

24<sup>th</sup> January, 2013

The Committee Secretary  
Senate Standing Committees on Community Affairs  
PO Box 6100  
Parliament House  
Canberra ACT 2600  
Australia

**The involuntary or coerced sterilisation of people with disabilities in Australia**

Dear Senators,

I am writing to express my support for the forced sterilisation of people with intellectual disabilities. I am aware that this is an emotive issue, but I trust my views are well-reasoned.

The factors bearing on society's decision to intervene in the reproductive faculties of an individual should be :

- The burden on society created by an incompetent person bringing a life into the world to whom they have no, or severely limited, capacity to support. This includes practically, financially, and emotionally.
- The burden placed directly on the immediate families and carers of people with profound disabilities, both in terms of the burden of caring for a disabled

person's child, but also the management of menstruation, inappropriate promiscuous behavior, etc.

- The likelihood that the progeny of a person suffering from certain types of genetic defect will also share that defect. It is acknowledged that not all genetic disabilities are transmissible, but authorizing bodies should not shy from this issue and should not be put off by an accusation of Eugenic intent.

Society, and thus government, should feel entirely justified in sterilising people, male and female, with intellectual disabilities.

I exhort the committee to place the very greatest weight in the submissions of family (often parents) of intellectually disabled people and to sympathise with their stories of caring for people who cannot manage their period, who cannot grasp the social norms of appropriate sexual behaviour, and who would not be able to care for a baby.

In contrast, I encourage the committee to reject the submission of bodies like the Australian Human Rights Commission where they describe sterilisation as “Violent” and akin to “Torture”, and a violation of Human Rights. The authors of such submissions have no idea of the practical realities of caring for disabled people and their proposals to criminalise sterilisation deserve only contempt. The over-riding right the AHRC *should* be defending is the right of a person to be born to a parent able to care for them, and the right to be born without an avoidable genetic defect that will

significantly diminish their quality of life from birth to death. Their failure to acknowledge this obvious right shows that they are ideologically motivated and hopelessly out of touch.

This inquiry should find that a far greater presumption to sterilise should be held among bodies tasked with authorising sterilisation. Far less weight should be given to the wishes of the intellectually disabled persons. This is because governments have always weighed individual rights and freedoms against the costs to society for those rights and freedoms. These freedoms and rights also imply responsibilities. Current assumptions of where the lower threshold is of the ability to apprehend and discharge those responsibilities, or to provide “informed consent”, are too generous. A useful parallel: Parents retain a degree of legal authority over children under 16. The High Court affirmed<sup>1</sup> in 1992 that beneath that age, a minor lacked the capacity to refuse medical treatment deemed to be in their best interests. I would suggest that any intellectual disability resulting in an arrested mental development beneath that age should predispose authorising bodies to rule that the final say regarding sterilisation procedures should reside overwhelmingly with the parents or carers.

It is my view that Society should not intervene in the reproductive lives of physically disabled people, providing they possess normal intellectual capacity and can articulate their wishes, and where there is no greater risk of passing a genetic defect to their children than there exists for the general population. One would hope

that such people would willingly limit their fertility for clear moral reasons. An example cited is two genetically deaf people running a substantial risk of having a deaf child. Some would regard consciously bringing such a child into the world as a reprehensible act. If the risk is not 100%, governments should move toward funding the genetic screening of embryos to allow those carrying the defect to be aborted. I regard the usual religious objections to this as perverse. To prevent suffering or disadvantage is always a virtuous act, and any person of moral conscience should side with the right of a person to be born without an avoidable disability. However, I admit this observation strays beyond the scope of your inquiry.

In short, your committee of inquiry should advocate a substantial increase in the prevalence of sterilisations. The practice should be endorsed by the Government and by the medical establishment. It should be fully funded through the Health System. Finally, the committee should state that the reasons for doing so are not only practical and scientific, but moral as well.

Yours Sincerely,

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<sup>1</sup> <http://www.findlaw.com.au/articles/432/age-of-consent-to-medical-treatment.aspx>