

CONFRONTING THE LEGACIES OF POPULATION CONTROL: HISTORICAL PERSPECTIVES ON
THE GLOBAL SPREAD OF SEX-SELECTIVE ABORTION

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Organizations

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Chairman Smith, Ranking Member Bass, Members of the Committee, thank you for this opportunity to testify today about this terrible predicament, in which technologies that might serve women's rights and health are instead making them a persecuted minority in the largest countries in the world. I am a professor of history at Columbia University, and I have spent some ten years researching population control around the world – both campaigns to control fertility, and eugenic programs to weed out the “unfit.” To reconstruct this history, I worked in more than fifty archives, including government and private collections in Delhi, and I interviewed key figures from the Indian government, USAID, the United Nations, and leading NGOs. I've also spent time talking with ordinary people in India who paid the price for population control experiments, but still lack access to basic maternal and reproductive healthcare.

I devoted myself to this subject so as to better understand one of the great historical transformations of our time: More and more, world politics pivots not on the control of territory, but on the politics of life and death. As members of this committee know full well, struggles over epidemic disease, clean water, and the protection of minorities and refugees are as important as any war. In fact, by contributing to the increase in life-expectancy, they have had a greater impact on world population than all the wars put together. And if you believe – as I do – that the struggle for gender equality is one of the defining issues of our time, there can be no more important question than why boys increasingly outnumber girls, and what kind of world they will inherit if women have become a minority.

Sex-selective abortion is just one of a host of new issues that are shifting reproductive politics into uncharted territory. So too is the global decline in fertility, the rise of international adoptions and surrogacy, and the prospect that wealthy people will use biotechnology to make themselves a breed apart. These emerging challenges will put abortion in a different perspective and present opportunities for pro-life and pro-choice people to work together. But that requires taking a global view, and recognizing how our current predicament is the result of past policies – and how the future will present radically different dangers.

When most people consider sex-selective abortion, they think of it as something that happens in faraway places, backward regions where women are undervalued and men still rule. If they think about it a bit more, they might begin to realize how the preference

for sons has also had an impact on our country, considering the growth of international adoptions, and the kind of children who are usually put up for adoption. And the prejudice against girls continues among Asians who migrate to the U.S., even among well-educated, more affluent citizens.

But what I began to realize during my research is that these are just parts of a much bigger story, a story in which American scientists, aid officials, and activists played leading roles. Rather than a problem of benighted people who need to be “developed” and instructed in more enlightened ways, it was development professionals who first promoted sex-selective abortion as a potential solution to what they saw as the population explosion.

That story begins in the 1960s, when many people believed that accelerating population growth was reaching the point of crisis. In 1968, virtually identical planks in the Democratic and Republican platforms held that population control should be an urgent priority. It was that year that the Sierra Club commissioned Paul Ehrlich to write his best-seller, *The Population Bomb*. Soon Ehrlich began making regular appearances on the Tonight Show – he was the only author to ever be given an entire program – and he inspired a grass roots movement called Zero Population Growth.

Ehrlich is usually remembered for his predictions that the world would suffer massive famines, hundreds of millions would die, and the US would have to cut off food aid to countries that could not control population growth. But Ehrlich was a Stanford biologist,

not just a prophet of doom, and he therefore called for more research: “if a simple method could be found to guarantee that first-born children were males, then population control problems in many areas would be somewhat eased.”

Ehrlich was only the most prominent advocate of sex-determination as a way to control population growth. The head of research at the Planned Parenthood Federation of America, Steven Polgar, also urged biologists to find a method for sex-determination. Bernard Berelson, the president of the Population Council, wrote a particularly influential article in 1969 that listed sex-determination as one of the more ethical methods of controlling population growth if it proved necessary to go “Beyond Family Planning.” As Mara Hvistendahl notes, it is not so surprising the Berelson and Ehrlich were untroubled by the ethics of sex-determination, considering some of the other methods they were considering, such as introducing sterilizing agents into the food or water supply.

The Population Council had already sent the head of its biomedical division, Sheldon Segal, to New Delhi to help to set up the department of reproductive physiology at the country’s leading medical school. The All-India Institute of Medical Sciences also received major funding for research in this field from the Ford and Rockefeller Foundations. It was Segal who first instructed Indian doctors in how to determine the sex of a fetus, and he publicly advocated the practice as a means to control population growth. The All-India Institute began offering amniocentesis tests in 1975, and by the late 1970s it was clear that it was being used systematically to abort female fetuses.

In this period, population controllers also worked to reduce the cost of abortion. The head of USAID's population office, Reimert Ravenholt, had plans to manufacture and distribute millions of abortion kits worldwide, even in countries where it was still illegal. He would have done it too, were it not for the Helms Amendment. Ravenholt thought that, eventually, even the poorest people would find the money to pay for an abortion, though it's not clear whether he was thinking of sex-selection.

What is clear is that, at the height of their power and influence, the American men who provided most of the money for population control programs worldwide – they were all men – considered controlling population growth an overriding priority, and gave no consideration to the consequences of reducing the relative number of women. In India, Pakistan, Bangladesh, and Indonesia, Western donors helped pay people to be sterilized, and Western consultants advised denial of health care and education to those who refused. When, in 1975, Indira Gandhi declared a state of emergency and used the police and army to march people to sterilization camps, foreign donors actually increased their support. In the span of one year, India sterilized eight million people, and gave a green light for states to make sterilization compulsory for those with three children. “At long last,” Robert McNamara declared, “India is moving to effectively address its population problem.” Instead, Gandhi was voted out of office in the first-ever national defeat for the Congress Party. And in 1978 Indian feminists succeeded in having sex-selective abortion banned from government hospitals.

India had long been a testing ground for population control, but popular democracy

limited what could be done there. It was Communist China, with its one-child policy, that took population control to new extremes, provoking desperate people to start using abortion to guarantee a son. The Politburo was inspired by predictions of a Malthusian disaster from the Club of Rome – an elite group of environmentalist technocrats – but also by the idea that they could improve the eugenic quality of China’s population.

The specific methods they began to use in the late 1970s were much the same as those Western experts had been advocating across the rest of Asia: mobile IUD and sterilization teams, incentives and disincentives, and concerted peer pressure. But senior International Planned Parenthood Federation (IPPF) and U.N. staff feared that making a one-child policy official would make it more difficult to defend to the media. Their hesitation was overcome when Japan, a key donor, demanded that they help stop population growth in China. The IPPF directed aid to a voluntary association. Twenty million “volunteers” came forward, led by active or retired government officials. The U.N. Fund for Population Activities insisted its aid was “technical.” But U.N. computers were crucial in calculating the number of birth permits for each commune, and U.N. centers trained 70,000 personnel to back them up.

Periodic crackdowns peaked in 1983, when China sterilized over twenty million people and carried out fourteen million abortions. The U.N. responded by awarding program chief Xinzhong Qian – a Soviet-trained People’s Liberation Army general – with the first U.N. Population Award, complete with diploma, gold medal, and \$12,500. Indira Gandhi was the co-winner.

Bitter resistance in rural areas gradually led cadres to allow farmers with one daughter to try and have a son. Those who had prospered with the coming of market reform could afford to pay fines or move to China's growing cities. The policy of granting exceptions was gradually formalized. A key element in this mutual accommodation was the ultrasound machine, which began to arrive in rural areas in the early '80s. They could be used to determine whether an intrauterine device (IUD) was still in place or to detect birth defects, thus serving both the quantitative and the eugenic goals of the one-child policy. But it could also be used to determine the sex of a fetus by the fifth month in order to abort females for parents who preferred sons.

Initially, China depended on foreign sources for ultrasound machines. The second half of the 1980s marked the peak period of imports, with 2,175 arriving in 1989, though it is not clear how many came through international aid. In 1990 the Australian Agency for International Development shipped 200 ultrasound machines to China as part of a \$4 million dollar grant. Foreign Minister Gareth Evans was asked whether he would seek assurances that they would not be used for coercive abortions. "I am not," Evans replied, "going to ask anybody anything," retorting that the unregulated export of coat hangers could also be used for abortions. In 1994, a guide to doing business in China listed ultrasound machines as one of the "HOT items," and advised exporters to "monitor the medical research programs of the World Bank and other multilateral agencies." For a decade already the World Bank had been providing hundreds of millions of dollars in interest free loans for "Population-Health-Nutrition" projects in China, though the Bank

has not allowed researchers to examine the files and see whether it was paying for ultrasound machines.

China gradually gained the capacity to make as many as 10,000 of its own machines every year. With prospective parents paying as much as \$50 to determine the sex of their fetus, they could pay for themselves. In its very first joint venture in China, General Electric set up a plant to produce still more ultrasound machines. By this point, the combination of ultrasound and late term abortions was already known to be shifting the sex-ratio all across China.

To be sure, both India and China have tried to stop the practice, both through law and public education campaigns. But after many decades of manipulative and even coercive population programs, these governments have a major credibility problem. After all, they long sought to make parents ashamed and embarrassed merely for having more than one or two children, when they did not actually make it illegal. They also presented family planning as a panacea for the problems of poverty and poor health. Why should we be surprised if couples now ignore government dictates, especially when they would limit their ability to plan their own families?

Similarly, for decades American experts and activists advised Asian countries to adopt these manipulative and coercive methods, employ untested and risky medical technologies, and use Western loans and grants to pay for it all. The results were so disastrous that in India the term “Family Planning” itself is completely discredited, and

advocates must use euphemisms like family welfare. We should not, therefore, expect that Asian countries will be eager to hear our advice about how to deal with sex-selective abortion.

But it is precisely because the US took a leading role in advocating population control worldwide that we cannot pretend that we have no responsibility for the consequences. The first step in taking responsibility is simply to acknowledge this history. It was only after a long, hard struggle that family planning organizations rejected population control and rededicated themselves to the principles of reproductive rights and health. As long as these organizations refuse to come to terms with their history, they will be vulnerable to accusations that they are still trying to control people, rather than empower them.

Looking back at the era of the *Population Bomb*, when the abortion wars first began, we can see that the world is now a very different place. Sex-selective abortion is just one of a host of new challenges that cannot be defined or even understood as a Manichean struggle between “pro-life” and “pro-choice” forces. We no longer face a population explosion, after all, and more and more countries are adopting incentives to boost low birth rates. Many individual couples are desperate to have children, especially in African countries with extremely high infertility rates. And in wealthy countries, some are tempted to use biotechnology to have superior offspring, or even outsource their pregnancies to India.

These issues pose excruciating ethical choices. What happens when governments find incentive payments don't persuade couples to have more children, and begin implementing more manipulative or even coercive measures? How can infertility treatment and adoption be regulated without prolonging the ordeal for childless couples? How should we consider abortion in places where women are pressured to bear only sons – or in a future in which everyone will feel pressured to have perfect children? But none of these questions turn on the intractable issue of when life begins. Instead, they concern something no less fundamental, the quality of life, and the way our choices can make life more or less meaningful.

It may seem naive to think that challenges like sex-selective abortion, coercive pronatalism, and genetic “enhancement” might bring about a peace process in this bitterest of culture wars. But what is the alternative? Those who consider themselves pro-life must eventually realize that manipulating people so they will have more children – no less than coercing them to have fewer – cheapens all of our lives. And those who consider themselves pro-choice would be in a stronger position if they were at the forefront in opposing *all* manipulative and coercive practices designed to control populations.

There are some encouraging signs. Family planning groups are beginning to speak out in defense of Chinese dissidents who protest the one-child policy. Some pro-lifers have recognized that promoting access to contraception is the best way to reduce the incidence of abortion. But a new agenda that can renew and revive the

cause of reproductive freedom will require much more, beginning with a greater effort to find common ground by pro-life and pro-choice people of good faith. We must work together to ensure everyone has access both to birth control and the help they need to bear and raise children without coercion or manipulation. We might agree that society has an interest in potential life, to be balanced against the rights of the mother, and together fight sex-selective abortions worldwide. Both sides could also join in recognizing international adoption – now anarchic and inequitable – as ripe for advocacy and reform. We can demand that infertility treatment become part of comprehensive health care for all, in Africa no less than the U.S. And if we are to permit new technologies to select out predispositions for health problems, or even “enhance” future generations, these choices too must be given to everyone equally.

It is not enough merely to insist on choice. Choices can be conditioned by default or design in ways that lead to new kinds of oppression. And the defense of life can also become an idol, a symbol devoid of substance, if the effect is to drive people to breed. Reproductive freedom is a cause that can and must stand on its own, now more than ever. But it can only take flight if it is animated by a vision of social justice in which every one of us is conceived in liberty and created equal.