

POLICY REPORT

Forced Sterilization of Women in Uzbekistan

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EXECUTIVE SUMMARY

This investigation into an alleged government sterilization program in Uzbekistan has uncovered a pattern of ongoing, systematic forced sterilizations that have affected tens of thousands of women across the country and appears to have intensified in recent years.

According to overwhelming testimonial evidence, for the past 13 years the Uzbek government has carried out a program to sterilize women of reproductive age. The program is not based on ad hoc decisions of individual hospitals, but rather is a centrally-regulated policy with the apparent aim of controlling population growth.

Spanning a period of two years, this investigation draws on interviews with dozens of victims of forced sterilization, 14 medical professionals, including doctors and 2 officials at the Ministry of Health, and a survey of 53 doctors

across the country. While the extent of implementation has varied, the government has never abandoned the program entirely.

The backbone of this research is a survey of 54 doctors that provides the most extensive testimonial evidence to date of the existence and prevalence of a nation-wide government sterilization program. It shows that the program is not limited to particular geographical areas or institutions and that it takes place across the country's medical establishment.

In Uzbekistan, all women of reproductive age who have delivered two or more children are potential targets of the program. Those most likely to be sterilized are women with lower socio-economic status and members of ethnic minorities, particularly those from the country's Roma population. While sterilization quotas are set centrally, the vast scale of the sterilization campaign is also due to attempts by local health administrators to outperform one another in order to please their supervisors in the central administration.

Medical professionals are under pressure to perform the sterilizations. Uzbekistan's authoritarian government holds doctors and nurses responsible for fulfilling quotas set by health administrators. Doctors recounted working to fill the quotas, often without the necessary equipment, while being unable to provide proper medical examinations or a sterile environment in which to perform these surgeries.

This paper also examines the role of international organizations in reproductive health in Uzbekistan and concludes that while the international community cannot be held responsible for the forced sterilization program, its close cooperation with officials in the sphere of reproductive health, its continual praise for perceived reforms, and its acceptance of the government's denials that forced sterilization is taking place have implicitly encouraged the government to continue the practice.

Table of Contents

ABOUT THE AUTHOR	4
INTRODUCTION	5
THE UZBEK FAMILY, DURING AND AFTER THE USSR	8
SURGICAL STERILIZATION	10
THE STERILIZATION PROGRAM—AN OVERVIEW	13
WHY STERILIZE?	18
THE 2013 DOCTOR SURVEY	22
DOCUMENTING THE RECENT WAVE OF FORCED STERILIZATIONS	25
IMPLEMENTATION OF THE PROGRAM	29
COMPLICATIONS AND CONSEQUENCES	32
INTERNATIONAL ACTORS OVERVIEW	34
CONCLUSIONS	39

ABOUT THE AUTHOR

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INTRODUCTION

The Central Asian republic of Uzbekistan is the most populous state of Central Asia and one of the most isolated countries in the world. Marked by a conservative and, in places, a deeply religious society, Uzbekistan is run by the authoritarian government of Soviet-era leader Islam Karimov and in 2013 remains impenetrable to much of the world. Those who are interested in the country, or are for various reasons invested in it, have to rely on fragmented reporting that seeps through the government's firm grip on freedom of information and those who attempt to exercise it.

Over the last decade, it was through such fragmented, often courageous, but not always reliable reporting that a disturbing story emerged from Uzbekistan. Dozens of first-hand accounts of doctors, women and, in a very few instances, officials alleged that the Uzbek government was running a widespread program of forced female sterilization. Those who have been affected by the policy and who have decided to speak out despite the risks that such actions carry believe that the practice is driven by President Karimov's attempt to control Uzbekistan's population growth and that tens of thousands of women are being subjected to the procedure.

The practice of state-enforced sterilization is neither new nor unique to Uzbekistan. Since the start of the 20th century, at various points in history, different governments around the world have forced their people, both men and women, to undergo surgical sterilization. Eugenics programs in the United States, Sweden, and Canada, family planning policies in China and in India under Indira Ghandi's Emergency Law, and the sterilization of indigenous people in Alberto Fujimori's Peru are just a few examples of such programs.

In Europe, Roma women have been targeted for sterilization for eugenic reasons since the 1930s up to the present according to a 2012 report by the Human Rights Commissioner of the Council of Europe,¹ with the most recent occurrences happening in the Czech Republic, Hungary, and Slovakia.² These post-communist countries had communist-era sterilization programs that are similar to the one that exists in

¹ *Human Rights of Roma and Travellers in Europe*, pp. 93-100, available at:

http://www.coe.int/t/commissioner/source/prems/prems79611_GBR_CouvHumanRightsOfRoma_WEB.pdf

²Office of the Public Defender of Rights of the Czech Republic, *Final Statement of the Public Defender of Rights in the Matter of Sterilisations Performed in Contravention of the Law and Proposed Remedial Measures* at <http://www2.ohchr.org/english/bodies/cerd/docs/ngos/Public-defender-rights.pdf>; Center for Reproductive Rights and Poradna pre občianske a ľudské práva (Centre for Civil and Human Rights, Slovakia), *Body and Soul: Forced Sterilization and Other Assaults on Roma Reproductive Freedom* at <http://reproductiverights.org/en/document/body-and-soul-forced-sterilization-and-other-assaults-on-roma-reproductive-freedom>; and Center for Reproductive Rights, *A.S. v. Hungary (United Nations Committee on the Elimination of Discrimination against Women)* at <http://reproductiverights.org/en/case/as-v-hungary-united-nations-committee-on-the-discrimination-against-women>

Uzbekistan. However, unlike Uzbekistan, all of these countries with the exception of Slovakia have acknowledged existence of the program and have taken steps to eradicate it and compensate some victims.³ According to the United Nations, to this day the sterilization of women living with disabilities remains a problem around the world.⁴

The Rome Statute, a memorandum that defines the jurisdiction of the International Criminal Court, considers widespread and systematic forced sterilization, when committed as part of a widespread or systematic attack directed against any civilian population,⁵ a crime against humanity.⁶ The latest report of the UN Special Rapporteur on Torture, Juan Méndez, states that “Forced sterilization is an act of violence, a form of social control and a violation of the right to be free from torture and other cruel, inhuman, or degrading treatment or punishment.”⁷ Cruel, inhuman and degrading treatment, as well as torture, is the subject of absolute prohibition under international law, without any exceptions.⁸

Since the government of Uzbekistan denies the existence of the program, it feels no need to present official explanations for it or for the exact reasoning behind its policy. At the same time, the secrecy that surrounds the program has made it very difficult to accurately determine the scale of the sterilization policy and its impact on the population.

³ In 2009, the Czech Republic expressed regret for illegal sterilizations of women, calling them “very, very significant failures.” (<http://www.praguepost.com/opinion/2982-unequal-measures.html>). In 2009, Hungary compensated a Roma woman who had been sterilized without her free and informed consent during the course of another obstetrical procedure (*Human Rights of Roma and Travellers in Europe*, pp. 93 - 100, available at:

http://www.coe.int/t/commissioner/source/prems/prems79611_GBR_CouvHumanRightsOfRoma_WE_B.pdf). In 2011 and 2012, a total of three judgments were handed down against Slovakia by the

European Court of Human Rights in cases brought by Roma women sterilized without their free and informed consent: *V.C. v. Slovakia*, (Judgment at

<http://hudoc.echr.coe.int/sites/eng/pages/search.aspx?i=001-107364#%7B%22itemid%22:%5B%22001-107364%22%5D%7D>) *N.B. v. Slovakia* (Judgment at

<http://hudoc.echr.coe.int/sites/eng/pages/search.aspx?i=001-111427#%7B%22itemid%22:%5B%22001-111427%22%5D%7D>) and *I.G. and others v. Slovakia* (Judgment at

<http://hudoc.echr.coe.int/sites/eng/pages/search.aspx?i=001-114514.#%7B%22itemid%22:%5B%22001-114514.%22%5D%7D>) The government there still refuses to acknowledge the problem exists.

⁴ *Report of the Special Rapporteur on violence against women, its causes and consequences*, 3 August 2012, United Nations General Assembly A/67/227, at <http://www.ohchr.org/Documents/Issues/Women/A.67.227.pdf>

⁵ An “attack directed against any civilian population” means “a course of conduct involving the multiple commission of acts against any civilian population, pursuant to or in furtherance of a State or organizational policy to commit such attack.”

⁶ http://untreaty.un.org/cod/icc/statute/99_corr/2.htm

⁷ The mandate also asserted that “forced abortions or sterilizations carried out by State officials in accordance with coercive family planning laws or policies may amount to torture.”

http://www.ohchr.org/Documents/HRBodies/HRCouncil/Regularsession/Session22/A.HRC.22.53_English.pdf?u

⁸ Article 16 of CAT.

This paper is the result of the most extensive research that has been done on the subject to date. Spanning a two-year period, the research includes dozens of interviews with doctors, medical officials, and victims of the forced sterilization program. It draws on past media reports, analyzes government decrees, and reviews the program in the context of Uzbekistan's political situation.

Given the country's isolation and the government's sensitivity on the subject of forced sterilization, documenting cases of forced sterilization and interviewing victims has become extremely difficult. In early 2000, both victims and doctors agreed to speak on the record. Today interviews can be conducted only anonymously. Due to the considerable risk to the respondents, none of the identities of our interviewees can be revealed. Many of the interviews were conducted face-to-face during a three-week visit to the region in 2012. Others have been conducted more recently over Skype and through reliable sources working undercover inside Uzbekistan. In addition to in-depth interviews, more than 60 doctors from 11 regions of Uzbekistan participated in an anonymous survey on this subject. The evidence gathered through this research helps build a comprehensive picture of the program and examine its root causes.

This paper starts with the outline of the background of the sterilization program, reviewing Uzbekistan's contraception policy before and after the collapse of the Soviet Union. It then documents the current wave of forced sterilizations using interviews with both doctors and victims, as well as by analyzing the existing documents issued by the government of Uzbekistan. The next chapter examines the results of the survey among doctors and how it correlates with information derived from interviews and media accounts.

This paper also looks at the conditions in hospitals where the forced sterilizations are being carried out and examines the consequences of this policy. It attempts to analyze the official reasoning and actual motivation for the sterilization program. Lastly, the paper reviews the role the international community and international organizations play in Uzbekistan with respect to forced sterilization.

Since the most valuable evidence of forced sterilization is testimonial, extracts of interviews with patients and doctors are referenced throughout the paper. All of the names have been changed to protect the interviewees' security; sometimes locations are also not revealed for the same reason. All interviews with international workers and diplomats based in Uzbekistan were also conducted anonymously.

While stories of the victims are heart-wrenching and the cruelty of the system they have to deal with is often staggering, this paper also attempts to look at the larger socioeconomic context of modern-day Uzbekistan in which this program is taking place. In order to understand what is driving President Karimov, we first need to examine how the fusion of Soviet-style medical practices and the economic worries of an isolated authoritarian regime have given rise to a major and continuing episode of human rights violations.

THE UZBEK FAMILY, DURING AND AFTER THE USSR

“If you have one child you have none. If you have two children you have one.”

-Uzbek proverb

Uzbekistan is home to half of Central Asia’s population, and few things are as important to many Uzbeks as a large family.⁹ In Soviet times, this deeply-seated historical and cultural preference for large families (fuelled in part by economic reliance on agriculture) was further encouraged by government benefits.¹⁰ Soviet Uzbekistan produced record numbers of “*Mat’ Geroiania*”¹¹—the so-called “heroine” mothers who were awarded a medal and special status for having 10 or more children.

By the beginning of the mid-1980s, while continuing to honor large families publicly, the Soviet government also began to promote family planning in order to slow population growth in the Soviet republics of the Caucasus and Central Asia.¹²

Until the final years of the Soviet Union, when intra-uterine devices known as “coils” had become more common, much Soviet-style family planning amounted to one method: abortion. Ever since it was legalized in 1955, abortion was the preferred method of birth control throughout the Soviet Union. From 1956 to 1973 the number of abortions in Uzbekistan increased by 231 percent¹³ and by 1991 the abortion ratio was 39 abortions per 1,000 women of reproductive age per year.¹⁴

When the Soviet Union collapsed in the 1990s, Uzbekistan, along with the other 14 newly independent republics, embarked on a long and painful reform of its health care sector. Like all post-Soviet republics, the country faced the challenging task of restructuring a top-heavy, centralized system that lacked everything from the most basic equipment to training for medical staff.

⁹ According to the Government of Uzbekistan, the country’s population in 2012 was 29,559,100. This represents an increase of 435,700 over the 2011 population of 29,123,400. This figure is an estimate of the figures for January 1, 2012, and is provided by stat.uz, the country’s official statistics agency. Their data is based on sampling 10 percent of the population, rather than undertaking a traditional census – the last full census to cover Uzbekistan was the 1989 Soviet census. The *CIA World Factbook* estimated that Uzbekistan’s population in July 2011 was 28,394,180—700,000 lower than the official government estimate.

¹⁰ Cynthia Buckley, “Challenges to Integrating Sexual Health Issues into Reproductive Health Programs in Uzbekistan,” *Studies in Family Planning*, 37(3) (Sep. 2006): p. 157.

¹¹ All translations by the author unless indicated otherwise.

¹² Library of Congress; *A Country Study: Soviet Union* <http://rs6.loc.gov/frd/cs/sutoc.html>

¹³ Magali Barbieri, Elena Dolkigh, and Amon Ergashev. “Nuptiality, Fertility, Use of Contraception, and Family Planning in Uzbekistan,” *Population Studies: A Journal of Demography* (1996) 50: 1, 69-88.

¹⁴ Cynthia Buckley, Jennifer Barrett, and Yakov P. Asminkin, “Reproductive and Sexual Health Among Young Adults in Uzbekistan,” *Studies In Family Planning* (Mar. 2004): p. 4.

In the early 1990s, shortly after independence, the government also announced that family planning and improvement of maternal and infant health were its top priorities.¹⁵ It asked the international community to step in to help. Since 1995, Uzbekistan has received aid from several major donors, including the United States Agency for International Development (USAID), the United Nations Children's Fund (UNICEF), the World Health Organization (WHO), and the UN Population Fund (UNFPA), which aims to improve infant and maternal healthcare.¹⁶ In 2000, when Uzbekistan signed up to the Millennium Development Goals,¹⁷ the issue of maternal health became even more prominent, especially as the country's president, Islam Karimov, became personally interested in the subject. According to one healthcare worker in Uzbekistan, "The president himself is very supportive of all issues that have to do with maternal and children's health. It is genuinely a priority for the Uzbek government."

With the help of international organizations, the Uzbek government designed a number of programs to introduce modern contraceptive methods to Uzbek families. These programs soon yielded results.

One independent research study showed that by 2002, "73 percent of married Uzbek woman had used the IUD (intrauterine device), partners of 14 percent used condoms, and 13 percent were on the pill."¹⁸ By 2009, according to the government, abortion was no longer used as a method of contraception and the total level of abortions in the republic had decreased because "the population was now familiar with the various methods for preventing unwanted pregnancies."

A statement issued by the country's Ministry of Health read that while 13 percent of women of childbearing age used contraception in 1991, that number had reached 67 percent by the end of 2009. The use of contraception, the statement added, was almost equal in rural areas (69 percent) and urban areas (66 percent). The Uzbek health ministry underscored that IUDs are the most widespread method of preventing undesirable pregnancy, used by 61.9 percent of women of childbearing age, while hormonal contraception (oral tablets and injections) is used by 34 percent.¹⁹

¹⁵ Interviews with international organizations working in Uzbekistan and with the Ministry of Health, at: <http://www.gov.uz/en/helpinfo/healthcare>.

¹⁶ Library of Congress Uzbekistan Country Study: [http://rs6.loc.gov/cgi-bin/query/r?frd/cstdy:@field\(DOCID+uz0045\)](http://rs6.loc.gov/cgi-bin/query/r?frd/cstdy:@field(DOCID+uz0045)).

¹⁷ Millennium Development Goal 5 (MDG 5) is to improve maternal health, setting targets of reducing maternal mortality by 75 percent and achieving universal access to reproductive health by 2015. According to the World Health Organization, "So far progress in reducing mortality in developing countries and providing family planning services has been too slow to meet the targets." However, Uzbekistan has managed to meet the targets it has set.

¹⁸ Jennifer Barrett and Cynthia Buckley, "Constrained Contraceptive Choice: IUD Prevalence in Uzbekistan," *International Family Planning Perspectives* (Jun. 2007): p. 52.

¹⁹ <http://www.uzdaily.com/articles-id-11040.htm#sthash.JglhrR73.dpbs>

According to researchers Jennifer Barrett and Cynthia Buckley:

The rise in contraceptive knowledge and prevalence in Uzbekistan reflects the efforts of local, national and international groups. Several broad-based programs designed to expand contraceptive use and improve maternal and child health were initiated in the 1990s. In 1993, USAID launched a multisite Reproductive Health Service Expansion Program, which targeted rural areas and provided basic reproductive health training for healthcare workers, media-based education for the public and improved training in obstetrics. Nineteen International organizations began shipping contraceptives as material assistance, focusing on the injectable, the pill and the IUD. According to some USAID officials in Tashkent, the emphasis on IUDs was in response to requests from the Uzbek government, which ‘simply want[ed] more and more IUDs delivered.’²⁰

In the words of one Uzbekistan-based observer, the government has become increasingly “obsessive about family planning.” Despite the international insistence on giving women options when it came to contraception, Barrett and Buckley’s report shows that most women were not being offered genuine alternatives. Instead, Uzbekistan’s government developed what some describe as an “institutional preference for the IUD,” making it the most widely-used form of contraception. The prevalence of IUD use, however, should not be misconstrued as evidence that the IUD was somehow the freely chosen preference of women in Uzbekistan.

Barrett and Buckley’s report is critical of what it describes as a “coercive environment in gynecology clinics:”

...health professionals frequently reported that medical clinics, and in some cases even individual doctors, received unwritten directives regarding IUD insertion quotas; many mentioned links between compliance and clinic funding. Numerous women remarked that the IUD was the only contraceptive option offered in government clinics.²¹

Buckley conducted her field research in 2002-2003, just before activists in Uzbekistan started to ring alarm bells about another method of contraception that they said was being forced onto women in a similar manner. The method was called Voluntary Surgical Sterilization.

SURGICAL STERILIZATION

A woman in Uzbekistan who is seeking reproductive health services has a choice of three locations: a polyclinic, a hospital, or a so-called “Countryside Medical Station” (CMS).

²⁰ <http://www.gutmacher.org/pubs/journals/3305007.html>

²¹ <http://www.gutmacher.org/pubs/journals/3305007.html>

Polyclinics are outpatient facilities that offer general practitioner services and a few specialist services. Polyclinics and hospitals in Uzbekistan are a legacy of the Soviet Union. The Countryside Medical Stations, on the other hand, were established in recent years as part of government healthcare reform with the financial help of the World Bank. According to the official website of the government of Uzbekistan:

One of the priority directions of the healthcare reforms is to establish the countryside medical stations, supply them with the latest medical equipment and provide with qualified cadres. At the moment, there are 3,000 countryside medical stations in the country.

Initially, another part of this healthcare reform was the creation of a robust private healthcare system, but these efforts were largely obliterated in 2009 when the upper house of the Uzbek parliament adopted amendments to the law on “protection of citizens’ health” («Об охране здоровья граждан»). The amendments effectively banned private individuals from opening medical practices because of violations that had been recorded in small private clinics in 2009.²²

Today, some private clinics still exist in the big cities, but most of Uzbekistan’s struggling population cannot afford them. Doctors say that the corruption involved in the set-up and subsequent upkeep of a private practice makes it easier for doctors to receive “unregistered” income from their patients in state hospitals. Private healthcare is therefore virtually non-existent and, apart from several clinics in the capital Tashkent, the main providers of all reproductive health services in Uzbekistan are the state hospitals, polyclinics, and CMSs.

In all three of these healthcare settings, patients are very likely to come across posters distributed across the country by the UNFPA (the United Nations Population Fund) that provide information about contraception. Featuring young, healthy men and women with broad smiles, the posters talk about the importance of the informed choice of contraception. The UNFPA posters state that:

Reproductive rights—are the rights of couples or individuals to freely and responsibly decide on the number of children and the duration of the gap between the births and have access to information, knowledge and methods relevant to this issue.

The contraceptive options available, according to the World Health Organization and the Government of Uzbekistan’s official guidelines, include condoms, oral contraceptives, injections, IUDs, and voluntary surgical sterilization (VSS).

VSS is a surgical procedure in which a doctor makes a tiny incision and uses a laparoscope (a narrow lighted tube) to tie a woman’s Fallopian tubes. The procedure

²² Among the violations reported by Uzbek health authorities were failure to sterilize medical equipment, lack of hygiene, and incorrect disposal of materials; at <http://fergana.mobi/news/14692>.

is irreversible, which is why the World Health Organization describes it as suitable “only for women who are certain that they want no more children.”²³

In 2011, the International Federation of Obstetrics and Gynecology (FIGO) adopted new ethical guidelines²⁴ on the performance of female contraceptive sterilization, emphasizing that patients must be informed that sterilization is irreversible; that it cannot be justified on grounds of medical emergency; and that consent to sterilization must never be a condition for receiving other medical care or benefits of any kind.

“Aziza,” a lively 32-year-old woman from Samarkand, distinctly remembers seeing the bright UNFPA poster in her local polyclinic. However, she says she was never given any choice.²⁵

Aziza was 16 weeks pregnant with her third child when, in May 2009, she went to see a polyclinic obstetrician. The doctor said that because of her high blood pressure she was at risk of developing severe complications. She suggested an abortion followed by sterilization.

I didn’t believe the doctor. I felt fine and it was my third pregnancy so I was sure that the baby was all right. When the doctor told me all this, I got scared because I have heard of other women being forced to have their tubes tied. I always wanted to have four children and I did not want to have the abortion. But the doctor was putting a lot of pressure on me even though I felt fine.

Aziza’s mother, fearful for her daughter’s health, sided with the doctor. Aziza says she almost gave in to this pressure, but then decided to seek a second opinion abroad. She travelled to neighboring Kazakhstan, where doctors told her she had a “textbook pregnancy” (i.e., a healthy one). She gave birth to a healthy baby boy and is now pregnant with her fourth child. As she says:

In Samarkand they used to force IUDs on women and now they force sterilizations on us. They put us under so much pressure.

Aziza’s story is unusual only because it ended well. Aziza says she was fortunate to be financially independent, to have a supportive husband, and to have helpful relatives in Kazakhstan. For many other women, including dozens interviewed in the course of this research, similar pressure has resulted in tragic outcomes for them and their families.

In Bukhara, “Shahida,” a 34-year-old mother of two children, was having a routine check-up when her gynecologist suggested VSS. The doctor told her that the

²³ <https://apps.who.int/rht/documents/FPP94-2/FPP92.htm#Is%20reversal%20possible>

²⁴ FIGO, *Ethical Issues in Obstetrics and Gynecology*, October 2012, pp 122-126, available at: <http://www.figo.org/files/figocorp/English%20Ethical%20Issues%20in%20Obstetrics%20and%20Gynecology.pdf>.

²⁵ The interview was originally conducted for the BBC World Service/Radio on March 4, 2012, in Almaty, Kazakhstan.

procedure was reversible and that she could “untie the Fallopian tubes” anytime she wanted. Shahida signed the consent form and underwent the procedure. A year later both of her children were killed in a car crash. Shahida's marriage fell apart, but a couple of years later she remarried, went back to see her gynecologist, and asked him to make her fertile again. The doctors told her that it was impossible for them to “untie” her tubes. Shahida's second husband left her because she was infertile; four months after their divorce, she committed suicide.²⁶

Stories like this are common in Uzbekistan. Why would doctors perform such unnecessary, life-altering procedures on healthy women? According to the doctors themselves, it is because they often have no choice.

THE STERILIZATION PROGRAM—AN OVERVIEW

“Doctors are the ones who are the biggest victims. We are the ones who are forced to go from house to house, from one mahallah (neighborhood) to another, convincing women to be sterilized.”

-anesthesiologist from Uzbekistan.²⁷

The first cases of forced sterilization in Uzbekistan were reported as early as 1999, and the only organization that has managed to research the subject methodically and in-depth is the Tashkent-based Expert Working Group (EWG), a non-governmental organization that brought together prominent Uzbek journalists and human rights activists but ceased to exist in 2012 when one of its founders fled the country.²⁸ EWG, through a vast network of medical contacts, collected data on this issue from hundreds of hospitals across the country. According to this data, from 1999 to 2003 surgical sterilization was applied widely across Uzbekistan as a tool to control the birth rate.

The exact chronology of the sterilization program is impossible to pin down, as there is no paper trail that documents it directly. However, a number of government orders that deal indirectly with the subject, as well as testimonies of medical practitioners, provide enough of a timeline to show that since 1999 the sterilization program has come in waves, peaking in some years and slowing in others. The level of activity, it seems, has depended largely on verbal orders from the Ministry of Health in Tashkent.

²⁶ The source of this case study is a surgeon who treated Shahida the second time around. His account has been independently verified.

²⁷ This anesthesiologist from Uzbekistan wrote to the author after the BBC program on sterilizations was broadcast in April 2012.

²⁸ The Expert Working Group ceased operations due to pressure on its founder in mid-2012. All of the EWG research quoted here was conducted before May 2012.

The first of these verbal orders to sterilize came in 1999, according to doctors interviewed in the course of the research, but none of these early cases were ever reported in the media. Reports began to appear in 2002 and 2003, and soon after, the practice seemed to have slowed down.

The second wave of sterilization, again traced in interviews and media reports, began in late 2004 and early 2005. This time it was a whistleblower, a pathologist from the city of Andijan named Gulbakhor Turaeva, who brought the subject to the attention of the media and diplomats in the capital Tashkent.

Turaeva was working in the main morgue in Andijan when she noticed a sudden and dramatic increase in the number of amputated uteruses that her mortuary was receiving. The majority of them belonged to young, healthy women. She says she documented 200 amputations, which she deemed medically unnecessary, and then traced the women whose uteruses had been removed. The women, she wrote at the time, had all had hysterectomies that they didn't need and many of them didn't even know that they had had operations. When Turaeva went public with her findings and demanded an explanation from her supervisors, she was fired from her job. In 2007, she went to jail, accused of smuggling opposition literature into the country. A mother herself, Turaeva still lives in Andijan but refuses to be interviewed on the subject because she fears for her safety and the safety of her children.

More evidence of forced hysterectomies came from an Institute for War and Peace Reporting investigation (IWPR),²⁹ which focused on Andijan but cited a women's rights organization Ozod Ayol (Free Woman) that said it had also recorded cases of involuntary hysterectomies in other parts of Uzbekistan.

Khulkaroi Abdullaeva from Oltinkul told the IWPR that she had checked into a maternity hospital on February 17, 2005, to deliver her third child. According to Abdullaeva, "They tied a sheet around my stomach and started pulling on it until it tore. They tormented me and I lost consciousness." The baby was stillborn, and afterwards doctors performed a hysterectomy. When she left the hospital, Abdullaeva was still unaware this had been done. It was only when she got home and told her mother that she had not been fitted with an IUD, as is standard practice, that she learned she no longer had a womb. "Why did they make me an invalid?" she asked. "I wanted to have more children."

In 2007, following a number of similar articles in international and regional media, the issue of forced sterilizations through tubal ligation and hysterectomies was

²⁹ <http://iwpr.net/report-news/birth-control-decree-uzbekistan>

brought to the attention of the United Nations Committee against Torture.³⁰ It was around this time that the number of cases of forced sterilization appeared to fall.³¹

By 2009, reports once again pointed to a spike in sterilizations through tubal ligations; however, this time no hysterectomies were reported. In 2009, the media began reporting that doctors from the capital were being dispatched to rural areas to increase the availability of sterilization services. On February 15, 2010, the Uzbek Ministry of Health adopted Decree no. 40 on “New Regulations of Procedures for Voluntary Surgical Sterilization (further referred to as VSS) of Women of Reproductive Age in Uzbekistan.” The decree ordered clinics be equipped to perform surgical contraception but emphasized that the procedure must be carried out on a strictly voluntary basis.³² According to the Expert Working Group:

After adoption of this decree by the Uzbek Ministry of Health local Departments of Health in Tashkent city, Ministry of Health of autonomous Republic of Karakalpakstan and 12 provinces “adopted their own decrees and implementation plans. However, none of these alleged bylaws are available for public scrutiny and therefore these claims are impossible to verify.

In 2011, The Expert Working Group said their observations indicated that the government set verbal quotas on performance of VSS for local gynecologists at government-run hospitals and clinics.

Those differ—our observations demonstrate that in some cases it is applying the VSS on two women of reproductive age a month, and in some cases this number might reach up to four women. The doctors are obliged to persuade women to undergo the VSS. The above mentioned Decree no. 40 stipulates that the VSS should be performed based on an informed and voluntary decision of a woman and her close relatives (husband, in some cases even mother-in-laws in a traditional Uzbek society). The doctors responsible for VSS try to secure such voluntary and informed decisions from women and their relatives where possible by convincing them. But in most cases, in practice women are pressured, deceived or even threatened. In some cases

³⁰ <http://www.refworld.org/docid/4c74d2b81e.html>. In 2011 the UN again wrote: “The Criminal Code does not prohibit forced sterilization and removal of reproductive organs.” Allegedly, an internal (confidential) decree adopted by the Ministry of Health ordered the sterilization of women after their first or second pregnancy, and their reproductive organs to be removed. Removal of organs has also been carried out in the context of caesarean sections. Women who have undergone such removal of organs only found out about it once they started noticing their loss of feminine characteristics. As a result, some have been abandoned by their husbands. Uzbekistan has not officially adopted the “one-child policy.” However, the large number of cases of forced sterilization and removal of reproductive organs of women at reproductive age after their first or second pregnancy indicate that the Uzbek government is trying to control the birth rate in the country. http://www2.ohchr.org/english/bodies/cat/docs/followup/ngos/Veritas_Uzbekistan39.pdf.

³¹ Lack of official data means that these “waves” cannot be statistically backed up, but the patterns are noticeable if one compares the media reports against the testimonies of doctors.

³² See the following chapter for more detailed analysis of the ministerial decrees.

most husbands are outside of Uzbekistan due to labor migration, especially in rural areas, so the doctors have less difficulty convincing women. Our interviews with the Uzbek doctors indicate that VSS is also very often performed without the knowledge of the woman and her relatives in cases of surgery involving different diseases of women, e.g., myoma, sclerocystosis, surgeries on uterus, appendicitis, C-section, etc.³³

In 2012, the author of this report conducted extensive research for a BBC documentary and found that many of her findings corresponded with those of the Expert Working Group. All seven doctors interviewed for the BBC documentary spoke about pressure to perform the procedure. One doctor in a Tashkent hospital said:

Every year we are presented with a plan. Every doctor is told how many women we are expected to give contraception to; how many women are to be sterilized. My quota is four women a month.³⁴

Another doctor in a Tashkent polyclinic said she was relatively free of pressure compared to some of her colleagues:

I work in an upscale part of Tashkent and there is less pressure here, but I know my colleagues conduct on average four sterilizations a month. I have one, sometimes two and because I am well respected I don't get in trouble, and I don't get checked often. Here they send a commission only two or three times a year. In other clinics it's a lot more common. But it's easy to get into trouble with the authorities. If women on our watch get pregnant after the recommended age (mid-thirties), or if intervals between pregnancies are fewer than three years, then it's the doctors who get in trouble. It's done with women's interests in mind, but we are the ones who bear the responsibility.³⁵

All doctors interviewed say they have observed a dramatic increase in C-sections which they believe is linked to the sterilization program. According to the Tashkent obstetrician:

In Soviet times, C-sections were very carefully regulated and only performed if needed. Now we are seeing C-sections left and right. Sterilization after C-section is automatic; there is no need to get a patient's consent.

³³ 2012 email interview with one of the representatives of Expert Working Group.

³⁴ <http://www.bbc.co.uk/news/magazine-17612550>.

³⁵ According to an Institute of War and Peace Reporting article dated May, 18, 2005, Deputy Health Minister Assomidin Ismoilov confirmed that doctors in Uzbekistan were being held responsible for increased birth rates; at: <http://iwpr.net/report-news/birth-control-decree-uzbekistan>.

Another doctor, a chief surgeon at a different hospital in Tashkent oblast said:

On paper, sterilizations should be voluntary, but women don't really get a choice. It's very easy to manipulate a woman, especially if she is poor. You can say that her health will suffer if she has more children. You can tell her that sterilization is best for her. Or you can just do the operation.

Like several other doctors, the surgeon also said that in the last two years there has been a dramatic increase in C-sections, which provide surgeons with an easy opportunity to sterilize women. These doctors dispute official statements that only 6.8 percent of women give birth through C-sections. The chief surgeon from Tashkent Oblast hospital said:

Rules on Caesareans used to be very strict, but now I believe 80 percent of women give birth through C-sections. This makes it very easy to perform sterilization and tie the fallopian tubes.

A survey of a different group of doctors conducted by the Expert Working Group yielded similar results:

There is a strong motive for the local hospitals and birthing centers to lower the statistics on C-sections as it means the pregnant women in this locality have poor health and are not able to give birth naturally. That is a bad result for the local medical personnel and will have bad consequences for their careers. The Uzbek doctors point out the following reasons why more Uzbek women need C-sections during births: poor health and pre-birth nutrition and medical care, often caused because of lack of financial resources; the stressful life for most Uzbek women, because of the vast social-economic problems of everyday life, especially for women whose husbands are outside of the country for many years as migrant laborers. On the other hand, C-sections are a profitable business for the local doctors. Although the medical services in Uzbekistan are predominantly provided at the government run medical facilities and are free of charge in principle, in practice performance of each C-section implies patients paying bribes to doctors of \$80 to \$180 USD per operation. Moreover, C-sections provide a very good opportunity to sterilize a woman if she has more than two children. The doctors performing the C-sections benefit in both ways: they get bribes, and they contribute to raising the statistics on sterilization for their hospital.

In 2012, the Uzbek government refused all BBC requests for an interview on the subject; however, after numerous requests for comment, the Embassy of Uzbekistan in London finally responded by saying:

The allegations you refer to about 'women being forcibly sterilized' and 'widespread and systematic sterilizations' are completely wrong and, if broadcasted, will mislead your audience.

On April 24, 2012, after the BBC World Service and BBC Radio 4 aired the report, the Uzbek Ministry of Foreign Affairs published another statement denying the existence of any sort of program of sterilization. On its website, the ministry said that in 2011 only 7.2 percent of women of fertile age voluntarily used sterilization as a method of contraception. The statement also said that C-sections amount to only 6.8 percent of all births in Uzbekistan.³⁶

The broadcast, and the ministry's reaction, prompted the Expert Working Group to conduct another survey of doctors focusing on the number of sterilizations performed. The survey concluded that each hospital in Uzbekistan performs "10 to 30 sterilizations a month and that nearly 70,000 women were sterilized in 2011 either with or without the informed, voluntary consent of patients and families." Nearly 30 percent of these procedures, according to the group, were performed when women underwent "surgery or a different type of medical intervention not related to sterilization—cases of surgery involving different diseases of women, e.g., myoma, sclerocystosis, and other operations for appendicitis, women's inflammatory processes, C-section, etc."

The discrepancy between the government's position and the findings of the Expert Working Group and the BBC investigation is striking. However, an independent survey conducted as part of this research a year later in May 2013 revealed results that correspond to the findings of the EWG.

WHY STERILIZE?

Documents published on the Uzbek Ministry of Health's website make it clear that the government sees contraception as a matter of utmost national importance.

Why?

The answer to this question is multifaceted, but at its heart are two major issues: population control and Uzbekistan's public image.

Uzbekistan's population is officially estimated to be around 28 million people and growing. This growth, in conjunction with the failure of economic reforms, has put enormous pressure on the government. Rapid population growth is lowering calculations of gross domestic product measured per head of the population. Overpopulation is a problem because Uzbekistan also has meager amounts of usable land and is confronted by severe water scarcity.

³⁶ Sources at the Ministry of Health have informed me that since the broadcast, the authorities "classified" all materials related to the results of contraception efforts, although this information cannot be verified.

What makes the population control explanation less convincing, however, is the fact that nobody knows the actual population of Uzbekistan. The last census in the country was carried out in 1989, when the population was assessed at 20 million people. Considering the large numbers of people who have emigrated since that census, some demographers are skeptical about the official rates of population growth or the fact that they could be high enough to be the government's sole justification for a measure as drastic as a nationwide sterilization program. However, the measure makes a lot more sense once it is assessed in conjunction with another task which the Uzbek government sees as critical to its international reputation: lowering maternal and infant mortality figures.

The government of Uzbekistan has been criticized by the West for its widespread human rights abuses, its record of torture in prisons, its Stalinist political system, and its severe repression of the media and freedom of expression. However, one area where the Uzbek government has received some praise is maternal and infant health and the lowering of mortality figures. According to the government of Uzbekistan:

Uzbekistan annually increases the volume of the budget funds being allocated for the healthcare: compared to the year 1999 this indicator grew by 7.4 percent and accounted for UZS 480.8 billion. Over the past 10 years the total mortality rate in Uzbekistan has decreased by 22 percent, with child mortality indicators declining by 68 percent, and maternal mortality declining by 38 percent.³⁷

Critics dispute these figures, but the government is unquestionably proud of them. During his annual address two years ago, President Karimov designated 2012 as the "Year of the Family" and said:

Everyone is aware of how much effort and funds have been put toward the protection of motherhood and childhood, including the construction in the capital city and the regions of diagnostic, screening and perinatal centers, and new maternity complexes supplied with modern medical equipment.

In all regions of the country, practically the entire population is provided with medical examinations and ultrasound check-ups at countryside medical stations and specialized centers supplied with modern equipment...

It is hard to find analogies to preventive measures being adopted in Uzbekistan that protect the population's reproductive health by strengthening the health of pregnant women.

³⁷ These are internationally quoted figures. However, according to the World Health Organization, in Uzbekistan "healthcare is divorced from reality and somehow unable to tackle the true extent of existing problems due to non-transparency and unreliable data." See: http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_uzb_en.pdf. The media has quoted unofficial estimates that infant mortality remains high, at over 21 per 1,000 births.

According to a number of respected international institutions, Uzbekistan occupies one of the leading places among 125 countries of the world on the level of favorable conditions created for women and protection of motherhood.

The UNICEF Regional Office for Eastern Europe, Baltics and CIS recognized Uzbekistan to be the regional model on introducing programs in the area of protection of motherhood and childhood.³⁸

In speeches, in the media, and on its official websites, the government of Uzbekistan has used every opportunity it can to talk about its successes at lowering maternal and infant mortality figures.³⁹ Reproductive health is one of the very few spheres where the international community continues to be involved in a positive manner, and that gives Uzbekistan's isolated government an international legitimacy that it craves but can't find elsewhere.

Contraception is the key to lowering maternal and infant mortality, and before turning to sterilization, the government did try to implement other ways of preventing pregnancies. From 1997 to 1999, gynecologists would visit the cotton fields during the harvest season. They would set up mobile clinics in tents and examine all women, inserting IUDs in those who did not have them.⁴⁰ One woman, now in her late forties, remembered:

I was kicking and screaming saying I didn't want an IUD inserted as I wanted a second child but they literally held me down and inserted the spiral⁴¹ inside me. A week later, I managed to take it out myself but something went wrong. I was bleeding heavily but I was too afraid to go to a doctor and check what was wrong.

Doctors themselves recall that they often worked simply to fill the quotas, without the necessary equipment, and were unable to give proper examinations or provide a sterile environment. Sources at the health ministry say the practice stopped because of the mass complications (bleeding and infections) that many women began to

³⁸ http://press-service.uz/en/#en/news/show/dokladi/posledovatelnoe_prodljenie_kursa_na_1/

³⁹ In email correspondence with the BBC, the spokesperson for the Uzbek Embassy in London said: "The year 2012 is proclaimed as the Year of Family in Uzbekistan." A special government program was adopted which envisages a number of measures aimed at further improvement of healthcare of mothers and children; at:

http://mfa.uz/eng/press_and_media_service/dates/2012_family/2012.03.26_national_heritage.mgr. Save the Children, a UK-based international organization that protects children's rights, ranked Uzbekistan in 9th place globally in its report *Health Workers Reach Index*, published in September 2011; at: http://uzbekembassy.org/e/events_at_the_embassy/23039/

⁴⁰ This is based on media reports and testimonial evidence of doctors who participated in the program as well as the testimony of the women they treated.

⁴¹ A term commonly used for the IUD.

develop after having their IUDs inserted in the fields, or after taking them out themselves. That is when sterilization became an alternative to the mass insertion of IUDs.⁴²

The Ministry of Health source says that from 2000 to 2005, the ministry's initial “recommendation” was hysterectomy (removal of the uterus), which explains the increase in the number of C-sections recorded around that time. It also explains why Gulbakhor Turaeva, the Andijan pathologist, began receiving a large number of uteruses in her mortuary. After a scandal caused by Turaeva's decision to go public with her findings, and also because of the complicated nature of hysterectomies, the government changed its “recommendation” to laparoscopic sterilization instead. According to one doctor from Bukhara:

Part of the problem is mentality of our people, including the bureaucrats. They don't know how else they can stop women from getting pregnant. Nothing else has worked. They tried IUDs. They tried oral contraceptives. But none of us want to take up the risk of educating our patients. It's not worth the hassle. What is there to talk about if bureaucrats and officials themselves are ashamed to talk about issues like pregnancy, sex, and contraception, saying that it's not part of our mentality? It feels like the country is closing down on us. We are becoming a nation where people would rather die of shame than read or hear an explanation about methods of contraception. Until that changes, forced and secret sterilizations will carry on and no human rights advocates will be able to change the situation. It's easier to sterilize women than educate them, provide them with support for their children, work out, or build modern maternity wards. This is why I think sterilization will carry on.

This doctor brought up examples of two high-profile arrests in 2009. In one case, the leading HIV/AIDS activist Maxim Popov⁴³ was sentenced to seven years in prison for his activism and because his book on healthy living was deemed “inappropriate” and “immoral” by the Uzbek court. Another example was a jail sentence for the filmmaker Umida Akhmedova, who spoke up against Uzbekistan's customs around female virginity and was publically condemned for saying that the tradition of displaying bloodied sheets after the wedding night ruins women's lives. Both arrests coincided with a visible shift toward reassertion of patriarchal or “national” values of modesty, virginity, tradition, etc. Some Uzbekistan-watchers believe the government has been using the “excuse” of tradition to distance itself from public health policies recommended by international organizations. The arrests certainly went against the educational work of international organizations in Uzbekistan. In fact, several

⁴² To this day, IUDs remain the most popular contraception method in Uzbekistan and all of the women interviewed throughout this research say they have experienced pressure to have IUDs inserted.

⁴³ <http://www.theguardian.com/commentisfree/2010/may/12/uzbekistan-aids-shame-maxim-popov>

doctors said that following Maxim Popov's arrest they became cautious about educating patients on contraception.

THE 2013 DOCTOR SURVEY

In May and June 2013, working through an underground network of medical professionals inside Uzbekistan, the author conducted a survey of 54 doctors based in all 12 regions of Uzbekistan (Andijan, Bukhara, Fergana, Kashadariya, Khorezm, Namangan, Navoi, Samarkand, Syrdariya, Tashkent Oblast, Termez, and Zhizzak).

Randomly chosen obstetricians and midwife-gynecologists practicing at Countryside Medical Stations, polyclinics and hospitals were contacted and interviewed. Over 150 doctors were approached. However, despite very carefully phrased questions, only 54 agreed to take part in the interviews or fill out a written survey. Others said they did not want to "take any risks" in case their answers were not "satisfactory" and their handwriting could be identified.

None of the doctors who agreed to fill out the survey expressed any surprise or made any comments about the title of the survey, which read (in Russian) "Survey/Monitoring of VSS Program with the Aim of Protecting Maternal Health." In other words, none of the doctors had an immediate first reaction of disputing that the government sterilization program does indeed exist.

Of the 54 respondents, 13 worked at Countryside Medical Centers, 24 at polyclinics, and 17 at hospitals. They were asked to answer the following questions:

1. Do you participate in the government's program on Volunteer Surgical Sterilization?

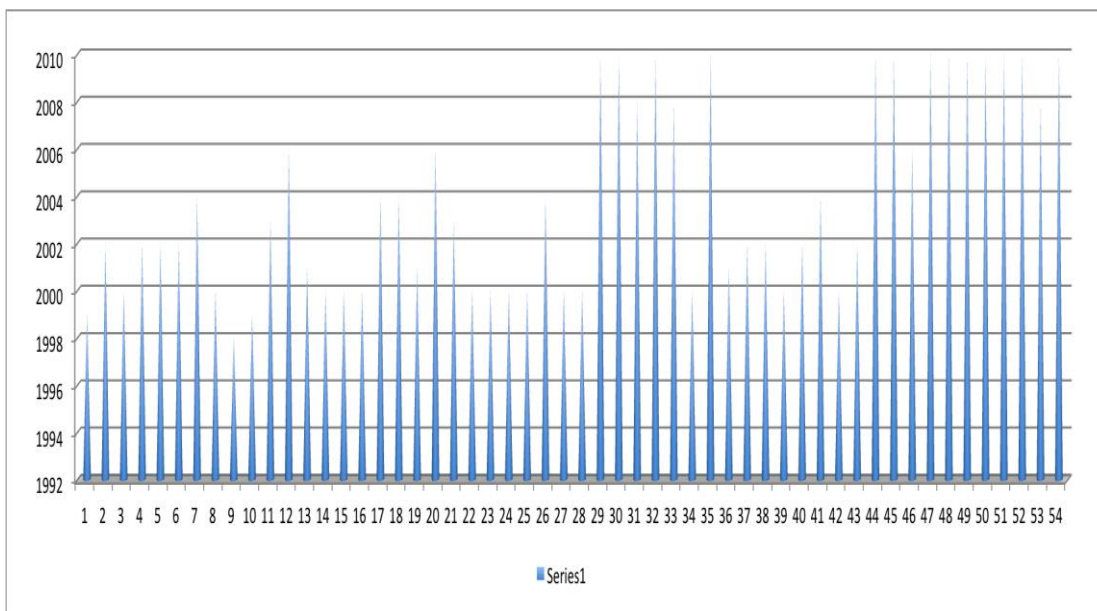
All 54 respondents answered "yes" to this question.

2. Since what year have you participated in the VSS program?

The answers to this question varied greatly depending on the year they cited; however, even this relatively small population sample reflects trends in the waves of sterilization since 1999.

For example, only one doctor in a Samarkand polyclinic said he started conducting VSS in 1998. Fourteen doctors in different regions said they began participating in the program in 2000 (when, according to media reports, the numbers spiked). Then there is a downward trend (three doctors said 2001, eight said 2002, two said 2003, and five said 2004). The years 2006 and 2008 each had starting-time confirmations from three doctors. In 2010, the numbers spiked again, with seventeen doctors naming that as the first year of their participation in the sterilization campaign.

The graph below illustrates the “waves” in the sterilization campaign.



3. Do you have the necessary technical equipment to conduct the procedure?

Answers to this question varied depending on the type of medical establishment. All doctors at polyclinics and hospitals in all 12 regions surveyed answered “yes,” but those working at Countryside Medical Stations in all regions answered “no” and clarified that they send patients to hospitals and polyclinics to have the procedure done.

4. Compared to the last few years, is the VSS program more or less active?

All 54 respondents said the sterilization program has become more active in recent years. Thirteen doctors estimated there has been a 10-25 percent increase in the number of patients who undergo the procedure. Others gave more general answers, describing it as “more active,” “a lot more active,” or “a lot better.”

5. How many VSS procedures did you conduct in the course of last month (May 2013)?

The answers varied from a minimum of two to a maximum of five women in the month of May 2013. Twenty-four doctors said they sterilized (or referred) four patients, making that the most common number across all geographic locations. Twenty doctors said the number was three. Three doctors said the number of patients sterilized was two, and seven doctors said they sterilized (or referred) five women, making the average of sterilizations per doctor 3.6 for the month of May 2013. Based on this average, the 54 doctors interviewed alone will have sterilized 2,332 women in 2013.

6. Do you feel supported by your supervisors when it comes to the VSS program?

Thirty doctors said they had the support of their supervisors when it came to the VSS program, but 23 answered “no.” Several of them explained verbally that there was pressure from above, not only on doctors, but also on administrators of the hospitals to conduct the procedures. One doctor answered “yes and no.”

7. Is it easy to get patients to agree to VSS?

Twelve doctors answered “yes” to this question, one answered “not always,” and the rest of the answers were either “no,” “difficult,” or “very difficult.”

8. As a medical professional, do you consider this program necessary?

Twenty-two out of the 54 doctors surveyed commented negatively; their answers included statements like:

- “I don’t support it.”
- “I am against it.”
- “It should not carry on.”
- “It’s a bad idea.”
- “It has a negative effect on maternity.”
- “I have no choice.”

Twelve doctors chose a neutral position, scribbling down “no comment” or “I don’t know” in response to the question. Nineteen doctors said they supported the program, with several describing it as “necessary” and saying that the program should carry on.

This survey provides by far the most extensive testimonial evidence to date of the existence and prevalence of the government sterilization program throughout the entire country. It shows that the program is not limited to particular geographic areas or institutions and that it takes place nationwide across the medical establishment.

While the size of the sample in this survey doesn’t give us a representative number from a strictly statistical point of view, it does support earlier findings by the Expert Working Group, as well as the testimonial evidence gathered through separate interviews regarding quotas for sterilization. While it continues to be impossible to measure the exact number of women who are being forcibly sterilized, the survey suggests that even according to the most conservative estimates, tens of thousands of women undergo the procedure annually. For example if 3,000 officially registered Country Medical Stations in Uzbekistan refer three to four patients to have VSS done per month, that means that 9,000 to 12,000 women would have been sterilized in May 2013 alone. This very rough estimate does not include those women who went directly

to polyclinics and hospitals without a Country Medical Station referral or women who undergo the procedure in non-maternity hospitals.

While the survey was conducted only among specialists (obstetricians and gynecologists), testimonial evidence suggests that non-maternity hospitals are also taking part in the VSS program. A chief physician interviewed in one emergency medical aid hospital in a northern province of Uzbekistan⁴⁴ said that “the subject of sterilization is the number one priority at all *pyatiminutkas*” (the five-minute morning planning meetings for all hospital staff). Here’s an extract from the interview:

Ours is a big hospital and on average we do six to nine sterilizations per day. The majority of these are gynecological patients, but women of fertile age who come in for other procedures are also asked to sign the consent form for tubal ligation. For example, if it’s appendicitis, or a cyst, or any other abdominal surgery, then we have to tie the tubes as well.

There are many medical professionals who speak in favor of the practice. A midwife in Tashkent said:

Women often don’t know what’s best for them. I have had patients who would pull out their IUDs and get pregnant even though they can hardly afford to support the children they already have. I think the government is right to make sure that they don’t get pregnant. We are doing them a favor.

The doctors surveyed disagree on whether it is right or wrong to perform sterilization without genuine consent, but they all agree that the number of sterilizations they are asked to perform is going up. The most conclusive result of this survey is the recent increase in the forced sterilizations of women across Uzbekistan.

DOCUMENTING THE RECENT WAVE OF FORCED STERILIZATIONS

There have been many rumors and reports about the existence of secret government decrees that set out very specific sterilization quotas. If such documents exist, they have certainly been kept well out of the public domain. However, a close look at a number of recently adopted, publicly available official decrees provides a fascinating insight into the world of the Uzbek healthcare system. These documents can be (and many doctors believe are) used to provide the legal basis for the sterilization program.

Most medical professionals, including sources at the Ministry of Health, believe that the current wave in the sterilization program began on April 13, 2009, when President

⁴⁴ This doctor has spoken out against sterilizations in the past and for fear of repercussions asked not to reveal the exact location of his hospital.

Karimov issued decree number 1096 called “On additional measures for the protection of the health of mothers and children and the development of a healthy generation.”⁴⁵

The decree does not even mention the words “contraception” or “sterilization”, but it does set out very specific tasks for medical professionals and healthcare administrators. One paragraph orders the creation of a government commission and assigns it to:

critically study the activities of women's committees at all levels and especially their activities in the sphere of prophylactic-explanatory work regarding the health of mothers and children; take measures to activate their work and increase personal responsibility of the women's committees, deputy khokims⁴⁶ of oblast' (provinces), cities and regions in solving this most significant task of national importance.⁴⁷

An official document titled *Manual on Protection of Mother and Child*⁴⁸ published in June 2009 provides further explanation of what is actually involved in the “prophylactic-explanatory work” that the Uzbek government considers of national importance. The manual says that special “dispatch brigades” (“*vyezdnie brigadi*”) have been formed in Uzbekistan in order to conduct “prophylactic-explanatory work.” The brigades that “work with the population” consist of midwife-gynecologists, a therapist, and a specialist doctor (the report lists specialists such as hematologists, endocrinologists, and cardiologists, among others). The brigades are dispatched to various parts of Uzbekistan (including remote areas) and given a number of tasks, including providing consultation on contraception methods (insertion of IUDs, oral contraceptives, injections, and voluntary surgical sterilization).

⁴⁵ О дополнительных мерах по охране здоровья матери и ребенка, формирование здорового поколения; at: <http://www.med.uz/documentation/detail.php?ID=1111>.

⁴⁶ This is the equivalent of a deputy mayor.

⁴⁷The original document in Russian reads: «критически изучить деятельность Комитета женщин всех уровней по проведению ими профилактически-разъяснительной работы по вопросам охраны здоровья матери и ребенка и принять меры по активизации их работы и повышению персональной ответственности председателей Комитетов женщин, заместителей хокимов областей, городов и районов в решении этой важнейшей задачи, имеющей общегосударственное значение».

⁴⁸ *Краткое руководство по охране здоровья матери и ребенка*»; at: http://www.minzdrav.uz/documentation/detail.php?ID=9752&sphrase_id=1052948

The official Ministry of Health website also offers a sample report card (образец для отчета)⁴⁹ for the “completed work on treatment of women of fertile age.” This table provides some interesting insights into the way the ministry operates.

Информация о выполненной работе по оздоровлению женщин фертильного возраста

районы и города	Осмотрено женщин фертильного возраста			Выявлено женщин с ЭГЗ	Оздоровлено	Охват контрацептивными средствами				Осмотрено детей от 0 до 14	Выявлено заболеваний	Оздоровлено
	Всего	Местными специалистами	Привлеченными специалистами			ВМС	ОК	ИК	ДЖК			

Translation for the title of the table above: “Information on completed work on treatment of women of fertile age. Addendum to Order no. 115 by the Ministry of Health of Uzbekistan from 16.4.2009.”

Doctors are expected to fill in the following data:

- the total number of patients of “fertile age”
- the number of patients examined by local specialists
- the number of patients examined by invited specialists
- the number of “extragenital illnesses discovered”
- how many patients have been “cured” (the language presumably implies “treated”)

The next column is divided into four cells and called “application of contraceptive measures.” While the column on illnesses asks only for general information, the column on contraception requires a lot more detail. Doctors are expected to specify the number of patients they have provided with each type of contraceptive: oral, injections, IUDs, and voluntary surgical sterilization. According to interviews with doctors, all hospitals are expected to fill out and send these report cards to their administrative centers, which in turn send them to the Ministry of Health in Tashkent.⁵⁰

⁴⁹ www.minzdrav.uz/site2/documentation/detail.php?pl=9037

⁵⁰ Sources at the Health Ministry say that since the broadcast of the BBC documentary about the sterilization program, the ministry has classified all of this data, making already difficult access to it completely impossible. It is impossible to verify whether or not the data is indeed classified.

Sources within the Ministry of Health of Uzbekistan say another significant document is the Ministry's own Order no. 130 called “Healthy mother–healthy child.”⁵¹ Although the decree itself does not mention sterilization, it contains seven addendums that regulate the work of the so-called “working groups” set up to strengthen the reproductive health of the population. According to Order no. 130, these “working groups” are controlled by regional headquarters or departments of the Ministry of Health that are accountable to the ministry’s central headquarters in Tashkent.⁵²

Order no. 130 and its addendums are what have created the nationwide program of “state contraceptive coverage of women of fertile age.” The order also creates permanent committees that ensure “control for the rational distribution, use of, and accounting for contraceptive measures.” The order stipulates that committees are obliged to report regularly to the ministry regarding the work they have conducted “using the form issued by the ministry on April 16, 2009, no. 115” (as shown on page 27.)

On February 15, 2010, the Ministry of Health issued Order no. 40 ordering all medical facilities specializing in reproductive health to be equipped for and able to offer voluntary surgical sterilization. This particular order was widely picked up by the media, largely because of the publicity given to it by the Expert Working Group, which issued a press release saying:

After adoption of the Order no. 40 by the Uzbek Ministry of Health, local departments of health in Tashkent City, the Ministry of Health of the Autonomous Republic of Karakalpakstan, and 12 provinces have all adopted their own decrees and implementation plans. Those bylaws are not available for public scrutiny, however. According to medical sources they set specific

⁵¹ The document reads: “Order no. 130 of the Ministry of Health ‘On measures for radical improvement of work of primary healthcare institutions’” which states that heads of subdivisions of the central apparatus of the Ministry of Health, the Minister of Health of the Republic of Karakalpakstan, the heads of healthcare divisions of Tashkent Oblast and Tashkent City, deans of medical colleges, directors of scientific-research institutes, specialized medical and scientific-practical centers, and the heads of the republic’s institutions, regional (urban) and medical unions are personally responsible for carrying out Presidential Decree no. 1096 from April 13, 2009, titled “On additional measures for the protection of the health of mothers and children and the development of a healthy generation” and the realization of all activities that this decree implies. (Original text: приказ : №130 Министерства здравоохранения «О мерах по кардинальному улучшению деятельности учреждений первичного звена здравоохранения», which says Персональная ответственность за выполнение Постановления Президента от 13 апреля 2009 года № ПП-1096 “О дополнительных мерах по охране здоровья матери и ребёнка, формирование здорового поколения” и реализации предусмотренных настоящим приказом мероприятий возлагается на руководителей структурных подразделений Центрального аппарата Министерства здравоохранения, Министра здравоохранения Республики Каракалпакстан, начальников управлений здравоохранения областей и ГУЗ г.Ташкента, ректоров медицинских ВУЗов, ТашИУВ, директоров научно-исследовательских институтов, республиканских специализированных медицинских и научно-практических центров, руководителей республиканских учреждений, районных (городских) медицинских объединений.)

⁵² Reportedly these “working groups” are different from the so-called “dispatch brigades.”

quotas on performance of voluntary surgical sterilization for local gynecologists at government run hospitals and clinics.

The press release also said:

Failure to abide by the order can result in serious problems for doctors and medical staff, including fines and punishment. In the current environment of mass unemployment, doctors are fearful of losing their jobs and almost always agree to fulfil the ministry's assigned quotas.

It is important to emphasize that Order no. 40 stipulates very clearly that VSS should be performed based only on the informed, voluntary decision of a woman and her close relatives (husbands, and in some cases, mothers-in-law). The order says nothing about quotas, fines for doctors, or any other forms of punishment. However, sources within the Ministry of Health insist that Order no. 40 comes with a secret addendum called “document of special purpose” («документ специального назначения» [ДСН]). According to a source who claims to have seen the document, it stipulates that doctors who exceed the set quota on sterilization will be given bonuses, while those who fail to fulfil the quota will be reprimanded.

IMPLEMENTATION OF THE PROGRAM

The so-called “secret addendum” to Order no. 40 remains elusive, but it certainly corresponds to the accounts of two doctors from Tashkent who said in interviews that they had been dispatched to the Fergana Valley in order to conduct up to 12 laparoscopic sterilizations per day. The survey of doctors and face-to-face interviews also leave little doubt about the pressure that doctors are under to perform the procedure. The following is an extract from an interview conducted in April 2013 with a chief surgeon at a large hospital in northern Uzbekistan:

Two weeks ago, at a *pyatiminutka* (morning staff meeting) our hospital administrator screamed at one of the doctors in front of several dozen colleagues, telling him that he was not fulfilling his sterilization quota. Such public shaming is very common.

Our quota is two women per month, per doctor. Those doctors who can't meet the quota in the first month have their salary cut by 40 percent. After the second month, they get reprimanded publicly in addition to receiving the salary cut. In the third month, they get fired. We are in an impossible situation: we are afraid to sterilize and we are afraid not to sterilize.⁵³

⁵³ Pressure on doctors in Uzbekistan takes many forms. For example, in March 2010, Eurasianet reported that the Ministry of Health adopted a decree requiring medical workers to apply for ministry

Nurses interviewed in the course of the research say they are forced to go from house to house convincing women to agree to sterilization:

We tell them that the procedure is reversible but also that they should take advantage of the fact that it's free now. We tell them, 'Look we have a great government that is offering this great procedure for free—in other countries you have to pay to have it done.' I know that it's not strictly true that it (procedure) is reversible, but I think it is in these women's best interest for them to protect themselves from getting pregnant again.

A doctor in the Bukhara region noted, "Every family has a weakness. In our country the authorities know what it is, and they exploit it during the 'prophylactory-explanatory work.'"

Research also shows that it is not only Uzbekistan's medical establishment that is involved in the sterilization program, but the entire machinery of the state. The neighborhood committees (*makhalinskyie komiteti*) are heavily involved in identifying and often pressuring women to undergo the procedure. In some instances law-enforcement agencies also help to "convince" women to get sterilized by putting pressure on them or their family members. According to some testimonies, female doctors in rural hospitals are often "asked" to get sterilized and to then use their personal example as a way of convincing their patients to undergo the procedure. Refusal to succumb to pressure can result in dismissal.⁵⁴

Thirty-two-year-old 'Saodat' (name changed) in the Samarkand region had three daughters. Her husband, like many men in Uzbekistan, had gone to work in Russia, so money was tight and she decided to find a job in a local nursery. However, the director of the nursery said she would accept the job application only if Saodat provided a 'certificate' of sterilization, in other words, a written confirmation that she had been sterilized. Desperate to get the job, Saodat agreed. A certificate of sterilization and a bribe got her the job she wanted. But a few months later her husband returned from Russia, found out about the sterilization and left her.

Interviews with three women from the Fergana Valley uncovered similar stories. In all three instances, the women were looking for jobs in government institutions (one local administration and two schools). Some women interviewed in the course of this

permission to travel abroad. This is in addition to obtaining an exit visa required for all citizens; at: <http://www.eurasianet.org/node/64509>.

⁵⁴ It was impossible to find a doctor to whom this had happened, so all evidence of this is indirect. Several male doctors said they knew female colleagues that this happened to. Interviews with victims also reveal instances of mothers losing jobs and threats to close down small businesses if a family member does not sign the consent form.

research said they were told that they would be denied government welfare benefits if they failed to provide a *spravka* (certificate) confirming that they had been sterilized.

Others said they had been tricked into having the procedure done. After she had her second baby, 23-year-old “Nargiza” from Kokand could not get pregnant. An ultrasound medical examination in Tashkent showed that after her second delivery doctors had used the C-section procedure as an opportunity to tie her Fallopian tubes. Nargiza and her husband wanted to sue the doctors in Kokand, but before the case even went to court, doctors produced a consent form that Nargiza had signed. Nargiza said:

I signed that form when I was sedated and going into the operating room. The doctors told me that it was simply a thank you letter to the hospital.

While working on the BBC investigation into Uzbek sterilization practices in 2012, the author of this report interviewed several women who said they were tricked or forced into signing consent forms, and six other women who said they had been sterilized without their knowledge. All of them already had two children, and all found out about their sterilization only when they tried to get pregnant again. All had given birth through C-sections. While three women had been sterilized laparoscopically (through the tying of the Fallopian tubes), three of them had full hysterectomies. Interestingly, all three women who underwent hysterectomies were ethnic *Luli*, the Uzbek term for Roma people, from the Bukhara region. Each of the Roma women said she knew several other women who had been sterilized.

One doctor in Bukhara explained that ethnicity can influence when the sterilization program is applied to different women. For example, citizens of Russian origin are unlikely to be forced to have the procedure, especially since they tend to have smaller families. Uzbeks, on the other hand, are targeted for it, while the most vulnerable groups like Roma often stand no chance of avoiding sterilization. The doctor in Bukhara said:

Luli (Gypsies) are useful for fulfilling quotas because doctors don't even need to work to get consent out of them. They know that Gypsies will not sue or get them in trouble so if a Gypsy woman gives birth, often even after one child, she will be sterilized.

A nurse in Tashkent defended the practice by stating: “They use their children to beg so they are better off without them.”

As a result of these operations, the women this author interviewed not only lost the chance to have more children, they also had their health destroyed, as even simple procedures in Uzbekistan can result in medically dire consequences. All three women described the agonizing consequences of their hysterectomies: pain, bleeding,

dizziness, and headaches.⁵⁵ Two of them could no longer work and all three of them were abandoned by their husbands when they found out they were no longer fertile.

COMPLICATIONS AND CONSEQUENCES

Across Uzbekistan, many of the country's Soviet-era hospitals suffer from a severe lack of equipment and resources. Some doctors say they are missing the most basic things like rubbing alcohol or sterilizing substances. Patients are routinely told to bring medication that needs to be administered in hospital. Lack of hygiene, too, has been an issue⁵⁶ and doctors say all medical staff, especially those in rural settings, lack training. Although laparoscopic sterilization is a relatively easy procedure, it can cause complications if performed incorrectly. These complications can result in heavy bleeding, irregular periods, and even subsequent pregnancies. One senior doctor who has researched the subject of forced sterilization in Uzbekistan said:

Considering the conditions we are working in, a mass sterilization program can only lead to a mass mutilation of women.

The research for this report revealed that many women have suffered a great deal after undergoing the VSS procedure. Below are a few case studies collected by several doctors in Uzbekistan:⁵⁷

'Nasiba,' a 28-year-old mother of two, works as a school teacher while her husband has a small stall at a local market. In 2012, Nasiba was told that she would lose her job and her husband would have problems if she did not get sterilized. She agreed to undergo the procedure, but the doctor who was not adequately trained at using a coagulator burned her back. Although the initial procedure was free, Nasiba's subsequent treatment cost the family all the money that they had saved. Her husband wanted to launch an official complaint against the doctors, but he was threatened by the local authorities and told that he would be arrested if he went public with the case. Authorities also provided him with a small amount of financial compensation.

A 31-year-old mother of two in Karasu, Andijan Oblast, had an abortion. Before the procedure, doctors convinced her to get sterilized and she signed a consent form without telling any of her family members. Four months later, she started experiencing sharp pain on the right side of her abdomen. She

⁵⁵ <http://www.bbc.co.uk/news/magazine-17612550>

⁵⁶ Conditions in hospitals became public when reports broke out of mass HIV infections, with children among the infected.

⁵⁷ The location is not given if a patient or medical source who shared the information specifically asked us not to reveal the geographic location of the case.

was diagnosed with Hepatitis B and told that her liver was quickly disintegrating. Her husband's blood tests came back clear and another doctor said she was likely to have been infected during the abortion or subsequent sterilization. The hospital refused to treat her for free or provide medication. When her husband complained to the local administration, he was advised against launching a formal complaint. He is currently spending all of his money on palliative care for his wife.

A 28-year-old mother of three boys in Fergana Oblast was trying to get pregnant with her fourth child. Doctors told her that she had an ovarian cyst that had to be removed in order for her to get pregnant. She agreed to surgery and signed a surgery consent form which did not provide details of the operation. A few months after the surgery, she was still unable to get pregnant and started to feel heaviness in her lower abdomen. An ultrasound revealed that her cyst, which had never been removed, had grown while her tubes had been tied. A few months later she was also diagnosed with Hepatitis B. She says she is too afraid to have another surgery to remove the cyst.

'Manzura,' a 30-year-old mother of three from Samarkand had a small shop. She was visited several times by a local midwife from countryside medical station and a representative of the *makhallinskiy komitet* (a local governing body). They tried to convince her to have a VSS, saying that the procedure was free at the moment and that hospitals would soon start charging fees for it and she would have to pay because she would be forced to be sterilized anyway. Eventually she agreed. She was taken to the local hospital and without any sort of preliminary examination was taken into the operating. Manzura died during the procedure, from an embolism, a possible complication from the routine practice of using CO₂ in the abdomen during the laparoscopic procedure. Her husband was told that she had a tumor and was 'advised' not to complain.

Every one of the dozens of Uzbek women interviewed in the course of this research said she was afraid of giving birth in a hospital in Uzbekistan. Several women who could afford to travel said they chose to have their babies in Russia or neighboring Kazakhstan because they felt safer with doctors there. These are places where women believe the levels of care are better and the amount of pressure is lower. The greatest and most pervasive concerns, particularly among women in Uzbekistan's poorer, more rural areas, are fears of an unnecessary C-section and subsequent sterilization. Although there is no official data, there is strong testimonial evidence of a dramatic increase in the numbers of women who chose to give birth at home in order to avoid the risks associated with hospital visits.

INTERNATIONAL ACTORS OVERVIEW

One of the most striking discoveries of this research is the fact that despite a vast number of media reports over the last decade, all of the international organizations contacted (apart from UNICEF, which did not respond to any requests for interviews or background briefings) said they had not known about the existence of the forced sterilization program until the BBC report was published in April 2012. This is despite the fact that there was a stream of media reports over the years about forced sterilization in Uzbekistan.

In order to understand the work of these organizations, their efforts must be reviewed in the context of Uzbekistan's international standing. While geopolitics and reproductive health may seem to be entirely separate issues, it is impossible to comprehend the logic behind the policy of sterilization without understanding Uzbekistan's position internationally.

In the early 1990s, in the immediate aftermath of the collapse of the Soviet Union, the conventional wisdom dictated that Uzbekistan was the most likely Central Asian republic to succeed as an independent state. With its size, its resources, and its manpower, the country seemed poised to become the powerhouse of the regional economy as Central Asia's most populous and most prosperous state.

Uzbekistan's size and potential prompted the United States and Europe to pursue close ties with the country in the early 1990s by providing tens of millions of dollars of development aid and military assistance to the government of President Karimov.⁵⁸ The country also saw an influx of international organizations, including many working in reproductive health.

After the 9/11 attacks in 2001, military cooperation with Uzbekistan came to the forefront of the U.S.-Uzbek relationship, as Uzbekistan offered over-flight and basing rights to U.S. and coalition forces. By 2002, as Tashkent's poor human rights record became increasingly apparent, the relationship deteriorated, and from 2004 foreign aid⁵⁹ began to decrease significantly.

⁵⁸ Most of the aid was military. According to a recent Congressional report, cumulative U.S. assistance budgeted for Uzbekistan in FY1992-FY2010 was \$971.36 million (all agencies and programs). Of this aid, \$393.0 million (about two-fifths) was budgeted for combating weapons of mass destruction (including Comprehensive Threat Reduction aid) or for Foreign Military Financing. Food, health, and other social welfare and humanitarian aid accounted for \$222.4 million (nearly one-fourth), and democratization aid accounted for \$174.1 million (nearly one-fifth). Budgeted assistance was \$11.34 million in FY2011 and an estimated \$12.94 million in FY2012, and the Administration has requested \$12.595 million for FY2013 (numbers include funds from the Assistance for Eastern Europe, Eurasia, and Central Asia Account and other "Function 150" foreign aid, and exclude Defense and Energy Department funds); at: <http://www.fas.org/sgp/crs/row/RS21238.pdf>.

⁵⁹ First the European Bank of Reconstruction and Development decided to scale back aid to

The watershed moment came in the following year, in May 2005, when President Karimov's troops opened fire on thousands of demonstrators in the city of Andijan in the Fergana Valley. The UN declared it the biggest massacre of civilians since China's Tiananmen Square. Up to 1,000 people may have been killed. President Karimov resisted calls for an international inquiry and responded instead by clamping down on further dissent and shutting down the U.S. military base in Uzbekistan. For their part, Washington and Brussels imposed sanctions on Uzbekistan and banned some of Karimov's ministers implicated in the Andijan events.

By 2008, however, the political climate once again began to change with President Barak Obama's presidential victory and the U.S. pledge to end the wars in Afghanistan and Iraq. As Washington started to look for ways out of Afghanistan, several high-ranking U.S. officials visited Uzbekistan between 2009 and 2012. Relations with Europe warmed even earlier, when Brussels lifted sanctions against Uzbekistan during Germany's EU presidency.

The change in Western policy toward Uzbekistan is driven by geopolitical interests, in particular the war in Afghanistan. President Karimov interpreted the West's cautious change of heart as a political triumph and, analysts believe, used it to legitimize and strengthen his rule. It also affected the ability of those who oppose the sterilization program to confront the authorities. Several doctors said that in the last two years they have tried to draw the attention of the British, German, and U.S. embassies to the problem, but the doctors' requests and letters were ignored. One senior diplomat in Tashkent described media reports about forced sterilization as "unhelpful" to Western interests in Uzbekistan.

Even at the lowest points in the relations between Uzbekistan and the West, reproductive health still remained somewhat of a "safe topic," a subject that the opposing sides could agree on. The stated effort of the government to improve the health of mothers and children in Uzbekistan was something the international community wanted to help with and could applaud. Reproductive health quickly turned into a way of keeping the world involved in Uzbekistan as the country was experiencing a time of political isolation from the West.

For its part, the government of Uzbekistan placed enormous importance on the state of the health of its women and boasted about its cooperation with international organizations and its alleged record in lowering maternal and infant mortality figures (see page 19). In other words, the entire sphere of reproductive health became the only measure of Uzbekistan's international success, which gave it enormous political significance domestically. According to one diplomat based in Tashkent:

Uzbekistan because of its poor human rights record.⁵⁹ Then in July of 2004, the U.S. State Department withdrew most of its aid after it was unable to certify that Tashkent had made progress in rectifying human rights abuses.

You can't underestimate the importance that the government places on maternal and infant mortality figures. Not because it necessarily cares about women, but because they use it as a way of telling us (the international community)'Look, we have real achievements.'

Over the last few years, the international community has significantly scaled down the number of programs that work in the field of reproductive health in Uzbekistan. Today, the three major actors still operating in this area are the World Health Organization, The United Nations Population Fund, and UNICEF (The United Nations Children's Fund).

The World Health Organization (WHO) established its country office in Uzbekistan in 1995. It currently runs five key technical programs that address HIV/AIDS and other sexually transmitted infections, tuberculosis, mental health, vaccine-preventable diseases and immunization, and maternal and child health. According to its website, "the WHO works with the relevant departments in the Ministry of Health through national counterparts to ensure the highest possible degree of national ownership."⁶⁰

The WHO's role in Uzbekistan is largely that of an advisor to the government. The WHO works on capacity-building in local clinics and hospitals, and the program's technical officers often travel to the country's various regions. In terms of the data and statistics it uses, like all other international organizations, the WHO relies entirely on data provided by the Uzbek government.

The UNFPA (The United Nations Population Fund) is a key player in the area of reproductive health and contraception. Its website reads as follows:

Prior to the UNFPA's interventions, Uzbekistan did not have a proper system for logistics management of contraceptives. Forecasting and distribution were done at central level, based on outdated techniques and methodology. Starting from 2005, the UNFPA stepped in to support national efforts to establish a new Contraceptive Logistics Management Information System (CLMIS) in Uzbekistan.

When it comes to reproductive health, the UNFPA's key role lies in providing logistical support to the government of Uzbekistan, such as training programs, educational materials, equipment, and commodities (including contraceptives). UNFPA programs aim to raise awareness and educate the population about their contraceptive choices.

Unlike the WHO, which plays a largely advisory role, and the UNFPA, which is mostly preoccupied with logistics, UNICEF is the most visible and in some ways the most vocal player in matters of reproductive health. It is an important participant in the government of Uzbekistan's "Healthy Mother-Healthy Child" program, and in

⁶⁰ <http://www.euro.who.int/en/where-we-work/member-states/uzbekistan/areas-of-work>

2008, UNICEF and the European Union launched a joint program with the government called “Improvement of Mother and Child Health Services in Uzbekistan (IMCHS).” On July 19, 2012, the three players signed a tripartite agreement for the implementation of phase II of the program. According to a UNICEF press release:⁶¹

The agreement marks a continuation of the successful partnership between the Ministry of Public Health, UNICEF and the EU. The implementation of phase I of the IMCHS Development Cooperation Programme, from 2008 to 2011, has significantly contributed to health sector reform, particularly in the areas of mother and child health.

According to the government, 17,000 health workers were trained in the first phase of the project. The second, current phase, which is valued at more than €5.7 million,⁶² is implemented across Uzbekistan with the aim of

building the capacity of the health workforce to deliver comprehensive, state-of-the-art care in accordance with international standards. It will improve curricula, implement best practices, and improve supply and logistics planning.

And yet, despite the active presence of these international organizations and consistent media reports about forced sterilization, these groups do not seem to have the issue on their agendas for working in Uzbekistan’s reproductive health sector.

According to several sources in Tashkent, after the BBC aired the documentary on forced sterilizations, organizations working in reproductive health raised the issue with the Ministry of Health. According to one source, the Ministry has assured the international organizations that “nothing of the sort was happening in Uzbekistan.”

It is not clear whether any of the international organizations followed up with their own investigations. When asked about the absence of a follow-up, one of the representatives said: “We work in a very sensitive political environment. We try to encourage desired behavior of health providers, but we are not in a position to dictate or punish.”

It is important to remember that the hands of the international community in Uzbekistan are tied both by its desire to retain a presence in the country as well as by multiple restrictions imposed on its representatives working in the country. Foreign workers must give the government advance warnings before they can travel in the field. Off the record, international staff members working in Uzbekistan say they are concerned about the reports, but due to the risks involved for them and especially for

⁶¹ UNICEF press release, July 19, 2012; at: http://www.unicef.org/infobycountry/uzbekistan_65378.html

⁶² Most of this money comes from the European Commission, which has contributed €4.9 million. UNICEF’s contribution is over €818,000; at: http://www.unicef.org/infobycountry/uzbekistan_65378.html.

their local staff, they have not managed or tried to gather evidence of sterilizations independently. These staffers say they have expressed their concerns to the Uzbek Ministry of Health and were assured that sterilizations were not taking place. As one of the representatives put it, “We are not here to dictate.”

While this position can be viewed as understandable, the problem appears to be that the cooperation between the government and the international organizations and their praise for Uzbekistan’s achievements has in fact pushed the government of

Uzbekistan to try even harder to meet its reproductive health goals by pursuing quick-fix solutions such as forced sterilizations. There is, in fact, a historical precedent for such behavior by international organizations. In his book *Fatal Misconception*, which deals with global population and family planning programs, Matthew Connelly notes that the UNFPA jointly awarded Indira Gandhi and Xinzhong Qian of China with the first-ever United Nations Population Award in 1983 for their implementation of family planning programs, which included forced sterilizations.⁶³

There are many examples of such international praise of Uzbekistan. For example, in May 2011, UNICEF published a press release⁶⁴ on the visit of EU parliamentarians to Syrdarya Province titled “European Union Parliamentarians See Improving Maternal and Child Health in Uzbekistan.” Doctors surveyed in Syrdarya region, including those at a clinic visited by the EU delegation, say they participate in the government sterilization program. The press release, however, did not mention this, and instead largely focused on the positive:

The EU parliamentarians were pleased to learn about that an effective use of resources was making strides in improving healthcare in Uzbekistan. The UNICEF Representative in Uzbekistan Jean-Michel Delmott said the success of the project to date was testament to commitment of the Ministry of Health and the collaborative approach taken by the project partners in ensuring a transparent, coherent and coordinated implementation.

Interviews conducted for this report with international organization representatives revealed that while they have heard persistent rumors about the practice, they lacked either the ability or the will (and sometimes both) to investigate these rumors further. One representative said:

There are a lot of rumors, let’s not forget that no health system is perfect. It’s not our mandate to scold.

⁶³ Matthew Connelly, *Fatal Misconception* (Belknap Harvard 2008): p. 350.

⁶⁴ http://www.unicef.org/infobycountry/uzbekistan_58414.html

Another noted:

This is a country where you constantly look for openings for dialogue. You can only push so far.

Given the dire state of healthcare in Uzbekistan and the entirely unreliable figures provided by the Uzbek government, many doctors, human rights activists, and Uzbekistan observers interviewed in the course of this research questioned whether this “dialogue” is of any value.

Human rights activists and doctors in Uzbekistan also have questions about the ethics and morality of the positions taken by international actors. Several doctors interviewed said they have routinely tried to contact embassies and international organizations working in Uzbekistan to provide them with evidence of forced sterilizations but never received any response.

Overall, it is difficult to assess the actual impact of the presence of international organizations in Uzbekistan on the country’s reproductive health system. International organization representatives in Uzbekistan say there has been a significant improvement in the way the healthcare system is managed and run. As referenced in the first chapter of this report, there has been a positive change in the availability of contraceptives, introduced due to the work of international organizations. However, these same representatives admit that many of their conclusions and their praise for the Uzbek government are based on what one of them called the “entirely unreliable” statistics provided by the state.

CONCLUSIONS

- The Government of Uzbekistan is running a program of mass sterilization of women of reproductive age that violates international law and international human rights standards. The sterilization program is not based on ad hoc decisions of individual hospitals, but on a centrally-regulated policy that includes incentives and punishments.
- The program has developed in waves and has evolved since 1999; while the extent of its enforcement has varied, contrary to regional media reports, the government has never entirely abandoned it.
- Human rights activists have regularly talked about “phases” in the program to sterilize women and have suggested that there is a centralized “government list of identified victims.” However, there is no evidence that such a list exists. All women of reproductive age who have delivered two or more children are potential targets of the program. Those most likely to be sterilized are women of lower socioeconomic status and women from marginalized groups such as

the Roma. While quotas may be set centrally, the vast scale of the sterilization campaign is also due to attempts by local health administrations to outperform one another in order to please the central authorities.

- Doctors are held responsible for fulfilling the quotas set by health administrators and are under huge pressure to perform these procedures. However, there is also clear evidence of support for this policy among doctors and medical professionals.
- The international community's close cooperation with the government of Uzbekistan in the sphere of reproductive health, its continuous praise for official "reforms" in this area, and its acceptance of the government's assurances that forced sterilization is not happening have implicitly encouraged the government of Uzbekistan to continue this practice.