“We’ll Pay You Not to Have Kids”: Sterilization of Drug Addicts and HIV Patients

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Question

• Is it ethical to pay people to become sterilized?
• Isn’t it a human right to decide whether to have children, regardless of a medical condition?
• Should children be brought into the world with terminally ill or unfit parents?
• Where do we draw the line?
• Who draws the line?
HIV Patients

• Treatments are being developed to reduce the chances of a parent passing HIV to their children
• Sperm washing, drug therapies and increased knowledge
• With improved technology, should we continue to discourage HIV patients to have children?
CRACK

- Children Requiring A Caring Kommunity
- Pays $200 to drug-addicted women to become sterilized or take long-term birth control
- “There’s no reason a drug addict or an alcoholic should get pregnant. And if we can prevent that by offering them $200, then it’s the best $200 that could be spent”
  -- Barbara Harris, Founder of CRACK
AGAINST:
Drug Addict
Sterilization

Tristan Richards
Crack Babies

• In 1980, there were 17,000 children in foster care in NYC

• By 1990, there were over 50,000, due to the ‘war on drugs’
  – Many of these children were exposed to crack before birth
  – The stigma of the crack baby made them unlikely candidates for adoption
  – The ‘Crack Baby’ became a part of the American vocabulary

Source: *The Seattle Post Intelligencer* (Feb 08 2004)
Myths of Crack Babies

• Crack babies were considered to have permanent developmental disabilities
  – FACT: it has not yet been shown that crack alone leads to these disabilities
  – FACT: many children who were exposed to crack before birth lead healthy lives

• In February, doctors issued the following statement:
  – “Through almost 20 years of research, none of us have identified a recognizable condition, syndrome or disorder that should be termed crack baby”

• Poverty, malnutrition, poor health care, and the crisis of addiction contribute equally to the developmental problems, and cannot be decoupled from the drug use
  – Smoking during pregnancy has a higher correlation to birth defects since a broader population is available for study
Barbara Harris: CRACK

• “Don’t let a pregnancy ruin your drug habit”

• Pays crack addicts $200 if they agree to be sterilized. $50 each time a form of long-term birth control, such as Depo Provera, is used

• Since it has begun, 560 addicts have been willing to accept the deal

  – Addicts should not consent to permanent sterilization;
  – Money is most likely going to be used for drug habit.
  – No rehabilitation services are offered!!!

Source: NPR: All things considered (Apr 10 2004)
A Possible Solution for Crack Addicts…

• Women who are addicted to crack can check into a rehabilitation clinic while carrying the baby to term. This will maximize the chance for a healthy birth.

• Rehabilitation of the mother is as important as the welfare of the child. The goal should be to create a home fit for the child without resorting to foster care.

• The state can decide whether the mother is fit to raise the child once it is born. If not, the child can proceed to foster care.
FOR:
Drug Addict
Sterilization

Kate Stafford
Alexander Ismail
Paid Sterilization for Drug Addicts

- In 1996, 8.3 million children (11%) lived with at least one substance-abusing parent.
- In 1994, over 220,000 infants (5.5%) were exposed to an illegal substance before birth.
- In 1997, 140,000 pregnant women (3.5%) drank heavily enough during pregnancy to endanger their fetus.
- Between 1/3 and 2/3 of substantiated child abuse or neglect cases involve a parent who is a substance abuser.
- A full 78% of children in foster care in 1994 had a substance-abusing parent.

Drug Abuse and Family Life

Typical child-welfare cases involving substance abusers include:

• A very young child who has suffered from neglect
• A child in foster care for nearly a year
• A single parent, overwhelmingly likely to be the mother, who receives welfare, Medicaid, or other government services
• A parent with a lower-than-average educational level
• A family from an urban area afflicted with safety problems

Remember that: substance abusers are less likely than average to use birth control (Siegal et al. 1996).

If substance-abusing parents are willing to undergo paid voluntary sterilization, should they not be permitted the opportunity to spare children from this bleak future?

AGAINST:
HIV Sterilization

Tristan Richards
HIV Sterilization

• Therapies now exist that can greatly reduce the risk of the parent passing on the HIV
  – A woman can prevent the transmission of HIV to her child by…
    • Taking antiretrovirals during pregnancy
    • Taking antiretroviral drugs during labor
    • Choosing caesarean section as the method of delivery
    • Giving the baby a short course of antiretroviral therapy after birth
    • Abstaining from breast-feeding

• With NO interventions, the rate of transmission is 25-45%, but with interventions, it can be as low as 2%!

• Today, HIV-infected couples live longer, healthier lives, and most patients are in their prime childbearing years
• 200 to 300 infants are born with HIV a year (most are to mothers improperly tested for the disease)
• If HIV patients have children, they should consult a fertility specialist who is skilled in HIV (reduces chances to lowest possible level)
HIV Sterilization

• Genetic diseases
  – Cystic fibrosis – 25% chance of having an ill child…what’s different about HIV?
  – What about other genetic diseases that are passed to children?

• Bad parenting
  – Does having HIV make a bad parent?
  – Does having any genetic disease make one a bad parent?
FOR:
HIV Sterilization

Kate Stafford
Alexander Ismail
Paid Sterilization for HIV+ Patients

- Worldwide, 1 in 10 new HIV infections occurs in a child under age 15. Most of these children are infected by their mothers.
- An estimated 4 million children have died as a result of mother-to-child HIV transmission.
- Rates of HIV transmission are 5-10% during pregnancy, 10-20% during delivery, and 10-20% during breastfeeding.
- In the developed world, access to good prenatal care – including Caesarean births and the availability of baby formula – has dramatically reduced these risks.

HIV and Parenthood

• The risk of transmitting HIV from infected parents to their children can, with proper medical care, be reduced to well below the risk of transmitting genetic diseases from carrier parents.

• However – women in the US who lack health insurance or who are substance dependent may not have access to these preventative measures and may not wish to invest time and resources in obtaining them.

• For these women, offering payment for long-term or permanent sterilization provides a convenient and effective birth-control option.
Meeting Objections

- **Does paid sterilization interfere with reproductive freedom?** When administered and funded by private organizations, paid sterilization is in no way an abrogation of reproductive freedom. On the contrary, it is an exercise thereof.

- **Does it target minorities?** Actually, 72% of substance-abusing parents are white (*Blending Perspectives*, 1999).

- **Can addicts really consent to long-term or permanent sterilization?** If not, it’s hard to imagine how they could consent to parenthood. Avoiding the birth of unwanted children to unqualified parents is both humane and financially beneficial to foster care systems already over-burdened with cases.

- **This program sounds like it’s exploiting addicts’ substance dependence.** Expanding an individual’s range of available options can hardly be described as coercive or exploitative.

My opinion

• I believe that it is ethical
• Patients are not being forced
• “No one should have children they don’t want. It’s bad for both the children and their parents” – Jeffrey Kahn, CNN
• Long-term sterilization is an option outside of permanent procedures
• When deciding on this issue, think of who’s well-being is more important: adults or newborns
References

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