“Human Betterment”: The Fight For and Against 50 Years of Sterilization in North Carolina

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“Human Betterment”:
The Fight For and Against 50 Years of Sterilization in North Carolina

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by
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Introduction

Hidden In History: The Legacy Of Eugenics In America

“When married was a good idea/ but now we’ve got five kids to rear/ way things are going there’s a youngin’ each year. / What are we gonna do, my darling?” - Windsong, Human Betterment League of NC television spot, 1971.

When we think of eugenics, we think of the Nazis. The word evokes images of Jewish people being corralled and sent to gas chambers in the largest genocide the world has ever seen. However, eugenics is not a German invention. It originated in the United States. From 1907-1974, over 65,000 Americans were sterilized through government programs in more than thirty states.¹ These initiatives targeted members of society who possessed ostensibly hereditary traits that made them “unfit” to reproduce in the eyes of eugenicists. This policy received legal grounding in *Buck v. Bell* (1927) when the United States Supreme Court ruled that states had the right to sterilize genetically “defective” Americans.² In the majority opinion, Justice Oliver Wendell Holmes famously stated, “Three generations of imbeciles are enough.”³

With its etymological roots in the Greek word for “good birth,” the term “eugenics” was first coined in the early 1900s by English scientist Sir Francis Galton as, “the study of all agencies under control which can improve or impair the racial quality of future generations.”⁴ Galton originally made a distinction between “positive” and “negative” eugenics, the former referring to voluntary family planning and the use of gene selection to make biologically ideal marriages.

² Ibid.
³ Ibid., 7.
However, these once positive aspirations soon gained negative connotations when the language of eugenics moved into the realm of coercion. In his book, War Against the Weak: Eugenics and America’s Campaign to Create a Master Race, Edwin Black discusses this shift in perspective:

Everything Galtonian eugenics hoped to accomplish with good matrimonial choices, American eugenicists preferred to achieve through draconian preventative measures designed to delete millions of potential citizens deemed unfit. American eugenicists were convinced they could forcibly reshape humanity in their own image.5

Breeding was now framed as a process of elimination rather than selection; eugenicists began focusing on who should not reproduce rather than who ought to. In order to ensure genetically perfect unions, those who were “unfit” needed to be removed from the candidate pool entirely. The only way to make this permanent was through sterilization.

This shift in perspective can be attributed to Charles Davenport, a highly religious American civil engineer and the father of modern eugenics. In 1903, Davenport partnered with the American Breeder’s Association (ABA), which agreed to support his efforts in formulating a Eugenics Record Office, “to quietly register the genetic backgrounds of all Americans.”6 In order to do so, Davenport and his team had to actively search for those who qualified as “unfit” by standards they themselves had created.

The “standards” for judging the quality of a trait were by no means objective or scientific. As Black writes:

Ten groups were eventually identified as “socially unfit” and targeted for “elimination.” First, the feebleminded; second, the pauper class, third, the inebriate class or alcoholics; fourth, criminals of all descriptions including petty criminals and those jailed for nonpayment of fines; fifth, epileptics; sixth, the insane; seventh, the constitutionally weak class; eighth, those predisposed to specific diseases; ninth, the deformed; tenth, those with defective sense organs, that is, the deaf, blind, and mute.7

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5 Black, War Against the Weak, 21.
6 Ibid., 45.
7 Ibid., 58.
These categories were formulated during an ABA committee meeting in 1911. In the midst of the Progressive Era, eugenics was contextualized by an overall commitment to the betterment of society through education and social reform. At this gathering, the group discussed how it could begin, “purging the blood of the American people of the handicapping and deteriorating influences of these anti-social classes.” Based on these regulations, it was estimated that ten percent of the population of the United State was “socially unfit.” By term “elimination,” they meant that any person who fell under one or more these ten categories needed to be “purged” through sterilization.

The term “feebleminded” stands out as the first and most vague requirement for sterilization because what constitutes “feeblemindedness” was never clearly defined. Is it in reference to one’s literacy or ability to take care of oneself? At what age can a person first be classified as “feebleminded?” If it is describing a mental disability, where is the line drawn in terms of severity? This seemingly deliberate ambiguity allowed the ABA to justify the sterilization of most individuals it deemed “unfit.”

The ABA believed “feeblemindedness,” poverty, alcoholism, and other social traits could be found in “defective germ-plasma that might pop up in future generations.” These pseudoscientific beliefs were the foundation of the eugenics movement and promoted the idea that if one grew up poor, then one’s children will be poor and so will their children for generations to come.

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9 Black, War Against the Weak, 58.
10 Ibid., 59.
11 Ibid., 48.
12 Ibid., 58.
I first learned about these sterilization programs by chance. Browsing The New York Times one morning in December of 2011, I came across a headline that shocked me, “Thousands Sterilized, a State Weighs Restitution.” The article discussed a sterilization program in North Carolina and the state’s fight for victim compensation. I could not believe this was the first time I was hearing about coercive sterilizations committed in the United States. It was appalling to discover the violations committed against, “uneducated young girls who had been raped by older men, poor teenagers from large families, people with epilepsy and those deemed to be too ‘feeble-minded’ to raise children” occurred as late as the 1970s. The article went on to reveal that the sterilization of an estimated 7,600 people was, “once considered a legitimate way to keep welfare rolls small, stop poverty and improve the gene pool.”

However, what shocked me the most was that I had never learned about this event in school. This was the first time I had felt as though my education had failed me. Furthermore, the amount of public awareness about the presence and scope of these sterilization programs is staggeringly low; in casual conversations about this topic, a common reaction people have is, “Wait, this happened here?” Given that the majority of states in the United States had eugenics programs, it is curious that so little is known about the existence and extent to which such programs operated.

This project focuses on the sterilization program in North Carolina because it was, in two senses, the most radical: it was the only state to give social workers the power to petition the Eugenics Review Board and is now making history by awarding financial compensation to victims of its program. The complications and moral quandaries

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14 Ibid.
surrounding this era provide a lens through which one can examine issues of state control, human rights, and the importance of public memory. This project explores questions such as how eugenicists convinced the general public of the program’s legitimacy, how the role of social workers changed the dynamic of the sterilization movement, and why victim compensation was approved while public knowledge of the history of this program is still so lacking.

Chapter one looks at the role played by public health campaigns, media outlets, and independent eugenics organizations in generating public support for North Carolina’s sterilization program. The quotations at the beginning of each chapter are taken from the television advertisements of one such group, the Human Betterment League of North Carolina. The main benefactors of the HBL played a large part in the birth control movement while simultaneously advocating for the sterilization of “morons” in North Carolina. This group is responsible for the “rebranding” of eugenics that allowed the program to weather the backlash its from associations with Nazi Germany post-WWII, and persist for almost thirty more years after the war’s end.

Chapter two uses the work of Michael Foucault to analyze the intersection between race and compassionate pity in the state’s attempt to manage the lives of its citizens. North Carolina’s sterilization program serves as a case study of this idea. This “bio-politics” of reproduction is manifested in the role of the social worker as an agent of the state. By looking at North Carolina through a socio-historical lens, we can see the complicated nature of these actions; many social workers believed they were fulfilling their duty to the state while providing women with a service that was for their own good.

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The chapter ends by chronicling the termination of the sterilization program and the confluence of political and historical events that led to its ultimate demise.

Finally, chapter three traces North Carolina’s sterilization movement up to the present and examines how the state came to create a $10 million fund for victim compensation.\(^{16}\) It examines the process of the Governor’s Task Force in determining how much compensation should be recommended and the importance of a public hearing where victims could testify about their sterilizations. Furthermore, it looks at the rhetorical strategies used to convince both liberal and conservative members of the North Carolina General Assembly that victim compensation was in accordance with their values. This chapter then discusses of the lack of public commemoration and education that has occurred as a result of this historic achievement. It concludes with possible suggestions for how to better administer outreach programs in order to identify living victims and to incorporate the eugenics program into the history of the United States.

The actions taken by the media, the government, and the general public formed a network that allowed for the continuation of North Carolina’s eugenics program long past those of its counterparts. In order to guarantee that these actions do not remain hidden, we must confront them in manner that exposes as well as educates. This project will deconstruct this web to ensure that American’s do not remain shielded from their country’s complex history with eugenics for any longer.

Chapter 1

Rebranding Eugenics: Public Complacency And The Human Betterment League


When an act of violence enters the realm of public knowledge it becomes visible. With this mindset, one would think that once the relationship between American and German eugenics programs became publically scrutinized during WWII, all sterilization programs would cease operating. That was not the case in North Carolina. After 1945, North Carolina’s sterilization rates increased despite the termination of almost all other programs in the United States. However, this anomaly did not occur organically; it was the result of carefully crafted public health campaign to portray the Eugenics Review Board as a humanitarian group fighting an uphill battle against poverty. Through the cooperation of various media outlets and private organizations, eugenicists were able to achieve their goal of public complacency and support for sterilization despite the negative associations the movement had gained.

Beginning in the early 1900s, American eugenicists took the budding German eugenics movement under their wing. As mentors, they shared their research, ideas, and ultimate visions for eugenics programs throughout the world with them. However, this relationship shifted in 1924 when Adolf Hitler entered the political sphere. Seeing that Hitler could further their hereditary agenda on a mass scale, American eugenicists forged

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18 Black, *War Against the Weak*, 280.
an even stronger partnership with German eugenicists and began to include the term “race hygiene” in the lexicon of American eugenics.\(^ {19} \)

Germany’s desire to develop its eugenics program stemmed from growing concerns about its population decline. In his book, *The Nazi Connection*, Stefan Kühl discusses a speech made by Falk Ruttke, a member of the Committee for Population and Race Policies in the Third Reich Ministry of the Interior, at the 1934 International Federation of Eugenics Organizations meeting in Zurich. During the conference, Ruttke claimed how the condition of the Germany population was “unfavorable, not to say disastrous.”\(^ {20} \) He went on to say that before 1933, the country’s declining birth rate, “left only the dependent part of the community rising in numbers.”\(^ {21} \) The Nazis associated this decline in birth rates with a decline in the overall quality of the population. This growing fear that the “dependent part of the community” were reproducing more than the elite members of society was especially distressing as Germany’s power was beginning to rise. Producing a population of “desired” individuals was serving the best interest of the state.

An international conference on eugenics shows how far spread such beliefs had become. The desire to raise fertility rates was especially prominent in Britain, France, and Russia, which lost a large number of soldiers during WWI.\(^ {22} \) These countries viewed eugenics as a way to replenish their population in a way that encouraged the breeding of “elites” to replace those who had died. Presenting “quality reproduction” as a way to manage the state was an idea that spread throughout Europe. Before German eugenicists

\(^ {19} \) Black, *War Against the Weak*, 281.
\(^ {21} \) Ibid.
turned to practices of euthanasia, their eugenic ideologies were no different from the rest of Europe’s.

Kühl goes on to say that eugenicists considered themselves to be both “scientists and activists.”

This exemplifies the inseparable nature of eugenics from politics and its influence on policies designed to protect the state from those deemed “unfit.” Considering the political climate of the time, one cannot view the actions of German eugenicists as purely malevolent. They were operating under widely held assumptions about race and hereditary eugenics believed to prevent the demise of the German state. Although these beliefs were later disproved, the conviction with which eugenicists acted came from their desire for social change.

The anxiety that growing populations comprised of “undesirables” posed a threat to national stability was not just isolated to Europe; this fear manifested itself in the expanding immigrant population of the United States as well. The assumptions and standards used to determine “quality” were similar as well. In fact, the categories for sterilization in Germany were identical to those set forth by American eugenicists at the beginning of the movement. However, by 1934, German eugenicists had far surpassed their American counterparts through the implementation of German’s first nation-wide sterilization law. During the year known as “Hitler’s cut,” the Third Reich sterilized 56,000 people.

The scale of this movement in conjunction with the implementation of the Nuremberg Laws in 1935, which deprived Jews of their German citizenship, caused American groups and media outlets to question the United States’ relationship with

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25 Black, *War Against the Weak*, 304.
Germany. Barring some devoted eugenicists, the withdrawal of support for Nazi eugenics programs was unanimous in 1939 once Hitler’s eugenic policies turned from sterilization to euthanasia during WWII. 26 There is a distinction to be made between eugenics ideals and the extreme nature to which the Nazis applied these principles. Yet, prior to that action, the distinction was difficult to see.

Although there is a clear timeline for the withdrawal of American support for German eugenics, the trajectory for public exposure is not as defined. The relationship between American and Nazi eugenicists was not a secret; in many scientific journals their partnership was praised and seen as the beginning of the global expansion of the American eugenics program. 27 The extent to which the general public outside of the scientific community was aware of the depth of their relationships is unclear. However, there is no question that the American people were aware that components of eugenics were being dispersed throughout Europe. Eugenics programs were not novel concepts; they were heavily steeped in the national consciousness of powerful European countries and the United States.

Why then were American eugenicists not punished for their actions? If they were the primary teachers of Nazi eugenicists, why were they not held accountable for their role in the Holocaust? Perhaps the enormity of the genocide committed by the Nazis eclipsed the part played by American eugenicists. The argument can be made that they did not know how far Hitler intended on taking their ideas and were therefore absolved from blame.

27 Black, *War Against the Weak*, 304.
There is also the possibility that Americans believed a version of the truth they wanted to believe, that America came and rescued the world from the horrors of WWII and thus should only be portrayed as crusaders of justice and democracy. It should be noted that during The Doctors’ Trial in from 1946-1947 in Nuremberg after WWII, only German doctors were tried. Furthermore, these trials were held before a United States Military Court and presided over by American judges. The notion that Americans could have played any part in the inception, cultivation, and overall implementation of the Holocaust would have tarnished the image they had created for themselves.

On the heels of this mass atrocity, it is unfathomable that a eugenics program was able to continue let alone become strengthened in North Carolina; the United States denounced one butchery while simultaneously sanctioning another. One explanation for the persistence of these ideals is the presence of the Human Betterment League of North Carolina (HBL). Created in 1947, the HBL was started by elite members of society in Winston-Salem, NC. Two of its main founders were James Hanes of Hanes Hosiery and Dr. Clarence Gamble of the Proctor & Gamble fortune. The combination of Hanes’ and Gamble’s celebrity and their large financial contributions to the HBL gave the Eugenics Review Board a newfound legitimacy going into the post WWII era. The influence this group had was furthered by the fact that Hanes served as the mayor of Winston-Salem from 1921-1925.

Yet, the most important achievement by the HBL was the manner in which it effectively rebranded the concept of “eugenics.” After the term became directly

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associated with the Nazis, eugenicists needed to find a way to promote their agenda without inciting public outcry. By shying away from terms such as “eugenics” and “race purity” and instead choosing “selective sterilization” and “progressive,” the HBL was using more palatable language to convey the same ideas. This is why it is rare to see the term “eugenics” in any of its pamphlets or propaganda videos; the term was toxic and in order for it to continue garnering public support for sterilization programs, its version of eugenics needed to be perceived as different from the eugenics of the Nazis.

In 1948, Hanes and Gamble made a further attempt to solidify this rhetorical change and prove the necessity of the HBL. They paid for an IQ test to be administered to ninety-five percent of elementary school students in Winston-Salem. The results showed that black American students scored lower than white American students. The HBL used this finding as precedent for the continued sterilization of the “feebleminded,” a label which remained ill defined and unclear.³¹ They failed to realize the vast array of reasons why children who were five to eleven years old might not have performed well on a test designed by white American men and only tested on white American children. The HBL claimed the racial inconsistencies in the number of sterilizations being performed were an independent factor in the various litmus tests it conducted.

This belief was corroborated by Moya Woodside in her book, Sterilization in North Carolina: A Sociological and Psychological Study. Published in 1950, Woodside’s study discusses her “research” finding that, “There is need for special education among the lower-class Negro groups, since it is here that fertility is highest and mental defect

more prevalent.”

Woodside is presenting her opinions as facts, deeming all poor black Americans less competent and less intelligent than white Americans. By prefacing her view with a call for more “special education” for lower-class black Americans, Woodside frames her statement in a manner which makes sterilization seem as though it is in the best interest of a strata of society that cannot care for itself.

However, the tone and purpose of Woodside’s book was not devoid of external influences; Gamble personally funded the research for Woodside’s book. The fact that the majority of her financial backing came from one of the most prominent eugenicists in the country leads one to question Woodside’s motives. Her depictions of black Americans provided the HBL with the justification and “facts” it needed to launch a public campaign to promote sterilizations when most states had ended their eugenics programs. Woodside was the “objective third party” who could be cited when its beliefs about the necessity of sterilizing poor black Americans were questioned.

In addition to funding publications and IQ tests, Gamble was instrumental in funding birth control clinics all throughout North Carolina. In her book, *Choice and Coercion*, Johanna Schoen chronicles Gamble’s role in the inception of these clinics. By 1939, sixty two clinics were operating in sixty counties that served over 2,000 patients. Although this was a major accomplishment, Gamble struggled with presenting these clinics in a way that did not seem too radical. In order to distance themselves from women right’s activists such as Margret Sanger, these clinics focused on the scientific and health related aspects of birth control. They presented birth control as an aspect of women’s health no different from any other procedure; unlike Sanger, Gamble’s birth

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control clinics did not discourage women from having children but provided them with a healthy way to prevent pregnancy.

Dr. George Cooper further articulates this manipulated distinction between the two. Referring to Sanger as a “fundamentalist” and “radical,” Cooper describes the calculated way that the mission of these clinics needed to be crafted in order to appeal to the general public:

We have quietly assumed and published the fact that this part of the program of public health work is just one small item but an important item and that the work of this character for married women is just as important… to protect her health and maybe her life as it would be to do a curettage or sew up a lacerated cervix. In other words, as long as the program is held on a sound scientific and public health and medical basis, it cannot be criticized.\(^{34}\)

By acknowledging that their birth control clinics were for married women as well as single women, Cooper is appealing to those who may have believed that contraception promoted sex out of wedlock. Emphasizing the health aspect of this medical advancement instead of the autonomy it provided women, these clinics were able to operate like hospitals. Cooper and Gamble believed the scientific nature of their work would protect them from public scrutiny about this inflammatory subject. These clinics were not intended to discourage women from having children, but rather, to encourage them to have children in a healthy way.

The amount of emphasis placed on the distinction between maternal health and reproductive choice demonstrates that these clinics were more focused on controlling women’s bodies than liberating them. By attempting to normalize birth control, Gamble was paving the way for public acceptance of sterilization programs. Just like the HBL’s sterilization campaigns, these clinics highlighted economic struggles that poor women faced when having children and how contraception could alleviate an additional

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\(^{34}\) Schoen, *Choice and Coercion*, 37.
responsibility. To an American public in the midst of being reeducated about sterilization, the creation of such clinics furthered the notion that women who sought out birth control were not capable of controlling themselves.

Gamble’s role in the birth control movement complicates his overall role in the history of eugenics. On the one hand, these clinics can be seen as vehicles of sterilization, drawing vulnerable women in and exposing them to those who could recommend them for the procedure should they refuse birth control. On the other hand, there were many women who desperately wanted contraception and these clinics were able to fulfill this need. Though Gamble’s utilitarian approach to reproductive health had a distinct trajectory, one cannot ignore the number of women who benefitted from these clinics.

In addition to the economic arguments made about birth control, the idea of safeguarding the “feebleminded” against themselves was also present. The “protection” both clinic doctors and Woods’ analysis focused on can be seen as another form of public deception. Since the HBL claimed the racial bent in sterilization statistics was not the primary reason for sterilization, the HBL was still able to differentiate itself from its Nazi counterparts. It is as though the public was willing to accept a certain amount of prejudice if it meant strengthening the populous overall. Even though there are clear parallels to the attitudes adopted by many German citizens during WWII, the unquestioning nature of the American public regarding the revamped eugenics movement was continuously exploited.

It becomes more difficult to fault the general public when looking at the coverage of sterilization programs in prominent North Carolina newspapers, such as the *Winston*

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35 Railey and Begos et. al., *Against Their Will*, 87.
Salem Journal and Sentinel and the Raleigh News & Observer. Throughout the late 1940s and 1950s, both papers ran numerous pro-sterilization opinion pieces that focused on the “scientific” nature of the program. With the Great Depression coming to an end and conflicting traditional and modern views about science coming to a head in the South, if one wanted to seem liberal and progressive, than one believed in sterilization.

Although they were opinion pieces, these newspapers’ decision to print these articles was anything but objective. Gordon Gray, the owner of the Journal and Sentinel, was the cousin of HBL founding member Alice Shelton Gray. This connection provided the HBL with a platform for its views that would reach people all over North Carolina.

The critical eye with which we read information today was not as prevalent in a time when newspapers were the main source of information. Tom Wicker, an employee of the Department of Public Welfare and frequent pro-sterilization contributor to the Journal and Sentinel, skillfully articulates this sentiment. Though he later apologized and regretted what he had written, Wicker agreed that many newspapers at the time believed their main objective was to further a government agenda, “I think it was particularly true of journalists back then. We were all kind of convinced that what our government was doing was right- that it wouldn’t lie to you.” Having an article printed in a newspaper is extremely powerful; it is much harder to argue with something that is being presented through a medium that legitimizes its importance. Such beliefs begin to feel more true if they are repeatedly printed by multiple sources. Reporters are supposed to be critical and honest about all sides of a story. If they believe that their duty is first to a government

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36 Railey and Begos et. al., Against Their Will, 94.
37 Ibid., 95.
38 Ibid., 96.
agenda and then to the truth, it is not difficult to see how sterilization persisted in North Carolina until the 1970s.

In addition to media support, the Bowman Gray School of Medicine at Wake Forest University in Winston-Salem played a crucial role in the infiltration of eugenic ideals into various spheres of society. Opening the country’s first department of medical genetics in 1941, the Bowman Gray School of Medicine played an important role in the rapidly developing field of genetic research. However, the director of the program, Dr. William Allan, believed “genetics” to be synonymous with “eugenics.” His conflation of the two terms served to further legitimize the “science” behind eugenics even though Allan actively admitted to practicing negative eugenics. Furthermore, he received funding from Forsyth County to pursue this endeavor. In other words, the local government of Forsyth County was funding sterilizations through the Bowman Gray School of Medicine, which were independent of the Eugenics Review Board and thus illegal.

A quotation from the records of Dr. C. Nash Herndon of the Bowman Gray School of Medicine confirms this relationship. It should be noted that Herndon went on to be the head of the American Eugenics Society from 1953-1955. Referring Bowman Gray’s partnership with the government of Forsyth County, Herndon wrote, “The expense of this project has been borne by the Forsyth Country Commissioners and necessary operations have been performed at the Forsyth County Hospital. Genetic work-ups and medical affidavits have been supplied by this department.”

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39 Railey and Begos et. al., Against Their Will, 36.
40 Ibid.
41 Ibid., 39.
42 Ibid., 37.
from the local government to carry out sterilizations that actively targeted “weaker” members of society in the name of “research” is an abhorrent practice. With 128 recorded sterilizations from 1946-1468, Forsyth ranked sixth in terms of most sterilized counties. Yet, because these numbers only represent sterilizations recorded by the Eugenics Review Board, which do not include Wake Forest, it can be assumed the actual number is higher.

This partnership further demonstrates the growing web of wealthy individuals, governmental organizations, and now educational institutions that were involved in the practice of coercive sterilization. Furthermore, it is possible that because this program was operating out of a medical school, students enrolled at Wake Forest were being taught eugenics as a part of a genetics curriculum. The Bowman Gray School of Medicine not only performed unlawful sterilizations, it taught future doctors false information about genetics and inheritance.

As a society, we place a tremendous amount of faith in doctors and medical professionals. We trust that their opinions and recommendations are coming from a place of objective knowledge and are in our best interests. When one is uneducated or not fluent in the language of medicine, it is extremely difficult to question a doctor. Performing sterilizations under the guise of research and teaching generations of future doctors that these practices are acceptable is a violation of the doctor-patient trust. These actions not only affected those enrolled in or working for the Bowman Gray School of Medicine, but the population of Forsyth as a whole.

The presence of eugenics at Wake Forest University allowed for eugenicists to continue their research in an undisturbed manner while continuing to espouse their beliefs. Operating under the assumption that mental capacity is a hereditary trait creates a narrative of protection. The logic behind this idea was that the general public is responsible for the wellbeing of “feebleminded” people who cannot control themselves or take care of their children. These people were given the option to better themselves and protect their future children from inheriting their shortcomings. Presenting sterilization programs to the public in this way made it difficult for people to disagree; it seemed as though they were giving the “feebleminded” an option that had not been present before.

However, it is clear that when the Eugenics Review Board “offered” women sterilization, saying “no” was not an option; by the early 1950s, North Carolina had the largest per capita sterilization rate in the United States.\textsuperscript{44} Although state institutions continued to refer to their sterilization programs as “selective,” when confronted with the proposition, young women were hardly given a choice.

The HBL seized this opportunity presented by the Eugenics Review Board. The illusion of choice they were creating and the success it had in obtaining “consent” served as the backdrop for the distribution of two pamphlets “What do you know about sterilization?” (1945)\textsuperscript{45} and “You wouldn’t expect…” (1950)\textsuperscript{46} through a public mailing campaign.\textsuperscript{47}

\textsuperscript{44} Railey and Begos et. al., \textit{Against Their Will}, 12.
\textsuperscript{47} For the complete pamphlets, see Appendix A and Appendix B.
Presented as a quiz for the reader, “What do you know about sterilization” begins with the statement, “North Carolina is one of the progressive states with laws providing for the sterilization of the mentally unfit.” The use of the word “progressive” implies that North Carolina’s use of sterilization is revolutionary as well as admirable. It frames sterilization in a way that puts the wellbeing of the mentally unfit first and guarantees their legal protection.

Following this statement are a series of ten “Yes” or “No” questions regarding the sexual and genetic consequences of the procedure as well as the lifestyle of “feebleminded” people. Certain questions stand out, such as question five, which asks, “Are there over half of the hospital beds in North Carolina occupied by mental health patients?” The pamphlet answers “Yes,” explaining that mental cases cost taxpayers $2,000,000 a year.” Putting sterilization in economic terms in a mailing being sent to the general public makes it relevant to their lives and wallets. Knowing their tax dollars are going towards the cost of care for “mental cases” gives them an incentive to support a law that would lower that expense.

The answer goes on to say, “If insanity is permanent, sterilization can be extremely valuable in protecting its victims from undesirable parenthood.” Ending on this note leaves the reader with the impression that sterilization is the only solution to this issue. It presents sterilization as the only way to protect patients from themselves. Everyone benefits from sterilization because it provides a permanent solution for a perpetual problem.

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50 Ibid.
Question eight continues with the theme of permanence and asks, “Are new cures being found for feeblemindedness?” The pamphlet answers “No,” stating that “feeblemindedness” is not a disease and therefore cannot be “cured.” Comparing its inability to be altered to the color of one’s eyes, “feeblemindedness” is portrayed as an unchangeable genetic reality threatening future generations. The pamphlet then singles out “feebleminded” females as those who need the most “protecting” from their own reproductive systems due to their lack of moral scruples and sexual promiscuity.

This conjures two images of the “feebleminded” woman. One is of a woman who is promiscuous and rebellious while the other is of a woman who is innocent and ignorant. Even though these two images are vastly different, both can be “protected” through the use of sterilization; in the minds of the HBL, this would allow them to lead better lives for they are no longer burdened with the possibility of reproduction. By submitting both types of “feebleminded” women to this procedure, the state is promoting the notion that female sexuality has consequences which directly affect the public’s economic and social wellbeing. Therefore, it must be monitored and restricted if deemed necessary.

Finally, question ten of the pamphlet brings up the issue of consent by asking the reader, “Is sterilization usually done against the wishes of the patient or of the patient’s family?” to which the pamphlet answers “No.” In order to understand the full weight of the answer, one needs to look at each sentence separately. The first sentence says, “If the patient or his family feel that the operation should not be performed, appeal to the court...”

\[51\] Ibid.
\[52\] North Carolina Digital Collections, “What do you know about sterilization?”, 1945
This statement leads one to assume that there is a dialogue between a patient and a physician in which the physician presents the patient with all their options. It also assumes the appeal being made is not ignored; Eugenics Review Board records show that decisions about sterilization typically took no more that fifteen minutes and resulted in approval for sterilization in more than ninety percent of the time. Thus, to the average reader, the promise of an appeal may be seen as a fair and objective step in the sterilization process, when in reality that was not the case.

The second sentence states, “However, in almost all cases the operation is welcomed when it is understood that there will be no detectable physical or mental change except that children will not be produced.” Based on both the transcripts of Eugenics Review Board hearings and personal accounts from victims, it is clear that this is false. Doctors failed to convey the permanence of the operation to their patients and believed that a signed consent form proved full understanding of the procedure. This is hard to imagine when many guardians of the clinic’s patients were illiterate and therefore were told to put an “X” instead of their signature on consent forms. There were also significant physical repercussions from the surgery; victims suffered from bleeding and intense cramps that in some cases led to hospitalization. The mental anguish that is caused by such a procedure is impossible to ignore as well, especially when it was common for victims to only discover that they had been sterilized years after the operation had been performed.

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53 Ibid.
54 Railey and Kevin Begos et al., *Against Their Will*, 32.
Considered to be “educational material,” these pamphlets distributed by the HBL were written in a way that was designed to pray on the ignorance and naïveté of its readers. The “facts” that were being presented are nothing more than opinions. For example, it is not a universal truth that all those who were sterilized “welcomed” the procedure after they were allegedly informed of its full effects. The language used presents sterilization in a nonthreatening way that is in the best interest of a more healthy and safe state. This allowed for support of sterilization to become synonymous with support of a better North Carolina; if a person were to be against sterilization, they would be against the improvement of the state as a whole. Equating sterilization with the state’s prosperity and the future of the nation makes it extremely difficult for one to question the means and motivations of the HBL.

The second mailing that the HBL distributed, “You wouldn’t expect…” plays off of the simplicity and almost playful nature of the aforementioned quiz. The booklet is illustrated in the style of a children’s book with large graphics depicting the statements on the page. This raises the question of whom this mailing was intended for. Was it for potential sterilization candidates who may be illiterate? Was it for potential HBL contributors and therefore created in a way that portrays sterilization as non-threatening and safe? Was it for children to educate themselves about the issue? Its simplistic design paired with such severe material gives the booklet an unsettling and eerie quality.

Written entirely in the second person, the booklet addresses the reader directly and asks them questions. For example, on the first two pages, the booklet says, “You

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wouldn’t expect… A moron to run a train or a feebleminded woman to teach school.”

These statements are posed in a way that would cause a majority of readers to agree without a second thought. However, in much smaller text on the first page, a definition of “moron” is given, “A moron is a person whose mind never develops beyond that of a ten year old.” Putting aside the fact that this definition does not encompass the bulk of those who were sterilized, it allows the reader to “informatively” affirm those statements.

In addition, train conductors and school teachers have many societal obligations; a conductor is responsible for the lives of their passengers while a teacher is responsible for shaping the minds and futures of their students. This further demonstrates the fear that “morons” have secretly infiltrated important aspects of daily life and needed to be “fixed” before they did anymore harm. The booklet continues with this rhetorical pattern by citing other societal responsibilities such as driving a car and handling money.

After naming all these functions, the booklet says, “Yet each day the feebleminded and the mentally defective are entrusted with the most important and far reaching job of all…the job of… PARENTHOOD!” The booklet goes on to further present parenthood as a job “morons” need to be protected from. This indicates a significant shift in the language of eugenics. Instead of framing sterilization as a procedure that is absolutely necessary for the protection of the United States, sterilization (now “selective sterilization”) is necessary for the protection of individual “morons” from themselves. This argument is offered in a way that makes any action other than sterilization seem inhumane; it is allowing those who are allegedly incapable of caring

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59 Ibid.
60 North Carolina Digital Collections, “You wouldn’t expect…”, 1950
for themselves to wonder around unprotected and possibly bring children into the world who they do not have the capacity to care for.

The last page of the booklet follows this narrative of humane and morally justified intervention by describing North Carolina’s Selective Sterilization Law as “humanitarian.”61 This word serves to contextualize sterilization in the language of human rights. To eugenicists, the alleviation of a burden as great as parenthood was a step toward protecting one’s right to autonomy if one was too incompetent to advocate for oneself. By using the language of human rights to violate human rights, the HBL was further meshing what was best for the individual versus with what was best for the general public. It had created a scenario in which the perpetrators had become masked as saviors; the only violence being committed was the harm caused by inaction.

People believed they were upholding the human rights of a defenseless group through the compassionate act of sterilization. This rhetoric evokes a sense of responsibility. As citizens, supporting an action that assists those who are “unfit” instead of blaming them for their situation is an act of goodwill. Rather then relying on past tactics of fear and coercion to gain public support, the HBL had likened the “unfit” to the mentally handicapped, a group which no one would deny extra protection to.

This label did not just apply to the ordinary citizens who financially supported the work of the HLB, but to the Eugenics Review Board and doctors carrying out these sterilizations. Dr. Robert Albanese, a delivery doctor at Columbia Memorial Hospital did not perform any sterilizations himself, but he sympathized with the doctors that did, “There was just unbelievable poverty there; you just couldn’t believe it. The idea of them

61Ibid.
brining more children into the world in a situation like that just didn’t make sense."62 Albanese is referring to the impoverished environment his patients lived in. His concern about the type of future their children would have is in the same vein as the actions of the HBL. Albanese believed that his colleagues were putting an end to a cycle perpetuated by large families and the economic inability of parents to provide for them. Viewed as another way to “fight poverty,” doctors and the Eugenics Review Board believed this justified their actions.

This sense of vulnerability brings up another common analogy used by the HBL. On page twelve, the booklet states that sterilization “is not barnyard castration!”63 Neutering is generally viewed as an action that is taken because there are already too many animals in the world and not enough people to care for them. We also view animals as dependent creatures that need to be kept by those who are more equipped and responsible than them. The HBL used this logic to insinuate that the rest of the population should exercise the same sense of paternalism over the “unfit” as they did for animals. The use of the word “selective” allows one to believe those who are being sterilized can maintain some form of autonomous choice in a procedure that leaves them physically unharmed and more secure. They supposedly maintain their dignity while being relieved of the burdensome possibility of parenthood.

With this sort of mindset, it is easy to see how coercive sterilization programs lasted until the mid 1970s with public knowledge of their existence. These programs were presented using the persuasive rhetoric protecting the rights of the mentally handicapped.

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62 Railey and Begos et al., Against Their Will, 85.
As a result, no one questioned the criteria that the HBL and Eugenics Review Board were using to make that determination.

This poses a perplexing problem in terms of human rights. The usual narrative of a human rights violation involves violence or harm being caused against a certain group or individual until the action is exposed to the public. This grand reveal or light-switch moment is meant to illuminate the act and incite public outcry. In an ideal situation, through mechanisms of shame or feelings of moral obligation, the government takes responsibility and stops the violation from occurring. This then leads to the end of the violation and has eventual legal repercussions.

Yet, what is to be done when the public is on the side of the violator? Although this is not an uncommon problem, we must ask how one is to respond when the violence being committed against one’s body is deemed a “humanitarian” effort. Can we liken this to the banality and blindness claimed by most Nazis in Germany during WWII, or is this instance more similar to the act of slavery practiced by the United States and many other countries in the 19th century? When it comes to public inaction, at what point can we stop claiming ignorance and start condemning violence?

One of the most striking similarities in terms of public acceptance of a now condemned act is lynching. From 1880-1930, an estimated 3,220 people died from lynchings in the United States ⁶⁴ (though this is considered to be a conservative estimate.) These lynchings consisted of various forms of torture, such as hangings, mutilations, and immolations. Yet, the most brutal aspect of this gruesome practice was its appeal to the public. Lynchings were cultural affairs that drew crowds of people from both rural and

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urban areas; a source of public entertainment and communal participation, lynchings became events no one in the community missed.

In their book, *Without Sanctuary*, James Allen and Robert Lewis (et. al.) describe the “carnival-like atmosphere” of lynchings and their affect on the racial consciousness of the South. Yet, what makes this account unique is the images on the postcards that Allen (et.al.) collected. They are nothing short of horrific. Typically depicting black American men crying out in agony against a backdrop of cheering and smiling white faces, people who attended these lynchings sent postcards to their friends or relatives so they could feel as through they were present.

These postcards served as a way to sensationalize lynchings in the South and almost praise them, inviting those who received one to come and experience it for themselves. Allen and Lewis (et. al.) quote a bishop of the Southern Methodist Church who describes the normalcy of lynchings in society, “Now-a-days, it seems the killing of Negros is not so extraordinary an occurrence as to need explanation; it has become so common that it no longer surprises. We read of such things as we read of fires that burn a cabin or a town.”65 People in the South had become desensitized to lynchings; parents would take their children out of school to have them come witness the spectacle. As a staple of daily life, the violence against black Americans that the general public was experiencing and perpetuating on a daily basis generated both a physical and collective mob mentality.

Although different acts, there are some distinct similarities between lynchings and the eugenics movement in the United States. The idea that Southern white American

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women needed to be “protected” from “savage” black American men is analogous to the protection that the gene pool in the United States needed from “feebleminded” black American women. Although the gender is changed, the theme of a lack of “self control” remains. In addition, rhetoric comparing black Americans to animals is present in both situations. Equating the killing of black Americans to “putting down” dogs or barnyard animals demonstrates the lack of respect and humanity attributed to black Americans in the South throughout the 20th and 21st centuries.

However, the largest similarity between these two disgraceful points in history is the general public’s ability to not only acknowledge the violence that was occurring, but to support and aid in its proliferation. Like lynchings in the South, sterilization programs were hardly a secret and in many circles were honored as a major societal achievement. These two acts were highly public and widely accepted as natural parts of life. Though the sporting nature of lynchings was not present in sterilization programs, lynchings and eugenics feed off of one another’s visibility; as acts committed to maintain “purity” and “safety,” both served as methods of preserving the white American power structure of the South. The gleeful tone of the postcards is painfully reminiscent of the mailings that were sent out by the HBL with picturebook-esque illustrations. Both condemned in hindsight, lynchings and sterilization programs demonstrate how even the most gruesome of practices can be acknowledged and encouraged if the public does not believe them to be wrongful acts.

The HBLs rebranding of eugenics was highly successful and avoided the same public scrutiny and outrage felt by sterilization programs before WWII. From the

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66 Allen and Lewis et. al., Without Sanctuary, 24.
implementation of birth control clinics to blatant ties to government funding, the connection between the state and eugenics is representative of the sheer scale of this movement and the vast array of stakeholders in various institutions. The power these individuals possessed combined with the level of trust the public had placed in them led to an unsettling development within the eugenics community. With a complacent general public and supportive government, social workers in North Carolina began to exercise their power more freely. However, this time they began targeting those whom they believed were the most unfit and least worthy of reproducing: poor black American women on welfare.

Chapter 2

For Your Own Good: Maternalism And The End Of The Sterilization Movement

“They’ve got a way that’ll work for you. / They’ve got a way that’ll work for you. / They’ve got a way that’ll work for you. / Go to the clinic, darling.” – Windsong, Human Betterment League of NC television spot, 1971.

As citizens, we tend to view the state as an institution that exists to protect us from harm and those who wish to violate our rights. Yet, what happens when that institution begins to manipulate and exert violence on the bodies of its citizens? This violation of trust is shown through the use of social workers in the North Carolina Eugenics program. The incorporation of government employees into the sterilization movement exemplifies a theoretical shift in the way that the state viewed its citizens -- from bodies with an expiration date to bodies with potential.

This chapter will show the unique manner in which racism, the management of bodies, and pity intersect with one another and are implemented throughout the eugenics
movement. These three ideas form the fundamental framework used by North Carolina’s sterilization program throughout the 1960s and 1970s.

We can look at the eugenics movement through Michael Foucault’s depiction of the relationship between the state, its citizenry, and sexuality. In his book, *History of Sexuality*, written in 1976, Foucault analyses the evolution of sexuality and power in 17th and 18th century France and Victorian England. Foucault describes the growing interest the state has in managing the bodies of its citizens and the transformation of sex from a private to a political issue:

> But it gave rise as well to comprehensive measures, statistical assessments, and interventions aimed at the entire social body or at groups taken as a whole. Sex was a means of access both to the life of the body and the life of the species. It was employed as a standard for the disciplines and as basis for regulations.\(^67\)

An approach that targeted both the “life of the body and the life of the species” indicates a change in the way France, England, and later the West viewed their populations. Foucault is describing a time period before the advent of modern medicine and agricultural techniques when life was viewed in terms of death. He believed that before, populations consisted of bodies that were defined by their mortality; one’s life expectancy was contingent on the inevitable occurrence of the next famine or plague. The political power of the body was purely physical and only relevant to the government in terms of crop production or participation in battle. The populace was approached as if it were expendable and therefore unable to make meaningful changes in society.

This was an existence defined by blood and lineage; one’s heritage was one’s currency. Foucault acknowledges this reconfiguring of power, “Broadly speaking, at the juncture of the ‘body’ and the ‘population,’ sex became a crucial target of a power

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organized around the management of life rather than the menace of death.”

Foucault’s analysis shows that once external factors such as disease and food shortages became less threatening to populations, bodies became less valued for the history of their blood and more valued for their ability to pass that blood on to an offspring.

Foucault references this shift and the role played by prominent French philosopher Marquis de Sade and the early members of the eugenics movement:

Sade and the first eugenicists were contemporary with this transition from ‘sanguinity’ to ‘sexuality.’ But whereas the first dreams of the perfecting of the species inclined the whole problem toward an extremely exacting administration of sex (the art of determining good marriages, of inducing the desired fertilities, of ensuring the health and longevity of children), and while the new concept of race tended to obliterate the aristocratic particularities of blood, retaining only the controllable effects of sex, Sade carried the exhaustive analysis of sex over into the mechanisms of the old power of sovereignty and endowed it with the ancient but fully maintained prestige of blood.

Ascribing the “prestige of blood” to sex meant the power once held in one’s “sanguinity” was now bestowed upon one’s “sexuality.” The state was forced to reorganize itself around the idea that reproduction meant a future they could shape because the body was not in danger of dying prematurely. Prior to this transition, the only way the state could manage the sex of its citizens was through the incentivizing of desirable marriages. Children produced from “good” unions were the only way to ensure they inherited the aristocratic blood of their parents.

Yet, Sade and these eugenicists recognized the potential that sex had to transform mechanisms of power into methods of control. By Focusing on the potential of one’s blood rather than its limits, the state could produce a future population comprised of individuals that would prolong the race as a whole. Managing sex outside of the sanctity

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68 Foucault, *History of Sexuality*, 147.
of marriage allowed eugenicists to depart from idea that this union was the only way such control could be exercised.

This marked a metamorphosis in the value the state placed on its citizens. Instead of focusing on the administering of death, the state had directed its attention towards the management of life. There was no need to use death as a way to manage “undesirables” anymore because it could instead use more subtle forms to encourage the reproduction of “fit” children. This was a specific type of power that occurred at the intersection of race and sexuality:

Racism took shape at this point (racism in its modern, “biologizing,” statist form): it was then that a whole of politics of settlement, family, marriage, education, social hierarchization, and property, accompanied by a long series of permanent interventions at the level of the body, conduct, health, and everyday life, received their color and their justification from the mythical concern with protecting the purity of blood and ensuring the triumph of the race.70

The idea that sexuality could now be used as a way to control the development of the race was new. This intertwining of racism and bodily control allowed the state to preserve this “purity of blood” through the management of sexuality via established institutions. The fixation the state had with the sanguine power held by the social elite was reimagined in the bodies of the masses. Eugenicists believed that the desire to preserve the welfare of the state through the maximization of its citizenry’s newfound utility justified their actions.

Foucault expands on this idea of the state control and the growing state interest in creating a productive body in *Discipline and Punish*. In this work, he explains the exertion of power on bodies and its effect:

> It defined how one may have hold over others’ bodies not only so that they may do what one wishes, but so that they may operate as one wishes, with techniques, the speed and the efficiency that one determines. Thus discipline produces subjected and practiced bodies, “docile” bodies. 71

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70 Foucault, *History of Sexuality*, 149.
The relationship between the state and the creation of the docile body further blurred the line between state violence and protection. The creation of this “political anatomy” in the body through “mechanics of power” had become so innate in the interactions between the state and the body that one might not realize the condition one’s body was being subjected to. The control technique being used by the state had changed; instead of outright acts of intended violence, such acts were incorporated into the very technique itself.

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To fully understand the extent to which these “humane” notions of bodily control were ingrained in the minds of 21st century eugenicists, one should look to the poetry written by HBL founder Clarence Gamble. In 1947, Gamble submitted “Lucky Morons” to the North Carolina Mental Hygiene Society for publication. The poem follows two “morons” falling in love and becoming sterilized so they may live a life free from the burden of parenthood. Gamble describes what happened after the “morons” get married, “And soon there was a BABY,/ and then ANOTHER/ and ANOTHER/ and ANOTHER./And the welfare department/had to pay the family/ MORE of the TAXPAYER’S/ MONEY/ and MORE/ and MORE/ and MORE.” Gamble was highly influential in the eugenics movement and the fears he is expressing about the amount of money the children of “morons” cost the “TAXPAYERS” were widespread. The sterilization of the “unfit” was considered to be the only way to stop the state from hemorrhaging money.

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72 For the entire text of the poem see Appendix C.
73 The North Carolina Mental Hygiene Society declined to publish the poem.
74 Railey and Begos et al., Against Their Will, 97-98.
The poem goes on to describe what Gamble envisions their children to be like in school:

And when the children grew/ up and went to school/ They couldn’t learn / very fast/ because they had inherited poor minds from their parents./ They had to repeat MANY/ GRADES in the school. And never learned very much/ and never were able to/ GET A JOB./ and they cost the schoolboard/ and the relief office/ and the tax payer/ THOUSANDS OF DOLLARS.  

The cycle of low-intelligence that Gamble believes will be perpetuated should “morons” have children illustrates the perceived inevitability of “feeblemindedness” being passed down to their offspring. However, Gamble does not believe this act was done knowingly; these “morons” kept having children because they did not know how to stop. As a result, their innocent yet “feebleminded” children have now added the education system to the list of government funded departments financially responsible for their wellbeing. Adding education into the mix presents the problem of bodily management as one that affects “normal” children as well.

Towards the middle of the poem, Gamble finally reveals to the reader why a “moron” who lives in North Carolina is “lucky”:

Now there was another MORON/ who also was a little stupid/ and couldn’t learn very/ much but he lived in/NORTH CAROLINA/ and that was very fortunate/ for him./ For the Department of Welfare/ in his county/ Made him one of the/ lucky morons/ who went to CASWELL TRAINING/ SCHOOL.

Gamble is referring to Caswell Training School in Kingston, North Carolina, which was a state-run school for the mentally retarded which often made the sterilization of its residents a condition of their release. Such a technique is reminiscent of Foucault’s idea that sex could be used as a basis for the state creating regulations in order to gain access to the body. Gamble is presenting the nature of this method and the sterilization program

75 Ibid.
76 Railey and Begos et al., Against Their Will, 98- 99.
77 Ibid., 119-120.
in North Carolina as “progressive.” Unlike “morons” in other states who continue to cost the state money and reproduce without any assistance, “lucky morons” in North Carolina are spared such an existence. Gamble praises Caswell for providing vocational training to those who agreed to be sterilized because they were deemed too “simple” for other occupations.

Finally, Gamble concludes by describing what happened to the “moron” who was sterilized at Caswell. He meets a female “moron” who was fortunate enough to have had a surgeon, “PROTECT her from UNWANTED/ CHILDREN, without/ making her different in any other way from other women.”78 They get married and Gamble concludes with the joy they find in not having to care for children they could not have supported:

And with just the two in the/ Family, they kept on/being SELF SUPPORTING, and they were very thankful they lived in NORTH CAROLINA./ And the WELFARE DEPARTMENT/ DIDN’T have to feed them/ and the SCHOOLS didn’t/ have to waste their efforts on/ any of their children who weren’t very bright./ And because they had been/ STERILIZED, the taxpayers of/ NORTH CAROLINA had/ saved/ THOUSANDS OF DOLLARS/ and the North Carolina MORONS LIVED/ HAPPILY EVER AFTER.79

The “lucky morons” were only able to live a life without the burden of parenthood because they lived in a state that had the foresight to protect them through sterilization. They were allegedly able to have a happy and fulfilling lives without costing the state and taxpayers “thousands of dollars” by continuing a cycle of “feeblemindedness.”

The words Gamble chose to capitalize throughout the poem, such as “moron,” “thousands of dollars,” “taxpayers,” “welfare,” “protection,” and “North Carolina,” emphasize the associations between the causes and effects that “morons” reproducing have on their own and the state’s wellbeing. His use of the word “lucky” reiterates the idea that North Carolina is providing a charitable service to its “feebleminded” citizens.

78 Railey and Begos et al., Against Their Will, 100.
79 Ibid.
This poem embodies the Foucauldian ideas of race, bodily management, and compassionate pity. However, eugenicists could not carry out such “humanitarian” actions on their own. Realizing this, in 1932 North Carolina amended its sterilization law and became “the only state in the nation to extend the power of filing sterilization petitions to social workers; its eugenic sterilization program represented more clearly than any other the state’s interest in sterilization.”^80 For a procedure that was designed for “feebleminded” individuals, one would think such a decision should be relegated to a doctor or psychiatrist. Giving an inordinate amount of power to people who are active agents of the state removes all medical legitimacy from sterilization petitions. Social workers are not qualified to make the medical diagnoses required for sterilizations and have conflicting interests in terms of their personal connections with cases. They made their recommendations to the Eugenics Review Board based on observations of people in their homes; these personal assessments and opinions did not need to be corroborated by a medical professional.

Brining social workers into the eugenic fold allowed for the implementation of these three Foucauldian concepts. Social workers are typically seen as trustworthy advocates for those who cannot advocate for themselves. However, they are also bound by the state to uphold certain standards that may conflict with the wishes of who they visit. Such laws were implemented with the intention of protecting vulnerable populations, such as children from familial circumstances beyond their control.

This combination of trust and protection allowed social workers to approach such dilemmas with a philosophy I will be calling maternalism. Though similar to the concept

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of paternalism, which supposedly restricts individuals’ choices for their own good, maternalism is more subtle. It gives individuals the opportunity to make the “right choice,” that is, to choose the option believed to be in their best interests. If the individual does not comply, maternalism forces one to obey in manner that seems gentler and less authoritarian. This style can be likened to the way a mother makes a decision for her child. As a guardian, it is her primary duty to ensure her child’s well being even if it conflicts with their wishes. Social workers were both allies and agents of the state. They were able to enforce a eugenic agenda under the preconceived notion of beneficence.

The application of this method of control can be seen in the 1967 case notes of social worker Doris Bronner of Dare County, North Carolina. Referencing a visit to sixteen year-old Bertha Dale Midget Hymes, who became pregnant and was sterilized after the birth of her first child, Bronner documents Hymes’ excitement over a new maternity dress, “She was quite thrilled with the new dress, and it seemed more pathetic that she does not really realize her condition and what can happen in the future to her and the baby to be born.”81 There is pity in Bronner’s report but not hatred. Taken out of the context of the eugenics movement, Bronner’s concern for Hymes’ future and wellbeing is legitimate; she was a pregnant teenager living in rural poverty who might not have understand the consequences of motherhood.

The relationship between Bronner and Hymes is a microcosm of the maternalistic population management techniques detailed by Foucault and used by social workers in North Carolina. The only way the state could protect an individual who it deemed incompetent was by making decisions for them. Bronner’s observations indicate her

81 Railey and Begos et al., Against Their Will, 84.
belief that Hymes was a danger to herself and to her future child. Hymes’ perceived
ingnource and inability to grasp the weight of her situation appeared to sadden Bronner;
by recommending sterilization for a “pathetic” pregnant teenager, Bronner believed she
was a fulfilling her role as a social worker and protecting Hymes from future harm.

Such acts of maternalism soon became common practice by social workers.

However, these actions rapidly developed a racial bias as a result of growing public
associations between black Americans and the “culture of poverty” believed to have been
created by welfare. 82 These associations were strengthened in 1957 when national birth
rates for black American women surpassed that of white American women. Coupled with
the rising cost of the state’s Aid to Dependent Children program (ADC), which provided
states with federal grants to assist children in low-income families, this seemed to
indicate a costly “hypersexuality” among poor black American women in the eyes of the
public. 83

The fear of this stereotypical “Jezebel” character 84, whose insatiable sexual
appetite and disregard for parental consequences threatened not only her children but also
the livelihood of the state, served to legitimize sterilization rates that had become skewed
by race and gender. In 1961, forty eight percent of those receiving welfare payments were
black Americans and this, with the addition of Hispanic recipients, placed white
Americans in the minority. 85

This shift actually caused black American women to become more vulnerable
after the passing of the Civil Rights Act of 1964. Although this was viewed as a victory

82 Ibid.,108.
83 Railey and Begos et al., Against Their Will, 109.
84 The Stream Team, “Beyond the ‘Angry Black Woman,’” Aljazeera America, February 28, 2013,
for black American equality, the perceived benefits of this legislation may not have been so beneficial. In her book, *Fit to be Tied*, Rebecca Kluchin explains this paradox:

The Civil Rights Act of 1964 granted people of color full access to federal programs and services such as welfare, public housing, and occupational training, but it also brought them into intimate contact with social workers, physicians, lawyers, welfare workers, and judges who provided family planning services, some of whom took it upon themselves to sterilize “defective” women in order to reduce their dependence on welfare.\(^8^6\)

The provision of essential services to black Americans that had been previously denied to them was a positive change in many ways. However, these options became dangerous because of the new institutions black Americans were now being exposed to. Though it is not stated explicitly, the “defective” women on welfare that are being referenced were almost all black American women.

Kluchin further describes the impact this demographic change had on the public’s impression of welfare programs and its recipients:

The image of the welfare recipient changed in the 1950s from that of a sympathetic white widow who had lost a male breadwinner through no fault of her own to a licentious, single black woman who chose welfare over work and bore additional children out of wedlock in order to collect more money from the state.\(^8^7\)

This change in recipients expresses the disdain not for the welfare system itself, but whom it was assisting. In public conception of welfare, the image of helping a neighbor in need was replaced by a woman who had more children than she could handle.

Sterilization was seen as a solution to this problem that would reduce the cost to the state while giving poor black American women a way to stop having children.\(^8^8\)

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\(^8^6\) Rebecca Kluchin, *Fit to be Tied*. (New Brunswick, New Jersey: Rutgers University Press, 2009.) 74.

\(^8^7\) Kluchin, *Fit to be Tied*, 75.

\(^8^8\) It should be noted that black American women in the South were praised for their fertility during the era of slavery. A constant source of new slaves and thus new laborers, slave owners encouraged the reproduction of black American women and incentivized births by giving them time off work. (Roberts, *Killing the Black Body*, 22-25). However, once slavery was abolished, there remained a “surplus” of black Americans who threatened to take away jobs from white Americans. Further disenfranchised by their once coveted fecundity, black Americans were still viewed as “problems” rather than “people.” These divides
The desire to prevent women on welfare from having children out of wedlock was taken one step further by a bill introduced to the North Carolina General Assembly in 1957. Proposed by State Senator William Jolly, this bill stood to amend the state’s sterilization statute to reflect, “proof of giving birth out of wedlock to two children (not twins) was to be prima facie evidence of a woman’s feeblemindedness.” This proposal was a response to the fact that twenty three percent of children born out of wedlock in North Carolina were born to non-white American mothers in 1957. It used this statistic as “proof” of woman’s inherent “feeblemindedness.” By putting forth legislation for the obligatory preemptive sterilization of a group that consists of predominately black American women, Jolly was writing legislation that appears to be racially bias. Such a proposal is a prime example of the types of “permanent interventions” that Foucault says are justified through the “mythical concerns with protecting the purity of blood and ensuring the triumph of the race.” This alleged form of protection is expressed in terms of the overall economic wellbeing of the state.

Jolly’s mission was motivated by a desire to lower the amount of money being spent by the state on welfare payments. He believed the state was “subsidizing” births for women on welfare and suggested that instead, it should providing them with incentives to have less children, “We say to every unwed mother that we will increase her welfare check by $21 a month for every child she has.” This increase would only be given after

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91 Foucault, History of Sexuality, 149.
92 Ibid., 2.
the woman had been sterilized and allocated based on the number of children she had before the procedure was done.

Less people on welfare meant more money for other initiatives that would benefit all North Carolinians. Eugenicists claimed one of the qualifications for a person to be considered “feebleminded” was their inability to compete economically with the rest of their constituency. To them, these women were depleting North Carolina’s resources because they were lazy and dependent on the state for financial support. Although never stated explicitly, these women were considered to be parasites by eugenicists, living on the hard-earned tax dollars of those in higher economic brackets and robbing the state of its resources.

Though Jolly’s bill was defeated, his opinions about black American motherhood were echoed through a shift in the demographic of those being sterilized in the 1950s and 1960s. The majority of those originally sterilized under this policy were low-income white Americans. Between 1929 and 1954 in North Carolina, seventy seven percent of those sterilized were white Americans and twenty three percent were black Americans. However, this changed during the 1960s. From 1960-1968, out of the 1,620 sterilizations the Eugenics Review Board of North Carolina approved, 1,023 were on black American women.

This new focus depended on the role of social workers to find and convince women to become sterilized. Elsie Davis, a social worker in Fayetteville, North

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95 It has been determined the majority of those sterilized during this time were welfare recipients. However, due to the vagueness in the Eugenics Review Board’s records, there is no final statistic for this group.
Carolina during the 1960s, described her perception of the overall attitude of social workers towards their cases:

The expectation was that black people were not able to take care of themselves. They were illiterate, retarded. So it was consensus that these women don’t have any rights. So we can say to them that they can’t have any children. It was the system rather than the individual, who didn’t have any rights at all.\textsuperscript{96}

These commonly held opinions among social workers further demonstrates the tautology of the North Carolina sterilization program; “black” had now become synonymous with “retarded.” The fate of the black American women who social workers visited had been decided before they even stepped through the door. A visit was simply a formality for bureaucratic purposes.

Following this logic, social workers would not be doing their jobs if they allowed these women to continue having children. If a social worker’s primary function is to safeguard the welfare of those who are helpless, then preventing further pregnancies in women whom they believed were unable to handle that responsibility was part of their professional duty. Social workers were not petitioning the Eugenics Review Board because of a vendetta against poor black American women. They believed they were protecting incompetent individuals from consequences out of their control.

Social workers performed the functions of their job with a type of compassionate pity. They believed they were assisting the “retarded” and “illiterate” women they encountered by removing the responsibility of parenthood from them; they acted under the assumption they were making a choice for an incompetent individual whose reproductive capabilities were a danger to themselves and the welfare of their children.

\textsuperscript{96} Railey and Begos et al., \textit{Against Their Will}, 50.
The idea that poor black American women needed “protecting” was not just held among social workers; some black Americans in North Carolina participated in these acts of maternalism as well. Lula Morrison, a black American nurse for the Forsyth County Health Department supported the state’s sterilization program, “They [some mothers] weren’t taking care of their children like they should. It had to be some way for them to stop having them.” This encouragement within the black American community demonstrates an overall frustration with the fertility rate among poor black American women. One way or another, the number of children these women were having needed to decrease.

Concerns about the size of the population were also raised in the context of the number of “quality citizens” that the United States lost in WWII. In a 1945 article published in The Charlotte News, freelance writer Evangeline Davis identifies this anxiety, “It is a peculiar paradox of human nature that while the best stock of our people is being lost on the battle fronts of the world, we make plans for the betterment and the coddling of our defective.” The phrase “best stock” echoes Foucault’s rhetoric of bodily control. The government was still managing the death of its “best” citizens while managing the life of its “defective” citizens. Since a large number of American soldiers had died in the war, Davis and other eugenicists were concerned with the growing number of “defective” Americans and their children who were in some manner replacing them.

The “defective” population referenced here are those who are receiving some form of government benefits. To many eugenicists, the “betterment” of the “defective”

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97 Railey and Begos et al., Against Their Will, 106.
98 Schoen, Choice and Coercion, 107.
meant spending government funds on those who were considered to be societal dead weight. In order to manage this population, preventing their reproduction permanently was seen as the only way to recreate America in the image of the “best stock” that had been lost. There was a need to replenish the American population, but only with a certain kind of American.

The growing fears within the United States about population control can be seen through a policy change within the Eugenics Review Board. When Sue Casebolt, became Executive Secretary in 1961, she took an even more aggressive approach to determining who should be sterilized. Within her first month in office, Casebolt proposed an initiative altering the basis on which sterilizations were performed at a Eugenics Review Board meeting that same year:

I now propose to have as my objective as Executive Secretary to work to promote earlier use of the (sterilization) program; that is, after the first rather than the third of (sic) fourth child, which would result in prevention of problems requiring staff time, money, and use of other to be offered the service. A few of these are, Mental Health Clinics 2. County Health Officers 3. Public Welfare records such as APTD and ADC.

The Eugenics Review Board seemed to have operated on the premise that any woman who was on welfare would never stop being on welfare and her potential children would continue this tradition as well. This policy modification epitomizes the intersection between maternalism and state control. Instead of recommending sterilization after a

99 The fear of population quantity outweighing population quality can be seen through Paul Ehrlich’s best setting book, The Population Bomb. Ehrlich primarily focuses on the overpopulation problem that is plaguing India and opens his book with a harrowing and chaotic description of a taxi ride through the streets of Delhi, “The streets seemed alive with people. People eating, people washing, people sleeping. People visiting, arguing, and screaming. People thrusting their hand through the taxi window, begging. People defecating and urinating. People clinging to busses. People herding animals. People, people, people… Perhaps since that night I’ve known the feel of overpopulation.” (Ehrlich, The Population Bomb, 15). The manner in which Ehrlich describes the Indian street, as a scene of utter disarray is devoid of all order, makes India into a place of total chaos. His repetition of the word “people” serves as a way to remind the reader multiple times in every sentence that this hysteria is a direct result of the size of India’s population. Though far away, Ehrlich paints the situation in India as one that could easily occur in the United States if action was not taken soon.

100 Railey and Begos et al., Against Their Will, 48.
woman has had multiple children, the government now wanted to sterilize women after only having one child. This stems from the hypothesis that based on past sterilization records, the Eugenics Review Board knew that certain individuals would have more children than they could care for and needed to be sterilized.

The language used in past meetings of the Eugenics Review Board portrayed those who are “feebleminded” as a danger to themselves and society. Though Casebolt shies away from this usual rhetoric, the idea that both these women needed to be protected from themselves was now openly tied to economic concerns. However, by maintaining the illusion that women had a choice if offered sterilization, the Eugenics Review Board preserved its humanitarian image.

Now that the Eugenics Review Board was allowed to look into the records of various state institutions and programs, any pregnant woman or mother on welfare who came into contact with one of them ran the risk of being sterilized. Even if one managed to avoid such institutions, this approach authorized the Eugenics Review Board to seek out candidates by using information provided by state institutions. A type of active maternalism, social workers now had the authority to track down poor black Americans on welfare even if they were not assigned to their case.\(^{101}\)

Casebolt ensured she would not miss any girl who satisfied these requirements by keeping a close watch on such institutions, “I plant a tickler file on all persons whose names reach me regardless of age in order that they may be picked up as they reach child

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\(^{101}\) In the case of *Relf v Weinberger* that I will address later, the Relf girls were approached shortly after they moved into a predominantly black American public housing complex by a social worker about sterilization. Neither of the girls were pregnant when the social worker recommended them to the Eugenics Review Board.
bearing age.” Casebolt had stated she would be monitoring girls in these state programs despite their never having been pregnant. A girl being “picked up” is most likely a euphemism for “sterilized.” The Eugenics Review Board had taken it upon itself to find and sterilize girls who were enrolled in such programs. Though it is not explicitly stated, using ADC and welfare records as a way to find potential candidates is a cryptic way of aiming its efforts towards “black American women” for they were the primary recipients of these programs’ benefits.

Extended far beyond the walls of the operating room, this newfound intrusion is exemplified in the case of Nila Cox Ramirez. Sterilized in 1965 after the birth of her first child at age eighteen, Ramirez recounts her experience with Shelton Owens Howland, a North Carolina social worker from the Washington County Department of Public Welfare. Howland repeatedly came to Ramirez’s home after she became pregnant and “suggested” she get sterilized after she gave birth. “And she goes all into details. Every little detail. She would always tell me, ‘Your family is going to starve because of what you did. If you don’t do this, we going to take this check away from (your mother.)’” The check Howland is referring to is the welfare check Ramirez’ family received every month. She seems to imply that, if Ramirez did not agree to be sterilized, then her family would lose that money. This pressure is not subtle; not only was Howland threatening to take away her family’s livelihood, she was blaming it on Ramirez for being selfish by not agreeing to be sterilized. It is illegal for the government to withhold welfare payments based on the status of one’s fertility or the number of children one has. This coercive

102 Railey and Begos et al., Against Their Will, 49.
103 Railey and Begos et al., Against Their Will, 48.
104 Schoen, Choice and Coercion, 188.
tactic for sterilizing women takes advantage of one’s fear and lack of knowledge about one’s rights.

Howland was equating the end of Ramirez’s fertility with the survival of her family and giving her a “choice” of which she would like to preserve. Sterilization as the condition of her family keeping their government benefits makes it seem as though Ramirez had brought this upon her family through her “promiscuity” or “irresponsibility” and this was an appropriate punishment for her actions.

After Ramirez gave birth to her daughter, Deborah, the welfare department remained persistent and a petition for Ramirez’s sterilization eventually reached the desk of the Eugenics Review Board. The account of Ramirez’s life the board received reads as follows:

Nila Ruth usually runs errands and buys the groceries but takes no responsibility about the house. She has worked at fieldwork but becomes quite argumentative and thinks she is never paid enough. She does not get along well with her siblings.¹⁰⁵

Disliking chores, wanting to make more money, and bickering with siblings. That was the criteria the Eugenics Review Board used to approve Ramirez’s sterilization. There is no mention of any mental defects, disabilities, or handicaps and there are no details about Ramirez’s level of education or the circumstances under which she became pregnant. There is also no record of her resistance towards sterilization or the unethical methods that Howland used while attempting to convince her to be sterilized. This “biography” consists only of opinions and observations. None of the statements made are factual or of medical significance. Forced to choose between her family’s wellbeing and her reproductive rights, Ramirez gave her consent and was sterilized three months later.

¹⁰⁵ Railey and Begos et al., *Against Their Will*, 51.
One must not forget that the motives behind Howland’s actions may not have been purely maleficent. There was a trend in rising illegitimate births to black American women on welfare and, as a social worker, it was Howland’s duty to ensure the wellbeing of Ramirez and her children. Howland saw there was a pregnant teenage girl on welfare and she wanted to help her. Using the power she was given by the state, Howland believed sterilization, even if Ramirez did not agree, was in her and her family’s best interest; allowing Ramirez to only focus on raising one child might increase her chances of making it off the welfare role. Howland’s actions did not stem from a place of disgust. It seems as though the threats she made were in pursuit of a greater good that Ramirez would eventually come to accept and embrace.

Instead of taking the time to educate Ramirez about using contraception, Howland opted for a quick solution with a guaranteed result. Furthermore, Howland failed to fully inform Ramirez of the permanence of the procedure she had been forced to undergo. The colloquial phrase “getting your tubes tied” is often used to simplify tubal ligation and suggests the possibility of a reversal; just like one can untie a knot, one should be able to untie one’s fallopian tubes. This is false. Once a woman undergoes tubal ligation she is permanently prevented from having children. Like many young girls and women who “consented” to this procedure, Ramirez did not know she had been rendered infertile forever. Not only does this prove the gross negligence on behalf the doctors who preformed these operations, but it also proves they failed to obtain proper consent before the procedure. This stands in direct violation of a patient’s right to autonomy and violates a physician’s primary duty to do no harm.

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106 Morrison, ”Illegitimacy, Sterilization, and Racism,” 1.
107 Kluchin, *Fit to be Tied*, 153.
The compilation of racism, bodily management, and pity that informed the maternalistic approach of the eugenics program in North Carolina made Ramirez’s case normal rather than exceptional. However, toward the end of the 1960s, attitudes towards eugenic sterilization were beginning to change. In his 1965 article, “Illegitimacy, Sterilization, and Racism a North Carolina Case History” published in Social Service Review, Joseph Morrison provides a surprisingly progressive critique of Jolly’s proposed legislation to expand the state statute to sterilize any woman who gave birth to two children out of wedlock, “The illegitimacy-sterilization-mixture is strong medicine, which remains potentially dangerous.”108 Morrison’s use of the word “racism” to describe the motives of the eugenics movement in 1965 in a respected academic journal shows the changing climate of public and scholarly opinion around the subject.

The fledgling connections between race and sterilization that were being made in conjunction with the civil rights movement helped lay the foundation for legal cases against the state in the 1970s. With the help of the American Civil Liberties Union (ACLU) in 1974, Ramirez sued both the state of North Carolina and the physician who sterilized her for $1 million in damages.109 Unfortunately, the court ruled in favor of the defendant claiming because Ramirez was sterilized in 1965 (although she did not become aware of the extent of the permanence of the procedure until 1970) the three year statute of limitations on issues of state negligence had expired. As a result, her case was disqualified on a technicality.

Though Ramirez’s legal battle was not successful, another lawsuit brought in 1974 served as the beginning of the end of the sterilization movement in the United States. The story of Mary Alice and Minnie Relf’s sterilizations are not unique. After moving into public housing in Alabama that was primarily for poor black Americans residents, the Relf’s were approached by a social worker who saw both girls were mentally disabled and recommended them for sterilization. Their mother believed that the “X” she put on the consent form was for temporary birth control shots, not permanent sterilization. Thus, at ages twelve and fourteen, both girls were sterilized.110

With the backing of the Southern Poverty Law Center, *Relf v. Weinberger* (1974)111 contested the legality of federal sterilization laws set by the Department of Health, Education, and Welfare (HEW.) Claiming that the sterilization laws set forth by HEW were inadequate and did not prevent involuntary sterilization, Relf argued the laws needed to be redrafted before coming into effect. Relf won the case and the subsequent HEW redrafting of sterilization requirements were eventually rejected in court due to their lack of enforcement mechanisms. This decision marked the end of federally funded sterilization programs in the United States.

Yet, why this case and why at this time? As seen through the legal struggles of pervious sterilization victims, justice is not always guaranteed despite the clear violations that occurred on behalf of the state. The ruling in the Relf case was the result of a changing political and philosophical landscape concerning self-determination.

The idea that respect for a patient’s autonomy held more weight than a physician’s medical opinion has not always been widely accepted in the medical

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community. The notion that a doctor, as a medical expert, could override a decision made by a patient, in the interest of their “wellbeing,” has been part of medical ethics since its birth. This form of paternalism was embraced and viewed as a practice that both preserved the physician’s traditional role as a healer while ensuring that patients received the care they needed in order to stay alive. Not only was the practice of paternalism beneficial to irrational and less informed patients, it was believed to protect society as a whole.

However, at the beginning of the 1970s, this once strong principle of medical ethics began to weaken through various court cases. The landmark Supreme Court decision in *Roe v. Wade* (1973) legalized abortion and allowed women to have control over their own bodies without state interference.\(^{112}\) This created a precedent for all patients: they had the right to make decisions about their own bodies regardless of the opinion of medical professionals. Not only was the medical community forced to accept the importance autonomy played in medical decisions, but that recognition was now being presented in the context of reproductive health.

In conjunction with *Roe v. Wade*, the ruling for *Relf v. Weinberger* occurred in the middle of congressional hearings regarding human experimentations during the Tuskegee Syphilis study. Based in Macon County, Alabama, the goal of the study was to examine cases of untreated syphilis in black American men.\(^ {113}\) In order to encourage men to participate in the study, researchers told them they would receive free medical care, something which the six hundred participants had never had access to before.\(^ {114}\) Although the study began in 1932 when there was no cure for syphilis, in 1947, it was discovered

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\(^{112}\) Kluchin, *Fit to be Tied*, 26.

\(^{113}\) “About the USPHS Syphilis Study,” Tuskegee University Bioethics Center. Accessed April 12, 2014.

\(^{114}\) Ibid.
that penicillin could treat the disease.\textsuperscript{115} Scientists still chose not to administer this medication to participants and did not inform them of this medical breakthrough. The “study” ended in 1972 after public outcry over researchers actively withholding lifesaving treatment from their subjects.\textsuperscript{116}

Although there are clear differences between Tuskegee and sterilization programs, they do share a number of realisms. Both the “subjects” who were targeted and the majority of sterilization victims were poor black Americans living in predominantly rural areas with very little formal education. There is also the issue of “consent,” which doctors, social workers, and scientists claimed to have received. Yet, it is evident this consent was solicited under false pretenses and threats to the patient’s wellbeing.

The fact that these programs operated and ended at the same time shows the importance of timing. Kluchin describes the political atmosphere and public reaction to these two cases:

To many, especially those involved in the civil rights and Black Power movements, revelations of the unethical treatment of black research subjects in America confirmed not only the continued secondary status of black in America but also reignited concerns about medical racism.\textsuperscript{117}

For a span of roughly forty years, North Carolina’s sterilization program and the Tuskegee Syphilis study functioned without objection from the public. This is indicative of a culture that condoned the mistreatment of poor black Americans.

Once the public and the judicial system put the sterilization movement in North Carolina in the context of both \textit{Roe v. Wade} and the Tuskegee Syphilis Study, the undeniable racism and its civil rights violations came into question. However, after the


\textsuperscript{116} Kluchin, \textit{Fit to be Tied}, 155.

\textsuperscript{117} Kluchin, \textit{Fit to be Tied}, 155.
state had been condemned and the program was discontinued, what was to be done? How could victims continue to live in the society that had sterilized them against their will and branded them as “unfit?”

In an unprecedented move in 2013, the North Carolina State Senate approved $10 million in compensation for living victims of the government’s sterilization program.\(^\text{118}\) Despite this extraordinary gesture, public awareness of this event in present day is shockingly low. Why is it this atrocity went unacknowledged for over thirty years and still remains absent from the historical cannon of the United States? Can paying financial compensation to victims truly render a once enraged public docile? Such questions need to be considered along with the unusual nature of how compensation was granted to sterilization victims in North Carolina.

Chapter 3

Compensation Without Commemoration: The Unusual Fight For Reparations And Lack Of Public Awareness

“Plan your family, raise it too/ they can tell you what to do / all the rest is up to you. / Go to the clinic, darling.” – Windsong, Human Betterment League of NC television spot, 1971.

In 2013, the North Carolina General Assembly approved $10 million in the state budget compensating victims of the state’s sterilization program. As the first state to give any form of restitution to victims of its eugenics program, North Carolina has distinguished itself as the most apologetic and proactive state in this regard. For this to have occurred in a North Carolina legislature that is arguably the most conservative in fifty years is unusual. In conjunction with pressure from reporters and a state-run task force, this seemingly impossible goal was achieved through cooperation between an likely assortment of political parties, organizations, and religious groups.

Although the sterilization victim’s movement had gained a considerable amount of momentum with the end of the state’s eugenics program, there is an almost thirty year gap between 1974 and North Carolina’s apology in 2002. Kluchin, author of Fit to be Tied, addresses the shift within reproductive rights activism at the end of the 1970s:

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HEW’s publication of its revised sterilization regulations in November 1978 signaled the end of the guidelines debate, and many local antisterilization abuse groups and coalitions disbanded soon after the 1978 guidelines took effect… At this time, most feminists—even those committed to a broad reproductive rights movement—turned their attention to new threats to abortion, chief among the Hyde Amendment.121

Revised guidelines set up by the federal Department of Health, Education and Welfare (HEW) imposed stronger regulations and consent procedures to prevent coercive sterilizations and ended the program.122 It appears that activist groups that had lobbied on behalf of sterilization victims considered this a decisive victory and turned their attention towards anti-abortion legislation instated through the Hyde Amendment. Passed by Congress in 1976, the Hyde Amendment prevented women on Medicaid from being reimbursed for abortions except when the woman’s life was in danger and/or if the pregnancy had resulted from rape or incest.123 This issue drew attention away from the sterilization program and it faded into the background of the reproductive rights movement.

North Carolina’s sterilization program remerged in the public consciousness in 2002 after a five part series of articles written by Kevin Begos, Danielle Deaver, John Railey, and Scott Sexton entitled. “Against Their Will” chronicled the state’s sterilization program and provoked public outcry through interviews with doctors who performed sterilizations, former social workers, Human Betterment League records, Eugenics Review Board meeting minutes, and victims themselves. Begos’ interest in the subject began when he was contacted by Johanna Schoen, author of Choice and Coercion, who

121 Kluchin, Fit to be Tied, 211.
122 Kluchin, Fit to be Tied, 188.
123 Ibid., 211.
had been given access to 8,000 sterilization petitions in North Carolina in 1996. Schoen shared these records and her years of research with Begos in 2001.\textsuperscript{124}

After the final article was published in late 2002, then Democratic Governor of North Carolina Mike Easley issued an apology for the state’s eugenics program in a statement to the \textit{Winston-Salem Journal}.\textsuperscript{125} He then created a eugenics study committee to review the actions and records of the Eugenics Review Board and make a recommendation about the type of restitution that should be given to victims. In August 2003, the committee’s final report stated that victims should be given education benefits and a health fund for future medical expenses.\textsuperscript{126}

However, these recommendations fell on deaf ears; after his symbolic gesture of approval, during the rest of his term, Easley did not pursue the committee’s suggestions. In an interview I conducted with John Railey, co-author of the “Against their Will” series, I asked about this puzzling inconsistency. Railey replied when Easley first apologized, an aid of Easley’s said to him, “Does he know what an apology entails? You gotta do something with it now.”\textsuperscript{127} This comment suggests that Easely’s actions were merely made to please the public with no intention of implementing the recommendations of his committee.

Seizing this opportunity, Easley’s successor, Democratic Governor Beverly Perdue, won the governorship in 2008 on a platform that included compensation for sterilization victims. In 2010, Perdue formed the Governor’s Eugenics Compensation Task Force to continue the work that Easley’s committee had started; the members of the

\begin{flushright}
\textsuperscript{125} North Carolina’s apology followed apologies issued by Virginia and Oregon earlier that year.
\textsuperscript{126} Railey and Begos et al., \textit{Against Their Will}, 220.
\textsuperscript{127} Railey, interview by the author, Durham, North Carolina, December 2013.
\end{flushright}
Task Force included a physician, retired judge, attorney, historian, and former journalist who were all appointed by Perdue. Over the course of nine months, the Task Force met eight times to discuss the recommendations from the previous committee and to hear from state legislators and historians about the eugenics program.

The most notable meeting of the Task Force was the public hearing held on June 22, 2011. The first of its kind, victims and their family members were invited to share their experiences of the sterilization program and thoughts on compensation recommendations. Eliane Riddick gave one of the most compelling testimonies. At the age of fourteen, Riddick was raped by an older neighbor and became pregnant. She gave birth to her son 1968 and was sterilized shortly after. Riddick’s grandmother signed the consent form with an “X” because she was illiterate. Riddick did not become aware of her sterilization until she was twenty years old.

During her testimony, Riddick identifies her living environment as the source of her social problems, which the Eugenics Review Board used as an indication of her “feeblemindedness.” Riddick then passionately disputes this label and cites her future academic success as evidence of its misjudgment:

I am not feebleminded. I’ve never been feebleminded. They slandered me. They ridiculed and harassed me. They cut me open like I was a hog… You tell me what type of person I should be instead of me? I never got out of the eight grade. But yet still I acquired a college degree… So what am I worth?128

The imagery that Riddick evoked echoes the rhetoric used by the HBL to quell the concerns of the general public about sterilization. Riddick’s analogy of being “cut open like hog” directly contrasts the HBL’s claim that sterilization was “not your barnyard castration.” Riddick also opposes the idea that she is unintelligent by discussing her

college degree and the hardships she had to overcome to obtain an education. The final question she posed to the Task Force about the value of her stolen fertility is nothing short of haunting.

Riddick’s only son, Tony, spoke after her at the hearing. His testimony about his mother’s sterilization and the difficulties he had growing up with such trauma is articulate and moving. There is no contesting the intelligence of this child, born to an allegedly “feebleminded” woman.129

Seven months after this hearing, the Task Force presented its final report to Governor Perdue with three main recommendations: a lump sum of $50,000 in financial damages for each living victim, mental health services for living victims, and funding for a traveling and permanent exhibit about North Carolina’s sterilization program.130 The Task Force also recommended continuing and expanding the North Carolina Justice for Victims of Sterilization Foundation (NCJVSF). An office of the North Carolina Department of Administration, the NCJVSF serves as a clearing house to verify for those who believe they were victims of the state’s sterilization program.131

The Task Force’s most contested recommendation was its decision to allot $50,000 for living victims. Although the Task Force recognized in its final report that there is no monetary value that can be placed on individual suffering, it needed to make a recommendation within the current economic means of the state. This kind of

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129 Railey described his relationships with the children of the sterilization victims he interviewed, “I’ve never met a feebleminded child that one of them had and that was the whole rationale for the state. You look at Elaine’s son Tony and he’s smarter than me, works a techie job, and he makes more money than I do. Nial’s daughter, Francis, is smart and works a techie job in customer relations. It really gives light to the whole program because these people who were “feebleminded” didn’t give birth to feebleminded children.” (Railey, interview by the author.)

130 Governor’s Task Force, Final Report, 2.

pragmatism is expressed in an interview I conducted with Phoebe Zerwick, the former reporter on the Task Force and current professor of journalism at Wake- Forest University. When asked about the decision to omit the estates of the dead from receiving compensation, Zerwick replied that making that decision was not difficult. She believed that including this group in the Task Force’s recommendation would make the cost too high for the State Senate to approve.

Though Zerwick’s realistic approach to compensation was successful, the absence of any victims or family members on the Task Force is notable. One would think the Task Force would welcome the perspective of a person who had experienced the violence being compensated. A self-proclaimed realist, Zerwick believed the presence of a victim might have “prolonged” Task Force discussions.\footnote{Zerwick, interviewed by the author.} The Task Force acknowledged this issue by opening its meetings to the public.\footnote{The task force minutes have on record that some of the children and relative’s of victims did attend meetings and that this number went up after the public hearing. However, this number was not very high.}

However, at what point does practicality need to be checked by personal experience? Even if a victim had made deliberations about compensation more lengthy and difficult, is that person’s invaluable knowledge not worth the extra time? The fact that there are hundreds of living victims should be viewed as a positive influence rather than a hindrance; their insights should not be the sole source of judgment, but should be taken into consideration.

The goal of the Task Force was to produce a set of recommendations that satisfied victims and could be approved by the North Carolina State Senate. This present the Task Force with the challenge of convincing a Republican majority of the need to put aside $50,000 in the state budget for every victim who came forward. With reproductive rights
advocates already supporting compensation, the Task Force’s proposal needed to frame the issue in a way that appealed to conservative political views.

Zerwick recognized this requisite and described how it informed her writing of the final recommendation:

I for one was keenly aware that they [a Republican legislature] weren’t going to look too kindly on a recommendation from a Democratic governor… That’s why there was a letter of transmittal that went with the final report and the language in there I wrote a fair amount of. It articulates conservative values about the intrusion of government into private life.\textsuperscript{134}

The rhetorical strategy used by Zerwick depicts the sterilization movement as a matter of government interference into the private lives as its citizens. Deciding to frame the issue in terms of this violation transforms compensation into a bi-partisan issue; it is not only about a violation of a woman’s body but the larger intrusion of the government into an individual’s choices.

Changing the conversation from one about a woman’s reproductive autonomy to one about more conservative values also allowed for the support of religious groups. The most vocal of those groups were Catholics. Consistent with their general views on abortion, they believed sterilization violated the sanctity of life and should thus be prohibited. This linguistic manipulation allowed outside groups and legislators who needed to maintain the support of their constituencies to join a movement mainly associated with liberal Democrats.

In addition, the hearing the Task Force held for sterilization victims received national coverage. Zerwick described how the former head of the NCJSVF, Charmaine Fuller-Cooper\textsuperscript{135}, contacted enough local newspapers and media outlets that the \textit{Charlotte}

\textsuperscript{134} Zerwick, interviewed by the author.  \textsuperscript{135} Fuller-Cooper no longer runs the NCJSFV, which Railey speculated was due to the government’s inability to pay her salary. He then said that the new head, June Michaux has made little effort to form the
Observer became interested, which led to stories being published by the New York Times and run on CBS and CNN. Zerwick acknowledges that all politics are local— and in this case it was a local anecdote that made a big dilemma:

But they [the Charlotte Observer] went and did this really well done big story about the victims in Mecklenburg County and that was important because the speaker of the House Thom Tills is from Mecklenburg County. So the confluence of all this media attention was really really significant.136

Between 1946-1968, an estimated 185 sterilizations were performed in Mecklenburg County, making it the most sterilized county in North Carolina.137 The discovery that the most powerful person in the State Senate represented this county placed pressure on Speaker of the House Thom Tills to respond to the Task Force’s recommendation. Mecklenburg was being painted as the sterilization capital of North Carolina as the eugenics program was gaining national recognition.

The focus placed on Macklenburg was not an accident. It appears to have been a calculated decision that forced Tilis into the spotlight. However, according to Zerwick, the hearings were the first time Tilis learned Mecklenburg was at the forefront of the eugenics movement, and this shocked him.138 This further demonstrates the lack of public awareness about the sterilization program and the significance of public testimony. The overall narrative of the hearing was one of a problem and a solution; the harrowing testimony of a living sterilization victim which found a in immediate through response a compensation package. This combination of factors and Zerwick’s appeal to conservative values allowed the compensation movement to gain the backing and momentum it needed to be taken seriously in the State Senate.

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136 Zerwick, interviewed by the author.
137 Governor’s Task Force, Final Report, 6.
138 Zerwick, interviewed by the author.
Although there was a considerable amount of support for compensation, not all members of the State Senate were behind the idea. The first efforts at providing compensation began in 2012 under Governor Perdue when the House of Representatives proposed a bill that would have allotted a total of $11 million for victims.\textsuperscript{139} This proposal of a lump sum meant every victim who came forward would split the overall amount; the more victims, the less money each individual received. However, this measure did not pass the State Senate and was thus not included in the budget that year.

The compensation bill failed based on financial and social fears for the state. Senator Chris Carney was an opponent because he believed it would give precedent for other groups to ask for reparations. “If we do something like this, you open up the door to other things the state did in its history. And some, I’m sure you’d agree, are worse than this.”\textsuperscript{140} One of the “other groups” Carney is referring to is most likely the descendants of slaves. He believes that giving compensation to one group sends North Carolina down a slippery slope that would lead to reparations for the thousands of people who’s ancestors were slaves. Carney believes that compensation for sterilization victims would provide a precedent for other victims of government initiatives to receive restitution, which could bankrupt the state. In order to prevent that from happening, he feels it is best to not compensate victims of any government program.

Another argument for denying compensation to victims of past state programs is the statute of limitations on these crimes has expired. However, for a crime such as coercive sterilization, there is no clear statute due to the unique nature of the violence that was committed. Though the means taken were unethical, the overall act of sterilization


\textsuperscript{140} Ibid.
was legal at the time of the offense. Should this program be considered medical malpractice, which has a statute of three to ten years?\textsuperscript{141} Or perhaps the coercive nature and human rights abuses committed makes the sterilization program a crime against humanity, which has no statute of limitation?\textsuperscript{142} There is no obvious definition for the sterilization program, which places it outside of any previously determined statues.

Although the same logic can be applied to reparations for slavery, there are two major differences between these cases that compensation supporters highlighted. First, because the sterilization program lasted until the 1970s, many victims are still alive today. Second, the scale of the sterilization program was much smaller and affected far less people than slavery did in North Carolina. These realities made compensation more feasible and showed that it would not threaten the overall economic wellbeing of the state.

Although compensation efforts failed in 2012, they were revived during discussions about the 2013 budget. Railey provided some insight about this final push and his own role in the process. He discussed the importance of the election of the current Republican Governor of North Carolina Pat McCrory in 2013:

> I got him to go on the record saying he supported compensation and that he was disappointed the Senate didn’t come through with it. Then after he got in office, in January I ramped up the push in 2013. I called his public relations guy and they stood by this and I ran it.\textsuperscript{143}

Printing a story about the newly elected governor supporting compensation that had been previously defeated forced McCrory to act. With his words on record, he could not risk being seen as a leader who did not stand by his convictions. Furthermore, unlike Easley

\textsuperscript{143}Railey, interview by the author.
and Perdue, McCrory was a Republican, which aligned him with the political majority of the General Assembly and may have eased the minds of those formerly opposed to the compensation bill.

This renewal of support gave the compensation movement the final push it needed. A victory that Railey described as coming in “sleeper style,” the 2013 North Carolina state budget allocated $10 million for living victims of the state’s eugenics program. This funding only covered monetary compensation; the Task Force’s recommendations for mental health services and a traveling exhibit were not given funding.

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As of 2010, the North Carolina State Center for Health Statistics estimates as many as 2,944 victims out of the overall 7,600 may still be alive today. However, as of April 2014, only 199 out of the 376 claims filed have been successfully verified by the NCJSVF. One possible explanation for this struggle is that essential information was missing from the Eugenics Review Board records. Many lack social security numbers, full names, and valid addresses for victims, making them difficult to find. In addition, the passage of compensation required victims who had already been verified to file new paperwork. With the June 30, 2014 deadline for verification swiftly approaching, it is unclear how the state will remedy these bureaucratic problems.

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144 Railey, interviewed by the author.
149 Bonner, “Eugenics Compensation Deadline.”
Although the vague nature of these records is a legitimate obstacle in the verification process, it is troubling that less than four hundred people out of an almost four thousand alleged victim population have come forward. How can a movement that placed so much importance on media attention be unable to reach those for whom their efforts were on behalf of? How much value can be placed in the act of compensating if only a fraction of victims are able to benefit from its passage? Should we measure the effectiveness of reparations for these human rights abuses by their practical application or their symbolism? One must ask if the intentions behind compensation were to sincerely apologize for discriminatory violence committed against citizens of North Carolina, or the ease the conscience of a publically shamed government.

A potential explanation for the small number of victims that have come forward is the inability of the government to inform elderly victims about compensation procedures. A majority of sterilization victims lived in poor rural areas and it possible they have not moved. Due to their economic status, age, and location, more modern methods of raising awareness about the necessary steps for verification may not be effective means of reaching them. Zerwick recognized this obstacle and proposed a more hands-on approach towards outreach:

To reach people who have mental illness or some kind of mental retardation or were at least really poor, a Twitter campaign isn’t going to work, even TV or radio or newspapers. I think they needed to send someone like Charmaine [Fuller-Cooper] on the road to every county working with churches and community centers, places really reaching out to people.\footnote{Zerwick, interview by the author.}

We live in a technological age that has replaced this type of grass-roots information spreading with mass text messages and email blasts. Finding victims who may be illiterate or mentally incompetent is a process that takes time and a human presence.
Zerwick’s proposal requires a significant amount of effort and money; it is the type of investigative outreach that entails a true commitment to public awareness. This idea also raises the issue of manpower. Fuller-Cooper is only one person and cannot be everywhere. Should funding be given for such outreach efforts, perhaps this money would be best spent educating employees and prominent community leaders about the sterilization program and compensation movement. There is already an established bond between these groups; the power of trust in local communities cannot be over looked when addressing issues of governmental abuse. Although Fuller-Cooper has demonstrated her commitment to victim advocacy through her running of the NCJSVF, she is still an employee of the state. It is possible many victims may still harbor a deep-seeded mistrust of government institutions and will not respond to Fuller-Cooper in that role.

Furthermore, this proposal would depend heavily on the addresses given in the Eugenics Review Board Records, which would not account for victims who have moved out of state. How is a victim who is perhaps living in a nursing home in Virginia with little access to the news supposed to stay informed about the compensation movement? The problem with finding out-of-state victims was never fully addressed by the Task Force or the North Carolina General Assembly. It may be the case that such outreach is impossible to coordinate without the presence of an office similar to the NCJSVF in other states. The possibility of this occurring is highly unlikely in the next two and a half months before the compensation deadline.

This leads to the question of why there was an expiration date placed on compensation. If it has been determined that there are no statutes of limitations for the
eugenics program, then why does one exist for compensation? The practical answer lies
in the idea to provide a set amount of money for victims no matter how many are
verified; if victims are to come forward with no time limit, it would be impossible for the
compensation money to be divided equally.

However, this condition feels more like a governmental loophole than a fair
method of restitution. From requiring victims to redo forms they have already completed
to placing the onus of locating victims on one poorly staffed and funded office, it appears
as though the government cares more about the publicity of its apology than the actual
impact. This can be seen through the lack of effort put towards raising public awareness
about the sterilization program.

One of the suggestions that the Task Force made was for a traveling exhibit to be
funded in order to spread the history of the movement throughout the state. The exhibit,
which was in part curated by Choice and Coercion author Johanna Schoen, is comprised
of a fourteen-panel display that allows visitors to listen to victim’s stories while tracing
the history of the movement.\textsuperscript{151} This combination of personal accounts with historical
information lets the viewer to gain an understanding of the eugenics movement that exists
outside of the confines of a museum. It memorializes and educates viewers while
reminding them that although the movement in is the past, its victims still exist in the
present.

The exhibit was launched in 2007 at the North Carolina Museum of History in
Raleigh, NC. Following its debut, former Democratic Representative Larry Womble\textsuperscript{152} of

\textsuperscript{151} Governor’s Task Force, Final Report, C-4.
\textsuperscript{152} Womble is a tireless advocate and champion of sterilization victims who fought for compensation since
the state’s apology in 2002. He even paid out of his own pocket for victims to travel to the opening of the
Winston-Salem, North Carolina traveled with the exhibit to two out of many colleges that had requested the exhibit be shown before funding ran out. Although originally given through the NCJSVF, more funding could not be provided due to the mounting costs of the victim verification process. The Task Force estimated that it would cost $40,000-$70,000 for the exhibit to be restored.\textsuperscript{153} It included the restoration of the exhibit in its recommendation, but it was not part of the final budget.

Today, the exhibit is currently being stored in a warehouse at the North Carolina History Museum in Raleigh, North Carolina. The fact that this exhibit is not on permanent display at a museum dedicated to North Carolina’s history in the state’s capitol demonstrates a lack of commitment by the government to raising public awareness about this issue. Furthermore, the permanent exhibit in the museum about the history of North Carolina has no mention of the sterilization program or the state’s eugenic past.

The only permanent public commemoration that exists about the eugenics program is a highway marker in Raleigh. Throughout the city, the government installed various markers that give a short blurb about a famous moment in North Carolina’s history. On the corner of McDowell and Jones Street, there is a plaque that reads, “Eugenics Board: State action led to the sterilization by choice or coercion of over 7,600 people. 1933-1973. Met after 1939 one block E.”\textsuperscript{154} Although this information is repeated on the other side of the plaque, a large tree obscures the other view.
This “memorial” marks the location of the North Carolina Eugenics Review Board that met one block East of the plaque’s location. It does nothing to capture the harm unjustly inflicted by the state on those who were sterilized and reads like a footnote rather than an acknowledgement of suffering. As the only visible reminder of the sterilization program, this plaque has the responsibility to adequately portray and embody the eugenics program. Although the word “coercive” is used, one would not infer by the presentation of the plaque the extent to which North Carolina has gone to compensate sterilization victims.

It is easy to point out the inadequacies of the state’s effort to apologize to sterilization victims, there are puzzling inconsistencies in terms of public awareness, education, and outreach. However, one must remember that North Carolina is the first and only state to not only apologize but give victims reparations. The fact that $10 million dollars in the state budget is set to be given to victims is extraordinary and most victims were thrilled by this decision. Even Womble, the most prominent advocate for public education of the sterilization program, acknowledged the uniqueness of the compensation movement, “We’re the only state in this nation and possibly the only one in the world right here in North Carolina to do something to address this ugly chapter in North Carolina’s history.”155 Although there are glaring problems with the state’s approach towards informing the public, the actions of the Task Force and General Assembly should be commended.

A simple step North Carolina could take towards educating the public is integrating a section on eugenics into its public school curriculum. The only mention of

155 Governor’s Task Force, Final Report, D-5.
the word “eugenics” is in the high school American History II curriculum. Under the section that requires teachers to analyze how conflict and compromise have shaped the politics, economics, and culture of the United States, “eugenics” is listed as a possible example along with Prohibition, Social Darwinism, and anti-war protests.\textsuperscript{156} There is no mention of the extent or context in which a teacher is required to discuss eugenics in the United States. Since the movement is most widely associated with Nazi Germany, it is possible its presence in the United States post-WWII could be overlooked.

Furthermore, it is unsettling that there is no course material specific to North Carolina’s history with eugenics. The intensity and longevity of the state’s program distinguishes it from other states and should be singled out. How is one supposed to gain an accurate understanding of American history when such an important chapter is omitted? If public school teachers are not specifically required to discuss North Carolina’s eugenics program, then there is no guarantee that this information will be conveyed to their students.

One would think that a state which has put so much time, effort, and money into an apology for sterilization victims would jump at the chance to include a unit in its state’s history curriculum. Why would it spend $10 million dollars on an apology but put nothing in place to ensure that future generations know about this event? There are a plethora of shameful events in the history of the United States; when a tangible apology is given, it should be honored not hidden. Compensation for victims is an historic achievement that seemed nearly impossible due to the political divides in the General Assembly.

There is no single answer for North Carolina’s perplexing lack of public outreach and education about its sterilization program. The economic argument that has been made in an attempt to rationalize this discrepancy is weak due to the cost of compensation. Perhaps the answer is in the publicity surrounding the compensation movement. Railey recognized the political points that republicans scored by pushing through a philosophically liberal bill:

You know the great irony is that the democrats created this program and failed to correct it and it took the republicans to do that. I told them in private conversations that this would be quite the coup if y’all beat the democrats at their own game. Also we’d tell them from a Machiavellian point of view, you couldn’t buy the kind of advertising that NC is getting worldwide from this.  

In a traditionally liberal southern state that is slowly becoming more conservative, an unmatched act of atonement could serve as a way to gain the support of liberal North Carolinians. Such an achievement could give Republican legislators significant leverage in future elections; it took the election of a Republican governor to achieve a goal that could not be accomplished by two consecutive Democratic governors. This further destabilizes a Democratic party that is losing control over the state while presenting conservatives as united and as champions of human rights.

This “advertising” also had the potential to benefit Republicans at the national level. Tillis is currently in running for the 2014 Republican nomination for the United States Senate. It has yet to be seen whether his support for compensation will allow him to gain any political ground with voters who otherwise might not have supported him.

There is also the possibility that efforts to publically commemorate victims and educate the pubic are still being formulated. This speaks to the unfortunate reality that change occurs in small increments over long periods of time. If efforts to incorporate the

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157 Railey, interview by the author.
history of the state’s eugenics program into the lives of North Carolinians are still being crafted, it may be years before they are brought to fruition. The prominence of the compensation movement has positioned North Carolina as the model for eugenics reparations around the world. Hopefully, this momentum will allow the state to use its eugenics program as a lesson in abuse and apology. Present and future generations can learn about the sterilization movement in a way contextualizes rather than demonizes the state’s actions and its efforts to right this wrong.

As a society, we cannot allow the eugenics movement to remain hidden in plain sight. The battle for victim compensation in North Carolina shows how difficult the process can be. Spanning over ten years, this achievement relied heavily on a confluence of political strategies and media coverage. Although victims have expressed primarily their desire for financial compensation, this does not mean other states should abandon efforts to commemorate their programs if such restitution is not given. There is no excuse for the general public to be uneducated about the history of eugenics in the United States; it is a crucial aspect of our nation’s history that deserves a place within its historical cannon.
Conclusion

Far From Over: Sterilization In The Year 2014 And The Advent Of Neoeugenics In America

“I’ve been working on the railroad, all the livelong day. / I’ve been working on the railroad, but not to pass the time away. / Five kids at home are a waiting, waiting for the bread I’ll bring. / Honey do me just one favor, / find out about that clinic thing.” –Windsong, Human Betterment League of NC television spot, 1971.

The combination of public acceptance, governmental maternalism, and victim compensation in North Carolina distinguishes it as both the most severe and the most apologetic state for its sterilization program. This story is one of conflicting views and alleged beneficence. Champions of the birth control movement worked side by side with those who were directly responsible for the continuation of the eugenics program. Even social workers, who are viewed as the protectors of children and those in need, believed their actions were benefiting the greater good. That is why the final chapter of the North Carolina eugenics program should be viewed as an overall triumph; politicians put aside their differing political ideologies and united around an unexpected form of justice.

Unfortunately, this historic achievement did not mark the end of eugenics in America. In July 2013, the Center for Investigative Reporting documented the use of sterilization within the California women’s prison system; from 2006-2010, nearly 150
female inmates were sterilized without required state approval.\footnote{Corey Johnson, “Female inmates sterilized in California prisons without approval,” The Center for Investigative Reporting, July 7, 2013. Accessed April 20, 2014.} State records and interviews also suggested about one hundred more sterilizations were performed dating back to the late 1990s. According to the report, women were targeted who had served multiple prison terms and already had children.\footnote{Johnson, “Female inmates sterilized,” 2013.}

Although the circumstances under which these sterilizations were performed are different, the justifications for them are strikingly similar to those offered in the past. Dr. James Heinrich, who performed the majority of the sterilizations, claims he only performed the procedure on women who had already undergone three C-sections, which made future pregnancies dangerous to their health. However, inmates claim that Heinrich pressured them to be sterilized even when they had only one previous C-section. In addition, they claimed they were unaware of the extent of the procedure and were often propositioned while in the midst of giving birth.\footnote{Johnson, “Female inmates sterilized,” 2013.}

The HBL and Eugenics Review Board used a comparable narrative of protection when determining who should be sterilized. This paternalistic action is taken one step further when applied to the prison system. Incarcerated people have been stripped of their most basic human rights and are under the protection of the state; they no longer possess full autonomy or free will. Thus, by targeting women who already had multiple children and incarcerations, these sterilizations were viewed as protective measures in their best interests.

Heinrich also claimed that this procedure was a form of “empowerment” for these women because it provided them with the same quality of medical care as women who

\footnote{Johnson, “Female inmates sterilized,” 2013.}
\footnote{Johnson, “Female inmates sterilized,” 2013.}
were not incarcerated.\textsuperscript{161} This notion that physicians in prisons are providing women with “equal opportunity” for medical care again frames them as humanitarians and crusaders for women’s rights.

However, these pious claims to protect women’s health and provide them with opportunities are trumped by what seems in reality to be Henirich’s true motive: lowering welfare costs. He made this clear in his explanation of why the total cost of $147,460 to the state for the sterilizations was a worthy investment, “Over a 10-year period, that isn’t a huge amount of money compared to what you save in welfare paying for these unwanted children as they procreate more.”\textsuperscript{162} Unlike eugenicists of the past, he seems comfortable with making public the proposition that women who are on welfare should not be allowed to have more children.\textsuperscript{163}

This discovery shows that the eugenics movement is not dead; it has simply been reimagined and imposed on a less visible group. Opinions regarding women who receive government benefits seem to have changed little in the last sixty years. Instead of learning from sterilization movements of the past, states have found more covert ways of implementing a eugenic agenda. With an incarceration rate nearly six times higher than that of white Americans, black Americans make up the majority of prisoners in United States.\textsuperscript{164} These actions perpetuate a historic distrust that black Americans have of the

\begin{footnotes}
\footnotetext{162}{Johnson, “Female inmates sterilized,” 2013.}
\footnotetext{163}{In response to this the Center for Investigative Reporting’s report, a bill has been proposed to California State Senate to limit these sterilizations to life-threatening medical emergencies and curing of physical ailments. Hearings for this bill are set to begin in spring 2014 (Corey Johnson, “Bill seeks new restrictions on sterilizations in California prisons,” \textit{The Center for Investigative Reporting},” February 20, 2014. Accessed April 21, 2014.)}
\footnotetext{164}{“Criminal Justice Fact Sheet,” \textit{National Association for the Advancement of Colored People}, accessed April 26, 2014.}
\end{footnotes}
medical system and continues to portray women on welfare as irresponsible mothers looking for a government handout.

States must stop indulging in eugenic practices like sterilization as substitutes for genuine policy approaches to systemic issues such as poverty and education. They are unjust. Rather than “solving the problem” of the number of people on welfare by coercing them into being sterilized, the government should instead focus on creating programs that promote reproductive education and the importance of contraception. Such an approach would allow citizens access to the knowledge they need to make informed decisions about their reproductive choices and to various forms of birth control. The promotion of job training programs would allow those below the poverty line to learn skills that give them the potential for upward economic mobility. Though such programs may cost more to the state than a tubal ligation, they are long-term solutions to these issues.

It must also be noted the actual act of sterilization is not a terrible procedure only used to prevent “undesirable” members of the population from reproducing; it is a form of birth control many women and men want. Nikki Montano, a forty-two year old inmate at Valley State Prison for Women in Chowchilla, California and mother of seven, considered her tubal ligation a positive change in her life. The issue lies not in the procedure itself, but in the manner through which it is presented and the power exerted by officials in its implementation. Physicians and state institutions must stop imposing their own beliefs about who should and should not be having children and instead strive to provide everyone with enough information to make this choice for themselves.

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However, the development of technologies such as genetic screenings now allows for eugenics to operate in more subtle ways. In her essay, “The Social Immorality of Health in the Gene Age,” Dorothy Roberts discusses how race, disability, and inequality are manifested in modern medicine, “Both race-specific medicine and genetic selection technologies stem from a medical model that attributes problems cause by social inequities to individuals genetic makeup and holds individuals, rather than the public, responsible for fixing these inequities.” Roberts worries, then, that current medical models have the potential to turn into eugenics programs through their focus on addressing societal issues through interventions in the human genome.

This form of neoeugenics is conducted not through sterilization, but through the removal of certain genes deemed “undesirable.” Though it is currently being explored in terms eradiating of genetic diseases, the potential problems of social engineering seem obvious: who decides which genes are “good” and “bad?” If the argument for the removal of these genes is about the quality of life of one’s potential offspring, why stop at genetically inherited diseases? The field of epigenetics studies genes that are “turned on” by certain environmental factors. If certain genes are activated by environmental factors associated with the living conditions of people in low-income areas, should people who carry these genes and live in such environments not be allowed to reproduce? If they did choose to assume this risk, would this make them “bad parents” due to conditions beyond their control? This research needs to be carefully conducted and monitored to ensure that its findings do not lead in this direction.

For many women, the ability to be a mother and bring life into the world is intimately tied with their identity; when this capability is stripped from them, they no longer feel like women. In a recent *New York Times* article about infertility among black American women, Regina Townsend discussed in her blog the specific issues related to fertility among black and Hispanic American women, “The stigma attached to us is that it’s not hard to have kids, and that we have a lot of kids. And when you’re the one that can’t, you feel like, ‘I’ve failed.’” Though Townsend is discussing the impact of natural causes of infertility, the barrenness that results from sterilization has the same effect. For this ability to be removed because one is deemed “unfit” to perform an action that is an essential part of one’s personal and cultural identity is devastating.

Reducing the number of people living in poverty is not an issue that can be solved through one medical procedure; it requires a transformation of the way we view human rights. Founded on the principles of dignity and respect, human rights cannot continue to be viewed as purely theoretical and “unrealistic.” Integrating them into the fabric of our culture takes time and perseverance. Our society stands on the precipice of another era of eugenics and we must ensure such violations do not repeat themselves.

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Bibliography


John Railey, interview by Kay Schaffer, December 2013.


Phoebe Zerwick, interviewed by Kay Schaffer, December 2013.


Appendix A

“What do you know about sterilization?” Human Betterment League of North Carolina, 1945
What Do You Know About —

STERILIZATION

North Carolina is One of the Progressive States With Laws Providing for the Sterilization of the Mentally Unfit

Test Your Knowledge of This Important Health and Social Measure

ANSWER THESE QUESTIONS "YES" OR "NO"

1. Is it possible for a sterilized man or woman to lead a normal sex life? □ YES □ NO

2. Is every case of insanity and feeblemindedness reported for sterilization to the North Carolina Eugenics Board carefully investigated before the operation is performed? □ YES □ NO

3. Will the state sometimes permit an insane or feebleminded person to adopt a child? □ YES □ NO

4. If a child does not inherit the mental defect of his parent can he be harmed by the parent's mental affliction? □ YES □ NO

5. Are over half of the hospital beds in North Carolina occupied by mental patients? □ YES □ NO

6. Did North Carolina's men receive a high rating for sound mental health during Selective Service examinations for the armed forces? □ YES □ NO

7. Can some types of insanity now be cured? □ YES □ NO

8. Are new cures being found for feeblemindedness? □ YES □ NO

9. Do feebleminded persons have few children because they are less fertile than normal ones? □ YES □ NO

10. Is sterilization usually done against the wishes of the patient or of the patient's family? □ YES □ NO

(CORRECT ANSWERS INSIDE)
1. **YES** A sterilized man or woman can lead a completely normal, satisfying sex life because sterilization removes nothing from the body. The simple operation merely closes the tiny passages through which the life-producing cells must travel. The cells are absorbed by the body and the functioning of the sex organs is not affected in any way.

2. **YES** North Carolina statutes provide special legal safeguards to prevent any abuse of this important law. A careful investigation is made by the North Carolina Eugenics Board of every case recommended by the heads of certain institutions or by county superintendents of welfare. If the Board finds that sterilization is indicated it can order the operation performed at public expense.

3. **NO** Placing a helpless child in the care of mentally unbalanced or defective persons would be grossly unfair and could result in tragedy. No conscientious judge would permit a person suffering from mental illness or deficiency to adopt a child. It is equally tragic and unfair to permit children to be born to such parents, exposed to the double risk of questionable heredity and bad environment.

4. **YES** It is possible for insane or feebleminded parents to give birth to mentally normal children, but such children are often psychologically affected for life by their home surroundings. Children reared by mentally deficient parents start life with an environmental handicap from which they may never recover.

5. **YES** Mental cases occupy more than one-half of all the hospital beds in the state at an annual cost to the taxpayers of about $2,000,000. There are more patients in hospitals (2811 at the last report) suffering from the type of insanity known as schizoaffective (dementia praecox) than any other single disease! If insanity is permanent, sterilization can be extremely valuable in protecting its victims from undesirable parenthood.

6. **NO** Selective Service rejections because of mental disease or deficiency were high throughout the war. In 1942 they accounted for 14% and during 1944 for 88% of the North Carolina men found unfit for military service.

7. **YES** Insanity is mental illness, which frequently attacks persons who were entirely normal at birth. Medical science is learning more about ways to cure some types of insanity.

8. **NO** Feeblemindedness is not a disease and therefore cannot be cured. Feebleminded patients are born with defective mental equipment which cannot be changed any more than the color of their eyes can be altered. With proper training some individuals can be taught to be reasonably self-sufficient. They may even be self-supporting after marriage if protected from the responsibility and cost of rearing a family. Feebleminded girls are particularly in need of the protection of sterilization since they cannot be expected to assume adequate moral or social responsibility for their actions.

9. **NO** Persons of low mentality are not less fertile than normally intelligent persons. Idiots and imbeciles seldom have either sexual or reproductive power, but morets, who far outnumber all other groups of mental defectives, are doubling their number with each generation.

10. **NO** If the patient or his family feel that the operation should not be performed, appeal to the courts is possible. However, in almost all cases the operation is welcomed when it is understood that there will be no detectable physical or mental change except that children will not be produced.

A study made at the Alabama State School for the Feebleminded in 1945 showed that out of 1429 patients, 558 had been born of feebleminded parents, and another 87 patients had had at least one parent hospitalized for insanity.

Was anything gained by the birth of these 640 children doomed from the start to empty, meaningless life in an institution for mental defectives?
THE NATIONAL RESOURCES COMMITTEE . . .

reporting on the alarming increase of mentally deficient
and handicapped persons in this country, stated:

"The proportion of persons handicapped by heredi-
tary deficiencies might be reduced by intelligent
social action. . . It seems clear that the prevention
of reproduction by persons handicapped by severe
mental deficiency or by disabling physical condi-
tions, that appear to be hereditary, is socially
desirable."

NORTH CAROLINA IS A LEADER AMONG THE PROGRESSIVE
STATES WHICH HAVE PROVIDED THE LEGAL FRAMEWORK
FOR SUCH DESIRABLE SOCIAL ACTION

We Have the Law! It is Up to Every North Carolinian to
Understand that Law and Support It!!

For further information or additional copies of this pamphlet write to the
HUMAN BETTERMENT LEAGUE OF NORTH CAROLINA, INCORPORATED
P.O. Box 3036, Winston-Salem, N. C.
Appendix B

“You wouldn’t expect…” Human Betterment League of North Carolina, 1950
You wouldn’t expect... A moron* to run a train

* A moron is a person whose mind never develops beyond that of a ten year old child.

Or a feebleminded woman to teach school

You wouldn’t want the state to grant driver’s licenses to mental defectives

Nor expect such defectives to handle money wisely.

BANK TELLER
You
wouldn't give
a responsible position
to a person of
little intelligence

YET each day the
feebleminded and the
mentally defective are
entrusted with the
most important and
far reaching job
of all . . .

The job of . . .

PARENTHOOD!

. . . the creation
of new life
and the responsibility
of rearing
children

Having a healthy,
normal baby is the
most important
of all jobs . . .

It is also
important that
babies have good
physical care and
loving, thoughtful
guidance . . .
The average feebleminded parent cannot be expected to provide:

- good heredity
- a normal home
- intelligent care
to say nothing of the many other things needed to bring up children successfully.

Like running a train,

teaching school,
or handling money,

the job of parenthood is too much to expect of feebleminded men and women.

They should be protected from jobs for which they are not qualified.

**NORTH CAROLINA** offers its citizens this protection in the form of...

**SELECTIVE STERILIZATION**

*Selective Sterilization* means the

*Voluntary Sterilization* of men and women so they may live safely outside of institutions — live without danger to themselves or to the community —

- The operation is a simple one which *removes nothing from the body* and does not change *sex functions or feelings*. It is *not* barnyard castration!
Mental defectives who are sterilized may marry and lead satisfactory lives.

Often they may become reasonably self-supporting if they are spared the responsibility of parenthood —

Selective Sterilization also protects children

for no child should be born to subnormal parents — denied a fair, healthy start in life — or doomed from birth to a mental institution.

North Carolina’s Selective Sterilization Law

PROTECTS

- its mentally handicapped men and women
- the children of future generations
- and the community at large.

IT SAVES

- thousands of taxpayers dollars
- needless human tragedy
- wasted lives.

North Carolina’s Law provides:

for the sterilization at state or county expense of patients in or out of institutions who are likely to produce children with a tendency towards serious physical, mental or nervous diseases or deficiencies.

It is important that everyone know and understand this law and support public officials in carrying out its provisions in cases where protection is needed.
Protect
handicapped men and women so that those in need of this protection may get it without expense to themselves.

Save
helpless children from mental affliction and unwholesome surroundings.

Support
North Carolina's* humanitarian
Selective Sterilization Law

*North Carolina is one of 27 progressive states with laws providing for the sterilization of the mentally unfit at state expense.

The Human Betterment League
of North Carolina, Incorporated
Box 3886, Winston-Salem
North Carolina

Gentlemen:
To help with the educational work of the League and its protection of North Carolina's next generation, I enclose a contribution of $.__________.

Yours truly,
Name
Address

Please make checks payable to the Human Betterment League of North Carolina. Contributions deductible from taxable income.
Appendix C

“Lucky Morons” Dr. Clarence Gamble, 1947

Once there was a MORON, that means a person that wasn't very bright. he couldn't add figures or make change or do many things an ordinary man does. So he couldn't find a job and the RELIEF OFFICE had to help him out for YEARS AND YEARS. And one day he met another MORON who wasn’t any cleverer than he was. But SHE was nicer to him than anyone had ever been. And so he MARRIED HER. And soon there was a BABY, and then ANOTHER and ANOTHER and ANOTHER. And the welfare department had to pay the family MORE of the TAXPAYER'S MONEY and MORE and MORE and MORE. And when the children grew up and went to school They couldn't learn very fast because they had inherited poor minds from their parents. They had to repeat MANY GRADES in the school, and never learned very much and never were able to GET A JOB. and they cost the schoolboard and the relief office and the taxpayer

THOUSANDS OF DOLLARS. AND THESE CHILDREN MARRIED TOO - - - So the story goes on to grandchildren and greatgrandchildren and so on forevermore. Now there was another MORON who also was a little stupid and couldn't learn very much but he lived in NORTH CAROLINA and that was very fortunate for him. For the Department of Welfare in his county Made him one of the lucky morons who went to CASWELL TRAINING SCHOOL. There he had a mental test and he was taught a trade simple enough to fit his brains, and because the tests showed he wouldn't ever be very bright Or be able to earn enough to feed a family, and because his children might be feebleminded, too, a surgeon performed A SIMPLE OPERATION which didn't change him AT ALL, or take ANYTHING out of his body, but kept him from having any children. And after a year or two a JOB was found for him which, because of his special training he DID WELL, and he earned enough
to be SELF-SUPPORTING.
And after a while he met a
GIRL
She, too, wasn't very bright,
but they liked each other.
And she, too, had been to
CASWELL for training
and had a JOB and a
surgeon had PROTECTED her from UNWANTED
CHILDREN, without
making her different in any other way from other women.
And because they loved
each other, they married
and WERE HAPPY just as other couples are.
Both kept on with their
Jobs so they were still
SELF SUPPORTING.
And there weren't any children's
mouths to feed ---- although
they wouldn't have
known why if
the operation hadn't
been explained to them.
And with just the two in the
Family, they kept on
being SELF SUPPORTING,
and they were very thankful they lived in NORTH CAROLINA.
And the WELFARE DEPARTMENT
DIDN'T have to feed them
and the SCHOOLS didn't
have to waste their efforts on
any of their children who weren't very bright.
And because they had been
STERILIZED, the taxpayers of
North Carolina had
saved
THOUSANDS OF DOLLARS
and the North Carolina MORONS LIVED
HAPPILY EVER AFTER.
Appendix D

Eugenics Highway Marker, Raleigh, NC