Re-visiting Histories of Modernization, Progress, and (Unequal) Citizenship Rights: Coerced Sterilization in Peru and in the United States

Jadwiga E. Pieper Mooney*

University of Arizona

Abstract

Scholars have provided compelling evidence of the positive impact global guidelines for human rights have had on the promotion of gender equity and citizenship rights in modernizing nations across the globe. This essay seeks to approach these successes with caution. It questions whether all citizens of a nation are equally empowered by current paradigms of progress and modernization; and it shows that changing constructions of class, ethnicity, and gender have often compromised the equalization of citizenship rights. Coercive sterilization campaigns in the United States and in Peru provide a useful lens to evaluate the diverse effects public policies can have on different populations of a nation. These campaigns took place in different national settings and time periods, and amidst radically disparate global understandings of human and women’s rights. When legislators in the United States implemented sterilization campaigns, a universal definition of reproductive rights and bodily integrity was nonexistent. When women were sterilized in Peru, international norms, endorsed by the United Nations, defined reproductive rights as a central feature of women’s human rights, and Peru signed and ratified this UN resolution. Nonetheless, both campaigns found ways to target designated ‘unwanted populations’, and disproportionally sterilized women. Acknowledging women’s agency and the diversity of women’s experiences, I recognize that some women managed to use the campaigns to increase their reproductive choices. But many others became victims of aggressive measures to control their sexuality and reproduction, even after national political leaders claimed to accept global norms of women’s reproductive rights.

Introduction: Sterilization Campaigns and Violence against Women in the News

When Michelle Doherty, who recently worked for an International Human Rights Clinic in Lima, Peru, emphasized that the national government’s alleged ‘voluntary surgical contraception led to the forced sterilization of the most impoverished sector of the population, indigenous women’, she summarized some of the unofficial costs of official health programs that were paid by Peruvian women. Forced sterilization programs in Peru caught the attention of the news media in the late 1990s and were fervently discussed among policy makers, scholars, and reproductive rights activists. At roughly the same time, an investigative series in the Winston Salem Journal uncovered other histories of coerced sterilization, all linked to a eugenic sterilization program in North Carolina that had authorized more than 7,600 sterilizations between 1929 and 1975. In the words of journalist Kevin Begos, ‘the program had been racially balanced in the early years, but by the late 1960s more than 60 percent of those sterilized were black, and 99 percent were female’. This reader felt compelled to think about some of the striking similarities between the two very different historical settings where victims of sterilization campaigns testified to limits of citizenship rights set by gender, class, race and ethnicity.
Testimonial accounts that were made public in the 1990s provide evidence of sterilization campaigns from specific regions in the United States and in Peru in different time periods. Journalist Kevin Begos documented the experiences of Nial Cox Ramirez, an 18-year-old woman who had just given birth to her first child, and many other young women like her who were sterilized in North Carolina. In 1965, the North Carolina Eugenics Board presented Cox Ramirez’ family a ‘choice’: either her mother sign a form ‘agreeing’ to the sterilization of her daughter or welfare funds that she and her children depended on would be cut off. Black, poor, and a single mother, Cox Ramirez and her family were easy targets for a eugenics movement that labeled her ‘feebleminded’, thereby justifying the need for surgical sterilization. Accounts from Peru gave evidence of more recent sterilization campaigns. In 1998, Peruvian citizen Avelina Sanchez Nolberto testified at a Congressional hearing of the House Committee on International Relations in Washington, DC. She had been sterilized without informed consent, under unacceptable medical conditions. Sanchez Nolberto declared that the terror she endured had left her injured for life; for, ‘when they operated to do the ligation they had cut my intestines’. She remained in a precarious financial situation between short-term recoveries and relapses into septicemia and, to this day, is often unable to work and to properly care for her children.

The state of North Carolina and the Andean highlands were not the only sites of sterilization campaigns in the two countries, but they serve as a lens to show the complexities of changing global paradigms, nation-state policies, and regional implications of such policies. Although statistics of the exact number of sterilizations contain some discrepancies, they all confirm that a substantial number of patients were sterilized. In North Carolina, supporters of a growing eugenics movement endorsed a change in the state’s sterilization laws in 1929. Between 1929 and 1975, the state authorized close to 8,000 women and men to be sterilized, most of them on eugenic grounds. In Peru, regional campaigns in highland communities increased dramatically with legal changes on the federal level that modified Peru’s family planning programs in 1995. The new laws legalized surgical sterilizations, vasectomies for men and ligations for women. In a 2-year period from 1996 to 1998, state-run programs performed about 220 thousand sterilizations, targeting primarily poor, indigenous women from highland communities. These stories, 30 years apart, allow us to draw conclusions about histories shared by many others who became the targets of sterilization campaigns in the United States and in Peru.

Using examples from coercive sterilization campaigns in Peru and in the United States, this essay will make four interrelated arguments. First, sterilization policies arise out of complex historical pathways that link specific constructions of unwanted populations to regional and national policy goals and to global paradigms of progress and modernity. Second, such campaigns target women’s sexuality and reproduction and disproportionately affect poor women. Third, these women’s histories expose contradictory notions of modernity, violations of women’s citizenship rights, and misleading notions of progress. Fourth, sterilization campaigns were most powerful and ‘effective’ in environments in which women had limited or no access to information on birth control and found it difficult to control pregnancies. By situating histories of sterilization in larger discussions of reproductive control and women’s limited choices about birth control, we find processes in which unequal citizenship rights were afforded to patients based on gender, class, race, and ethnicity. The conclusions we draw from the evidence in Peru and in the United States can be applied to other regions to inspire critical assessments of the meanings of modernization and progress and new attempts at expanding citizenship rights in the twenty-first century.
Historical Pathways: Eugenic Sterilization Campaigns in the United States and in North Carolina

The trajectory of a growing worldwide eugenics movement that influenced eugenicists in the United States and, more specifically, in North Carolina, has been well documented. Proponents of eugenic policies believed in the possibility of improving what they identified as desirable qualities of human populations by such means as preventing reproduction by individuals with ‘unworthy’ genetic traits or by encouraging reproduction by others with ‘worthy’ traits. Set in motion in the 1880s, when Englishman Francis Galton coined the term *eugenics* and declared it a ‘wellborn science’, eugenic movements multiplied worldwide. The proponents of eugenics sought scientific proof to justify ‘racial hygiene’ and ‘controlled breeding’, packaged in a wide range of discourses and campaigns. Eugenicists often justified the controlled elimination of ‘bad genes’ by emphasizing how it would benefit society as a whole. Others saw eugenic policies as important contributions to social reform and as indispensable in campaigns for public health, to the extent that even some progressive-minded reformers and early twentieth-century feminists defended what they perceived to be the positive impact of eugenic practices.

In 1929, North Carolina’s legislators not only agreed that ‘feeblemindedness’ threatened human progress or ‘human betterment’ in their state, but also voted to change the state’s sterilization laws. Thereby, they adopted the new rhetoric of the active eugenics movement in the United States that employed a ‘scientific’ classification system aimed at separating the ‘good’ citizens from the ‘bad’. In 1927, the U.S. Supreme Court’s decision in the famous case of *Buck v. Bell* helped legitimize eugenic practices. The Supreme Court upheld a Virginia court order to sterilize 17-year-old Carrie Buck who was certified not only as ‘feebleminded’, but also as a ‘moral imbecile’ after she had given birth to an ‘illegitimate’ child. Buck’s daughter Vivian, 6-month old at the time, was examined, declared ‘below average’, and promptly joined her mother in the category of a ‘feebleminded’ individual who needed to be controlled. Both poverty and ‘immoral’ sexual behavior contributed to the demise of Buck’s family. But the Court decision that changed one family’s life also normalized ‘scientific’ categories of ‘feebleminded’ and ‘moral imbecile’. It enabled legislators to institute laws that could put limits on the reproduction rights of certain unwanted individuals. Eugenicists who helped implement such laws constructed ‘good’ and ‘bad’ populations based on changing degrees of attention given to class, race, and gendered concerns.

Eugenic sterilizations disproportionally affected single mothers and some scholars have argued that legislators and doctors used eugenic sterilizations to control women’s sexual behavior. To this effect, officials connected what they considered sexual immorality to feeblemindedness and often targeted women for having engaged in premarital sex. Anxieties related to women’s sexuality also shaped North Carolina’s campaigns. Historian Johanna Schoen notes that:

> a concern with sexual behavior led social workers to focus on those with deviations from the desired norm …: sexually active single women. Eighty-five percent of those sterilized in North Carolina were women, and half of them were single and had given birth to one or more children outside of marriage.

Journalist Begos supplies additional evidence to show the link between morality, sexual behavior, and sterilization. In 1945, a women who felt that her only ‘crime’ was that of...
having engaged in premarital sexual relations pleaded with the eugenics board but to know avail: ‘I don’t want it. I don’t approve of it, sir. I don’t want a sterilize operation .... Let me go home, see if I get along all right. Have mercy on me and let me do that’. Just like this woman and Cox Ramirez, others were targeted by proponents of eugenics who all too readily equated the ‘unfit’ or ‘feebleminded’ with immoral behavior. ‘They don’t want to hear how I feel, or what’s going on in my mind. You’re pregnant — you need to get sterilization’, said Cox Ramirez, recalling her 1965 sterilization that was ordered after she had one out-of-wedlock child. Clearly, gendered expectations and notions of sexual ‘misconduct’ supplied some evidence in the process of identifying ‘feebleminded’ individuals who became targets of sterilization campaigns. In the process, eugenicists relied on some of the characteristics of the existing gender system, on the interpretive power of male officials, and on the limited power of poor women as they shaped sterilization campaigns. Yet the justifications for sterilizations shifted over time and, simultaneously, we see shifts in the degree of influence the categories of class, race, and gender had on the process of identifying populations who deserved to be sterilized.

Complicating the Priorities of Eugenic Sterilizations: From ‘Human Betterment’ to Economic Concerns

Definitions of ‘good’ and ‘bad’ populations changed over time and revealed increased attention given to class as a category in the targeting of individuals whose reproduction needed to be controlled. Historian Johanna Schoen has demonstrated that the motivation behind North Carolina’s sterilization campaigns shifted from a concern with alleged feeblemindedness and mental illness to a concern with rising welfare costs. In the 1930s, mental health reports referred to ‘high frequencies of apparent mental deficiency’ in poor rural communities. According to Schoen, about a decade later ‘depictions of working class men and women as “potentially mentally ill, mentally deficient, and epileptic persons”, gave socioeconomic status practically a diagnostic character’. Most people targeted for sterilization campaigns were poor. By the late 1940s, the practice of sterilizing the poor, most of them women, was commonplace. Indeed, between 1946 and 1948, the number of sterilizations in North Carolina performed on members of the general public exceeded the number performed on inmates and patients in state institutions.

Evidence from North Carolina also provokes a new look at the use of race as a category in the construction of unwanted populations – complicating what some scholars have seen as an inseparable link between eugenic sterilizations and racism. In the early decades of the twentieth century, the state’s eugenicists connected identified poverty, not race, as a major obstacle to ‘human betterment’, and alleged feebleminded individuals were poor white women whose families could drain state resources and welfare funds. But even if the weight of class-based concerns in North Carolina does not fit the model of eugenics as a race-science, we cannot dismiss the impact of race as a category in the construction of unwanted populations. A striking shift in the characteristics of targeted patients is a case in point and led journalist Begos to suggest that ‘race suicide’ became an important motivation behind the programs in later decades. He shows that between 1958 and 1960, North Carolina’s programs sterilized more blacks than whites for the first time. Coinciding with the growing influence of the civil rights movement, this shift could have reflected growing fears about the possibility of new political influences and rights of black Americans. It could have demonstrated that, for some, the social order depended upon the white race maintaining control over black or minority populations. Some scholars argued that low birth rates of a white middle class provoked some people
to fear a ‘racial suicide’, which would threaten the moral and racial status quo. From this perspective, controlling the reproductive capacities of black women became one of the key strategies to preserving the social order. Although not all agree on what was the most powerful among multiple incentives that made legislators act, scholars agree that North Carolina’s sterilization campaigns in the 1930s and 1940s were very different from the campaigns in the 1950s and 1960s, and that we find explanations for these changes in changing degrees of attention paid to categories of race, class, and gender.

Scientists, health-care providers, and welfare officials all contributed to the shaping and re-shaping of sterilization programs, and so did women, female patients who were targeted by these officials. Historian Schoen demonstrates that not all women in North Carolina were passive victims of force, deception, or manipulation who merely accepted their alleged destiny. Expanding welfare services included expanding health services and allowed women to find medical help. Some could use access to health services to negotiate unprecedented reproductive choices in the midst of the shifting and often incoherent legal and medical frameworks that they encountered between the 1920s and the 1970s. Sterilization programs did not function exclusively as assaults on women’s reproductive autonomy and sometimes offered women access to birth control methods of their choice. Nonetheless, the expansion of welfare services also opened up new possibilities of coercive reproductive policies. Schoen’s study characterizes a world between ‘choice and coercion’, where many women lacked choices even if they remained active agents who negotiated for control over their reproductive lives.

Even if the goals of North Carolina’s sterilization campaigns showed variations over time, we can draw specific conclusions about some of the causes of women’s continuing vulnerability. Women in general, and women from underprivileged economic backgrounds in particular, had limited or no access to birth control and were subjected to reproduction control by medical and political authorities. We find multiple clues that reveal health and welfare officials’ justification for their attempts to regulate women’s reproduction. In North Carolina, they equated unwanted children and the offspring of poor families with the social and economic problems faced by the state. Welfare officials argued that reproduction control could provide solutions where official programs failed or where welfare rolls got out of control. Even debates over legal abortions were intimately tied to this approach. Women gained access to legal abortions when welfare officials claimed that cheap abortions could alleviate social and economic problems of poor communities. In the process of these debates, some women found new opportunities to limit unwanted pregnancies. But just like sterilizations, the justifications that accompanied the legalization of abortion left little or no space for positions in defense of women’s autonomous decisions about pregnancy and birth. Top-down reproductive control and consent obtained through material threats to patients or their families, or obtained without providing proper medical information about the procedure, did not constitute voluntary or informed consent, and a universal definition of reproductive rights and bodily integrity was nonexistent.

Historical Pathways: Sterilization Campaigns and Peru’s Path to Modernity

In 1995, decades after the initiation of the North Carolina program, President Alberto Fujimori oversaw the implementation of coercive sterilization campaigns in Peru, even after ongoing global debates had long broken the silence on the subject of women’s sexuality and reproduction that had once ‘legitimized’ North Carolina’s campaigns. Global guidelines set new standards for women’s health and reproductive rights, and
vibrant transnational organizations of activists tried to ensure that governments be held accountable for defending such norms. The first United Nation’s International Women’s Year Conference in 1975 helped implement new human rights initiatives and explicitly addressed the need to defend women’s rights. Conference participants drafted the World Plan of Action set a clear agenda for eliminating discrimination against women, and extended International Women’s Year to a Decade of Women (1975–85). Conference participants also encouraged state-level responsibilities and the importance of ‘national women’s machineries’, state-based institutions that would help implement women’s rights, including women’s health and reproductive rights. The Plan of Action revealed that governments were not expected to do the job alone. It encouraged women to form Non-Governmental Organizations (NGOs) and to start initiatives from the bottom up.

International bodies, such as the UN, proceeded to formulate specific definitions of women’s rights on the global level. The 1979 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) was enacted in 1981, after twenty nations ratified it. In 1993, the Declaration and Program of Action of the 1993 World Conference on Human Rights held in Vienna officially acknowledged that ‘women’s rights are human rights’, signifying that women’s human rights ‘should form an integral part of the United Nations’ human rights activities’. A year later, the UN World Conference on Population and Development in Cairo defined and recognized the ‘reproductive rights’ of both men and women, specifying that ‘these 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 …’. By 1995, when the fourth UN World Conference on Women was held in Beijing, women’s rights had become an integral part of the official international human rights language and agenda.

From Latin American perspectives, the global negotiations over reproductive control and reproductive rights had a wide range of implications. They inspired initiatives ranging from rejections of modern birth control technology as what one Colombian academic called ‘a weapon of imperialism’, to neo-Malthusian initiatives that promoted population control for the sake of economic development, to feminist mobilization in defense of women’s rights and bodily integrity. A 1969 Bolivian movie well represents the political tensions and diverse interpretations surrounding the regulation of reproduction. Titled ‘Yawar Mallku’, Blood of the Condor, the film links fertility regulation and ‘race suicide’ and dramatizes an incident that involved public denunciation of the United States Peace Corps, accused of sterilizing indigenous Quechua women without their consent. The widespread outrage over the alleged campaigns promptly forced the Peace Corps to leave Bolivia and demonstrates that even abstract fears had real consequences. Although actual evidence of Peace Corps sterilization campaigns or of the uses of birth control as weapons of imperialism remain uncertain at best, we find clear evidence of links between reproduction control and poverty. Neo-Malthusian views did accompany the politics of fertility regulation in Latin America by equating economic development with small families.

The most dramatic change in Latin American initiatives became evident in the aftermath of the 1979 CEDAW Convention, when women’s movements and a wide range of NGOs mobilized in defense of reproductive rights and bodily integrity. They have since identified high rates of self-induced (and mostly illegal) abortions, maternal mortality, sterilization abuse (including experiments with the sterilization drug Quinacrine), and other types of practices that have continued to violate the global standards of women’s rights well into the twenty-first century. In short, Latin American feminists have supplied evidence that inspires new questions about the notion of progress and the
belief that rights, even if sanctioned through international treaties and accords, would inevitably lead to political, moral, or legal persuasion or enforcement. Recent events in Peru increase the urgency of this quest.

Coerced sterilization campaigns in Peru emerged at a crucial juncture between a new global discourse concerning regulated reproduction, new funding opportunities for family planning, and the willingness of political leaders to manipulate these changes for their own ends. President Fujimori used the global concerns for women’s rights to benefit his political agenda in Peru. He widely publicized his attendance at the 1995 World Conference on Women in Beijing ‘as the only male head of state’. At the conference, he publicly grieved over ‘the double burden of poverty on women in Peru and all developing countries’.

Claiming to defend women’s needs, Fujimori even challenged the political influence of the Catholic Church back home. Accusing members of the Church hierarchy of compromising the well-being of Peruvian women when they opposed his 1995 proposition to extend family planning campaigns in the nation, he managed to pass legislation without Church support. Finally, Fujimori effectively scored points with educated, middle-class women when a new web page, Mujer en el Peru (Woman in Peru), published his Beijing address and reminded his audience that he had not forgotten that underdevelopment also concerned women.

Supporters of President Fujimori, in Peru as well as in the United States, soon agreed that a new family planning campaign, including sterilization, would remedy some of the nation’s problems. The language of the campaign explicitly recognized global guidelines of women’s rights outlined in CEDAW and guaranteed benefits to all women, equally. Promising to defend women’s reproductive rights and to promote gender equity, it pledged allegiance to the norms of the 1994 Cairo Conference and the 1995 Beijing Conference that Fujimori had just attended. In public, the president secured the political success of his campaign by promising women new opportunities to govern their own lives. Officials in Peru and in the United States made funds available and U.S. Agency for International Development (USAID) became the single-most important donor to Peru’s extended family planning program.

In reality, the campaign to help women to govern their own lives quickly became subsumed in Fujimori’s ‘campaign to end poverty’. It developed into an operation that violated patients’ rights and took women’s lives. Well expressed by Peruvian psychologist and feminist activist Rossina Guerrero, ‘the abuses had a very strong component that linked poverty with contraception … The fight against poverty – as all the politicians were saying – was linked to the decrease of the fertility rate’. Peru’s political leadership replaced the paradigm of women’s rights with a parallel, neo-Malthusian paradigm. Advocating population control among poor sectors of the population as a path to economic development, Peruvian population planners adopted a program based on the same tool used by North Carolina’s eugenicists: controlling women’s sexuality and reproduction.

The testimonial accounts of Peruvian women are reminiscent of those of women in North Carolina who were victims of eugenics campaigns. María Vilcahuamán, at home in a rural highland community of Ayacucho, shared her experiences with political scientist Christina Ewig, and made clear what state-level policies could mean for local women. She remembered how, in 1996, the nurse midwife of her local health center singled out women with three or more children and encouraged them to consider tubal ligation. Ms Vilcahuamán, explained:

It was a two-day campaign, and they say that Friday there were something like 90 people in the hospital, and in the beds they put them up and down, face up and face down, because there
weren’t enough beds. And we had even come on Saturday, and they still put us two to a bed. They did five men that day, five males [and the rest were] women, Miss, they were women. And a woman from Pichiurara was trying to escape … [Afterwards], all the ladies in the beds in the room that I was in were crying and they gave them shots, shots – each one of us got shot. And a nurse midwife from Huanta said ‘even though you are like rabbits, you won’t have children’, laughing at us as she said this.48

Her account elucidates severe violations of women’s rights and exposes some of the characteristics of forced sterilization campaigns that misinformed women and coerced patients into treatments they did not fully understand. A health worker from northern Peru knew that ‘women are hardly ever informed about alternatives to tubal ligations, nor are they given full information about its implications. In most cases they are not told that the ligations are usually definite and irreversible. And many of the women are very young, some as young as 20’.49 Some women were sterilized without informed consent just after they gave birth in a public hospital.50 Women who could not read or write had no access to medical information about sterilizations. Historian Andrea Smith asserts that others did not speak Spanish, and that Quechua-speaking and Aymara women did not receive translations of the surgical procedures they were expected to approve.51

Even as we cannot document the exact number of casualties or the specific causes of many patients’ deaths in the Peruvian campaign, court cases and published testimonial accounts provide evidence of widespread abuse and malpractice. María Mama Merita Mestanza, for example, ‘agreed’ to be sterilized only after Peruvian public health officials threatened her with criminal sanctions if she did not undergo surgery in 1996.52 She was not examined before the treatment, suffered complications, and died in her own home without access to medical care 9 days later. Other women died as a result of poor sanitary conditions during surgery. And yet others still live with the trauma of memory, when some surgeries were conducted without anesthesia, when complications were not treated, and when doctors failed to make follow-up exams available to their patients.53

Reproductive control that prevented women’s individual choices about pregnancies is not the only parallel between sterilization campaigns in the United States and Peru: ethnic or racial categories, just as class, became important components in the process of selecting target populations. In the sterilization campaigns of the 1990s, health officials sought out indigenous populations. Aymara or Quechua-speaking women of poor highland communities were the first to feel what researcher Guillermo Senn refers to as ‘the first-world scalpel’, that is, efforts at reproductive control that were also supported by financial contributions to Peruvian campaigns from the United States.54 Filmmaker Rebecca Rivas adds regional contexts to Senn’s emphasis on global connections and exposes some of the justifications behind Peru’s family planning priorities. Authorities identified exceptionally high maternal mortality rates in highland communities, where indigenous women often mistrust modern medicine and prefer to rely on traditional birthing practices at home. In the film, local midwife Elsa Romero-Murrado addresses the volatile situation of women in isolated and poor highland regions who cannot seek emergency medical care when hospitals are miles away and impossible to reach. The testimony of Cerlia Mendoza, president of the local Mother’s Club in the small highland town of Ccapacmarca, is just as troublesome: she claims to have evidence of 200 coerced sterilizations of female patients who were bribed by doctors to get sterilized.55

Testimonial accounts and filmmaker Rivas’ recent study of public-health initiatives under way in Peruvian highland communities describe a trajectory that fits the situation of women ‘between choice and coercion’, which historian Schoen presented in the case of North Carolina. High rates of maternal mortality have improved as a result of government
initiatives – even if those initiatives were not initially inspired by the need to increase indigenous women’s rights. Health initiatives not only included coercive sterilization campaigns, but also expanded choices for some women who had not had any access to medical attention prior to the campaigns.\(^{56}\) Some recent efforts to integrate modern and traditional birthing methods have begun to address the concerns of indigenous women who mistrust Western medicine and who do not confide in male doctors. They may find ways to avoid home birthing in difficult circumstances and they may well find options to replace some coercive policies with unprecedented choices.\(^ {57}\) Women’s rights organizations that promote reproductive rights have contributed to these changes.

**Reproductive Rights Mobilization**

Women’s rights mobilization in the Americas emerged as part of a global history of activism. A new international language of rights defended such rights as unrestricted access to birth control and also developed strategies to address economic, political, and moral obstacles that have continued to limit women’s options to plan pregnancies.\(^ {58}\)

Peruvian women have responded to reproductive rights violations by demonstrating that they were victims and active agents of change. A case in point is the initiative by *Mujeres de Anta* (Women of Anta), an NGO founded in 2001 by 12 women from the town of Anta.\(^ {59}\) All shared histories of coerced sterilization and decided to publish their personal experiences of sterilization abuse in a political campaign that sought government accountability for women’s bodily integrity and rights. According to the Women of Anta, specific accounts of violations of such rights must urge officials to prevent abusive policies in the future. To that effect, Mery Velásquez Delgado, for example, made public her testimonial account and accused health officials who,

> operated on me on the 12 of November, 1997, at the local health center in Limatambo when I was 22 years old ... when I had just come for a checkup exam for my youngest son. The midwife Elvira, I don’t know her last name, convinced me. Nurses from the Limatambo health center had come to our community meeting and had informed us about ligation. They asked several men to sign, among them my husband. I never signed any authorization.\(^ {60}\)

Another woman supplied evidence of manipulation and described how her husband had to sign a document even though he did not know how to read and was unaware of the fact that it authorized his wife’s sterilization.

> They came to see me many times to persuade me to have the operation. They made my husband sign a document, and they told him that they would heal me, but given that he could not read, he did not know what the document was about ... and they also threatened my husband that if I did not show at the local clinic, the police would take him prisoner. My husband made me go because he was afraid ....\(^ {61}\)

And Felipa Cusi, who also joined Women of Anta, was treated for flu-like symptoms in her local health clinic when she was given anesthesia and sterilized without her consent. As a mother of five at the age of 30, she represented a likely candidate for population control measures to promote development.\(^ {62}\)

One founding member, Hilaria Supa Huamán, gathered her fellow women’s testimonial accounts to fight for their rights. Throughout the 1990s, she had been a leading organizer of women in the *Federación de Mujeres de Anta* (Women’s Federation of Anta, FEMCA). She identified and addressed problems of indigenous women, set up alphabetization training and computer programs, initiated protests against pesticides and
environmental degradation, and helped preserve indigenous traditions in agriculture and medicine. These experiences allowed her to representing their interests and those of all Peruvian women at the 1995 Beijing Conference. She is currently a congresswoman, elected to represent Cuzco until 2011. Supa Huamán, originally from a Cuzco, was herself a patient of a local health clinic and opted for tubal ligation surgery in response to pressures from the village nurse. She recalls how hard it was to recover from the procedure even though local health officials had promised a quick healing process. Most importantly, she vividly remembers the insults that accompanied the ‘promotions’ by health officials trying to convince patients to agree to the procedure: ‘They insult you by saying: “Do you want to breed like a pig? Your husband will be angry if you do nothing.”’

The Women of Anta supplied the first collective response of an indigenous group of peasant women, but other groups were just as active in their initiatives and continue to use CEDAW as a standard bearer to support their quests for change. Flora Tristan, one of the largest feminist organizations in Peru, and the Movimiento Amplio de Mujeres (MAM), for example, documented and published cases of abuse and provided statistics to show the number of women affected nationwide. Peruvian human rights advocate Giulia Tamayo first brought the abuses to the attention of the CEDAW commission, and Peru’s ombudsman, the Defensoría del Pueblo, in charge of representing the interests of citizens against state-level abuses, helped augment international awareness of the Peruvian case. With organizational support by MAM, the Women of Anta then brought their demands to Lima, the capital city and seat of government, where they evoked their rights as citizens and asked for compensation. Demanding adequate, high-quality health services, they emphasized their right to information and informed consent. Using their own experiences as evidence of prior violations of reproductive rights, they emphasized the need to make family planning available and demanded that sterilization campaigns be replaced by giving women a choice of method to regulate pregnancies. Evoking the right to bodily integrity, defined in CEDAW, women, not their husbands or partners, should have the right to define the medical interventions that would affect their bodies. In response to the Women of Anta, women negatively affected by the sterilization campaigns were eventually granted free health insurance.

In response to public pressures and international critiques, the Peruvian government agreed to new guidelines for health care and family planning programs. By 2003, it officially accepted the Human Rights Ombudsman’s recommendations. Those included measures to ensure that patients give genuine informed consent to medical procedures like surgical sterilization, that a 72-hour waiting period be enforced for sterilization, and that patients’ complaints be addressed in an adequate and timely manner.

Complicating Global Paradigms, State Accountability, and Local Action

Today, neither eugenic priorities of ‘better breeding’ nor neo-Malthusian interpretations that connect overpopulation to underdevelopment seem to dominate national policies. Although such doctrines do not seem to restrict women’s reproductive decisions, we need to examine official and underlying motives as policies take different forms and manifestations. Post-WWII paradigms of human rights, bodily integrity, and reproductive rights are promising and convey a message of human equality, but the examples from different sites in Peru and in the United States serve as reminders that global standard-bearers do not guarantee women’s rights on national and local levels – and that many questions of accountability have remained unresolved.
This study relied on regional examples and local women’s experiences of specific violations in two nation-states. It sought to balance the skeptical stance toward the nation-state as an important category of analysis that sometimes accompanies transnational studies of gender and women’s rights. Evidence confirms that doctors and politicians who targeted ‘unwanted’ individuals often counted on government support when their campaigns contributed to the success of state-level development plans. Furthermore, the legitimacy and viability of regional campaigns depended on state support. Women have gained strength from global paradigms that legitimize feminism as a vehicle in the defense of rights, and women’s rights advocates can use global standard-bearers to make a case for their demands at home. But they do have to engage with political leaders on nation-state levels and find ways to hold national governments accountable for human right violations within national and state boundaries.

Drawing from detailed evidence of campaigns in both countries, I acknowledge women’s agency and the diversity of women’s experiences, but have argued that aggressive measures to control particular women’s sexuality and reproduction deserve attention. Not all women were victims of force, deception, or manipulation. When sterilization campaigns became state policy in North Carolina, women were, in the words of historian Johanna Schoen, situated between ‘choice and coercion’. In Peruvian sterilization campaigns, likewise, some women opted for voluntary sterilization, profiting from access to birth control and triumphing over cultural and religious constraints, as well as over the objection of husbands or partners. Many wanted to limit pregnancies: anthropologists have demonstrated that women in Quechua-speaking highland communities in Peru not only were especially burdened by heavy workloads and caring for children, but also had to cope with gender inequities that limited their autonomy with regard to fertility decisions where men had the last word. Even as late as the first decade of the twenty-first century, about 25 percent of Peruvian women of childbearing age had no protection against unwanted pregnancies and that over half of their pregnancies were unwanted.

The historical trajectories of sterilization campaigns in the United States and in Peru raise questions about the local impact of the changing global paradigms that have begun to define human rights and women’s rights in the twentieth and twenty-first centuries. When North Carolina women were sterilized without consent, the United Nations adopted the 1948 Universal Declaration of Human Rights, announcing that any man or women of age has the right to marry and have a family, to procreate regardless of nationality, race, or religion. And when Peruvian women were coerced into surgical sterilization, Peru’s president pledged allegiance to the 1994 Cairo Conference’s definition of reproductive health as ‘a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes’. The Cairo Conference also reiterated:

the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.

Women activists, through transnational networks and national campaigns, have used these and other paradigms to protect women’s health and rights. Successes and setbacks have marked these interactions.

Just as the governments pledge allegiance to some basic rights, we also find evidence of new discourses that employ women’s testimonies to protest all family planning programs
in, for example, Peru. In a number of specific public health debates, the Catholic Church gained new interpretive power by appropriating a feminist language of rights, claiming to protect women from medical abuse by reinforcing Church condemnation of all contraceptive technologies. Such incidents not only illustrate that new organizational ties and legal tools can increase local women’s negotiation power, but they also expose the complicated nature of political negotiations that resort to national and international accountability. Modernizing states often compromise women’s citizenship rights just as they claim to democratize and to make rights widely available. In this context, the histories of coercive medical campaigns provide an important perspective from which to critique misleading notions of modernity and progress. In the twenty-first century, such evidence can inspire the use of a language of rights that exposes health and population policies in violation of global guidelines for human rights and bodily integrity.

Acknowledgement

I would like to thank the organizers and fellow-participants of the 2008 NEH Summer Institute, ‘Rethinking America in a Global Perspective’, in Washington, DC. Their feedback and creative responses to my work were invaluable. During my fellowship at the Institute, I profited greatly from the rich sources and secondary readings at the Library of Congress. Many thanks also to Christina Ewig for her constructive critique of an earlier version of my essay, to the anonymous reviewers for highly insightful and extremely helpful observations, and to Cathy Lyders for excellent editing suggestions.

Short Biography

Jadwiga E. Pieper Mooney’s research is located at the intersection of Latin American, Gender, and Comparative/Global History, with special interests in women’s rights, gender equity, and notions of inclusion, exclusion and citizenship rights in the Americas. Her book, The Politics of Motherhood: Maternity and Women’s Rights in Twentieth Century Chile, was published by Pittsburgh University Press in 2009. She is engaged in comparative research on forced sterilization campaigns and human rights violations in Puerto Rico, Peru, and the United States. Her ongoing research projects also include histories of the Chilean Diaspora and meanings of exile, as well as transnational feminisms, women’s mobilization, and the forging of global feminisms in the Cold War. Pieper Mooney holds a PhD in History from Rutgers University. She is teaching in the History Department at the University of Arizona, Tucson, AZ.

Notes

* Correspondence: Jadwiga E. Pieper Mooney, Department of History, University of Arizona, 1145 E. South Campus Drive, 133 Social Science Building, Tucson, AZ 85721, USA. Email: jadwiga@email.arizona.edu.


2 http://extras.journalnow.com/againsttheirwill/. The reports were greatly influenced by the work of historian Johanna Schoen, and by the journalists Kevin Begos, Danielle Deaver, and John Railey of the Winston Salem Journal. The impact of the information they published about North Carolina’s sterilization policies became evident also in North Carolina Governor Mike Easley’s official apology for the program, and in legislative debates over a restitution bill for sterilization victims. See also J. Schoen, ‘From the Footnotes to the Headlines: Sterilization Apologies and Their Lessons’, Sexuality Research and Social Policy, 3/3 (September 2006): 7–22; J. Schoen, Choice & Coercion: Birth Control,


6 J. Schoen, ‘Between Choice and Coercion: Women and the Politics of Sterilization in North Carolina, 1929–1975’, Journal of Women’s History, 13/1 (2001): 132. Sources make different references to the exact number of patients who were sterilized. These results from a possible discrepancy between the sterilizations that were authorized by the eugenics board and the actual sterilizations that took place. We might never know the exact number of individuals sterilized. However, the processes that paved the way to board authorization, and the debates and subsequent policies that legitimized sterilization give evidence of sterilization abuse that is perhaps even more convincing than numbers. And scholars and sources have agreed on the wide-ranging consequences and the sweeping scale of coerced sterilizations.


8 In the United States, the numbers of total confirable coerced sterilizations were highest in the State of California, with 20,108 sterilizations between 1907 and 1983. North Carolina, with a total of confirable coerced sterilizations of 5,993, ranked third among all US states with compulsory sterilization laws. See M. Largent, Breeding Contempt: The History of Coerced Sterilization in the United States (New Brunswick, NJ: Rutgers University Press, 2008), 77.


Eugenists’ efforts to construct ‘better’ societies through ‘better’ breeding have hardly been static. Early Eugenics Movements sought to manage procreation in the nation. See, for example, J. Green, ‘Doctoring the national body: gender, race, eugenics,

Scholars have also provided convincing evidence to show the continuity of neo-eugenic practices until today: such interventions are often masked by a new rhetoric that prioritized the notion of individual choice to render invisible the role of government. See, for example, M. Lock, ‘Genomics, Laissez-Faire Eugenics, and Disability’, in B. Ingstad and S. Reynolds Whyte (eds.), Disability in Local and Global Worlds (Berkeley: University of California Press, 2007), 189–211.

11 For an example of such connections and eugenics as possibly empowering for women, see C. Ehrick, The Shield of the Weak: Feminism and the State in Uruguay, 1903–1933 (Albuquerque: University of New Mexico Press, 2005), especially 99–108.


15 Historian Wendy Cline argues that these connections were instrumental to the construction of modern, proper sexualities in the United States. In the process of framing these women’s sexual behavior in the scientific jargon of eugenics, doctors helped shape a ‘proper’ ideology of sexuality and reproduction that punished uncontrolled female sexuality by presenting it as a danger to the social order. See W. Kline, Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom (Berkeley: University of California Press, 2001), 4.


19 For the reproduction of gender roles based on male power, and for evidence of women’s multiple roles that silenced their individual needs, see also W. Kline, ‘‘‘A New Deal for the Child’’: Ann Cooper Hewitt and Sterilization in the 1930s’, and M. Rembis, ‘‘‘Explaining Sexual Life to your Daughter’’: Gender and Eugenic Education in the United States during the 1930s’, in S. Currell and C. Cogdell (eds.), Popular Eugenics: National Efficiency and American Mass Culture in the 1930s (Athens, Ohio: Ohio University Press, 2006), 17–43 and 91–119. Eugenicists’ strategies often included the goal of enlarging ‘proper’ families. Women helped in the reproduction of ‘proper’ families in many ways. Educated to engage only in ‘proper’ sexual conduct, they produced not only ‘proper’ citizens, but promoted the broader eugenic principles for the good of society. Education was central in this process.


22 Begos does not use the term ‘race suicide’, but makes a strong case for the centrality of race, connected to the fears of whites that their “race” might undergo degradation; such degradation could be prevented through the sterilization of blacks.

23 For an excellent study of these characteristics of eugenics in the US context, see W. Kline, Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom (Berkeley: University of California Press, 2001). Kline argues that eugenics became an attractive solution to perceived threats of moral disorder. Eugenics feared ‘race suicide’ when birth-rates of a US-born white middle class dropped well below that of immigrants, working classes, and others considered ‘less fit’ to secure proper moral and racial standards civilization depended on (p. 2).


31 As cited by International Planned Parenthood Federation (IPPF), http://www.ippf.org/en/Resources/Glossary.htm?g=R.


36 Latin American doctors and population planners actively sought to promote such interpretations and resulting policies when they sponsored the use of Walt Disney’s educational cartoon Family Planning/Planificacion Familiar. In this Disney animation, Donald Duck describes the dangers of overpopulation and underdevelopment, and tells viewers about family planning as the only way to ward off poverty. The U.S. Population Council sponsored the production of the film and it was widely used in many Latin American countries. See ‘The Population Council: The Disney Film on Family Planning’, Studies in Family Planning, 1/26 (January 1968): n.p.


39 For references to the problem of abortion and maternal mortality, much discussed by Latin American doctors and feminists, see A. Faundes, and J. Barzelatto, El drama del aborto: en busca de un consenso (Bogotá, Colombia: Tercer Mundo Editores, 2005; For specific examples from Chile and stories of women who have been imprisoned for self-induced abortions, see L. Casas-Becerra, Women Behind Bars (New York: Center for Reproductive Law and Policy, 1998).


44 Some researchers claim that US donors were well aware of the abusive strategies of the programs early on. See A. Franks, Margaret Sanger’s Eugenic Legacy: The Control of Female Fertility (Jefferson, NC: McFarland, 2005), 199–201.


46 For an analysis of the shift from a demographic approach under Fujimori to a far-right approach under President Toledo, see A. B. Coe, ‘From Anti-Natalist to Ultra-conservative: Restricting Reproductive Choice in Peru’, Reproductive Health Matters, 12/24 (November 1, 2004): 56–69.

47 Pseudonym.


49 B. Schmidt, ‘Forced Sterilization in Peru’, Political Environments, 6 (Fall 1998) Date Published: July 12, 2006 http://www.cwpe.org/node/49.

50 Rebecca Rivas reports that women often paid fines if they did not give birth in hospitals, as was required by law. See her documentary, R. S. Rivas, At Highest Risk: Maternal Health Care in the High Peruvian Andes (Watertown, MA: Documentary Educational Resources, 2006).


52 In 1999, the Latin American and Caribbean Committee for the Defense of Women’s Rights (CLADEM) and two other Peruvian human rights groups filed a petition with the Inter-American Commission on Human Rights (IACHR). Mestanza’s family received compensation. In 2003, the government acknowledged legal responsibility and agreed to modify sterilization regulations in Peru’s government facilities. See Maria Mamerita Mestanza Chávez v. Peru (Inter-American Commission on Human Rights).


56 Rivas refers to maternal mortality rates of 265 per 100,000 live births in 1996 and claims that this rate was reduced to 185 per 100,000 live births in 2000. See R. Rivas, ‘Capturing Life at 12,000 Feet’, http://www.globaljournalist.org/stories/2006/04/01/capturing-life-at-12000-feet, Posted Apr 1 2006.

57 Rivas presents evidence of programs that link traditional medicine to modern public health approaches, thereby increasing indigenous women’s attendance of health clinics. She also lists specific initiatives such as ‘antenatal waiting houses, voluntary sterilization campaigns, and integration of modern and traditional birthing methods’. See R. Rivas, ‘Capturing Life at 12,000 Feet’, http://www.globaljournalist.org/stories/2006/04/01/capturing-life-at-12000-feet, Posted Apr 1 2006.

58 See footnote 37 for references to this subject.

59 I do not mean to suggest that these women’s mobilization represents the only collective effort in defense of women’s health and rights in Peru. Many other organizations have impressive histories of activism. See, for example, the history of Consorcio Mujer, a consortium of Peruvian feminist NGOs, in B. Shepard, ‘“Let’s Be Citizens, Not Patients!”: Women’s Groups in Peru Assert Their Right to High-quality Reproductive Health Care’, in N. Haberland and D. M. Measham (eds.), Responding to Cairo: Case Studies of Changing Practice in Reproductive Health and Family Planning (New York: Population Council, 2002), 339–54.


Black, E., War Against the Weak: Eugenics and America’s Campaign to Create a Master Race (New York: Four Walls Eight Windows, 2003).


Consuegra Higginson, J., El control de la natalidad como arma del imperialismo (Buenos Aires: Editorial Galerna, 1969)

Rembis, M., Breeding Up the Human Herd: Gender, Power, and Eugenics in Illinois 1890–1940, PhD dissertation (University of Arizona, 2003).