WE'LL PAY YOU NOT TO HAVE KIDS

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Alexandre Ismail Hunter College, CUNY
Jay Shukla NJIT
Kate Stafford MIT
Tristan Richards Penn State
Rajan Munshi Group leader
“We’ll pay you not to have kids.” The statement is the title topic for a policy targeted at keeping drug addicts from having kids. It’s a controversial idea that stirs ethical debates, recalls eugenics programs, class struggles, and personal choice rights. But what does the statement really mean? Is it ethical to buy a human right? Should it be allowed to sell a human right? We think these formulations are imprecise and unhelpful in dealing with an important situation that exists in our society. We believe the underlying question is really, “Will a person take care of the children they conceive?” If the answer is no, is payment for sterilization the solution? We also propose the following questions: Aren’t free reproductive choices a human right? Should children be brought into the world with unfit or terminally ill parents? Where is the line drawn? Who draws it?

Sterilization is a big step, whether it is temporary (e.g. Depo-Provera) or permanent (surgical). Who makes this decision as to who is fit to have kids? We say the addict themselves should make the choice: offer the addict a choice between having kids and something else, x. If they choose x over children, they show that something is more important to them than children.

A specific example of this is the CRACK program, operating in California and started by Barbara Harris. The name stands for Children Requiring A Caring Kommunity, and pays drug addicts in exchange for proof of sterilization. The rate is $200 for a permanent sterilization, and $50 every time long term birth control is used. To an addict this money would probably mean more drugs, and that is what CRACK offers: a choice between having kids and having drugs. This is a choice most drug addicts have already made. Most drug addicts do not want to have children while deep in addiction. Programs like CRACK don’t want them to either. Payment for sterilization is a way both parties can make sure that they don’t have babies they don’t want (e.g. unplanned pregnancy). Even if they want them, they probably can’t take care of them properly, and this should be avoided also. CRACK just rewards addicts for making the right choice, and ensures they don’t have kids accidentally.

It is the fate of these unplanned children that is the driving force behind CRACK. Some children of addicts have some health problems, but more importantly, most of them will end up in the foster care system which is a bad situation. In 1994, 78% of children in foster care had a substance abusing parent. These children are born into a problem and are delivered into a bigger one. It is more humane to prevent this future by rewarding a good choice than it is to let this situation continue while hoping for addicts to suddenly gain an ethical perspective on birth control.

It has been said that the money invested in programs like CRACK would be better spent on addressing the root problem, on treating drug addiction itself instead of its various downstream problems. This is a valid point. However, one must recognize that CRACK did not appear in a vacuum. It is a policy that designed to deal with a pre-existing situation. Apparently, some efforts have been made at rehabilitation, but there is a level of unwanted pregnancy that is occurring, and CRACK recognizes this and tries to deal with it. In an ideal world, CRACK might not be the best overall solution, but in the real world, its a not a bad local solution.

Finally, what of other cases, such as parents with HIV? Starting from the premise that ability to care for one’s children is the decider factor, being HIV positive does not directly indicate that one would be a bad parent, whereas being a current drug addict
does. Desire and ability to care, self evaluated by a monetary choice: it’s a humane and practical solution that can work.