

EIRFeature

Norplant: freedom of choice or a plan for genocide?

by Debra Hanania-Freeman

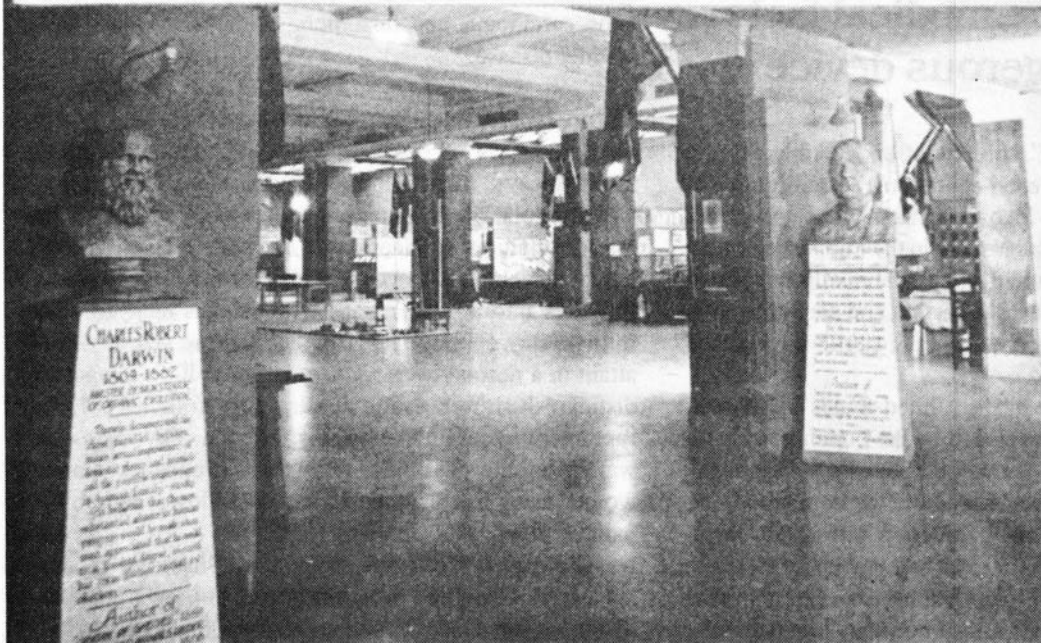
What has become known as “the Norplant controversy” first erupted in Maryland in the early part of this year, when Gov. William Donald Schaefer, in his Jan. 14 State of the State address, announced a welfare study commission headed by former U.S. Attorney General Benjamin Civiletti, to investigate the feasibility of what he admitted was an extreme proposal (but one that he favored) to “require women to get Norplant or require men to have a vasectomy if they are on welfare and have children.” He also proposed that vasectomies be offered to Maryland prisoners as part of their pre-parole screening. The situation rapidly escalated to a near riot when a plan to begin implanting teenage girls, beginning at age 12, in Baltimore City’s junior high and high schools, with Norplant, and to do so without parental notification or consent, was exposed.

The plan to implant the teenagers in school-based family planning clinics required no legislative initiative. But the opposition to the plan was so intense that the city’s African-American council members, led by East Baltimore Councilman Carl Stokes, were able to force information hearings on the measure. At those hearings, some of the testimony delivered in opposition to the plan was so devastating as to catalyze a citywide movement that ultimately forced Mayor Kurt Schmoke and his Health Commissioner Peter Beilenson to back off. Nevertheless, the Maryland state legislature did approve line-item amendments to the state budget providing funding for vasectomies to men when they are released from prison or jail, and for Norplant implants for women receiving welfare payments. And, although the wide-spread implantation of Baltimore’s teenage girls with Norplant was halted, at least temporarily, Baltimore City’s Paquin School for Unwed Mothers, whose principal Rosetta Stith has emerged as one of the nation’s most outspoken proponents of Norplant, is continuing to implant its students with Norplant at a vigorous rate.

Although the Baltimore case has held the national limelight, the controversy over Norplant did not begin in Baltimore and is not contained to Baltimore. Just

THIRD INTERNATIONAL EXHIBIT OF EUGENICS

HELD ON OCCASION OF THE THIRD INTERNATIONAL CONGRESS OF EUROPEAN
AMERICAN MUSEUM OF NATURAL HISTORY NEW YORK CITY AUGUST 22 - SEPTEMBER 27 1932
THE PURPOSE OF THIS EXHIBIT IS TO TAKE STOCK OF MAN'S PRESENT KNOWLEDGE ABOUT THE PROPER ELEMENT IN HUMAN QUALITY: PHYSICAL, MENTAL, AND SPIRITUAL, AND SHOW
THE COURSE OF SUCH QUALITIES IN FAMILY STOCKS IN DIFFERENT NATIONAL DIFFERENCES IN THEIR TURNING FROM GENERATION TO GENERATION
MORE BRIEFLY THIS EXHIBIT IS ABOUT IMPROVEMENT IN THE BREED OF MAN



Just before Hitler came to power, the American Museum of Natural History in New York hosted this exhibition of "eugenics," the doctrine that later justified Nazi mass extermination of the "unfit." Norplant was created by the Population Council, a linear offshoot of this same eugenics lobby.

two days after the U.S. Food and Drug Administration (FDA) approved Norplant for distribution in the United States in late 1990, the *Philadelphia Inquirer* took the occasion to propose that the new contraceptive, which was developed for use in the Third World by John D. Rockefeller's Population Council, could be the perfect way to rid the United States of all the "unwanted black babies" being born. Impoverished black mothers, the editors wrote, could be "encouraged" to join the program through the incentive of increased welfare benefits.

The editorial sparked a national outcry. Eleven days after its publication, the *Inquirer* was forced to issue an apology for its editorial. But, today, that proposal, in one form or another, is either on the books or pending approval in 22 states.

Proposals to use Norplant to temporarily sterilize welfare mothers, drug or alcohol abusers, or teenagers, all focus on a quick, cheap way out of solving growing social problems. Thus, when a California judge ordered a woman convicted of child abuse to use the implant for three years as a condition for probation, he defended his action as an offer—a voluntary choice between forced contraception or four years in prison. The judge admitted that he made no offer that would help her solve her obvious problem, however. Debt-strapped states are considering similar "offers" for women who participate in costly social programs which states intend to cut.

Babies an 'unbearable financial burden'

Oregon's State Task Force on Pregnancy and Substance Abuse, which identifies women with drug-affected babies for

treatment, seeks less "financially demanding" pilot projects using Norplant, surgical sterilization, and the chemical abortifacient RU-486. Drug- or alcohol-affected babies make up 8-11% of the 40,000 children born every year in Oregon, and are considered "an unbearable financial burden."

In Florida, Jackson Memorial Hospital, which serves Miami's Liberty City ghetto, is exploring the use of Norplant to cut the number of drug-addicted or premature infants "jamming" its neonatal intensive care unit. Jackson handles over 18,000 births a year, the vast majority of which are to women unable to pay or who are on Medicaid. The hospital says the program could save them millions. The Dade County Public Health Service agrees, and they are considering adopting a similar program.

In Kansas, Republican legislator Kerry Patrick, a self-described "right to lifer," has introduced legislation to pay a \$500 incentive to any mother on welfare who uses Norplant. Patrick claims that it cost the taxpayers of Kansas more than \$205,000 to provide basic public assistance for each welfare child from birth to adulthood, and that something simply has to be done to prevent these births.

In addition to the proposals to use Norplant as a means of stopping poor women from having babies, a federal initiative that goes under the name of the Healthy Start Consortium has pilot programs, like the one proposed in Baltimore to implant teenage girls with Norplant, in 15 American cities. The cities targetted are those with the highest rates of teen pregnancy. In Baltimore, 70% of all babies born are born to

Norplant: The medical facts about a dangerous device

The "Norplant System" consists of six flexible Silastic matchstick-sized rods, each containing 36 milligrams of the synthetic progestin levonorgestral. The capsules are surgically implanted subdermally in the midportion of the upper arm. Once implanted, they continually release 85 micrograms per day of levonorgestral, and are immediately effective in rendering the recipient sterile for a period of five years.

Although marketed in the United States by Wyeth-Ayerst, Norplant was developed by the Population Council, with funding from the Rockefeller Foundation, the United Nations Population Fund, and the Population Crisis Committee, to control population growth in developing sector nations. Despite the fact that no large-scale, independent study of Norplant's long-term safety in normal use was ever conducted, the Food and Drug Administration (FDA) bypassed the normally required pre-marketing surveillance and approved Norplant for distribution on Dec. 10, 1990.

The Population Council did not follow infants exposed to Norplant, nor are the long-term effects for children who were breast fed while their mothers used Norplant known. No clinical trials of any kind have been conducted on the effects of Norplant use by teenagers.

The drug's manufacturers state that Norplant's effect on the following conditions is, therefore, not known. However, based on experience with combination proges-

tin plus estrogen oral contraceptives, they issue warnings that users are "at risk" of suffering elevated blood pressure, thromboembolic disorders and other vascular problems, carcinoma, hepatic tumors, ocular lesions, and gallbladder disease.

What is known about Norplant

Some 82% of Norplant users experience irregular, usually heavy, menstrual bleeding during the first year of use. Irregular bleeding patterns associated with Norplant mask symptoms of endometrial and cervical cancer. Follicular development occurs with Norplant use, and the follicle's normal degeneration (atresia) is delayed. The follicle may continue to grow beyond the size it would attain in a normal cycle. The enlarged follicle cannot be distinguished from ovarian cysts. If the follicles twist or rupture, surgical intervention is required. Physicians are warned of the possibility of ectopic pregnancy among women using Norplant who complain of lower abdominal pain.

The majority of users report the following "adverse reactions" during the first year of use: headache, nausea, dizziness, adnexal enlargement, dermatitis, acne, mastalgia, significant weight gain, hirsutism, hypertrichosis, and scalp-hair loss.

A statistically significant 5% or more women suffer breast discharge, cervicitis, musculoskeletal pain, abdominal discomfort, leukorrhea, and vaginitis.

Approximately 30% of women implanted request removal during the first year due to side-effects.

Removal, which the manufacturer warns is more difficult than insertion, presents significant difficulties requiring more than one surgical intervention in 10% of all users. —*Debra Hanania-Freeman*

young African-American women under the age of 18. The overwhelming majority of them are unmarried when they give birth.

An instrument of genocide

Proponents of these proposals argue that the implants are safe, reliable, reversible, and completely "voluntary." They argue that free Norplant implants guarantee "freedom of reproductive choice" to all women, regardless of socioeconomic status. Opponents have labelled Norplant as an instrument of genocide.

Yet, when Norplant's opponents raised fears that Norplant was a tool of social engineering, the *Baltimore Sun* (the city's only daily newspaper) responded with a lead editorial ridiculing these people as being "in a desperate need of a reality check."

Is Norplant part of a domestic blueprint for genocide? There is no disputing the fact that the Norplant policy was formed within an overriding U.S. government policy of population reduction of non-white peoples in the developing sector. The recent declassification of National Security Study Memorandum 200 (NSSM-200) shows that at least since 1974, the official U.S. policy on population matters included the proposition that the growth of non-white populations was considered a threat to the national security of the United States. Billions of U.S. tax dollars were spent throughout the world to finance programs for population control which, in addition to contraception, included the introduction of practices such as abortion and sterilization.

The programs were administered through U.S. Agency for International Development (USAID) grants to various universities and organizations, including Johns Hopkins Uni-

versity, Emory University, the Population Council, the Rockefeller Foundation, the United Nations Population Fund, and the Population Crisis Committee (all of which, incidentally, contributed to the research and development of Norplant).

NSSM-200 proposed to use "persuasion" to achieve population control, economic incentives for spreading the use of contraceptives and sterilization techniques, as well as clinical assistance. In case of necessity, the report foresaw the use of coercion, such as withholding food aid unless a local government agreed to introduce strict population controls.

During this period, the Johns Hopkins Medical Institutions became one of several international coordinating centers for the USAID population control schemes. Initially, they tried "traditional" methods—family planning; the wide dissemination of oral contraceptives; they even exported thousands of untested IUDs, devices that caused permanent damage, and in some cases the death of the women who used them. But these methods were deemed ineffective. Women in the developing sector, just like Baltimore's teenagers, didn't always remember to take their birth control pills. According to Johns Hopkins population control specialist Dr. Ismail Ajamic, matters were made worse by the fact that "developing countries tend to have unfortunate pronatalist sentiments, and most of our programs were managed by officials of those countries."

Target for permanent sterilizations

To counteract the problem, USAID grant monies established the Johns Hopkins Program for International Education in Gynecology and Obstetrics (Jhpiego). Their stated mission was to achieve the permanent surgical sterilization of 25% of the world's fertile women by the year 2000. They developed a new and efficient technique for surgical sterilization (outpatient laparoscopy) and began bringing in health professionals from all over the world for six-week training courses. The program was wildly successful.

In Korea, 1.22 million women were sterilized during the first three years of the program. In India, 3.5 million women were sterilized in 1979 alone. In Brazil, one of the most scandalous cases, a Parliamentary Commission of Inquiry discovered that 7.5 million Brazilian women were sterilized in five years, despite the fact that sterilization is forbidden in Brazil. In the majority of cases, the sterilization was performed without informing the woman that the procedure was irreversible. The program has left 52% of Brazil's black women of childbearing age permanently surgically sterilized.

USAID population control grants also went to the Population Council and related organizations at the same time that each of these organizations was involved in Communist China's one-child-only program, in which forced abortions (including of late-term fetuses) and sterilizations were central to the "success" of the program. Less overtly gruesome were

China's heavily punitive social and financial "disincentives" to families with more than one baby, where parents faced the prospect that if the forbidden child were permitted to be born, they would literally find themselves incapable of feeding it.

Indonesia rewarded poor couples for not having children by offering otherwise unavailable low-interest loans and free trips to Mecca, in some cases the only way the individuals involved could fulfill the religious requirement of every Muslim to make that pilgrimage during his or her lifetime.

Thailand offered "non-pregnancy farm credits." If a woman did not get pregnant for the term of the loan, the interest rate on the loan was cut in half. If the woman agreed to be sterilized, the amount of the loan was doubled. If her husband had a vasectomy, the amount was quadrupled.

In all cases, the justification for these repugnant programs is identical to the argument put forward by Norplant's domestic proponents: The programs are cost-effective and are, at the same time, safe, reliable, and "completely voluntary."

It doesn't take a particularly suspicious mind to conclude that the Norplant plan for U.S. cities is the domestic side of the NSSM-200 policy and outlook. The message implicit in the plan couldn't be clearer: Poor women should not have children, African-American women should not have children, but, above all, poor African-American women should *never* have children. Furthermore, it is easy to dispute the claim that Norplant is safe. It isn't, especially not for pubescent women (see box on preceding page).

The 'voluntary' program lie

Norplant's advocates insist that the decision to use Norplant, whether that decision is made by a welfare mother or an inner-city teenager, is "the woman's right to choose" and is completely voluntary. Think so?

Norplant clearly is not the contraceptive device of choice among medically insured women or women otherwise capable of covering their own medical costs. According to a survey conducted by the *New York Times* and reported on Dec. 17, 1992, some 87% of all Norplant implants in the United States are paid for by government programs. Furthermore, when the "offer" of Norplant is connected to the screening process for welfare benefits, or when it is accompanied by strong financial incentives (or in some cases disincentives), the "offer" clearly takes on the color of Don Corleone's "offer you can't refuse."

For teenage girls, the offer of a Norplant implant is an offer that promises five years of freedom to have sex whenever they wish without the fear of pregnancy, and, in the Baltimore case, without the knowledge or consent of their parents. Baltimore Health Department officials have insisted that the girls who are candidates for Norplant implants are first "counselled" as to all their contraceptive options and are in no way coerced. During this counselling session, the Health Department claims that the girls are informed of all the possible side effects that Norplant implantation carries with it.



Poor tots at play in Lower Manhattan, New York. The babies whom the state has labelled "unwanted" because of the race or socioeconomic status of their mothers, happen to make up the vast majority of babies being born. This suggests that government monies would be better spent ensuring that these babies, who constitute the great majority of our next generation, be given what they need to thrive.

This entire session is scheduled to last approximately 45 minutes. The surgical procedure immediately follows the session.

Vital medical needs left uncovered

Part of Oregon's health care rationing plan for Medicaid for uninsured patients assures that services like Norplant implants, permanent sterilization, abortion, and contraception be covered. But life-saving or life-sustaining interventions for low-birthweight babies, premature infants, and chronically ill children (as would likely be needed for children born to teenage or drug-addicted mothers) are simply not covered.

This is not a minor issue in a city like Baltimore, a city not unlike most in America's declining "rust belt." Baltimore's high rate of teen pregnancies is accompanied by one of the highest infant mortality rates in the nation. Live births are characterized by an extremely high rate of low-birthweight babies—again, no surprise in a city where 70% of the babies born are born to teenagers.

There is no question that teenage pregnancies carry a high risk factor, both physically and socially. But the 1990 census shows that Baltimore's population is shrinking and, demographically, is growing older. These babies whom the state has labelled "unwanted" because of the race or socioeconomic status of their mothers, happen to make up the vast majority of babies being born. This does not suggest that government policy should encourage teen pregnancies, but it more than suggests that government monies would be better spent ensuring that these babies, who constitute almost the entirety of our next generation, are given what they need to thrive.

Several years ago, when the state of South Carolina faced a problem similar to Baltimore's (a high rate of teen pregnancy and an even higher infant mortality rate), they responded with an aggressive program of prenatal care, responsible parenting courses, and neonatal care units. The teen pregnancy rate did in fact decline slightly, but the infant mortality rate declined sharply, as did the rate of low birth weight among newborns. Unfortunately, today, South Carolina is one of the states currently considering a "Norplant plan" for welfare women.

Removal is a complicated procedure

Another troublesome feature of the Norplant policy is the claim that Norplant implantation is reversible—that the device can be removed at any time. Technically, it is true that within 48 hours of removal, the woman is no longer considered "sterile" and is presumably capable of conceiving. But even Norplant's distributor, Wyeth-Ayerst, admits that removal of the device is a far more complicated surgical procedure than implantation, especially if the woman has gained 10 or more pounds (one of the most common side-effects). Among African-American women, the problem is compounded by a tendency for keloid formation, or thick permanent scarring, where the system is inserted, making removal difficult and frequently requiring specialized care.

And, there is the question of cost. The Norplant kits cost approximately \$365 and are accompanied by a \$150-200 cost for insertion. That cost is entirely covered by the government. No funds, however, are provided for removal of the device. At private providers, the cost for a simple removal

procedure ranges from \$200 to \$400, and obviously increases with the presence of complicating factors. For girls implanted at school-based clinics, and for poor and low-income working women, this high cost, for which no public funds are provided, essentially renders removal of the Norplant system impossible. Even women covered under traditional health insurance plans have found that Norplant removals are classified as "elective" surgery, and are therefore not covered by their insurance plans.

A psychiatric social worker with the Baltimore Health Department admitted during hearings before the Baltimore

City Council that when girls who had received Norplant implants requested removal of the system, she refused to do so. She insisted that the only reason the girls were requesting removal was because of "irrational fears" provoked by the publicity given to Norplant opponents. She said that since the girls "were not making a rational choice" in requesting removal, her response was to refer the youngsters for 30-60 days of "counselling." When questioned as to what her response would be if, after this "counselling," the girls still desired removal, her response was simple: "I'd send them back for more counselling."

The Population Council: from eugenics to Norplant

A look at the history of the Population Council, which took 25 years and spent \$20 million to put Norplant on the market, shows why the council is not at all concerned about Norplant's impact on poor women and teenagers. Nationwide, inner-city adolescents are the prime targets for both Norplant and RU-486, the chemical abortion pill and once-a-month "contraceptive" which the council will also manufacture and distribute in the United States. While even birth control pills are not recommended for children under 16 years of age, the 12-13 year olds implanted with Norplant are subjects in a ghastly experiment where girls skip puberty. Should they never be able to conceive again, the Population Council will have fulfilled its historic aim.

Two years before John D. Rockefeller III founded the Population Council in 1952 with a handful of depopulation experts and eugenicists, his world tours focused on the need to curb the expansion of non-white populations. Funding from the Rockefeller Foundation, Rockefeller Brothers Fund, Ford Foundation, and the U.S. Agency for International Development permitted the council to become the premier catalyst in all aspects of international "fertility control."

One co-founder, Frederick Osborne, was then president of the American Eugenics Society, which moved its headquarters into the office of the Population Council. Osborne was the Population Council's first president in 1957. He was treasurer of the 1932 Third International Congress of Eugenics, which unanimously voted Dr. Ernst Rudin, who designed Hitler's T4 program to exterminate 400,000 mental patients, as the president of the International Federation of Eugenics Organizations. When the Population Council's biomedical research labo-

ratories were researching Norplant in 1966, Osborne was still a board member of the Eugenics Society. Their 1969 meeting focused on the genetic aspects of race.

Such Nazi horrors didn't faze Osborne who promoted eugenics ideology in book after book and at Planned Parenthood conferences. In his 1951 book *Eugenics*, Osborne complained that with America's increasing survival rates, "Natural selection by death has almost come to a halt." He wrote: "The eugenic problem is to find means by which the people with the genetic potential most fit to survive in and contribute to our complicated society will tend to have the largest families, while at the same time those with a poorer genetic potential will have smaller families."

In his book *Population Control—The Imminent World Crisis*, Osborne reiterated that the "upper level of quality are those men and women listed in *Who's Who*, because they achieved something that in our form of society is considered important." The lower levels of quality, he said, are those who are mentally ill, deficient, and physically abnormal, and the *poor*, who are bringing about "injurious effects on the quality of the population."

Now, as federal and state governments pour tens of millions of dollars into Norplant programs for indigent women on welfare, we are reminded of Osborne's complaint, made in 1962, about "the cost of carrying successive generations of incompetent families on relief rolls."

McGeorge Bundy, the self-styled dean of the Eastern Establishment, is the chairman of the Population Council's board of trustees, and on four of the council's six committees: the executive committee, finance committee, nominating committee, and salary committee. Bundy, as national security adviser in the early 1960s, was architect of the depopulation scheme known as "strategic hamlets" in Vietnam. He later headed the Ford Foundation, where he funded similar schemes targeting major U.S. cities, including the "community control" hoax designed to foment race war between black parents and Jewish teachers in New York City during the 1968 teachers' strike.

—Linda Everett