

BIOLOGICAL TYRANNY

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The site that Eleanor Roosevelt visited in West Virginia during the Depression and described as the poorest place in America is still, according to local inhabitants, as miserable as ever, if not worse. The mountains, long denuded of their finest timber, are heavily eroded and gouged by strip mines. They look like partly plucked and badly butchered chickens. Their topsoil is buried beneath the eviscerated hillsides or silted into black streams choked with coal dust and sulfuric acid. An ugly industrial slum winds through the valleys from Huntington to Charleston and is overlain with a yellowish grey pall which impartially dissolves lung tissue and automobile finish. The rivers are a stinking cauldron of industrial poisons.

Into this mutilated landscape the newly born miner's child is thrust. The mother, battered by repeated childbearing, struggles against sheer physical exhaustion. Years in the mines have left the father with a chronic cough, frequent chest pain, shortness of breath, and other symptoms of severe lung disease and early heart failure. If he is lucky enough to have a job at all in the mines, he may earn as little as \$2.75 a car loaded with 1 to 1 ½ tons of coal; and he loads seven cars a day in a 12-to-14-hour day. The work is dangerous and sporadic. In the smaller mines, he buys his own equipment. There are no fringe benefits. The coal is sold for up to \$12 a ton to others, or perhaps slightly less if he buys it to heat his own tumbledown shack. The shack has no running water, sanitation or privacy. When it is available, electricity powers a few naked light bulbs and, if work has been steady recently, perhaps a new refrigerator. Except for a TV and a telephone, which works only occasionally, the refrigerator is the only appliance. For this, the miner pays "so much a month" – perhaps up to four times the real retail price.

To the south of West Virginia, the strip mines are invading the beautiful Smoky Mountains of eastern Tennessee, and the inhabitants are becoming impoverished in an environment unfit for humans.

On a crisp, sunny November morning, I stood in the littered front yard of a Tennessee mountain family's household talking with Robert Brooks of Oak Ridge. Brooks is a 45-year-old chemical plant worker who became so enthusiastic about his wife's activities as an OEO family-planning outreach worker that he decided to help in his spare time. Brooks is a poor coal miner's son from one of the remote "hollers" of Tennessee.

We had come to visit one of the poorest families near the unemployment-stricken village of Fratersville, and we stood well out in the yard waiting to be invited in. We looked across the valley at the fading but still splendid autumn foliage and watched as a strip mining operation ripped a brown, ragged wound across the hillside. A few days before, water accumulating from heavy rains had broken through some of these abandoned shelves, unleashing a destructive flash flood on the hollow near Fratersville.

A woman finally asked us to come in. she invited us to sit on a tattered sofa in a room otherwise barren except for a pootbelly iron stove and a broken wooden chair. She pulled the chair near the glowing stove and sat down. As we talked, she slumped forward and watched her children listlessly, her arms crossed. She spoke in a monotone. She was 38 years old. She and her husband had nine living children. She was six months pregnant. "I tuck them pills for awhile, but my stumick got to botherin' me like it did afor I tuck 'em so I quit for three months. Couldn't afford 'em, no how." Brooks told her that she could get free medical exams and birth control help at the OEO clinic, and she said, "Well, I'll be down after the baby's got borned, but ain't there some way asides a pill?"

Similar requests from families with all the children they want are commonly heard by Brooks and his fellow OEO outreach workers in Tennessee. Mrs. Jeanette Smith, the nurse directing the OEO-funded anderson Countyfamily planning project through the local Planned Parenthood organization, estimates that her office receives four to five sterilization requests a week from poor families. A recent program-management survey of OEO family planning projects, which are currently serving more than 300,000 patients, indicates that this is far from unusual. Eighty percent of the projects reported that they wanted to provide sterilization as part of their regular services, which already include pelvic exams, cancer detection, VD screening, counseling, and education as well as contraceptives and referral for other medical problems. Project directors such as Mrs. Smith, however, feel that many of the patients want sterilization and that a complete program should include this service. Perhaps the most surprising aspect of this experience in Tennessee is the frequency of requests by men for vasectomy, the male sterilizing operation. In his contacts with the mountain men of Tennessee, Robert Brooks makes no secret of the fact that he had a vasectomy done after he and his wife had their child 15 years ago. Since vasectomy cannot now be offered by OEO programs, he does not bring up the subject deliberately.

One man, a seasonally employed garage mechanic, wanted a vasectomy done on himself as soon as it could be arranged. He and his 26-year-old wife have three children. She has also had two miscarriages. She cannot take birth control pills because of chronic kidney disease, high blood pressure, chronic urinary tract infections, and rheumatic heart disease. Other forms ofcontraception have been ineffective or unsuitable for her. Yet she will be risking pregnancy for the next 20 years. Herlast unplanned child was delivered by Caesarean section. Any future pregnancy would probably require a similar operation. Some of their medical bills are paid by public sources, but one more child would plunge them even deeper into debt.

Another woman in her early twenties, an outreach worker for one of the Tennessee family planning projects, is plagued by extreme obesity, made worse with each pregnancy. She weighs close to 300 pounds. The obesity is also aggravated by taking birth control pills, but she is so fearful of pregnancy she doesn't want to stop taking them. Her anxiety about pregnancy causes herto eat more and the problem gets worse. She and her husband have three children "...all we can handle. We don't want any more children." Her last pregnancy was unwanted. All three children have been ill and have had recent hospital stays. Her husband was seriously injured nearly a year ago and is unable to work. They want sterilization for either one but can't afford it.

As an outreach worker, she has found that many women are in situations similar to hers. She herself was unaware of the possibilities of help before she was contacted by an OEO outreach worker. "I knew that there was a pill, but I didn't know if I could get it until one of the volunteers came and told me about it."

A young woman in her late twenties told me that neither she nor her middle-aged unemployed husband, who has had two heart attacks, wants any more children. None of her three children was intended. Her first child was born out of wedlock; the others have been born since she married in 1968. She was using foam and the rhythm method, respectively, when she became pregnant with the last two. They came 13 months apart. Her first thought, she says, when she discovered her last pregnancy, was "...how can I get rid of it?" They live in a cramped trailer house, and she says, "Each one makes it harder on the ones we already got. We couldn't really afford them, but here they are so what can you do?" She wants to be sterilized and "...would go this afternoon if I thought I could get it done," but they don't have the money to pay. Her youngest child is six months old.

A dejected, tobacco-chewing young man shifted nervously in front of a squat iron stove which provided the only heat for his one-room tarpaper shelter. He looked past his 31-year-old wife at one of their seven children, who was screaming and pummeling a younger brother, and said, "I git another I reckon I'll shoot myself." Their house burned down two years ago Christmas and he has been unemployed "for a long time." He takes odd jobs and they get food surplus, but there seems to be no way to get ahead. Their "house" has no running water, toilet, adequate cooking facilities; they have no refrigerator. His wife looks nearly twenty years older than her age. The youngest child is three months old. All the children are anemic and dirty. Two appear to be mentally retarded. The others go to school only when the weather is warm. They have no shoes or warm clothes. The man wants his hernia fixed and a vasectomy done at the same time. "We got all we kin handle." His wife became pregnant with their youngest child when she ran out of birth control pills and couldn't afford to buy more at the time. She was recently contacted by the local OEO family-planning outreach worker and has begun attending the clinic, but both she and her husband feel that temporary measures such as the "pill" are not enough to suit their need. However, they cannot afford an operation, which would cost around \$100 for the man's vasectomy or as much as \$400 for the woman.

Families like these need jobs, decent housing, a healthy environment, adequate food, clean water, sanitation, and education. OEO health programs, including the 450 projects primarily concerned with family planning, provide a network of services which are meeting some of these individual needs. But one of the most important needs is freedom from the tyranny of their own biology.

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