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I'm Bill Russell.

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Truth About Sterilization

Ethics, Racism, Rights At Issue In Alarming Reports

By Charles Ludlow

Can women, especially those who are young, black and poor, trust doctors and hospitals to give them the straight facts about sterilization?

Americans have recently been shocked to learn from Alabama that two black sisters, aged 12 and 14 years old, were sterilized without their knowledge! National news reports have also described a small group of South Carolina physicians who actively urge women on welfare to have sterilizations, rather than give birth to more welfare dependents. And there is a 26-year-old North Carolina woman who filed a $1 million suit in July charging the state had sterilized her because she was poor and black.

These alarming reports lie in stark contrast with the incredible medical developments made during the past decade in birth control. These same reports also lie in sharp contrast to herculean efforts being made by paramedical groups, both public and private, to provide the best voluntary family planning care and advice possible.

The city of Baltimore is not only a major Eastern seaboard port, but also a leading international medical center. It is the home, for example, of the world famous Johns Hopkins Hospital.

Ample evidence can be found here to support the claim Baltimore is working overtime to live up to its reputation of offering the best medical care and service anywhere. This is especially true of birth control and family planning.

But, despite this seemingly ideal situation, charges are being raised with increasing frequency that poor, black and especially young women are not getting the straight story on sterilization.

No lawsuits have been filed yet by women seeking redress for the medical wrongs they openly claim were done to them. This writer has knowledge of 14 women all young, poor and black, who admit they were not fully aware of what the consequences of sterilization were going to be.

Reaction Is Mixed

When these claims were put before several leading medical specialists in this area, the reaction was mixed.

A black nurse said, "If a woman is sterilized without being given very informed consent, I would call that genocide." She denied knowledge of these claims other than hearsay.

A black physician who is a leading advocate and organizer of a family planning clinic operating out of a ghetto located hospital agreed with the charges.

"Hell, sterilization of black women, especially those who are young and black, is a fact of life in this city. I'm not going to name any names or places, but all you have to do is look at the infant mortality rate here to see where the concern lies.

Minnie Lee, right, and Mary Alice Relf, the two girls who were sterilized by the Montgomery Family Planning Clinic in Alabama. The incident focused nationwide attention on sterilization.

"If the same hospital services are offered to each mother on an equal basis, then why is the infant mortality rate of poor black mothers triple that of middle class white mothers?" he asked.

Another doctor, who is the chief of staff in a major hospital's Obstetrics and Gynecology division (Ob-Gyn) flatly denied the reports.

"That's the first I've heard of that," he said.

"It's really discouraging to hear," he added. "I don't think the average person appreciates the responsibility a doctor accepts each time he operates."

An Ob-Gyn intern at the same leading hospital not only agreed with the reports, but offered startling evidence of what can happen to a woman who simply does what doctors tell her to, even to the point of sterilization. He pointed to the local hospital's sterilization consent form and tried to demonstrate why it was totally inadequate.

Do Patients Sign Away Rights?

"Patients are just signing their rights away," he said asking not to be named for fear of reprisals.

"There is no attempt in the consent form to really inform women about what is going to happen to them and what complications might arise."

The 33-year-old intern who has a doctorate degree in Personality and Social Psychology along with his M.D. degree produced a consent form for another operation.

The other consent form was for an Intravenous Pyelogram, a procedure where a fluid is injected into a person's blood stream and allows doctors to take more descriptive x-rays of the liver.

The contrast between the two consent forms was clear. The sterilization form states a surgeon has permission to operate, the patient's consent is voluntary and she understands that in all probability she will never bear children again.

The Intravenous Pyelogram form states in writing what the operating procedure will be, what risks can be expected and what complications might arise in the future.

The most dramatic difference was ensconced in the final sentence, ". . . If you do not understand this form, we will be glad to discuss it with you."

The sterilization form ends with, ". . . we fully understand what it means (to be sterilized). We are signing of our own free will."

Differences Are Important

The intern also produced a sterilization consent form for a Los Angeles County hospital accompanied by a permission form from the same hospital for a doctor to insert an IUD (Inter Uterine Device). Desiring to show a similar laxness on the part of medical officials there as well as Baltimore, he described the differences as major.

"In this sterilization consent form," he said, "for an operation which carries a death risk factor of one person every 2,000 there is no explanation of procedure, risks or complications.

"But the IUD permit plainly states the procedure and risks in writing." He added the IUD death risk was one person in 200,000.

In rebuttal, a staff member of

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