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between 1995-1998

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**Under the 'First World' Scalpel:
The Sterilization of Quechua Women Between 1995-1998**

Guillermo Senn

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Faculty of Graduate and Postdoctoral Studies
in partial fulfillment of the requirements for the degree of

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS	IV
SUMMARY	V
INTRODUCTION	1
Criminology/Women Studies Component	7
CHAPTER ONE	
REVIEW OF THE LITERATURE	13
Introduction and the Latest Stories	13
Discussion of Sources	15
Pre-Columbian Inca Society and the Centrality of the Land	16
Catechization of the Infidel: Invisibility the Oppression of Tyranny and Hegemony	20
Father Knows Best	24
Social Control of Poverty: What is your Race/Class and Gender?	29
Globalisation: a Model of Development Made in the U.S.A.	32
Gaps in the Literature Reviewed	37
CHAPTER TWO	
THEORETICAL ORIENTATIONS	39
Late-Colonial Lens	42
Critique of Late-colonialism	48
Location and Operation of Power	50
Critique of Foucauldian Analysis	55
Text Analysis: Late-Colonial Effects on the Social Representation of Women	58
Critique of Text Analysis	60

CHAPTER THREE	
METHODOLOGY	63
Quantitative and Qualitative Analysis	64
Method, Methodology and Epistemology	65
Standpoint Epistemology as Critical Theory	70
Content Analysis, Case files in Context	76
Addressing Limitations	78
Data Collection	79
Primary Sources	79
Secondary Sources	81
Overview of Criteria/Category Organisation	81
Ethical Considerations	83
CHAPTER FOUR	
ANALYSIS	87
The Historical Path of the Peruvian Economy and Notions of (in) Justice	89
1. Objectification, the Spectre of Quotas, and Lack of Informed Consent	95
2. Sexual Violence and Lack of Reproductive Health Choices in a context of Imperial Relations	100
2.1 The Unfulfilled Promise of Sexual Health Care	104
3. Othered Bodies and Social (in)Justice	107
3.1 Exploitation of Women's Bodies: Unequal Distribution of Health and Wealth.	109
3.2 Marginalization of Women's Bodies	111
4. Managing Risky/Dangerous Populations, Embodied Others and Transnational Interests	112
5. Dominating Marginal Bodies: A Primary Term for Conceptualising Injustice	115

5.1 Constructing Injustice: Impartiality, Medicalization and Eugenics	120
6. Alleviating Poverty: A 'How To' Guide by the Washington Consensus, IMF/World Bank, and USAID	121
CONCLUSION	129
Appendix I	133
Appendix II	135
REFERENCES	137

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SUMMARY

The recognition of one's exercise of sexual rights and reproductive rights, including the right to health, sexual health and reproductive health are critical matters. Also critical, and especially for women in a patriarchal society are rights related to contraception, natality control, and education on fertility matters since these rights contribute to women's control over their own bodies

In Perú, between 1995 and 1998, and as recently as May of 2003, documented evidence points to legislation and institutional practices that continue to deny women these rights thus affecting their lives, the lives of their children and the outcome for their unborn. Furthermore, cultural imperialism restricts reproductive choices, engenders violence and fosters a discriminatory climate. Particularly abhorrent is their victimization in public health care facilities, and in the private realm of doctor's offices, areas in which one expects safe, professional and caring services. These women must endure victimization because of their ethnic, economic and linguistic backgrounds, which often results in their limited possibilities of seeking justice. Justice is hard to find even when women's bodies are marked, mutilated and damaged by a scalpel trained under patriarchal, colonial, and imperialist beliefs.

The Peruvian government, in enacting the 1995 National Population Law (hereinafter 1995 NPL) applied under the "1996-2000 Family Planning Program" and guided by the "Procedural Manuals for Sterilisations" reinforces these beliefs. In so doing, the state contributes to the oppression and domination of marginalised social groups while alienating some bodies from fertility choices and transforming them into objects of manipulation.

Four main chapters constitute this thesis, as well as an introduction, conclusion, and appendices. The introduction presents an overview of reproductive health, or lack thereof, in Perú.

Chapter One introduces the examined material through a literature review, as the basis for the following chapters. Chapters Two and Three, address theory and methodology respectively acting as lenses and suggesting ways of examining the oppression that disables marginalized social groups.

In light of the foregoing chapters, Chapter Four analyses the stories of oppression and domination of marginalized social groups, embodied in state sanctioned practices of fertility control. Bringing the margins to the centre, this portion of the story relies on the testimony of the women themselves, reflecting their voices and opinions as producers of knowledge rather than victims.

This research work closes with questions formulated to elicit further stories, and reaffirms its aim to serve as a basis for political consciousness, social change and activism through academic means.

INTRODUCTION

Hilaria Supa says her sister in law went to a rural clinic in the Andes a few months back to be treated for the flu but was promptly given anaesthesia and sent back to the operating room. "They tied her tubes without her knowing it, or her husband knowing it," Supa said. Supa's sister in law, Felipa Cussi, 30, already had five children, and health workers in Anta, near Cuzco, apparently decided that was plenty.

"To give you an idea of how crazy it is getting, in the village of Huancabamba I found two women who had had their tubes tied and they were past menopause. They were over 50," Tamayo León said. Yet, another example of craziness is that of Magna Morales. Ms. Morales, 34, a mother of five, said she did not want to get her tubes tied, and hid when health workers came to her house in Tocache in December 1996. They spotted her four days later and took her to the health clinic, where they sedated her and did an immediate tubal ligation. Morales died January 1, 1997, from complications.

Another woman, Juana Gutierrez Chero, died last June in northern Perú. Her relatives said she had no idea doctors were tying her tubes. "They are practising massive control," asserted Supa, whose sister in law was sterilised. "They want to exterminate our race" (Johnson, 1998: C3).

Calvin Sims, of the *New York Times* reports that for Magna Morales and Bernardina Alva, peasant Andean women who could barely afford to feed their families, it was a troubling offer but one they found hard to refuse. Shortly before Christmas, government health workers promised gifts of food and clothing if they underwent a sterilisation procedure called tubal ligation. The operation went well for Mrs. Alva, 26, who received two dresses for her daughter and a T-shirt for her son. But Mrs. Morales, 34, died of complications 10 days after the surgery, leaving three young children and a husband behind. She was never well enough to pick up the promised gifts, and the family was told it could not sue the government over

her death, because she had agreed to the procedure. In response to these allegations, the government has vehemently rejected charges that it is conducting a campaign to sterilise poor women and says that all its sterilisation operations are done with the patient's consent, as required by law.

Luis Solari, a medical doctor who advises the Peruvian Episcopal Conference stated that "the government's program is morally corrupt because nurses and doctors are under pressure to find women to sterilise, and the women are not allowed to make an informed decision." "No one has the right to intervene in people's life this way," Solari said, "it is criminal." In an anonymous response, Health Ministry officials said that in the last year the program had suffered from "lapses in judgement" by individual health-care workers and doctors, who had been reprimanded.

Deputy Health Minister Alejandro Aguinaga, who oversees the government's family planning-program, said he did not wish to speak to the *New York Times* (Sims, 1998: b6).

The above commentary appeared during 1998, in the *New York Times* and the *Miami Herald* newspapers. These two articles, as well as others published in North and South America call to our attention the coercive nature of some fertility practices, directed mostly towards women.

In Perú, abortion, arguably an intervention where a woman exercises some measure of control over her body is a criminal offence. At the same time sterilisation is legal, enacted, controlled and administered by the state. What are the implications for women, of a law that enforces gendered power relations? What legitimated patriarchal notions subjugate these women? Why must they loose their voice to the rhetoric of the establishment? These are the questions that drive the research and, I argue, are inseparable from questions of law and justice. In Perú, similarly to many other nations in the modern world, notions of distributive justice and distributive economy link justice with law.

However, distributive justice is unjust while distributive economy is a fallacy of neo-liberal thought. The concern of distributive justice is the rightful possession of goods, of entitlements, where the individual is separate from the object possessed. Distributive justice is unconcerned with the social structure that produces distribution, divorced from the individual and uncaring about why some are entitled to more than others are. In short, distributive justice is unjust because it reduces individuality to possession (Young, 1990: 16-19). Not to appear entirely erroneous, distributive justice relies on distributive economy.

This notion of economy presupposes that, paraphrasing Young's (1997) meritocratic racetrack model, we all start at the same economic gate and it behoves us to finish the race in the best position possible. In other words, distributive justice believes in a system of meritocracy. The fallacy becomes clear when we notice that while some start from the correct gate, and have every opportunity to race on a level track, others start from a gate further behind and have a much longer road to reach the finish line. Some are deceived even more, tricked into believing they are racing while all their doing is watching from outside the gates (Young: 1997, 493).

The larger story, and the focal point of this study, argues that the 1995 National Population Law (hereinafter 1995 NPL) defies justice, while its application put into practice through the "Program of Reproductive Health and Family Planning 1996-2000" and accompanying "Procedural Manuals for Sterilisations" amounts to grievous harm and, arguably, genocide.¹

While the legislation is unjust because of its marriage to notions of distributive justice and distributive economy, its application is discriminatory. By discriminatory I mean that, as applied in Perú, reproductive health is nothing less than coerced differential fertility for poor and marginalised groups, and family planning for other more fortunate

¹ Questioning coerced sterilisation as genocide would constitute an exploration of its own, and beyond the scope of this study. However, and because the argument concerns Human Rights matters as well as international law in the context of humanitarian intervention we find, in Appendix II, definitions of genocide as well as a brief background on the subject.

social aggregates. Questioning the application of reproductive health in this manner brings out the concepts of domination and oppression affecting some social groups. Domination of women, conceptualised in terms of gender powerlessness, links institutional power relations that prevent people from deciding their own actions (Young, 1990). This work explores the conditions for domination on Chapter Four, by using research data as a tool for analysis.

Oppression, a practice that weights down select social groups, is a major theme of this work given that it is a practice that disables women, native populations and people of colour. However, oppression is relational and does not operate on its own. Rather, as Young (1990) argues, exploitation, marginalisation, cultural imperialism and violence take their rightful place alongside oppression. However, were it not for the claims of impartiality in law the foregoing practices could not operate fully. Impartiality, briefly, embodies the standard of universal truth, as held by privileged groups to the detriment of others. Impartiality, by rejecting the individuality of persons as well as social aggregates provides the entry point into patriarchy, colonial practices, economic imperialism and the race/class/gender trilogy.

The major themes of oppression and domination of some social groups provide the keystone context in which to examine the tension between the rhetoric of family planning vis á vis population control.

Betsy Hartmann (1995) defines family planning and population control. She states that these programs vary widely “depending on whose interests they serve” (1995: 57). Family planning offers a wide choice of male and female contraceptive methods, includes safe abortion, full information on benefits and risks and supportive counselling on how to use contraceptive methods. It entails pre-operative screening and follow up, counselling, full range of health services and sex education. Most importantly, it respects “the local culture and local health providers, and the incorporation of traditional fertility control methods practiced by the community, if they are safe” (1995:58). Lastly, family planning

programs ensure freedom from oppression, domination, pressure or coercion through informed consent practices.

Population control, on the other hand, imposes birth control on women “from above”, limits choices, “fail to give adequate information and counselling” and neglect pre-operative screening. Moreover, it is insensitive to local culture and ignores “sexual politics of reproduction” (1995: 58).

While the Peruvian government presents a façade of family planning and fertility choice for poor women, the documented history is one of population control, of abuse, coercion, intimidation of the poor and botched sterilisations.

I argue that the dichotomous behaviour between the Peruvian government rhetoric of family planning and the reality of population control traces its roots to the notion of oppression. Moreover, race/class/gender, patriarchy, colonialism, and the United States foreign policy on population control exemplify some applications of institutional oppression.

To elaborate, race, class and gender are methodologically relevant to my thesis. They are listed together because, as Weinstein argues, we should “no longer have to choose” amongst them, but instead emphasise that they provide an essential trilogy when addressing population control issues (Weinstein, 2001).

In turn, patriarchy and colonialism, social systems and practices that foster oppressions, domination and exploitation of women, are two of the many threads weaving rhetoric with the social reality of population control. These threads are essential components of the power practices over marginalised groups because they provide an understanding of the social history of the target population.

Historically, from the time of the Spanish conqueror Pizarro, patriarchy or the rule of the father, reigned supreme over the colonised “other.” More specifically, it informs official behaviours that are different and separate depending on the group being addressed. Indigenous populations are, from the official perspective, different -but not individually relevant- from the white official, doctor, bureaucrat, or legislator. Quechua woman is

definitely not like him: she is gendered, she is poor and generally a liability. Othering, the disaffirmation of her self as equal, enables officialdom to enact unjust sterilisation legislation that allows patriarchy to perform insalubrious surgery, and to set sterilisation quotas applicable only to the marginalised other (Flores, 1999: 27-62).

Colonialism, as Linda Smith (2001) states, is also a synonym for imperialism. She defines imperialism as a series of events from “discovery, conquest,” and “exploitation,” to “appropriation” marking the hidden path to legally targeting the marginalised (2001: 21). The significance of her framework rests in the possibilities for reconstructing the indigenous perspective starting with a late-colonial paradigm. Late colonialism upsets colonial discourse by locating it in a context that reclaims control of indigenous ways of knowing, aimed at consciousness raising through political activism.

Lastly, neo-liberal policies embodied in globalisation and the attending rules of the International Monetary Fund (IMF) also obscure population control by interweaving it with family planning. Globalisation is “free market capitalism” and it revolves around “opening, deregulating and privatising” the economy. It has its own “defining structures of power” that focus primarily on the promotion of growth and income distribution (Friedman, 2000: 9-13). That is to say, growth and income distribution amongst the manufacturing, importing, well heeled economic elites.

Under the IMF notion of development, ‘Third World’ nations require loans to improve their lagging economy and achieve free market capitalism. The IMF did lend Perú billions of dollars, thus gaining an important voice in Peruvian economic policies. When loan repayments became too high for Peruvians to pay back, the IMF imposed a program of structural adjustment. In conformance with the IMF plan, the macro-economic policies of the Fujimory administration lead to “malnutrition...tuberculosis...the collapse of the public health infrastructure,” and the closing of schools and hospitals (Chossudovsky, 1999: 201-202).

Hailed as a saviour by the international economic community, President Fujimory initiated, placing Perú in a deeper hegemonic relationship to the World Bank, “phase two”

of his “major structural reforms” (Chossudovsky, 1999: 201-202). Part of these structural reforms, and under the umbrella of the “Program of Reproductive Health and Family Planning 1996-2000”, the sterilisation of over 218,000 women, thousands of whom did not consent to the procedure (Flores et al, 1999: 18-59). As Tamayo (2000) writes, these events point to a systemic effort by the government of Perú to prevent, albeit legally, the birth of more marginalised poor under the guise of family planning. This restructuring assures that the “poorest of women in Perú” see their “reproductive health and freedom of choice endangered by the government, all in the name of some grandiose program. It was nothing personal” (2000: 5).

Criminology/Women Studies Component

This work forms part of a collaborative interdisciplinary project; bringing together “sites of academic production” traditionally separate from one another: political economy, arts, and social science (Martinez and Stuart, 2003: 12).

The Criminological component locates the legal ideal of impartiality “as being at [the] core of class and patriarchal relations endemic to our social order” (Young, 1988: 290). Moreover, this work considers Criminology as a composite, eclectic, and multidisciplinary enterprise that draws upon sociology, history, law, psychology, and more specific to my project, Latin American studies and feminist studies in an effort to “renew the criminological project” (Garland, 1998: 18-19). This renewal takes as its point of departure what C. Wright Mills termed “sociological imagination.” In other words, by considering that whereas uninformed sterilisation may be a “personal trouble of milieu” at the individual level, it becomes a “public issue of social” control when legalised and bureaucratised as population control (Mills, 1967: 8). When the state engages in sterilisation without consent as a matter of policy -officially defined as family planning- this practice undergoes a transformation. From a benevolent practice designed to empower women through informed choice, it becomes cultural imperialism perpetrated by officialdom against target minorities.

Cultural imperialism, through the rule of law, intervenes to shape society and its institutions “in conditions favourable to an established order” (Scraton, 1990: 23). To exemplify, the established -patriarchal- order parades the traditional perspective of elite groups as universal, the institutions provide consensual opinions that justify their own central location, thus creating a marginal locus occupied by minorities, native populations and Quechua women. Instead of managing “by consent” the state “rule[s] by oppression” contributing as an actor in the production and reproduction of cultural imperialism as a form of social control (Scraton, 1990: 23). Social control takes place within wider society, traceable to historical narratives, driven by the construction of gender, and the exercise of power producing knowledge. This is the locus where feminist thought meets the discipline of Criminology.

Feminist thought does not mean, in the specific case under study, concentrating exclusively on Quechua women, despite the grievous and irreversible harm done to them by the state. It does mean an archaeological voyage in the Foucauldian sense, preoccupied with unearthing the hidden stories buried in the rhetorical dust of traditional historical positions, of current practices of patriarchy, oppressive behaviours and political discourses. It does aim at examining the stories of Quechua women from a feminist perspective in an effort to engage in multidisciplinary participation. In other words, drawing strength from the combination of criminological thought with history, with textual analysis, and with the race/class/gender trilogy, to reach an explanation of why some bodies are despised and rendered docile through uninformed sterilisation practices.

A feminist analysis aims at locating gender where it belongs: away from the margins, and at the centre of the public issue of minority oppression. While not blaming state officials for their beliefs, since this would be a simplistic and reductionist explanation, a feminist reading recognises the patriarchal pattern behind what Stanley Cohen defined as “control talk.” It is also concerned with hegemony: consensual and not coercive relations of power (Scraton: 1990: 15), because we cannot remove all responsibility from Quechua women. These women may have a measure of participation

on their domination, and ignoring the possibility idealises the oppressed reducing oppression to a simplistic binary of “doer” and “done onto” (Benjamin, 1998: 9). Moreover, this idealisation would diminish the impact of the prevalent politics and patriarchal culture, as if some Quechua women had no part in their mutual relations of submission. The question that merits exploration is why they participate in what amounts to colonial slave relations with officialdom. The answer resides, partly, on the study of the social relations between officialdom and Quechua women: the former having a relationship of master/slave and offender/victim with the latter. The investigation suggests that these women are subject to these relationships because of historical colonial discourses grounded in a social context ranging from “discovery, conquest,” and “exploitation,” to “appropriation” and marginalisation (Smith, 2001: 21). It is this same colonial - patriarchal- discourse that “others” Quechua women and justifies population control because of their gender, race, class, and ethnicity.

When considering the larger narrative of injustice embodied in uninformed sterilisation and operating through oppression and domination, several sources influenced my thinking.

For example, this project argues that consciousness of colonialism and historical accounts incorporate a central understanding: race, class and gender are ideological constructs acting over time and space and visible through cultural imperialism. The 16th century coloniser practised this construct of domination, and it continues to influence social performance today. It occupied the space throughout the ‘New World’ including Perú, and continues to occupy the socio-political space of the 21st century. A wholesome exploration of these ideological constructs includes a macro examination of economy, political influences, and feudal land tenure practices. In this context, I rely heavily on Linda T. Smith’s “Decolonizing Methodologies: Research and Indigenous Peoples”, Edward Said’s “Orientalism”, Aimé Césaire’s “Discourse on Colonialism” and, last but not least, texts and articles by Gayatri Chakravorty Spivak.

The thoughts concerning marginalisation, exploitation and the notions of risky populations and gender domination derive their strength from the work of Michel Foucault in "The Archaeology of Knowledge", "Discipline and Punish", and "The History of Sexuality." As a whole, these works draw attention to relations of power-knowledge that reinforce, reproduce and reflect patriarchy through institutional relations.

In the case of Peruvian fertility control legislation, oppression and domination are ultimately based on group directed violence legitimised through the institutions and legalised by an "impartial" legal text. Problematizing these texts, language and concepts reveal the suppression of women as defined in terms of what she is not, as a binary kept in place by the legal, economic and political "natural" ideologies. Chela Sandoval, in "Methodology of the Oppressed", and Donald Hall, in "Literary and Cultural Theory: From Basic Principles to Advanced Applications", provided guidance and insight on the critical analysis of government documentation and legal texts.

Lastly, two overarching texts ground my particular vision of the narrative, Betsy Hartmann's "Reproductive Rights and Wrongs: The Global Politics of Population Control", and Iris Marion Young's "Justice and the Politics of Difference".

These works, taken together, show that "there are at least two sides to every story" constantly "threaten[ing] to erupt through the well papered cracks of the discursive surface" (Cain, 1990: 124). This "discursive surface" permeates legislation and government policy in a conflictual society -characterised by inclusion and exclusion- such as the one under examination.

Moreover, the very essence of Criminology links it to a field of social problems, to the instability of the subject, to gendered understandings and historical roots, that "constantly transforms its objects of study" (Garland, 1998: 18-19). It is thus "susceptible to pressures and fields of study generated elsewhere" (Garland, 1998: 18-19) and merits a multidisciplinary approach. We may not dismiss the reality that criminology insists that there are at least two sides to every epistemology (beliefs about what counts as appropriate knowledge): that of officialdom and that of the marginalised, that of state control and that

of those under control (Cain, 1990: 140). I attempt to investigate these uncertainties from a Criminology and Feminist perspective, both relevant heuristic devices.

However, the telling of the larger story, presented in Chapter Four, takes its background from relevant literature, theories and methodology. Accordingly, Chapter One presents the texts orienting the ethics and morality of women directed fertility control.

Chapter Two introduces the theoretical underpinnings of this work stemming, mainly, from the work of Linda Smith, Edward Said, Aimé Césaire and Gayatri Spivak for a late-colonial perspective. Michel Foucault provides the philosophical understanding of subjectification through power relations that produce docile bodies. Lastly, Ronald Barthes, Chela Sandoval, and many “Third World” writers contribute their understanding of deconstruction and literary theory as a textual counterpoint encouraging political action.

Chapter Three discusses the relevant methodology, mindful of ethical considerations and from a feminist standpoint perspective. The chapter includes details on data collection and classification of source material.

Finally, Chapter Four presents the story of the Inca located in relation to oppression and domination of native populations traceable to historical, patriarchal and ethnocentric roots, by proposing a thematic analysis of the materials. The thesis concludes with a summary of the findings, and suggestions for further political action through academic research.

To conclude, my intention in preparing this research work has been modest. Quechua women sterilised by the state without their explicit consent, under the stated official goal of family planning is an issue deserving of scrutiny. This exploratory framework grounded on the lived experiences and testimony of social actors as epistemic sites illuminates the politics of domination -race, gender, colonialism and exploitation of the marginalised- at work. It aims at exposing the grievous harm done to select female populations while not purporting to generate a definitive work on the matter. That book remains to be written, and by a Quechua woman. Instead, my intention is to recount

herstory to encourage consciousness raising and resistance through research as a tool for political activism.

CHAPTER ONE

REVIEW OF THE LITERATURE

Surgeons must be careful
 When they take the knife!
 Underneath their fine incisions
 Stirs the culprit – Life!

(Dickinson, 1998)

Introduction and the Latest Stories

Emily Dickinson's poem highlights, in many ways, the multiple concerns regarding the medicalization of women's bodies. Medicalization of fertility removes, more often than not, rights to self-determination, possibilities for a satisfying and safe sex life, and interferes with individual choice of fertility regulation. Despite international covenants, conventions, and protocols² to the contrary the formulation of reproductive health legislation, particularly in the 'Third World', continues to discriminate against women (Cook and Dickens, 2000).

Moreover, gender norms, patriarchal privilege and behaviours function in ways detrimental to the health and well-being of women and men (WHO, 2002). While recognising that discriminatory fertility practices also affect men's health, this review concentrates mostly on its effects upon women. In applying fertility legislation in a fashion that targets mostly women, the state simultaneously endangers and constructs dangerous bodies. Poor female bodies are dangerous because they reproduce poverty, and are in danger because quota driven sterilisations campaigns victimise, mark, mutilate and kill many of these bodies. Thus, institutional power subjugates and "take hold" of the body transforming it into political currency (Frigon, 2003: 132). Constructing poor bodies

² Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), United Nations 1994 International Conference on Population and Development Programme of Action (Cairo Programme), the United Nations 1995 International Conference on Population and Development Programme of Action (Beijing Platform), and the Inter-American Convention on the Prevention, Punishment and Eradication of Violence Against Women (Belem do Pará) amongst others.

as sites of deviance and marginality (which assumes 'richer' bodies are neither degenerate nor pathological) provides the political entry point for the institutions to manage 'dangerous bodies'. Management includes control, especially of the female body, via medicalization -reproductive techniques and control of fertility- (Frigon, 2000: 154-155) and in the case of Perú, legislation that criminalises abortion while sanctioning sterilisation.

Spivak (1999) also argues that both women and men are subject to, and at times subject themselves, to marginalisation. However, she also points out that women are marginalised more often than men, an argument grounded on the not so simple notion of subject centrality. Briefly, we can understand marginalised groups and individuals in terms of who occupies the centre. The centre of most, if not all stories from the "civilised" world take their clues from an ethical man, heterosexual, white, and property owner.

It is against this gendered and marginalising backdrop that Perú enacts the 1995 NPL to address reproductive and sexual health. However, its application in the poorest regions of Perú as uninformed, and often coerced, sterilisation target women versus men at an alarming 28 to 1 ratio. Sterilisation, presented by the state as the only form of fertility control, obstructs rather than facilitates the availability of reproductive and sexual health services, dismisses rights to informed consent, freedom of choice, privacy and safe delivery of health services (Trinidad, K., 1997; Tamayo, G. and Macasi, I., 1999; Reyes, M., 2000; Vargas, M., 2001).

Although the beginning, middle and end are the essential categories of a story, the Inca story has not ended since control of women's bodies in Perú continue. For this reason and although the present work concentrates on the 1995 to 1998 period, it is worth highlighting, albeit briefly, recent events in the Peruvian reproductive technology field.

As recently as May, 2003, the Ministry of Health (hereinafter MoH) enacts Ministerial Resolutions that reverse the few progressive sexual health policies codified under the 1995 NPL. Under these new resolutions, the MoH mandates the registration of

pregnancies, restricts access to emergency contraception services³, and legalises holding back of reproductive health services on religious or personal grounds. The Peruvian medical community raises objections to this new bill, because it further obstructs delivery of essential reproductive services, ignores women's rights to autonomy and contradicts fundamental principles of justice (Távora, 2003). Moreover, the Centre for Health and Gender Equity (2003) argues that the ideology behind these new policies is traceable to ultra-conservative members of the U.S. Congress -Chris Smith (R-NJ)- working in conjunction with USAID and MoH officials (CHGE, 2003).

Discussion of Sources

Although globally there is much written material on reproductive health, specific data on the Peruvian situation consists mostly of non-peer reviewed material. Rather, and perhaps much closer to the feelings, suffering and concerns of real women, documented information comes from leading women's organisations,⁴ Peruvian newspapers, Ombudsman reports, U.S.A government reports, selected Canadian and United States PhD thesis, and *in situ* interviews with affected women, conducted by feminist organizations. In addition, historical, anthropological, legal and economic texts contribute to the thematic review of the literature.

The emerging topics of study, Inca society and the land before and after colonisation; patriarchy; control of the poor based on race/class/gender; and globalisation as understood by the 'Washington Consensus', suggest a step back, not forwards, on the application of reproductive health legislation. Moreover, some of the authors support the

³ Emergency contraceptives are methods of preventing pregnancy after unprotected sexual intercourse. It may be used when a condom breaks, after a sexual assault, or any time unprotected sexual intercourse occurs. In Canada and the U.S., emergency contraceptive pills go under the trade names of "Preven", "Plan-B" (levonorgestel), and "Ovrette".

⁴ Flora Tristán Peruvian Women's Centre, Movimiento Manuela Ramos, Estudio para la Defensa de los Derechos de la Mujer (DEMUS), Latin American and Caribbean Committee for the Defence of Women's Rights (CLADEM), and the Center for Reproductive Law and Policy (CRLP).

view that while purporting enhancement of reproductive rights and health care the acknowledged excesses represent an unmistakable conservative (neo-colonial) position (Távora, 2003; CHGE, 2003).

Pre-Columbian Inca Society and the Centrality of the Land

The story begins with the Inca culture before the arrival of the coloniser. It must, since the themes of the story owe their significance to the centrality of the original Inca culture⁵ later transformed by colonialism. Pre Columbian Inca culture anchors historical and social events that allow criticism of colonial normative standpoints.

Peruvian historians and anthropologists argue that at the time of the conquest, Inca economy was based on agriculture. During the 1500's food was plentiful and the Inca was not concerned with overpopulation. Thus, a society developed that numbered in the millions, was industrious and disciplined. While it must be acknowledged that the organisation of the Inca Empire may have weakened individual initiative, it also instilled values of equality -albeit stratified- and produced an unassuming society dedicated to social duty. This society built Machu-Pichu, constructed a road system spanning the empire, and their common effort translated into socialist productive machinery.

Mariátegui (1971), Fuentes (1997), Diaz Canseco (1999) and Montaner (2001) tell, albeit from slightly different perspectives, the story of the Inca. Before the arrival of the Spanish conqueror Pizarro, there were at least ten million Incas living in socially organized cities and towns, dependent on a central bureaucracy, under the land sharing system of

⁵ I use the term Inca in reference to the culture that inhabited pre-Colombian Perú, united under the name Tahuantinsuyu and occupying four regions -Chinchay, Antisuyo, Cuntisuyu and Colla- and not to an individual ruler. As Diaz Canseco (1999) points out, this distinction precludes the notion of Empire associated with the Inca culture, since Empire is a rather European construct that is not readily applicable to the Inca culture. In addition, it recognises that many rulers such as Atahualpa, Tupac Amaru, Yupanki and Manco Capac embodied the notion of *the* Inca as descendants of the Sun God.

ayllu.⁶ The notion of individual property had no meaning for the Inca, and to this day, there is no word for ownership in the Quechua language. The Inca does not differentiate the singular personal pronoun “I” from “you” but rather it replaces both with the first person plural “noqayku” meaning “we”. Semantically we may surmise a notion of inclusion and equality, described by Américo Vesputio in his *Mundus Novus* where he maintains that the Inca lives without King (in the strict sense of the European notion of King), has no property and is his own master.

Admittedly, this perspective casts a shadow of utopia upon the development of the Inca culture. Broadly speaking, while the Incas did achieve a social structure that precluded hunger, need and misery, they did so through the folding into their realm of ethnic groups that were not always willing participants.

Diez Canseco (1999) relates that from a small chiefdom, the Inca expanded to occupy territories we know today as the north of Ecuador, Perú, most of northern and central Chile, over half of eastern Bolivia and the north-west of Argentina. Nonetheless, as Heinz Dieterich (1982) argues, determining the social character of Tahuantinsuyo is frayed with difficulties arising from a “wide range of opinion in the literature on Inca society” (1982: 111.) According to Dieterich, we ought to carefully consider the views that range from the nostalgic and euphemistic idealisation of Inca society, to the other extreme of a repressive, tyrannical regime, a “governmental system based in the most absolute and terrible authority” Dieterich (1982: 111.) Perhaps somewhere in the middle, lies what Marx (1967: 791) calls “the hidden basis of the entire social structure, and with it the political form of the relation of sovereignty and dependence” of the Inca realm. It is likely that lower ethnic groups, those conquered by the Inca, did not enjoy the same benefits as

⁶ Luis Varcárcel in “Del Ayllu al Imperio” defines the *ayllu* as a conglomerate or commune of families’ that shared the land. Even though bloodlines relate these families, their land is divided equally and cannot be transferred. They collectively look after and benefit from the water, grazing lands and forests. Moreover, the *marca* (tribe) is the federation of ayllus established surrounding each small town. Town dwellers cooperate in working the land to reap, both communally and individually, the harvest. A large number of *ayllus* belong to a *Panaca*, a royal lineage group often the responsibility of a *Colla*; a woman of very high ranking comparable to a queen.

the higher classes and were, in a sense, unwillingly tied to the land. Furthermore, the conquered ethnic groups did transfer the excess fruits of "unpaid surplus labour" to the state in what could be construed as "relations of bondage" (Dieterich, 1982: 118.)

However, we may argue that what constitutes the basis for "relations of bondage" lies in the relations between possessor and owner, as well as in the relations between dominant and dominated ethnic groups. The Inca did recognise ethnic autonomy and although the land was vicariously 'owned' by the Inca, it was the possessor, the lower classes, which benefited from their labour and forfeited a portion of its products in reciprocity.

Reciprocity meant, in its most basic form, that the central rule of Cuzco was dependent on the support of regions governed by local lords. The centre maintained the amity of the periphery by holding large stores of goods: food, gifts, and luxury objects. When needed, the regional lords were entitled to and provided with the necessary goods to ensure the well being and subsistence of the population. Notably, since these goods were the same ones originally provided to Cuzco by the regions, the system of reciprocity may be thought of as a repository, as insurance. The economic role of the central state was to gather when times were favourable and redistribute the accumulated wealth in times of need. Mariátegui (1971) explains that to achieve wealth and redistribution over such a vast territory required collective works of civil engineering: irrigation canals, terraced agriculture in the Andes, and roads that reach -to this day- from Quito to Tucumán.

According to Mariátegui (1971), such a communitarian effort traces its roots to the Inca's religious beliefs strongly associated with the firmament and the land. Communitarian and agricultural projects that belong to everyone and no one in particular mirror religious beliefs and, particularly, the cult of the sun. For the Inca, the Sun and the earth, *Pacha Mama* the life giver, are synonymous and neither one belongs to anyone. This concept counters to the notion of private ownership and privileges a sense of social justice and care as expressed in by the communal working of the land and the duty to maintain, protect, and nourish this life giver (1972: 53-55).

The same sense of social justice applies to the multicultural groups that coalesced under the Inca ruler. Diaz Canseco (1992) argues that the Inca rulers in Cuzco, under the economic system of reciprocity, had no desire to suppress the ethnic characteristics of smaller groups occupying the vast territory. The Inca did not abolish “macro ethnic groups” or attempted to “eliminate individual characteristics” or character (1999: 223). To facilitate trade, however, the ruler insisted in the use of the same language throughout the realm. Even though the ruler as well as the population shared it, this language did not have a proper name but was instead called “*el habla de la gente*” -the language of the people- (1999: 224).

In addition, the people in the Inca realm completely ignored Malthusian preoccupations. Since, according to Malthus, people are no different from animals or plants in their reproductive habits only “preventive checks” would keep populations from outstripping the land’s resources. He states, “only misery –the poverty, famine, and pestilence brought on by overpopulation, supplemented by man-made deprivations of war and slaughter-“ would keep human numbers down (1914: 6). Simon argues against Malthus logic in pointing out that populations do stabilise not because of pestilence but rather as a result of improvements in living standards and that, generally, we underestimate the capacity of the earth to feed and clothe human populations (1996: 315, 355).

Thus, as Mariátegui (1971) and Fuentes (1997) indicate, the Inca did have sufficient land on which to grow food and did not monopolize these resources. The system of economic reciprocity, mentioned above, protects the Inca during times of crop failure or natural disasters and, as it is regrettably the case today; they did not use the land to grow cash crops for export to repay loans to multinational investors.

The violation of the land and its people arise from a different compendium of stories: stories told by the colonisers themselves, colonising practices opposed by well

meaning individuals of the time⁷, and consequences that reveal wounds whose scars are visible in contemporary Perú.

Catechization of the Infidel: Invisibility the Oppression of Tyranny and Hegemony

The onset of this oppression of the land and domination of its people begins with the Spanish invasion of Perú. The arrival of Francisco Pizarro, in 1532, results in the eventual collapse of the Inca's way of life and is the precursor of a long lasting period, still in effect, of social, cultural and political transformations. However, to understand Pizarro's behaviour we must go back to 1492, a fateful year for the indigenous peoples of the Americas.

The landing of Cristóbal Colón in Guanahani⁸, which he renames San Salvador, represents much more than the mere arrival of a European explorer to unknown lands. His arrival carries with it the subjective and *a priori* images of what Europe, and Colón himself, though the reality of the 'New World' was supposed to be. Consuelo Varela (1982) argues that Colón observes these lands through a hierarchical, binary lens. He

⁷ It would be reductionist and simplistic to associate the collapse of so many indigenous peoples solely to the actions of Pizarro, Hernán Cortéz, and the many other sons of Extremadura that reached the shores of the Americas. In part, the demise of the Inca realm can be attributed to internal struggles between chiefdoms that reached continental proportions (Diez Canseco, 1999). For example, during the reigns of Pachacutec and Tupac Yupanqui, the Aymaras revolted frequently and with dire consequences. Furthermore, Diez Canseco (1999) argues that possibly the most destructive rebellion arose from the ranks of the Inca itself: the uprising of Tupac Capac against his own brother Tupac Yupanqui (1999: 87-89).

In turn, Fuentes (1997) argues that many of the European arrivals raised their voices against the practices and lawlessness of the Spanish conqueror. The Dominican monk Antonio de Montesinos, as early as 1511, chastised the Spaniards for their practices of slavery. Another monk, the Dominican Fray Bartolomé de las Casas, was a relentless critic of both the conquerors and the Crown of Spain. He was instrumental in defending the native peoples, denounced the so called "rights of conquest" and was a central figure in the drafting of the *Leyes de Indias*, the instrument that sought to abolish slavery and oppression of indigenous peoples (1997: 135-141). Worth noting with respect to legislation arriving to the Americas from Spain is a popular saying of the time: *Las leyes se acatan pero no se cumplen*. Loosely translated, One may comply with the law without upholding or enforcing it.

In addition, Dominican thinkers such as Francisco de Vitoria and Domingo de Soto argued that Spain could only govern over the Indies with the explicit consent and participation of native populations (Montaner, 2001: 22). Notably, history credits these two thinkers with laying the foundations of what we know today as international jurisprudence.

⁸ Colón, in a letter to Santangel dated 1493, writes that on October 12, 1492 he makes landfall on the island of Guanahani, which he renames San Salvador in commemoration of The Catholic Kings, Fernando and Isabella. The island, located in the archipelago of the Bahamas, retains its name to this day.

describes America as if it was Africa, not a reality in itself but a reflection of other previously conquered lands. He does not see Guanahani for what it is but as a hidden repository for gold and silver. The very geographical names assigned to the 'New World' "Cabo de Monte, Cabo Verde, Cabo Roxo, Cabo das Palmas" are indicators of the African reflection of the Americas (1982: xxxii-xxxvii).

Perhaps more important is the invisibility of the native inhabitants. The conqueror does not see them; they do not exist in their own skin. When mentioned, the indigenous peoples of San Salvador, La Española or Cuba become objects in at least two ways: they are dissimilar to the narrator and resemble the African/Oriental other. Hierarchically, the indigenous peoples are less than the norm, represented by the conqueror, and equal in rank to other peoples enslaved in the Orient. The very terms used by the chroniclers to portray native populations, their utensils and clothing, are traceable to Arab languages⁹. Their boats are *almadias*; their nets *almadrabas*, they live in *alfaneques* and wear *almaizares*. Consuelo Varela (1982) argues that the very descriptions of the native inhabitants reinforce the link with enslaved peoples from Guinea and Ethiopia (1982: xxxv). Varela cites Bartolomé de Las Casas¹⁰ whom, in his chronicles, decries the custom of "reaching these lands only to treat these people as if they were Africans." Moreover, de Las Casas protests the notion that "blacks" and "Indians" are only good for slavery and "bargaining is nothing but a reproduction of the abominable tyranny in Guinea."

Tyranny, as a form of oppressive power, begins through the imposition of normative definitions of a dominant group over another while the latter has little opportunity to influence the controlling group.

⁹ Maldonado Gonzales (1999), in "Clave, Diccionario del Uso del Español Actual" traces the etymology of these words. The prefixed Arabic article "al" as in *al-madraba*, meaning the region where fisherman live; *al-ma'diya*, meaning the boat used for men and animals to pass; and *almizar*, an elaborate form of head dress used by the Moors; reflect the comparative usage of Arabic languages to describe elements in the 'New World'.

¹⁰ Translation is the writer's. In the original, Bartolomé de Las Casas (1965) writes: "...venir a estas tierras e tractar a las gentes d'ellas como si fueran las de Africa" and "Tanto los negros como los indios sirven principalmente para una granjería: el trato de esclavos, mala costumbre que al Almirante se le pegó de la que tuvieron y hoy tienen los portugueses en la negociación o, por verdad decir, execrabilísima tiranía en Guinea."

Cristóbal Colón and later Pizarro in Perú (as the emissaries of the dominant group) define indigenous populations according to the “civilised” norms of Europe. Colón writes that the inhabitants of Carib, one of the islands conquered, eat human flesh, steal and drink whatever is available to them. Moreover, he states, they are not more deformed than other natives save their long hair and darker skin (Varela, 1982: 144). He also refers to the inhabitants of Española as the riches of the island, since they are the ones that provide food for the conqueror, extract gold from the mines and practice all sort of trades of men and beasts of burden (Varela, 1982: 331).

Mariátegui (1971) argues that the conqueror, entrenched in the capital and unable to adapt to local conditions, chose to enslave the Inca to perform the work he could not. Colonialism in Perú, as in many other South American countries, entailed the persecution and enslavement of the native population. Moreover, since the Spaniard was interested in precious minerals requiring mining, he transforms farmers into miners. This policy had a double impact on the native population: it led to the slavery of surviving Incas, since they had to work on mines on which they had neither stake nor payment, and ruined the farmland that had sustained their life for centuries (Diez Canseco, 1999). The master/slave relationship continues today through legislation enforced against the few. Poverty of the marginalised, supposedly to be eradicated through family planning, becomes but one of the legacies of uprooting farmers and turning them into mining slaves (Mariátegui, 1971). In addition, worthy of note, is the fashion in which the coloniser approaches the idea of community.

While the *Leyes de Indias* protect -at least on parchment- the customs of the Inca, communities exist only “for the greater glory and profit of king and church” (Mariátegui, 1971: 43). Today, the rural communities in Huancavelica, Tocache, Ucayali, and many others continue to contribute to the glory and profit of the state and its central locale: Lima. Because of their abject poverty however, these communities may contribute by giving up, unwillingly, the not yet bore due to retrograde political steps on reproductive health delivery practices, traceable to colonial policies.

Lastly, the lack of understanding -or the desire to do so- of native languages when combined with the purported aim of Christianization drives the coloniser to remove people from their world and deliver them to Spain. It is impossible, Colón writes, that we would ever be able to catechize these people in their own language. Rather, it is best to send them to Spain where they can be charges of teachers that may teach them the Spanish language, and through it instruct them to be of service. Furthermore, upon their return to the 'Indies' and considering their newfound 'civilised' state they themselves can control the resident slaves. Colón also asks Fernando III de Castilla and Isabella for yearly shipments of cattle, horses, farm implements and elements required to "populate and exploit the land" (Varela, 1982: 154). He proposes to pay for these with slaves, "fearsome cannibals but well proportioned" who, he believes, will make the best slaves once unshackled from their animal instincts (Varela, 1982: 154).

Displacement of people through indiscriminate removal from their homeland, just because they are there, echoes throughout the historic treatment of colonised peoples. This action is an example of oppression, domination and the exercise of institutional power from the centre towards the margins.

It is from the centre of Perú, Lima, that the travelling clinics reach, through ancestral Inca roads the hinterland and highlands setting up sterilisation festivals, field hospitals, and delivering their services to small towns. Protected by the remoteness of the mountains, as the conqueror was by the remoteness of the 'New World', the institutions practice a novel brand of violence. The actors that violate Quechua women, by practicing non-consensual fertility control, irradiated from the capital and reached the margins of the nation.

Not much seems to have changed in five centuries, save the application of more sophisticated methods of control. Whereas the Spaniard did not control means of reproduction, the brutality of slavery, malnutrition and illness decimated the Inca population. Today, through the application of selective reproduction technologies, the rich control who lives and who does not.

Lastly, Mariátegui (1971), Fuentes (1992), Diez Canseco (1999) and Montaner (2001) argue that patriarchy was not an ideological Inca construct. For these authors, patriarchy arrives to the 'New World' hand in hand with the conqueror. Incited by European humanism, that centres Man and marginalises the "other", persecutes those that worship other Gods, and imposes brutal treatment onto women, patriarchy evolves into a naturalised practice.

Father Knows Best

By patriarchy, I mean the rule of the father, a practice that coexists alongside capitalism and racism and engenders a "system of social structures and practices in which men dominate, oppress and exploit women" (Walby, 1990: 20). In sum, the extension of colonial rule through the family headed by the omnipotent figure of the father (Scraton, 1990).

Paternity extends its means of power, through what Foucault calls the professionalism's "power to classify" individuals through social, legal, medical and political institutions (Scraton, 1990: 13-15). Through these classifications patriarchy dictates norms, behaviours, appearance, and mores in both interpersonal and institution/citizen relationships. Thus, the concept of patriarchy provides a glimpse into the meanings of reproductive and sexual health obstruction.

Richard Clinton (2000) quotes Herman Daly (1971) who argues that the most effective way of controlling the poor rests with the wealthy being able to control the means of reproduction of the poor. However, who are the "wealthy" in Perú? According to surveys by Clinton, spanning thirteen years, the rich are part of Lima's elites. These elites, according to Clinton, are composed of 73% males, of which 96% hold post-secondary degrees and where 84% belong from high to medium/high classes (Clinton, 2000). Surprisingly, these male professionals are not overly concerned with the increase of Peruvian population but endorse, nonetheless, President Fujimori's legislation favouring sterilisation.

According to Clinton's interviewees, they do so because overpopulation would tend to increase the number of poor people living in Lima's slums and worsen overcrowding problems (Clinton, 2000). The elite's are unaware that because of poverty-induced malnourishment, poor women cannot breast-feed their babies. However, lactation "inhibits ovulation for a period of six months to two years" and thus it is a natural way of family planning (Clinton: 2000: 14). Patriarchal concern seems to reside not with eliminating poverty but the poor, since their reproduction may drain resources that may otherwise increase their wealth, and drive marginalised masses towards a migration into urban centres in search of a better life. Peruvian elites, adopting patriarchal ideologies described above, have failed to grasp the importance of fertility regulation as a basic human right and a key instrument that, in the hands of those concerned, constitutes empowerment for women (Clinton, 2000).

In addition, what the official policy of population control seems to ignore, is that the limitation of family size is a new issue that challenges traditional Quechua cultural practices, customs, and beliefs.

Exemplifying Foucault's notion of the power to classify, administrative regulations and sociocultural barriers, generated in Lima by professionals acting under a "process of paternity" (Scraton, 1990: 13-15), discourage couples from using family planning services at the village health post. Discouragement comes in the shape of distrust of authority figures from outside their villages, in forms they need to fill written in a language (Spanish) they do not speak, and mostly a reasonable reticence to change their ancestral ways of knowing (Tucker, 1988).

Admittedly, Tucker argues that within their household men and women make some decisions jointly. Despite this fact, however, and especially in matters of sexual behaviour men have the last word. Women usually do not have any autonomy about household and fertility decisions. It is again the male figure that rules the household and by addition, his wife's fertility (Tucker, 1988).

In large measure, current indigenous patriarchal practices can be traced, historically, to colonisation. Whereas the Inca submitted itself to Pacha Mama (mother earth), colonialism required a submission of the land, and by association the submission and classification of its inhabitants. The Inca was not concerned with business, contracts, or trading. The Inca was “born free from the womb” and learned about his social milieu from experience. Male and female worked the land equally, and both reaped the benefits of their work: their empire was one of a socialist enterprise (Mariátegui, 1971).

By contrast, the medieval conqueror treats the Inca as an inferior race. The conqueror introduces the professionalism of the lawyer, the viceroy, and the priest, eradicating the power of traditional ways of knowing. Education is elitist, only for males born from Spanish marriages and at times from Spanish and native unions, hardly ever for the Inca. The new bureaucracy despises manual labour, and the links to the land as a way of knowing become the trademark of the slave. The Inca learns he is no longer born equal, that he has no power over the professional bureaucracy, and he can only exercise power over his wife, daughter, and other females of the now waning community. This relationship of domination extends from the patriarchal state to the Quechua citizen, who in turn applies it to the only one left to ‘other.’ Over time, he produces and re-produces masculinity, learns to accommodate his own interests and desires, and “internalises patriarchal values” (Scraton, 1990: 17).

Patriarchal values are not internalised only by males, but also by Quechua women. Because abuses in health clinics (mostly from male doctors towards women patients) occur so often, “women perceive them as part of normal procedure” (Tamayo, 1999: 10). These abuses subordinates women interests to its own, gives social meaning to biological sex differences, and reduces women’s contribution to one of sexual and reproductive functions. Legitimation of abuse through legislation is possible because Quechua women are but an extension, a sub species, of state power and knowledge practices.

Quechua women are led to believe that, because of their lower socio-economic status, they may not obtain humane treatment and quality medical services. Instead,

medical professionals subject these women to sexual abuse and physical aggression, and violate informed consent legislation (Tamayo, 1999). Sexual abuses of Quechua women take place in the context of provider-client relationship, where the provider is the state acting through the medical practitioner. The power differential between the professional and the client facilitates this abuse. To exemplify I quote the testimony of María, a fifteen-year-old taken by her father to a local clinic, because he suspects she is pregnant. María testifies:

“Then he told me to take off my clothes, my pants and blouse, and to lay down on the table. There I was without clothes. Then the doctor told me: “So you are pregnant? Who could you have been with?” I felt him put his fingers in my private parts. He was hurting me a lot, and then I realised that both his hands were on my waist and he was thrusting himself into me and hurting me. He was abusing me. I was scared and he told me that ‘that is how it is.’ Then I pushed him away and started to cry, he told me that I had nothing wrong with me and to put my on my clothes” (Tamayo, 1999: 58).

This is not an isolated or unusual case. Official state records show, as made public by the office of the Ombudsman, hundreds of such events in both rural and marginal urban areas. These same documents describe practices that violate informed consent. To many medical practitioners in Perú, their clients lack the knowledge and thus the ability to make informed decisions about family planning, or their own fertility. Thus, informed consent is not considered a right, automatically silencing interference by the state and coercion. This responds to the patriarchal stereotype that doctors, because of their superior knowledge, have the authority to decide what is best for their patients. Tamayo (1999) reports that medical practitioners performed hysterectomies and caesareans, without informing the patient. The medical establishment through a rationalisation of prejudice justifies these actions. For example, a pregnant unmarried woman is deemed promiscuous, possibly a carrier of sexually transmitted disease (STD), and thus liable to infect the child upon

childbirth. This is justification, at least in the mind of the practitioner, for a caesarean birth without prior consent. What may appear as a prudent medical practice if the patient is in fact a carrier of STD, determined after medical examination, and only after informing the patient and obtaining consent, becomes a violation of human rights when none of these practices is followed. Another example, in this case of unsafe delivery of health services, is the cover-up of botched sterilisations. Medical doctors at the Tocache hospital falsify death certificates, to hide the strong evidence that the patient's death occurred because of a coerced tubal ligation (Tamayo, 1999).

Demonstrably, the state is complicit in the reproduction of patriarchy through the institutionalisation of coercive practices that obstruct health care delivery, fragment and violate the body (Bartky, 1988). Medical practitioners, acting under the family planning policies of the MoH routinely cause unnecessary pain, sexually and psychologically abuse patients, and implement punitive measures. These acts, as Tamayo states, target "predominantly young women, women living in poverty, and women from rural or marginalised urban areas" (1999: 10). Clearly, as the foregoing texts illustrate, the Peruvian State does use its patriarchal power to generate knowledge that, in turn affects the reproductive lives of Quechua women. Furthermore, and contributing to the notion of the state as the invisible (although present) partner no institutional condemnation is forthcoming, health care practitioners are not punished, and their practices remain, largely, state sanctioned (Del Carril, 2001).

The fact that these practices are state sanctioned does not transform them into moral or less deviant performances. The performance, just as it is for colonialism, remains a political event since the state is directly involved through the MoH and its officials. This involvement implies a transformation: from governing through consensus to subjugation by coercion. This transformation mirrors the shift from private to public patriarchy. Private domination of Quechua women in the private household goes public in the coerced sterilisation by the state, which targets groups because of their race, class and gender.

Social Control of Poverty: What is your Race/Class and Gender?

Instead of addressing these themes separately, my work attempts to emphasise their intersections. Ignoring these intersections is to dismiss the hierarchy implicit in the binary construction of each individual term (Carter, 2000). Under a binary construct, and in the Peruvian context, one's race is native or white, one's class either rich or poor, and one's gender is reduced to a biological understanding of men versus woman. Conflating the meanings of these terms avoids ignoring the assumption of masculine authority and female subservience (Carter, 2000). It is precisely this binary construct: masculine = authority, female = subservience that permeates the cultural practices behind withholding health services, or rather providing them to serve the aims of the institutions instead of the public interests.

The authoritarian figure of the state proclaims family planning as a means of empowering women and children. The 1995 NPL, for example, guarantees the right to determine freely the number of children a family chooses to have, and it assumes responsibility for providing health services at all health care establishments. It also prohibits "any form of coercion or manipulation in regard to family planning" (Tamayo et al, 1998: 16) and while introducing sterilisation as a form of contraception it also establishes a policy to provide "the widest range of contraception methods" available free of charge (Tamayo et al, 1998: 16). The state, then, establishes family planning policies with due regard for human rights, specific rights of women, fertility counselling, and postoperative medical care; all at no charge to the patient.

Reality, likely grounded on the authority = male, subservience = female binary, is quite different from the statutory goal of state assisted family planning, as established in 1995. In 1996, sterilisation is the second most used method of contraception, and female sterilisation takes precedence over vasectomies. According to Tamayo et al. (1998), between January and August of 1996, the MoH performs twenty-three tubal ligations for each vasectomy. Of the one 157 cases of coerced sterilisation investigated by the Peruvian state, 87.8% are women, and 57% of these women are under thirty-five years old. Lastly,

the Ombudsman's office reports that some tubal occlusions were performed on women as young as fifteen years old (Flores et al, 1999). Actual practices are contrary to the stated objective that allows families to decide, freely, how many children they wish to have. Sterilising childless young women, or women with one or two children, does not take into account that these families may have chosen to have more children.

On the matter of coercion and manipulation concerning fertility practices, the Peruvian government institutes national targets for tubal ligations as the preferred form of birth control (Gooch, 1998: A28). In order to meet the targets set by the MoH, it pressures medical staff into performing more tubal ligations, and rewarded when they met their quota. Patients are also pressured into sterilisation. Mostly poor women are offered money, about US\$36.00, food, and clothing for their children, provided they agree to the procedure. Others are sterilised while in state hospitals undergoing treatment unrelated to fertility control (Gooch, 1998: A23). Some of the interventions take place in unsanitary conditions, and untrained personnel performs surgery, the sum of which in some cases results on the death of the patient. Some of the women that consent do so by signing the appropriate forms. The fact that the forms are written in Spanish, a language that Quechua women rarely understand is of no concern to the officials involved.

The requirement for achieving the quotas set by the MoH is so great that women in ill health are also sterilised. Burgun reports cases where women suffering from chronic malnutrition, tuberculosis, anaemic and even pregnant women are subject to tubal ligations (Burgun, 2000: 31-35). Most of these procedures take place during sterilisation festivals. Travelling clinics, hailing from Lima, arrive at remote villages and set up shop, ready to reduce poverty. Under the euphemism of "Journée Intégrale de Santé Reproductive" doctors arrive, operate, and leave for the next village all in the same day (Burgun, 2000). These medical practitioners do not perform post—operative care, appear blind to the fact that no medicine is available in case of complications, or that these patients have no means of contacting a physician in case of emergency.

Summing up manipulation and coercion, Burgun states: "Difficile pour une Péruvienne d'être maîtresse de son ventre. Surtout quand elle est concée entre un Dieu omniprésent, une culture machiste omnisciente et un État omnipotent" (Burgun, 2000: 35).

The omnipotent state targets mostly, women that match a specific profile for the fertility program. Socio-economically, they are poor, Quechua, female, and with low levels of education. These are the intersections of class/gender/race that subsume them to violence perpetrated by the health care services in a top down approach to reproductive health and fertility (Tamayo et al, 1999). Determining who gets to "control the number and spacing of children in the family" (Narayan, 1995: 13), depends on class, race and gender. It is the white male bureaucrat in Lima that specifies the target group as female, poor, and Quechua. Tamayo et al (1995), present evidence to show that maternal health care is not free, that the program contradicts national law, and that it denies poor women access to medical care -unless they accept sterilisation. Institutional efforts that promote family planning while withholding alternative methods to curb fertility "open[s] the door to new types of coercion and discrimination against women" (Tamayo et al, 1999: 11).

Under the euphemism of family planning reinforced by a central state authority, the application of the 1995 NPL becomes social control of poverty through fertility reduction of the poor. Poverty, in a globalised economy, is non-productive and in most cases, Perú included, the poor are defined in terms of national, racial, class and gender boundaries (Narayan, 1995). Social programs, education and health care for individuals on the 'wrong' side of this boundary use up, according to the World Bank, resources better utilised for investment and repayment of loans under structural adjustment programs (Simon, 1996). If we choose to disregard social justice, coercing women into sterilisation through the use of targets, incentives and disincentives, becomes a way of keeping population growth in check. Sterilisation, it is believed, resolves overpopulation: a cause of economic underdevelopment in a globalised economy.

Globalisation: a Model of Development Made in the U.S.A.

This last section deals with economic intervention, that is to say intervention of the International Monetary Fund (IMF) and the World Bank in the economies of 'Third World' countries. Monshipouri and Welch (2001) argue that economic interventionism poses a conundrum. Under globalisation, the state is supposed to promote free market capitalism, open and deregulate the economy. In other words, facilitate global market forces. However, and here is the conundrum, is the state responsible to its citizens for social justice, or does the state become an unconscionable puppet of neo-liberal policies? (Monshipouri and Welch, 2001).

In Perú, the answer appears to be the latter, especially in regards to the delivery and availability of reproductive and health services for the poor. Sims (1998), Johnson (1998) and Faiola (1998) argue along the same lines as Monshipouri and Welch and report human rights abuses including forced abortions, coerced sterilisations, and abuse of women and girls. Moreover, these three authors point to the United States and USAID as the forces behind the negative impact of natality control upon ethnic and indigenous populations.

According to the literature, the moral justification for performing natality control resembles a fork in a road. One side of the fork firmly committed to demographic goals sits the U.S. Agency for International Development (USAID), and on the other side the geopolitical situation in Perú. Representing the point of convergence, we hear the impracticable rhetoric of encouraging population decline while ignoring women's health (Higer, 1997).

Regarding geopolitics, Chossudovsky (1999) argues that during the 1980's Perú favoured an open economic policy, granting generous mineral and oil exploration and exploitation contracts to foreign, mainly U.S., capital. The International Monetary Fund (IMF) strongly supports the new open trade policies even though trade liberalisation coincides "with the collapse of export revenues" (Chossudovsky, 1999: 191-196) culminating in a decline of the Gross Domestic Product (GDP). As a result, the minimum wage declines "by 58.2 %, the average wage by 55.0%" and the average earnings for

middle class workers “by 51.7%.” (Chossudovsky, 1999: 191-196). With the country at the verge of bankruptcy, the populist government of the mid 80’s declares a temporary stop to debt servicing [to the IMF and World Bank] and as a result, the economic community blacklists Perú (Chossudovsky, 1999). This program, however, is not sustainable in the end and the government re-negotiates its foreign debt in 1988.

In early 1990, right wing president elect Fujimori flies to Washington and commits Perú to a Washington Consensus/IMF designed economic package. By August 1990, Perú has, in effect, two governments. One elected and the other a shadow government operating under the authority of financial austerity, currency devaluation, and privatisation. Under Fujimori’s “good government” banner, the IMF/World Bank dictates performance targets as easily as health care delivery practices (Chossudovsky, 1999).

These strange bedfellows define the population problem as being of apocalyptic proportions promoting research in the “social dimensions of adjustment” (Chossudovsky, 1999: 43) while ignoring women’s rights, civil rights, and gender issues. Under the euphemism of adjustment policies, the IMF/World Bank assures us that rapid population growth is a “serious brake on development resulting in lost opportunities for raising living standards, particularly among the large numbers of the worlds poor” (World Development Report, 1984: 79). Even when shadowing restructuring of internal economic policies, so that Perú may achieve “global” economic standing, the World Bank declares that “globalisation appears to increase poverty and inequality...the costs of adjusting to greater openness are borne exclusively by the poor, regardless of how long the adjustment takes” (World Bank, “Simultaneous Evolution of Growth and Inequality”, in Barker et al, 2001: 12).

Indeed, Smith (2001) argues that the so-called adjustment policies really means subjugation of others by appropriating their land for mineral exploration and exploitation, re-structuring of ancestral economies and control of the margins by the centre. It is not that globalisation and the attending neo-liberal agenda cannot tolerate overpopulation and

its ascribed devastating economic effects, rather it cannot tolerate the overpopulation of poor and marginal individuals.

Following the geopolitical side of the natality control fork, we arrive at a parallel path: USAID commitment to demographic targets in the 'Third World' masked under the rubric of foreign aid (Higer, 1997). This section of the literature review focuses mainly on the role of USAID. This agency played, since the 1960's, a major role as the "largest bilateral donor agency" in the fertility control arena (Higer, 1997: 333).

Two main factors ensure USAID assumes this role. First, Paul Ehrlich's "The Population Bomb" (1968)¹¹ becomes the foundation upon which the U.S.A builds its population program, where USAID has the master role of safeguarding the world against "breeding itself into oblivion" (Higer, 1997: 96). Second, since funding for USAID comes from Congressional appropriations, USAID needs to justify its performance in the reproductive and sexual health field to remain a viable institution.

Following Malthusian logic, Ehrlich (1968) argues for draconian fertility control measures, especially for women. As a biologist, he equates human life to animal life comparing people to rabbits and rats, which, according to him, breed indiscriminately (83-89). While considering women's year round fertility a cause in overpopulation, he does not consider men's fertility and sexual proclivity as a contributing factor to natality. Thus, it is not men, but women, who must limit their pregnancies by all necessary means including manipulation and coercion. Ehrlich does not consider religion, women's social status and opportunities or the role men play in both conception and contraception (135-139). His ideas exist in a social vacuum which, unfortunately, influences USAID demographic thinking to this day.

¹¹ Paul Ehrlich is the co-founder, with Peter Raven, of the field of coevolution. Higer (1997) and Simon (1996) argue against Ehrlich's notions and charge he has transferred his studies of the "structure, dynamics, and genetics of natural butterfly populations" (checkerspot butterflies) to the problems of overpopulation. Higer (1997) points out that while not reflecting everyone's views on population matters, he did advocate mass sterilization, adding sterilizing medication to food aid, and aborting female fetuses (1997, 143).

Higer (1997) argues that the demographic orientation of USAID becomes the most important tool that funnels renewed and continued funding, by the U.S. Congress, of foreign aid programs. Since the U.S. Congress expects results for the money invested, USAID ties reproductive matters generally to 'Third World' aid programs. It is relatively simple to show declining birth rates, especially when the application of fertility programmes are narrowly conceived. Higer (1997) maintains that these programmes disregard women's health and views health care for women as an appendix to natality control. Moreover, USAID takes advantage of the potential demographic disaster rhetoric by emphasizing the long-term financial and political benefits to the U.S.A of reducing populations of troublesome young people.

Mirroring this stance, the National Security Council (NSC) expresses its concern that excessive population growth is likely to impact negatively on economic development and thus affect "internal stability [in Perú]" while generating underemployment (Kissinger, 1974: 9). According to Kissinger, the risks of civil disturbances arising from the number of underemployed poor may lead to "expropriation or subjected to arbitrary intervention, and civil unrest" (Kissinger, 1974: 10). Through this rhetoric of doom, the NSC/USAID is prepared to extend aid to countries helping themselves on population issues, especially when long-term U.S. interests in mineral and oil are at stake (Kissinger, 1974). NSC plans for population reduction responded to the need for assistance in family planning, aimed at "effective...long-lasting...fertility control", a euphemism for sterilisation (Kissinger, 1974: 9).

However, as Higher (1997) and Hartmann (1995) point out, not too many 'Third World' countries are interested in openly adopting fertility control while not providing for health care. Thus, USAID establishes new channels for funding fertility control programs. Monies earmarked by the U.S. Congress are channelled through intermediate agencies under bilateral assistance programs. In other words, U.S. based Non Government Organisations (NGOs) receive funds to set up shop in 'Third World' countries. These foreign missions accomplish two major tasks: first, they operate under simpler definitions

of the population problem, and second they are able to garner local political support since they are not, at least overtly, part of a foreign nation's policy mechanism.

Higer (1997) points out that the Pathfinder Fund, Family Planning International Assistance and others operate under a simple definition: "population growth retards economic development and needlessly eats up U.S. foreign aid." Delivery of health care to needy populations plays no part in the implementation of this definition (1997: 346).

Secondly, NGOs advocating fertility control are free to implement aggressive campaigns at high institutional levels in developing nations. Through the payment of monetary incentives to "acceptor" 'Third World' countries, "donor" NGO's incorporate more effective and "long lasting" methods of fertility control (sterilisation) and set up targets previously determined by U.S. congressional appropriation of funds for foreign assistance programs (Higer, 1997:347).

In brief, the coupling of these two tasks result in heavily influencing the 1995 NPL and attending "Reproductive Health and Family Planning Program 1996-2000" both of which ignore women's rights to reproductive health care. Under this program, over 218,000 women are sterilised, thousands of whom neither consented to the procedure nor benefited from much needed health care (Flores et al, 1999).

All of these tensions, patriarchy, colonisation, race/class/gender, geopolitics and globalisation contribute to the systemic effort by the government of Perú to prevent, legally but coercively, the birth of more marginalised poor under the guise of family planning.

The foregoing literature review is by no means exhaustive nor does it intend to present a definite perspective on sterilisation as the sole method of fertility control, while concomitantly obstructing health care. However, it does identify gaps in the existing literature and suggests theoretical approaches to the analysis of social justice in terms of oppression and domination of social groups.

Gaps in the Literature Reviewed

To summarize, the application of the 1995 NPL appears to be a veiled attempt to control women's bodies by fostering sterilisation as the only available contraceptive method, while obstructing and neglecting reproductive and sexual health services.

The review of the literature indicates the existence of three major gaps. First, a gap between rhetoric and reality; second, a vacuum in policy documents addressing class/race/gender issues; and third, a human rights perspective in prosecuting the state for wrongful deaths and grievous harm to women.

The first gap clouds what is actually happening in Perú. The legislative language speaks of free access to adequate health care, criminalises rape, negligence, and harm to life and body. The overall policy framework, however, isolates women's sexual health needs while concentrating on preventing pregnancies. Documented cases verify rape of Quechua women at the hands of doctors, and deaths attributable to botched sterilisations (Tamayo and Cuentas, 1998; Cabal et al 2001; CHGE, 2003).

The second gap concerns US foreign policy documents as well as internal Peruvian documents. Both are silent on themes of class, gender or race although these factors are inextricably linked to the policy recipients: the marginalised are invisible to the law. Furthermore, other documents blame the marginalised and the powerless for their poverty and abject living conditions. The same applies to the concerns of globalisation. Only profits and contractual arrangements regarding land tenure, mineral extraction, and debt repayment figure in the transnational ledgers. The effects of these contracts upon the Quechua women are dismissed, either voluntarily or through ignorance (Kissinger, 1974; Scowcroft, 1975; Green, 1976; and Vargas, 2001).

Thirdly, documents from Peruvian NGO's show that legal sterilisation can only be challenged in court when coercion or poor medical practices are clearly demonstrated. This procedural reality implies that the courts may only consider individual cases. The evidence in these cases points to wrongdoing by particular medical doctor, field hospital, or bureaucrat. The state is isolated from the challenge, not held liable, and procedurally

exonerated from widespread wrongdoing. Peruvian NGO's see their work reduced to charging the state for Human Right violations, in courts outside Perú, where the punishment is usually in the form of fines or restitution to the family of the victim (Tamayo and Macasi, 1999).

Overall, the literature identifies Quechua women as victims of the government run campaigns of sterilisation. However, the dynamics behind sterilisation, coercion, and absence of sexual health care are far more complex. For example, while some certainly are victims of the grievous practice of coerced sterilisation, labelling all women as victims would ignore the relevance of hegemonic relationships. Scraton (1990) explains that some hegemonic relationships are consensual and not coercive relations of power. Therefore, a critical understanding of these relations of power should not remove all responsibility from Quechua women. Some women may have a measure of participation in their domination, and ignoring the possibility idealises the oppressed reducing state coercion to a simplistic binary of "doer" and "done onto" (Benjamin, 1998: 9).

Despite the seeming oversight of literary treatment of some areas of concern for this work, these same gaps provide fertile ground for the research at hand. It is precisely through looking at what is there as well as what is not, that we gain a fuller understanding of the nature of sterilisation as practices of oppression and domination. Bringing a more complete picture of these practices to the forefront includes discovering patterns between existing texts and verbal herstories, as well as observing the effects of power/gender relations -not as static accounts- but rather as stories told over time (Smith, 2001: 85).

By observing the available data through a theoretical lens, orienting women directed fertility control as an unjust practice; this work seeks to locate the motivation behind targeting some social groups while excluding others. Following, I present three theoretical orientations that act as tools to better observe social injustice in terms of oppression and domination of social groups. These same orientations also guide the analysis presented in Chapter Four.

CHAPTER TWO

THEORETICAL ORIENTATIONS

Before discussing conceptual applications of theories and delving into the specifics of theorists and their standpoints, it is advisable to lay down an understanding of what constitutes theory.

Following Marshall's account, theories are descriptions of the world that extend beyond what is measurable and visible. He writes that embracing interrelated definitions and relationships, "organizes our concepts of and understanding of the empirical world in a systematic way" (Marshall, 1998: 666). Theories are both lenses and languages. A lens that amplifies and illuminates discrete events we wish to observe and a language that allows the researcher to engage these events with the aim of understanding and/or explaining them. Theories, together with methodology and data analysis, are tools in the researcher's toolbox that helps in building answers to empirical questions.

On our topic more specifically we ask how to relate the impact upon women of the 1995 NPL, taking into account the influence of poverty, monetary incentives and absence of sexual health. How are these variables informed -from the official perspective- by class, gender, ethnicity, patriarchy and colonialism? Alternatively, how can we problematize the underlying motives of differential State intervention upon non-native versus indigenous populations, particularly those in poor rural villages and squatter neighbourhoods in Lima? How to locate the consequences of years of colonialist culture as embedded in structural mechanisms of bureaucracy and legislation enabling practices defined as family planning for some, and alternatively as population control for others? As shown above, this research project considers the nature of truth, power and the self, institutional behaviour, individuals and moral/ethical notions. Because of the diverse themes raised we can better answer these questions by observing the data through more than one lens.

Analyzing state behaviour in relation to population suggests a strong link with Michel Foucault's investigation of the location and operation of power, from which two patterns emerge. First, we can observe uninformed female sterilisation as a tool for regulating the reproduction of poverty as the expression of social order. Second, patriarchal regulation of reproductive technology as practiced in the application of the 1995 NPL as the expression of what Sawicki (1991: 68) articulates as "biopolitics of the population". In other words, State practices that render the female body docile by regulating natality as the basis for increased capital production.

To exemplify, eliminating future offspring from poor populations reduces State expenses for health, education, and assistance programs, thus liberating funds for the so called "structural adjustment programs" (Chossudovsky, 1999).

Moreover, state legislation embodied in the 1995 NPL, and the "Program of Reproductive Health and Family Planning 1996-2000", affects populations comprised almost in its entirety of impoverished Quechua women. The plight of this target population demands careful attention to arguments of gender/race/class and ethnicity. This trilogy is central to understanding state intervention in reproductive technology applied to marginal groups.

The dominant discourse, encapsulated in legislation, pressures Quechua women to modify their reproductive behaviour. This discourse is traceable to imperialist and colonialist behaviours, well documented in *history*.

A late-colonialist lens unveils *history* as the story of the powerful: how they became so and how they use power to maintain a lasting centrality at the expense of a manufactured margin (Smith, 2001). Observed under this lens, language translates into the mythological "rhetoric of supremacy" of the Euro-American discourse. The colonial discourse represents a particular way of thinking defined in opposition to the "other". If the coloniser is good and devout, the native must be bad and irreverent. If our language is civilised, the language of the conquered must not be. It is then possible to obliterate the language of the colonised and thus fix Quechua women into a subordinate and

dichotomous stance (Sandoval, 2000: 126-128). Unable to speak -because the supreme language is not her language- she is less than (subordinate to) and counter (in dichotomy) to the “white man”.

Analysing the supreme language written down in official documents reveals that the structure of the dominant speech “fastens..snares... [and] imprisons” the citizen subject into an essence for which they are not responsible (Fanon, 1967: 32). In Fanon (1967) and Barthes (1993) parlance, supremacy by the colonizing state shapes, through language, the social constructs of class/sex/gender and race into a dominant cultural matrix. Further, we may interpret the 1995 NPL, and “Program of Reproductive Health and Family Planning 1996-2000” as products of a dominant order that naturalizes hierarchy through domination and legislation, drafted and enacted in a way to serve the geopolitical needs of the dominating order.

For example, the consequences of foreign geopolitical power, patriarchal understandings of ethnicity, gender, class, and modern colonialist structures transform family planning into population control of selected social groups.

The Peruvian MoH, through acquiescence or denial of facts, becomes complicit in population control where Quechua women personify the unwilling patients of the “État Bistouri” (Burgun, 2000: 31). The guiding beliefs of individualism -us versus them- that affect public morality influences the informal social control component acting from the centre to the margins. In other words, the patriarchal, elitist, and financially well off “white” community in Lima, is offended by the life’s squalor of Quechua women residing in Lima’s poorest neighbourhoods. The singular community at the centre views the reproduction of the marginalised as reproducing crime, the crime of poverty (Young, 1997: 488).

The theories I explore rely on multicultural, late-colonial and feminist voices, as well as on established Western and Latin American paradigms. As Narayan and Harding (2000) explain, we can use this multiplicity in an effort to erase the “horizon of ignorance” drawn by “northern” socialisation that attempts to explain ‘Third World’ “development

programs” from a locale of comfort and certainty of knowledge (2000: xiii). In other words, I trust that by combining a multiplicity of understandings, this work will not favour any particular site of knowledge especially a Northern one in detriment of Southern epistemology.

Moreover, seeking to answer if Perú’s official family planning policy, implemented at the local level of indigenous towns and remote villages as sterilisation in defiance of social justice, represents a means of state control over groups constructed as problematic, undesirable or suspect entails looking through more than one lens or theoretical framework. I feel that adopting this plurality of frameworks is a necessity, since; suggesting that a single paradigm can problematize institutional strategies of control, individual and social morays, language, gender, class and ethnicity is overly simplistic.

The three theories selected ask different questions, offer distinct intuitiveness, embody their unique subjectivities and suggest that questions, insights and different ways of understanding events, tend to provide a more accurate and richer picture of events.

In sum, by triangulating epistemological lines of sight: a late colonial framework, location and operation of power, and text analysis, assist this researcher to understand how, why and through which processes dominant strategies and justifications transformed family planning into a tool for oppression and domination.

Late-Colonial Lens

“We aspire not to equilibrium but to domination. The country of a foreign race must become once again a country of serfs, of agricultural labourers, or industrial workers. It is not a question of eliminating the inequalities among men but of widening them and making them into law.”

Renan, Ernest. “La réforme intellectuelle et morale.” (1923)

This section concentrates specifically in the context of lived experiences -le vécu- under a late colonial paradigm. Colonial practices begun influencing the lived experiences of Quechua men and women in the 15th century, and continue to do so to this day. I use the term late colonial as opposed to post-colonial or decolonising theory since the latter notions imply that the project of colonisation has reached its end. It has not. Colonisation has merely re-formed itself from the European imperialist framing of the ‘noble savage’ to the more modern First-World/Third World framing of imperialism. Césaire (2000) argues that while colonialism might be dismantled in its “formal sense” the colonial state remains. The old colonial has simply been replaced by a new ‘old boys’ imperialist network where the “barbarism of Western Europe” is surpassed by the imperialist “barbarism of the U.S.” (Césaire, 2000: 47). Smith (2001), mirroring Césaire, points out that conceptual notions of imperialism and colonialism are “interconnected and...that colonialism is but one expression of imperialism” (2000:21).

These expressions of imperialism apply to males, evidenced in the reproduction of masculinity, as well as to females. However, this work concentrates on the effects on women since the 1995 NPL affects a much greater number of women and causes them, but not men, irreparable harm.

We must also acknowledge that colonised peoples are not a unified, singular and romantic construct but rather a highly diverse people different from the coloniser as well as from each other. Moreover, their differences and multiplicities are not immutable but

forever changing and these multiplicities are more than the sum “of their pasts, which can be reclaimed but never reconstituted” (Lye, 1998: 2).

Their irreclaimable past started in the 15th century as the European economic expansion into the “New World” was a product of Spain’s own struggle for decolonisation. A precursory shift from one form of empire, Moslem, to a feudal one investing Spain’s aristocracy with power over “lower men” and land ownership was to herald the practices, attitudes and beliefs of the Spanish *conquistador* in the Americas. The eight-century long struggle for *Reconquista* between Christian Spain and Islam’s “oriental”, leaves the former with dwindling coffers, unemployed armies and a divided geography (Said, 1994).

The feudal lords and their cities, constituted as belligerent sites of dominance, ally themselves with different kingdoms: Portugal, León-Castilla, Navarra, Cataluña and Granada (Fuentes, 1997: 70-75). It is only with the expulsion of the Moor from Granada, the expulsion of Jewish peoples and the Spanish Inquisition that Spain unites under the banner of Castilla y Aragón (Fuentes, 1997: 86-89). The legacy of this dubious triumph is one of fundamental distinctions that will irrevocably affect the indigenous people of the ‘New World.’ Spain’s pyrrhic victory of Reconquest, culminating notably in 1492 the same year of the “discovery” of the “New World” loses, paradoxically, more than it gains. The new empire, united under one Crown comes at a price, paid in large measure by the indigenous people of the Americas: religious orthodoxy, ethnic singularity influencing race/class and gender normative constructions, cultural intolerance and the need for replenishing Kingly coffers (Said, 1994; Fuentes, 1997, Césaire, 2000).

This is the background for *his*-story, a story of patriarchy, of specific forms of domination, of erasure of difference and normative imposition, translated into the present as neo-colonial forms of imperialism “invented out of [the] historical debris” (Clifford, 1989: 87).

This debris, viewed through a late-colonial lens, informs the Peruvian state practices of fertility control of Quechua women by illuminating the connection between

imperialism and colonialism, dehumanisation of indigenous people, imperial social relations, appropriation of sovereignty and establishment of law through discursive practices, and patriarchal history (Smith: 2001: 200-34).

European colonisation of the Americas in the 15th century, as mentioned above, began with a need for economic expansion. As Linda Smith states, “in this sense [imperialism]” responds to chronological events “related to discovery, conquest, exploitation, distribution and appropriation” (2001:21). Whereas discovery and conquest are matters of record, neo-colonial imperialist needs continue to exploit, re-distribute wealth (and health) and appropriate knowledge from indigenous people.

Violence is a form of exploitation and Quechua women sterilized without consent are violated. Vargas et al (2000) report that the “Program of Reproductive Health and Family Planning 1996-2000”, emphasises female sterilisation as a method of family planning. This method involved practices that violate the right to informed consent, cruel and degrading treatment, and affects the poorest women in rural areas. Many of these women are victims of forced sterilisation. Such practices conflict with the right to life, to physical integrity, to information and to non-discrimination based on gender, economic position and cultural status. In the case of Perú, economic position, cultural status and gender drive economic policy decisions affecting natality control.

Elimination of future offspring born to impoverished populations is another form of neo-colonial imperialism affecting wealth distribution. Sharon Camp (1978) clearly states, in her Second Annual Report on U.S. International Population Policy, that although the “UNFPA and World Bank” increased their contributions to “population programmes” considering the “growing focus on the basic needs of the poorest strata in less developed countries, population trends are assuming greater importance in national development policies and plans” (1978:10). Even though trickle down U.S. economic policies (known in hindsight not to be accurate or effective) “suggest that development will eventually reach the poor, current [U.S.] policies suggest that income distribution is more important” (1978: 10).

However, economic development takes time to reach the poor, and the U.S. Congress wants short term results. Thus, a demographic approach to overpopulation reduces the demand for employment, health care, and education that is not available. Not using targeted demographics, "would act to deepen the maldistribution of wealth, as well as intensify social unrest and political tensions" troublesome to U.S. interventionist/imperialist practices (Camp, 1978:10). Therefore, the U.S. Congress dictates, in 1977, that all foreign (development) assistance programmes must be tied to regional plans aiming at controlling population (Camp, 1978:25).

From a late-colonial perspective, targeting fertility of impoverished populations to ameliorate economic development and thus encourage foreign investment obeys imperialist concepts of "what counts as human" (Smith, 2001: 25). Late-colonialism asserts that humanity, for the neo-colonial imperialist, is a construct that enables gendered and hierarchical relations "supported by rules, some explicit and others masked or hidden" (Smith, 2001:26). Moreover, imperialism dehumanising rhetoric embeds itself into language, economy, "social relations and the cultural life of colonial societies" (Smith, 2001:26). Edward Said (1979) points to this dehumanising rhetoric, a creation of the West, which constructs the colonised as strange, savage, lazy and odd. Said's discursive explanation of "Orientalism" mirrors the gendered construction of Quechua women. The construct of the oriental as an "object" "non-active, non-autonomous, non-sovereign" (1979: 97) can only be defined in terms of the colonizer, just as woman is defined in terms of man. From this normative perspective, Quechua women are not quite human and thus prone to grievous harm by the state that fulfils the prophecy of colonialism turned neo-colonial imperialism.

Imperialism constructs Indigenous populations in terms of negations; in terms of what they are not, from the normative perspective of what we are. The normative perspective places Indigenous populations, hierarchically, in a lower differential stratum. Because he was not like the conqueror Pizarro, the Inca King Atahualpa and his people had no recognizable system of order, his people were not literate because they did not speak the

Spanish language, and the Incas possessed no soul since they did not know of the Spanish God. Their world was, as Anwar Abdel Malek (1963) suggests, ripe for the “hegemonism of possessing minorities” in a political master slave relationship that assembles the world as divided into mutually excluding opposites (1963: 107-108).

A late-colonial analysis examines these events aware of the *idées reçues* so easily handed down by less critical scholarship. It does not attempt to avoid the *historical* distinctions between “them” and “us” and instead recognises the normative patriarchal, political, and ideological realities behind binary thought. Edward Said argues that “no one can escape dealing with...the North/South” divide, the “have/have not, the imperialist/anti-imperialist, the white/coloured one” (1979:327). Ignoring these realities amounts to “intellectual dishonesty” and serves to enhance, intensify and make permanent these divisions (1979: 327).

In sum, this work applies late-colonialist theory to probe Perú’s official family planning policy, focused locally as population control, representing a form of injustice over Quechua indigenous groups constructed as undesirable. It sets into opposition the practice of sterilising Quechua women, with the needs of neo-colonial imperialist economies. These economic policies, driven by the IMF-World Bank vis á vis the Peruvian economy, stem from pre and post Columbus notions of empire. Under these definitions, the Inca people are defined in relation to the (post Columbus) European imperial centres “rather than in relation to each other” (Sagar, 2000: 424). Thus, their culture is “othered,” their practices and ways of knowing dismissed, and their anti-imperialist struggles criminalized. Conversely, a late-colonial reading locates the Inca at the centre of the exploration. It regards the construction of gender, class and race as the tools of colonisation that foster state control of marginalised indigenous populations while disguising its actions as economic development programmes.

Critique of Late-colonialism

Late-colonial theory deals with the reading of texts from colonising nations focusing in the way this literature inscribes inferiority, ignores native identity, and distorts cultural experience and reality. Largely, late-colonial theory builds upon the concept of the 'other.' By 'otherness' authors such as Said (1979) Fanon (1952) Aimé Césaire (2000) and Spivak (2000) amongst others mean those individuals that are different from the normative male of the European Enlightenment.

Even more explicitly, in his global inscription of otherness, H. Kissinger (1966) divides the contemporary world in two halves, developed and developing nations. The developed West, he states, "is deeply committed to the notion that the real world is external to the observer, that knowledge consists of recording and classifying data – the more accurate the better." His proof is the Newtonian revolution, which did not take place in the developing world but in colonising Europe. Thus, according to H. Kissinger, Western thinkers are better by virtue of their ability to examine the "real" (post-Newtonian) world, a quality denied to developing nations. This broadest of stokes reinforces the notion of the world as divided into "mutually excluding opposites" (Lye: 1998, 1). If the West, or more apropos for this paper the North, is ordered, rational, and good; it follows that the South is irrational, and evil.

However, the inscription of "otherness" carries within it problematic seeds. As we reject empire's power to define the "other" we implicitly include the dialectic that created the "other" and by implication the values and meanings of the coloniser. As Strongman (1996) posits, the text of the coloniser remains always in the background. Similarly, and because late-colonialism is partly built around the concept of resistance "as subversion, opposition and mimicry" (Lye, 1998: 2) resisting implies the inclusion of the resisted into the texture of resisting "other."

Accepting the continued textual existence of the coloniser, however, may be the first transitory step for indigenous populations in reclaiming authenticity and autonomy. The last 500 years established a relationship between coloniser and colonised where one

has affected the other, albeit at different rates. Northern concepts of modernity fuse and interfuse past and present indigeneity resulting in “hybridity, globalism, and the scattered diaspora” (Strongman, 1996: 12). The term hybridity refers to the mingling and adaptation of colonised people with the coloniser producing a “cross-fertilisation of cultures and adaptation of cultural practices” (Lye: 1998: 3). Subversion and opposition recognises hybridity and produces a “counter-discursive” form as a reaction against the homogenising tendency of imperialism.

Rather than homogeneity that reduces individuals to an Imperialist normative, struggle and resistance reside in “the very house of difference rather than [in] the security of any one particular difference” (Lorde, 1982:226).

The message here is to use late-colonialism as a script for change emphasizing the diversity between indigenous populations, as well as between themselves and the coloniser. By using their words, their multivalent cultural sites and herstory to shape sites of resistance, we can deconstruct the singular unitary subject notions of Northern epistemology. A normative carried over from the class, race, sexuality and gender biases of Eurocentric rationality.

Lastly, late-colonial theorists may be challenged for occupying a comfortable position within the “residue of power structures they profess to oppose, and ambivalent beneficiaries of those structures” (Tiffin and Lawson, 1994: 232).

In defence of these theorists, I suggest a reading of black scholar, writer, and poet, Audre Lorde. She remarks, “the master’s tools will never dismantle the master’s house” (Lorde, 1996: 158). If we trust that language, as a form of communication, has the power of liberating individual subjectivity from the structuring effect of distorted humanist traditions, we must also trust that the master’s language will assist -albeit unwittingly- in dismantling his patriarchal institutions. Thus, we may indeed reside uneasy within the institutions we wish to oppose, but opposition does not necessarily mean vertical opposition and destruction. We can observe this house, from a post-modern grid, as one that forges horizontal alliances, which seeks social change without further encouraging

binaries of power. New metaphors are possible, indeed desirable, within the master's institutions. Especially so when we perceive power and experience in a metamorphosed late-colonial condition: Foucault's 'sovereign' is no longer the master and his institutions no longer remain unchallenged. Even those that reside at the "highest levels of a pyramidal economic and ideological structure are shaken" by the underclass perceived as "having their own unsettling, ominous, and equal access to threatening forms of power" (Sandoval, 2000: 74.5).

Location and Operation of Power

This portion of the theoretical analysis concentrates on Foucault's notion of Power/Knowledge. It is a lens through which we may understand social arrangements that sanction the social injustices of oppression and domination, embodied in the practice of natality control.

Power, as Foucault (1997, 1990) understands it, is neither concentrated nor a commodity held by the powerful. It is fluid, dispersed through discursive networks, institutional practices and the relationships between institutions and individuals as well as amongst individuals themselves. Power also assembles regimes of truth and knowledge: it tells people how to live and it creates conditions where individual's own actions condition their behaviour. Power/knowledge relationships are not necessarily negative. For example, restorative justice, abolition, and decriminalisation are institutional forms that reproduce power in positive terms.

However, power/knowledge is at its most insidious when its practices and relationships have the aim to normalise, discipline, dominate, and generate gendered subjects. For example, when institutionalised power/knowledge subjugates through the "inquiry" of the disciplines and the "gaze" of the professions not to serve "man and truth", but rather to produce "political and administrative practice[s]...for social control" servicing the institutions themselves (Foucault, 2000: 4-8). Thus the institutions classify some social aggregates as mad, as deviant, as belonging to a specific race or gender, which

other segments of the population deem as different, constructed as such through the operation of “scientific” knowledge (Foucault, 1973: 82; 2000: 326).

Perhaps hegemony exemplifies the ultimate form of subjugation. Subordinate subjects consent, not always through peaceful means, to directions suggested by those in power. Because hegemonic relations are not necessarily peaceful, these relations of power/knowledge may combine physical force, coercion, and moral inducement (Gramsci, 1992). There are two implications to hegemonic relationships: inclusion and exclusion.

Firstly, by buying into induced relations of power/knowledge, albeit unwillingly, some social aggregates become included, normalised, and subjects of bio-power; thus empowering the very relations that subjugate them. Secondly, the social groups that resist “inclusion” become undisciplined and seen as illegitimate members of society (Foucault, 1977: 215-224).

Despite change and upheaval during colonial times, argued under a late-colonial lens, the network of power practices and normalised truth, through a process of metamorphosis, continues to shape gender identities in modern Perú. Subjectification, as an insidious form of power, operates through specific techniques and practices, three of which are central for this work: objectification, discipline and bio-power.

Michel Foucault subdivides subject construction, in “Madness and Civilisation: A History of Insanity in the Age of Reason” (1988), “The Birth of the Clinic: An Archaeology of Medical Perception” (1994), and “Discipline and Punish: The Birth of The Prison” (1977), into three modes of objectification.

First, modes operating through the institutional gaze; second, through the inquiry of the disciplines, and third through hegemonic relationships of inclusion and exclusion.

The first form of objectification operates through “dividing practices.” That is to say, institutional power relations divide the subject from herself as well from others in relational binaries: normal/abnormal, mad/sane, men/women as other than men. This process objectivizes the individual into one or another category, according to the dominant discourse (Foucault, 2000: 326). A successful objectification process combines science (or

pseudo science) and exclusion: whether in the architectural space of the asylum, the hospice or the jail and social exclusion, since the objectified come from pre-selected populations.

Their caste is often determined even before birth, since marginalised populations reside in the lower reaches of capriciously predetermined hierarchical strata. In turn, the institutions reify their status under a rhetoric of reform and progress that includes legislation concerning the poor and “public malefactors” (Foucault, 1973: 42).

Through this discursive shift, the mad –or in our case some Quechua women- are reconstituted as objects of knowledge (*savoir*) and subjects of power. The professional exercises his “gaze” through “the big centres of internment...of institutions, of practices” (Foucault, 1973: 82). It is through this gaze that the objectified body and social institutions enter into political relations: the body is a “thing” caught in a process of objectification in the case of the mad or constraint as in the case of prisoners, subject to a political relation with the institutions (Rabinow, 1984: 10).

The second mode of objectifying subjects is through scientific inquiry, reflected in the way we understand ourselves scientifically from the perspective of an outsider. Scientific classification arises from “the modes of inquiry which try to give themselves the status of sciences” (Foucault, 2000: 326); for example objectivizing a labourer or worker under an economic lens, or an author/speaker subject under a linguistic lens. In other words, to be caught under the gaze of the mathematician or philologist is to be objectified and rendered a thing since instead of a subject the individual observed is constituted by the observer, not himself. This process has the faculty of making the invisible visible. To exemplify, in “The Birth of The Clinic”, Foucault explains that in a sanatorium the patient is visible whereas the illness is not. However, and through the medical gaze “the patient is the rediscovered portrait of the disease, he is the disease itself” (1973: 15). Objectifying the patient in this fashion, in this case by a doctor, transmutes it into something she is not: a disease. The invisible disease (poverty) becomes visible, inscribed and portrayed in the visible body of the Quechua patient for all the ‘scientists’ to observe, categorise, diagnose,

treat or excise. Under this logic, Quechua women are the disease itself, since they can reproduce the 'symptoms' of poverty.

Here, a slight detour into "About the Concept of the Dangerous Individual" is apropos (Foucault, 2000). Modern definitions of dangerousness revolve around notions of risk and its legal corollary: no fault liability. In other words, someone may be civilly liable even though there is no fault associated with the proscribed action. The individual is responsible not because of electing to do harm, which would imply free will, but rather since "by his very existence, he is a creator of risk, even if he is not at fault" (2000: 198). Sanctions, then, aim at punishing the subject "...represented by the [dangerous] individual in question" and not the subject that broke the law (Foucault, 2000: 198). By bringing to the fore the notion of potentially dangerous subjects, not because they are authors of proscribed acts but risky due to their very nature, characteristics and constitution, enables society to hold "rights over the individual based on what he is" (Foucault, 2000:199). Some dangerous individuals can, however, cease to be dangerous "provided they receive certain treatment" when society reacts to their inherently risky nature (2000: 193). We may eliminate risk by incarcerating the subject, temporary eliminating risk through chemical treatment, or more apropos to this thesis "more or less relative and partial elimination" through sterilization and castration (Foucault, 2000: 193).

Following the foregoing logic, if poverty is the risk/disease under the 1995 NPL and "Program of Reproductive Health and Family Planning 1996-2000" women are the carriers of disease and subjected to membership in the risky class. Identifying some Quechua women as carriers of this disease, as they are themselves abject poor, makes the invisible illness of poverty visible. Her body is the locus of poverty, open for the political "scientist" to see, diagnose and "cure" through excision of the organs that allow the reproduction of the disease.

Foucault describes both these modes of objectification "dividing practices" that are, genealogically, forms of domination applied to marginalised populations and the working classes.

Foucault's last mode of objectification consists of the individual "turning himself into a subject...through a process of self formation in which the person is active [and assumes] a kind of individuality which has been imposed on us for several centuries" (2000: 326-327). Whereas the first two modes of objectification may be related to feudalism and capitalism as forms of government, subjectification (or hegemony) is a product of modern (and some argue post-modern) modes of government.

Subjectification transforms the subject into a "citizen-subject" born into pre-existing intersections of race, culture, sex, gender, class, and social powers ready to locate the individual, prepared to allow some forms of subjectivity but not others. From birth, the citizen-subject becomes "regulated, branded, and shaped, the 'First World' [normative] ideological apparatus imbricated" more so than ever before (Sandoval, 2000: 163.4). Jacques Derrida would suggest that this sets-up a hierarchal binary where the north is free, good, just in its imperialist goals and socially ordered. By opposition, the south may only be chaotic, bad, troubled, backwards and a threat to imperialist goals.

Taken together, the three forms of objectifying the subject become "individualization techniques" acting through "totalization procedures" i.e. the means by which we are governed which cover almost everything with "political reflections on human activity" (Foucault, 1979: 10-11).

Lastly, discipline -a modality or anatomy of power- and bio-power -a means of regulating life itself- are two other forms of individualization techniques that enjoin relations of power with access to and employment of knowledge (*savoir*) (Foucault, 1990: 139).

This power over life, which political power assigns itself, traces its dispersed, wandering roots to forms of objectification discussed above. These forms categorize, distribute, disciplines, extorts and increases usefulness of the *corps machine* reproduced by the "procedures of power that characterized the disciplines: an anatomo-politics of the human body." Objectification focusing on the *corps espèce*, its biological, life giving,

health or lack thereof, supervises the body through “an entire series of interventions and regulatory controls: a bio-politics of the population” (Foucault, 1990: 131-132).

The sum of anatomo-politics and bio-politics results in bio-power “an indispensable component in the development of capitalism” and the forces working to sustain economic processes, segregate the undesirable, differential allocation of profit, and “guaranteeing relations of domination and effects of hegemony” (Foucault, 1990: 141). Bio-power as control of sexuality also becomes the means for “political operations [and] economic interventions” to incite or curb efforts of procreation. Techniques of self surveillance, as in contraceptive control, subjugate and combine to discipline the body (particularly for women) and regulate populations (Foucault, 1990: 145-146).

In sum, power and knowledge are directly related to the body of the subject, both social -in terms of the flock, or the many- and the individual. The deployment of power is relational because it operates on human relations and human bodies. Foucault comments that he does not envision a “history of mentalities” that account for the perception of bodies, but instead a “history of [subject] bodies and the manner in which what is most material and most vital in them has been invested” (1990: 152).

Peruvian sterilisation law “invests” on some bodies, by providing sexual health care to some, while disciplining others through practices of bio-power that curb reproduction. It subjects some to the “gaze” of the institutions and the medical profession in rural clinics, while keeping most non-indigenous subjects invisible. It makes the poor responsible for their poverty and for the faltering performance of the economy generally. Because through the use of insidious power/knowledge relations it justifies the unjust practices of oppression and domination, a theory of location and operation of power serves to shed light on, arguably, state condoned criminality.

Critique of Foucauldian Analysis

From a feminist perspective, Foucauldian and feminist analyses do not mirror one another but display inevitable tensions. However, both convergence and divergence are

relevant to this work. Convergence of analytical viewpoints between feminist analysis and Foucauldian analysis enriches both forms of inquiry whereas divergence encourages further study to address discontinuities.

For example, Foucault's discussions do not address the gender configurations of power. Sandra Lee Bartky (1988) and Susan Bordo (1988) argue that power, especially over women's bodies and the subjugation of women, obeys gendered notions of discipline that render bodies docile in distinct ways for women and men. More specifically, in "The History of Sexuality, vol. 1" (1990), Foucault claims that in modern times the deployment of sexuality is the predominant mode of power. He argues that the "symbolics of blood" (1990: 148), (the affirmation of the power of the bourgeoisie through lineage), fulfilled a juridical role in maintaining regal power during pre-modern Europe. In the course of modernity, blood as affirmation of lineage shifts to "analytics of sexuality" (1990:148) and its practices: a concern with bio-power that targets the disciplined body and regulates population. Diamond and Quinby (1988) point out that this shift, from the sovereign's right of death operating within kinship systems, remains "essentially a right of seizure: of things, time, bodies, and ultimately life itself" (1990:136). In either configuration, power remains vested in individual men and men as a group.

Moreover, Foucault's (1984) project of genealogy, the exploration of discipline and constraint on traditional constructs of authority, could benefit from a feminist analytical perspective of the processes of why, and who holds authority. In this context, Kathleen Jones (1988) deconstructs notions of authority to show that it is a discursive form embodied in a system of rules. This system separates the process of knowing from feelings; tends to conflict resolution instead of consensus building; and orders, ranks, defines and distinguishes based on social hierarchies. Through these mechanisms, authority becomes a tool for normalising the "androcentric view of authority" that constructs the subject so that "female bodies, gestures and behaviours" are excluded by its watchful eye of authority (1988: 122).

Conversely, a late colonial approach to genealogy, by rejecting imperialist notions of authority, highlights colonized people's histories, social relations and "their own ways of thinking, feeling and interacting with the world" (Smith, 2001: 28). Concentrating on language, the subject is allowed to speak and her discourse highlights the notion that authority does not subjugate everyone equally.

Lastly, a feminist review of discourse points out that although Foucault gave new status to discourse, he fails to account for its gendered nature. Foucault hypothesised that the production of discourse is controlled, selected, organized and redistributed according to a certain number of procedures, whose role is to make sense of the world through languages, images and signs, all of which "evade [the]...awesome materiality" of society, of the world and of life (1972: 216). Similarly to authority, discourse operates by excluding what is prohibited: what cannot be spoken about, where and how one may speak, and the exclusive right of speech of selected groups (1972: 216-219).

According to Weedon (1987), and because discourse is more than ways of producing meaning, Foucault did not address the ways in which masculine authority controls language and thus "the body, unconscious and conscious mind and emotional life of the subjects they seek to govern" (1987: 108). In this sense, masculinist discourse operates to trivialize women's bodies through degrading advertising and metaphors, dismissing women as inferior and marginalising their activities.

My work aims at addressing the foregoing critique through a textual analysis of the coloniser's discourse as well as that of the colonised, since discourse is a form of power attached to strategies of domination as well as resistance. I intend to show the ways in which language operates to subjugate the bodies of Quechua women, to determine who can speak, and in dismissing their discourse as uninformed creates points of rupture that allow resistance.

In a Peruvian context, the discourse of NGO's and women's human rights organisations challenges the "rhetoric of supremacy" and deploys their own power through language (Sandoval, 2000: 126-128). Therefore, a critical reading of discourses, the

metaphorically dominant and the speech of the oppressed, telegraph the multiple operations of power in terms of the assembly of and resistance to the social constructs of /class/sex/gender and race, homogeneity versus individuality, which results in lawfully defying justice.

Text Analysis: Late-Colonial Effects on the Social Representation of Women

Edward Said (1979) argues that when analysing texts we ought to look for style, figure of speech, historical and social circumstances. We ought not to look for correct representations or textual fidelity to some grand origin (1979: 21). What commonly circulates within cultural discourses and textual exchanges is not necessarily the truth, but representation (Said, 1979).

In this same vein, Graham (1990) encourages us to deconstruct the dominant text to locate contradictions, exclusions, and representations of social aggregates.

Laurel Graham (1990) states that,

Dominant readings need to be deconstructed in order to make sense of the specific ways texts teach their audiences to structure personal systems of meaning. Through deconstructions, readers can find in each text the information to construct oppositional readings...As I read and reread each of these, I found myself repeatedly tempted to compare each to the one that came before...Instead of succumbing to this realist temptation to identify a 'true' version, my idea is to be reflective about this nasty tendency and to put it to use methodologically...By finding the points of discontinuity between the texts, once can illuminate the mythologizing strategies and tools unique to that text (1990: 3, 4).

In the context of a 'dominant text' ,Quechua women cannot represent themselves. Since they cannot, the dominant textual representation of what Quechua means does the job. Representation through discursive practices constructs social meaning. To execute this construction, the discourse of power operates as ideology while the discourse of

imperialism constitutes and perpetuates, through text, social practices beneficial to the neo-liberal coloniser.

Examining discourse unveils, at least partially, the ideologies behind the historical record of contraception, U.S. foreign policy documents, Peruvian sterilisation law, the meaning of euphemisms such as “bilateral assistance,” and intersections between them. Predominantly, we question the assumptions behind the texts, and what does the rhetoric assume to be indisputable truth. Moreover, upon what foundation -historical, patriarchal, gendered- we build texts that stand for something different than what they claim, such that a challenge threatens to dismantle their very foundations? (Hall, 2001: 165).

In brief, the challenge is to look critically at a dominant text in the form of words, images, sounds, or objects to discover what is the purpose behind its construction. What was the text designed to represent, , what is its meaning for someone, and in what context is this meaning purposeful. Sandoval (2000) argues that examining texts helps us describe how discourse deploys power, constructs ideology, and allows deconstruction which opens up a space for resistance (2000: 90.1-94.5).

Transferring the foregoing reading to the text forms mentioned above reveals the framework promoting a political vision of reality (demographically stable North versus overpopulated South) deployed through power dynamics acting through discursive and rhetorical means. Furthermore, mythology is a way for the violent and colonial discourse to claim innocence. The patriarchal and gendered definitions of marginalised social aggregates are not explicit in the texts, but implicit.

Text analysis, as a tool for examining social behaviour, would be rendered ineffective if all it did was assist the researcher in explaining the origins of textual construct. Rather, its value resides in dismantling the scaffold holding up the constructs of reference and meaning; and in so doing, reversing the power dynamic.

Because the text of the coloniser is built upon historical, patriarchal and gendered references of simple binaries -us/them, earnest male/unassertive woman,

heterosexual/homosexual- a reversal relies on recognising this foundation and targeting its fragilities.

Critique of Text Analysis

In very broad strokes, feminist writers express a concern that deconstruction erases the subject woman from feminist discourse, thereby minimising women's experience of subjugation, pain and marginalisation. The argument is that, in semiotic terms, the notion of 'women' does not emerge from her but rather from a gendered representation imagined (mythologized) by others.

Explicit in this critique is the notion that solely based on gender identity; all women want the same thing or share the same experiences. Judith Butler (1990) maintains that the notion "woman" is nothing but a gendered construction that operates through the continual performance of femininity. For Butler, "performative gender" is the "stylized repetition of acts" that constitutes the signified "woman" in terms of dominant norms and conventions in society (1990: 140). If this is the case, Butler tells us, there is no sex but only gender (1990: 33) which has the effect of eliminating 'woman' from the discourse. She grounds her argument on the fact that by performing gender we internalise *a priori* notions of natural expressions by particular bodies: a male body performs gender in different ways from a female body and both performances repeat societal norms (1990: 33).

Susan Bordo (1993) argues that Butler's analysis turns feminism into yet another academic field, rather than remaining true to the original project: feminism as an emancipatory tool that alters gendered and patriarchal notions (1993: 240).

However, the "implications of the sex/gender debate" are relevant to this thesis (Webster, 2000: 2). Interrogating "women" and "women's concerns" framed as political issues illustrate the different applications and consequences of gender analysis in Western versus Latin American scholarship.

Western scholarship, exemplified by the Butler-Bordo debate, argues that sex is neither a fixed nor a natural category existing *a priori* to gender. Thus, what we mean

when referring to sex is unstable and indeterminate. Gender, however, is also “construed as a cultural construction” that, just like sex, is changeable and negotiable (Webster, 2000: 16). Unstable categories of analysis, in this case sex/gender, tend to weaken arguments of agency and “identity based politics” in the context of a feminist project (Webster, 2000: 17).

On the other hand, Wendy Brown (1995) argues that we ought to define what kind of agency will uphold political aims, rather than adding to the confusion over agency in an unstable sex/gender debate (1995: 7). For Brown, the practice of resistance takes shape when we define agency in terms of strategies of resistance against power that produces and constructs subjects (1995: 47-49). She proposes, in the context of Butler’s agency through sex/gender performance (1990: 140), to develop specific political strategies. Brown maintains that we must define strategies of resistance to power, establish grounds for “collective agency” and erect the “moral framework necessary for affirmative political action” (1995: 22).

Brown’s notions of agency as strategies of resistance provide a jumping off point to examine how, framed in the admittedly relational notion of gender, Latin American scholarship recovers women’s experience of subjugation, pain and marginalisation.

Current Latin American feminist scholarship identifies the operation of agency as strategies for resisting power that, in so doing acknowledge women’s experience of subjugation, pain and marginalisation. Drawing on a Marxist analysis of relations of production, Sueann Caulfield cites several Latin authors¹² that stress the intersection of

¹² I am borrowing heavily from Sueann Caulfield’s extensive bibliography on the subject of gender in Latin America. She cites, amongst others, articles by Nash and Safa, “Sex and Class”, “Women and Change”; Nash and Fernandez-Kelly, “Women, Men, and the International Division of Labour”; Leacock and Safa, “Women’s Work”; Deere and Magdalena Leon, “Rural Women and State Policy.” Furthermore, Caulfield points the researcher toward articles by Fernandez-Kelly, “For We are Sold”; Querubina Henríquez de Paredes, Matiza Izaguirre P. and Inés Vargas Delaunoy, “Participación de la mujer en el Desarrollo de América Latina y el Caribe” Chile, Santiago: UNICEF, 1975. Also worth mentioning is the work by Helen Icken Safa, “The Urban Poor of Puerto Rico: A Study in Development and Inequality” New York: Holt, Rinehart and Winston, 1974. Eva Alterman Blay, “Trabalho Domesticado: A mulher na indústria paulista” Sao Paulo: Ed. Atica, 1978; Xulma Rechini de Lattes, Ruth A. Sautu, and Catalina H. Winerman, “Participación de las Mujeres en la actividad económica de la Argentina, Bolivia y Paraguay” Buenos Aires: CENEP, 1977.

gender/class/ ethnicity that structure politics and social relations of production (2001: 463). Nash, Fernández-Kelly and Safa reject the notion of “development” as envisioned by the uniform notion of progress of the “First World”, since it tends to homogenize the “Third World.” The homogeneity brought about by industrialisation and shifting strategies of multinational corporations have a differential impact effect, illuminated by gender notions, upon men and women. To exemplify, economic realities require both men and women to work outside the home. However, while men receive a higher wage by virtue of their gendered responsibilities towards family, women earn a lower salary, presumably since they have a husband or father to look after them. In term of legislation, homogeneity implies impartiality (the ethical normative view of the Enlightenment) which turns into social injustice by neglecting the needs of marginalised populations.

Establishing grounds for collective agency, as an amalgam of individual identities, gender and ethnicity, replaces older style confrontational politics with community based social movements. After the financial debacle of the Argentine peso in the year 2000, social movements led by women reclaimed closed factories, opened neighbourhood soup kitchens and donated time and knowledge to local elementary schools that would have closed otherwise. Collective agency is a demonstration that the “material and symbolic aspects of gender” when they intersect with race/ethnicity/generational gaps reinforces rather than debilitates the fluidity of subjectivity. In addition, collective agency replaces norms that tend to essentialize class or ethnic “cultures” (Caulfield, 2001: 482).

Strategically, Latin American scholarship appears to favour agency, as a strategy for resisting textual power; and collective agency, as a blend rather than homogenisation of ethnicity, gender and class geared towards political action. As Brown (1995) and Bordo (1993) would argue, this strategic framework is emancipatory since it challenges patriarchal and gendered notions of what constitutes social justice.

This chapter highlights the need for a late-colonial, power/knowledge and text analysis perspectives on the subject of social injustice framed as oppression and domination of homogenised social groups. The following chapter details the method of data collection and classification of source material (empirical data), as well as ethical considerations. Lastly, the methodology used incorporates the theoretical frameworks described above.

CHAPTER THREE

METHODOLOGY

As explained in the introduction the research question explores the idea that Peruvian family planning legislation is unjust because it does not uphold the principles of care that are fundamental to the purpose of legislation in a modern society.

What merits attention is how the law translates into practice and affects individuals at the regional level. Thus, we need to know who was sterilised, and how the sterilisations were carried out. Further, I shall attempt to identify political factors from external sources that continue to feed the agenda for fertility control. This is not, however, to suggest that there is a direct causal relationship between these factors and the practice of coerced sterilisation. Max Weber (1964) warns us that the aim of knowledge is not to reduce reality to a few processual patterns, but to explain events in their own context. What we can affirm is that the understanding we get from analysing the application of the law to Quechua women helps to explain the practice of local sterilization.

To answer these what, who and how questions becomes a progressive story, a genealogy in Foucauldian terms, about the Inca Empire. By what processes were these ancient people objectified and rendered quasi-citizens, and how are these processes maintained in today's Peru. Moreover, who speaks for the Peruvian state, and what is their understanding of truth such that they can objectify Quechua women and turn them into invisible docile bodies?

Considering that this work aims at research as a political activity, I ask how to use "archives of repression" (Foucault, 1990: 82) against the oppressors themselves? I also ask how to give voice to many different perspectives (patient, victim, marginalised groups) when their voices are not, strictly speaking, considered 'scholarly'? In addition, we need to explain the discrepancies in the evidence provided by the MoH on the one hand and the NGO's on the other.

Quantitative and Qualitative Analysis

There are two possible methods of analysis that can be used to explore this story: qualitative and quantitative. Etymologically, quantitative takes its roots from the Medieval Latin *quantitativus*, from Latin *quantitat-*, *quantitas*: quantity. As a methodology (Maxfield and Babbie, 1998) it involves measurement of discrete quantifiable entities. It aims at analysing numerical data gathered through surveys, quasi-experimental study, and longitudinal studies among others. Quantitative analysis describes data and generalises results through inferences made by using statistics. Theoretical tools such as statistical significance and confidence intervals help support inferences. It asks “what causes what”, and relies on a probability causation model which requires a variable X to cause an outcome Y, for X to have any effect on Y. Quantitative analysis has its strengths. It uses replication -repeating experiments and comparing results- to avoid inaccuracies. It assures validity of measurement by measuring only “what can be measured” and doing so accurately. Quantitative analysis start with a through literature review to generate a well-founded quantitative question, accesses target populations to conduct experiments, locates and holds large samples to validate data, and explains social patterns in terms of aggregates instead of individuals.

The techniques of quantitative analysis rely on a deduction and use logical rules to arrive at a premise and its resulting conclusion. Marshall (1998) explains that deduction moves from a theory to the hypotheses that are “derived from theory” and then tests each hypothesis “via prediction and observation” (1998: 144).

In contrast, this thesis does not seek to codify, measure, test *a priori* hypothesis to build a theoretical framework, or predict outcomes. Instead, this study examines information about the actual workings of Peruvian society, in terms of social constructions, to illuminate the Peruvian state’s rationale behind coerced female sterilisation. It analyses the subordination of Quechua women by observing historical roots, ethnography and belief systems. Lastly, this work hopes to challenge Eurocentric ideological assumptions

disguised as universals that, paraphrasing Simone de Beauvoir (1999), portray women as the “other” to man. Women as subject. Women as nature, to man as culture and science.

The analysis that follows is inductive in nature. As such, this exploration begins with the investigating of a series of particular observations and records of a wide range of experiences from both men and women. Such an inductive approach does not lend itself well to a quantitative form of analysis

In contrast, a qualitative analysis is more appropriate to the research goals of my work. It explores the stories and case studies of individuals and groups and uses them to develop a narrative. In turn, the narrative is assembled from written records, from institutional and community sources, oral transcriptions of the stories of the women themselves. It will use historical narratives to organise the flow of events (Cronon, 1992: 1347-1375). In keeping with a qualitative analysis, the narrative does not assume a stable reality, nor can it be generalised to be said to apply to an entire population. The story does not look for cause and effect in exploring sterilisation in the absence of informed consent in Perú. Sterilisation without informed consent does not happen for any one reason, but for many. Reasons include capitalist guiding beliefs and economy (Cronon, 1992: 1363) of Perú that affected and continues to affect Indigenous populations as the master agent behind sterilisation practices.

Method, Methodology and Epistemology

Having chosen a qualitative approach and to avoid confusion, an explanation of the terms method, methodology and epistemology is *de rigueur*. Primarily, the challenge to the way we approach data gathering and analysis is a semantic one. Using the term “method” interchangeably with methodology and epistemology causes confusion (Harding, 1987: 2).

Method, as Harding (1987), Stanley and Wise (1990), and Berg (2001) suggest, consists of the techniques and practices used to obtain data. To obtain raw data, and following Berg’s analysis, I concentrate on “nonprobability samples” further distilled into

“convenience”, “purposive” and “snowball samples” (2001: 30-33). The initial reading of available media stories on fertility practices supply information on what is (readily) available on the topic. These stories expand to a purposive (as a useful function though not strictly by design) search of relevant material on fertility practices in Perú. Lastly, the data “snowballs” from articles and scholarly material to encompass historical, legal and official texts. The raw data thus obtained is ‘reduced’ to transform it into accessible and understandable material from which we derive themes and patterns of analysis. This chapter’s section on Data Collection, elaborates further on the specifics of method and classification of data.

Methodology as Stanley and Wise (1990) argue is a broad analytical framework “such as symbolic interactionism ...in sociology, and which may or may not specify its own...research method/s or technique/s” (1990: 26). Methodology is preoccupied with what to include -or exclude- in a particular study, how to apply theory to a specific research question, and how to analyse the data.

First, even though the data examined accounts for the sterilisation of approximately 218,000 women between 1996 and 1998, this work concentrates on 157 cases of documented fertility control. For example, civil society investigates and reports high numbers of forced female sterilisations in rural and marginalised urban areas, conducted under the 1995 NPL. Faced with these reports, the MoH confirms 81,762 tubal ligations during 1996; 109,689 during 1997 and 26,788 during 1998, albeit defining them as voluntary surgical sterilisation (Cabal, Avni; Vargas et al, 2001: 85-87). Similarly, the Ombudsman’s Office under resolution No. 03-DP-2000, ratifies these figures while adding a further 26,788 female sterilisations during 1999 (Vargas, Cabal, Martinez et al, 2000: 21-24). Even though the available data supports the figure of approximately 218,000 uninformed/coerced female sterilisations of Quechua women, I elected to examine 157 cases investigated and reported by the Ombudsman’s Office and Peruvian NGO’s for the purpose of examination (Flores, 1998: 15-16, Tamayo and Reyes, 2000: 50).

What makes these cases relevant for analysis is their richness of detail, their pattern of intrusive medical practices and the colonial/patriarchal messages hidden behind the legislation.

For example, of the cases included and where the patient died, her death is directly attributable to surgical practices of fertility control. Second, the application of theory to facilitate the analysis accounts for the many ways in which Quechua bodies and their stories are at the centre of the study. In addition, the application of theory attempts to illuminate the social meanings of patriarchy, gender, and ethnicity driving fertility control practices. Lastly, the way in which we analyse the data incorporates a feminist political effort. That is to say, it allows women to speak for themselves in an effort to eliminate the patriarchal construction of women as subalterns. *Epistemology*, according to Harding (1987), is the foundation for method and methodology. In addition, epistemology is concerned with the philosophical notions of knowledge and the manufacturing of truth. Thus, central to epistemology (theory of knowledge) is the notion of who is able to speak, who the 'knower' is, how to reverse the colonial project that creates notions of 'truth', and how to relocate the marginalised subaltern to the epistemic centre.

Gayatri Spivak (1988) uses the term subaltern to define a construct of the self through the production of signs, where the self is not free to make of these (signs) whatever it wants, but finds itself entangled in a web of meanings not of its own creation. The subaltern "inhabits a place of difference" (1988: 271) where the body is the epistemological metaphor for locatedness, where identities are socially imposed, not autonomously created, where the power to impose identity rests with the 'knower', the colonizer.

The underlying principle for the present work is recognizing that defining social aggregates or individuals as marginalized is in itself an action with symbolic meaning. This is because identity is always defined, through the interplay of comparisons, contrasts, and identifications. Under the *status quo*, the state assumes the role as the 'knower', and

the Quechua women affected by state imposed practices of fertility control become differentiated in their role as 'othered', or in Spivak's words, as subalterns.

Quechua women deleted identities become re inscribed in the intersection of the project of colonial imperialism turned neo-colonialism. Spivak maintains that "in the continuing narrative of shifting imperialist formations" women at the ground level of society who are already "victims of patriarchal practices" continue to shoulder the burden of the -neo-colonial- system (Spivak, 1988: 102). Moreover, by remaining in subalternity "she is epistemically violated by longstanding cultural formations that have bound her mind in unreasoned responsibility" (1988: 102). While the time line has changed, the epistemic "apparatus which makes possible the separation not of the true from the false, but of what may [or may not] be characterized as scientific" (1988: 288) stands: the subaltern remains "the elusive female figure called into the service of colonialism" (Spivak, 1988: 215).

A brief etymologically detour shows that the noun 'service' dates from 13th century Latin: *servitium*, meaning the condition of a slave, or body of slaves. Arising from the colonial slave status, located between patriarchy and imperialism, between "tradition and modernity, culturalism and development" (Spivak, 1988: 304) Quechua women become the disappearing/repressed figure of the 'slave' about whom there "[is] nothing to say...nothing to see, and nothing to know" (Foucault, 1990: 4).

There is, however, a point of rupture, and thus a point of resistance, in officialdom's discourse of the slave. While the official discourse may construct identities for the slave, it cannot foreclose agency since the slave may occupy multiple identities. She may be a 'slave' but also a worker, a lesbian, a mother, a researcher, a witness and so on. The tensions among constructed identities and free agency, within the same official discourse, create a space for disruption of the very discourse that constructs the slave.

For example, to disrupt the constructionist rhetoric, NGO's play the crucial role of counterpoint to officialdom more in keeping with the role of agents, not slaves. However, Berg (2001) argues that the construction of identities is not an accidental or isolated

process. Therefore, to discover the meaning behind the normative definitions of who is a slave or an agent involves understanding the processes that created them (2001: 8-10).

To illustrate, Patricia Hill Collins, in "Toward an Afrocentric Feminist Epistemology" (1991: 201) retells a story by Katie Cannon. Cannon writes:

"A small girl and her mother passed a statue depicting a European man who had barehandedly subdued a ferocious lion. The little girl stopped, looked puzzled and asked, 'Mamma, something's wrong with that statue. Everybody knows that a man can't whip a lion' 'But darling,' her mother replied, 'you must remember that the man made the statue.'"

Cannon's story summarizes many of the normative processes associated with the concepts of knowledge, truth and the mechanisms that validate these knowledges. Her story identifies dominant conceptions and practices of who can know, and who may acquire knowledge. Moreover, the story illuminates the justification processes that systematically disadvantage women and other subordinated groups. In other words, "imperial [ideologies of] reason, truth, human nature, history [and] tradition" (Bordo, 1990: 137) supply the ingredients for silencing heterogeneity, de-legitimising marginalised cultures, silencing some voices and suppressing narratives. These same processes incorporate hegemonic relationships, normalise the knowing subject, and influences the practices of inquiry and justification.

The concept of hegemony (ideological power), describes the dominance of one ideology over another via political, moral and intellectual authority in order to serve the interests of a class or group of individuals (Rey, 1994).

Epistemic reification of ideological power is a latent danger of theories of knowledge that: first, do not consider gender when situating knowledge; and second, theories that do not consider the social situation of the 'knower' and its perspective due to a particular locatedness. Anderson (1995) argues that a feminist theory of knowledge (feminist epistemology) considers the ways in which "gender does and ought to influence

our conceptions of knowledge, [and] the knowing subject” while paying careful attention to “practices of inquiry and justification” (Anderson, 1995: 2-5). Feminist epistemology identifies ways in which patriarchal conceptions and practices of knowledge acquisition and justification of knowledge “systematically disadvantage women and other subordinated groups, and strives to reform these conceptions and practices” so that they serve the interests of marginalised groups (Anderson, 1995).

Standpoint Epistemology as Critical Theory

Sandra Harding (1987) provides three approaches to situating a theory of knowledge: a standpoint tradition, postmodernism and empiricism. These traditions, it must be noted, do not suggest a divisive line or juxtaposition between them. On the contrary, they are contrasting (and thus complementary) frameworks. Most standpoint theorists do not seek a single feminist standpoint that can claim overarching epistemic superiority and have thus moved in a pluralistic direction, acknowledging a multiplicity of “epistemically informative situated standpoints” (Harding, 1991; 1998).

A standpoint epistemology recognises the privileged locatedness of the researcher, the scope of privilege such as social role -researcher- or social location, and asks whether occupying this locale is sufficient -or should it lead to self reflexivity- to claim a perspective of knowledge. In response, Sandra Harding (1987: 9) states: “class, race culture, and gender assumptions, beliefs, and behaviours of the researcher her/himself must be placed within the frame of the picture her/himself attempts to paint.” The foregoing questions and Harding’s answer locate standpoint epistemology as critical theory. That is to say, it aims at representing the interests of the oppressed, is accessible to the subjects of study, and it is usable by the oppressed to improve their condition (Harding, 1991).

Even though this researcher may not claim privileged access to Quechua reality, my work may be more useful to these women in their struggle than other truthful representations. Critical examination of gendered behaviours exhibited by the Peruvian state, as a function of consciousness-raising, relates to grievous harm done to native

women by some men. My standpoint is not one of women but as an advocate of feminism. As such, I do not claim a defining or dominant role since doing so would defeat the very social struggle to produce “research about...a subject that is undistorted by sexism and androcentrism” (Harding, 1987: 12). This stance, however, is prone to two criticisms: relativism and circular reasoning.

According to Harding (1987) standpoint feminist frameworks are not relativist, since “sexist and antisexist claims are not equally plausible”, nor does it ignore that women are just as capable as men to hold a ‘high’ kind of moral judgement (1987: 12). Lastly, a relativist position would hold that men could not contribute to feminist research because of their different experiential ground. Sandra Harding counters this claim by noting that “John Stuart Mill, Karl Marx , and Friedrich Engels” are but three men that contributed to the history of feints thought, while women as “Marabel Morgan and Phyllis Schlafly” are guilty of producing “sexist and misogynist thought” (Harding, 1987 11).

Standpoint epistemology is also criticised for its tendency to circular reasoning when claiming epistemic privilege due to gender, race or class. Anderson (2002) explains that gender relations are not universal, while race relations do not transcend historical bounds (2002: 17). Lastly, a Marxian analysis centres class conflict as grounding for explaining all other dimensions of inequality. In today’s globalised and transnational economy no single group may claim class inequality as central, because inequalities intersect in ways more complex than this analysis provides. A unified standpoint for all women is not possible since women do not represent a “monolithic collectivity...in the list of the oppressed” (Spivak, 1999: 262). Collins (1990) posits that oppression takes different forms for different women, depending on their sexual orientation, race and class. Moreover, a universal standpoint may reveal the perspective of relatively privileged white women (Fellows and Razak: 1998) a point forcefully developed by feminist postmodernism.

Generally, a post-modern tradition rejects woman as a category of analysis and recognises the infinite fragmentation of perspectives in terms of situated knowledges.

Judith Butler (1990) argues the rejection of 'woman' as a category of analysis on the notion that theories of gender are essentialist. Asserting that women constitute a group with common characteristics and interests performs "an unwitting regulation and reification of gender relations" reinforcing a binary view of gender relations in which human beings are divided into two clear-cut groups, women and men (1990: 25). Instead of claims of universality, objectivity, unity and ultimate truth that fix attributes in a person, gender should be seen as a fluid variable which shifts and changes in different contexts and at different times (Butler, 1990). Rather, in terms of the social identity of 'knowers', a postmodern stance stresses locality, partiality, instability and contestability of accounts of the "world, the self and the good" in recognition of multiple perspectives of knowledge (Anderson, 2002: 20). Taken together, the fluidity of gender construct plus a permanent plurality of perspectives leads to two types of cognitive practices.

Sandra Harding (1993) argues that to negotiate knowledge construction from a postmodern locale, the researcher must accept responsibility for the choices made in representing the subject and acknowledge that one's position directly influences these choices. Furthermore, the attempt to see things from multiple perspectives requires sensitive engagement with the subject, the subject matter and sympathy for others.

Despite criticisms of precluding large-scale analysis of social forces critically affecting women, attributable to postmodern opposition to generalizations, and the difficulty of keeping in sight all lines of difference at once postmodern etymology remains a power analytical tool. Its strength lies in "acknowledgement by all feminists that a plurality of situated knowledges appears to be an inescapable consequence of social differentiation and embodiment" (Anderson, 2002: 22).

In keeping with the traditions discussed above, I include outsiders as 'knowers'; in this case Quechua women and NGO's, in an epistemological theory that recognizes the outsider's reality. Indeed, the outsider observes the "relations of domination and suppression for what they truly and objectively are" (Stanley and Wise, 1990: 27). Moreover, not assigning universal knowledge to any one group, irrespective of hierarchy,

gives voice to Quechua women as well as white women, to peasants as well as to lawyers and professionals, and to men. Gender construction analysis must include men since the institutionalised discourse of gender construct revolves about relations of ruling: of women by men (Stanley and Wise, 1990: 44-45).

In turn, feminist empiricism criticizes the claims to objectivity “made by mainstream social science” (Smart, 1990: 77). Empiricism argues that what we believe to be justifications for knowledge: fixed and theory neutral terms, valueless observations, and the locatedness of knowledge with the researcher are, in fact, a view of the world from the male perspective. Objectivity is really sexism; theoretical neutrality and value free observations simply exclude and ignore women and their interests, while knowledge does not rest, *ipso facto*, with the researcher. Carol Smart (1990) argues that a “truly objective science” accounts for the experiences of both sexes instead of an andocentric one (1990: 78) which is not to dismiss empirical work as such. Methods of observation that originate in, rely upon, or are based on information and direct experience are not inherently flawed. The fundamental flaw lies in the phallogocentric claim of addressing humanity while studying only men.

Eliminating bias by advocating gender equality -or gender blindness- in empirical knowledge does, however, present some challenges. The “equality paradigm” presupposes the centrality of men as the norm and as “natural social actor” (Smart: 1990: 79) whereas gender blindness overlooks women’s political activity and the pragmatic questions it generates.

Faced with this apparent contradiction, bias elimination erases a pluralist view of science, Anderson argues for “bias as a resource” (2002: 28). Feminist inquiry stems from legitimate and limiting biases, for example qualitative methods that accept women’s voices in their own terms, refuse to generalise, and avoids “power differences between researchers and researched subjects” (Anderson, 2002: 28).

Paraphrasing Dylan Thomas, refusing to go gently into the good night of andocentric science and “raging against the dying of the light” does not mean exclusion of

other ways of doing science (1993: 631). It does mean that including feminist empiricism uncovers different patterns, different structures, and different ways of seeing the world.

From the foregoing discussion of method, methodology and epistemology we may deduce that, for the purpose of this paper, a qualitative method that employs gender - without generalising its meaning-, race and class as the anchor for a broad methodological analysis while considering relevant the knowledge of “outsiders” is most appropriate. This perspective, as Joan Alway argues “[tries] to produce less false, less partial and less perverse representations without making any claims about what is absolutely and always true” (1995: 225).

Moreover, qualitative methods are most appropriate when we seek to answer “how” questions. For example, how did the government of Perú legalise sterilisation? Or how did legalisation become an interventionist practice? Alternatively, how family planning, as a well-intentioned intervention became state control? Lastly, I ask how foreign policy and colonial attitudes influence the sterilisation of select populations. All these questions, from an epistemological position, bring the marginalized to the centre, aim at research as a political activity and gazes upon consciousness raising as a way to discover veiled official agendas.

Choosing a qualitative approach also reflects the interdisciplinary nature of the thesis. By interdisciplinary I mean an epistemology that considers the disciplines of Criminology and Women’s Studies. Informed by both disciplines I selected a “social history and case study research” method that Iacovetta and Mitchinson (1998) broadly define as:

“records generated by political, social, legal, and other institutions entrusted with the task of categorizing and assessing certain populations, usually with the purpose of supervising, treating, punishing, servicing, and/or reforming individuals or groups deemed in some way deviants or victims.”

Documentation from the Peruvian MoH pertaining to sterilisation policy is central to the workings of power and bureaucracy. The dominant groups: state, medical and religious experts communicate “what is best” to the policy recipients, the subordinate group possessing fewer resources and different ways of knowing. These documents reveal the social constructs between “doers and done onto” through the vocabulary of the authorities as well as through the verbal testimony of the women themselves. Their testimony reveals power relations at the local level, emanating from officialdom and male/female power relations ensconced in patriarchy.

Furthermore, deconstructing the discourse of official records helps explain how select populations became subject to the amalgam of institutional power of medicine and the law, and the shaping of Peruvian institutional practices by industrial capitalist relations. The exposé remains in the written word of the dominant class whose gendered, racially biased discourse and dubitable actions reveals the unequal relations between experts and medicalized objects of “bio-power” (Foucault, 1990: 139). We examine Quechua women’s voices, mindful of distortions accountable to recording and transcription leaving us to debate the status of transcribed interviews while still representing the most relevant form of testimony.

Regarding the institutions and their case files, specifically the MoH and the office of the Ombudsman, one must understand how power is exercised, diffused, translated and imposed by the drafters of legislation, dossiers, documents and reports. Gramsci’s notion of hegemony -ideological power- points to the interdependence of force and consent providing an explanatory tool for reflecting on the enactment of the 1995 NPL.

From a methodological criterion, the Peruvian government exercises supremacy as “domination” and as “intellectual and moral leadership” (Gramsci, 1992: 57-58). It dominates antagonistic groups by voting on the legislation after transferring the majority of its opponents to China, as representative members of the 1995 Fourth World Conference on Women, held in Beijing. As intellectual and moral leadership, the Fujimory

government attained consent among allies, namely “population related agencies in Perú...the Information, Education and Communication (IE&C)” programs, Peruvian elites, some economists such as “Juan Julio Wicht Rossel”..., and “the Ford Foundation” among others.

Fulfilling both conditions for the practice of hegemony the state exercises “leadership” before enacting family planning legislation, and it subsequently becomes dominant when it exercises power through the state institutions for its implementation. In sum, the notion of hegemony helps the researcher understand how the interests of a privileged class take a normative turn and becomes internalised by many of the citizens.

Content Analysis, Case files in Context

Because the design of this project follows a qualitative approach to data gathering and analysis that pays careful consideration to symbolism, meaning, individual perceptions, and describes particular events as ways of understanding social relationships, it is also prone to limitations that are best addressed at the outset of the project.

The sources of data consist of confidential reports, public records, government documents, newspaper stories and interviews with Quechua women, albeit reproduced by NGO's. The epistemic challenges for the researcher that arise from the data consist of issues of veracity and intent. In other words, can the researcher take the documents at face value and what was the original objective behind the document? In addition, official “dossiers”, and possibly unofficial records, may be biased since the power dynamics between author and sponsor benefit the latter. Oftentimes, the sponsor of documentation is the state, religious groups with greater resources and political stakes in the published material, or civil society groups subjugated to the official rhetoric.

In terms of an epistemological position, these challenges foster a detailed analysis of power dynamics, subject and object standpoints by using text analysis to highlight the “falsely universalizing perspective of the master” (Harding, 1987a: 188). This stance recognizes that patriarchal ‘knowledge’ is power, as such it is ubiquitous, and opens a

space for feminist resistance. Take, for example, notions of feminization of poverty in the context of Quechua women. To come to terms with poverty as inscribed on the body of these women, we must explain the shift in discursive practices from family planning to sterilisation, the medicalization of her body as carrier of a disease, the scalpel as a phallic instrument that penetrates uninvited to excise an incorrectly placed, imaginary illness.

Moreover, and from the perspective of historiography, how do we interpret the experiences of women who did not leave behind a written herstory or appear only as targets of the state? Under this light, institutional records -and at times unofficial records- are inherently biased since they do not have the benefit of a plural view of society. These documents may represent the official dialectic (a Platonic investigation of eternal truth) and not the lived realities of those affected by the legal rhetoric. Moreover, and following a postmodernist approach, the researcher is also complicit in adding his own interpretative lens.

It is likely that archival material represents a history of the oppressed since they reflect the workings "of bureaucracies and authorities intervening in people's lives" without their knowledge or consent (Iacovetta and Mitchinson, 1998: 12).

The foregoing crucial methodological issues are not without resolution. Transcribed interviews with Quechua women, albeit not conducted by this researcher, do elucidate their perspective in terms of fertility control practices, reproductive technologies, and native ways of knowing. Authored by women's rights advocates, the Quechua voices tell the Quechua story and remember the Quechua oral traditions. We can alleviate (although not entirely eliminate) records bias by understanding the institutions that produce them and their stake in the social construction of fertility control. In addition, historical patterns such as colonising behaviours illuminate the interpretative process. The process of triangulation, explained following, serves to contextualize and corroborate evidence from one document to another.

Taken together, the epistemic challenges and their solutions amount to a careful observation of reality that recognises this researcher's inherent bias, the effects of power in

obscuring narratives, and the loss of unrecorded native traditions. In so doing, it attempts to negate the replication of the social order -as understood from the perspective of the master- and its hierarchizations.

Addressing Limitations

In general terms, we may obtain a substantive picture of reality by combining multiple lines of sight. Frequently called “triangulation” this technique attempts to relate different kinds of data (primary and secondary sources) to counteract the threats to validity identified in each (Berg, 2001: 4-6). For example, and because records are inherently biased, we may observe state documents issued at the same time as NGO documents. Each describe categories (people and events) serving official purposes, but from different perspectives. A third relation, say the official transcription, may be in turn compared with “transcribed oral histories” that reveal witness accounts of the events transcribed.

Because case files research represents the perspective of the compiler as well as that of the gazer, it is best to explore these relationships by collecting data from varying sources, following an open technique of analysis. This form of analysis is a qualitative tool which, as Cain (1996: 138) states, allows for unthought knowledge production and serves well the ideology of “theoretical inclusion” (1996: 139), meaning a theory that accounts for “our own knowledge as well as for that of those we investigate”. Considering that all researchers write from specific sites of knowledge, “theoretical inclusion” alleviates bias because it allows for contradictions and discontinuities in findings and data.

In order to counteract the institutional perspective, the narratives (transcribed oral histories) of Quechua women themselves become relevant. These narratives are central because they provide the counter point to official rhetoric from the most relevant site of knowledge, that of the woman herself. It is herstory that creates the subversive text, arising from her personal experiences.

Data Collection

Case studies refers to “research that focuses on a...single issue” (Reinharz, 1992: 164). which, for the purpose of this work, problematizes Perú’s official family planning policy, focused locally as population control, as representing a means of state control over groups constructed as problematic. As Reinharz (1992: 165) suggests, tools for the analysis of case studies are multiple and include official documents, counter narratives, transcribed interviews with sterilised Quechua women, media reports of sterilisation practices, and historical narratives of the Inca Empire. Berg (2001: 214-217) indicates that these data sources, in order to assess insights and meaning of the information, should be classified into primary and secondary sources.

In this work, primary sources consist of written testimony of historical events, transcribed interviews with Quechua women and medical practitioners, official policy and legislative documents, Ombudsman reports, USA official reports, declassified USA documents and NGO accounts of coerced sterilisation practices. Secondary sources consist, in turn, of Peruvian and North American newspaper editorials, academic and non-academic stories, database searches maintained by human right groups, aggregated data on Peruvian fertility rates, and guidelines for family planning practices.

Primary Sources

I examined historical records from the colonising period such as “Cristóbal Colón Textos y Documentos Completos”, relevant chapters of “El Espejo Enterrado”, “Las Raíces Torcidas de America Latina”, and “Seven Interpretative Essays on Peruvian Reality”.

Written testimony of sterilisation events in Perú originates with the Office of the Ombudsman (Defensoría del Pueblo) reports and NGO’s reports. For the former I examined the “*Anticocepción Quirúrgica Voluntaria*” Vol. I, and “*La Aplicación de la Anticocepción Quirúrgica y los Derechos Reproductivos*”, Vol. II. Other official Peruvian Government documents include the “Program of Reproductive Health and Family

Planning 1996-2000”, the “Ley Nacional de Población” and a subsequent modification to said law, the “Ley No. 26530.” In addition, the original text of the “Ley General de Salud, No. 26842” and applicable amendments.

Considering the political involvement by the United States in fertility control matters in South America, and especially Perú, I also examined declassified and public documents from the U.S. Administration. These include the “National Security Study Memorandum 200”, the “Second Annual Report on U.S. International Population Policy”, the “National Security Decision Memorandum 314”, statements by Ambassador Marshall Green to the Select Committee on Population, addressing “U.S. International Population Policy: Coordination, Content and Commentary”, and “Presidential Decision Directives on Global Population Issues, 1994.”

In addition, I corresponded via electronic mail with the United States Agency for International Development (USAID) and the Federal Bureau of Investigations (FBI) to enquire about their position and/or documents regarding sterilisation practices in Perú. Even though USAID is involved in fertility reduction campaigns in South America, and the FBI publishes regularly on socio/political issues overseas, neither agency responded to my repeated enquiries. To this researcher, their silence is deafening.

Peruvian NGO’s and the documentation they provided are instrumental to a comprehensive analysis of the data. These records provide a counter narrative to official documents, but more importantly represent the voices of the women themselves. These reports are: “*Nada Personal: Reporte de Derechos Humanos Sobre la Aplicación de la Anticoncepción Quirúrgica en El Perú, 1996-1999*”, “Women’s Rights in Peru: A Shadow Report, June 1998 and October 2000”, “Silence and Complicity: Violence Against Women in Peruvian Public Health Facilities”, and “*Mujeres del Mundo: Leyes and Políticas que Afectan sus Vidas Reproductivas: America Latina y el Caribe*”. One of the reports mentioned above, “Silencio y Complicidad”, includes testimonies by fifteen Quechua women that reported abuses ranging from uninformed sterilisation, rape at the hand of medical personnel, and degrading treatment.

Secondary Sources

Peruvian newspaper accounts and editorials were the first sources to report the egregious treatment to which Quechua women were subject under the auspices of the 1995 NPL. Their reports were later confirmed through in-depth investigations carried out by the Office of the Ombudsman and NGO's organizations.

For example, *El Comercio*, published articles regarding sterilisation on the 19, 20, 23 and 24 Dec. 1997, and on 24 and 26 Jan., 1998. The tenor of these articles revolves around the deception of women to be sterilised by government workers, infections and deaths attributed to "botched" interventions, and child abandonment after the death of sterilised women. Along the same lines, the newspaper *La República*, published one article on 7 Dec., and two on 30 Dec. 1997. In addition, the U.S. news media and European press conducted its own editorial research based on the Peruvian accounts. The *Washington Post*, the *Washington Times*, the *New York Times* and the *Miami Herald* published a series of articles during 1998, as well as the *Guardian Weekly* in Great Britain.

Similarly, academic and non-academic journals published accounts of the events in Perú surrounding fertility issues. The journals examined are: "Women's Health Journal" (two articles), "Off Our Backs" (two articles), "Mujer/Fempres", "Mujer y Sociedad" and the "Gazette Des Femmes".

Lastly, I accessed relevant databases through the Moriset Library, University of Ottawa. The USAID Projects and reports database is contained on a "Popline" search of literature on sterilisation policy and maintained by the Johns Hopkins University, Women's Resource International indexed under "Peru and sterilisation", "family or population", as well as Project Muse which incorporates a series of academic journals and discussion groups.

Overview of Criteria/Category Organisation

Newman (1997) states that content analysis is a technique for extracting meaning from "written or symbolic material" following a path of data gathering and identification,

material analysis, and creation of criteria and categories for analysis. Moreover, Newman suggests that content analysis is best suited to an exploratory and explanatory research, “most[ly] used in descriptive research” (1997: 31).

In this vein, and as elaborated on page 61, I assembled accounts of fertility control practices from newspaper articles, feminist publications, government documents as well as NGO text and photographic materials. Perhaps most importantly several stories told by Quechua women themselves. Following a systematic and inductive data reduction process makes the data more readily accessible/understandable and draws out “patterns of human activity, action and meaning” (Berg: 2001: 239). Moreover, correlating the emergent analytical classes with theoretical orientations provides “an overarching pattern [of theoretical classes]” whose “specific substance is grounded in the data” and promotes coherence of thematic analysis (Berg, 2001: 250).

For example, themes such as capitalist guiding beliefs, influence of international agencies, ‘trickle down’ economic policies and foreign assistance programs tied into fertility control programs become theoretical classes under a Foucauldian analysis of relations of power. Historical themes linking colonial/imperialist practices to neo-colonial/neo-imperialist activities such as grievous treatment of indigenous populations, denial of agency, gendered construction of subalternity and patriarchal beliefs translate into theoretical classes observed under a late-colonial lens. In addition, rhetorical themes such as family planning versus population control, reduction of poverty through ‘voluntary’ sterilisation of poor populations, dominant language imbedded in Peruvian legislation and foreign (U.S.A.) documents telegraph theoretical classes observed under a text analysis perspective.

Integrating data and theory provides categories of analysis such as labelling, marginalising and objectifying women’s bodies, defining some social aggregates as dangerous populations, and textual references to economic expediency. Furthermore, this work categorises positive and negative notions of alleviating poverty, construction of injustice through legal means, and actual impact of globalisation upon marginal

populations. Lastly, the foregoing categories of analysis ground the thematic approach elaborated in Chapter 4, points 1 through 6.

Ethical Considerations

My ethical concerns are more self reflective than preoccupied with data collection practices and behaviour. Linda Smith (2001) argues that being researched is being colonised, especially if we conduct research “thorough imperial eyes” (2001: 56). In our pursuit of ‘knowledge’ we often forget the consequences of our words upon native peoples, risk reifying Western notions of the world and reality, and approach indigenous people from a perspective of intellectual superiority.

Therefore, I weigh the potential social benefit of this research work against the potential harm that my words, as a moral agent, may have on accountability, authority and the subjectivity of Quechua women.

These three propositions, moral agency, accountability and authority, are interrelated and directly influence methods of analysis as well as the balance between social benefit versus harm.

Assuming moral agency, René Descartes suggests (1637), is the first step in the road to the examination of ethical concerns. These concerns, as he defines them, are preoccupied with evaluation of human conduct, with agency and with the understating of what constitutes a person.

In evaluating human conduct, the Cartesian method is rationalistic in its approach and debated today because it considers epistemology an *a priory* understanding, disapproved of because of the implicit substance duality that separates mind and body (*cogito ergo sum.*) Nonetheless, its relevance for the method used in this work rests in the recognition that knowledge arises from scepticism and in this context, there are propositions we can recognise *a priory* of data analysis. Historically we know the effects of colonialism on foreign policy and on marginalised populations, the consequences of patriarchy on differential fertility control techniques, and the power/knowledge effects on

the medicalization of women. Then, if our scepticism is grounded on renouncing to firmly held but highly questionable (*a priori*) patriarchal beliefs and problematizing racial and ethnic tastes and distastes garnered through socialisation, our analysis can take an empirical (*a posteriori*) perspective. Observation, experience and sensing of social reality need not dispense with known propositions while observing empirical science methods. Instead, *a priori* understandings can be considered, with a healthy dose of scepticism, as tools for empirical understanding of human conduct.

Aristotle, Kant and Mill, all value ethicists dedicated to empirical -non rationalistic/positivist- virtue ethics posit that the moral value of our work derives from the character of our own agency. This character, in turn, depends on how we answer the question of what we should become as a person, and in the context of this thesis, what one should become as researcher. As a person, irrespective of race, sex, social standing or ethnicity, we have our lived experiences, exposure to social canons, opinions and standpoints assimilated over our lifetime. These elements constitute who we are, how we act, how we observe the world, or in Goffman's ideology how we think, perceive and present ourselves (Goffman, 1961).

One must then recognize, from an ethical standpoint that our "persona" will influence the actions and words of the researcher. Both are but two sides of the same coin and "neither the subjectivity of the researcher or the researched can be eliminated in the (research) process" (Acker et al, 1991: 140, qtd. in Lennie, 1999: 108). As bell hooks (1989) maintains, this is especially so when considering the ethics of our work when we write about a group to which we do not belong. This being my case, and as hooks points out, this writer must be cautious of the effects that subjectivity/objectivity, perceived authority and accountability may have on the social benefits sought by this work, instead of reproducing domination.

Paulo Freire (1970) states, "we cannot enter the struggle as objects in order later to become subjects." Discriminatorily sterilised Quechua women identify themselves as subjects, not objects, by telling herstory, their reality and their identity. Making Quechua

women's experience the site of knowledge valorises their subjectivity and guards against constructing them as objects. It is not for the researcher to define (objectify) who they are or to question the authority of lived experiences. Instead, Quechua women in all their diversity and their advocates, Giulia Tamayo, Maria Elena Reyes, Raquel Cuentas, Flores Rocío Villanueva and many others define their reality vis a vis gender, patriarchy, and control over women's bodies from a perspective of subjects, not objects. Moreover, by recognizing the critical and analytical stance of NGO reports, interviews and analysis while concomitantly assuming responsibility for my own ideas buttresses my work as a site of resistance.

We can further tilt the scale towards potential social benefits, and away from reinforcing politics of domination, in that self-reflexivity recognises that my own perspectives and thoughts do shape my writing, and however interesting or informed, it is limited. Polishing the hard edges of my limits Quechua writings and experiences, by acknowledging the value of their work, make the researcher accountable for the reading of the material and removes this burden from marginalized populations (hooks, 1989: 47).

Moreover, the foregoing implies that the aim of this thesis is not to present an authoritative work on the selective sterilisation of Quechua women. This understanding is essential since the Western power/knowledge dynamics tend to regard white, male, western writers as authorities in their chosen field. These dynamics assume that the voices of those at society's brim require a sounding board, that of the expert, to be heard. Again, such a dynamic maintains the subject/object duality and in so doing reinforces domination of the objectified other (hooks, 1989: 43). Locating the voices of Quechua women, whose diverse experiences I seek to address at the centre, by highlighting the scholarly relevance of their voices in its own right, weakens domination while providing a deeper understanding of their experiences and a site for resistance.

In sum, I seek to explore the sterilisation experiences of Quechua women, while acknowledging their diversity as subjects, with ethical regard for the consequences of my work. To prevent reifying domination, their voices and lived experiences are central sites

of knowledge; I recognise the limitations arising from my subjectivity that makes me accountable for the reading of their experiences, and decline the label of authority since these women do not need others to speak for them.

CHAPTER FOUR

ANALYSIS

Girls (of my grandmother's background) were married off barely past puberty, trained for nothing beyond household tasks and the rearing of children, and passed from economic dependency on their fathers to economic dependency on their husbands to economic dependency on their sons in old age. Their criticisms of their lot were articulated, if at all, in terms that precluded a desire for any radical change. *They saw themselves as personally unfortunate, but they did not locate the causes of their misery in larger social arrangements.*

(Italics added).

Uma Narayan, "The Project of Feminist Epistemology: Perspectives from a Non-Western Feminist." 1998 (267-268)

As mentioned in the introduction, this research study questions the application of the 1995 National Population Law (1995 NPL). The 1995 NPL, defined by the state as family planning defies justice, while its application directed at some social groups in the form of population control, amounts to criminal harm. Social arrangements such as oppression and domination of select social groups suggest these are the overarching themes through which we examine the tension between the rhetoric of family planning vis à vis population control.

Reading reproductive health legislation as a story reveals differences in applying the 1995 NPL. For some social groups it is applied as family planning, while for others it becomes differential fertility -coerced at times- highlighting the partiality of traditional justice.

Before proceeding, it is necessary to define traditional justice and reiterate our understanding of family planning and population control.

Traditional justice is partial justice since it is based on the principle of *jus rationale*, itself tied to natural law and universal principles of 'man' as the standard for rationality and social behaviour (Schachter, 2000: 90). As Taylor (1981) points out "Nowhere is the contradictory character of law, as an oppressive instrument of a particular social interest as well as an immediately important area of struggle, more apparent than in

the relationship of law to women" (1981: 180). Therefore, when some social groups are privileged and others oppressed through legislation we must attend and acknowledge the very differences that foster oppression in order to undermine it (Young, 1990: 5-13, 39-64).

Hartmann (1995) and Gillespie (1994) argue that family planning cannot coexist with oppression and domination. Family planning provides contraceptive services mindful of general and sexual health, and does not discriminate between the sexes (1995: 58, 1994: 18). In addition, these authors argue that individual need, choice and "free and informed consent" are the bedrock of family planning programs (1994: 18). By contrast, population control strategies have "little to do with [the] needs and desires of individuals" but everything to do with coercion, "fertility regulation targets," and imperialist foreign policy. Population control imposes birth control from above, and it is not concerned with increasing women's reproductive choices (Hartmann, 1995: 58). Rather, it "explicitly aims at reducing choice" (Gillespie, 1994: 18).

I choose to report on the differential application of the 1995 NPL as a story for a variety of reasons. We, as humans, organize our experiences as narratives and tell stories to remind ourselves of who we are. Native peoples have a rich tradition of storytelling linking the present with the past. Ancestral stories telegraph across generations the struggles over values, the notion of right and wrong, native reality versus fictional accounts reflected in the original gaze and its mirror image. Above all, a story helps us care about the people and the subject of the story.

The original story of the Inca begins in balance, slides into chaos during colonialism, transforms and readapts itself in present times while remaining chaotic. This transformation, within the framework of reproductive health, seems to ignore popular will to impose instead a myopic vision of an ordered society. Whether narrating the story of family planning or the story of population control, the analysis gathers its strength from the politics rooted in differential social arrangements. These social arrangements respond, overwhelmingly, to the oppression and domination of marginalised populations.

Since oppression and domination of social groups, and specifically Quechua women, is not exclusively attributable to the 1995 NPL, this work begins by tracing, briefly, the historical path of the Inca. In addition, the thematic analysis that follows locates shared themes within the framework of reproductive health legislation, placed under the overarching ones of oppression and domination.

From a theoretical perspective, emerging themes such as exploitation of women's bodies, marginalisation and risky populations rely on a Foucauldian power/knowledge analysis. A late-colonial perspective anchors the notions of Imperial relations and transnational interests. Lastly, the analysis of constructions of injustice and alleviation of poverty take as their keystone the texts of the oppressor and of Quechua women.

The Historical Path of the Peruvian Economy and Notions of (in) Justice

José Carlos Mariátegui (1973), Gayatri Spivak (1999), Diez Canseco (1999), Carlos Montaner (2001) and Edward Said (1979) among others maintain that the unifying force in the narrative of colonized peoples is the economy. Some authors go further and argue that, since the 'crooked roots' of Latin America are firmly planted in economic fraud and deceitful colonial arguments, we should not be surprised by current social arrangements that foster injustice (Montaner, 2001).

Although Pre-Colombian Inca economy was socially stratified, according to a hierarchy of ethnicities, this stratification became "subsumed within, adapted to, or eradicated by, 'hegemonic' colonial categories" dependent no longer on indigenous desires but upon Spain's fiscal imperatives (Cahill, 1994: 326).

Whereas the Inca's ruling classes (*collana*, *payán*, *cayao*) benefited greatly from the social division of labour (by accumulating goods and living in luxury), there existed "normative reciprocal obligations of hospitality, distribution, or redistribution" with the lower classes centred on the *ayllu* (Dieterich: 1982: 121.) According to Cahill (1994) the traditional *ayllu* was, during the time of the Inca, in a "process of long metamorphosis from a kin based social unit to one comprising a number of unrelated extended families"

(1994: 334.) Through this familial commune, goods and services were equally distributed and the vast majority benefited from the wealth of the Inca realm.

With the advent of colonialism, the exploitation of the land and its people - enslaved for the extraction of mineral resources, gold and silver- the Spanish Empire begins the destruction of the Inca economy without having a system in place able to replace it. According to Mariátegui (1973) and Diez Canseco (1999), the coloniser pillages temples and palaces, distributes land as well as people without any foresight of the consequences. Well accustomed to a feudal system and faced with insufficient people to exploit the land, the coloniser turns to importing slaves. Thus, Peruvian social economy becomes an amalgam of a feudal system supported by slavery.

The wars of independence, first in Europe and shortly thereafter in the Americas¹³ transform the feudal system into a petit bourgeoisie. In welcoming unrestricted foreign investment, international loans to foster import/export, and foreign ownership of native land transforms the bourgeois economic system into capitalism. Today, capitalist world economy redefined under globalization and neoliberal policies -such as structural adjustment programs- exercise power over the lives of Latin American populations.

Colonial authority secured through power/knowledge relations between landowner elites (terratenientes) and native populations/slaves become codified in accordance with Eurocentric notions of social justice. The mixture of canon and Roman law, for example the criminalisation of abortion and considering rape as a crime of 'honour' persists to this day. Montaner (2001) argues that Spain needs to legitimate the unjust treatment meted out to indigenous populations, owing to its deep religious roots and the emerging rationalist thought of the modern state. Spanish jurists and theologians legitimate the imposition of a

¹³ Mariátegui (1973: 232-260) specifically refers to the Wars of Independence in France, 1789-1790; in the United States, 1776; in the Americas, 1801-1810; and the invasion of Spain by Napoleon in 1807, as the precursors of the economic shift. The historical period during the late XVIII and early XIX centuries witness the shift from a feudal and empire based economy, to a budding form of capitalism, albeit regional at times, that eventually develops into a full-blown capitalist economy. Notably, and unlike most forms of European capitalism, Latin American capitalism remains tied to regionalisms, land ownership and mineral exploitation at the hands of absentee property owners and the reestablishment of colonial feudal lords into modern financial elites.

new state in the Americas through their notion of justice. For example, since the emperor is the 'monarch of kings', it must also be the ruler of native populations. The emperor's rights are divine, and accorded to him by the Pope who requires, in exchange for bestowing divine rights, the Christianisation of the infidel.

Roman law of occupation decrees that lands without owner belong to the first one to find and occupy them. Indeed, the existence of the infidel is irrelevant to Roman law, and since no European monarch 'owned' the Inca's land, the property must belong to Spain. In addition, the infidel must accept the catholic faith, behave in ways not consider abhorrent –by the conqueror- and peacefully accept the conquest. Overall, Montaner (2001) explains, the dominion of the 'New World' at the hands of Castile was the will of God (Montaner, 2001: 20-24).

The will of God and Roman occupation law oppress the Inca through marginalisation and objectification. Institutional colonial practices dominate the Inca by preventing them from choosing their own course of action. The application of the 1995 NPL continues with the colonial tradition that has evolved into imperialism in modern times. The consequences of this transfiguration, however, are particularly similar for Quechua women subjected to sterilisation under the 1995 NPL.

The larger themes of oppression and domination of marginalised social groups do not stand-alone. Supporting these larger themes, we find objectification, lack of reproductive choices, and the injustice of othering some Quechua bodies. In addition, these bodies are exploited, marginalised and medicalized.

It is against this backdrop of racist, paternal and "othering" of native culture, a scant 40 years after the arrival of Colón that the story of Inca oppression and domination begins.

As a result of colonisation, the colonizer organises two institutions which, originating on the European notion of empire establish cultural and economic imperialism: the *encomienda* and *mita*. Encomiendas was, and arguably continues to be, a system whereby a foreign power assigns indigenous lands and native workers to individual

colonists (*encomenderos*) in return for protecting and Christianizing their subjects. In fact, the Inca becomes a slave to the *encomenderos*, which, in the process, drive the Inca out of the land. The institution of the *mita* and its close cousin, *mita de minas*, consists of a system of forced labour that transforms native populations into taxpayers. To extract taxes, native populations provide free labour in imperial and local projects, mining for silver, gold, and more recently copper, guano and saltpetre (Mariátegui, 1972: 44-71).

Without remunerated employment or land to cultivate and absent from their social group for prolonged periods, exacerbated by arbitrary extensions of service in the mines, results in increasing impoverishment of indigenous populations. Forced absence from individual communities, when combined with high death rates of mine workers, has the added effect of significantly diminishing the population of native groups, abandonment of families and children, and deterioration, if not absence, of social justice.

During the colonial period, it is the *gamonal* who benefits from the othering of native social groups. A ruthless rural boss, the *gamonal*, uses armed force and the law to profit from the displacement of the Inca.

The overarching economic feature of XVII century Perú, land division for the profit of a few feudal lords -*encomenderos* and *gamonales*- translates today into an economic system with a different dominant feature: integration. "Integration of markets, nation-states and technologies" opening the economy to free trade, "competition and globalization" (Friedman, 2000: 8-13). Moreover, Chossudovsky (1998) argues that economic integration takes place under the dominion of a "global enterprise" directed by a handful of international banks and monopolies that control foreign governments, human capital, local enterprise and small firms (1998: 17-19). Notably, women are at the centre of these economic developments. Women and children constitute a large portion of the so-called integrated technologies that employ -or better yet exploit- them at sweatshop

wages, as is the case in Perú¹⁴ and Mexico's export processing zones (maquiladoras). Women's bodies are not only the objects of poverty, but rather as Jaggar (2000) denounces they are also the site of fertility technology designed to encourage or diminish reproductive ability (2000: 1-3).

In other words, the economy shifts from the format of Spanish colonial empire to a colonial global empire. The riches of a few feudal lords become the riches of a few transnational corporations. The oppression, domination and displacement of a social group -the Incas- transfers to similar but rather global treatment of the gendered poor through economic engineering.

Chronologically, economic engineering in Perú begins in the mid 1970's.¹⁵ It develops rapidly and by the 1980's Perú is under structural adjustment programs controlled by the International Monetary Fund (hereinafter IMF). Under trade liberalisation, mineral exploration and exploitation contracts go to large foreign investors backed by international banks. Declines in exports combined with increases in imports destabilise the national economy and, in the 1990's President Fujimory, the "Washington Consensus" and the IMF implement a new financial package for loan repayments going back to the 1970's. At this economic/historical intersection, the IMF backs government plans for structural readjustment programs, as a requirement for providing more funds for loan repayment (Chossudovsky, 1999: 191-213). Mirroring the events from colonial times, structural readjustment programs bankrupt the small farmer who loses the land, quickly purchased

¹⁴ See University of Tennessee College of Social Work (<http://web.utk.edu/~merogge>) and Boise State University Social Work Department (<http://www.idbsu.edu:80/socwork/>). They list the following companies as responsible for paying low wages, polluting drinking water, and manufacturing hazardous chemicals in a regulatory free environment: Newmont, Shell, Telefonica, Cyprus Amaz, Shougang Corp., The Hague, Mobil, Asarco, and Anaconda Mining.

¹⁵ See Chossudovsky (1999), Chapter 8, for an exhaustive discussion of Peru's "IMF shock treatment" and his accounts of reality under the World Bank tutelage. Also, AFRICA 2000 NEWS_PAGE.URL, listing USAID reports Nos. 5270355, 9363035, 9363065, 9363024 and 9366004, detailing the distribution of over US\$ 30 million for fertility control programmes.

by international conglomerates. Furthermore, economic reforms collapse civil society, reduce expenditure in health, education and foster the multiplication of the rural poor.

In a disturbing ironic twist, the same transnational enterprises that foster renewed 'Third World' colonialism and the impoverishment of native populations (particularly women) through neo-liberal and global policies are also preoccupied with alleviating poverty. The management of population growth, particularly poor indigenous populations, intersects with debt servicing and the success of Peruvian structural readjustment programs controlled by foreign banks and transnational corporations.

Against this colonial/imperial backdrop the Peruvian government enacts as early as 1992, a "National Program to Address the Reproductive Health of the Family." In 1995, the Peruvian Congress modifies the National Population Law (*Ley Nacional de Población*) to include voluntary sterilisation as a contraception method. In turn, a ministerial resolution approves the "1996-2000 Family Planning Program" and in 1997 a "Procedural Manual for Sterilisations" (Tamayo et al, 2000: 3).

Arguably, the application of the 1995 NPL continues the colonisation process through the oppression (lack of choices) and domination of some social groups couched as a national effort to alleviate poverty (Chossudovsky, 1999: 67). Moreover, and largely precluding social justice, state practices under the 1995 NPL construct Quechua women as objects, dehumanise women and reduce their contraceptive choices, dismiss traditional ways of knowledge, maintains imperial social relations and redistributes health care.

As mentioned in the methodology chapter, the analysis draws from 157 cases of documented application of the 1995 NPL, some of which resulted in the death of the patient directly attributable to tubal ligation. The body of the research, presented in more detail in Chapter 3, consists of evidence as investigated and filed by the *Comité de América Latina y el Caribe para la Defensa de los Derechos de la Mujer* (CLADEM). Also, reports Nos. 21 and 27 from the Office of the Ombudsman entitled *La Aplicación de la Anticoncepción Quirúrgica y los Derechos Reproductivos I and II*. In addition, transcriptions of 15 interviews with Quechua women themselves. Lastly, the analysis

examines declassified documents from the U.S.A. National Security Council and U. S. Presidential Decision Directives.

The structure of the following analysis is a thematic one, consisting of major themes, and associated sub-themes. These are, as a whole, objectification and sterilisation quotas, sexual violence and lack of reproductive health choices, and the 'othering' of women's bodies in a context of social injustice. In addition, exploitation, marginalisation, domination and management of women's bodies, construction of injustice and alleviation of poverty according to the 'First World.'

1. Objectification, the Spectre of Quotas, and Lack of Informed Consent

Under the status quo, oppression manifests itself in two ways. First, state actors objectify, 'other' and situate Quechua women in a position of subalternity by appropriating the role of defining (knowing) what is best for women in the area of reproductive choices. Second, oppression through the assemblage of power regimes -political and administrative- that tell individuals how to condition their behaviour.

For the first instance, Spivak (1987: 151) argues that in defining "women as objects of exchange...or possession in terms of reproduction" we not only appropriate the womb but also gender, erase and render her body both invisible and docile. Thus, in promoting a single and irreversible form of birth control, female sterilisation, the application of the 1995 NPL contributes to the subaltern position of socially stigmatised women by restricting their reproductive choices. These actions may not be present, save for the second embodiment of oppression: omnipresent operation of power

Foucault argues that power is omnipresent. That is to say, there is no "outside" to power because everyone has power exerted against or for her. Power forces then, do not necessarily mean domination; rather it means that every relation of power involves participation (Deleuze, 1988: 124-126).

However, considering the strategies of health agents in the context of applying the "1996-2000 Family Planning Program" player participation is restricted to "making

choices on a chessboard that is already set-up" (Foucault, 1996: 211). Thus, subalternity and powerlessness operates upon chess players that lack authority or power, but over whom we exercise power. It bears on the players that take orders but rarely give them, whose moves are restricted to the set-up of the chessboard. This set-up resonates, strongly, when considering marginalised women's control over their own fertility and rights over their own bodies.

Poor women seeking help for childbirth or pregnancy complications have two choices: deliver at home or agree to hospital care that will include sterilisation. Informing poor women that they must agree to sterilisation because they cannot afford what the law mandates as free is not informed consent. It is an arbitrary application of the law and even worst, coercion (Tamayo et al, 1999: 76-81).

Moreover, travelling clinics and sterilisation festivals do not provide health care or pre-operative examinations; they rather advertise and perform tubal ligations and some, but not many, vasectomies (Flores, 1998: 22-25). To illustrate, sterilisation festival banners in Alto Amazonas, Julcán, Yanaoca and Yarinacocha, advertise "free tubal ligations" and "we live happily because we chose to have only two children." By comparison, only two other banners in the localities of Huansancos and Chavín mention vasectomies and then only in second place to tubal ligations, almost as an afterthought (Flores, 1998: 35-41).

Apparently gratified by the success of these festivals and the efficacy of travelling clinics, Alejandro Aguinaga, Deputy Minister of Health, testifies in front of the Peruvian Congress in 1997. He praises the undeniable success of a family planning program under which 100,000 women are sterilised in a single year, while 10,000 men receive vasectomies. Confronted with evidence of government sponsored sterilisation quotas that focus on the poorest women in Perú, he responds that the MoH is not concerned with the allegations that women may not want this operation. Rather, Aguinaga explains, "what happens is that people sometimes complain for the sake of complaining, that is the way we are" (Bonnet, 1998). A former Minister of Health, Dr. Eduardo Motta, provides further evidence of knowing what is best for women. During an interview with Morrison (1998),

Dr. Motta explains that the family planning program discontinued temporary methods of contraception (Depo-Provera) in favour of sterilisation because “Depo costs too much.” In addition, Dr. Motta explains that the MoH “had a problem with method which a woman might forget to take” or “decide she no longer wants” thus affecting government birth reduction targets (1998: 5). According to doctor Motta, “it [is] a doctor’s responsibility to convince the patient into doing what [is] best and [have] the operation. It is exactly the same with ligation; women in Perú have too many children” (Rees, 2001: 12).

Coercion, however, is not reserved exclusive for women, particularly when the quota system comes into play. Investigations from official sources: the Office of the Ombudsman, PROMUDEH, CONAPO, as well as the Flora Tristán Centre for Peruvian Women, a feminist organization, uncovers a system of targets/quotas for female sterilisations and vasectomies. To meet the required quotas, health personnel in the province of Picota ‘recruit’ four homosexuals to undergo vasectomies. These individuals, identified as Mr. J.A.P.G., Mr. C.R.T., Mr. R.I. and Mr. M.R., are not told about their operation. Reportedly, reasons for their intervention range from “eliminating rectal nerve endings to prevent venereal diseases” to “amelioration of chronic stomach pain” (Tamayo and Reyes, 2000: 100-101). These obvious forms of coercion, deceit and misinformation exemplify ways of managing bodies to fulfil a quota system, dictated by official agents, and following the strategies of institutional power.

Moreover, the MoH requires doctors to perform at least three tubal ligations per month, “health promoters” receive money incentives to recruit women for the operation, and at least one “health promoter” unable to meet her monthly quota has herself sterilised (Burgun, 2000: 34; Tamayo and Reyes, 2000: 48-51). Dr. Motta, the Minister of Health, confirms “if [we] did not campaign house to house time and time again, women would not come” and that the Ministry measures success “as meeting [sterilisation] campaign targets” (Rees, 2001:12).

Sterilisation quotas dictated from high bureaucratic offices target, according to Tamayo and Reyes (2000), women in the most indigent areas of Perú. These women,

notably, belong to an identifiable indigenous group: Quechua, reside in remote areas of Perú (away from international scrutiny) and have the least access to health care.

The Ombudsman's Office (*Defensoría del Pueblo*) confirms that their investigation of 157 cases of forced or coerced sterilisation (between 1997 and 1999) respond to quota systems applied in the two states with the highest poverty indicators in Perú: Ayacucho and Huancavelica (Flores, 1998: 15, 1999:10). Over 38% of the 157 cases investigated by the Ombudsman's Office, or 60 women that underwent non-consensual sterilisation come from these two states (Flores, 1998: 15-16). In turn, Tamayo and Reyes (2000) document targets of 395 'voluntary' sterilisations during 1996 (2000: 50). According to their report, the Director of the Health Centre of Huancabamba confirms that they reached 42% (169 interventions) of the planned target by November 1996. Of these, 143 are tubal ligations and 26 consist of vasectomies. In addition, the Centre of Health in San Lorenzo, province of Alto Amazonas, resorted to *captar*¹⁶ (literally capture, attract, recruit) between eight to nine women a month to meet their target of at least nine tubal ligations monthly. Reaction by the native community, albeit after the death of a patient directly attributable to the surgery, prevented the health centre from reaching the assigned target (Tamayo and Reyes, 2000: 51).

Other health centres are more successful in meeting the quotas established by the MoH even if it means resorting to homophobic practices. To fulfil the high quota of sterilisations per health worker, a minimum of five tubal ligations and five vasectomies, agents in the San Martín district recruit twenty homosexuals, between 17 and 24 years old, and perform the required vasectomies.

According to investigative interviews conducted by Tamayo and Reyes (2000), 'voluntary' contraception targets know no bounds. A community health promoter working for the *Dirección Regional del Cuzco* identified as "M" testifies that during 1997-1998 she 'recruits' as ordered by the MoH, at least five individuals per month for 'voluntary'

¹⁶ Appendix I includes four communiqués from the MoH to regional hospitals, detailing the number of women that must be 'attracted' to health clinics for sterilisation. In addition, some of the documents promote the weekend 'health clinics'.

contraception. Notably, “M” works in the surrounding area of the river Apurímac, a region inhabited by indigenous peoples with a high index of infant mortality and population decimated by internal warfare (2000: 55-56).

Further reinforcing the notion of subalternity and objectification, i.e. purporting to know what is best for women in the area of reproductive behaviour, the MoH assigns family planning targets of 50% for women of “fertile age,” 70% if these women are in a heterosexual relationship, and 60% of “adolescent women” in heterosexual relationships. The Ministry makes no mention of targets for men or number of required vasectomies (Tamayo and Reyes, 2000: 65). Moreover, since apparently the patient has no need to understand what intervention she will be subject to, the “informed consent” forms - available only in Spanish- describe tubal ligations as “bilateral salpingotomy, Pomeroy¹⁷, or L.T.B.” (Flores, 1999: 27). It is highly questionable that a confused patient that does not speak Spanish can give informed consent for a procedure described in such terms. Besides, as Dr. Hulka describes (see footnote 17) practicing the Pomeroy technique (a form of minilaparotomy) is a risky, uncomfortable procedure largely abandoned by medical practitioners since the mid 1990’s. We can only speculate on the reasons why medical practitioners in Perú’s remote villages may choose such a procedure, other than to pause and consider the documented mistreatment and objectification of female Quechua bodies.

Public statements by Dr. H. Chuchon, President of the Medical Federation of Ayacucho, Andahuaylas and Huancavelica, provide the overall picture of the sterilisation

¹⁷ Dr. Jaroslav F. Hulka M.D., University of North Carolina School of Medicine describes this procedure. A Minilaparotomy has been introduced in *developing countries as a means of avoiding the expensive equipment necessary for laparoscopy*. In trained hands, and under general anesthesia, a minilaparotomy is an effective and comfortable method of accomplishing sterilization with the simple **Pomeroy** technique. Under local anesthesia, the abdominal invasion is usually sufficiently uncomfortable to make this procedure less acceptable by patients, particularly if laparoscopy is available as an alternative. A large, multicentre study comparing minilaparotomy and laparoscopy has shown few differences between the two approaches, as well as very low short-term complication rates. For these reasons, *minilaparotomy has also been abandoned except by a few skilled practitioners*. (Italics and bold text added.)

campaigns. He protests the “inhumane, massive and expanding sterilisation campaign” that imposes quotas on health care personnel, misinforms patients and forces surgical interventions in unsuitable places performed by poorly trained personnel. While the MoH denies responsibility for what it defines as an individual patient/doctor situation, Dr. Chuchon reports that “doctors work under pressure from their superiors” and take orders from the MoH (Morrison, 1998: 8).

In promoting irreversible methods of contraception over temporary ones and dismissing reproductive health education, the MoH objectifies women. Moreover, dehumanising the body through neglectful, degrading, cruel, and invasive treatment constitutes violence.

2. Sexual Violence and Lack of Reproductive Health Choices in a context of Imperial Relations

As applied, the “1996-2000 Family Planning Program” dehumanises Quechua patients because it involves cruel, degrading treatment, eliminates reproductive choices, and reinforces imperial relations by viewing women as objects of exchange or possession. The same body that shouldered the burden of the *encomienda* and the *mita* bears today the burden of abuse and sterilisation. The voices of these bodies, recorded during interviews by the feminist organisation “Flora Tristan” and governmental agencies bear witness to the story (Tamayo and Macasi, 1999).

Blanca does not know why but feels that “they [hospital doctors] think they are dealing with animals,” a sentiment echoed by Zoila, a 17 year old that attends a clinic to give birth. Zoila describes verbal assaults when complaining about pain: she is told, “that is the way it is, deal with it” and “if you open your legs to your husband, get ready to give birth.” Milagros, another patient, who chose an intrauterine device as birth control had complications and bleeding. Upon her return to the clinic, the Doctor tells her “why did you have us insert this and then make such a pest of yourself?” (Tamayo and Macasi, 1999: 52-56).

Accounts from ill and poverty-stricken patients suspected of attempted illegal abortions, when examined by doctors that discount off hand the possibility of a miscarriage, exemplify victimisation and degrading treatment at the hands of health care professionals.

Josefa, a farm worker in Huancabamba, arrives to the Rural Hospital of Huancabamba semi conscious due to vaginal haemorrhaging. The doctor tells her that her bleeding is due to an abortion, yells at her, and threatens to let her die. Eventually, the doctor performs a “dilation and curettage” procedure without anaesthetic and pressures her to undergo a tubal ligation. After her repeated denials, another doctor notes that Josefa is anaemic and may not survive an operation (1999: 52-56).

Mistreatment of native patients is systemic and it extends to sexual violence during gynaecological examinations, especially when considering the marked power differential between doctor/patient. Many patients are not aware of their rights or lack knowledge about appropriate examination procedures, while some doctors feel that if a young unmarried woman is sexually active, she is an available target.

Tamayo and Macasi (1999) assemble evidence of several cases of violence and rape sharing common threads. Marina, 23 years old; Jessica, 19 years old; and Erika, 12 years old; all report rape at the hands of medical practitioners. In all reported cases, doctors adopt the patriarchal attitude to know better, examine the women in a room by themselves or, as in the case of Jessica, refer them to their private office for ‘further treatment.’ Jessica’s testimony reveals the extent of degrading and dehumanising treatment. After giving birth to her first child and not being able to pay, the hospital does not allow her to leave. A doctor finds her “wandering the halls” and tells Jessica he can “help her leave the hospital” and care for her in his private clinic. He tells her that since she just gave birth, he “should suck [her] nipples in his private office to avoid swelling” (Tamayo and Macasi, 1999: 59-60).

Arguably, the ultimate form of dehumanising the body is killing it because of an unwanted, ill planned and poorly executed surgical intervention. Because of alleged

irregularities arising from the application of the "1996-2000 Family Planning Program", the Office of the Ombudsman investigates (independently from feminist and human rights organisations) these allegations (Flores, 1999: 7).

The official inquest uncovers instances of 17 deaths and 6 cases of serious complications directly related to tubal ligations. During one of several 'sterilisation festivals' Ms. A.T.C. 35 years old, undergoes a tubal ligation. She dies four days later of peritonitis; the health centre pays her husband 9,000.00 soles to avoid a formal complaint. Further investigation reveals she dies from septic shock due to a pre-existing pelvic infection, undetected since medical personnel did not conduct a pre-operating exam. Ms. R.B.A. dies one day after her tubal ligation, intervention for which there was no informed consent. According to the doctors in the hospital of Huamanga, Ms. R.B.A died in 1997 from a generalised peritonitis. The Ombudsman's Office, after following a yearlong paper trail discovers the actual cause of death: intestinal perforation directly related to her operation. Similarly, at the *Hospital Regional de Cajamarca*, Ms. M.M.CH receives a non-consensual tubal ligation without prior medical evaluation. She dies eight days later. During this time, she suffers from headaches and vomiting, paralysis on her left arm and loss of conscience. Dr. Ormeño determines that she is probably "suffering from anaesthetic effects...which are not serious." Ms. M.M.CH. dies at home without medical attention (Flores, 1999: 44-55).

The other 14 deaths investigated by the Ombudsman's office present the same pattern of dehumanisation and gendered health care: lack of consent and misinformation dismissing women's own bodies, absence of pre or postoperative care and cover up. Arguably, were it not for a colonial mentality nurtured for over four centuries, women did not need to die abandoned by the very system that began systemic violence in 1532 and continues to do so today. In the absence of this mentality, they would not have to live with the consequences of gender construction or social definitions in terms of what they are not. The indigenous women that survived uninformed (and at times coerced) surgical sterilisation live with paralysis, heart conditions, permanent pain and injured bladders.

Some required multiple interventions to retrieve “forgotten” gauze, left behind during tubal ligations (Flores, 1999: 83-95).

It is worth highlighting that in all 23 cases presented above, the Ombudsman’s Office found evidence of irregular practices regarding informed consent. Doctors operated on some pregnant women immediately after childbirth without prior consent, consent forms were conveniently “missing”, the patient’s husband but not the patient herself signed the document, while other consent forms were not filled out and signed only with a thumbprint. In addition, most of these interventions took place during “sterilisation festivals” that only last for a weekend. Patients in remote areas where the ‘mobile clinics’ applied the “1996-2000 Family Planning Program” remained behind without health care while the doctors return to their home hospitals (Flores, 1999).

These actions are reminiscent of the imperial master/slave relationship exercised by the conqueror and reinforced today by applying sterilisation legislation that excludes Quechua social relations and their own ways of knowing.

Neo-colonial imperialism appropriates, in order to disregard, traditional forms of knowledge in matters of reproductive practices and choices. Tucker and Yvonne (1988) report that prior to the *Program on Reproductive Health and Family Planning*, families in the Peruvian highlands already limit family size. The majority prefer traditional and natural methods. The adaptation of the practice of the calendar rhythm method to folk beliefs about menstruation points to the indigenous population enduring ties to traditional customs. However, government promoters of family planning services are not concerned with the limitations and constraints imposed by the indigenous culture. Consequently, and because of this lack of concern these officials dismiss traditional ways of fertility control while promoting only “modern” contraceptive technologies.

These technologies, requiring outside intervention, further reduce Quechua women autonomy over their own bodies and medicalizes the natural process of birth control. Moreover, the state does not provide contraceptive information regarding the use of contemporary forms of contraception. This lack of instruction on matters of physiology

and the function of contraceptives match women's fears of potential side effects, reducing its use. The resulting birth rates, higher than those determined palatable to imperial interests, open the door for the draconian sterilisation methods of target populations, as argued above, which reside in the poorest areas of Perú.

Furthermore, imperial social relations dismiss sovereignty by enacting legislation without citizen control or input, that carries little or no transparency, and lacks the judicial guarantees for the rights of selected social groups: "poor women and adolescents" (Tamayo, 1998: 6).

For example, the state reminds patients that it investigates reported incidents of rape connected to sterilization campaigns only at the request of the injured party since Peruvian law considers rape a private legal action. As a private action, the victim's sexual conduct and her 'honour' are open to scrutiny and constitute relevant factors in determining guilt or innocence. Tamayo and Cuentas report that as of 1998, "not one case of sexual harassment has been decided in favour of the victim" under current family planning legislation (1998: 8). In this way, the state "abdicates its responsibility to initiate actions against those accused of this crime" (Tamayo and Cuentas, 1998: 6) and declines any responsibility for victims of rape at the hands of its own doctors and other medical personnel.

2.1 The Unfulfilled Promise of Sexual Health Care

The 1993 Peruvian Constitution recognises the right of individuals to health services and charges the state with the responsibility to provide fair, preferably free, and safe health care services. Complying with the Constitution, the MoH decrees free access to all modes of contraception, including surgery and sterilisation. Furthermore, and under the "1996-2000 Family Planning Program", the MoH increases free coverage for health services to 100% of urban and 80% of rural populations. The objectives of the program, according to official sources, are to promote sexual health education, lower maternal mortality, provide free "access to perinatal, childbirth, and post-partum care" for individual

of lower socio/economic status, while those with financial means may be charged accordingly (Vargas, 2000: 5).

According to Vargas (2000) and despite the legal mandate to provide health care to poor populations, the two tiered payment system discriminates against the poor. Since hospitals and clinics perceive health services as a cost recovery system, women able to pay for gynaecological services receive priority treatment. The poor are also charged the same fees, and since they cannot pay, become subjects of discriminatory and abusive treatment. To exemplify, fertility interventions in the capital city of Lima mirror the established pattern of uninformed, coerced and botched sterilisations practiced in poor rural/remote areas of Perú. Between 1997 and 1998, the Ombudsman's Office investigates several such irregular medical interventions and publishes the results of four specific accounts (Flores, 1998: 4, Tamayo and Cuentas, 1998: 11-15).

In blatant violation of the AQV Manual (*Manual de Normas y Procedimientos para las Actividades de Anticoncepción Quirúrgica Voluntaria*) the Peruvian Social Security Institute (*Instituto Peruano de Seguridad Social, IPSS*) forcibly drives Ms. L.R.L. to the Hospital Hipólito Unanue, in Lima, to undergo a tubal ligation. Unbeknown to her (and presumably her doctor) she is two weeks pregnant at the time of the intervention. According to her testimony, she did not consent to the operation, did not receive pre or post operative care, and two months after the intervention began to haemorrhage. She attends the aforementioned hospital carrying a blood clot that "fell out of me" (Flores, 1998: 21). According to the attending physician, this blood clot is a foetus of "approximately four months of age" (Flores, 1998: 21). Her bleeding and medical complications continue for eighteen days, at which point she attends the *Huancayo* Clinic for treatment. The clinic refuses twice to admit her for treatment because she does not have insurance and cannot pay for the treatment. Ms. L.R.L. is finally admitted on her third visit and the doctor diagnoses a uterine infection that he promptly blames on her lack of personal hygiene. At the time of the report, approximately three months after her non-consensual sterilisation, she continues to suffer from pathological pain (Flores, 1998: 22).

The other three cases reported by the Ombudsman's Office pertain to Ms. L.V.CH., Ms. M.M.T. and Ms. M.M.B, residents of a poor neighbourhood (*Sector Constructores del Distrito de la Molina*, Lima.) Physicians at the Hospital Hipólito Unanue, in Lima, perform tubal ligations on all three women. According to their matching testimony, the IPSS informs them that they are to be "picked up the following day for an operation" in what consists of a house-by-house pressure to fulfil sterilisation quotas (Flores, 1998: 24, Tamayo and Cuentas, 1998: 11). In fact, these women undergo fertility curbing surgery with less than a 24-hour wait period to consider their options and desires. Moreover, they are not informed of any other contraceptive method; none receives pre or postoperative care, nor do they agree to the interventions. When they express their views, contrary to the arbitrary decisions of hospital social workers/health personnel, these women suffer "verbal aggression, refusals of treatment, delays or illegal detention in the hospital for lack of economic resources" (Tamayo and Cuentas, 1998: 16).

These cases highlight that the public health care system, while spending on sterilization campaigns on the one hand, reduces spending on infrastructure and human resources on the other. Vargas et al (2001) report that family planning needs overrides health services for women (2001:85). According to official statistics, the areas with the greatest number of infant mortality have fewer doctors per capita than other geographical areas. These statistics show that in 1996 there are 10.3 doctors per 10,000 inhabitants. However, in the poorest regions where presumably the health needs are greatest, the number of doctors decreases by a factor of seven, or less than two doctors per 10,000 inhabitants (2001: 85).

As a result, not all members of the population have access to health establishments, or treatment from qualified medical practitioners. It is not until 1998-1999, according to Vargas (2001) that the state legislates specific training for doctors in sterilisation practices, and safety standards for rural operating rooms and clinics (2001: 85). Presumably then, there were no properly trained physicians for the poor or adequate clinics for them before

1988. We may wonder under which conditions and specialised training the state sterilises over 200,000 women prior to 1988.

Access to family planning seems restricted to social groups able to afford the cost of advanced reproductive technology, while the needy are left with irreversible and at times deadly tubal ligations.

Indeed, the current institutional indifference towards the health needs of poor populations is not much different from Pizarro's actions nearly five centuries ago. The institutions of the conqueror, based on a Eurocentric social (in)justice model ignores social and economic teachings from the Inca, nearly exterminating them. Today, the MoH appears to target the same populations for similar reasons: a universalistic and normative ideal of social justice that dominates the body to alleviate poverty.

3. Othered Bodies and Social (in)Justice

Since we have not yet learned the social lessons from the past, we continue to ignore the needs of minority social aggregates, and set up institutional conditions that disable people from expressing, let alone obtaining, their needs and desires. Western conception of justice remains tied to a normative that opposes care and favours universality. Nevertheless, if we think of justice, and especially social justice as a virtue, justice cannot be universal but particular, it cannot be the same for everyone but it must account for the difference of individual subjectivity. Not doing so transforms justice into 'just-us' since laws, as the perceived embodiment of justice, mirrors the white, male, heterosexual, ethnocentric, albeit closeted image of what is normal. Fanon writes,

"My body was given back to me sprawled out, distorted, recolored, clad in mourning in that white winter day. The Negro is ugly, the Negro is animal, the Negro is bad, the Negro is mean, the Negro is ugly; look, a nigger, it's cold, the nigger is shivering because he is cold, the little boy is trembling because he is afraid of the nigger, the nigger is shivering with cold, that cold goes through your bones, the handsome little boy is trembling because he thinks the nigger is

quivering with rage, the little boy throws himself into his mother's arms; Momma, the nigger's going to eat me up.

All around the white man, above the sky tears at his navel, the earth rasps under my feet, and there is a white song, a white song. All this whiteness that burns me...

I sit down at the fire and I become aware of my uniform. I had not seen it. It is indeed ugly. I stop there, for who can tell me what beauty is? (1967: 114)."

Although Fanon writes about racism as forms of oppression and domination, racism should not be considered as a separate entity, but related to exploitation, marginalisation and domination. Exploitation, marginalisation and domination illustrate the operation of power relations since they determine who's body is dispensable and disposable (Young, 1990: 122-123) through the practices of objectification, discipline and bio-power. Imagine, for example, an analogy where the very face of the subjected body represents exploitation, marginalisation and gender powerlessness. Face muscles: objectification, discipline and bio-power affect facial expression differentially and not necessarily in unison. Imperial economy, represented by the blood, supplies the necessary oxygen and nutrients to keep the muscles working. Lastly, power/knowledge resides in the heart as the governing impulse behind subjectification.

Since power and power relations operate everywhere and at all times, the normative body claiming knowledge also has a heart where power/knowledge resides. His blood is also economic imperialism, and even the muscles may be the same. However, muscular extensions and contractions are not apparent at skin level, but rather transferred through the gaze to the subjected body.

Then, to understand the operation of power relations in terms of fertility controls under the application of the "1996-2000 Family Planning Program" we need to look beyond the master/slave, ruler/subject dyadic relation. Rather, as Foucault (1977) argues, because structural oppression and domination do not necessarily represent the work of

tyrannical powers but often result from liberal and well-meaning practices of medicine and bureaucratic administration, we should analyse these institutions instead.

3.1 Exploitation of Women's Bodies: Unequal Distribution of Health and Wealth.

Bureaucratic practices operate through power/knowledge relationships, since the state claims to hold the panacea for alleviating poverty, and the knowledge of its delivery and application. The Peruvian MoH under advice from international natality control agencies, reasons that family planning is a moral way to eradicate poverty.

Foucault (2000) argues that when dominant institutions “[begin] to function on behalf of reason and morality” they bring “their power to bear on groups of individuals in terms of behaviours, ways of being, acting, or speaking that [are] constituted as abnormality, madness, illness and so on” (2000: 283). In other words, reinforcement of a normative institutional position that brings some social groups under the measure of the dominant norm.

Institutional functioning in the area of poverty amelioration through natality control begins in 1996. At this time, the MoH expands into the *Ministerio de Promoción de la Mujer y del Desarrollo Humano* (PROMUDEH) and PROMUDEH, in turn, establishes the *Consejo Nacional de Población* (CONAPO). These agencies constitute the structural amalgam of medical and bureaucratic ‘knowledge’ repositories for the promotion of fertility control. These same agencies identify the poor, adolescents, and rural dwellers, including ethnic and cultural groups as the populations mostly “affected” by high birth rates (Trinidad, 1997: 171-181). Official statistics reveal that women constitute the majority of illiterate persons, (72.7% of which 50% reside in rural areas) women are poor and ignorant of their social and economic rights (Aguilar, 1997: 183). Understanding the functioning of these institutions and assessment of documented data “give us the key to the relations of power, domination and conflict”, by illuminating rituals of exclusion hidden in the official discourse (Foucault, 1975: xii).

For example, although the foregoing official data highlights the need for health care and education for these social groups, no one seems concerned in the opinion of women regarding contraception methods affecting their own bodies. Rather, through the institutional practice of irreversible tubal ligations the state appropriates -applying the institutional gaze over poor women- control over their reproductive bodies. Supporting this observation, Biseo (1989) and Tucker (1988) argue that Quechua women in rural and remote villages do control their fertility. These women use mostly the rhythm method as well as traditional methods such as prolonging lactation for longer periods (1988:40). Under modern conditions, particularly amongst poor native groups, this is not a viable method. Mothers are regularly malnourished and often required to work away from home, in both instances preventing use of this form of natural contraception (Clinton, 2000: 14). Often, Quechua women turn to “herbs fruits and seeds to induce miscarriage” and abstinence to regulate birth rates as adaptation to a harsh environment (Tucker, 1988: 40).

Their reticence to use modern contraceptive technologies, even ten years prior to the application of the “1996-2000 Family Planning Program” suggests gender, financial and ethnocentric boundaries. Gender boundaries because males still have marked decision-making power over their partners, financial because poor families cannot afford modern contraceptives and ethnocentric because bureaucratic and sociocultural barriers prevent couples from using family planning services at rural health posts (Tucker, 1988: 41-45, 1989: 12).

Even though the data shows that poor families use fertility control practices to limit their number of offspring, the institutional response suggests that their efforts are insufficient. Moreover, international interests place responsibility for economic ills on perceived dangerous individuals. That is, social aggregates posing a social risk linked to living conditions such as “overpopulation, [and] overcrowding” or because the medical/institutional gaze diagnoses the effects of their poverty as an illness thus targeted for intervention (Foucault, 2000: 184-193).

3.2 Marginalization of Women's Bodies

Exclusion of these social aggregates represents exclusion from citizenship since, as early bourgeois liberalism maintains, citizens must be independent, fully developed, and "autonomous agents" (Young: 1990:54). In other words, a citizen is anyone whose body conforms by choice, or can be disciplined into conforming through technologies applied by specialised institutions (Foucault, 1977: 215-216). Reproductive technologies represent one form of body management that renders women's bodies more apt to fulfil the needs of dominant agencies. As Singer (1989) points out, the well-managed body is "multifunctional." This body can be used for "sex, reproduction, spectacle, invisibility," for consolidating race and class privilege, all clearly showing the application of the model of surveillance and disciplinary power (1989: 56-57).

Moreover, the application of reproductive health legislation in Perú offends social justice since it marginalises select manageable bodies through coercion, arbitrary application of legislation, threats and misinformation to reach a not so obvious objective: management of poverty through the surgical elimination of future needy populations.

For example, offering food, clothing and money in exchange for 'voluntary' tubal ligations, coerces Quechua women into likely unwanted -definitely unplanned- techniques of birth control.

As reported by the newspaper *El Comercio*, Ms. V.V.A., a health care worker, testifies that indigent women with malnourished children no longer access food rations. They do not because these women must agree to tubal ligations before receiving food subsidies. According to her testimony, "if you do not have a tubal ligation, the state will come and take your children" (Tamayo and Reyes, 2000: 97). Furthermore, the research group headed by Tamayo and Reyes gathered testimony from five women: Ms. S.R.C., Ms. B.A, Ms. M.B., Ms. L.O.G. and Ms. J.I. Their ages range from 24 to 35 years old and they reside in Cajamarca and Huancayo, poor and remote regions of Perú. They report the following: food and clothing was offered as incentives, money -which some did not receive- was another inducement, and some were told, "you have too many children

already, what do you expect to educate them with?” (2000: 98-100). Another couple, Ms. A.M.C. and her husband, Jacinto Salazar, receive 850 soles (approximately \$320 Canadian dollars) after agreeing to a tubal ligation. She died from surgical complications on April 4, 1998 (Tamayo and Reyes, 2000: 98-100).

In the cases above, marginalisation reveals its economic roots. The poor, although guaranteed free health care during pregnancy, birth, and post partum care (Supreme Decree 019-81-SA) must pay hospitals in Lima and Loreto US\$ 35 to US\$ 150 for vaginal deliveries and caesareans respectively. Medication costs between US\$ 20 and US\$ 40 while hospitals charges (beds) cost US\$ 4.80 a day. Economic separation of populations, especially at times of need, becomes a way of managing the poor. Those that can afford to pay may receive adequate treatment, while others are left to institutional devices that often exist to manage marginalised groups as a mechanism for reproducing the institutions.

4. Managing Risky/Dangerous Populations, Embodied Others and Transnational Interests

According to Gillespie (1994) there is a causal connection between economic development, transnational interests and people defined as risky/dangerous populations. Foreign and domestic neo-liberal economic interests exercise mastery over these populations “at the level of life itself” aiming to eliminate risk through irreversible fertility controls (Foucault, 1990: 142-143). Overpopulation, according to ‘First World’ financial institutions, is a curable ‘Third World’ illness. Differential fertility practices, that is to say population control for some select –dangerous- groups and family planning for others becomes the prescription of choice.

To exemplify, ‘First World’ institutions posit that the unchecked increase in population is responsible for poverty, diversion of funds from human development to welfare and creation of unemployment and underemployment (Gillespie, 1994: 17-18) factors troublesome to the United States foreign economic interests. Henry Kissinger (1974) argues that unchecked population growth adversely affects economic and social progress, absorbs large amounts of resources better spent in investment and development,

requires more expenditures in health, education and social services and increases pressure on land development (1974: 26-28).

Therefore, the U.S.A. maintains that "it is widely believed that something more than family planning services [are] needed to motivate other couples to want smaller families and all couples to want replacement levels essential to the progress and growth of their countries" (1974: 28). Kissinger suggests that the increased number of poor populations is due to "ignorance of acceptable birth control methods or unavailability of devices and services" and can seriously affect U.S. National Security (1974: 30). He argues that when population size is greater than available resources there is a tendency "toward internal disorders and violence...disrupting international policies or violence" likely to challenge global power structures. Moreover, these people (presumably members of the dangerous classes) who are young and in "much higher proportion in low development countries (LDC's) are likely to be volatile, unstable, prone to extremes, alienation and violence" (1974: 30-31). Furthermore, the U.S. cannot wait for "overall modernisation and development to produce lower fertility rates naturally" especially in rural areas where the poor require "motivation to participate in family planning programs" (Kissinger, 1974: 4-6).

Motivating participants means that the preoccupation for regulating sexual behaviour (under the tutelage of knowledge and the interventionist power sphere from the 'First World') falls upon 'Third World' governments. Gillespie (1994), Simon (1996) and Hartmann (1995) point to foreign financial institutions assisting PROMUDEH and CONAPO in carrying out sterilisation campaigns. These authors name the World Bank, UN Fund for Population Activities, U.S. Agency for International Development (USAID), World Watch Institute, Population Institute, International Planned Parenthood, Association for Voluntary Sterilisation and the Pathfinder Fund amongst others, that channel money and technological expertise directly into Perú for the purpose of population control activities (1994: 19, 1995: 119-121, 1996: 298).

While the actual dollar amounts vary according to the funding source, the United Nations report that Perú receives US\$157 million for population control related activities in 1994-1998. The World Bank, in turn, contributes a further US\$150 million under a so-called 'social development' loan, approved in July 1996, and under a cooperative agreement between USAID-Association for Voluntary Sterilisation (AVS) US\$ 200 million in 1998 (USAID, 2001: 44-50). The agreement between USAID-AVS specifies that AVS "must offer technical assistance to governments" to help them "establish and expand sterilisation activities" (Del Carril, 2001: 41). Further to these agreements and loans, private contractors in Perú and the United States receive smaller amounts ranging from US\$49,655 (*Apoyo a Programas de Población*) to almost US\$54 million (John Hopkins University).

Sadly, this researcher was unable to find any data showing loans or monies destined for basic health services, vaccination programs, childcare, education, or amelioration of rural clinics. Since one of the barriers to access health care is poverty, and women tend to have lower income than men do, gender becomes a factor in lack of access to health services. Preventive reproductive health for Andean women also appears neglected. Vargas (2000) reports that prevention techniques for breast and uterine cancer are new to remote areas of Perú, and the vast majority of women report not knowing about them or being unable to afford the exams. Vargas cites overall figures of 12.3% for mammography and 22.7% for Pap smears in areas of relative poverty (2000: 6). These figures drop by half in the case of the neediest: women living in abject poverty. Furthermore, socioeconomic factors also affect prenatal care and childbirth. In white urban areas, 81% of women receive professional pre-natal care, with the statistics dropping to 47% for rural areas, where most of the native population resides. The figures for childbirth are also revealing, whereas 73% of urban women give birth in a healthy, secure environment, only 15% of rural women can afford childbirth in a hospital or rural clinic (Vargas, 2000: 4-7).

Despite this appalling health care record, the Peruvian government insists in promoting sterilisation as the only contraceptive choice. Apparently, health care distribution in Perú is dictated from high bureaucratic cloisters following neo-liberal policies that reinforce power relations between rich and poor.

Furthermore, the dollar amounts dedicated to a single form of contraception and the official rhetoric bought and paid for by women's bodies cannot disguise a crucial fact: suggesting that sterilising women can accomplish poverty elimination is tantamount to saying that women's bodies are responsible for the poverty in Perú. Such a notion not only subjects women but also renders their bodies docile. Creating docile bodies by using tools that regulate life itself, bio-power, readies these bodies for use, transformation and improvement (Foucault, 1977: 136).

The corollary of such improvement weakens the bonds of social justice because it disrespects differences, transforms the positive power of institutions into negative juridical forms, and contributes to marginalising and dominating the powerless.

5. Dominating Marginal Bodies: A Primary Term for Conceptualising Injustice

Young (1990) argues that domination, from a social justice perspective, consists of institutional practices that prevent some social groups from determining their own actions. Moreover, by gendering the definitions applicable to particular members of these social groups we set up parameters that dominate their range of possible actions. For example, by defining 'woman' in terms of what a man is not, Peruvian legal instruments maintain an ideological quantum that discriminates against women and subordinates their sexual and reproductive lives (Tamayo et al, 1999: 33). As implemented, the "1996-2000 Family Planning Program" dominates and marginalises female bodies by criminalising abortion, controlling fertility through coercion and systemically misinforming women.

The same National Population Act that legalises sterilisation as a form of contraception criminalises abortion. Criminalisation prevents women from seeking medical treatment arising from complications caused by interrupted pregnancies, since

they fear prosecution and degrading treatment meted out to women “who seek treatment for incomplete abortion” (Tamayo and Cuentas, 1998: 18-19). While the state declares the reduction of maternal mortality as a political objective, 1997 official statistics reveal 71,289 deaths directly attributable to interrupted pregnancies (Vargas, 2000: 8). Instead of preventing these deaths by heeding the recommendations of the International Covenant on Civil and Political Rights, the state mandates health care professionals to report suspected abortions further reducing the already low number of women seeking medical assistance.

From a socioeconomic perspective, it is the most vulnerable groups that seek this solution since they do not have the financial resources nor are they willing to be criminalised. These women work in urban and rural areas as domestics, labourers, and peddlers, occupations that do not provide maternity benefits or health care insurance. Poor women are doubly victimised by a patriarchal system that ignores their poverty on the one hand and penalises them by interfering “in one of the most difficult decisions” women must make about their private lives (Vargas, 2000: 9).

Angela Davis (1981) makes the link between abortion and coerced sterilisation very clear. Davis argues that when abortion is not funded while sterilisation is covered by medical insurance (1995 NPL, article 34) this constitutes coerced sterilisation (1981: 220).

Ignoring the basic right of informed consent for surgical intervention is another form of coercion over women’s bodies. Compounding coercion, health practitioners remove any level of control women have over their own bodies. In the name of reproductive choice, MoH employees forcibly remove women from their homes, disguise the reasons for their hospitalisation, and ignore cries for help. Marked women’s bodies provide, through their own voices, the best testimony¹⁸ concerning these abhorrent practices.

“I was taken out of my house,” said Ms. C.C., “after my husband signed some document.” Health recruiters placed her “on a stretcher at the hospital and anaesthetised

¹⁸ Testimony arising from interviews in Quechua, conducted by the research team under the supervision of María Elena Reyes, coordinator of CLADEM-Perú. Funding by the “Centro de la Mujer Peruana Flora Tristán.”

me, and after they drove me back home.” No one gave her any pain medication, instructions, or information about her operation. With primary education (first grade), Ms. C.C. does not know what a tubal ligation is, and is unsure if she may be able to bear children. Hospital workers remove Ms. F.H. from her house under threats of calling the police if she does not “go along.” “Your husband is a drunkard and you are already pregnant, so we will first abort your child and then we will give you a tubal ligation.” Once at the hospital Ms. F.H. becomes aware of cries of pain from other women and decides to leave. Clinic workers closed the door preventing her from leaving and knock her down (“*me tumbaron a la fuerza*”) and performed a tubal ligation. Her husband testified to have signed something (he does not read Spanish) and Ms. F.H. testifies that she did not sign any sort of consent.

To take Ms. M.J.P. to the clinic, workers first grab her five-year-old daughter and place the child on the ambulance. Ms. M.J.P. follows and once at the local clinic (Cajaccay) she is sterilised. Coercion, for Ms. J.I. came in the form of provisions. The 24 year old visits the hospital with her child, who is suffering from a stomach-ache. Once there the doctors talk her into the operation in exchange for food. Lastly, a hospital worker ‘recruits’ Ms. D.C., a resident of Huancavelica. She is promised “never again to be sick, and that she would remain plump and healthy, and receive free medicines.” After her sterilisation, for which she did not give informed consent, she presents with a swollen abdomen, inflamed pelvis and vaginal discharge. On her second visit to the hospital to seek attention for her condition, the attending doctor tells her “this is normal when you have so many children” (Tamayo and Reyes, 2000: 89-95).

An independent investigation by the office of the Ombudsman confirms the research undertaken by Tamayo and Reyes. This office tallies 71 cases (out of 157 cases investigated) of sterilisation without consent. Moreover, some hospitals deny having operated on specific women, or claim informed consent but have no records, or mysteriously burned evidence of informed consent (Flores, 1999: 22).

Indeed, these women can, as noted by a nurse in Anta province, “Thank the government of President Fujimory...who has decreed that this help be extended...to more mothers” (Reyes, 2000: 5).

Expansion indeed, since official investigations and Peru's largest women's group, the *Centro de la Mujer Peruana Flora Tristán* finds that poor pregnant women are regularly offered free birth services in exchange for tubal ligations. Moreover, these investigations reveal deceit about the risks of surgery, and no follow-up medical care. Ivonne Macassi, director of ‘Flora Tristan’ said that poor women often agree to sterilisation out of economic desperation (Portugal, 1988: 15).

This is the case of Ms. D.Q.H. a 40-year-old illiterate Quechua woman, sterilised immediately after a caesarean section in exchange for food. Another woman, Ms. V.E.V.E. a 35 year old from Piura attends the local hospital presenting with vaginal haemorrhaging, in pain, and “between 32 and 33 weeks into her pregnancy.” An intern discussed her pregnancy, asked her to sign something she did not read but never though was authorisation for a caesarean section. Once under the effects of epidural anaesthetic the doctor practices a c-section and a tubal ligation neither of which are consensual (Tamayo and Reyes, 2000: 90; Flores, 1998: 7).

Two other cases investigated by the Ombudsman’s Office are those of Ms. L.R.L. and Ms. M.M.B. Both women are pregnant; doctors in the *Instituto Peruano de Seguridad Social* (Lima) and the *Hospital Hipólito Unanue* induce abortions and proceed to sterilise both women. According to their testimony, neither one consents to a tubal ligation (Flores, 1998: 7).

Although these patients are not able to resist in an individual capacity for structural reasons of economic desperation, subjection, and lack of language skills, resistance is necessary to power relations. In Perú, resistance to bio-power takes at least two forms: first, the form of rights and second, civil society associations of Quechua women.

For the first instance, “right to life, to one’s body, to health,...and the right to rediscover what one is and all that one can be” as a political response to discriminatory

power (Foucault, 1990: 144-145). The research and political pressure exerted by Feminist organisations headed by the *Centro de la Mujer Peruana Flora Tristán*, merge with official investigations by the Ombudsman's Office. Together they concentrate on population control issues as a matter of human rights violations, violations to international treaties, violations to Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and violations to Peruvian health legislation and constitutional matters.

In the case of civil society, women's organisations such as *Chirapaq* (The Center for Indigenous People's Culture of Peru) strive to exercise their rights to agency, women's rights and sustainable human development. For example, and in association with *Madre*, the international women's rights organisation *Chirapaq* investigates violations of Indigenous Peoples' rights, offers women and youth human rights trainings and works to document and preserve Indigenous culture. In the area of communications, *Chirapaq* women produce radio programs aimed to educate Indigenous peoples in Ayacucho in topics ranging from sexual and reproductive health, prevention of domestic violence, racism and political activism.

It is likely that without these forms of resistance, education and activism the grievous harm done to women may have taken a lot longer to surface.

Examining textual information generated by the population establishment (addressed under theme 6) when combined with the normative discourse, discloses the reasoning of the population establishment. Several Western policymakers (especially in the United States) denounce overpopulation as the cause of poverty. Arguably, this denunciation reflects self-interests, mostly financial, and not the well-being of women or their unborn.

The foregoing examples demonstrate a strategic effort in the part of the institutions to exercise relations of power and knowledge over populations that correlate to Foucault's notion of dangerous individuals. Although it would be best to separate institutional strategic effort into political texts, legal texts and morality, their boundaries are not so

clearly defined. Rather, they intermingle with the Malthusian rhetoric of population explosion, neo-colonial discourse, and top to bottom actions of the population establishment.

5.1 Constructing Injustice: Impartiality, Medicalization and Eugenics

While the text of the law observes moral notions of impartiality, the sub-text of its application reveals group directed, institutionalised and systemic violence. The legacy of family planning, a euphemism for population control, provides the link between the two texts, hiding group specific gender violence under a mantle of impartiality.

Young (1990) and Arbon (2003) observe that impartiality in law is an illusory concept at best, and at its worst a means of reifying injustice. Impartiality relies on the Enlightenment notion of a rational, homogenised subject disrobed of individual experiences and defined in terms of mutually opposing binaries (1990:99). The “mutually exclusive oppositions” mind/body, subject/object, forces difference (and identity) into a structure of “good/bad, normal/deviant” where the first term is seen as neutral, objective and dominant to the denied second term (1990: 99).

Denying identity and difference, be it race, class, gender, or social strata, exemplifies how the ideal of impartiality allows the dominant group to claim “neutrality and objectivity for its position” and, thus, refute the legitimacy of all kinds of difference (Arbon, 2003: 9). Subordination operates through the denial of identity, difference, participation, and emotion leading to a less than fair process and outcome (Arbon, 2003: 10).

All these forms of subordination, and thus forms of injustice, intersect with institutional and systemic violence against selected groups. Unconscious fear, distrust and blaming of what or who is different rationalises violence through the application of reproductive technologies and legislation. The application of reproductive law in Perú institutionalises and systematises violence against Quechua women. Institutionalised

because violence is legitimated through the institutions and systemic because violence is directed towards members of an identifiable group.

The legacy of family planning enjoins what we would otherwise perceive as the diverging themes of “impartial” legal text and discriminatory reproductive practices. This legacy originates in the 1930’s with the well-meaning efforts of Margaret Sanger. Through her efforts, women that would not otherwise receive adequate contraceptive instruction or medical care become the beneficiaries of Sanger’s “American Birth Control League” clinics. However, mandatory medical supervision in order to obtain contraception and the public welfare approach, which defines contraception as a public remedy, increases control of doctor’s power over women’s bodies while, concomitantly, increasing state control over contraception. The tension between medicalization and state control ends up victimising “those whom Sanger has initially tried hardest to protect, the underprivileged” (Tone, 2001: 123-139).

More ominous, however, is the influence of eugenics –the science of improving human heredity- upon identifiable marginalised groups. Hartmann (1995) argues that under this notion of improvement, whites are superior to other races, the rich and powerful genetically superior to the poor, the feeble minded, and the insane (1995: 98-99). It is up to Adolph Hitler to cement eugenics in Germany, under the German Sterilisation Law of 1933, modelled after the sterilisation model of the U.S. Eugenic Record Office (Hartmann, 1995: 100). The emergence of the welfare state during the 40’s extends birth control to poor women albeit under a particular context: women become clients of social workers in a subject/object relationship where the social problem is unchecked women’s fertility.

6. Alleviating Poverty: A ‘How To’ Guide by the Washington Consensus, IMF/World Bank, and USAID

It is now that family planning becomes birth control, a step closer down the slippery slope towards population control (Hartmann, 1995: 100). After the Second World War, the United States emerges as a world power with a growing need to access raw

materials for its growing industrial needs. Unfortunately, for the poor, these materials are available in the 'Third World' which, during the 50's and 60's, undergoes a wave of radicalism and non-alignment practices. Increasingly, the youth population that drives the struggle for freedom in Bolivia, Cuba and Africa, become the ambassadors of the threat to U.S. political stability abroad. To the rescue rises the white, heterosexual, male normative from Washington embodied by the "Draper Committee" –set up by president Eisenhower in 1958-, the "Food for Freedom Bill", USAID, and ex-Chief Executive Officers from the World Bank (Hartmann, 1995: 114).

Aware that assistance to poor nations in exchange for lower birth rates reflects the U.S. interventionist/imperialist image, Marshall Green states "In all of our assistance, we would do well to maintain a low profile. It is probable that we will have to work more and more through international organisations and private voluntary groups since these non U.S. government entities are rather widely preferred in countries now entering the family planning period" (1976).

The socio/political background illustrated above, highlights the relationship between physical images portrayed by the population establishment –signifiers- and mental images –signified- associated with the myth of the disastrous consequences of overpopulation. These images are essential for legitimating institutional text and action since, as Sandoval (2000) argues, they take the role of an imposed, normalised concept generating precise meanings (2000: 94,5). For the population establishment the meaning is clear: the survival of poor people only increases the dangers of overpopulation. Moreover, this imposed meaning originates from already existing interpretations of overpopulation as economic and security threats. Reinterpreting historical notions into contemporary meanings contributes by lending contemporary meanings a patina of truth, of "naturalised evidence" (Barthes, 1993: 12).

Perhaps it is Robert McNamara, manager of Ford Motor Company in the 50's, Secretary of Defence under the Kennedy and Johnson administrations where he manages the Vietnam war, and lastly president of the World Bank, who provides the "naturalised

evidence” behind coerced sterilisation in Perú. Writing in the World Bank’s “World Development Report 1984” McNamara takes a war like approach to civil society. For him, the solution to overpopulation is a well-planned attack on poor populations, implemented by functionaries, where “the poor masses respond by limiting their fertility” (McNamara qtd. in Hartmann, 1995: 125). Specifically, McNamara writes, “Family planning programs provide information and services to help people achieve their own fertility objectives. By contrast, population policy involves explicit demographic goals. It employs a wide range of policies, direct and indirect, to change the signals that otherwise induce high fertility...it requires clear direction and support from the most senior levels of government” (1984: 157).

McNamara’s words in fact encapsulate a series of assumptions based on previous meanings assigned to overpopulation. For example, family planning may not help poor people that depend on their children to work the land and provide subsistence. Demographic goals are not the same in northern versus southern nations. Whereas in the north birth and death rates equalise each other in a demographic transition, attempting the same results in the south, especially when the hidden agenda is development for export and not betterment of the poor, demographic targets have the deleterious effect of sterilisation quotas as is the case in Perú.

When McNamara writes that a successful population policy requires support from high levels in government, his text centres on the likelihood of hegemonic relationships between nations and ‘puppet’ military southern rulers, a well-worn practice of the U.S., where the north dictates and the south follows.

However, McNamara is not alone in manufacturing a population control consciousness rooted on wealthy subsets of society, for which a discourse against growing poor populations serves to confirm their ‘normal’ reproductive behaviour against the ‘abnormality’ of large number of children per household.

To illustrate, McNamara is in the company of USAID, which provides “bilateral assistance” to country specific population programs, the World Bank and the International

Monetary Fund, the International Planned Parenthood Foundation of which Canada, Japan, the U.S.A. and the U.K. amongst others, are principal contributors. In addition, the Population Council financially backed by the Hewlitt and Mellon/Rockefeller Foundations, the Association for Voluntary Contraception, John Hopkins University and many others too numerous to mention (Hartmann, 1995: 124-128).

The 'truths' regarding fertility control, as constructed by these institutions, have ways of organising life "in such a way to...reach the desired destination" that is, legitimating sterilisation to control poor populations (Hall, 2001: 167). We can challenge, through deconstruction, these apparent truths by exposing the ways in which "truisms have replaced critical thought" (Hall, 2001: 167). Moreover, truisms based on imposed normalised concepts between signs may not be possible without politico/economic influence (advanced by the U.S.) and the notion of impartial law, as drafted in Perú. The "National Security Memorandum 200" (NSSM 200), authored by Henry Kissinger in 1974, is the forerunner of official U.S. policy on population matters directly influencing the Peruvian case.

The National Security Council (NSC) is the highest level of command within the U.S. government. The president himself and his security advisor head the NSC, which looks after foreign operations of executive branches of government. The NSC is responsible for compiling NSSM 200, a document that acknowledges population control as a means to serve U.S. strategic, economic, and military interests at the expense of poor populations in developing countries (Kissinger, 1974). The NSSM 200 relies in four main truisms to show how overpopulation in developing nations presents a danger to the U.S.

First, large nations stand to gain political influence because of large populations; second, the U.S. has a critical interest in extracting minerals and oil found in developing nations; third, high birth rates produce large numbers of young people likely to challenge globalisation; and fourth, population growth negatively affects U.S. investments (Kissinger, 1974: 21-40). By challenging each *a priori* assumption carefully, we begin to see the not so hidden agenda behind population control.

The NSSM 200 argues that the population of Brazil may outnumber that of the U.S. causing Brazil (and Latin America) to increase its power status. The implication here is that progress is a good thing for rich people but not so good for poor people, a truism reminiscent of eugenicist arguments from the 1940's. The NSSM 200 assumes that progress, if available to southern nations, is a threat. Rather, progress does foster increased health care; healthy populations have greater access to education and therefore material opportunity that reduces not increases, any perceived threat.

Second, according to the NSSM 200 the "real problem of mineral supplies lie...in the politico-economic issues of access, terms of exploration and exploitation, and division of benefits among producers, consumers, and host country governments" that require increased "political, economic and social stability" achievable through population policies in host countries (Kissinger, 1974: 37-43).

The foregoing text shows its own falsehood by conveniently omitting some physical images while creating new mental ones. The words 'access', 'exploration', 'exploitation' and 'benefits', omit considering that because minerals lie underground –the physical image- their extraction is dependent on the people farming and living above the deposits. The new mental image, increasing political, economic and social stability through depopulation, eliminates the problematic of compensating farmers for land loss. Displacing landowners, especially poor ones, clears the way for exploitation of underground resources at minimal or no cost to foreign capital, since 'no one' owns the land. Conveniently, the new crop of displaced small farmers enlarge the ranks of poor populations, feeding back into the loop of overpopulation=poverty=further need for depopulation.

Third, the NSSM 200 portrays youthful populations in "low development countries" (LDC's) as risky populations and troublemakers. Literally, it states, "young people, who are in much higher proportions in many LDC's, are likely to be more volatile, unstable, prone to extremes, alienation and violence...[and] can more readily be persuaded to attack the legal institutions of the government or real property of the "establishment,"

"imperialists," multinational corporations, or other -often foreign- influences blamed for their troubles" (Kissinger, 1974: 49).

The covert meaning of this text presupposes the need for the elimination of populations that may present a political challenge to globalisation. It does so by attributing a positive meaning to globalisation (the sign) by defining two other images as positive: the physical (signifier) and the mental (the signified.) The words 'government' and 'real property' represent physical images, while 'legal institutions of government' and 'blaming others for internal trouble' represent the mental image. This imagery shifts the causes of poverty away from globalisation defined as "the free movement of capital, anywhere, anytime, according to rules of its own making", to the increasing number of troubled poor people (McNally, 2002: 40-41).

Lastly, Kissinger writes that population growth in less developed countries negatively affects U.S. investments. For him, "population pressures lead to endemic famine, food riots, and breakdown of social order" which are detrimental to the "long term investment" required for mineral extraction. Nothing "short of famine" or convincing people that "the international economic order has "something in it for them" will prevent arbitrary intervention or expropriation of foreign companies. Kissinger recognises that "although population pressure is obviously not the only factor involved, these types of frustrations are much less likely under conditions of slow or zero population growth" (Kissinger, 1974: 28).

Although from the differential application of the 1995 NPL as the story reflecting population control the text seems to speak for itself, Barthes (1970) warns us that texts and events always mean more than what they represent. Whereas Kissinger appears to represent the interests of capitalist/imperialist policies, often locating people as secondary to profit and judging expendable the lives of their unborn, particularly if they are poor, another signification is possible.

Malthus (1914) uses the referents "famine" and "starvation" in reference to positive checks of population. He suggests, "all the children born, beyond what would be required

to keep up the population to [a] level [just beyond famine], must necessarily perish." Furthermore, the poor should live many to a house, build villages near "stagnant pools" and above all "dispense with specific remedies for ravaging diseases" (1914: 96-98). Malthus remedies seem revisited in the NSSM 200 plan of action for zero population growth in the case of poor populations in 'less developed' countries.

Since Kissinger wrote the NSSM 200 in 1974, I include a list of more recent documents that continue the tradition of U.S. intervention on population control matters, and which influence the drafting of the 1995 NPL. In 1975, the NSC memorandum 314, recommends AID to concentrate program efforts on reducing fertility, with an emphasis on LDC's. To achieve this goal, Scowcroft spells out the need to recruit foreign leaders in support of "national and multilateral" population control programs (Scowcroft, 1975: 1-5).

The NSC "Second Annual Report on U.S. International Population Policy" indicates that one child per family should be the "target" that avoids "poverty of millions" and provides guidance for sterilisation practices in developing nations (1978: 8-28). Camp recommends providing "public family planning services" for high-risk women who cannot afford sterilisation, advice taken up by the drafters of Peruvian family planning legislation (1978: 8). Moreover, this report specifies that population programs in LDC's should have a legal basis authorising the practice. For this purpose, UNFPA should "expand its network [of influence] to encourage implementation of legal reforms" as Perú did by enacting the 1995 NPL (Camp, 1978: 39).

Presumably, because of secret classification, the last U.S. policy document on population matters I was able to obtain originates in 1994. Authored by Jane Bradley, it consists of a Presidential Decision Directive on Global Population Issues. The text closes the circle started by the NSSM 200 twenty years before. Bradley (1994) argues for an immediate international response to "population growth trends" in which the U.S. maintains a leadership role through continued funding of AID and providing "bilateral assistance" to target LDC's, such as Perú, through UNFPA, the World Health Organization, and private organisations (1994: 4).

Against this long-term interventionist backdrop, the Peruvian Congress modifies, in 1995, the National Population Law to include sterilisation as a means of contraception. The text of the law is impartial in that it recognises individual and couples rights to decide on the number and spacing of offspring. The Peruvian Constitution endorses these rights and affirms “responsible maternity and paternity” while the General Health Law assures women the right to make reproductive choices “without the necessity of a spouse’s or partner’s authorisation” (Tamayo and Cuentas, 1998: 20).

On the other hand, the sub-text of the application tells a different and compelling story that reaffirms the subordination of women to sterilisation practices based on f.e.a.r: false evidence (manipulated to) appear real.

CONCLUSION

Love is not to be taken as a feeling (aesthetic love) i.e. A pleasure in the perfection of other men; it does not mean emotional love (for others cannot oblige us to have feelings). It must rather be taken as a maxim of benevolence (practical love), which has beneficence as its consequence..."

Emmanuel Kant, "The Doctrine of Virtue." (1964, 116).

Even though population rates are declining in the industrialized world, as well as in some 'Third World' countries, the population establishment lures us into believing birth rates should be lower still. The temptation of economic development as the panacea for overpopulation has proven to be nothing but a placebo, thus replaced of late by a technological/technocratic fix. The population establishment argues, (again) that women centred contraception is the best and singular form of birth control. The big business of contraception technology during the welfare state era embodied by the Pill, cancer-causing intrauterine devices, silicon encased Norplant, and complications laden Depo-provera generated millions for the pharmaceutical industry at the expense of poor women and women of colour. This was the case in the United States, Canada, and Puerto Rico. The pharmaceutical companies "G. D. Searle" and "Robins Company" made millions by 'donating' intrauterine devices (Dalkon shield and Copper-7) to 'recipients' in Latin American countries. Consequently, industrialists argued, why would the industry spend millions researching an effective male contraceptive; a device a woman can rely on when, after all, she is the one getting pregnant (Tone, 2001).

As this research work shows, a value laden, colonialist, capitalist and patriarchal standpoint justifies the conquest of the Inca in the 16th century, distilled into the current subordination of Quechua women. The Peruvian state causes grievous harm to these women by applying socially unjust reproductive health legislation, while ensuring freedom from liability through manipulation of the law. Lastly, discriminatory practices in the

application of the 1995 NPL betrays explicit political goals but more importantly reaffirms, through grievous harm, the domination of poor, native women.

Socially impartial law is unjust law because while claiming a neutral and objective (normative) position subordinates differential groups by ignoring social differences. Moreover, socially unjust legislation leads to oppression and domination by denying agency of socially marginalised groups.

Domination manifests itself when institutions and constructed social norms inhibit (or prevent) participation of selected social actors in determining how, and under what conditions they may act. For example, deciding that legislated free birthing services are truly free only if a pregnant woman 'agrees' to a tubal ligation; or defining on behalf of poor populations through a system of sterilisation quotas, whom, how, when, and under what circumstances favourable to the institution someone may or may not be sterilised. I have also argued that oppression, a cruel exercise of power over select populations, translates into exploitation of women's bodies, marginalisation and gender powerlessness.

In Perú, population control leading to such unjust behaviour echoes the hard line view of the population control establishment: demographic transition will not work for the "Third World". While in developed nations declining mortality rates -due to improvements in health, food supply, and working conditions- do, after a time, lead to a decrease in birth rates reaching demographic balance; demographic transition is not a valid option for poor nations. That is because, according to colonial voices, the existing population will eat up the resources necessary for amelioration of life, leaving draconian contraception methods as the only solution to overpopulation (Hartmann, 1995).

Of course, this justification conveniently ignores countries that, despite low per capita income, embargoes on medical supplies and even economic blockades, manage to reduce population without sterilising the poor. The "overpopulation" literature seems to ignore Cuba, where the infant mortality rate was "3.9 per 1000 live births" in Villa Clara whereas at the same time, in Washington, it was four times higher (Castro, 1999: 92-93). Moreover, Castro (1999) reports that nation wide infant mortality rate was 7 per 1000 live

births in 1999, while the U.S. National Centre for Health Statistics (USNCHS) reports 7.1 per 1000 for the same period, this rate equality hardly attributable to the benefits of economic development (Hamilton et al, 2003: 12). Similarly, birth rates in Cuba during 2002, according to the Central Intelligence Agency (CIA), were 12.08 per 1000 persons, while the USNCHS confirms 13.9 per 1000 persons in the U.S.A. (Hamilton et al, 2003: 2).

Although we cannot generalise throughout poor nations from these figures, they seem to point to the rhetorical fallacy of the population establishment: poor nations are doomed to eat up resources needed for improved living conditions that would reduce birth rates. Evidently, this truism does not apply equally to all nations.

The application of the 1995 NPL betrays its intended goals: reduction of infant mortality and fertility rates. It also deceives the people it supposedly serves, while discarding notions of social justice. As the Cuban example shows, there is a third alternative to imperial social practices and coercion to curb population control. This third way, in Kantian (1964) terms, is one of social structure based on legislation that serves social justice driven by a standard of care and love. Care and love meaning beneficence and benevolence, where individuality is not ignored but honoured, where land and income distribution is equitable, where women amount to more, much more, than the sum of their body parts. Such a system, Barthes (1978) would argue, transforms perceived truths driving relations of power and knowledge into a different consciousness. An artistic form of consciousness raising, not from the institutions of social control or the texts that empower them, but from a place where power/knowledge becomes a mechanism for enjoyment, a positive form of power. Where the text is not rhetoric but a poem, where power rests in the craft of a colourful Quechua skirt, where knowledge is a vibration connecting us to our ancestors and their teachings, not a means to divide and conquer.

In other words, resistance. Resistance grounded on oppositional consciousness and political tactics resting not in the folds of empire but in the soul of the citizen-activist. A new form of citizen that questions not the veracity or falsehood of the dominant discourse,

but instead problematizes the rhetorical/structural path that perpetuates hegemonic relationships, social control, and the ongoing 'global' oppression of women and minorities. A citizen-activist that resists commodification of human life, exemplified by Quechua women owning the product of their labour produced in their own workshops, by Indigenous populations in Perú, voting (and winning) against multinational mining interests, and Bolivian workers rallying to prevent privatization of water. A subaltern that, paraphrasing Spivak, can speak and makes herself heard as in the radio programs broadcast by Chirapaq.

In sum, resistance that build bridges from where we are now to where we want to be: another, better world.

To try to escape the feminist advocacy standpoint of the narrative just told would be a futile attempt to hide my aims. This narrative is, after all, about value judgements and questions best left for future investigation. The value judgements I make aim at bringing the margin to the centre, represent the interests of the marginalised, and hope to raise consciousness while recognising the privileged position of a writer.

The questions that remain: how to alter transnational capitalist ideas that subjugate and objectify? How to remedy the long standing traditions of colonialism? How, once and for all, bring the outsider within; end political practices of racism and sexism by listening to the voices of women, and banish the notion of dominant cultures?

Lastly, and perhaps the overarching question, how to allow the sociological imagination to guide our intellectual journey so that we can all see that the emperor has no clothes?

I believe these are all important questions, and the starting point for many more stories.

Appendix I

The Ministry of Health was reticent to acknowledge its participation in the 'quota system' for sterilisations, or their direct involvement with payment to health care workers for meeting said 'quotas.' The four communiqués that follow show that misdirection of public opinion and institutional cover up of harmful practices was not entirely successful. The following translation highlights the most relevant sections of these communiqués.

Addressed to all health personnel in the region of Huancavelica, the first communiqué points out that the MOH will not pay for recruiting 'volunteers' for sterilisation practices, because such recruiting is mandatory. Further, it specifies that appointed personnel (*personal nombrado*) must 'recruit' two patients per month, whereas other personnel have a quota of three patients per month.

At year's end, the MoH will tally the totals for each health region and present the personnel with certificates of accomplishment, useful for curriculum purposes. In addition the MoH will reward the hospital/clinic that:

- Has spent the least money while 'servicing' the sterilised population,
- Has demonstrated best efforts in recruitment (without an automobile),
- Has the best participation by the Chief of the Health Centre, and
- Has the best rate of 'recruitment' at remote health posts.

The tenor of communiqués 2, 3, and 4 is similar and reflects a patriarchal attitude, public misinformation, and media driven campaigns. For example, all three share the slogans from "The Johns Hopkins University Population Communication Services Project." They read "For Life, Health and Family. Family Planning is your Best Choice" likely playing on social and economic insecurities stemming from western structural adjustment programs. There is no mention of reproductive health education, or availability of any method other than tubal ligations or vasectomies. Confirming this last point, the

acronym 'AQV' (*Anticoncepción Quirúrgica Voluntaria*) refers exclusively to surgical contraception.

Public misinformation is evident when contrasting the duration of the 'sterilisation festivals' (two days) with the advertised health services. For example, detecting complicated illnesses and dental care is an unlikely result of 16 hours of medical attention in remote areas without stable health care facilities. In addition, there is not mention of treatment once these illnesses are detected.

Patriarchal attitudes regarding who knows best are explicit in the wording of the communiqués. All three read that "specialists with a brilliant professional career from Lima" will look after the population. The implications being that traditional ways of knowing have no value and the doctors are highly qualified since they are from Lima, the Capital of Perú. In addition, the MoH uses the masculine adjective "médicos" (doctors). In Spanish, this adjective also has a feminine form, 'médicas' which could also be used without affecting the meaning of the sentence.

COMUNICADO

INVESTIGACION
GRACIAS A DEBITO
H. J. A. M.

SE COMUNICA A TODO EL PERSONAL DE SALUD DE LA SUE REGION DE SALUD HUANCVELICA QUE:

- 1.- NO HAY PAGO POR CAPTACION DE PACIENTES DE AQV YA QUE TIENE CARACTER OBLIGATORIO
- 2 - QUE POR INDICACION DE LA DIRECCION EJECUTIVA DE SALUD DE LAS PERSONAS Y EL PROGRAMA DE SALUD BASICA:
 - PERSONAL NOMBRADO DEBERA CAPTAR 02 PACIENTES PARA AQV. MENSUAL
 - PERSONAL FOCALIZADO DEBERA CAPTAR 03 PACIENTES PARA AQV. MENSUAL.
 - PERSONAL CLAS DEBERA CAPTAR 03 PACIENTES PARA AQV. MENSUAL
- 3.- PARA LO ANTERIOR EL JEFE Y OBSTETRIZ DEL CENTRO DE SALUD DEBERA PRESENTAR LA RELACION DE PERSONAL QUE CAPTE PACIENTES PARA LA CAMPAÑA DEL MES.
- 4.- QUE A FIN DE AÑO SE EVALUARA EL NO DE PACIENTES CAPTADOS EFECTIVOS POR PERSONAS PARA OTORGARLES UN CERTIFICADO CON DETERMINADO NO DE CREDITOS SEGUN LA CAPTACION DE PACIENTES EFECTIVOS, DANDO LE ASI UN VALOR-CURRICULAR AL CERTIFICADO
- 5.- QUE A FIN DE AÑO SE PREMIARA AL ESTABLECIMIENTO QUE TENGA:
 - a) EL MENOR COSTO Y MAYOR BENEFICIO DE POBLACION DE AQV.
 - b) POR MEJOR ORGANIZACION DE CAMPAÑA
 - c) MAYOR ESFUERZO DE CAPTACION (SIN CARRO)
 - d) PARTICIPACION EFECTIVA DEL JEFE DEL CENTRO DE SALUD Y PERSONAL EN LAS CAMPAÑAS.
 - e) MEJOR CAPTACION A NIVEL DEL PUESTO DE SALUD
 - f) CERTIFICADOS PERSONALES PARA LOS EQUIPOS DE CAMPAÑA.
- 6.- QUE EL PRESUPUESTO POR RACIONAMIENTO ASIGNADO POR DIA DE CAMPAÑA DEBERA EJECUTARSE EN ALIMENTACION PARA PACIENTES Y PERSONAL, DEL CUAL EL PERSONAL DEL ESTABLECIMIENTO DEBERA FIRMAR PLANILLAS DE RACIONAMIENTO PARA LA RENDICION PRESUPUESTAL CORRESPONDIENTE.

60.5 = 2350
120 N.S. + Captación

MINISTERIO DE SALUD
C.T.A.E. "LIBERTADORES NOROCCIDENTALES"
Dr. Oscar Alberto Zúñiga V. 177
Director Subregional de Salud Huancavelica

MINISTERIO DE SALUD
CTAR "Libertadores Noro" Sub Región de Salud de Huancavelica
Dr. EULUCRIS MARTINEZ PUIAT
Directora Ejecutiva de Salud de las Personas

REGION ICA / LIBERTADORES NOROCCIDENTALES
Sub-REGION DE SALUD HUANCVELICA
Dra. MARIA TERESA PALOMARINO
COORDINADORA P.S.B.P.T.
C.M.F. 24377

COMUNICADO

Se comunica a la población de la Provincia de Tocache que, continuando con los éxitos obtenidos durante el año, en las Campañas de Ligaduras de Trompas y Vasectomía, el Hospital de Tocache organiza este 7 y 8 de Noviembre una nueva Gran Campaña, con la presencia de Médicos Especialistas y de gran Trayectoria de la Ciudad de Lima; además se estará brindando atención Integral Gratuita a la población en general.

Por la vida la Salud y la Familia.

Planificación Familiar es tu mejor elección

Atentamente



MINISTERIO DE SALUD
REGIONAL
HOSPITAL RURAL TOCACHE
Dr. Milagro Linares Santillán
DIRECTORA

Recibido
28/10/97
[Signature]



DIRECCION SAN MARTIN
DIRECCION REGIONAL DE SALUD
UBASS - TOCACHE

COMUNICADO

EL HOSPITAL DE TOCACHE FELICITA AL GRAN NUMERO DE MADRES Y PADRES QUE BENEFICIARON A SUS FAMILIAS HACIÉNDOSE LA LIGADURA DE TROMPAS Y VASECTOMIA, E INVITA A PARTICIPAR EN UNA NUEVA GRAN CAMPAÑA LOS DIAS 12 Y 13 DE DICIEMBRE CON LA PRESENCIA DE MEDICOS ESPECIALISTAS.

ADEMAS SE ESTARA BRINDANDO ATENCION INTEGRAL A NIÑOS MENORES DE 5 AÑOS. DETECCION DE ENFERMEDADES COMO TUBERCULOSIS, DENGUE, MALARIA, ATENCION ODONTOLOGICA, CONTROL DE EMBARAZO, DESPISTAJE DE CANCER DE MAMA, CUELLO UTERINO, ATENCION DE PARTO HOSPITALARIO
TODAS ESTAS ATENCIONES SERAN TOTALMENTE GRATIS
APROVECHE ESTA OPORTUNIDAD

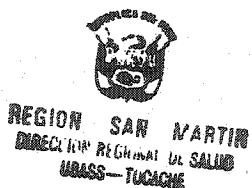
"POR LA VIDA, LA SALUD Y LA FAMILIA PLANIFICACION FAMILIAR ES TU MEJOR ELECCION"

Atentamente



MINISTERIO DE SALUD
REGIONAL SAN MARTIN
HOSPITAL RURAL ZONAS TOCACHE
Milton Zamora Santillán
DIRECTOR

Recibido
28/11/97
[Signature]



COMUNICADO

Se comunica a la población de la provincia de Tocache que, debido al gran éxito obtenido en las últimas campañas de ligadura de trompas y vasectomía, el Hospital Rural de Tocache está organizando una nueva campaña de AQV - los días viernes 17 y sábado 18 de octubre con la presencia de médicos especialistas y de gran trayectoria de la ciudad de Lima.

Por la vida, la salud y la familia.

Planificación Familiar es tu mejor elección.

Atentamente

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09/10/97
12:16 m.

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Appendix II

Dr. Geraldo Salmón Homa raped Marina Machaca, a 19-year old girl, during a routine pelvic examination. However, the Peruvian penal process acquitted Dr. Homa and Ms. Machaca's lawyer, Julia Tamayo, proceeded to file charges before the Inter-American Commission of Human Rights. Three years after filing, the Inter-American Commission of Human Rights finds that the State's administrative and judicial processes discriminated against Ms. Machaca and violated rights established in various international treaties (CRLP, Dec. 1999).

This was a precedent setting case, since the State was held liable for judicial misconduct and discriminatory practices. Ms. Machaca is not, unfortunately, the only case where the State violates women's rights to the point of causing their death. Previous chapters illustrate many of these cases. Because State practices, whether by ignorance or acquiescence, caused grievous harm to many women an argument should be made in respect to practices of genocide.

In 1946, the General Assembly of the United Nations in its resolution 96 issued a declaration entitled Convention on the Punishment and Prevention of the Crime of Genocide. Perú ratified this convention in 1960 whereas the United States of America did so in 1998. The State practice of targeting ethnic groups for uninformed sterilisation causing grievous harm and death, appear to align with the spirit of articles one and two of the Convention, reproduced below.

Article I

The Contracting Parties confirm that *genocide*, whether *committed in time of peace* or in time of war, is a crime under international law which they undertake to prevent and to punish.

Article II

In the present Convention, *genocide means any* of the following acts committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group, as such:

- (a) Killing members of the group;
- (b) Causing serious bodily or mental harm to members of the group;
- (c) Deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part;
- (d) Imposing measures intended to prevent births within the group;
- (e) Forcibly transferring children of the group to another group.

The evidence collected by the Center for Reproductive Law and Policy (CRLP), the Washington Post, Mujer/Fempress, CLADEM, and DEMUS amongst others point that, at least between 1995 and 1998, the Peruvian State committed acts in violation of items a), b), c) and d).

Although as mentioned in the introduction, the issue of genocide is beyond the scope of this work. Nevertheless, it is worth referring to in light of the Peruvian evidence and recent pronouncements of the International Criminal Court, Rome Statute, where genocide is the pre-eminent crime of competence.

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