



Investigation of Sterilization Camp Funding—India



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Produced by the Population Research Institute

USAID Funding of Sterilization Camps in India

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One in three Indian women have been sterilized. (Data derived from the Demographic and Health Surveys.)

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Executive summary

State family planners penalize health workers if they do not bring in their quota of women for sterilization. To fulfill their quotas, health workers offer money or gifts to women if they accept sterilization. Some are paid as little as 600 rupees—about \$10—to be sterilized. Other times, they withhold genuine medical aid to the woman or her child. Young childless women consent to procedures by thumbprint unaware that it will leave them infertile. Forced, coerced, or simply lied to, internationally funded programs in India systematically sterilize men and women without their consent.

The harried frenzy to fulfill quotas leaves the women in unsanitary and abusive procedures. The resulting abuses are harrowing; dozens of women being sterilized on school desks by doctors operating by flashlight; women maimed in the quest to meet government sterilization quotas.

Some see—and feel—doctors pull shreds of their organs from their abdomens during procedures. Doctors reuse gloves and needles for dozens of surgeries. Doctors know that the legal numerical limit on sterilizations performed per day is not enforced; their compensation per sterilization, however, is real and immediate.

COMPLICITY IN ABUSE

In 1992, the U.S. Agency for International Development (USAID) designed and signed the bilateral agreement to a program called the “Innovations in Family Planning Services” (IFPS) which it continues to implement in India. Through this program, USAID has funded and participated in tens of thousands of sterilization camps which engage in abusive sterilization practices. Between 2003 and 2006 alone, the USAID-funded program supported over 60,000 camps and sterilized over 810,000 men and women.

In some cases, USAID funding is several degrees removed from horrific abuse, but there is no doubt that USAID money in India is complicit in coercive sterilization programs.

The pervasive and frequent nature of the abuse makes complicity hard to avoid; sterilization camps are not a rare exceptions relegated to remote places. Approximately 1 in 3 Indian women of reproductive age has been sterilized, and, among these women, at least 1 in 3 did not give informed consent to the sterilization. A conservative estimate places the number of women in India who have been coercively sterilized at 28 million.¹ India’s sterilization programs systematically violate basic human rights in the world’s second most populous country.

As long as sterilization quotas take precedent over the consent and the health of the woman, the United States cannot justify participating in “family planning programs” in India. Despite verbal assurances of reform, India’s “family planning” programs remain so riddled with horrific abuse, that participating partners cannot avoid complicity. Until India enacts genuine and lasting reform, the people of the United State must withdraw their participation from India’s “family planning” programs.

¹ Data derived from the Demographic and Health Surveys (DHS)

Background

INDIA

With three million square kilometres of land to its name, India encompasses a diverse geographic area from the Himalayas to the Indian Ocean. India gained independence from Britain in 1947, and—with over 1.2 billion persons—the federal republic is the world’s largest democracy. The geographic diversity and large population make India one of the most diverse places on earth. The most commonly spoken are Hindi and English, but India holds hundreds of native languages.

In its attempt to rectify generations of caste and gender discrimination, India has affirmative action in schooling, politics, and employment. Despite large improvements, India still continues to struggle with violence and discrimination against women and girls.

India’s economy is beginning to harness its vast resources and its GDP growth rate averaged 6.8% per year between 2000 and today.²

INDIA AT A GLANCE	
Population	1,250,000
GDP per capita	\$4,000
Adult male literacy rate	75%
Adult female literacy rate	50%
Access to improved sanitation facility	36%
Population below poverty line	29%

POPULATION CONTROL IN INDIA

Population control has a sordid and extensive history in India. In the 1970’s India’s prime minister ruled by decree during an “emergency period.” In this twenty-one month period, the government coercively sterilized 11 million men and women.³

India is known for its compul-suasion tactics (a combination of compulsion and persuasion) to reduce its population. Seven states with a population of over 430 million persons prohibit those with more than two children from holding local public office.⁴

To mitigate its recurring problem with unsanitary and coercive camps, India legally prohibits doctors from performing more than 30 sterilizations in a twenty-four hour period. Sex-selection abortion is also illegal in India as well. These laws are not enforced.

POPULATION CONTROL IN INDIA ⁵	
Total fertility Rate: 1970	5.5
Total fertility Rate: 2015	2.5
Population growth rate	1.2%
Women sterilized: total	30%
Women sterilized: married	37%
Women sterilized: unmarried, sexually active	48%
Women sterilized: informed about other contraceptive methods	28%
Women sterilized: informed procedure was permanent	66%
Men sterilized	1%
Sex-ratio at birth (males: females)	112:100

² CIA World Factbook: India <<https://www.cia.gov/library/publications/the-world-factbook/geos/in.html>>

³ Morse, Anne and Mosher, Steven. “A Once and Future Tragedy: India’s sterilization campaign 39 years later.” *PRI Review*. 24 Jun, 2014 <<http://pop.org/content/once-and-future-tragedy-india%E2%80%99s-sterilization-campaign-39-years-later>>

⁴ Morse, Anne. “Aborting Indian Democracy.” *PRI Review*. 9 Jan, 2015 <<http://pop.org/content/aborting-indian-democracy>>

⁵ Data compiled from the UN Population Division and the Demographic and Health Survey.

USAID Funding of Sterilization Camps in India

Women's wombs are inflated with bicycle pumps. Some are paid as little as 600 rupees – about \$10 – to be sterilized. Some see – and feel – doctors pull shreds of their organs from their abdomens during procedures. Doctors reuse gloves and needles for dozens of surgeries. Antibiotics or painkillers, if used, may be tainted with rat poison.

These are just a few of the details about India's “family planning” programs that have emerged in the wake of the latest population control tragedy: the deaths in November of 14 women at a government sponsored sterilization “camp” in central India where health officials' reports say 83 women underwent surgical sterilization at the hands of one doctor in just a few hours.⁶

PRI has numerous documents which demonstrate unambiguously that America's foreign aid agency USAID has underwritten such camps in India for decades. They also establish that the agency – in concert with a host of American charity groups, India's biggest bank and private funders like Bill and Melinda Gates – has been the primary architect and a major overseer of the country's state-run population control.

BUSINESS AS USUAL

Two days after the news broke about the deaths of the women in Chhattisgarh at an abandoned rural hospital – while Indian health officials and human rights activists were denouncing the camp and the surgeon who conducted it was hiding from the swelling numbers of protesters in the district of Bilaspur– it was business as usual in the rural town of Gaurella just about 40 km north where workers were holding their twice-weekly sterilization day at the local health center.

The death toll was not as high – only one woman died but many more were hospitalized. It probably wouldn't have been reported at all except for the events earlier in the week. The Delhi based Human Rights Law Network had sent an activist and two lawyers to speak with the deceased women's relatives and health workers in Chhattisgarh. The stories recounted in their report released in December illustrate one of the darkest and cruellest population control regimes on earth.⁷

⁶ “Indian doctors 'use bicycle pump' to inflate women's abdomens during sterilisation surgery.” *The Independent*, Tuesday 02 December, 2014. <http://www.independent.co.uk/news/world/asia/indian-doctors-use-bicycle-pump-to-inflate-womens-abdomens-during-sterilisation-surgery-9897277.html>

⁷ “Fact-Finding Report on Sterilization, Access to Contraceptive Information and Services, and Women's Health in Bilaspur District, Chhattisgarh 14-18 November 2014,” Human Rights Law Network.



ONE FAMILY'S NIGHTMARE

Chaiti Bai was 22 years old and the mother of a six year old and 7 month old baby. She had never used contraception between her pregnancies but she had been feeling unwell in October 2014 and was jaundiced. So when the mitanin – or community health worker – came to her door and told her she could receive treatment at the Community Health Center in Gaurella, she agreed. The health center has a target of sterilizing 800 women each year, but the worker never mentioned sterilization or family planning to Chaiti.

Upon arrival at the center, Chaiti's husband Budh Singh was given a blank paper to sign. Unlike many in the center, he and his wife could read and write, but there was not text on the paper. He signed for his wife's medical treatment anyway. No one mentioned family planning or sterilization and Budh was ushered outside to wait.

A few hours later, when he was allowed into the recovery room, Budh found Chaiti among many women lying on the filthy floor, barely conscious. A health worker gave him some medicines for his wife, but no instructions and no paperwork.

The following evening Chaiti began vomiting. The health center sent her by ambulance to the district hospital three hours away the following day, but she died en route. Bud Singh received a compensation cheque from the government for 200,000 rupees –about \$3200.

WHO IS TO BLAME?

Health officials reported that some of the medicines used in Chhattisgarh contained a banned chemical used to poison rats. Police arrested the head of the company that made the drugs in Bilaspur and shut his factories. But other reports cited rusty surgical equipment causing infection as the cause of deaths. Many blamed the butchery of the greedy surgeon who, working for 100 rupees per operation according to one news report, was accused of trying to cram as many as he could in an afternoon's work.⁸

Surgeon R.K Gupta, who conducted the procedures did not understand the outrage, however. He told reporters that he had done more than 50,000 such surgeries and blamed the government for the number of women he sterilized on the day. "It is up to the administration to decide how many women would be kept for operation," he said.⁹

Indeed, human rights activists pointed to the government for failing to put a stop to the camps which not only violate the most basic national health and safety standards, but also clearly and egregiously breach national and international guidelines respecting human rights.

Human rights activists have repeatedly documented that camps like those in Chhattisgarh are pervasive and routine throughout India. They've detailed how women are persuaded with cash incentives – or the chance to win a refrigerator or a car – and how they are coerced – into sterilizations. And they have described cases in harrowing detail: young childless women consenting to procedures by thumbprint unaware that it would leave them infertile; dozens of women being sterilized on school desks by doctors operating by flashlight; women maimed in the quest to meet government sterilization quotas.¹⁰ Just last year, there was outrage after the national television station aired footage of women lined up and bleeding on the ground at a camp where 103 lower caste women had been sterilized in under five hours in another state.¹¹

Yet none of the Supreme Court of India rulings, international policies and declarations, ever seem to make a difference in India which has been a playground for population controllers for decades.

“It is up to the administration to decide how many women would be kept for operation.”

⁸ "India probe uncovers shared needles, poor hygiene after sterilisation deaths," *Mail online*, 02 December, 2014. <http://www.dailymail.co.uk/wires/afp/article-2857219/Probe-finds-shared-needles-India-sterilisation-deaths.html>

⁹ "India sterilisations were 'my moral responsibility', says doctor," *The Guardian*, Thursday 13 November, 2014. <http://www.theguardian.com/world/2014/nov/13/india-sterilisations-doctor-moral-responsibility-rkgupta>

¹⁰ "U.S.-U.K. Foreign Aid Tied to India's Forced Sterilization Campaign" *National Catholic Register*, 09 May, 2012. <http://www.ncregister.com/daily-news/u.s.-u.k.-foreign-aid-tied-to-indias-forced-sterilization-campaign/#ixzz3OKSecNKD>

¹¹ "103 women sterilised in a day at West Bengal hospital; probe ordered," *NDTV*, 06 February, 2013. <https://www.youtube.com/watch?v=5fmnGeK2cBM>



USAID DENIAL

USAID has denied having anything to do with India's odious sterilization camps in the past but its recent response to PRI carefully distanced itself only from “involuntary sterilization” in India.

“We are aware of the tragic deaths which have occurred in India related to female laproscopic sterilization surgeries,” a USAID spokesman said in a written statement to PRI. “We offer our deepest condolences and sympathies to the affected families. USAID does not support involuntary sterilization contraceptive services in India or in any other country in which we implement programs. U.S. law prohibits the use of foreign assistance funds to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any person to undergo sterilizations. Additional legal and policy requirements that apply to USAID-supported sterilization activities also help ensure the principles of voluntarism and informed choice.”

But documents reveal that USAID has for more than two decades been at the helm of India's family planning programs, not just funding the massive directive that includes tens of thousands of camps, but overseeing and orchestrating the entire program, even encouraging cash incentives for sterilization and IUD insertion.

A 2012 report from the Washington, D.C based global health consulting firm, Futures Group International, for example, outlines USAID's 20 year involvement in one family planning program, funding more than 60,000 “integrative reproductive and child health camps” which provided more than 810,000 sterilizations in a single state in India, in its first 10 years of operation—even

providing transportation to the camps, but only for the sterilization “acceptors.”¹²

The document describes a USAID designed program called the Innovations in Family Planning Services (IFPS). Determined to constrict India’s population growth, USAID signed the IFPS bilateral agreement on September 30, 1992. It was launched as a 10-year program, with \$325 million from USAID to be matched by \$400 million from India's government. It targeted India's most populous state, Uttar Pradesh, because of its high fertility rate (5.2 children per woman) and its low contraceptive use (21% using a Western technology to prevent births).

“Donor organizations need to be accountable for rights violations perpetrated with their funding. Activists have made reports of unsafe and unethical sterilization for decades - it's impossible that donors are totally oblivious to the violations.”

“The primary goal of the IFPS Project was to assist the state of Uttar Pradesh in reducing the rate of population growth to a level consistent with its social and economic objectives,” explains an affiliated program’s website. “In this long term goal, it is implied that there is a need to lower the level of fertility significantly.”¹³

Eventually, buoyed by its success, the IFPS extended into two more phases of operation between 2005 and 2012 in the states of Uttarakhand and Jharkhand. As well as providing “reproductive health services,” USAID interventions included training, technical support, social marketing, “behaviour change communication,” and the cultivation of “private public partnerships” (PPPs) in the global family planning industry.

As a first step towards achieving its long term goal in Uttar Pradesh, USAID and the IFPS created a special “autonomous parastatal” agency called the State Innovations in Family Planning Services Agency (SIFPSA) to “provide flexibility and avoid

bureaucratic delays.” In other words, they made an unaccountable agency to operate away from public view and outside the democratic process. It was directed by members of the governments of India and Uttar Pradesh as well as representatives from USAID and a number of private sector experts, all of whom, according to one report to USAID, it could afford to pay higher salaries than the governments could offer and had more control over finances.¹⁴

The Futures Group report documents how SIFPSA and the IFPS have used every “innovation” they could think of to achieve USAID's population reduction goal: attracting and training “providers,” “integration” of “family planning” with immunization and other services; the recruitment and training of armies of community workers to act as “motivators” to persuade Indian women to accept Western pharmaceuticals and surgical interventions; incentive schemes for “acceptors,”

¹² “20 Years of the Innovations in Family Planning Services Project in Uttar Pradesh, India Experiences, Lessons Learned and Achievements The Power of Innovations and Partnership,” Futures Group International for USAID, April, 2012. http://futuresgroup.com/files/publications/20_Years_of_IFPS_in_Uttar_Pradesh.pdf

¹³ State Innovations in Family Planning Services Project Agency website http://www.sifpsa.org/ifps_project/objectives.htm

¹⁴ EVALUATION: USAID/India Innovations in Family Planning Services Project Final Evaluation Report, May 2013. http://pdf.usaid.gov/pdf_docs/PA00JQ4B.pdf

massive advertising campaigns on radio, TV, wall paintings and even puppet shows to “change behaviour;” sex education campaigns for teenagers; and campaigns to lure women to give birth in cleaner, safer delivery rooms – where they can also be contracepted. Even the local dairy co-operatives are utilized as a platform for propagandizing Western ideas about small families and promoting condoms, pills, IUDs and, of course, sterilization.¹⁵

While some of IFPS's interventions, such as improving hygiene in delivery rooms or training gynecologists, have arguably helped Indian women, the campaigns for women's “reproductive rights” and “children's health,” it is clear from the USAID and affiliates documents that all of the initiatives are ultimately aimed at achieving USAID’s paramount goal of reducing the number of children born in India.

“Foreign donors have been funding sterilization in India almost since the inception of India's Family Planning Program,” Kerry McBroom, an American human rights lawyer with HRLN in Delhi told PRI. “Donor organizations need to be accountable for rights violations perpetrated with their funding. Activists have made reports of unsafe and unethical sterilization for decades - it's impossible that donors are totally oblivious to the violations.”

Given that 85% of all family planning money goes to female sterilization, McBroom added, “wherever money is being spent for 'maternal health' or 'reproductive health' money is going for camps as they comprise a significant portion of both these projects.”

Take, for example, how USAID paid for transport for women attending “reproductive and child health camps,” (RCH camps) but only if they agreed to be sterilization. One USAID/India Strategic Objective Close Out Report published by the Organisation for Economic Co-operation and Development (OECD) describes a \$168.3 million plan for “Reducing Fertility and Improving Reproductive Health in Northern India.”¹⁶

“All of the initiatives are ultimately aimed at achieving USAID’s paramount goal of reducing the number of children born in India.”

“RCH camps, which are popular as Parivar Swasthya Sewa Divas (Family Health Days)... provide an opportunity to integrate the efforts of providers and increase access to reproductive health services,” says the report. “Each camp included a gynecological check-up, child examination and immunization, family planning counselling and services and provision for transportation to clients who utilized sterilization services.”

Each camp was scheduled in advance and publicized. In rural areas, attractive jingles on audio cassettes were played, said the report on the project overseen by the Department of Finance in India, the SIFPSA and ICICI, India's largest bank.

“SIFPSA has funded 47,889 camps over a six-year period from 1998,” says the report. “On an average, 100 clients attended each camp and more than half of these accessed integrated MCH

¹⁵ *Opisit.*

¹⁶ USAID/INDIA STRATEGIC OBJECTIVE CLOSE OUT REPORT, <http://www.oecd.org/derec/unitedstates/36133186.pdf>

services.”

It adds: “Since most of these camps were in remote rural areas, the availability of a team of surgeons, anesthetist and female gynecologist were ensured from the district level. Enhanced budget for maintenance and fuel for vehicles was provided so that an adequate number of vehicles could be deployed to transport doctors to RCH camp sites and sterilization clients to their homes.”

Indicators used to measure the success of the USAID funded program included the “contraceptive prevalence rate” and the “total fertility rate” in Uttar Pradesh. Other indicators of progress were the percentage of babies born to trained providers and the percentage of women who received two tetanus toxoid (TT) vaccine injections during pregnancy – a questionable service considering that tetanus vaccines were recently surrounded with accusations of being tainted with contraceptive antibodies in Kenya, and all the more suspect in a campaign dedicated to reducing fertility.¹⁷

“Attendance at the RCH camps grew over time,” explains the Futures Group report. “By 2003, each camp on an average served 100 clients and more than half of the sterilization operations in the IFPS districts were performed at the RCH camps. Through March 2006, IFPS had supported 60,148 RCH camps, providing 525,000 antenatal check-ups, sterilization services to 810,000 men and women...” along, of course with a host of other family planning and immunization services.

ALL-AMERICAN FIELD SUPPORT

“Field support” groups listed in various documents include Johns Hopkins University, its affiliated non-profit “health organization” Jhpiego, the New York City-based Association for Voluntary Surgical Contraception (AVSC) which was founded as the Sterilization League of New Jersey in 1937 to “provide for the improvement of the human stock by the selective sterilization of the mentally defective and of those afflicted with inherited or inheritable physical disease.” It is currently known as Engender Health.¹⁸

Other groups financed by USAID to carry out the population control objective in India are the Washington, DC based Centre for Development and Population Activities (CEDPA), which trains health workers and “motivators” on the ground and produces family planning literature, CARE International, PopTech, a global “innovation” group based in Cambden, Maine, the New York City based Population Council, the Chapel Hill, NC based medical training and technological support group Intrahealth International, and the Washington, D.C based Population Reference Bureau.

These group's websites attest that they are still busy in family planning in India and many acknowledge USAID funding. CEDPA's most recent report lists \$5.8 million in grants from the US government in 2010 for example, as well dozens of other private and corporate funders including the Ford Foundation, the Conrad N. Hilton Foundation, the William and Flora Hewlett Foundation, the John D. and Catherine T. MacArthur Foundation and the Exxon Mobil Foundation.¹⁹

¹⁷ *The tense standoff between Catholic bishops and the Kenyan government over tetanus vaccines*, *The Washington Post*, <http://www.washingtonpost.com/blogs/worldviews/wp/2014/11/14/the-tense-standoff-between-catholic-bishops-and-the-kenyan-government-over-tetanus-vaccines/>

¹⁸ *Wikipedia*. <http://en.wikipedia.org/wiki/EngenderHealth>

¹⁹ *2010 Annual Report, The Centre for Development and Population Activities*. http://www.cedpa.org/files/2533_file_2010_Annual_Report_sm1.pdf



USAID TIED TO “RESULTS”

The OECD report also elucidates how USAID encouraged India's sterilization quota system to develop by carefully financing its activities in India. It used a unique mechanism known as “performance based disbursement (PBD)” in which the dollar value was attached to “a set of targeted results” agreed upon between USAID and SIFPSA. “The targets for achievement were set at an achievable yet ambitious level to emphasize the focus on achieving results,” according to the OECD.

Of course, on the surface it looked as though population targets were being dropped. As USAID noted to PRI this week, US law forbids funding them. The 1999 Tiarht Amendment prohibits the U.S. Agency for International Development (USAID) from funding any family-planning program that has targets or quotas, is coercive, has financial or other incentives or involves non-consensual experimentation. If any of these requirements is violated or a “pattern or practice of violations” emerges, the administrator of USAID has 60 days to submit a report of findings and remedies to the Committee on International Relations and the Committee on Appropriations of the House of Representatives and the Committee on Foreign Affairs.

It was damaging for India to keep quotas in the open after all the bad publicity China's One Child Policy was eliciting in the 90s anyway, so in 1996 India adopted a “Target-Free Approach” to family planning. But recent investigations by human rights activists in India have found that population targets and sterilization quotas are still routine and widespread. “Every state sets targets in its annual health plan for female sterilization, male sterilization, insertion of IUDs, and distribution of contraceptive pills,” says a 2012 report from Human Rights Watch (HRW) based on interviews with 50 Indian health workers. “A central government body, the National Project Coordination Committee, reviews these targets and allocates funds for family planning in every

state.”²⁰

And the funds, at least in part, are coming from USAID. A 2014 report of the Health Policy Project, a five-year cooperative agreement funded by USAID in 2010 and implemented by Futures Group, Futures Institute CEDDPA and others, details how funds to India’s National Rural Health Mission in the state of Uttarakhand are dispersed through a labyrinth of implementing District Health Societies and their underlying organizations and how “RCH Flexipool funds are used for reproductive and child health programming, which includes maternal health, child health, family planning, JSY, RCH camps, and compensation for sterilisation.”²¹

State family planners, working to ensure that the people sending the cash are pleased, can get draconian to meet their quotas.

“They shout at those who have not fulfilled their targets during meetings. It’s humiliating,” one worker told HRW. “They say, “If others can achieve the target, why can’t you? You must know some women? You must have relatives or some contacts after working in the villages? Use them and get women operated [sterilized].”

“In much of the country, authorities aggressively pursue targets, especially for female sterilization, by threatening health workers with salary cuts or dismissals,” the HRW report adds. “As a result, some health workers pressure women to undergo sterilization without providing sufficient information, either about possible complications, its irreversibility, or safer sex practices after the procedure.”

“They shout at those who have not fulfilled their targets during meetings. It’s humiliating.”

“I have to keep going to women’s houses,” one worker explained. “Sometimes in one week I go 10 times to one woman’s house.”

It’s also why at financial year end or when new budgets are being written, sterilization targets can suddenly swell in India. Dr. Abhijit Das from the Centre for Health and Social Justice, told HRW investigators, that in Bihar state for example, fewer than 150,000 sterilization operations were “achieved” in 2005-2006 but that target for 2011-2012 was set at 650,000 – nearly a four-fold increase. Similarly, the state of Madhya Pradesh set a target of 700,000 sterilizations, doubling what was achieved in earlier years.

SIFPSA’s “target-free” policies were simply a bugbear that family planners had to work around, while still playing the numbers game. SIFPSA’s website describes how it “kick-started the government sterilization programme after setbacks due to the introduction of the target-free approach and expanded services provided in camps by funding 60,148 integrated RCH camps in 33 districts of [Uttar Pradesh] and 5 districts of Uttranchal.”²²

²⁰ India: Target-Driven Sterilization Harming Women, 12 July, 2012. <http://www.hrw.org/news/2012/07/12/india-target-driven-sterilization-harming-women>

²¹ Effectiveness of Fund Allocation and Spending for the National Rural Health Mission in Uttarakhand, India Block and Facility Report, March 2014, The Policy Project. http://www.healthpolicyproject.com/pubs/377_UttarakhandPhaseFINAL.pdf

²² SIFPSA website. http://www.sifpsa.org/ifps_project/key_achievements.htm

And there is no sign of India retreating from its population control objectives. A press release issued last month by the Government of India's Ministry of Health and Family Welfare details new "schemes and awareness campaigns" by the government "to stabilize the population of the country." These include a new emphasis on "post-partum sterilization," a "compensation scheme for sterilisation acceptors" which has been "enhanced for 11 high focus states with high TFR," a National Family Planning Indemnity Scheme which protects "providers and accredited institutions "against litigation in the event of death or complications following sterilizations.

It also describes how the government made World Population Day a mandatory celebration in 2013, which is marked by "Mobilization Fortnight" and "Population Stabilization Fortnight" government funded campaigns marked by increased population control activity including camps.²³

RESURRECTION OF THE IUD

Clearly, India's sterilization camps are a public relations nightmare for health officials and any foreigners even remotely involved. It's not likely the way most American elite designers and "innovators" of the programs envisioned their population control being executed. But it is the reality.

Another new population stabilization "scheme" listed by the GOI is an "emphasis" on resurrecting hormonal and copper IUDs, intrauterine devices that are surgically implanted in the uterus to prevent conception for up to five years.

IUDs fell out of fashion in the US in the 1980s after as many as 200,000 American women testified they were injured by the notorious Dalkon Shield – and their market has never really recovered. Given the complications associated with IUDs from displacement (one 2014 study describes their migration to the peritoneal cavity is a known complication and they have even been found to migrate to the intestine), and expulsion to perforation of the uterus and infection,²⁴ it's hard not to wonder why a development agency would choose it for a country where women are dying from filthy sterilizations. It also is known to cause heavy bleeding in some women which would be a particular problem among Indian women, more than half of whom (56%) HRLN reports are anemic.²⁵

²³ "Population Stabilization." *Press Release of the Government of India Ministry of Health and Family Welfare*, 05 December, 2014. <http://pib.nic.in/newsite/PrintRelease.aspx?relid=112699>

²⁴ "Laparoscopic removal of migrated intrauterine device embedded in intestine." *Journal of the Society of Laparoendoscopic Surgeons*, July 2014. <http://www.ncbi.nlm.nih.gov/pubmed/25419105>

²⁵ See no. 2.

But in the mid 2000s USAID started looking for more ways to reduce fertility in the developing world and The Contraceptive and Reproductive Health Technologies Research and Utilization (CRTU), a five-year (2005-2010) agreement with Durham, NC based Family Health International (now FHI360) resulted. FHI started working in a number of countries including India through its Ministry of Health and Family Welfare (MoHFW), the Population Council, the Indian Council of Medical Research, the Constella Futures Group, SIFPSA and, of course, the government of India's most populous state, Uttar Pradesh, towards supporting the “revitalization” of family planning, “especially the IUD.”

In 2007, USAID sponsored a symposium with FHI360, about developing a “comprehensive strategy for IUD repositioning.” Dr L.B.Prasad, the director general of India's MOHFW once again highlighted the growing population of India. He said that “limiting methods” of contraception (ie., sterilization”) were not so acceptable as they once were and that they wouldn't really affect population growth enough since sterilizing couples had already had all the children they want. In order to really get numbers down, he said, they needed “birth spacing” and the Copper T380A IUD was the answer to be “promoted by changing the mindsets and attitudes of people and providers.”²⁶

This explains why currently at all of SIFPSA/ USAID/India affiliates' websites, including those belonging to Jhpiego at Johns Hopkins University and Engender Health include copious documentation about the benefits and need for promoting social awareness and acceptance of Long Acting Reversible Contraceptives (LARCs) like the IUD; and strategizing about social marketing and social franchising to “create a market” and “increase demand” for the devices. Once again, advertising agencies and media are enlisted, providers are being trained in the technicalities, and community workers deployed *en masse* to bring women into hospitals for safe, clean deliveries where they can have IUDs inserted within 10 minutes of delivery.

A study published in October 2014 in the *Journal of Obstetrics and Gynecology of India* says that post-partum insertion of a copper IUD is “safe and effective” and “cash incentives to the acceptor, motivator and of course provider would bring about a substantial progress in the PPIUCD use in developing countries like India.”²⁷

USAID seem to have been well ahead of that trend. One USAID/INDIA Innovations in Family Planning Services Final Evaluation Report from May 2013 discusses the implementation of a compensation scheme for IUDs and sterilizations, without any mention of the Tiahrt Amendment. “Janani Suraksha Yojana (JSY), a safe motherhood intervention under the NRHM [National Rural Health

“He said that “limiting methods” of contraception were not so acceptable as they once were, and that they wouldn't really affect population growth enough since sterilizing couples had already had all the children they want.”

²⁶ *Symposium to Develop a Comprehensive Strategy for IUD Repositioning*, Report of FHI 360, 03 March , 2008. <http://www.fhi360.org/sites/default/files/media/documents/Symposium%20to%20Develop%20a%20Comprehensive%20Strategy%20for%20IUD%20Repositioning.pdf>

²⁷ “Evaluation of Safety, Efficacy, and Expulsion of Post-Placental and Intra-Cesarean Insertion of Intrauterine Contraceptive Devices (PPIUCD).” Mishra S. *Journal of Obstetrics and Gynecology of India*. October, 2014. <http://www.ncbi.nlm.nih.gov/pubmed/25368457>

Mission], is being implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among poor pregnant women.”

“The success of the scheme is determined by the increase in institutional delivery among poor families,” explains the report. “All mothers irrespective of age, birth order, or income group (BPL & APL) will get cash assistance of Rs 1400 in a lump sum at the time of delivery. ASHAs [Accredited Social Health Activists] receive Rs 600 for accompanying a rural delivery and Rs 200 for an urban delivery.” The USAID document says that sterilization is equally rewarded under the scheme with 600 rupees for a tubectomy and 1,100 rupees for vasectomy.²⁸

Of course, there is no guarantee that IUD provision in India will be any safer, cleaner or more ethical than the sterilization camps were meant to be. HRW interviewed health workers who said India is already implementing the “camp approach” to IUDs. One doctor in Tamil Nadu said camps in her district insert IUDs in 30 to 35 women a day and activists are documenting cases of women having the devices inserted without consent and refused their requests to have them removed.²⁹

GATES FUNDING

USAID said last week that it no longer supports its SIFPSA offspring. There are new strategies in play and private sector funding and corporate profiteering are playing a greater role today, although there is considerable overlap between all these agencies. Rajeev Shah, the Administrator of USAID's \$22 billion annual budget, for instance, spent years in leadership positions at the Bill and Melinda Gates Foundation before he launched his government career.

Melinda Gates appears now to be leading the charge for IUD programs for India and the rest of the developing world. Her foundation website says it gave \$3million last year to Jhpiego Corporation to “provide support to the Family Planning Division, MoHFW, Government of India, as [it] takes leadership and management in providing voluntary, high-quality FP services in India with a special focus on the six high TFR [total fertility rate] states of UP, Bihar, Jharkhand, Rajasthan, Madhya Pradesh and Chhattisgarh.”²⁵ She awarded another \$5 million to Cambridge, MA based Abt Associates, a favorite of USAID, to promote a “basket of contraceptives including injectable contraceptives” to couples in Bihar and Uttar Pradesh.²⁶ And she gave FHI360 – a group that has been working in India over the past two decades -- \$3million for a multi-center study on IUDs.³⁰

While Gates has distanced herself from population control, Gates' family planning ties are hard to disentangle from their population control roots. Her foundation awarded \$15 million this year, for example, to “promote accountability” of family planning programming in India and other countries to Johns Hopkins University³¹ – a group that has been among those at the helm in India under IFPS for the past decades while women suffered the most barbarous sterilization abuses. But the Gates Foundation declined to answer PRI's questions about its programs in India.

²⁸ See. No. 9, p. 12.

²⁹ See No. 15.

³⁰ Gates Foundation website. <http://www.gatesfoundation.org/How-We-Work/Quick-Links/Grants-Database/Grants/2013/11/OPP1084386>

³¹ Gates Foundation website. <http://www.gatesfoundation.org/How-We-Work/Quick-Links/Grants-Database/Grants/2013/10/OPP1084463>

Some might consider the USAID/Gates “technological” approach to family planning amidst the deeply entrenched cultural context of India naïve. The question remains whether IUDs, latex rubber gloves for sterilizations and US-sponsored free condoms for men will do anything to truly help women in the country where they are still tortured to death in witch-hunts, half are married before age 18 and millions of baby girls are killed by infanticide. Indeed, the USAID approach—increasing Western pharmaceutical and device consumption and reducing by sterilization the number of babies born to Indian women – population control by definition – seems only to have added to the exploitation and suffering of India’s women. Already more than 20 years of history of US underwriting of this population control tyranny is documented in tedious government and NGO policy reports. The reality is told in heart-breaking detail by human rights activists, by the women themselves, and by their surviving families and children. America must now decide whether it wants that legacy to continue.

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