Forced Sterilization and Romani Women’s Resistance in Central Europe
By Gwendolyn Albert

Editors’ Note: Recent years have seen a disturbing increase in violence against Romani people in Europe, along with other groups of people considered socially marginalized. Police brutality and forced relocations of Romani communities have received some coverage in the United States – but far less attention has been paid to the issue of forced sterilization. In this issue of DifferentTakes, human rights activist Gwen-dolyn Albert writes about the history of reproductive violence against Romani communities in the Czech Republic, Slovakia and Hungary, and shares new International Federation of Gynecology and Obstetrics (FIGO) guidelines on sterilization for reproductive justice activists to publicize and use.

— Co-editors Katie McKay Bryson and Betsy Hartmann

Tubal ligation, a surgical technique first proposed in early 19th century England, has been promoted as a permanent birth control method ever since. While voluntary sterilization is an important contraceptive option, tubal ligation has also been forcibly performed upon women in marginalized populations worldwide, motivated all too often by frankly eugenic considerations.

Sterilizations performed against the will or without the knowledge of the patient go by many names: forced sterilization (when a patient is never consulted or informed about the sterilization); coercive sterilization (when patients are threatened or offered incentives to undergo sterilization); and involuntary sterilization, which is sometimes used to speak about both forced and coerced sterilization. I prefer the term forced sterilization to describe all of these circumstances, as it most accurately represents the power dynamic involved when individuals are manipulated to produce an outcome they did not desire. The experience of Romani women in Europe is a case in point.

With a conservatively estimated population of 10 million people, the Romani are Europe’s largest ethnic minority. Their forebears are posited to have come to Europe from India more than a millennium ago, when they were defeated in warfare against the Ghaznavid rulers of Persia around 1000 CE. After being brought to Armenia and Anatolia as soldiers and servants, they migrated further west and were enslaved between the 14th and 19th centuries in present-day Romania. The Roma also emigrated to the Americas and Australia with other Europeans.
The 20th century saw them racially targeted by Nazi Germany for annihilation, and many perished during the Holocaust. In the postwar period, most Romani people in Europe lived under communist rule throughout the Soviet bloc. Since 1989, when most countries in that region began a transition to democratic governance and market economies, members of the Romani minority have experienced a profound degradation in life expectancy, social status, and standard of living. They have also been the targets of deadly pogroms committed by neo-fascist and neo-Nazi groups, and forced evictions involving police brutality throughout Europe. Forced sterilizations occurred during and after communist rule in the Czech Republic and Slovakia and during the past decade in Hungary.

**Czech Republic**

In communist Czechoslovakia, Romani women were forcibly sterilized beginning in the 1970s, a practice continuing after the 1989 transition to democracy and the 1993 breakup of the country into the Czech Republic and Slovakia. The Czech ombudsman has estimated that, since the 1980s, as many as 90,000 women may have been affected throughout the former Czechoslovakia. 

During communism, tubal ligation was disproportionately promoted to Romani women by social workers – to address what was officially termed their “high, unhealthy” reproduction rate compared to non-Romani women – using either the promise of financial incentives or the threat of various sanctions to coerce or force compliance. After the Czechoslovak Prosecutor-General reviewed these incidents post-1989, incentive payments for sterilizations were discontinued. Subsequent instances of forced sterilizations didn’t involve social workers; instead, doctors sterilized Romani women during C-section deliveries, often telling them that not only the C-section but the sterilization itself had been “emergency, life-saving” measures.

In November 2009, the Czech Government expressed regret for “individual failures” in the performance of sterilizations by tubal ligation. The practice had been described as genocidal by dissidents with the Charter 77 organization in communist Czechoslovakia, and following 1989, complaints about the program were filed with the ombudsman (the Public Defender of Rights). After ordering a Czech Health Ministry investigation, he critiqued the ministry for failing to conclude that the documented procedures violated not only human rights, but the law.

The ombudsman’s report became the basis for international human rights bodies’ recommendations that the Czech state take urgent action to redress the victims of forced sterilization. Yet criminal investigations into these incidents were shelved and none of the perpetrators have been subjected to civil, criminal or professional sanction. Civil lawsuits brought by individuals have only rarely resulted in compensation awards due to statutes of limitations.

**Slovakia**

Romani women were also forcibly sterilized in the Slovak part of Czechoslovakia starting in the 1970s. Dissidents monitoring these incidents reported that in the region of East Slovakia, more than 1,000 Romani women and girls were sterilized during a single year in the 1980s. By 2002, Romani women were still being sterilized without their informed consent, according to human rights activists. The government investigated for “genocide” and found no evidence of it; yet international observers, including the U.S. Commission on Security and Cooperation in Europe, called the investigation flawed because human rights activists and potential victims were threatened with criminal charges for speaking out. In that same year, the Council of Europe’s Commissioner for Human Rights said he found the allegations credible, recommending that the government “offer a speedy, fair, efficient, and just redress” to the victims. The Slovak Government has yet to act upon these recommendations, though they have revised the conditions under which sterilization may be performed and instituted high fees for tubal ligations – meaning this birth control method is now effectively out of reach for low-income women who desire it in Slovakia.

In 2006, the Slovak Constitutional Court ruled that the government’s report had not adequately clarified the facts and ordered the investigation into forced sterilization re-opened. However, in 2007, after interrogating the alleged perpetrators and victims, the Slovak Prosecutor announced no crime had been committed or rights violated, and discontinued the proceedings. Various international human rights bodies are still calling on the government to investigate the allegations, compensate the victims, and punish the perpetrators. A case is also currently pending before the European Court for Human Rights.

**Hungary**

Compared to the Czech and Slovak examples, far fewer forced sterilizations of Romani women have
been reported in Hungary. The apparently anomalous, isolated nature of these incidents may be why demands for redress were eventually met in the case of A.S., a Romani woman who was sterilized without her consent by tubal ligation during emergency obstetrical services in a public hospital in 2001. The Hungarian courts acknowledged that the surgery had been performed without her informed consent, but claimed that her reproductive capacity had not been harmed, as the sterilization was purportedly “reversible.” In 2004, A.S. filed a complaint with the Committee for the Elimination of Discrimination against Women (CEDAW), and two years later it found Hungary in breach of the Convention. In 2009, the state compensated A.S. after extensive civil society pressure.  

As of this writing, the European Roma Rights Centre reports that Hungary’s Public Health Act still maintains that sterilization by tubal ligation may be performed on the basis of a doctor’s medical indication alone. There is no requirement for informed consent. The law also requires that patients receive information about tubal ligation’s “chances of reversibility” – phrasing that suggests doctors in Hungary view sterilization as potentially reversible. The European Roma Rights Centre is currently litigating another case of a Romani woman sterilized in Hungary without her consent, which came to light in 2008.

Romani Women’s Resistance

Romani survivors of forced sterilization have played a key role in bringing it to light and building a movement for justice. In the Czech Republic, Elena Gorolová, spokesperson for the Group of Women Harmed by Forced Sterilization, has been an outspoken advocate for Romani victims. Sterilized during the C-section delivery of her second child in 1990, Gorolová cannot bring a civil suit because the statute of limitations has expired, as it has for many other women. This has not stopped her and other survivors from pursuing justice locally, nationally and internationally. Survivors of forced sterilization in the Czech city of Ostrava demonstrated outside the hospital most known for having sterilized Romani women in their community. They have also raised these violations in face-to-face meetings with maternity ward staff, courageously confronting some of the very doctors who sterilized them against their will.

Such public activism by survivors is an exception, and local tabloid publications have attempted to smear many of the women who have come forward. Some Romani members of Gorolová’s community have warned her that her cause is in vain, but she has not given up hope that one day the government will compensate the survivors of forced sterilization.

In Hungary and Slovakia, while survivors have taken legal action, they have been very careful to keep their identities private for a number of reasons. In the A.S. case, there were fears that publishing the amount of any eventual compensation could expose her to violent extortion attempts. In Slovakia, women who were pregnant and sterilized before reaching official adult status were threatened that they or their partners would be criminally prosecuted for statutory rape if they came forward.

New Guidelines On Sterilization

The International Federation of Gynecology and Obstetrics (FIGO) has recently adopted new ethical guidelines on female contraceptive sterilization as a result of these cases and numerous others around the world involving imprisoned women, Indigenous women, women of color, and transgender people in the Americas; women with disabilities in Australia; HIV positive women in Chile and Namibia; and lower-caste men and women in India. The guidelines are innovative because they emphasize that:

- Sterilization should be considered irreversible and patients must be so informed.
- Consent to sterilization should never be a condition for access to medical care, HIV/AIDS treatment, natural or cesarean delivery, abortion, or to benefits such as medical insurance, social assistance, employment or release from an institution.
- Sterilization for prevention of future pregnancy cannot be ethically justified on grounds of medical emergency and is not an emergency procedure.
- Article 23(1) of the UN Convention on the Rights of Persons With Disabilities imposes the duty upon states to ensure that “persons with disabilities, including children, retain their fertility on an equal basis with others.”

Reproductive justice activists can strengthen these guidelines by spreading knowledge about them. Bring them to the attention of local, regional and national governments, and demand the institution of safeguards to prevent forced sterilizations from being perpetrated. Bring them to the attention of medical associations, hospital administrators, and other providers, and ask that medical professionals join lobbying and publicity efforts. Bring them to the attention of academics and policymakers, and encourage research into current
sterilization practices and procedures in health care facilities, particularly those operating in low-resource settings or in institutions such as prisons.

Forced sterilization is a serious human rights abuse that has gone unacknowledged and underreported for over a century. It represents an ultimate violation of a woman’s right to determine her own reproductive destiny. The women of the world deserve doctors who will protect their rights as well as their health. Reproductive justice activists are crucial in holding doctors accountable to the profession’s ethical standards, and governments accountable to their human rights obligations.

**Notes**


4. According to the Council of Europe Roma and Travellers Division, the average estimate of the Romani population in Europe (i.e., the 47 member states of the Council of Europe area, which includes most of the CIS countries, Russia and Turkey), is 11,256,900, with a maximum estimate of 16,118,700 (August 2009 update). The World Bank provides a map with Romani populations listed as a percentage of country populations based on data from 2007. For more on the global nature of this abuse, see [http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/ECAEXT/EXTROMA/0,,contentMDK:20339787~menuPK:904262~pagePK:64168445~piPK:K:64168309~theSitePK:61988700.html](http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/ECAEXT/EXTROMA/0,,contentMDK:20339787~menuPK:904262~pagePK:64168445~piPK:K:64168309~theSitePK:61988700.html).


9. According to the ombudsman’s estimate, from the 1980s until today, as many as 90,000 women may have been sterilized throughout the territory of the former Czechoslovakia.” (Author’s translation.) Lidovy.cz, “Ministr Kocáb: Politování sterilizovaných žen je první fáze” (24 November 2009), [http://www.lidovy.cz/ministr-kocab-politovani-sterilizovanych-zen-je-prvni-faze-pld-/In_domov.asp?cc=A091124_184921_In_domov_tal](http://www.lidovy.cz/ministr-kocab-politovani-sterilizovanych-zen-je-prvni-faze-pld-/In_domov.asp?cc=A091124_184921_In_domov_tal).


12. Ibid.


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