PART A
Coerced Sterilization

Outcomes, Theories, Methods

For almost a century, politicians, lawmakers, doctors, bureaucrats, scientists, and citizens embarked on an ambitious social engineering project: coerced sterilization.

In North America, it began in the 1880s, with one prison doctor’s desire to prevent masturbation among his inmates. In the following decades, hundreds of thousands of people – above all, those deemed to be “feebleminded” and therefore likely to reproduce that trait – were sterilized in dozens of states, provinces, and countries around the world. The United States forcibly sterilized at least 60,000 feebleminded\(^1\) patients from the 1910s to the 1970s; Nazi Germany (the most widely known instance) sterilized approximately 360,000 such individuals in the 1930s; Canada eugenically sterilized approximately 3,000 people (more than 90 percent of such sterilizations occurred in the province of Alberta); and the countries of Scandinavia coercively sterilized 35,500, with tens of thousands more sterilized under quasi-voluntary conditions thereafter.\(^2\) In the United States,

\(^1\) For obvious reasons, there is much debate on how to refer to those with learning disabilities. The correct term today is “people with developmental disabilities.” Rather than using this description anachronistically, we have opted to use the term “feebleminded” when we refer to such individuals in historical context, as that is how people with mental disabilities were understood and constructed in the pre–Second World War period. This construction, in turn, had an influence on how state agencies treated them. When we are speaking generally or discussing a contemporary context, we use the term “people with developmental disabilities.” The distinction between historical and contemporary usage is not always clear-cut, but we strive to maintain it and, more important, the correct use of the terms throughout the manuscript.

the majority of coerced sterilizations occurred within state institutions: chiefly homes for the feebleminded but also in state hospitals and prisons.

Eugenics provided the main justification for sterilizing the mentally handicapped in the first half of the twentieth century. To oversimplify somewhat, eugenics is the doctrine that states that the fostering of good genes and the elimination of bad ones will serve the cause of national “racial” health by permitting better breeding of a nation’s “stock” of people. Early social science research purported to show that there were large numbers of feebleminded and, on top of that, that they were producing children at a disproportionately high rate. Therefore, doctors, mental health superintendents, psychologists, and other professionals concluded that the inevitable result would be a gradual decline in overall national intelligence. Prevailing theories of heredity and their influential advocates maintained that inferior traits were necessarily transmitted without modification from generation to generation. As a eugenic report published in 1918 on the “Care of the Insane” in California put it: “the whole stream of human life is being constantly polluted by the admixture of the tainted blood of the extremely defective.”

The story of the people who arranged and carried out sterilizations in North America, how and why they did it, and the story of those who were sterilized are the subject of this book. Our aim is twofold: (1) to understand why these eugenic sterilizations occurred, and (2) why they continued to occur after 1945. In answering the latter question, we seek an understanding of why, despite the revelations of the German National Socialists’ mass sterilization program and their mass murder of the mentally handicapped, sterilization in North America continued and, in some states, increased in the following decades.

Understanding coerced sterilization requires sifting the copious sets of primary documents on the topic. The book relies on archives from about twenty collections in four countries. In addition, there is a rich historical literature on eugenics and sterilization. Dozens of scholars have written meticulously researched and carefully argued books on eugenic ideas and eugenic policy in the United Kingdom, the United States, and

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Germany, as well as comparative studies of these and other countries. We cannot and we do not intend to replicate the exhaustive detail of existing case studies, and, in part for this reason, we devote as much space to the understudied postwar period as we do to the prewar one. Our aim in the prewar chapters is rather to use this literature to draw out further comparisons (including in particular the neglected and important case of Canada) and to reflect on the general factors determining whether states adopted coerced sterilization policies.

The following portions of the book can be read in several ways: as organizational histories of some of the chief pro-sterilization lobby groups, as oral histories of the victims of coerced sterilization, and as what might be called “alternate histories.” In the last, we offer in particular revisionist histories of two great social movements and one transformative social program: the choice movement, the anti-population growth movement, and the Great Society programs. All three had important eugenic undercurrents, and many of the


individuals involved in all three had previously enthusiastically supported eugenics and coerced eugenic sterilization.

**TRANSLATING IDEAS INTO POLICY: COERCED EUGENIC STERILIZATION**

Political scientists have devoted sparse attention to the study of eugenics and coerced sterilization. This oversight is curious. Sterilization policy across the United States was a significant plank of public policy, one that directly affected tens of thousands of people and indirectly affected hundreds of thousands more. The study of policy is basic to the discipline, and work on sterilization should be mainstream, not marginal, in policy studies. Furthermore, a core interest of political scientists is power, and the sterilization of the mentally handicapped was a case par excellence of the exercise and abuse of power. Over the past century, the mentally ill and developmentally disabled have been stigmatized, isolated, and institutionalized; their bodies have been poked, prodded, restrained, electrically shocked, beaten, and mutilated. They have been robbed of their dignity, their reproductive power, their citizenship, and, at times, their lives. The mistreatment of these individuals is one of the great human rights abuses of the twentieth century, and political scientists have all but ignored it.

Two factors likely account for political scientists’ neglect of coerced sterilization. First, coerced sterilization is a quintessential example of illiberal social policy, and scholars have paid little attention to illiberal policy as public policy. Although recognized as a category,¹⁰ there has been a marked hesitancy on the part of scholars to apply established social science techniques to the study of policies such as genocide, mass expulsion, slavery, sterilization, or even the more mundane illiberal policies such as conditional welfare benefits, workfare, and other punitive social policies. Scholars have accorded extensive attention to anti-liberal political parties and, to some degree, to the movements supporting them, but, even here, they are viewed as distinct spheres of inquiry rather than as mainstream social science.¹¹  

Second, coerced sterilization continues to be viewed as prewar history. It is in fact also part of postwar politics. The practice of eugenic sterilization persisted in major liberal democracies until the 1970s, and, in some cases, it is still with us today.¹² Eugenic sterilization did not end with the Second World War. It also did not end when the world began to learn that doctors in National Socialist Germany had sterilized hundreds of thousands of mental patients, murdered

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¹¹ Hence there is the hesitation to view right-wing, anti-immigrant, Islamophobic movements in Europe as “new social movements.”

80,000 more, and used them to conduct experiments in the very gassing techniques used to liquidate the Jews of Europe. On the contrary, the coerced sterilization of the mentally ill in North America continued and, in other states, increased. It did not end in most states until the 1970s. In some places, it did not end at all.\textsuperscript{13}

The question of why policies adopted in the 1910s, 1920s, and 1930s could last so long and at such human cost does not admit of easy answers, and it is dealt with in the second part of the book. The explanation rests on the examination of archival records and through conversations with dozens of individuals who were sterilized unknowingly, against their will, and sometimes after an impossible choice between a barren freedom and a fertile imprisonment. We have gathered, corroborated, and woven into the narrative the personal stories of some of those who were forcibly sterilized.

In offering an account of why coerced sterilizations continued after the war – and therefore after the Holocaust and the human rights revolution – we focus on the interaction among institutions, ideas, and agents. The decision to sterilize was made by officials (Eugenics Boards populated with doctors, asylum superintendents, and social workers) holding power over the mentally ill and developmentally disabled. The key figure in our account is the superintendent, and the key institution is the home for the feebleminded.\textsuperscript{14} The vast majority of official sterilizations occurred within institutions (North Carolina is the exception), and the rules and ethos of the mental health institution are central to understanding how sterilization could continue, especially in the postwar years.\textsuperscript{15}

In the institutions, the superintendent had near-complete legal power over the patients, and he (it was almost invariably a “he”) was the central figure in deciding (a) whether the institution would sterilize its patients at all and (b) whether an individual’s sterilization would be authorized. Institutional practice


\textsuperscript{14} In Alberta, members of the Eugenics Boards traveled to and made a decision in favor or against sterilization within the mental health institutions themselves. “Return asked for by Mr Giroux respecting Members of the Sexual Sterilization Act Board,” March 2, 1932, ACC, GR 1970.44, 31/1173, Provincial Archives of Alberta (PAAB). These institutions included the Provincial Training School, Red Deer, and the Provincial Mental Hospital, Ponoka.

\textsuperscript{15} Less practical to determine is how many sterilizations occurred in private institutions and how many were voluntary. The distinction between voluntary and involuntary sterilization was, as we will see, a fuzzy one throughout the twentieth century. Some arrangements called “voluntary” with patient consent were in fact closer to coercive.
was that arbitrary. In other cases, social workers held the power of the purse: they made renewal of financial support dependent on submission to sterilization.

The relationship among agency, institutions, and ideas is a theoretical and an empirical one, and it needs to be developed. Before doing so, we position the book’s argument within the scholarly literature.

THE INTELLECTUAL TERRAIN

Although it can appear at times to indulge in theorizing for its own sake, social science theory is ultimately about isolating causality, and it shares this aim with history. In the latter, historians have developed, explicitly or implicitly, several theoretical frameworks for the study of eugenics and coerced sterilization. Subject to inevitable overlap, five approaches can be teased out of the existing literature.

1. Eugenics as a Religion

The first approach views eugenics a new religion, which would have been a bitter irony to some of the leading eugenicists, given their hostility to religion and to religious believers. Like religion, eugenics was a comprehensive framework that gave reasons for the state of the world and also prescribed actions meant to improve it in the future. More specifically, eugenics provided an account of both the origins of human difference and the correct social and economic policies needed to deal with it. Francis Galton, as historian Daniel Kevles put it, was the “founder of the faith.”

Like many religions, it promised salvation – in this case, from biology. “Could not,” Galton wrote, “the race of men be similarly improved? Could not the undesirables be got rid of and the desirables multiplied?” Kevles takes the rhetoric further: “Could man not actually take charge of his own evolution?” What made eugenics unique was the incorporation of scientific language into a religious worldview.

16 There are a number of works that tell us what happened without speculating on why, but these are generally works that “broke” the story of eugenics or some part of it. See Müller-Hill, Murderous Science; Stefan Kühl, The Nazi Connection: Eugenics, American Racism and German National Socialism (New York: Oxford University Press, 1994).
17 Kevles, In the Name of Eugenics, 12–13.
18 Ibid., chapter 1.
19 Ibid., 3. The first two questions are direct quotations from Galton. The last is posed rhetorically by Kevles. Ibid.
That the eugenicists held such views is indisputable, and the religion analogy is a powerful one. Galton himself directly makes this connection:

[Eugenics] must be introduced into the national conscience, like a new religion. It has, indeed, strong claims to become an orthodox religious tenet of the future, for eugenics co-operate with the workings of nature by securing that humanity shall be represented by the fittest races.22

Nonetheless, defining eugenics as a religion provides little explanatory value; it is really another way of saying that eugenics was a comprehensive ideological framework with policy prescriptions. The question is why these policy prescriptions were followed. Certain religions, such as Islam and Christianity, attract billions of followers; others, such as the Bahá’í faith, attract a few million. As students of ideational approaches to politics note, the fact of policy impact cannot be read off the coherence of an ideational framework.23

2. Eugenics as Racialist Policy

The second approach views eugenics as a racial project designed to purge the population of nonwhite, homosexual, and/or poor people. Unsurprisingly, given the country’s history of slavery, accounts of eugenics in the United States often fall into this category.24 As one book recently put it, “in the early decades of the twentieth century, not long after the technology of surgical sterilization had been devised, state governments throughout the United States began a quest for racial purity that would change the lives of thousands of their citizens.”25 In a similar (if more jargon-ridden) vein, another scholar argues, referring to eugenicists’ support for nationality-based immigration control:

[E]ugenics . . . has played a pivotal role in nationalist and racist enterprises. . . . Central to the [pursuit of racial purity] is a “racism of extermination or elimination (an ‘exclusive’ racism) and a racism of oppression or exploitation (an ‘inclusive’

24 Edwin Black, War against the Weak: Eugenics and America’s Campaign to Create a Master Race (New York: Four Walls Eight Windows, 2003); Harry Bruinius, Better for All the World: The Secret History of Forced Sterilization and America’s Quest for Racial Purity (New York: Knopf, 2006). Black’s account may be the most strident of this view: “in America this battle to wipe out whole ethnic groups was fought . . . [to] create a superior Nordic race.” Ibid., xv. He adds, “American eugenicists were convinced they could forcibly reshape humanity in their own image.” Ibid., 21. Also see, in a more complicated way, Nancy Ordower, American Eugenics: Race, Queer Anatomy, and the Science of Nationalism (Minneapolis: University of Minnesota Press, 2003).
25 Bruinius, Better for All the World, 9.
Eugenics employed and rationalized both “inclusive” and “exclusive” racism.26

These analyses are not so much wrong as overblown. Many eugenicists were racist and held views of black, Asian, Latino, and indigenous people that most now regard as repugnant. In this stance they were, however, hardly unique: an unreflective assumption of Northern European racial superiority was common in North America before the Second World War. These eugenicists were products of their time. But their eugenics was not, at its core, a racist attempt to eliminate other races; the motivation was to improve the lot of white North Americans. Indeed, and rather paradoxically, racism was until the 1960s something of a shield for African Americans from eugenicists’ practices. North American eugenicists viewed their society’s African American citizens as so removed from the mainstream of the white society as not to warrant consideration in the development of this new public policy.

Had North American eugenics been fundamentally racist, nonwhite people would have been a primary target of the policy of coerced sterilization. They were not. On the contrary, the majority of sterilized people was white. Virginia opened the first institution for feebleminded African Americans only in 1939, and, across the state, physicians concerned with sterilization rarely if ever mention race.27 Across the South, only a handful of institutions were opened for African Americans, and only a few white institutions admitted African Americans – to segregated sections, of course.28 Southern eugenicists shared Northerners’ overwhelming concern with the threat posed by the (white) feebleminded rather than African Americans.29 At the same time, some leading eugenicists distanced themselves from the most overt forms of racism. In 1947, Wickliffe Draper, a wealthy racist benefactor, offered to fund Birthright, Inc., one of the United States’ main pro-eugenic sterilization organizations, on the condition that the organization’s research supported racial prejudice and justified Southern miscegenation laws.30 Birthright’s founder turned his offer of

26 Ordover, American Eugenics, xv.
28 One separate institution for African Americans was the Petersburg State Colony. Like other institutions, it began with high hopes for vocational training but soon became an overcrowded “dumping ground for delinquent black youths.” Steven Noll, Feeble-Minded in Our Midst: Institutions for the Mentally Retarded in the South, 1900–1940 (Chapel Hill: University of North Carolina Press, 1995), 100. Another institution for African Americans was North Carolina’s Goldsboro State Hospital for Negroes. Ibid., 102.
29 See ibid., 92, and chapter 5 generally.
30 Dowbiggin, Sterilization Movement, 49–50. The suggestion came from Paul Popenoe. Popenoe to Marian S. Olden, January 20, 1947, 2/14, Association for Voluntary Sterilization Records (AVS), University of Minnesota, Minneapolis, MN.
"Sadeness (Part I)" is a song by German musical project Enigma. The song was released in November 1990 as the first of four singles from their debut album MCMXC a.D. (1990). It became an international hit, reaching number one in 24 countries. In the United States, the song peaked at number five on the Billboard Hot 100 and number one on its dance chart. A sequel to the song, "Sadeness (Part II)" featuring Anggun, was released on Enigma's eighth studio album, The Fall of a Rebel Angel (2016).

Emerge Part I Lyrics.

[Intro] Echo (echo, echo) In my dreams (in my dreams, in my dreams) Echo (echo, echo) In my dreams (in my dreams, in my dreams).

[Verse 1] Echo in my dreams Crawlin' through the depths of you Comin' over me Drifting in the deep.

[Chorus] Emerge within me Fade into the galaxy Emerge within me Drift into the deep.

"Emerge Part I" Track Info.