

TO CHILD WELFARE BOARD MEMBERS AND OTHERS CONCERNED
WITH CARRYING OUT THE STERILIZATION LAW;

It appears that there are a number of points in connection with policies relating to sterilization of the feeble-minded that are not clearly understood. For that reason, certain explanations and suggestions are given.

1. The law applies only to persons committed to the guardianship of the State Board of Control as feeble-minded in the same manner that all such commitments are made. After sterilization, the person remains a ward of the Board of Control, and the responsibility for supervision and assistance in adjustment rests upon the Board of Control, its agents, or co-operating agencies.

2. No person who has any official connection with the Board of Control should take any part in making plans or discussing plans for an operation except for a person who is committed as feeble-minded or to be committed and to enter the institution for the operation as provided by law. (At times reputable physicians have performed operations for uncommitted persons, but, if this is done, the Board of Control or its representatives must not take part in discussion or in initiating discussion, as this would likely be interpreted as an official act, and the Board of Control must never exceed powers given by law).

3. The Board of Control will never make a bargain with any person that, if sterilization is agreed to, such and such a plan will be made. Therefore, no person speaking for the Board can do this. On the other hand, the policy of the Board is that every person who can be out of the institution should be out and often plans can be made more easily and satisfactorily if sterilized. This can always be stated and definite plans that are considered can be outlined. However, there is always the possibility that conditions may change, necessitating a different plan and, therefore, the policy and proposed plan should be presented rather than a definite bargain made.

4. The usual policy of the Board of Control is to accept the recommendation of the local Child Welfare Board or county officials when parole is recommended. This refers to persons who have been institutionalized, and an effort is being made to get as many of these as possible out of the institution.

5. Ordinarily only women between eighteen and forty inclusive are approved for operations for the purpose of sterilization. Exceptions are made, however, at the upper limit for married women who are still giving birth to children and at the lower limit where girls are well developed physically and conditions indicate this might be wise for social reasons. In either case, before consents are taken, the situation should be presented to the Board of Control in order that definite approval may be given. There is no upper limit for men and the lower limit is approximately the same as for girls.

6. A person recently committed as feeble-minded and permitted to go to the institution for an operation following consents to sterilization must be removed from the institution at the end of the time necessary for that person to remain from a physical standpoint (this is six weeks following the operation for a woman and approximately ten days or two weeks for a man) unless, due to some unusual circumstances, definite arrangements are made for the person to remain a somewhat longer period. This, however, is not usually possible nor advisable. Ordinarily persons going to the institution for an operation must be taken and returned at county expense, and this entrance does not constitute definite institutional entrance for which the Board of Control may issue an order to the sheriff. It is a special entrance and is usually arranged by counties by agreement with the commissioners or town boards on the basis of poor relief or hospitalization. Care at the rate of \$40.00 per year for the time in the institution must be paid by the relatives or by the county.

7. If the person entering the institution is a married person with a family, the Child Welfare Board or local community should have a definite and satisfactory plan made for the care of the children while the person is away from home. It is well to have this in mind before discussing sterilization, as feeble-minded parents cannot be expected to make satisfactory plans for the family when one member is taken away. If the husband and wife are both committed as feeble-minded, the consent of the nearest relative of the one considered for an operation must be taken in addition to that of the spouse since legally neither one is in a position to give such consent. In a situation such as this, it is generally best to talk with the family before taking up the matter with the individuals. In many cases, it is best to have the consent of the relative and plans quite well worked out before mentioning it to the individuals themselves.

8. The law concerning sterilization and the advisability of sterilization for a person who appears to be feeble-minded but who has not been committed may be discussed with the family. Consents, however, cannot be taken until after the commitment is made.

9. Families and individuals can be told that sterilization will not interfere with the normal processes of nature, including marital relations, but only prevent conception following intercourse.

10. The surgeon in operating upon women takes time to examine the appendix, and, if this appears to be in any abnormal condition, removes it, thereby in some cases improving later health. (The sterilization operation for women -- a tubectomy -- necessitates an abdominal incision since the Fallopian tubes are cut and embedded. The operation for men -- a vasectomy -- does not necessitate an abdominal incision since it only consists in cutting the cord). Ten years ago, statistics for the type of operation now performed upon women in Minnesota indicated from one to two per cent of failures (that is, conception following intercourse) could be looked for. For operations performed in Minnesota prior to 1932, there were several failures, averaging a little more than one out of every hundred operations. There have been no failures in operations performed since January 1932 and at this time the technic of the surgeon was changed so that it seems improbable there will be further failures.

11. The Board of Control does not wish pressure brought to bear on any person to consent to sterilization if it is felt by the person legally responsible for consent that it is wrong. It is, of course, however, a fact that some times the Board of Control will consent to let, or leave, a person out of the institution where the birth of a child may not be the result should intercourse take place, when it would seem that otherwise protection in an institution is necessary.

12. At the present time, Drs. Herman and Eitel of Minneapolis are authorized by the Board of Control to perform the operations at the School for Feeble-minded. Operations are being performed several in a day at intervals usually of three weeks. A group sufficient for two days of operating is approved at one time, and those entering the institution to be considered are given dates of entrance from two to three weeks ahead of the first date of operation. Therefore, we count that a woman going in for an operation will be in the institution from two to three months and a man from one to two months. Definite assertions, however, cannot be made as to the length of time, as occasionally, after a person enters, some other physical condition is discovered which might cause delay in an operation, or an unusual amount of illness in the institution may cause some delay. In general, however, the three weeks schedule is adhered to and can be planned for.

13. AT THE PRESENT TIME, we plan for a group to enter the institution the latter part of Christmas week, the 27th, 28th and 29th, with the first operation probably on January the 18th, and the next on February the 8th. The next group would enter the institution about February the 8th with operations three and six weeks from that date. This schedule can be borne in mind in considering plans for persons to enter for operations.

STATE BOARD OF CONTROL

By Mildred Thomson