
**PLANNED PARENTHOOD BEHIND THE CURTAIN:
POPULATION POLICY AND STERILIZATION OF ROMANI WOMEN
IN COMMUNIST CZECHOSLOVAKIA, 1972-1989**

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Introduction

In 1990, Tibora Vaňková explained why both of her children were in foster-care institutions. She attempted to commit suicide when her partner left her after he learned she had been sterilized four years earlier, in 1986. She got 2,000 crowns¹ for the sterilization, but immediately she gave the money to her social worker as a debt-payment for used children's clothes. Now, she is in therapy. One of Tibora's sisters was sterilized after she had had her first child, when she was nineteen. Her other sister jumped out of a window after she had been sterilized. "She died," states Tibora absent-mindedly (Mazalová 1997).² Rumors about sterilization of Romani women in communist Czechoslovakia were born in the early 1970s.

By the end of the decade, the rumors were baptized into a world of legitimate controversy by the ink of dissident writers criticizing the Czechoslovak "inability to deal with the 'Gypsy question'," and medical experts, explaining the politics of encouragement of sterilization among "women of Gypsy origin" (Charta 77 1979. Also Mohapl and Dobešová 1978, Kubica et al. 1978). However, vocalized concerns about the issue remained rare.

In 1972, the Health Ministries of both federal republics of communist Czechoslovakia issued a new Sterilization Law, designed to prevent arbitrary and ill-informed sterilization of all Czechoslovak citizens by outlining specific and strict requirements and indications which a

sterilization applicant had to fulfill in order to be granted permission to undergo the procedure (Věstník MZ ČSR and Vestník MZ SSR 1972). However, based on this protective law, between 1972 and 1990, Romani women were sterilized at astonishingly high numbers compared to non-Romani women. Even though there are no decisive statistics available, several estimates claim that anywhere from 21.2 to 36.6 percent of all sterilized women were Romani, while the Roma constituted less than two percent of the overall Czechoslovak population (Posluchová and Posluch 1989, Pellar and Andrš 1990).³

Since the collapse of the communist regime in 1989, at least three hundred Romani women came forward to participate in various surveys, studies and interviews.⁴ All of them claimed they were sterilized against their will or with ill-informed consent. All of them also claimed that they were offered money for the

³ Statistics concerning the number of sterilized Roma women vary tremendously. All authors agree that their numbers were "disproportionately high," but there is no consensus on how high. The percentages fluctuate for years as well. The statistics of Pellar and Andrš, for example, consist of interviews and questionnaires given to 156 Roma women in Slovakia and 123 Roma women in the Czech Republic.

⁴ Interestingly, one of the very first books published by the first independent Romani publishing house Romani Čhib was Ilona Ferková's *Zničila si život pro peníze – Mosard'a peske o dživipen anglo love* (She Destroyed Her Life for Money). The true-based novel is a story about the trauma of sterilization, whose main character, a young Romani woman, "succumbed to the high financial seduction [of sterilization] and secretly got rid of her womanhood." The consequences of the procedure destroy her life and marriage. The publication indicates how important the issue of sterilization is in the collective memory of Romani community's (and especially Romani women's) recollections of the communist era.

¹ 2,000 Czechoslovak crowns in 1986 represented the low end of an average monthly salary (and the equivalent of about \$40 USD.)

² The personal testimonies used throughout this paper are based on oral interviews with Roma women who underwent sterilization (and who wish to remain anonymous), conducted in summer 1997 by Dana Mazalová. Accordingly, the names of the women used in this paper were changed by the author.

procedure. Invariably, in their testimonies the women (and Roma advocates by their side) accused the “regime” of explicitly targeting them for sterilization, citing the 1972 Sterilization Decree as the cornerstone of the practice (Giňa 1989, Mazalová 1997, Charta 77 1979).

The 1972 law is, however, on paper, strictly ethnicity-neutral. There is no mention of “Gypsies” or ethnicity in general, anywhere in the text. There is also no mention of financial compensation for the procedure. This seeming paradox raises some important questions. How did it happen that an ethnically neutral law resulted in an ethnically inscribed practice? And what does the “regime” signify in the women’s testimonies? Some scholars argue that because “the incidence [of sterilization in communist Czechoslovakia] is statistically insignificant” in terms of the total number of procedures, it is not worthy of attention (Kirk, Livi-Bacci and Szabady 1976, David and McIntyre 1981, Heitlinger 1987).

However, given the involuntary nature of many of the procedures and their ethnic aspect, I believe the sterilization practice carries considerable importance for exposing the ways in which discrimination against the Roma during the communist regime was carried out. Significantly, it further illuminates a critical dimension of the transformation of the “Gypsy question” in Czechoslovakia from a discourse on ethnicity to a discourse of social deviance and sexuality. Moreover, the circumstances surrounding the sterilization practice also hold tremendous potential for uncovering some of the sites where the tensions between the majority Czechoslovak population and the Romani minority played out in the most striking ways.

Unlike “Czechoslovak” women (meaning ethnically non-Roma) who were never paid for sterilization, Romani women (legally also Czechoslovak citizens) were lured into consent by substantial financial incentives. Beta Kolářová was 27 years old and had two children when she was persuaded by her social worker that a 10,000 crown compensation for the procedure is too good an offer to pass up (Mazalová 1997:38). The calendar said 1990. The leather-jacketed dissidents from Charter 77, cheered on by excited crowds, had already seized power at the Prague castle and the five-

pronged star above the lion’s head on the Czech national symbol was replaced by the original royal crown, but the sterilization of Romani women was still going on. One is left wondering, why. How was it possible in the first place and why did it continue even after the communist regime, supposedly dictating and controlling all aspects of the society and its actions, was gone? If the policies were born in the hands of the “regime” and executed by the “regime,” why did not they also die with the “regime”? (Cohen 1985, Kaplan 1987, Matynia 1996).⁵

It is clear from the testimonies of the sterilized women, as well as from interviews with and documents written by local doctors and social workers, that much of the initiative to urge, or even pursue Romani women to undergo sterilization came from these local offices. Despite the official rhetoric of ethnic equality, and contrary to the official assurances that race was a groundless tool for explaining social reality in communist Czechoslovakia, these regional workers interpreted the 1972 ethnicity-neutral Sterilization Decree as a mandate to sterilize Romani women and readily escorted them into operating rooms. By analyzing the interpretation and implementation of the official policies by ordinary bureaucrats sitting in local hospitals and offices, this article further promotes the thesis that the commonplace dichotomy between “regime” versus “people” is not a conceptually meaningful framework for understanding social and political practices under East European communism.

By jettisoning that dualism – itself a heritage of totalitarian conceptions of communist societies – one can better see that the locus of “power” was less embedded in the

⁵ The most obvious answer lies, of course, in the lag in policy change that comes with any transformation of a regime. The fact that the involuntary sterilization of Romani women stopped within a few years from the end of the communist rule does seem to be an indication of its connection with a change of the political system. An example of this phenomenon can be seen, for example, in the wake of the 1917 Bolshevik Revolution in the Soviet Union (Cohen 1985); after the Victorious February 1948 coup in Czechoslovakia (Kaplan 1987); or in other areas of political and social transformations in Eastern Europe after 1989 (Matynia 1996.)

proclamations of ethnically neutral Party decrees than it was situated within the discursive arena of local officials who interpreted and implemented laws as they saw fit. Focus on low-level officials thus reveals the complicated and dynamic nature of internal social reality that was pulsing behind the seemingly stoic and uniform face of the communist regime. In sum, the “invisibility” of the discrimination of Romani women resides in the fact that the ethnic target of the sterilization policy was never fully enunciated from above nor fully institutionalized, but was rather always implicitly understood to refer to Romani women by local practitioners who inhabited a dual world between “official” discourse and unofficial racial bias, and thus who were themselves unable to see the racially charged nature of their actions. The key to unpacking the ethnic dimension of the seemingly impartial social system is, therefore, to explore the intricate relationship between official rhetoric, institutional policies and popular consciousness. These relationships informed each other and together created the mechanisms of social control that enabled the discrimination of Czechoslovak Roma to flourish under the guise of social welfare.

The article is organized into three main parts. The first section introduces the genesis of the 1972 Sterilization Law by situating it in the context of the transformation of the Czechoslovak population policy in the 1970s. The section then goes on to examine the relationship between Czechoslovak perceptions of “Gypsy” parenthood and sexuality. The second part of the article focuses on the writings of medical professionals, revealing the presence of “enlightened racism” in their argumentation, hidden under the rhetoric of health and socio-economic welfare not only of the Roma, but the entire country. Finally, the third section of the article turns the lens on the inevitably gendered nature of the sterilization practice and discusses its various dimensions, ranging from violation to empowerment.

I.

Czechoslovak Population Policy

Like all other countries of the Eastern bloc, during the 1970s and 1980s Czechoslovak officials nervously watched its slowly and steadily declining birth rate, encouraging its population to have more children. During the late 1960s, countries of Eastern Europe experienced some of the lowest fertility rates in the world (Fischer 1985:125).⁶ By 1968, the total fertility rate in Slovakia reached its lowest-ever recorded level. In the Czech Republic, fertility levels resembled the statistics from the 1930s (Frejka 1980:69). Even though these trends were reversed during the 1970s, all countries of the Eastern bloc continued in their effort to promote comprehensive pro-natalist measures (Heitlinger 1987:15). The 1972 Sterilization Law, as an improved version of the initial sterilization regulation passed in 1966, was a part of this effort to refine the Czechoslovak population policy into what by the mid-1970s became, according to some western demographers, “the best, most comprehensive pro-natalist population policy in the developed world” (Besemeres 1980:263).

Since the establishment of the Czechoslovak Population Commission in 1957 in the wake of the liberalization of abortion in the country, Czechoslovakia engaged in a conscious effort to counter its rapidly falling birth rates. Following the lead of the Soviet Union in 1955, abortion was legalized in Czechoslovakia in 1957 and on the whole was considered “neither sinful nor disgraceful” (Heitlinger 1985:289). Despite that, media pamphlets and educational brochures engaged in pro-natalist rhetoric “in the interest of the nation” throughout the entire communist period. Unlike Romania, for example, where the state involvement in reproduction amounted to a virtual abolition of abortion in 1966, in Czechoslovakia the regime enacted incentive-based, “positive” social and medical pro-natalist measures (Kligman 1998).

In 1964, the regime introduced prolonged maternity leaves, increased family allowances for every additional child in a

⁶ However, abortions remained legal in all countries of the Eastern bloc, with the exception of Romania where abortion was made illegal in 1966. Nicolae Ceaucescu even ordered a “requirement” for every family to have at least four children.

family, gave preferential treatment in housing based on number of children, made reductions in rent, and encouraged early retirement for mothers (they were entitled up to 35 weeks of paid and three years of unpaid maternity leave, and for every child raised, a mother was entitled to one year off of the mandatory retirement age, set at 60 for women and 65 for men) (Heitlinger 1987:243, Frejka 1980:69, Heitlinger 1985:289). The official recognition of the sexual division of labor within the domestic sphere and parenthood, demonstrated by this entitlement to an early retirement for women who raised children, points to the complex relationship between the regime's paternalistic sexism and its commitment to women's emancipation. By the late 1970s, the Czechoslovak government was spending four percent of its annual budget on direct financial benefits awarded to mothers and an additional seven percent on other pro-natalist services and subsidies (David and McIntyre 1981:222). The new Sterilization Law then was an integral component of this drive to perfect the pro-natalist population policy system.

In 1989, an influential study, *Law and Modern Medicine*, summarized the official position on the concept of family and reproduction politics in Czechoslovakia during the communist period:

The succession of generations is the only means for the preservation of the human family and is, in its way, the primary task of humanity. Bearing children is thus the unquestionable duty of parents, *regardless of their wishes and plans*. Even children not wanted [initially] often become children loved (Štěpán 1989:153).

The Czechoslovak Civic Law, anchored in the 1960 Czechoslovak Constitution, considered the "establishment of a family and a *proper* upbringing of children [to be] the purpose of marriage," and "motherhood the most honorable obligation of a woman" (Ústava ČSSR 1960). While the rhetoric of the population policy was consistently both pro-natalist and free of any explicit ethnic prejudice, the early 1970s witnessed a marked shift in the concern and emphasis of the Czechoslovak population policy. Since the late 1960s, the state was

becoming increasingly focused on, what two leading Czechoslovak demographers at the time called, "the qualitative aspect of population development" (Pavlík and Wynnyczuk 1974:320).

The so-called Normalization period of the early 1970s, following the unsuccessful attempt of political reformers to build a "socialism with a human face" during the Prague Spring of 1968, witnessed an abrupt shift in official discourse, and therefore also in social policy. In the realm of population policy, Czechoslovakia was gradually more concerned with the "proper care" of its children than simply with their sheer numbers (David and McIntyre 1981, Heitlinger 1987). In other words, the state became increasingly interested in the "quality" of the population and its reproductive practices than the overall "quantity" of the population, a shift that directly targeted the Roma as "contaminating" the gene pool through their culture of deviance (Berent 1970).

In 1968, another prominent demographer pointed out the "cultural disadvantages of children raised in very large families" and noted the headaches revolving around constructing "inordinately" large apartments (Kučera 1968). While the main emphasis of the population policy remained loyal to a wide range of medical, economic and social measures, a 1974 study argued that "education to *proper parenthood* [as well] must become an integral part of Czechoslovak state population policy as a whole" (Pavlík and Wynnyczuk 1974:320).

The most significant turning point for this discursive shift came at the National Demographic Conference in May 1970. Here, for the first time, Czechoslovak demographers urged the state to "increase demands for the *qualitative makeup* of the population" because "current trends indicate that such a development is slowing down" (Černý 1970:318). The official treatise from the conference listed as the main source of the problem "the population explosion of the gypsy population," in parentheses adding "the growth of inadequately adjustable individuals from gypsy families." At the same time, the document cited "the quantitative decrease of the birth rate" in the country as a cause for serious concern, making it explicit that

the “gypsy” birth rate, was not treated as an integral part of the overall “Czechoslovak” birth rate.

The demographers then warned that if this trend [the “explosion of gypsy population”] continues it would “result in the impairment (*zhoršení*) of the qualitative composition of the national gene pool (*genofond*) in terms of mental abilities (*duševní schopnosti*)” and argued that Czechoslovakia should start “utilizing ‘special methods’ for regulating fertility in our healthcare” and attempt to “gradually and objectively merge sociological and genetic categories in the population” (Černý 1970:318-319). Gradually, policy focus on “respectability” and “quality” of children, family environment and parenting gained full primacy in conjunction with the rise of the rhetoric of social deviance and pathology as both the new conceptualization of the population policy and the mechanism of articulating Romani difference (Olmrová 1973:17).⁷

Concerned about the quality of the family environment, officials gradually modified the population policy to provide only limited encouragement to large families, the majority of whom consisted of the Roma. Since 1970, attention was concentrated on stimulating second and third-order births, which were seen as crucial to a population policy seeking to reverse a declining fertility rate. In the interest of a “healthy” population, the family allowance was adjusted upward for the first three births, but, in contrast to earlier years, reduced for higher numbers (Demografie 1986, 1974). In 1978, demographer Jiří Havelka pointed out that the government’s present population policy was less concerned with increasing the birthrate than in maintaining it at its current level, while concentrating on issues of “the best possible rearing and education of children” (Havelka 1978:31).

⁷ Thematically, in sheer numbers of studies published in Czechoslovakia in the 1970s, the great majority are concerned with “Gypsy” education, followed by studies in “social difference and deviance” (physical anthropology, criminality and justice, and pathological psychology), reflecting the changing trend of the regime’s approach to the “Gypsy question.”

While the population policy did not engage in any *explicit* ethnic bias, there is, of course, an implicit judgment present in its statements about the quality of population, proper parenthood or appropriately sized families. These statements must be read in connection with the officially marketed and popularly reproduced images of a “Gypsy” not as an ethnic and cultural subject, but as a socially, mentally and sexually deviant object. These images, displayed most often in educational and welfare propaganda, drew on exaggerated and caricatured differences in sexual, family, and reproductive patterns between the Roma and non-Romani Czechs and Slovaks.

The Parameters of Proper Parenthood and Sexuality

Not all citizens were encouraged to reproduce “in the interest of the nation.” To the contrary, through a suspiciously similar rhetoric, “in the interest of a healthy population,” Romani women were actively discouraged from exercising their reproductive rights. The Governmental Commission for the Gypsy Population even recommended all National Committees to “apply decree No.4/1967-FO issued by the Ministry of Health, which allowed an exemption [from paying for birth control] to those women *whose use of birth control was desirable*, but there was a possibility that its use would fail because of monetary issues” (Fond Povereníctva SNR 1968).

Romani fertility was under a constant attack all throughout the communist period, but the general focus on the “main problems” of the Roma shifted substantially over time. While immediately after the war it was the “foreign invasion of gypsies” that troubled the country, in the 1950s society made its reluctant peace with the fact that the Roma were a part of the society to stay (Haišman 1999). However, at that time the main problem was considered their “nomadic lifestyle” that was in need of violent suppression (Davidová 1995, Barany 2002).⁸ In

⁸ The solution to this “problem” came in the form of the 1958 Anti-Nomadic Law (*Zákon č. 74/1958 Sb.*, “*O trvalém usídlení kočujících osob.*” November 11, 1958, Ústava ČSSR), forcefully settling down all

the 1960s and 1970s the focus of the “Gypsy question” gradually shifted to considerations of parenthood and sexuality, and with it the Romani “excessive” fertility rate.

The actual fertility rates vary considerably from source to source. For example, some demographic statistics show an 11.1 percent increase in Romani population for 1968 (Srb a Vomáčková 1968:193). Ulč claims that “between 1972 and 1981, the population [meaning the Czechoslovak population in general] rose by 10.5 percent, while that of the Gypsies increased by 23.8 percent” (Ulč 1988:317). Mazalová’s sources indicate that by 1990, “the average number of children of Czechoslovak citizens was 2.07 and of the Roma 3.5” (Mazalová 1997:40). Given the arbitrariness of the demographic methods by which the Roma were counted, there is no way to find the “correct” or “real” statistics. Moreover, given the radically different concept of “family” in Romani culture, with extended kinship living together, it would not be utterly surprising if some censuses would have counted the same children several times.

Despite the general alarm over the decreasing birthrate in Czechoslovakia in the late 1960s and throughout the 1970s, the expert community expressed its discomfort with the fact that the Roma did not fit into this reproductive pattern (Heitlinger 1987:139). Although Czech and Slovak reproductive patterns were not synonymous, nonetheless, because the overall family values of Czechs and Slovaks generally coincided, the non-universality of cultural values was not called into question. For example, statistical data from the late 1970s indicated important differences between the desired fertility of Czech and Slovak women. “Virtually no Slovak woman desires to be childless,” claimed a 1979

sociological study, “and more than one third wishes to have three children.” Among Czech women, almost twice as many as their Slovak counterparts wanted only one child. The Slovak sociologist Mária Schvarcová, who conducted the study, enthusiastically recommended the Slovak model as the ideal family size for the entire country “which would be sufficient to solve the Czechoslovak population problem” (Schvarcová 1979).⁹ In other words, she suggested that one should have many children, but not too many.

Moreover, since as the “Czechoslovak population problem” was identified the low birthrate of the non-Romani Czechoslovak population such suggestions implicitly pointed to the fact that “Gypsies” were not considered an equal component of Czechoslovak citizenry. Clearly, models of “ideal” family and parenthood patterns were not universally shared among Czechs and Slovaks, calling into question studies like Schvarcová’s that claimed to represent “the” Czech and “the” Slovak culture as stable and fixed entities. Nonetheless, the same “natural” conformity was asked from the Roma and their unwillingness to comply with these norms was seen as a sign of social deviance.

Also, Romani fertility was rarely mentioned outside of the context of Romani “bad” and incompetent parenting. While the Roma themselves considered their family values to be strict and loving, in popular discourse the images of “Gypsy parents” were transformed and stereotyped into those of negligent and violent drunks and careless prostitutes. For example, a widely read educational weekly, *Učitelské noviny*, reported quite regularly on the problem of “Gypsy parenthood”, observing that Gypsy “paternal authority is very loose” and

Roma in Czechoslovakia regardless of their preferred lifestyle. Moreover, a related decree to this law introduced a five-percent dispersal quota, which mandated that no given community can contain more than five percent of Romani residents. The ensuing insensitive break-up of many extended Romani families and their traumatic experiences from this period further facilitated hostility and misunderstanding between the Romani and non-Romani populations.

⁹ Since Schvarcová’s study speaks strictly in Czechoslovak dichotomy, it would be interesting to know whether, by Czech and Slovak women, she means women living in each respective republic, or women whom she considered to be ethnically Czech and Slovak; and whether she included Roma women in her study as well. It cannot be completely ruled out, but given the ethnic rhetoric at the time that clearly separated Roma women from “Czechoslovak” women, it is unlikely that Schvarcová steered away from the common pattern.

exclaiming on the behalf of the entire society that "[it] is concerned with the lack of [Romani] parental love" (Učitel'ské noviny 8/24, 1967). "Gypsy parenting" was criticized also from the perspective of substance abuse; as, for example, one article stated that "it is not uncommon for [Romani] eight-year-olds to smoke and drink alcohol," but what was even worse, they did so "in the presence of their parents" (Svobodné slovo 10/20, 1971).

Even Miroslav Dědič, by many Roma regarded as one of the most sympathetic educators, argued that

in their family, gypsy children witness mostly negative phenomena, such as smoking and drinking of alcohol. The child listens to improper conversations and is a witness to unfit scenes from the adult life. In average gypsy family a warm feeling and word are rather exceptions. The preschool must suppress and uproot these inappropriate and premature children's experiences and replace them with positive ones . . . (Dědič 1982:36).

Moreover, as Heitlinger, for example, argues, seeking medical care during pregnancy became such a common norm among non-Romani women that the non-attendance of Romani women at prenatal clinics, stemming from their mistrust of non-Romani services, was viewed as synonymous with deviance, indicating an inherent negative predisposition towards the child (Heitlinger 1987:179, Smith 1997, Burleigh and Wippermann 1991, Lewy 2000, Friedlander 1995, Zimmermann 1989).¹⁰

Without acknowledging the discriminatory dimension of apartment-distribution practices and coercive settlement of

Romani families into small apartments that effectively encouraged the Roma to have fewer children and live in single-generational households without extensive relatives, the media were appalled by the housing conditions of the Roma, which, according to them, were "hardly conducive to the preservation of sexual taboos" (Vlasta 11/9, 1970). And while "in the interest of the future citizens" Romani children were forcefully removed from their parents and placed into foster-care institutions to ensure their "proper" upbringing (Stewart 1997:123) the general view of the rest of the population of this practice seemed to be that "[Romani] mothers are all too eager to turn their offspring to the care of the state" (Učitel'ské noviny 1/12, 1969). The chief public health officer of the Czech Socialist Republic complained in a 1970 report that "education leading to planned parenthood is still not successful among the Gypsy population" and demanded that it be "impressed upon Gypsy families that they should have only as many children as they can *properly* take care of" (Zpráva vládní komise pro otázky cikánské populace 1970).

In a 1975 study about current problems in education, social scientists argued that "the explosion of the Gypsy population brings with it a whole number of negative consequences [which] manifest themselves in the decreasing quality of the Gypsy population itself, as well as the population in general, and also in the decreasing social, economic, and cultural level of Gypsy families" (Smrčka 1974, Výborný 1958, Syřišťová 1972, Podmele, 1971 a 1972). Still in 1988, physician Kornel Danáš argued that "in gypsy families in Slovakia there is a rapidly growing rate of mentally retarded children," which he "proved" by pointing to statistics that claimed that ninety percent of all Roma children attended special schools. "And it is terrible," he concluded, "because the mentally retarded grow up and then become fertile ground (*podhoubí*) for delinquency" (Danáš 8/5 1988).

While discussing the "problems of difficult-to-raise gypsy children," and arguing for a stricter approach to Romani families, Slovak sociologist František Olejář referred to Soviet scholar Anna Solojevova's observation that "incorrigible children come from bad families" who cannot, "due to their number of children and/or lack of competence and interest,

¹⁰ Tracy Smith, for example, argues that besides Romani cultural values and their traditional mistrust toward *Gaje* (non-Romani) medicine, the traumatic experience of the genocidal practices of the Holocaust, which have survived in and have formed the Romani collective consciousness, when along with the mentally and physically handicapped the Roma were a prime target of Nazi sterilization practices and medical tests, is a major factor behind Romani women's apprehension toward hospital care.

take adequate care of their offspring.” She offered the following conclusion, praised by Olejár as a great model to confront the problems of Romani parenting in Czechoslovakia:

We all have to take care of the evil (*zlo*) in the family. Not only teachers, who already have their heads full of problems, but the state, all our organizations. It is inevitable to start with the families, not with the children (Olejár 1972:21).

In short, not only Romani reproduction but the Romani family as an institution were seen as damaging to the socialist enterprise, harmful to the assimilation process and detrimental to the Roma themselves. As presented by this respected author, the Roma were seen as the locus of evil of future generations and the society as a whole was asked to participate in the civilizational process of eradicating this menace through greater surveillance of Roma’s private lives and choices, and subsequent streamlining of these with the “normal” values of socialist society.

II.

Reading Between the Lines: Scientific Categories of the “Gypsy Question”

Among other protective rules, the 1972 Sterilization Law specifically stated that women could not be sterilized without their explicit written consent and a full medical examination prior to the procedure (Věstník MZ ČR 1972). However, these regulations did not stop some doctors from by-passing the requirement of patients’ personal consent in the interest of, what they believed was, “general” health. Discussing her experience with the procedure in an interview twenty years later, Ida Horváthová recalled that she saw the doctor write into a form that she was “of Gypsy origin” and that she had “many children.” Barbora Boganová said she first signed “something” only moments before going under the anesthesia. And Regina Mňáčková disclosed that she was threatened by her social worker that if she did not undergo sterilization all her children would be sent to a foster-care institution (Mazalová 1997: 39). The

ethnic dimension, though not perceived as such, is the most startling aspect of the local deliberate adjustments of the required procedure. Despite the ethnic neutrality of the Sterilization Law itself, it was unequivocally Romani women who were identified by regional practitioners as the threat to the “healthy population.”

The text of the Sterilization Law at least partially explains why it was possible for local doctors and social workers to view the issue strictly as a medical one. The law includes a “List of Medical Indications” that an applicant had to qualify for in order to be granted permission to undergo the procedure. Categories such as “psychopathy with asocial behavior and recurrent criminality;” “severe sexual deviations;” “idiocy and imbecility;” “chronic alcoholism;” “a specific parental pair already having a genetically defective child,” etc... all address legitimate medical conditions.

Even a condition stipulating, for example, that a woman is eligible for sterilization if she is “medically fit and did not give birth to a genetically defective child yet, if expert tests show that she is most likely predisposed to give birth to a genetically defective child in the future,” cannot be attacked on medical grounds. However, the ultimate power to precisely define the behavior and condition corresponding to these categories as well as to diagnose a patient with a particular condition or provide the “expert tests,” rested in the hands of local medical and social practitioners (Vestník MZ SSR 1972).

Moreover, the casual wording of several suspicious categories, such as “unfit parenthood” and “multiple children” points to the apparent confusion over the distinctions between medical and social discourses in communist Czechoslovakia. Clearly, social workers did not often need to labor too hard to find the appropriate column to check to satisfy the bureaucratic illusion of competent social health practices. As, for example, Uršula Hečková revealed: “After my mother’s death, my father remarried a Czech woman who had five children, like me. When she saw that I got 4,000 [crowns] for sterilization, she went too. But she didn’t get a dime” (Pellar and Andrš 1990). Her testimony implies that the application of designed categories and indications for sterilization were left at the discretion of the

local staff to determine who qualified as having “many children” and who did not.

While these categories seemed to address social and medical differences, they were inseparable from ethnic associations. The crucial question then is what prompted and enabled the doctors and social workers to make the conceptual leap to use the ethnicity-neutral *protective* law as an ethnically inscribed *punitive* law? Or to put the question differently, why was “Gypsy” almost universally translated as “unhealthy” in Czechoslovak social speech?

In 1972, the same year the Sterilization Law was issued, the Ministry of Labor and Social Work issued a “methodical handbook for National Committee social workers” entitled “Care for the Socially Unadjusted (*nepřizpůsobené*) Citizens” (Metodická příručka MPSV 1972:1). The handbook was a compilation of eight theoretical and five empirical articles written by psychologists, sociologists, sexologists, criminologists, lawyers and physicians, all addressing the problems of “socially abnormal, pathological and deviant persons.” The introduction to the volume asserted that the “socialist [effort] to prevent criminality, alcoholism, prostitution, sexual deviance, parasitism and other negative phenomena cannot consist only of punitive and repressive measures.” It argued that to date care for “socially unadjusted citizens has not been a component of general social politics” and praised the Ministry of Labor and Social Work in that it “filled the gap [in social work] by instituting comprehensive care for the socially unadjusted citizens serviced by special social workers – social curators” (Metodická příručka MPSV 1972:2).

In the course of four hundred pages, the articles thoroughly define and explain the “unadjustable” (*nepřizpůsobitelné*) citizens, the underlying causes of their non-adaptability, their behavior, the circumstances in which they live, and the consequences of their presence for the entire society. The handbook states that there is an “acute interrelationship among the diverse pathological phenomena, such as criminality-alcohol, criminality-parasitism, parasitism-alcohol, alcohol-prostitution, prostitution-parasitism, and so on” and points out that the most important “common denominator of such diverse phenomena of social pathology is

precisely their negative social evaluation and their undesirability.” According to these studies, “the subjects of these negative phenomena usually constitute a rather small body of deviant, socially not-adapted persons, problem families and conflict groups” (Metodická příručka MPSV 1972:4-5).

The study further argues that the reason why “such phenomena still exist in socialist society, which has succeeded in eradicating material inequalities,” is that they are the “residue of the previous capitalist regime.” Allegedly, “pathological conditions,” and such behavior, travel from generation to generation:

An individual usually prefers the subculture, norms and values that are closest to him. If a child is raised in a pathological subculture, which is in contradiction with the prevailing culture, he [or she] will become delinquent in a similar process in which an Eskimo becomes an Eskimo. (Metodická příručka MPSV 1972:9).

The handbook explains that if “deviant behavior is passed within problem families from generation to generation,” it then becomes a “social inheritance” that is hard to eradicate from the society (Metodická příručka MPSV 1972:11). While Czechoslovak society is considered more advanced in fighting pathology than other countries because “Czechoslovak population is homogenous, socially only mildly stratified, sharing the same culture, which varies only in few insignificant details,” it still has to “firmly battle social deviancy” (Metodická příručka MPSV 1972:19). The book explains to the social curators that

most carriers of socially pathological phenomena come from seriously deficient families. Many criminals, recidivists, alcoholics, prostitutes, citizens avoiding work and other not-adjusted citizens grew up in conditions of broken families, families of alcoholics and otherwise not-adjusted persons, as well as from families with substandard cultural levels (Metodická příručka MPSV 1972:26).

After the introduction, the handbook discusses various definitions, diagnoses of diseases and pathological conditions, often making recourse to theories of psychology, pathological psychology, toxicology and criminal justice. Not a single time is there a mention of "Gypsies" anywhere in the four-hundred-page long text. Should there be since it was not about the Roma, but about "general delinquency and pathology"? Or was it about "Gypsies" after all? The rhetoric of this document is a typical example of an obfuscated language that can be understood, interpreted and implemented in a variety of ways. The comparison of definitions and terms used in this handbook and definitions and terms used by various physicians, social workers and state administrators to address the "Gypsy question" in a plethora of other contexts reveals that they are strikingly similar and often indistinguishable. Indeed, the terminology used in the Sterilization Decree is in many cases identical.

The scientific medical and social discourse was so profusely intertwined with rhetoric used in describing the "actual" problems and conditions of the Roma that the interpretation of these theories and their subsequent translation to practice was left completely open. Since the book makes a specific claim to present "general informational material about the fundamental problems of socialization and social non-adaptability designed especially for orientation of social workers and curators," whose work description often dealt with "citizens of gypsy origin," the question about the interchangeability and translatability of these terms in various contexts is crucial to understanding the ways in which discrimination of the Roma functioned in the Czechoslovak welfare system (Metodická příručka MPSV 1972:27).

Indeed, very different standards were evoked when discussing sexuality and reproduction of the Roma on the one hand and of Czechs and Slovaks on the other. Demographers in the early 1970s even pointed to "an unnatural sex-ratio among Gypsies," which might result in problematic sexuality of

the Roma in general (Srb 1971).¹¹ "Gypsy" reproduction and sexuality were defined explicitly in terms of primitiveness, unhealthiness, and ignorance, while "Czechoslovak" sexuality was defined in terms of civilization, health, rationality, and progress. For example, one weekly exclaimed that "unabashed promiscuity among [gypsy] teenagers and condoned prostitution of gypsy girls with whites are also a norm", while expressing distaste over the "fact" that "13-year-old [gypsies] have more than a theoretical knowledge of procreative acts" (Učitelské noviny 11/5, 1972).

But it was not only the alleged young age of first sexual encounters of the Roma that consternated the "Czechoslovak" society. The most appalling and alarming to proper Czech and Slovak citizens seemed to be the notion of "gypsy inbreeding," which was immediately linked to the vision of an increasing mental debility of the society. Even the usually sober and pro-Romani weekly *Literární noviny*, reported that the practice of inbreeding among the Roma leads to "crowds of thousands who are illiterate . . . crowds of inferior individuals, parasites and thieves, prostitutes and children running around naked . . ." (*Literární noviny* 3/5, 1966).

This juxtaposition combated the "Gypsy question" on two fronts: First, it allowed the society to measure the Roma against the Czechs and Slovaks in categories that were defined by Czech and Slovak cultural models, with *Czech* and *proper* functioning as synonyms. Second, relegating the difference between Czechs and Slovaks on the one hand and the Roma on the other hand into the realm of sexuality and reproduction equipped the society to articulate its concerns with Roma ethnicity *without* actually referring to ethnicity, and thus without the concern of being accused of racism. It is not difficult to read between the lines of the decrees

¹¹ The "natural" ratio was that of non-Roma Czechoslovak population, which consisted of 51.2% women, while the Roma had "only" 49.96% women. Srb also hinted that "lately there are many mixed marriages ... and a substantial part of the Gypsy female population thus disappears from the Gypsy population," demonstrating once again the arbitrariness of the definition of a "Gypsy."

in order to see what interpretations were possible when a suggestive wording met with implicit attitudes toward the Roma smoldering in popular consciousness. Since the Roma were (in official reports, popular jokes, and media images) routinely associated with mentally and socially deviant behavior, even though in theory these categories were free of any mention of ethnic or cultural difference, they were flexible enough to hide social and ethnic concerns under a veil of medical science.

In fact, the 1977 Health Report of the Slovak government explicitly urged local establishments to make use of such an option:

The unhealthy population of *gypsy* children is not adequately monitored by the appropriate sectors of Regional Municipal Committees (*ONV*) or by the Ministry of Health of the SSR and that is the reason why *there is no effort being made to find new ways to suppress further unhealthy populations* in these families. *Not even health indications, which could be used as justification for sterilization, are being used* (Sekretariát Komisie vlády SSR 1977:5).

The following example reveals how short the distance between official rhetoric and practice on local levels actually was. The Secretary of the Municipal Committee in Jarovnice, a town in Eastern Slovakia where, between 1971 and 1989, 127 Gypsy women out of 2024 were sterilized, complained about the mental retardation of parents and the debility or imbecility (*oligophreny*) of their children. According to her, the “obvious retardation does not have to be measured by any special tests,” but is “readily apparent to anybody who sees the way the Gypsies live,” as well as by the fact that the “children are unable to succeed in regular elementary school.” The chairman of the town argued that “Gypsy women should be sterilized after the second child, without regard to age.” The town council also recommended gynecological check-ups of “retarded” Romani girls from fourteen years of age. “Women who give birth to several mentally retarded or otherwise damaged children should be compulsorily sterilized, regardless of

age” (Komanický 1990:1-2, Andrš a Pellar 1990).

Neither the town’s representatives nor the medical establishment of the town even attempted to deny the history of the sterilization practice. They believed they did a good deed for the future of *their* nation. They did not seem to question the legitimacy of *their* standards of “mental retardation” as a license to sterilize the Roma. The question that remains is where one should look for the line between “good intentions in the interest of a healthy population” and scientific racism. These sentiments blatantly demonstrate how deeply racism was ingrained in the social fabric of Czechoslovak society during the communist regime and how easily it got disseminated as a scientific discourse.

“Enlightened Racism” in the Scientific Discourse

It is impossible to investigate or find a “correct route” of the travel of racially charged sentiments between institutional orders and popular consciousness, most of which did not use any predictable or recognizable racist rhetoric and instead were ciphered in the rhetoric of social pathology and backwardness. One of the most astonishing things about the Sterilization Decree and related regulations is how extremely vague and ambiguous they were. And yet, there seemed to be a latent, unspoken consensus by local doctors and petty social workers all across the country to decode the ambiguity of the documents in similar ways. The anti-Romani sentiments, present in both popular and scientific literature, partially explain why many Czechoslovak doctors did not see ethical problems with executing sterilization procedures on Romani women.

To the contrary, these professionals often took the cause up as their own, seeing themselves as saviors of the nation. A gynecologist from Slovakia explained: “Here [in Slovakia] they multiply like rabbits,” adding that when he performed cesarean sections on Romani women, he automatically tied their tubes (Helsinki Human Rights Watch 1992:23). Similarly, a pediatrician from Northern Bohemia reasoned: “When you see how these Gypsies multiply and you see that it is a population of an inferior quality, and when you look at the huge

sums that ha[ve] to be paid for the care of these children, it [the sterilization] is understandable" (Helsinki Human Rights Watch 1992:31).

In 1975, doctor Jiří Vacek, a chief gynecologist at a hospital in Ústí nad Orlicí, sterilized 29 Romani women for "socio-economic reasons." He published the results of this practice in a professional medical journal *Československá gynekologie*, where he emphasized the financial advantages of sterilization over governmental spending on the institutional upbringing of Romani children. The compensation of 38,800 crowns that the women were paid for the sterilization¹² was "absolutely insignificant in comparison to the price of 250,000 crowns the state would have to pay for one asylum child, often genetically damaged," Vacek explains, implicitly assuming most Roma children simply would be born mentally retarded and inevitably end up in a foster-care institution. "Evidently, from those families, there were a ton of kids in the homes. We more or less knew that," he added (Vacek 1976:622).

Once Romani women were identified as eligible and desirable for sterilization, all that was needed for the legality of the procedure was their consent. Libuše Balážová wrote in her application as a reason for sterilization "problems with varicose veins;" before the surgery nobody checked if it was true. Other women either did not know what they signed or were threatened by their social workers. Only Eva Lilová did not try to camouflage her true reason for undergoing the procedure. Without hiding behind a medical condition, she blatantly wrote in: "money." Nobody found that alarming or suspicious. Even so, just before surgery she ran away with her sister, who was only eighteen at the time. The next day, the social worker brought both of them back and, as a punishment, deducted 2,000 crowns from the promised 10,000 (Mazalová 1997:37).

One wonders what ever happened to the 1972 Sterilization Decree that was allegedly designed to increase the protection of applicants' rights. In Slovakia, the "rigor" of the decree even prompted the Governmental Bureau for the Questions of the Gypsy Population to complain

about it as too limiting for their effort to protect the "healthy population":

Even such parents [meaning mentally retarded ones] cannot be sterilized without their consent. The only legal way to circumvent this problem right now, allowed by §10 of the Civil Code, is to constitute such a citizen legally incapacitated and [officially] assign her a social guardian (Sekretariát Komisie vlády SSR 1977:6)¹³

Such circumvention, however, provided enough space for Dr. Vacek. He willingly explained the "simplification" of the consent procedures in his hospital and district. Executing the procedure according to the decree was "for these women, perpetually with low IQ, impossible," he explains. That was why he created a special form, where the application was filled in by a social worker from the regional welfare office instead of by the woman herself. Vacek boasts that his form served as an example for the entire region (Vacek 1976:625). Significantly, this process made Romani women not only sterile, but also mute.

Like other doctors and social workers, Vacek, too, felt that he understood enough about the inherent inferiority of the Roma to take the decision into his own hands. He is still proud of his method of sterilizing within 48 hours of giving a birth. "Otherwise, nobody would be able to chase those women back to the hospital," he argues. "Before a woman would sweat out an application, she would be pregnant again," he nonchalantly remarked, justifying his

¹³ § 7 (ČSR) and § 10 (SSR) of the 1972 Sterilization Decree state that

applications for sterilization submitted by minors and persons with limited mental capacity have to be accompanied by a consent of their legal guardian (i.e. a state-assigned social worker.) For a person who is *fully legally incapacitated*, the entire application is submitted by the legal guardian. In cases when sterilization should be carried out because of mental disease, but the person in question is not fully legally incapacitated, the law requires a consent of a *guardian assigned for this specific reason by a court*, according to § 29 of the Civil Code. (p.2, emphasis mine.)

¹² This figure came to 1,338 crowns per person, which equaled a little over one-third of an average monthly salary.

simplification of the procedures by sterilizing Romani women with forced or ill-informed consent (Mazalová 1997:40). Efficiency, traditionally used as a unit of measurement, was in the hands of doctors like Vacek “magically” transformed into a powerful instrument of control. For doctors like Vacek, the issue of sterilization was a strictly medical issue, free of any ethnic dimension. The association of the Roma with social and mental deviance became so ingrained in official reports and popular consciousness that even today, more than ten years after the collapse of the communist regime (not to mention during the 1970s and 1980s) the allegation itself, that these procedures might have had racist undertones, seems absurd to many. “We did not force anybody . . . we did it decently,” insists Vacek indignantly (Mazalová 1997:40).

III.

The Gendered Nature of Romani Sterilization

Romani men are simply missing from the story as told by the documents. They have no voices. They have no bodies. They are not subjected to the pressure to get sterilized “in the interest of the health of the population.” They are not being visited by social workers and offered thousands of crowns “in order to help to overcome the adverse living conditions of their families.” They are not consulted as husbands, lovers, or fathers. None of the studies, investigations, statistics or doctors mentioned in the literature is concerned with either men’s voices in the story or with men as objects of sterilization procedures. And yet, their absence is significant as well, inviting a new set of questions, concerns, and sites for historical analysis and interpretation (Roberts 1999).¹⁴

Dr. Vacek has already foreshadowed one aspect of the sex-specific sterilization policy: convenience. Romani women were

simply already there, in the medical establishments, giving births, getting abortions. Many of them got sterilized without their knowledge, while undergoing a different medical procedure. A Romani woman from Slovakia disclosed that she

went to get an abortion, and they told me, “Be so kind as to sign here before you go in for the abortion.” So I signed and went in for the abortion. They just gave me the paper to sign, folded it, and put it into an envelope. I didn’t know anything. After the procedure, they told me that something went wrong, that they had to repeat the procedure. I was afraid that part of the fetus would stay in me, so they gave me an injection and brought me upstairs to the operating room. After the operation, when I went downstairs... [the other women] told me that I had been sterilized. ... I was shocked. ... Now I have a new boyfriend and we want to get married, but I’m shocked because I can’t give him any children (Helsinki Human Rights Watch 1992:23).

The bodies of Romani women were already physically present in the medical establishments. Even if it might have been more medically and economically “efficient” and less painful to sterilize men (Púchala 1989),¹⁵ it seems that socially and politically it was much more convenient to sterilize women. In modern societies, hospitals have been recognized as means of tremendous social control, and the situation in the communist societies was not different in this respect.

Women’s bodies became the canvas on which to paint social deviance. In 1989, Drs. Posluch and Posluchová published an academic article in which they argued, based on “legitimate, scientific” studies, that

the regulation of their [Gypsy] reproduction is necessary even in our

¹⁴ The history of sterilization procedures in the United States, enacted mainly against the African American and Latino populations, reveals a similarly gendered story. On the other hand, in India, for example, during the rule of Indira Gandhi, it was primarily men who were targeted and sterilized by the regime.

¹⁵ Púchala argues that male vasectomy is faster, more economic and has fewer medical repercussions for the male body than ovarian sterilization has for the female body.

advanced society, because it concerns citizens who have overwhelmingly negative attitudes toward work ethics and education. They have a high level of criminality, alcoholism and *women have a tendency toward promiscuity*. Significant is also their cultural and social retardation behind the rest of the population. All this leads to the fact that *their sexual life starts very early*. Young gypsy girls give birth without biological and social readiness for maternity. Another negative aspect is their high fertility, ... but many gypsy women don't want to use birth control (Posluchová and Posluch 1989:220-223).

These authors define sexuality and reproduction solely as a female problem. While their (meaning *all Roma's*) sexual life allegedly starts earlier, it is the woman on whose body this concern is being played out. Of course, the authors claim to be concerned with health, hygiene and social education when they call for "planned parenthood" among the Roma. Vacek, too, states that

we particularly place great hopes on expanding the number of sterilizations. ... Into the future, we expect this form of regulation to increase especially among younger women with fewer children. (Vacek 1976:625).

While one could argue that such statements constitute a "propagation of genocide" and thus could be prosecuted even retroactively under the §259 of the current Czech Penal Code, these professionals were convinced that sterilization was a social and medical, and not an ethnic, issue (Trestní právo ČR 1995). High Romani fertility was, according to these authors, the result of the sexual deviance of Romani women. Thus if one wanted to control Romani reproduction, one had to control the female body.

Active sexual behavior in communist Czechoslovakia was confined to the realm of heterosexual marriage. Even a woman who deliberately and independently decided to be a single mother officially carried an "illegitimate

child" (Heitlinger 1987:243). Proper womanhood was defined by woman's reproductive ability and her motherhood. However, while a proper woman could not have been defined without being associated with a man, a sexually deviant woman was vested with agency of her own. Not only was the concept of monogamy among Romani couples implicitly called into question when evoking promiscuity and prostitution of Romani women, female sexual deviance clearly could not have been solved through male sterilization. Moreover, because of the traditional cultural bond between masculinity, sexuality, and natural parenthood in Czechoslovakia, the interference with men's ability to naturally procreate would have resulted in their public emasculation, and hence in a threat to the patriarchal order of the society as a whole.

While the Romani woman was singled out and overwhelmingly blamed for the high Romani fertility rate and her body was targeted as the key to "Gypsy planned parenthood", the number of children in the family was often a logical result of existing gender power relations rather than a consequence of ignorance, irrationality or irresponsibility. In Romani culture, as in most East European societies in general, traditional patriarchal gender norms were the prevailing pattern of family and sexual life (Heitlinger 1987:243). Women were still in subordinate positions in the relationship: the man "took care of the sexual act" and the woman was expected to bear the consequences of his irresponsibility or failure in case of pregnancy (Morokvasic 1981:139). Thus, ironically, by becoming pregnant, the Romani woman was seen as the locus of the "fertility problem," which in turn could be addressed only through the control and regulation of her body. "It is important to teach gypsy *women* to . . . better plan *their* population," claimed a member of a Regional Commission for the Questions of the Gypsy Population in 1970 (Kier 1970:215).

The Ministry of Health proclaimed its immense attention to the "care for gypsy woman, mother and child" and reported that it succeeded in getting gypsy women to give birth in institutions "even though many agreed only under the threat of their child support money being withdrawn." However, such a logic and argumentation made it also potentially easy for

Romani men not to fully comprehend the discriminatory nature of these measures and instead to perceive a potential loss of financial child support as the woman's fault and blame her for it, opening the door to domestic violence or other subordination and abuse. The Ministry also complained that "gypsy women refused to take birth control and only in exceptional cases [doctors] succeeded in implanting intrauterine birth control" (Fond Poverenictva SNR 1968).

While it was quite difficult for non-Romani Czechoslovak women to obtain birth control unless they were married, already had children and the health practitioners decided it was "good for them," (Heitlinger 1979:186), the Commission for Gypsy Population recommended since 1967 to all National Councils that their social and health care workers should "guarantee the widespread extension of birth control use among gypsy women by any means of urging and health education" (Fond Poverenictva SNR 1968). Since many Romani women refused birth control based on their cultural beliefs and values (which nobody cared about), often the only perceived means of "urging" and "educating" left to the social and health care workers was women's sterilization.

Many articles and studies concerned with the Romani sterilization indicate that many Romani women underwent sterilization voluntarily, attracted to the high financial incentives connected to the procedure (Pellar and Andrš 1990). The question is, of course, whether consent based on financial incentives offered to a person belonging to the economically weakest segment of the population and living in substandard social conditions can be considered truly voluntary. Applying the concept of free choice and agency in this particular way comes close to blaming the victims themselves. However, surprisingly, none of these articles or studies attempts to investigate the potential of the reversal of these policies to empower or even protect Romani women.

Czech psychiatrist Radkin Honzák argues that while "some psychiatrists consider a woman after a uterus removal to be healthy, as a psychiatrist I do not consider this a healthy condition. In a psychological self-evaluation, a woman after sterilization is different than before." (Štěpán 1989:42). While such

essentialist interpretations of gender might generally coincide with traditional Romani perception of a woman that is based on assumptions of female fertility as the necessary precondition for "normal" womanhood, not all Romani women felt bound by that tradition. Some of them preferred having control over their own bodies, sexuality and reproduction to considerations of proper womanhood, whether prescribed by medical authorities or cultural values (Strathern 1988).¹⁶

Being often squeezed between economic difficulties and gender subordination, undergoing sterilization might have been, for at least some of them, one of few ways of exercising control over their bodies and lives. Margita Lakotová, for example, confided that despite her husband's disapproval, she decided to undergo sterilization because "[she] couldn't defend herself against him." She complains that "he just doesn't care [if we have more children] but it's impossible, we can't feed them. We already have three."¹⁷ These experiences challenge the interpretation that Romani women have been only silent victims of sterilization practices.

This fact does not negate the violation of the many Romani women who did not have any control over their bodies or were misinformed about the procedure. But it suggests that the Romani women who have been sterilized (and who constitute the existing statistics), especially those who underwent the procedure in the late 1980s and early 1990s, most likely do not all belong demographically to the same segment of the population and their experiences cannot be universalized. Moreover, it points to Romani women's ability to transform the practices meant to control them to their advantage and to take charge over their own bodies.

¹⁶ Strathern warns against assumptions that women everywhere are the same, that women's speech reveals "a woman's point of view" and that women always speak from the gender identity of "woman". She urges the necessity of investigating the forms of power and discourse that constitute the frames and contexts in which women enact their choices.

¹⁷ Oral interviews with Margita Lakotová, Prague, August 13, 16, and 24, 1997. (Tape-recorded in the personal archive of the author.)

Conclusion:

The circumstances surrounding the practice of sterilization show how important the regulation of sexuality was in reaffirming lines of ethnic difference between the Roma and non-Roma in communist Czechoslovakia. Sterilization among Romani women was encouraged by local professionals because cultural means (i.e. education or labor ethic) were seen as ineffective to remedy the problem of "Gypsy" deviance. Social deviance was allegedly so ingrained in the "Gypsy" character that it was essential to cure it through biological means. It does not seem an accident that Roma's alleged derelict parenting and careless reproduction were at the core of the concerns with the "Gypsy question." Before the Roma could even start to be civilized, they first had to catch up with the "Czechoslovak" model of parenthood and sexuality. At the same time, this tendency also demonstrates that normative sexuality, parenthood and reproduction served not only as a way for the non-Roma to control the Roma, but also as a self-disciplinary tool for the regulation of the non-Romani Czechoslovak population's behavior as well.

Since the discourse on parenthood and sexuality in general was essentially gendered, this aspect logically extended to the issue of sterilization. While sterilization was seen as a possible solution to the "Gypsy question" as such, in reality it was strictly a female issue. In order to regulate the reproduction of the Roma, the Czechoslovak society had to regulate the bodies of Romani women. This conceptual link resulted in a gendered notion of Romani deviance since Romani fertility became a problem of sexually irresponsible and promiscuous Romani women and since other forms of social deviance, such as mental retardation, were born within the woman's body.

While those involved in the sterilization process did not seem to see explicit connection between the politics of ethnicity and ideology of normative sexuality and reproduction, this study demonstrates that such a connection deserves to be seriously considered. The latent consensus of the majority of petty social workers and local doctors to translate the ambiguity of the official medical lingo into a "discourse on ethnicity," suggests that, contrary to the official rhetoric,

racism remained a salient and pervasive feature at the everyday social level of the Czechoslovak society during the communist regime. Clearly, the country practiced a double standard of citizenship based on ethnic grounds. The meaning of "Gypsiness" kept shifting to fit various individual and collective senses of identity, permeating both gender/sexual and racial/ethnic matrixes. Thus, it seems feasible to argue that the construction of ethnicity in communist Czechoslovakia was heavily informed and inextricably linked with the discourse on social deviance and sexuality.

Moreover, the circumstances of the sterilization practice in postwar Czechoslovakia show that the communist regime was far from exercising a total control over all aspects of the society. In fact, this article demonstrated that there was no such clear division between the "regime" and the "people." Power could be found at all levels of the society, as "obvious" intentions and objectives of various laws and policies were transformed and acquired radically different meaning in the hands of those who interpreted and implemented them. Official laws may be one, but certainly not the only, site where institutional power was exercised. In fact, low level officials constituted a very important "nexus" in Czechoslovakia because they were participants or purveyors of two different discourses – popular discourses about the Roma "from below" and official discourses on the "Gypsy question" "from above" – and they thus had the potential of inflicting double harm on the Roma by translating one discourse into the other.

Policies written in the legal code of the regime were not the same as policies as they affected real people. This was because, even if local officials were ordered to follow directives from above, they still had the *discursive freedom* to interpret and apply laws according to the popular prejudices and stereotypes that inform their attitudes and behavior. This does not mean that local officials were free to do what they wanted or that they were not monitored by their superiors. Rather, it means that such officials, simply as interpretive beings could have (and indeed did) apply policies in ways that more directly related to popular consciousness and culture than according to the ideological straightjacket of the letter of the law.

Equally importantly, this article asserted that the story of sterilization cannot be written as a simple study in victimology or identity politics. Even though the evidence presented so far suggests that with more research the historical narrative will only become increasingly complex and difficult to untangle, the gravity of it also makes clear that in order to better understand the social mechanisms that informed the constructions of ethnicity and sexuality in communist Czechoslovakia, such research needs to continue.

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