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Cracking open CRACK: Unethical sterilization movement gains momentum

By Judith M. Scully

“We don’t allow dogs to breed. We spay them. We neuter them. We try to keep them from having unwanted puppies, and yet these women are literally having litters of children.” These are the words of Barbara Harris, a 47-year-old homemaker from Stanton, California, who has started an organization called Children Requiring a Caring Kommunity (CRACK). Despite its benevolent name, CRACK’s primary goal is to promote population control by paying \$200 to women with substance abuse problems who can document that they have been sterilized or are using long-term birth control such as Norplant, Depo-Provera or an IUD.

Since its founding in November 1997, Harris’ nonprofit organization has reached 158 women, 91 of whom were permanently _sterilized by tubal ligation. To solicit “clients,” CRACK has placed large billboards in Black and Latino communities in Los Angeles. The billboard advertisements offer to pay \$200 to drug users in exchange for their sterilization. Some of the billboards simply say, “Don’t Let A Pregnancy Ruin Your Drug Habit.” Others read, “If You Are Addicted To Drugs, Get Birth Control—Get \$200 Cash.” To promote its sterilization campaign, CRACK plans to place more billboards in dozens of other cities nationwide.

In addition to its headquarters in Fresno, California, CRACK opened a chapter in Chicago in July 1999 and Houston in January 2000. The organization is planning to open chapters in Seattle, Las Vegas, Dallas, St. Louis, Denver, Pittsburgh, Atlanta, San Diego, Cleveland, and Florida. Women in Rhode Island and the Lakes Region of New Hampshire have also been introduced to CRACK.

Funded by private donations, CRACK distributes its literature to foster parents, police, social workers, probation officers, hospital workers, church leaders and others who “may know someone who is taking drugs.” In addition to the \$200 cash incentive, CRACK offers an extra \$50 for referrals of other substance-abusing women.

So far, CRACK has received an enormous amount of publicity. In 1999 alone, CRACK has been the focus of thirty television interviews, four magazine articles and several newspaper articles. Unfortunately, most of the publicity has painted the group in a positive light. George Annas, chairman of the health law department at Boston University School of Public Health, has stated, “If the state of California was doing this, then people would be beside themselves, but because a private nonprofit organization is doing this, then it doesn’t seem quite as scary.” Annas’ comment leads one to question why it is that private institutions are not held accountable to rights issues in the same way as public ones. Should the public be contemplating mechanisms of democratic control which subordinate the interests of private groups to human rights concerns, now that social welfare and charitable programs are increasingly carried out by private, non-profits?

Like earlier sterilization movements in the United States, CRACK’s program is based in eugenic philosophy. In CRACK’s own words, its primary goal is to “put an end” to “drug babies.” CRACK vows to eliminate children born with drug addictions from the population because, according to CRACK, these kids cost the taxpayers too much money when they wind up in special education classes, foster care and/or state sponsored nurseries. But one has to wonder what really is the difference in terms of the cost to society between a disabled child born to a drug-addicted woman and a disabled child born to a physically or mentally disabled woman? If the cost to society is really the issue, as CRACK claims it is, the “logical” extension of this argument would be to expand the sterilization campaign to all of society’s “burdens”—the poor, the disabled, the homeless, as well as the drug addicted. Does society really need to be reminded of the consequences of such thinking?

Reminiscent of the eugenic sentiments of birth control advocate, Margaret Sanger, who sought “to assist the race toward the elimination of the unfit” (Sanger, Margaret, *The Birth Control Review*, Vol.3, No.2, pg.11), CRACK seeks to diminish the number of “undesirables” from the overall population. Although its goal is to eliminate the segment of the population born addicted to drugs, CRACK claims that it is saving children.

CRACK claims that its agenda is not racist because it will “serve” any woman who has a substance abuse problem—but the facts speak for themselves. The statistics produced by CRACK itself indicate that a disturbingly disproportionate number of women of color have been affected by CRACK’s sterilization campaign. Of the 158 women who were either temporarily or permanently sterilized, approximately 60% of them were Black or Latina. And if \$200 is a sufficient incentive for them to take the drastic action of

becoming sterilized, these women are obviously earning low or no incomes. Thus, CRACK's program also has a disproportionate effect on women in poverty.

The fact of the matter is that CRACK's strategy is specifically designed to entrap low-income women of color and to eliminate their "problem children." Like William Shockley, the notorious eugenicist and scientific racist, CRACK promotes the concept of offering cash bonuses to women who "agree" to be sterilized. Shockley's proposal would have based the amount of cash a woman could receive on so-called "scientific" estimates of disadvantageous hereditary factors such as heroin addiction, diabetes, epilepsy, and low IQs. Like Shockley, CRACK seeks to eliminate the disadvantaged rather than eliminating the social conditions which cause disadvantage.

CRACK's sterilization campaign, like the sterilization campaigns of the not-so-distant past, poses a serious threat to the reproductive rights of all women, not just those who are currently targeted.

In the 1930's, twenty-seven states enacted compulsory sterilization laws targeting the mentally and physically disabled as well as those who were convicted of committing crimes. An estimated 60,000 Native-Americans, African-Americans, mentally and physically disabled, and poor persons were sterilized as a result of these laws. Although these laws were successfully challenged by the end of the 1930's, by the 1940's private organizations and foundations became the main force behind the sterilization movement. Among these private donors were the American Eugenics Society, Hugh Moore (of Dixie Cup Corporation) and the Rockefeller Foundation.

By the 1970s, it was estimated that between 100,000 and 150,000 low-income women were sterilized annually under federally funded programs. Many of these women were improperly coerced into accepting a sterilization operation under the threat that their welfare benefits would be withdrawn. In 1974, the United States District Court in the District of Columbia ruled in the *Relf v. Weinberger* case that such practices would no longer be tolerated. The court declared that "federally assisted...sterilizations are permissible only with the voluntary, knowing and uncoerced consent of individuals competent to give such consent." The court further noted that "Even a fully informed individual cannot make a 'voluntary' decision concerning sterilization if he has been subjected to coercion."

In the CRACK sterilization program, women are improperly coerced by cash incentives during a time in their lives when they are addicted to drugs and therefore clearly

vulnerable. Consent obtained through cash coercion does not constitute voluntary or informed consent. Consequently, CRACK's program is not only unethical but it may be illegal in so far as it has decimated the foundation for informed consent.

Currently, individuals who receive free sterilizations under Medicaid sponsored programs must give their "informed consent" to the sterilization. Such consent must be evidenced by a written and signed document indicating that the patient is aware of the _benefits and costs of sterilization. In addition, these sterilizations are permissible only with the voluntary, knowing and uncoerced consent of the woman. It is difficult to imagine how anyone can honestly claim that informed consent exists in a sterilization scenario where cash incentives are being offered to low-income drug-addicted women.

In addition to the informed consent problems raised by the CRACK sterilization program, one must question how anyone can support a program that endorses a structure in which the economically privileged can and do dictate who will and who won't have children. Who among us is entitled to purchase the elimination of a particular segment of the population? One has to wonder why is it that CRACK is being praised rather than admonished for its sterilization program. Have we reached a point in our society, where eugenics is once again an acceptable practice?

CRACK's troublesome social engineering agenda also imposes substantial health risks and obstacles to substance abuse treatment.

In its drive to "protect" the as yet unconceived children of women with substance abuse problems, CRACK places its targeted population at risk from potentially serious health conditions. CRACK offers an extremely limited "choice" of contraceptives for which it is willing to pay cash. Tubal ligation, Norplant, Depo-Provera and the IUD are either permanent or semi-permanent methods that do not protect against HIV. By promoting Norplant and Depo-Provera, CRACK encourages women on drugs to put even more chemicals, which are associated with strong side effects, into their bodies. Women addicted to drugs and on low incomes are likely to already suffer from poor health conditions, inadequate access to health care, and risks of exposure to HIV and other STDs. The high-tech, birth control "options" compensated by CRACK require health care screening for contraindications, and monitoring for side effects, which poor women are unlikely to receive. The fact that these methods provide no protection against HIV and STDs is especially _worrying given the intersection between substance abuse and HIV exposure. 20 per cent of the approximately 890,000 people infected by HIV in the US are women, and a major subset of them are Black and Latina women. By promoting

methods that do not protect against STDs, CRACK's activities may actually increase a woman's risk of contracting HIV or other STDs.

In addition, CRACK impedes the goals of substance abuse treatment by assuming that the women it targets will be perpetually addicted and that treatment options are not worthy of being pursued. Instead, they should be the priority. CRACK should examine some of the socio-political factors that have driven women to substance use. Why not support the creation of options that empower women? Why not help women find health care that will supply them with HIV cocktail options that will cut maternal-fetal transmission risk to 1%? Why not find ways to make women whole instead of violating their most basic reproductive freedom?

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