the search for justice, both of these investigations have failed. The Truth and Reconciliation Commission in Canada can be identified as a failure from a reproductive rights perspective before it has completed its report, because it has no mandate for pursuing criminal investigations. With regard to eugenic sterilizations of First Nation women under provincial law, some victims have been compensated in Alberta and B.C., but many of the victims have since died. Within feminist movements, a lack of energy and momentum on reproductive rights has allowed indigenous, minority, institutionalized and disabled women to fall through the cracks. The desires of these women to have right to bear and raise children inconveniently complicated the Liberal feminist agenda for access to contraception (Devlin O’Sullivan, 2007), leading to a lack of concerted solidarity. Although there is a burgeoning movement to address the eugenic sterilization of disabled women in Canadian history, institutionalized and indigenous women have a markedly lower profile on the reproductive justice agenda.

### **Good Intentions**

One particularly troubling feature of both instances of reproductive rights abuse in Canada and the United States is the dual presence of eliminationist logic with paternalistic benevolence, in seemingly equal doses. Rebecca Kluchin (2009) points out that in the American case: “Most physicians appear to have operated with relatively benevolent intentions, genuinely believing that sterilization would raise their patient’s

standard of living and improve their quality of life. They functioned according to an outdated, paternal model of professional conduct, which granted doctors the authority to make decisions on behalf of their patients' (p. 111). The provision of reproductive health services was publicly touted as a move towards the liberation of women, where access to contraceptive services became an inalienable liberty that would aid in their further empowerment:

*In order to understand the reasons behind the sterilization it is necessary to remember that physicians were performing large numbers of sterilizations- not only on American Indian women but also on African American and Hispanic women. The number of women on welfare had also increased dramatically since the mid-1960s with Lyndon Johnson's War on Poverty. The main reasons doctors gave for performing these procedures were economic and social in nature. According to a study that the Health Research Group conducted in 1973 and interviews that Doctor Bernard Rosenfeld performed in 1974 and 1975, the majority of physicians were white, Euro-American males who believed that they were helping society by limiting the number of births in low-income, minority families. (Lawrence, 2000, p. 409 – 410)*

Some scholars have protested the assertion of American Indian and First Nation activists that they have experienced genocide in North America. A common basis of their argument is that many attempts have been made to support indigenous peoples and improve their quality of life. Analysis of these two case studies would reveal, however, that capitalist logic and the fiscal bottom line weighed heavily against genuine concern for implementing reproductive and maternal health services that upheld the Hippocratic Oath to *do no harm*.



## Chapter 7: Peru's Development Plan: Elimination of Surplus Populations

---

*“We must distinguish the surplus population and harmful sectors of the population. We consider rebels and their immediate families, the professional agitators and criminal elements, including cocaine traffickers as excess populations”*

(Plan Verde, 1989, author's own translation)

*In this version of reconciliation, the same speakers are speaking and the same voiceless victims are silenced.”*

(Getgen, 2009, p. 22)

### **From Invasion to Settler State at War**

After the Spanish invaded Incan lands, the population of indigenous Incan peoples in Peru was reduced from nine million to just over half a million people (Getgen, 2009). The Incan empire had, for some time, existed tenuously as their repressive treatment of other indigenous groups led to internal conflict. Francisco Pizarro, later dubbed as the conqueror of the Incan Empire, led the Spanish to defeat the Incans in 1532. Colonial genocide by the Spanish in the 1500s was no less violent than the atrocities that took place years later during the Indian Wars and British tyranny of the Northern Americas. Practices such as mass killings, torture and the use of dogs to hunt indigenous peoples were hallmarks of Spanish Conquistadors and their subsequent settler empire (Getgen, 2009, Churchill, 1997). By the time that Peru won back its independence in 1821, significant demographic changes had taken place and firm two-tiered system of social power was in place:

*“Spanish colonial rule guaranteed impoverishment and death for many indigenous Peruvians and perpetuated the fragmented and divided structures that continue to exist in Peruvian society today. First, a geographical divide exists*

*between the coastal region-predominately urban, white and Spanish-speaking- and the highlands-mostly rural, indigenous and Quechua-speaking. In addition, the coastal region boasts an overwhelming majority of the nation's wealth and political power, and, as a result, political and economic programs in past regimes have largely ignored or neglected the needs of the indigenous peoples in the highlands and rainforest regions.” (Getgen, 2009, p. 6)*

In 1968, a leftist military regime rose to power in the country and became one of an increasing number of Latin American countries opposed to U.S. involvement in population policy across the hemisphere (Boesten, 2007, Mass, 1977). As it became more widely known that USAID and other instruments of the American Foreign Policy machine had been attempting to control and reduce populations in other developing nations through ‘family planning’ programs, Peru tread carefully in the provision of family planning services, not wanting to concede to the reproductive imperialism taking place in neighboring countries (Boesten, 2007). As women’s groups began to demand more and more access to contraceptives, and began to protest the predominance of religious discourse over family planning; social divisions between Hispanic women in the urban centers and Quechua-speaking women in the Andes amplified the problem:

*The 1970s saw an increasing interest for birth control methods among middle class women. Feminist organizations emerged, and demands for improved access to a wide range of birth control methods were voiced. This marked the beginning of a long and unfinished conflict with the Catholic Church and its representatives in government. Besides the problems of religious sexual morality and the political opposition against U.S. imported contraception, there was a problem of class: middle class feminist activists had relatively good access to contraception and reproductive health services compared to poorer women, and in particular, in comparison with rural indigenous women who were often cut off from healthcare services. (Boesten, 2007 p. 4)*

In 1980, sharp class divisions between rural indigenous groups and Hispanic groups in

Lima and along the coast sparked an implosion, as the Shining Path; a radical Maoist group, began to wage war against the state in what was one of the bloodiest periods in contemporary Peruvian history (Gorriti, 1999). The utmost goal of the Shining Path was to install a 'liberating' communist rule of governance. The Shining Path viewed both former military governments and the new electoral process as a continuation of a history of authoritarian exploitation of the impoverished class (Gorriti, 1999). As the government began to wage war against the Shining Path army, rural communities became trapped between two hostile forces that increasingly used brutal intimidation and control tactics against them. In the twenty year war, government forces and the Shining Path would each become responsible for large numbers of civilian casualties. Rape, torture and executions were characteristic tactics of both sides (PTRC, 2003).

In 1989, government and military forces authored the "Green Plan", a secret document which outlined a detailed plan to regain control over Peru (Listen!, 1993, Carrion, 2006). The Green Plan outlined intentions to drastically cut the public sector and transfer state-owned resources to the private sector, increase partnerships with the World Bank and International Monetary Fund and increase military control. The Plan stated: "[t]here is a demonstrated need to immediately stop population growth, in addition, implement a treatment for existing surplus peoples: widespread use of sterilization in groups culturally backward and economically impoverished" (As cited in Listen! Magazine, 1993, author's own translation). As Kuumba (2001) suggests, reproductive imperialism in the population establishment has meant that in: "the interests of big business, new labour pools in the global system have been created and accessed during periods of need. At other times, when these labour needs have been met, attempts have been made to reduce oversupplies of labour, i.e. redundant or superfluous labour pools" (p. 23). The secret plan for national restructuring was, at that time, completely in line with both the structural adjustment policies of the World Bank and also dominant global discourse on population policy and national security (Hartmann, 1995). Alberto Fujimori, who was later to be elected President of Peru, received a copy of the Green Plan in that same year (Carrion, 2006).

Alberto Fujimori was elected President of Peru in 1990. He received strong political support and, although the Military had already made plans for seizing the government, Fujimori managed to project an image as a progressive leader, while at the same time, building a relationship with the Military and strategic counsel who had drafted the Green Plan (Carrion, 2006):

*From the start, Fujimori used the rhetoric of social integration and emancipation. Nevertheless, despite his promises, the new president started his governing period with an economic shock, which stabilized the economy but also impoverished the population. Nevertheless, several economic and social achievements, not to mention dismantling Shining Path by capturing its leader Abimael Guzmán in 1992, earned him vast popular support. (Boesten, 2007, p. 5)*

The same year that the leader of the Shining Path was captured, Fujimori had initiated a self coup, which greatly increased his control over the judiciary, army and media (Cameron, 1998, Carrion, 2006, Getgen, 2009). Fujimori began to develop a reputation as a fearless advocate of women's rights as he took on family planning policy against the wishes of the Catholic Church, who had long prevented the country from providing national support for contraception and abortion. The Catholic Church was, at that time, perceived to be a strong conservative force in the country, and in many ways reflected the religious nature of the Spanish invasion, where religious conversion of surviving *indigenas* was a motivating factor of the Viceroyalty of Spain (Churchill, 1997) and had lasting effects on the surviving populace.

Within three months of his election to the Presidency, Fujimori legalized voluntary sterilization and implemented a state family planning program, which gradually received the support and attention of the international community: "After the introduction of the [Family Planning] programme in 1990, the first reforms were made and international funding bodies were lobbied. However, in the electoral year 1995, the programme went ahead, but now supported by USAID money and a solid legislation (Boesten, 2007, p. 6).

The Program was intended to: “bring equal access to contraception for the nation's poor” (Getgen, 2009, p. 11). Rather than facilitating greater choice for women, this program became the discursive cloak behind which genocidal intentions played out in a mass campaign of forced and coerced sterilizations of indigenous women in Peru. For the most part, the international community applauded the measures imposed by Fujimori:

*The international community welcomed the sweeping measures Fujimori proposed. In the same year that the law on voluntary sterilization was passed, the Fujimori government received millions of dollars and several thousand tons of food from USAID to support its plans. Part of the money went to Movimiento Manuela Ramos, a Lima-based NGO, to implement a participatory programme to inform women on the use of birth control methods and empower them to become actively involved in the improvement of their reproductive health. The rest of the funds were used by the government to provide information campaigns and family planning services, including sterilization, without a fee. [...] Fujimori won the hearts and minds of those Peruvians who were at his political left, the women's movement, and the international community, which was needed not only to provide legitimacy, but also the financial means to implement his plans.”* (Boesten, 2007, p. 6 – 7)

To many, it appeared as if he was implementing progressive change within the country. During the landmark Fourth International World Conference on Women in Beijing in 1994, Fujimori was one of the only male heads of state to attend. During the early 1990s, knowledge about the role his government played in perpetuating atrocities and crimes of war was not widely known outside of Peru.

### **The “Voluntary” Surgical Contraception Program**

The Family Planning Program and subsequent support from international development assistance became the instrument with which the reproductive rights of indigenous women in Peru were systematically violated. As hundreds of thousands of Quechua-speaking women were being surgically assaulted (Kearns, 2009 and Schmidt, 2006)

under his leadership: “Fujimori continued to actively promote universal access to contraception for women. His political discourse invoked principles of social justice and human rights; his rhetoric even included using the reproductive justice movement's language” (Getgen, 2009, p. 12). By 2000, it had become clear that the family planning program was a deliberate effort to forcibly and irreversibly reduce the indigenous population of the Andean regions of Peru. Under the new national policy, sterilization quotas were set for health care workers to meet. Health care workers who spoke out against coercive methods were fired or intimidated. Those who managed to report high numbers of sterilizations were rewarded with trips, bonuses and goods. The setting of quotas should have been the first indicator that the family planning program was in no way intended to foster women’s reproductive rights: “setting quotas seriously implies that the programme was not motivated by concerns about women’s health, birth control, or even family planning; it was about national demographics in relation to economic growth” (Boesten, 2007, p. 7). Women experienced abuse, mistreatment and violence at the hands of health care workers:

*[H]ealth care providers denied women their fundamental rights to informed consent when professionals pressured women to undergo surgical sterilization during "Tubal Ligation Festivals" and at locations designated for food aid distribution. Some providers offered women surgical sterilization as the only free method of contraception available. Other health workers did not provide women with information regarding other available birth control methods and many times deliberately gave inaccurate information about the risks and consequences of surgical sterilization procedures. (Getgen, 2009, p. 12 – 13)*

Many women did not know they were even sterilized. Many were informed that they needed to undergo another procedure and a tubal ligation was performed, instead (OAS IACHR, 2000). Many women died as a result of botched surgeries and one in particular, had her case brought to the Inter-American Commission on Human Rights (OAS IACHR, 2003) in which the state was found guilty. Although there are some discrepancies in assessing the total number of women coercively sterilized under this

program, where the final number ranges from the Peruvian ministry of Health estimate of 277, 93 women that were sterilized (Boesten, 2007) to 363,000 women from independent investigations (Páez, 2006). For local women, the link between international development assistance and coercive reproductive health care was clear. Delivery of food aid from USAID was used as bribes for poor women to undergo the surgeries in exchange for foodstuffs (Boesten, 2007). BBC News (2002) reported: “[t]he procedures were also found to have been negligent, with less than half being carried out with a proper anaesthetist. [...] Only 10% of these [women] admitted having voluntarily agreed to the sterilisation procedure after promises of economic and health incentives such as food, operations and medicines. [...] Most of the women interviewed said they were scared of talking because of threats made against anyone who spoke out.” For many of these women, their experiences with Fujimori’s family planning program represented a defining moment in their conceptions of biomedicine and international assistance.

### **Peruvian Truth and Reconciliation Commission (PTRC)**

In 2001, Peru formed a Truth and Reconciliation Commission (PTRC) to document the experiences of the Peruvian people during the twenty-year war. As is the case with Canada’s Truth and Reconciliation, the PTRC has a: “broad and inclusive directive included interpreting and writing the collective memory of the historical period and fact-finding in individual cases” (Getgen, 2009, p. 16). Their final report, which was released in 2003, determined that approximately 70,000 people were killed, 90% of which were from the eight poorest Andean and Amazon regions. Three quarters of the ‘disappeared’ spoke Quechua as their first language (PTRC, 2003). The report makes no mention of forced sterilizations of women. In 2009: “{Fujimori} was convicted by a three-judge panel in Lima for his role in two massacres by military forces that killed 25 people during a bloody period of guerrilla attacks in the early 1990s. It was the first time a democratically elected Latin American president was found guilty in his own country of rights abuses” (NY Times, 2009). Despite that the fact that forced reduction of births in a targeted ethnic group is a crime of genocide under international law (United Nations General Assembly, 1948) no mention of the forced sterilization of more than 200,000

women was made at his trial. As a result of the exclusion of these crimes from the official PTRC Report (2003): “impoverished, indigenous Quechua-speaking women continued to face multiple layers of discrimination- including social, racial, and gender discrimination- first as victims and later as unrecognized victims of State repression and denial of basic human rights during the twenty-year internal conflict “ (Getgen, 2009, p. 20).

### **On Maternal Health**

It is known that Peru has the second highest rate of maternal mortality in the Americas, second only to Haiti. (PHR, 2007) Poverty and lack of medical care for Quechua-speaking women in the Andean region has presented a serious challenge to social equality and improvement in Peru. Indeed, global health assistance to countries such as Peru is a worthwhile and just priority. However, critics of population policy and its ties to neoliberal economic strategies (Qadeer, 2005) claim, that in the case of USAID in Peru: “[c]onsidering its history of involvement in Malthusian-motivated population programmes, USAID’s role in the Peruvian programme is suspicious. Although USAID denied knowing about the quotas, it agreed with Fujimori’s ambitious demographic goals in the first place” (Boesten, 2007, p. 8 – 9). Boesten (2007) attempts to explain how it is possible that: “such neo-Malthusian-motivated politics were implemented in the second half of the 1990s, after the agreements reached at the Cairo Conference on Population and Development (1994) and the Beijing Conference on Women (1995) with regard to sexual and reproductive rights” (p. 3). Boesten’s (2007) paper confirms that what happened in Peru, Canada and the United States is not new:

*[S]uch politics have been justified with economic developmental, environmentalist, and medical arguments. Often, as the diverse studies indicate, underlying motives for these strategies were based on fears for poverty and racial degeneration with effects beyond national borders [...] In Peru, these debates were directed at the ‘Indian problem’ and a fragmented national identity debated by hispanistas and indigenistas, in short, those who promoted a cultural and biological emphasis on the European heritage among Peruvians, and those who proposed an emphasis on*



*an indigenous heritage (p. 3)”*

Large-scale human rights abuses that have taken place so recently and with the support of the international community seems to defy an assumption of benevolence on the part of the settler states who are implementing these programmes.

During the course of the investigation into the sterilizations, some health care workers were interviewed: “[a] doctor in La Mar remembered that: ‘these women are ignorant. We just bribed them; they consented to sterilization if we gave them money for their basic needs’ (Boesten, 2007, p. 14). In February 2010, just a few short months after reading this quote, I was sitting a dinner table in Ollantaytambo, Peru with the coordinator of an international exchange and service learning organization based in the Andean region<sup>15</sup>. Although my trip to Peru had little to do with my research into forced sterilizations in the Americas, my conversation with the youth program coordinator turned to the issue maternal and reproductive health services for Andean women. I was concerned with the recent practice of building residential ‘birthing houses’ (Salazar, 2008) for indigenous women as a way to improve maternal health. My concern stemmed from evidence that women were being subjected to abusive tactics and violations of their rights in order to increase usage of these modernized facilities. Use of these birthing houses required that they travel very long distances from home and family, and they were given little or no food or support in the residential centre as they waited up to a month until their delivery. Women using these birthing houses reported difficulty with being left alone without family supports or connection to the traditional birthing process. Those who preferred home births were often fined and refused birth certificates for their children. Reports of women being left alone in these facilities and then encountering complications such as umbilical cord strangulation of the infant, have since surfaced. One woman, interviewed by investigative filmmakers explained that in the birthing clinic, her health has been compromised: “I feel like I am in jail, lonely. I am getting weaker. I don’t

---

<sup>15</sup> Guba and Lincoln in Huberman and Miles (2002) have stated that demonstration of reflexivity in written narrative is a necessary element of a written case study. The most common means of demonstrating reflexivity is to provide anecdotal responses detailing the researcher’s experiences and thoughts during the data collection process.

have enough to eat” (Rivas, 2006). The youth program coordinator was baffled at this information, saying that they (her service learning program) has great connections with local birthing houses and were quite excited to place global health volunteers in the new one in Cusco. She remarked: “Some of the women don’t want to use it, but they are offering them gifts like baby formula and clothing in exchange for using the modern facility.” In a country where there is a very recent history of abuse and coercion in maternal health service and where many women are struggling to secure the basic necessities to support their children, the use of bribes is a startling feature of what is a very important objective: safe maternal birthing facilities. In a country, where maternal health is a serious need for Quechua-speaking women in the Andean regions (PHR, 2007), careful consideration of cultural barriers to service could assist in preventing the need for bribes and coercion on the part of volunteer staff.

## Chapter 8: Indicators of Risk: Modus Operandi

---

Based on the three case studies, some general indicators of risk for indigenous women in reproductive health services can be identified. If grassroots relationships were developed between indigenous communities across the Americas with the support of medical doctors (such as Constance Uri), independent clinics and tribal councils, reproductive rights abuse prevention may begin to take a foothold. Indicators for reproductive rights abuse could become incorporated into the aid distribution and procurement process, although, this may have limited effect in the base of targeted maternal and reproductive health aid such as PEPFAR in the United States under the previous Bush administration and Prime Minister Harper's recent announcement of \$1.1 Billion dollars for maternal health that withholds funding from any medical service that also provides abortion services. Although there are strides to be made in developing ethical guidelines to development assistance funding, globally, the identification of indicators presents a first step in the process of reforming a system of global capitalism to support the rights of *all* populations, be they settler or indigenous.

### **Economic Downturn and Increased Pressure on the Welfare State**

Settler societies have a lot to gain from eliminating and replacing indigenous populations (Lemkin, 1944). When settler states find themselves possessing large pools of excess labour (Kuumba, 1999) and thus, more families on social welfare programs requiring state care, they seek to reduce the population through population control measures. Eugenics peaked around the time of the great depression. The global economic recession brought on by the 1973 oil crisis and subsequent stock market crash coincided with a great number of forced sterilizations by the Indian Health Service on American Indian women (Churchill, 1997). The economic problems facing Peru after decades of Civil War could be likened to a long-term recession. During these periods, enforced sterilization, propelled by racism and justified by Malthusianism (Hartmann, 1997), and later, feminist empowerment discourse (Boesten, 2007), dramatically spiked. Reproductive health care provides an easy window through which the state can manipulate women's reproductive power in their own best interest. When neoliberal ideology supports a reduction in state

apparatus, states may utilize reproductive health as a means with which to reduce populations they deem to be ‘burdensome’.

### **Presence of Strong Indigenous Protest**

Further complicating the situation of intersecting risk for indigenous women, is, that during times of sudden poverty or economic downswing, there is an upsurge in social protest. As groups stand up to speak out against poor living conditions, the temptation for states to reduce these populations is intensified (Eager, 2004). Women’s vulnerable location within these marginalized groups and the highly secretive and controlled nature of modern medical service makes them easy targets for fighting back against armed rebellions. Population control programs have historically been used as a way to fight rebellion: “[p]olitically agitated young people in strategically sensitive countries were possible sources of instability and could perhaps even lead to communist uprisings. Countries identified in the NSSM 200 as targets for population stabilisation included India, Pakistan, Nigeria, Mexico, Egypt, Turkey, and Brazil” (Eager, 2004 p. 155). In all three instances, state attempts to reduce population took place as part of a counter-offensive strategy. In the Canadian case, the mass mortality of First Nation children who died in residential schools were an even more brutal extension of the subversive attempts at elimination employed by the Indian Health Service and Fujimori’s Voluntary Surgical Contraception program.

### **Strong State to State Relationships between Settler Societies**

In the three case studies it is clear that settler states, either through foreign aid or trade relationships, support each other to develop. It is not my intention to suggest that states are actively conspiring to eliminate indigenous peoples, only that in the current capitalist system, they all have similar gains to make by achieving the same end. It is not a conspiracy if settler societies all serve to benefit by increased free trade and decreased land rights for indigenous groups. Reproductive health is an arena in which we can, if there is enough support within a reproductive rights movement and research, we can identify logic of elimination at its most subversive. Poor and institutionalized women, as well as women marginalized due to health status, disability, sexual orientation, are all at

risk for reproductive rights abuses. At different times in history and in different geopolitical regions, women's vulnerability will shift. If a state has a lot to gain, both economically and in terms of political stability, but removing a group from its borders then care must be taken when providing further resources to the state.

## Chapter 9: Conclusion

---

*“This government plan has been prepared by the staff team, as part of a national project necessary to bring the country to the 21<sup>st</sup> century with the goal of achieving the levels of a developed country [...] need for restructuring of the state ... and maximally reduce of the bureaucratic apparatus as well as to transfer public enterprises to the domestic private sector.”*

(Plan Verde, 1989 as cited in Listen! Magazine, 1993)

*“The Palestinian Authority (PA) is making steady progress on implementing its reform program and building the institutions required by a future state [...] However, more sustained efforts are needed to effectively tackle this issue in the West Bank by transferring electricity distribution from local governments to commercially run distribution companies, as required by the Electricity Law.”*

(World Bank, 2010, on their recommendations for the future of Palestine)

Justifications for sterilization abuse have unfolded throughout the twentieth century, shape-shifting and evolving according to the current political language. Critique of sterilization abuse in both activism and academic communities has been fragmented in its attempts to critique and label it as one form of ‘ism’ or another. Whether we call it medical racism, reproductive imperialism, structural genocide or eugenics, when we attempt to solve social problems through selective reduction of certain types of people, we are using eliminationist logic. And we are in very dangerous territory.

Critical scholars and historical evidence demonstrates that reproductive control in an attempt to eliminate a target group is an act of violence. Settler colonialism calls into question assumptions of benevolence in maternal and reproductive health policy in settler societies. Concepts of structural genocide and intersectionality allow us to understand who is targeted for sterilization abuse and why. Assuming that we can now understand why sterilization abuse happens and have a basic idea of who could be affected, it is

possible to place greater emphasis on reproductive rights when these women are being given reproductive health services. The emergent themes in the preceding case studies provide preliminary evidence of a pattern of events that lead up to and correlate with sterilization abuse in settler societies. Wolfe (2006) and Churchill (1997) would suggest that we use these historical stories to develop indicators for prevention.

The Genocide Convention of 1948, the International Declaration of Human Rights, World Health Organization recognition of Reproductive Rights; these are all landmarks in the fight for social justice. But, as progress in social justice has made it harder for settler states to commit frontier homicide once used during colonial invasion, they have gotten smarter about achieving their aims. We must, in turn, become smarter and more critical of the forces at work in social policy where states have questionable motives; such is the case in contemporary settler societies. When Fujimori began to align himself with the feminist movement in the mid-nineties in order to increase his international profile and increase development assistance, it was a positive sign. The failure of the feminist community to act in solidarity with indigenous and minority women whose reproductive rights had been violated allowed Fujimori to grotesquely mask himself in the hollow discourse of the women's rights movement.

There is much work to be done in the fight for reproductive rights. One area where we may have an immediate preventive impact is in the area of global health - not with greater dollars put into pipelines for procurement or bilateral transfers to state ministries in less developed countries, but with the sites of production of global health discourse: universities. Dr. Stephanie Strathdee of the University of California notes the high student enrollment in a new Global Health Program financed by the Fogarty Framework for Global Health: "Global health is so popular as a field that students heard about it through the grapevine and were applying before the ink was even dry on the announcement", (FIC, 2008). As was echoed by the youth service learning program coordinator in Peru, the demand for global health internships for health professionals in training is higher than ever. But, assuming that this case can serve as an example of where good intentions lead to negative consequences, we could ask: at what point in the

education of these young professionals are they learning about why Quechua-speaking women don't want to use the service? How will they know that by offering food supplements and goods to poor women as unfair inducements for using the service that they are perpetuating a very recent and troubling history of coercion? Without critical education on the relationship between population control and reproductive health programs, it is easy to see where good intentions can lead to poor outcomes for vulnerable patients. Who should be responsible for educating the next generation of Canadian health professionals about the important historical contexts at work when they are providing maternal and reproductive health counseling? If we fail to educate health professionals about the ethical debates in the history of medicine, we are not allowing them to make the changes needed to support health equity and human rights. Without understanding the historical context of indigeneity and reproductive health in regional context, students with great intentions may find themselves implicated in a web of social power relations that compels them to act in ways that do not respect reproductive rights.

Historical evidence is readily available. The language of risk management and the use of case studies harmonize well with a medical curriculum. Connecting case studies with repetitive patterns could allow the global and population health worlds to more adequately address the challenges faced by women at dangerous intersections of settler societies. There are many more connecting themes between Northern indigenous women's experience and those in the South continues in maternal health policies that need to be explored. The issue of poor treatment in birthing houses for indigenous women from rural and remote areas is not an issue that is confined to Peru. Inuit women in Northern Canada have been protesting the same practice of evacuation in the third trimester and subsequent waiting period in a residential birthing house facility closer to an urban centre (NAHO, 2006). There are more and more reports of over-prescription of Depo-Provera to First Nations girls and women by Canadian and U.S. doctors, who are significantly more likely to prescribe the daily dose pill to white girls (Shea, 2007). The separation of international development studies from the study of social work represents a glaring double standard. Perhaps if students were trained to see, analyze the similar patterns of underdevelopment at work within their home countries and abroad,



appropriate policies and regulations could be put in place to prevent such abuses within their profession.

The case studies demonstrate that a lack of awareness and understanding of the unique risks faced by indigenous women in reproductive and maternal service in settler states can lead to abuse within the medical system. It is a fact that: “[u]nsafe Sex is the second most important cause of death and disease in the developing world” (Glaser, et. al, 2006). The need for maternal and reproductive health support across the world is clear. Johns Hopkins University has recently launched a Critical Global Health Seminar Series and the Society for Medical Anthropology has formed a special interest group called “Critical Anthropology for Global Health”. Will these small nodes of investigation have an impact on the curricula in global health studies? It has been suggested that: “[t]he history of Indigenous health thus demands sensitivity to the impact of both colonialism and the incipient white nation-state. Moreover, it requires a critical awareness of the dark sides of contact, ‘civilization’ and ‘development’, as well as an appreciation of the multiple implications of the related processes of assimilation, integration, and self-determination” (Anderson, 2007, p. 144). The unique history of indigenous women living in settler societies requires that we seek to understand the broader patterns of oppression that operate in social policies. Given the history of outright elimination and assimilation in settler society, the area of reproductive health should give rise to specific concerns to respect and protect women’s reproductive rights.

## Bibliography

---

- Alexander, Jacqui M., and Chandra Talpade Mohanty, eds. Feminist Genealogies, Colonial Legacies, Democratic Futures. New York: Routledge, 1997.
- Amnesty International. "Maze of Injustice the Failure to Protect Indigenous Women from Sexual Violence in the USA." (2007) <<http://www.amnestyusa.org/women/maze/report.pdf>>.
- Anderson, Warwick. "The Colonial Medicine of Settler States: Comparing Histories of Indigenous Health." Health and History 9.2 (2007): 144.
- Annett, Kevin. "Residential Schools in Canada: Is Justice and Reconciliation Possible?" Panoptique. (2008) <<http://www.lepanoptique.com/sections/histoire/residential-schools-in-canada-is-justice-and-reconciliation-possible/>> .
- Barker, A. "The Contemporary Reality of Canadian Imperialism: Settler Colonialism and the Hybrid Colonial State." American Indian Quarterly 33.3 (2009): 325. <<http://www.msvu.ca:2048/login?url=http://proquest.umi.com/pqdweb?did=1858586401&Fmt=7&clientId=18853&RQT=309&VName=PQD>>.
- Barrett, Deborah, and David John Frank. "Population Control for National Development: From World Discourse to National Policies." Constructing World Culture: International Nongovernmental Organizations since 1875. Ed. John Boli and George M. Thomas, Stanford University Press, 1999. 198.
- Barrett, Deborah, and Charles Kurzman. "Globalizing Social Movement Theory: The Case of Eugenics." Theory and Society 33.5 (2004): 487-527. <<http://www.jstor.org/stable/4144884>>.
- Bascaramurty, Dakshana. "Doctors Add Required Consent to Pelvic Exam Policy." The Globe and Mail September 15 2010 <<http://www.theglobeandmail.com/life/health/doctors-add-required-consent-to-pelvic-exam-policy/article1708824/>>.
- Bashford, Alison and Levine, Philippa, ed. The Oxford Handbook of the History of Eugenics. London: Oxford University Press, 2010.
- Bauman, Zygmunt. Modernity and the Holocaust. New York: Cornell University Press, 1989.
- BBC News. "Mass Sterilization Scandal Shocks Peru." BBC News World Edition July 24th 2002 <<http://news.bbc.co.uk/2/hi/americas/2148793.stm>>.

- Beck, Gerald, and Cordula Kropp. "Infrastructures of Risk: An ANT Approach Towards Controversies of Risks." September 5 - 8th, 2008 <[http://www.riskanduncertainty.net/Gerald\\_Beck.pdf](http://www.riskanduncertainty.net/Gerald_Beck.pdf)>.
- Beck, Ulrich. Risk Society: Towards a New Modernity. London: Sage Books, 1992.
- Behrman, Jere R., and James C. Knowles. "Population and Reproductive Health: An Economic Framework for Policy Evaluation." Population and Development Review 24.4 (1998): 697-737. <<http://www.jstor.org/stable/2808022>>.
- Birdsall, Nancy. "Economic Analyses of Rapid Population Growth." The World Bank Research Observer 4.1 (1989): 23-50. <<http://www.jstor.org/stable/3986347>>.
- Blank, Robert H. "Human Sterilization: Emerging Technologies and Reemerging Social Issues." Science, Technology, & Human Values 9.3 (1984): 8-20. <<http://www.jstor.org/stable/689259>>.
- Boesten, Jelke. "Free Choice or Poverty Alleviation? Population Politics in Peru under Alberto Fujimori" European Review of Latin American and Caribbean Studies 82 (2007).
- Bower, Bruce. "Population Overload: Mice Advice." Science news 129.22 (1986): 346-7. <<http://www.jstor.org/stable/3970538>>.
- Boyer, Yvonne. Discussion Paper Series in Aboriginal Health: Legal Issues. Vol. 4. National Aboriginal Health Organization, 2006 <[http://www.naho.ca/english/publications/DP\\_womens\\_health.pdf](http://www.naho.ca/english/publications/DP_womens_health.pdf)>.
- Brah, Avtar, and Ann Pheonix. "Ain't I A Woman? Revisiting Intersectionality." Journal of International Women's Studies 5.3 (2004).
- Briggs, Laura. "Discourses of Forced Sterilization in Peru: the Problem of Speaking Sub-Altern". differences: A Journal of Feminist Cultural Studies. 10.2 (1998)
- Broberg, Gunnar and Roll-Hanson, Nils, ed. Eugenics and the Welfare State: sterilization Policy in Denmark, Sweden, Norway, and Finland. Second ed. Michigan: Michigan State University Press, 2005.
- Bruinius, Harry. Better for all the World: The Secret History of Forced Sterilization and America's Quest for Racial Purity. New York: Vintage Books, 2007.
- Cameron, Maxwell A and Mauceri, Philip, ed. The Peruvian Labyrinth: Polity, Society, Economy. Pennsylvania: Penn State University Press, 1997.

- Cameron, Maxwell A. "Latin American Autogolpes: Dangerous Undertows in the Third Wave of Democratisation." Third World Quarterly 19.2 (1998): 219-39. <<http://www.jstor.org/stable/3993158>>.
- Canadian Press. Harper Government Ordered Stimulus Signs Count., 2010 <<http://www.cbc.ca/canada/british-columbia/story/2010/09/06/conservatives-sign-count.html>>.
- Carrion, Julio F. The Fujimori Legacy: The Rise of Electoral Authoritarianism in Peru. Pennsylvania: Penn State University, 2006.
- Cavanagh, Edward, and Lorenzo Veracini. "Settler Colonial Studies." September 15th, 2010. <<http://settlercolonialstudies.org/about-this-blog/>>.
- CBC Archives. "American Indian Movement Shakes Up Canada." (June 8th, 1974) <[http://archives.cbc.ca/society/native\\_issues/clips/15994/](http://archives.cbc.ca/society/native_issues/clips/15994/)>.
- CBC News. "Group Looks into Deaths, Missing Children at Residential Schools." Canadian Broadcasting Corporation, 2008 <<http://www.cbc.ca/canada/north/story/2008/04/02/north-schools.html>>.
- . "Residential School Graves Research a Daunting Task." Canadian Broadcasting Corporation, 2010 <<http://www.cbc.ca/canada/story/2010/03/02/residential-school-deaths.html>>.
- Center For Reproductive Rights. "An Advocate's Guide to the Work of UN Treaty Monitoring Bodies on Reproductive and Sexual Rights". 2006. <http://reproductiverights.org/en/document/bringing-rights-to-bear-an-advocate%E2%80%99s-guide-to-the-work-of-un-treaty-monitoring-bodies-on-r>.
- Chase, Allen. The Legacy of Malthus: The Social Costs of the New Scientific Racism. New York: Knopf, 1977.
- Churchill, Ward. A Little Matter of Genocide: Holocaust and Denial in the Americas, 1492 to the Present. San Francisco: City Lights Books, 1997.
- Clarke, Adele E. and Olesen, Virginia L., ed. Revisioning Women, Health and Healing: Feminist, Cultural, and Technoscience Perspectives. New York: Routledge, 1999.
- Connelly, Matthew. "Population Control in India: Prologue to the Emergency Period." Population and Development Review 32.4 (2006): 629-67. <<http://www.jstor.org/stable/20058922>>.
- Correa, Sonya, Andrea Cornwall, and Susan Jolly, eds. Development with a Body: Sexuality, Human Rights and Development. London: Zed Books, 2008.

- Crane, Barbara B., and Jason L. Finkle. "Organizational Impediments to Development Assistance: The World Bank's Population Program." World Politics 33.4 (1981): pp. 516-553. <<http://www.jstor.org/stable/2010134>>.
- . "The United States, China, and the United Nations Population Fund: Dynamics of US Policymaking." Population and Development Review 15.1 (1989): 23-59. <<http://www.jstor.org/stable/1973404>>.
- Crenshaw, Kimberle. "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics." University of Chicago Legal Forum (1989): 139. .
- . "Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color." Stanford Law Review 43.6 (1991) .
- Cross, Gary. "Labour in Settler-State Democracies: Comparative Perspectives on Australia and the US, 1860-1920." Labour History.70 (1996): 1-24. <<http://www.jstor.org/stable/27516407>>.
- Demchak, Barry. "Population Pressure." Science news 174.9 (2008): 30. <<http://www.jstor.org/stable/20465670>>.
- Devlin O'Sullivan, Meg. 'We Worry About Survival': American Indian Women, Sovereignty, and the Right to Bear and Raise Children in the 1970s. (Ph.D. The University of North Carolina at Chapel Hill, 2007 United States -- North Carolina)(2007) <<http://www.msvu.ca:2048/login?url=http://proquest.umi.com/pqdweb?did=1436353551&Fmt=7&clientId=18853&RQT=309&VName=PQD>>.
- Duster, Troy. Backdoor to Eugenics. Second ed. New York: Routledge, 2003.
- Dyck, Arthur J. "Alternative Views of Moral Priorities in Population Policy." Bioscience 27.4, The Scientist and Environmental Bioethics (1977): 272-6. <<http://www.jstor.org/stable/1297703>>.
- Eager, Paige Whaley. "From Population Control to Reproductive Rights: Understanding Normative Change in Global Population Policy (1965–1994)." Global Society 18.2 (2004): 145.
- Ehrlich, Paul R. The Population Bomb. Ballantine Books, 1968.
- Elizabeth, Amy Skylark. "The Scythe and the Scalpel: Dissecting the Sterilizations of Native American Women in the 1970's." <[http://clem.mscd.edu/~princer/ant440b/paper\\_01.htm](http://clem.mscd.edu/~princer/ant440b/paper_01.htm)> .

- Elkins, Caroline and Pedersen, Caroline, ed. Settler Colonialism in the Twentieth Century. New York: Routledge, 2005.
- England, Charles. "A Look at the Indian Health Service Policy of Sterilization, 1972-1976." (unknown) < <http://www.dickshovel.com/IHSSterPol.html>>.
- Fogarty International Centre. "Global Health Matters." 7.5 (2008) < [http://www.fic.nih.gov/news/publications/global\\_health\\_matters/ghmsept-oct2008.pdf](http://www.fic.nih.gov/news/publications/global_health_matters/ghmsept-oct2008.pdf)>.
- Freeman, V. "'Toronto has no History!' Indigeneity, Settler Colonialism, and Historical Memory in Canada's Largest City." Urban History Review 38.2 (2010): 21. <<http://www.msvu.ca:2048/login?url=http://proquest.umi.com/pqdweb?did=2015161111&Fmt=7&clientId=18853&RQT=309&VName=PQD>>.
- Galton, Sir Frances. Hereditary Genius: An Inquiry into its Laws and Consequences. London: MacMillan and Co. 1867.
- Getgen, Jocelyn E. "Untold Truths: The Exclusion of Enforced Sterilizations from the Peruvian Truth Commission's Final Report." Boston College Third World Law Journal 29 (2009) .
- Giddens, Anthony. Modernity and Self-Identity: Self and Society in the Late Modern Age. California: Stanford University Press, 1991.
- Global Health Watch 2: An Alternative World Health Report. Zed Books, 2008.
- Global Health Watch. Making WHO Work Better: An Advocacy Agenda for Civil Society. 2006.
- Gorriti Ellenbogen, Gustavo. The Shining Path: A History of the Millenarian War in Peru. UNC Press Books, 1999.
- Gott, Richard. "The 2006 SLAS Lecture." Bulletin of Latin American Research 26.2 (2006): 269. <<http://www.msvu.ca:2048/login?url=http://proquest.umi.com/pqdweb?did=1244642121&Fmt=7&clientId=18853&RQT=309&VName=PQD>>.
- Government of Canada. Statement of Apology to Former Students of Indian Residential Schools. 2008 < <http://www.ainc-inac.gc.ca/ai/rqpi/apo/index-eng.asp>>.
- Grekul, Jana, Arvey Krahn, and Dave Odynak. "Sterilizing the "Feeble-Minded": Eugenics in Alberta, Canada, 1929–1972." Journal of Historical Sociology 17.4 (2004): 358.

- Hancock, Ange-Marie. "When Multiplication Doesn't Equal Quick Addition: Examining Intersectionality as a Research Paradigm." Perspectives on Politics 5.1 (2007): 63.
- Hansen, Randall, and Desmond King. "Eugenic Ideas, Political Interests, and Policy Variance: Immigration and Sterilization Policy in Britain and the U.S." World Politics 53.2 (2001): 237-63. eugenics. JSTOR. 6/28/2010 <<http://www.jstor.org/stable/25054146>>.
- Hartmann, Betsy. Babies, Burdens, Threats. Hampshire College: Population Policy Initiative, 2007 <[http://popdev.hampshire.edu/sites/popdev/files/dt/DT\\_BBT\\_Collection.pdf](http://popdev.hampshire.edu/sites/popdev/files/dt/DT_BBT_Collection.pdf)>.
- . Global Rights and Wrongs: The Global Politics of Population Control. Revised ed. Cambridge: South End Press, 1995.
- Harvey, David. A Brief History of Neoliberalism. Oxford University Press, 2005.
- Heron, Barbara. Desire for Development: Whiteness, Gender, and the Helping Imperative. Wildrid Laurier University Press, 2007.
- Hessini, Leila, Eunice Brookman-Amisshah, and Barbara B. Crane. "Global Policy Change and Women's Access to Safe Abortion: The Impact of the World Health Organization's Guidance in Africa / Modification De La Politique Mondiale Et L'Accès Par La Femme à l'Avortement Sans Dange: L'Impact De Conseil De L'Organisation Mondiale De La Santé En Afrique." African Journal of Reproductive Health / La Revue Africaine de la Santé Reproductive 10.3 (2006): 14-27. <<http://www.jstor.org/stable/30032468>>.
- Hill Collins, Patricia. "It's all in the Family: Intersections of Gender, Race, and Nation." Hypatia: Special Issue: Border Crossings: Multiculturalism and Postcolonial Challenges, Part 2 13.3 (2009): 62. .
- Hodge, J. "Recent Comparative Approaches to Imperial History and Settler Colonialism." Journal of Southern African Studies 34.2 (2008): 451. <<http://www.msvu.ca:2048/login?url=http://proquest.umi.com/pqdweb?did=1518456771&Fmt=7&clientId=18853&RQT=309&VName=PQD>>.
- Holland, Dana G. "Discipline in the Context of Development: A Case of the Social Sciences in Malawi, Southern Africa." Higher Education 55.6 (2008): 671-81. <<http://www.jstor.org/stable/29735214>>.
- Horton, Hayward Derrick. "Critical Demography: The Paradigm of the Future?" Sociological Forum 14.3 (1999) <<http://www.springerlink.com/content/j30112231n2613hj/fulltext.pdf>>.

- Hoxie, F. "Retrieving the Red Continent: Settler Colonialism and the History of American Indians in the US." Ethnic and Racial Studies 31.6 (2008): 1153. <<http://www.msvu.ca:2048/login?url=http://proquest.umi.com/pqdweb?did=1562209201&Fmt=7&clientId=18853&RQT=309&VName=> >
- Inter-American Commission on Human Rights (IACHR). Friendly Settlement Statement-CHÁVEZ, MARÍA MAMÉRITA MESTANZA. Vol. 71. 2003.
- Huberman, A.M. and Miles, Matthew B. The Qualitative Researcher's Handbook. California: Sage Books, 2002.
- Jacobs, Margaret D. "Maternal Colonialism: White Women and Indigenous Child Removal in the American West and Australia, 1880-1940." The Western Historical Quarterly 36.4 (2005): 453. <<http://www.msvu.ca:2048/login?url=http://proquest.umi.com/pqdweb?did=938404121&Fmt=7&clientId=18853&RQT=309&VName=PQD>>.
- Finkle, Jason L. and McIntosh, Alison C.. "United Nations Population Conferences: Shaping the Policy Agenda for the Twenty-First Century." Studies in family planning 33.1, Family Planning Programs in the Twenty-First Century (2002): 11-23. <<http://www.jstor.org/stable/2696329>>.
- Johnson, M. Struggling Over the Past: Decolonization and the Problem of History in Settler Societies. Ph.D. The University of Chicago, 2008 United States -- Illinois <<http://www.msvu.ca:2048/login?url=http://proquest.umi.com/pqdweb?did=1587613931&Fmt=7&clientId=18853&RQT=309&VName=PQD>>.
- Kabeer, Naila. Reversed Realities: Gender Hierarchies in Development Thought. London: Verso, 1994.
- Keane, Christopher. "Globality and Constructions of World Health." Medical anthropology quarterly 12.2 (1998): 226-40. <<http://www.jstor.org/stable/649545>>.
- Kearns, Rick. "Forced Sterilizations of Indigenous Case Re-Opened in Peru." Indian Country Today, 2009 <<http://www.indiancountrytoday.com/global/39910172.html>>.
- Kelm, Mary Ellen. Colonizing Bodies: Aboriginal Health and Healing in British Columbia, 1900-50. UBC Press, 1999.
- Kevles, Daniel J. In the Name of Eugenics: Genetics and the Uses of Human Heredity. Los Angeles: University of California Press, 1985.
- Kluchin, Rebecca Marie. Fit to be Tied: Sterilization and Reproductive Rights in America, 1950-1980. Rutgers University Press, 2009.



- Koch, Lene. "The Meaning of Eugenics: Reflections on the Government of Genetic Knowledge in the Past and the Present." Science in Context 17 (2004): 315. .
- Krase, Kathryn. "Sterilization Abuse: The Policies Behind the Practice." Network News 21.1 (1996): 1.  
<<http://www.msvu.ca:2048/login?url=http://proquest.umi.com/pqdweb?did=9317348&Fmt=7&clientId=18853&RQT=309&VName=PQD>>.
- Kuumba, M. Bahati. "Population Policy in the Era of Globalisation: A Case of Reproductive Imperialism." Agenda 48, Globalisation: Challenging Dominant Discourses (2001): 22-30. <<http://www.jstor.org/stable/4066510>>.
- "A Cross-Cultural Race/Class/Gender Critique of Contemporary Population Policy: The Impact of Globalization." Sociological Forum 14.3 (1999): 447-63.  
<<http://www.jstor.org/stable/684874>>.
- "Perpetuating Neo-Colonialism through Population Control: South Africa and the United States." Africa Today 40.3, Health Issues in Africa (1993): 79-85.  
<<http://www.jstor.org/stable/4186924>>.
- Laclau, Ernesto. Emancipation(s). London: Verso, 1996.
- Laclau, Ernesto. "The Death and Resurrection of the Theory of Ideology." MLN 112.3, German Issue (1997): 297-321. <<http://www.jstor.org/stable/3251278>>.
- Langdon, Lawrence E. "Science and Social Policy." Science news 102.27 (1972): 419.  
<<http://www.jstor.org/stable/3957504>>.
- Larner, Wendy. "Neo-liberalism: Policy, Ideology, Governmentality" Studies in Political Economy 63 (2000)
- Lawrence, Jane. "The Indian Health Service and the Sterilization of Native American Women." American Indian Quarterly 24.3 (2000): 400.
- Ledley, Fred D. "Distinguishing Genetics and Eugenics on the Basis of Fairness." Journal of Medical Ethics 20.3 (1994): 157-64. <<http://www.jstor.org/stable/27717438>>.
- Lemkin, Raphael. Axis Rule in Occupied Europe. New England: The Lawbook Exchange, Ltd., 1944.
- Listen Magazine. "El "Plan Verde" o La Historia De Una Traicion!" authored in 1989 published in 1993 <[http://www.resistencia.org/documentos/el\\_plan\\_verde/el\\_plan\\_verde\\_p4.htm](http://www.resistencia.org/documentos/el_plan_verde/el_plan_verde_p4.htm)>.
- Livi-Bacci, Massimo and De Santis, Gustavo, ed. Population and Poverty in Developing Countries. New York: Oxford University Press, 1999.

- Loiselle, Pierre, Whynacht, Ardath and Arsenault, Chris. "The Struggle Against Colonialism in Canada" Praxis Media Productions, 2007, <[www.praxismedia.ca](http://www.praxismedia.ca)>.
- Madeley, Richard, et al. "The Promise and Problems of Global Health." Ambio 13.3, Population, Resources and Environment (1984): 182-8. <<http://www.jstor.org/stable/4313020>>.
- Malthus, Thomas Robert. An Essay on the Principle of Population (1798). Cosimo Classics, 2006.
- . An Essay on the Principle of Population: Or, A View of its Past and Present Effects on Human Happiness, with an Enquiry into our Prospects Respecting the Future Removal Or Mitigation of the Evils which it occasions. Third ed. Vol. II. London: Google Books, 1806.
- Manitoba Law Reform Commission, Sterilization and Legal Incompetence, Report No 76 (Winnipeg: 1992).
- Marley, Faye. "Who should Bear Children?" Science news 90.26 (1966): 537. <<http://www.jstor.org/stable/3950506>>.
- Martha Madison Campbell. "Schools of Thought: An Analysis of Interest Groups Influential in International Population Policy." Population and Environment 19.6 (1998): 487-512. <<http://www.jstor.org/stable/27503606>>.
- Martin, Renee. "Forced Sterilization a Western Issue Too." The Guardian, 2010 <<http://www.guardian.co.uk/commentisfree/libertycentral/2010/may/04/forced-sterilisation-women-motherhood>>.
- Mass, Bonnie. Population Target: The Political Economy of Population Control in Latin America. Toronto: Latin American Working Group, 1976.
- . "Puerto Rico, a Case Study in Population Control." Latin American Perspectives 4.4: 1966.
- Mayer, Jean. "Toward a Non-Malthusian Population Policy." The Milbank Memorial Fund quarterly 47.3, Part 2: Preventive Approaches to Chronic Diseases. Proceedings of a Conference on Chronic Diseases. Held in Boston, Massachusetts June 4-6, 1969 (1969): pp. 340-353. <<http://www.jstor.org/stable/3349272>>.
- McClintock, Anne, et al, eds. Dangerous Liaisons: Gender, Nation, and Postcolonial Perspectives. Minnesota: University of Minnesota Press, 1997.

- McElroy, Wendy. "UN Complicit in Forced Sterilizations." Independent Institute Commentary Bulletin 2002 <  
<http://www.independent.org/newsroom/article.asp?id=1417>>.
- McLaren, Angus. "The Creation of a Haven for 'Human Thoroughbreds': The Sterilization of the Feeble-Minded and the Mentally Ill in British Columbia" Canadian Historical Review. 67.2: 1986.
- Mohanty, Chandra Talpade. "Under Western Eyes: Feminist Scholarship and Colonial Discourses." Feminist Review 30 (1988) .
- Mosher, Steven W. Population Control: Real Costs, Illusory Benefits. New Brunswick: Transaction Publishers, 2008.
- National Aboriginal Health Organization (NAHO). "Exploring Models for Quality Maternity Care in First Nations and Inuit Communities: A Preliminary Needs Assessment/Final Report of Inuit Women's Needs Assessment", 2006.  
 <[www.naho.ca/inuit/.../MaternityCareInuitChapter-English.pdf](http://www.naho.ca/inuit/.../MaternityCareInuitChapter-English.pdf)>
- Nardi, Bonnie Anna. "Modes of Explanation in Anthropological Population Theory: Biological Determinism Vs. Self-Regulation in Studies of Population Growth in Third World Countries." American Anthropologist 83.1 (1981): 28-56.  
 <<http://www.jstor.org/stable/675582>>.
- Nelson, Jennifer. Women of Color and the Reproductive Rights Movement. New York: New York University Press, 2003.
- New York Times. "People: Alberto K. Fujimori." New York Times 2009 <  
[http://topics.nytimes.com/topics/reference/timestopics/people/f/alberto\\_k\\_fujimori/index.html](http://topics.nytimes.com/topics/reference/timestopics/people/f/alberto_k_fujimori/index.html)>.
- Newbury, David. "Understanding Genocide." African Studies Review 41.1 (1998): 73.
- News, Southam. "Facing Threat of Sterilization, Woman Given Refugee Status." Toronto Star Apr 02 1993: A.2.  
 <<http://www.msvu.ca:2048/login?url=http://proquest.umi.com/pqdweb?did=518609901&Fmt=7&clientId=18853&RQT=309&VName=PQD>>.
- Nortman, Dorothy L. "Sterilization and the Birth Rate." Studies in family planning 11.9/10 (1980): 286-300. <<http://www.jstor.org/stable/1966366>>.
- Ordoover, Nancy. American Eugenics: Race, Queer Anatomy, and the Science of Nationalism. Minneapolis: University of Minnesota Press, 2003.

- Organization of American States Inter-American Human Rights Commission. Second Report on the Situation of Human Rights in Peru. Vol. OEA/Ser.L/V/II.106 Doc. 59 rev. 2000 < <http://www.cidh.org/countryrep/Peru2000en/TOC.htm>>.
- Osborn, Frederick. "The Human Future." The Science News-Letter 86.4 (1964): 54-63. <<http://www.jstor.org/stable/3947787>>.
- Páez, Ángel. "Forcibly Sterilised Women Gain Voice in Congress." 2006 < <http://ipsnews.net/news.asp?idnews=33918>>.
- Pearson, David. The Politics of Ethnicity in Settler Societies: States of Unease. New York: Palgrave, 2001.
- Petchesky, Rosalind Pollack. "Reproduction, Ethics, and Public Policy: The Federal Sterilization Regulations." The Hastings Center report 9.5 (1979): 29-41. <<http://www.jstor.org/stable/3561518>>.
- Phillips, R. "Settler Colonialism and the Nuclear Family." Canadian Geographer 53.2 (2009): 239. <<http://www.msvu.ca:2048/login?url=http://proquest.umi.com/pqdweb?did=1740475691&Fmt=7&clientId=18853&RQT=309&VName=PQD>>.
- Physicians for Human Rights (PHR). Deadly Delays: Maternal Mortality in Peru., 2007 < <http://physiciansforhumanrights.org/library/report-2007-11-28.html>>.
- Picard, Andre. "Time to End Pelvic Exams done without Consent." Globe and Mail January 28 2010 < <http://www.theglobeandmail.com/life/health/time-to-end-pelvic-exams-done-without-consent/article1447337/>>.
- Peruvian Truth and Reconciliation Commission. Final Report of the Truth and Reconciliation Commission of Peru (PTRC). 2003 < <http://www.cverdad.org.pe/ingles/ifinal/index.php>>.
- Qadeer, Imrana. "Population Control in the Era of Neoliberalism." Journal of Health and Development 1.4 (2005).
- Ramsden, Edmund. "Carving Up Population Science: Eugenics, Demography and the Controversy Over the 'Biological Law' of Population Growth." Social Studies of Science 32.5/6 (2002): 857-99. <<http://www.jstor.org/stable/3183057>>.
- Rao, Mohan. From Population Control to Reproductive Health: Malthusian Arithmetic. New Delhi: Sage, 2004.
- Reilly, Philip R. "Involuntary Sterilization in the United States: A Surgical Solution." The Quarterly review of biology 62.2 (1987): pp. 153-170. <<http://www.jstor.org/stable/2829217>>.

- Reynolds, James. "Peru Faces Forced Sterilization Allegations." BBC News World Edition 1998, < <http://news.bbc.co.uk/2/hi/americas/239406.stm>>.
- Risman, Barbara J. "Gender as a Social Structure: Theory Wrestling with Activism." Gender & Society 18 (2004): 429.
- Risse, Mathias. "What we Owe to the Global Poor." The Journal of Ethics 9.1/2, Current Debates in Global Justice (2005): 81-117. <<http://www.jstor.org/stable/25115816>>.
- Rivas, Rebecca. At Highest Risk. Colour. Inner Mission Productions, 2006 < <http://www.der.org/films/at-highest-risk.html>>.
- Rodriguez-Trias, Helen. "Sterilization Abuse." Women & health 3.3 (1978): 10. <<http://www.msvu.ca:2048/login?url=http://proquest.umi.com/pqdweb?did=915353041&Fmt=7&clientId=18853&RQT=309&VName=PQD>>.
- Saavala, Minna. "Understanding the Prevalence of Female Sterilization in Rural South India." Studies in family planning 30.4 (1999): 288-301. <<http://www.jstor.org/stable/172287>>.
- Salazar, Milagros. "Birthing Houses Combine Native Traditions, Modern Medicine." (2008) < <http://ipsnews.net/news.asp?idnews=43877>>.
- Schmidt , Brita. Forced Sterilization in Peru. Committee on Women, Population, Environment, 2006 < <http://www.cwpe.org/resources/popcontrol/forcedsterperu>>.
- Schoen, Johanna. Choice & Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare. Chapel Hill: University of North Carolina Press, 2005.
- The Science News-Letter. "Arab Countries Crowded." The Science News-Letter 61.5 (1952): 69. <<http://www.jstor.org/stable/3930716>>.
- "Bad Eugenics Harmful." The Science News-Letter 67.26 (1955): 409. <<http://www.jstor.org/stable/3935135>>.
- "Birth Control Effects Negative, Dr. Osborn Tells Eugenists." The Science News-Letter 22.594 (1932): 127. <<http://www.jstor.org/stable/3908126>>.
- "Birth Control Policy Urged." The Science News-Letter 78.8 (1960): 117. <<http://www.jstor.org/stable/3942327>>.
- "Control Spreads Ills?" The Science News-Letter 67.14 (1955): 210. <<http://www.jstor.org/stable/3935319>>.

- "Danger in Race Mixture." The Science News-Letter 12.337 (1927): 205-6.  
<<http://www.jstor.org/stable/3902405>>.
- "Eugenicists Approve New German Law." The Science News-Letter 24.656 (1933): 295. <<http://www.jstor.org/stable/3909264>>.
- "Eugenics and Race." The Science News-Letter 11.313 (1927): 233.  
<<http://www.jstor.org/stable/3903333>>.
- "A Goal for Eugenics." The Science News-Letter 14.395 (1928): 274.  
<<http://www.jstor.org/stable/3903950>>.
- "Industry must Adjust itself to Country's Slowing Growth." The Science News-Letter 23.635 (1933): 356. <<http://www.jstor.org/stable/3909304>>.
- "In Science Fields." The Science News-Letter 33.20 (1938): 316-7.  
<<http://www.jstor.org/stable/3914294>>.
- "Man's Control Over Life is Prime Science Contact." The Science News-Letter 34.16 (1938): 247. <<http://www.jstor.org/stable/3914979>>.
- "Normal Population Will Not be Swamped by Feebleminded." The Science News-Letter 29.772 (1936): 55. <<http://www.jstor.org/stable/3912927>>.
- "Overpopulation with War." The Science News-Letter 67.13 (1955): 195.  
<<http://www.jstor.org/stable/3935169>>.
- "Population and National Goals." Science news 98.6 (1970): 114.  
<<http://www.jstor.org/stable/3955714>>.
- "Population Problem." The Science News-Letter 46.13 (1944): 206.  
<<http://www.jstor.org/stable/3921258>>.
- "Population Trend Alarming to Statistical Expert." The Science News-Letter 37.2 (1940): 21-2. <<http://www.jstor.org/stable/3916711>>.
- "Population Trend Alarming to Statistical Expert." The Science News-Letter 37.2 (1940): 21-2. <<http://www.jstor.org/stable/3916711>>.
- "Poverty Reduces Birthrate but Poor have Large Families." The Science News-Letter 27.736 (1935): 325. <<http://www.jstor.org/stable/3911267>>.
- "Quality Or Quantity." Science news 101.12 (1972): 181-2.  
<<http://www.jstor.org/stable/3957169>>.

- "Studies Race Mixture." The Science News-Letter 12.326 (1927): 21-2.  
<<http://www.jstor.org/stable/3903017>>.
- "Use of Population as Weapon." The Science News-Letter 83.8 (1963): 115-6.  
<<http://www.jstor.org/stable/3945755>>.
- "War may Save China from Evils of Overpopulation." The Science News-Letter 32.852 (1937): 83. <<http://www.jstor.org/stable/3913234>>.
- Scornet, Catherine. "An Example of Coercive Fertility Reduction, as seen in the Region of the Red River Delta in Viet Nam." Population: An English Selection 13.2 (2001): 101-34. <<http://www.jstor.org/stable/3030277>>.
- Shakespeare, Tom. "Choices and Rights: Eugenics, Genetics and Disability Equality." Disability & Society 13.5 (1998).
- Shea, Laura. Reflections on Depo Provera: Contributions to Improving Drug Regulation in Canada. Women and Health Protection, 2007 <<http://www.whp-apsf.ca/pdf/reflectionsOnDepoProvera.pdf>>.
- Shohat, Ella. "Notes on the "Post-Colonial"." Social Text.31/32, Third World and Post-Colonial Issues (1992): 99-113. <<http://www.jstor.org/stable/466220>>.
- Simon, David. "Development Reconsidered; New Directions in Development Thinking." Geografiska Annaler.Series B, Human Geography 79.4, Current Development Thinking (1997): 183-201. <<http://www.jstor.org/stable/490357>>.
- Sims, Calvin. "Using Gifts as Bait, Peru Sterilizes Poor Women." New York Times 1998 <<http://www.nytimes.com/1998/02/15/world/using-gifts-as-bait-peru-sterilizes-poor-women.html> >.
- Smith, Kevin, and Paul W. Box. "Participatory Risk Mapping for Targeting Research and Assistance: With an Example from East African Pastoralists." World Development 28.11 (2000) .
- Smith, A., and J. Kauanui. "Native Feminisms Engage American Studies." American Quarterly 60.2 (2008): 241.  
<<http://www.msvu.ca:2048/login?url=http://proquest.umi.com/pqdweb?did=1498478551&Fmt=7&clientId=18853&RQT=309&VName=PQD>>.
- Smithers, Gregory D. The Strains of Breeding: Settler Colonialism and Managed Miscegenation in the United States and Australia, 1760s--1890s. Ph.D. University of California, Davis, 2006 United States -- California  
<<http://www.msvu.ca:2048/login?url=http://proquest.umi.com/pqdweb?did=1280142151&Fmt=7&clientId=18853&RQT=309&VName=PQD>>.

- Stycos, J. Mayone. "Sterilization in Latin America: Its Past and its Future." International Family Planning Perspectives 10.2 (1984): 58-64.  
<<http://www.jstor.org/stable/2947936>>.
- Tellis, Winston. "Application of a Case Study Methodology." The Qualitative Report 3.3 (1997).
- Temkin, Tanya. "Sterilization Abuse." Off Our Backs 6.2 (1976): 6.  
<<http://www.msvu.ca:2048/login?url=http://proquest.umi.com/pqdweb?did=659231531&Fmt=7&clientId=18853&RQT=309&VName=PQD>>.
- The Working Group on Missing Children and Unmarked Burials. Missing Children and Unmarked Burials: Research Recommendations. Truth and Reconciliation Commission, 2007 <[http://www.trc-cvr.ca/pdfs/Working\\_group\\_on\\_Mis\\_7456E0.pdf](http://www.trc-cvr.ca/pdfs/Working_group_on_Mis_7456E0.pdf)>.
- Tobin, Kathleen A. Politics and Population Control: A Documentary History. Westport: Greenwood Press, 2004.
- Torpy, Sally J. "Native American Women and Coerced Sterilization: On the Trail of Tears in the 1970s." American Indian Culture and Research Journal 24.2 (2000): 1.
- Truth and Reconciliation Commission. "Truth and Reconciliation Commission Canada." <<http://www.trc-cvr.ca/>>.
- Tyner, James A. "The Geopolitics of Eugenics and the Exclusion of Philippine Immigrants from the United States." Geographical Review 89.1 (1999): 54-73.  
<<http://www.jstor.org/stable/216140>>.
- United Medical Language System. "Glossary entry: eugenics." National Library of Medicine. October 21st, 2010. <<http://ghr.nlm.nih.gov/glossary=eugenics>>.
- United Nations General Assembly. Convention on the Prevention and Punishment of the Crime of Genocide. Vol. Resolution 260 III (A)., 1948.
- United Nations Population Fund (UNFPA), "Supporting the Constellation of Reproductive Rights" <<http://www.unfpa.org/rights/rights.htm>>
- Valentino, Benjamin A. Final Solutions: Mass Killing and Genocide in the 20th Century. New York: Cornell University Press, 2004.
- van Krieken, Robert. "Rethinking Cultural Genocide: Aboriginal Child Removal and Settler-Colonial State Formation." Oceania 75.2 (2004): 125.  
<<http://www.msvu.ca:2048/login?url=http://proquest.umi.com/pqdweb?did=860463751&Fmt=7&clientId=18853&RQT=309&VName=PQD>>.



- Venturini, Tommaso. "Diving into Magma: How to Explore Controversies using Actor-Network Theory." Public Understanding of Science 19 (2010): 258.
- Veracini, Lorenzo, Ann Curthoys, and John Docker. "'Genocide and Colonialism' in Conversation with Lorenzo Veracini, Ann Curthoys and John Docker Discuss some of the Issues at Stake for Australian Aboriginal History in Current International Debates about the Definitions of Genocide." Australian Humanities Review.27.
- Veracini, Lorenzo. "Settler Colonialism and Decolonisation." Borderlands e-Journal 6.2 (2007) <[http://www.borderlands.net.au/vol6no2\\_2007/veracini\\_settler.htm](http://www.borderlands.net.au/vol6no2_2007/veracini_settler.htm)>.
- Volscho, T. Sterilization Racism: A Quantitative Study of Pan-Ethnic and Other Ethnic Disparities in Sterilization, Sterilization Regret, and Long-Acting Contraceptive use. Ph.D. University of Connecticut, 2009 United States -- Connecticut <<http://www.msvu.ca:2048/login?url=http://proquest.umi.com/pqdweb?did=1851020111&Fmt=7&clientId=18853&RQT=309&VName=PQD>>.
- Vos, Theo. "Ranking Reproductive Health Problems to Define Service Priorities." African Journal of Reproductive Health / La Revue Africaine de la Santé Reproductive 5.1 (2001): 31-9. <<http://www.jstor.org/stable/3583195>>.
- Wagstaff, Adam. "Economics, Health and Development: Some Ethical Dilemmas Facing the World Bank and the International Community." Journal of Medical Ethics 27.4 (2001): 262-7. <<http://www.jstor.org/stable/27718738>>.
- Warwick, Derek. "Sexual Colonialism: Aboriginal Women and Gendered Violence." Transcending Silence Spring (2009)<<http://www.albany.edu/ws/journal/2009/warwick.html>>.
- Weiss, Sheila. "Human Genetics and Politics as Mutually Beneficial Resources: The Case of the Kaiser Wilhelm Institute for Anthropology, Human Heredity and Eugenics during the Third Reich." Journal of the History of Biology 39 (2006): 41. .
- Whitlock, Gillian. "A 'White Souled' State: Across the 'South' with Lady Barker." Text, Theory, Space: Land, Literature and History in South Africa and Australia. Ed. Sarah Nuttall Kate Darian-Smith. New York: Routledge, 1996.
- Wikler, Daniel. "Can we Learn from Eugenics?" Journal of Medical Ethics 25.2 (1999): 183-94. <<http://www.jstor.org/stable/27718281>>.
- Wolfe, Patrick. "Settler Colonialism and the Elimination of the native." Journal of Genocide Research 8.4 (2006).

- . Settler Colonialism and the Transformation of Anthropology: The Politics and Poetics of an Ethnographic Event. London: Continuum International Publishing Group, 1999.
- World Bank. Towards a Palestinian State: Reforms for Fiscal Strengthening. April 13, 2010 <  
<http://siteresources.worldbank.org/INTWESTBANKGAZA/Resources/WorldBankReportAHLCApril2010Final.pdf>>.
- . World Bank Projects Database 1947 – 2010 <  
<http://web.worldbank.org/WBSITE/EXTERNAL/PROJECTS/0,,menuPK:41389~pagePK:95863~piPK:95983~targetDetMenuPK:228424~targetProjDetPK:73230~targetProjResPK:95917~targetResMenuPK:232168~theSitePK:40941,00.html>>.
- Wyer, Mary, Barberchek, Mary, Giesman, Donna, Ozturk Oryn, Hatice and Wayne, Marta, ed. Women, Science and Technology. Second ed. New York: Routledge, 2008.
- Wyman, Robert J. "The Projection Problem." Population and Environment 24.4 (2003): 329-37. <<http://www.jstor.org/stable/27503844>>.
- Yin, Robert K. Case Study Research. Design and Methods. Sage Books, 1994.
- Zmora, N. "White Mother to a Dark Race: Settler Colonialism, Maternalism, and the Removal of Indigenous Children in the American West and Australia, 1880-1940." Choice 47.10 (2010): 1985.  
 <<http://www.msvu.ca:2048/login?url=http://proquest.umi.com/pqdweb?did=2049789931&Fmt=7&clientId=18853&RQT=309&VName=PQD>>.