



HUMAN LIFE INTERNATIONAL'S

PRO-LIFE TALKING POINTS

Female Sterilization

1. Deliberate disruption of healthy organs. The only medical procedures intended to *destroy* or *inhibit* healthy organs are those aimed at the male and female reproductive systems. The second most common medical procedure in the world is male and female sexual sterilization (the most common procedure is abortion). This is the strange state of reproductive medicine today. We never hear of doctors deliberately sabotaging the natural function of any other organ or system. There is no medical procedure designed to destroy a person's sight, hearing, or ability to walk, yet many people do not give any thought to the fact that many millions of men and women are willingly — and often *unwillingly* — sterilized all over the world every year.

2. Methods of Female Sexual Sterilization. The various types of female sexual sterilization mechanically block the Fallopian tubes to prevent the sperm and ovum from uniting.

a. Laparotomy. The most common female sterilization method is laparotomy. In this method, the woman's Fallopian tubes are sealed with electrocoagulation, in which an electric current burns the tubes and causes them to clot in order to prevent bleeding. In non-electric methods, a clip or band compresses and divides the tubes.

b. Hysterectomy. Another method of surgical sterilization is the hysterectomy, which is the removal of one or more of the female reproductive organs. Sometimes, hysterectomies must be performed in order to excise various diseases, including cancer. However, a large percentage of hysterectomies are done purely for birth control reasons.

c. Quinacrine Sterilization (QS). At least twenty different methods of chemical (non-surgical) female sterilization have been intensively investigated since about 1975. Among the most-studied compounds are chloroquine, an antimalarial and lupus erythematosus suppressant, and methyl cyanoacrylate (MCA). For years, Stephen Mumford and Elton Kessel of the Center for

Research on Population and Security traveled around the world with quinacrine chloride in a suitcase. They used a modified IUD inserter to place the chemical into the uteri of about 100,000 women, usually without medical supervision. The quinacrine pellets dissolve into

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powerful hydrochloride acid, which causes scarring in the Fallopian tube. Studies have shown that quinacrine may cause a tenfold increase in the risk of uterine cancer and a large increase in ectopic pregnancies. This is because the Fallopian tube is scarred closed to the point where a sperm can be passed, but not a blastocyst, which is thousands of times larger. Needless to say, a woman suffering from an ectopic pregnancy in a remote village is almost certain to die before her problem is diagnosed properly. Eventually, the United States Food and Drug Administration ordered Mumford and Kessel to destroy their stocks of quinacrine chloride, which were stored in the basement of Mumford's home. Mumford alleged that the FDA was obeying orders from the Vatican.¹

d. The Essure Coil. The newest method of female sterilization is the Essure Coil. This device is about four centimeters long, and is inserted into the Fallopian tubes, where it irritates the tissue and causes scar tissue to grow around the coil. In about three months, the Fallopian tubes

¹ Nalini Visvanathan and Mohan Rao, "Women at Risk: Quinacrine Sterilisation, a Practice that Defies Accepted International Norms, Continues in India." *Frontline* ["India's National Magazine"], September 20-October 3, 1997.

are rendered impassible. Essure's manufacturer refers to it as "permanent birth control," because the term "sterilization" has such negative connotations. The procedure certainly is permanent, because it cannot be reversed.²

3. Problems Associated with Female Sterilization.

Less than half of female surgical sterilizations can be reversed, and even if the reversal is successful, the risks of subsequent problems such as tubal pregnancies are greatly increased because reconnecting the tubes is a delicate and often difficult procedure. The female reproductive organs are not just for reproduction; they are an essential part of any woman's body and interact with brain chemistry and other hormones. Immediate ("on-the-table") injuries associated with female surgical sterilization include anesthesia-related complications, bowel burns from electrocoagulation, uterine, intestinal and bladder perforation and tears and transections of the Fallopian tubes.

Ectopic pregnancies comprise from four to 73 percent of all pregnancies resulting after sterilization, depending upon the method used.³ Other problems include changes in hormonal feedback, changes in menstrual patterns and psychological problems. Younger women especially may suffer from the effects of improper flow of blood to the ovaries after sterilization.

One of the most common side effects of female surgical sterilization is Post Tubal Ligation Syndrome (PTLS), caused by a lack of blood flow to the Fallopian tubes, which in turn may cause an interruption in progesterone levels.⁴ Symptoms of PTLS include loss of libido, weight gain,

depression, anxiety, chronic fatigue, heavy clotting during menstrual periods, mood swings, hair loss and severe premenstrual syndrome (PMS). Sometimes, menstruation leads to a build-up of pressure in the blocked tubes, which causes severe pelvic pain.

The death rate for female sterilization is about four per 100,000.⁵

4. Female Sterilization: An Ideal Weapon for Eugenicists.

From a population controller's view, female sterilization has many advantages:

- It is permanent. Once it is performed, the population controllers can forget about the woman's health, because she is "taken care of."
- Sterilization does not require constant monitoring by population controllers. They do not need to follow up and make sure she uses contraception consistently.
- Unlike abortion and contraception, sterilization can be done secretly, and is best done right after childbirth or during pelvic examinations. Not even the woman herself needs to know about it. This is a great advantage for the most unscrupulous of the population controllers.
- In low-resource areas, sterilization is difficult to detect. If a fertile woman suddenly cannot have children, it requires considerable medical resources to determine the cause of her infertility if she has been sterilized without her knowledge or consent.
- It is almost universally legal. In nations where abortion is illegal, this is a great advantage.

2 "Barnyard Sterilization Part Three — The Essure Coil." PRI blog at <http://www.pop.org/barnyard-sterilization-part-three-the-essure-coil>, February 5, 2009.

3 Robert A. Hatcher, et. al. *Contraceptive Technology* (16th Revised Edition). New York: Irvington Publishers, Inc., 1994, page 382.

4 "Information on Post Tubal Ligation Syndrome." Suite 101.com at http://gynecological-health.suite101.com/article.cfm/information_on_tubal_ligation_side_effects.

See the HLI Pro-Life Talking Points Document "Abusive Population Control" for more information on how female sterilization has been forced on the women and nations of the developing world.

5 "Tubal Ligation." Encyclopedia of Surgery at <http://www.surgeryencyclopedia.com/St-Wr/Tubal-Ligation.html>.

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