

Wicked Silence: The North Carolina Forced Sterilization Program and Bioethics

A Discussion Guide

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About *Wicked Silence*:

The video documentary *Wicked Silence* was made by graduate students in the Documentary Film Program at Wake Forest University.

Featured in the film are Elaine, Ann, and Willis, three out of approximately 8000 victims of forced sterilizations sanctioned by the Eugenics Board of North Carolina. Falsely accused of feeble-mindedness, promiscuity, and being a burden on society, they were sterilized without their knowledge. All three of them were under the age of 14.

For years now they have been fighting for justice and reparations for the wrong that was done to them. Behind them stands a journalist and an advocate for their rights, John Railey, who has helped spread the word about this atrocity through his columns and consistent campaigning for compensation.

Wicked Silence explores the North Carolina eugenics program through the eyes of those who experienced it. We hear their painful stories, but we also see their strength and resilience in the face of incredible loss. A story of suffering, it is also a story of healing, and most importantly, a story of hope.

--The Filmmakers

The film is available at the Z Smith Reynolds Library, as well as on Youtube at:

<https://www.youtube.com/watch?v=hstkagJJDfg>

INTRODUCTION

Although the North Carolina forced sterilization program occurred in the past, it is clear that its impact resonates today. Out of the over 60,000 people sterilized nationally in the name of eugenics, over 7,600 people in North Carolina were sterilized between 1929 and 1975, leaving a legacy of trauma and shame for many.

Today, there are estimated to be 1,500-2,000 survivors of the North Carolina eugenics program, all deprived of the basic human right to plan their own family. Many, such as those in the video “Wicked Silence,” have struggled both to understand the government’s decision to take away their fertility and to cope with the loss of their ability to procreate. Basic human rights and choices of these people were disregarded for the sake of eugenics.

When considering the practice of eugenics from a modern perspective, it is easy to disregard as an antiquated historical practice, but it is important to remember that in its time, forced sterilizations were nationally regarded as a reasonable method to solve social problems. Addressing the bioethical questions posed by eugenic sterilization helps us to acknowledge the pain of its survivors and to prevent a similar occurrence in the future. We will consider fundamental principles of medical ethics when analyzing the injustice of this practice. We will ask whether North Carolina can redress these injustices through compensation. And we will consider how the history of forced sterilization provides insights into some current issues and debates involving reproductive rights – and how bioethics helps us understand and talk about those current debates.

Key Terms

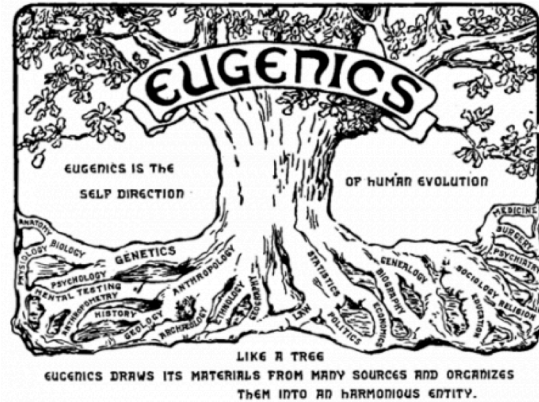
Eugenics
Social Darwinism
Buck v. Bell
Feeble-minded
Eugenics Board of North Carolina
Human Betterment League of North Carolina
Principlism
Beneficence
Nonmaleficence
Respect for Autonomy
Human Right
Paternalism
Justice
Egalitarians
Utilitarians
Libertarians
Restorative Justice

NATIONAL INFLUENCES

In order to more fully understand the North Carolina forced sterilization program, we must first consider the social context of its beginnings. A number of movements and events occurred in the larger national society that paved the way for eugenic sterilization programs in many states, including North Carolina.

Eugenics & Social Darwinism

The science of eugenics and the theory of Social Darwinism arose after Charles Darwin published his book, On the Origin of Species in 1859, which outlined a theory including both evolution and the struggle for survival among species. **Eugenics** is the notion that the human population can be improved through selective breeding; as the gene pool improves, so will the strength of the population. **Social Darwinism** went a step further, attempting to explain differences in material wealth through the theory of “survival of the fittest.” In other words, Social Darwinists believed that those people who achieved financial success in society were biologically stronger than those living in poverty. Thus, because the poor represented the weakest population in the human race, to prolong their existence through governmental financial assistance was only to prolong their misery. Furthermore, the continued existence of weaker humans prevented evolution toward a more robust human race. Social Darwinists believed that weaker humans, usually the poor, should be allowed to die out, as occurs naturally among animal species in the wild.



The logo of the Second International Congress of Eugenics, 1921

The Social Darwinism movement increased at the same time as a significant rise in immigration. Immigrants were considered a threat to the purity of the American gene pool. One of the first tools of eugenics was implemented in inspecting immigrants for defects. Measures included IQ testing, physical examinations, and medical examinations. Although these measures were hampered by language barriers and a lack of medical knowledge, those immigrants determined to be defective were rejected and sent back to their home country.

Religion

Although many people relied on economic differences in the population to indicate strength, religious leaders also played a part in promoting the cause of eugenics. There was a rise in evangelical Christianity in the early 20th century, and proponents used the Bible to justify a need for eugenics. In their view, people who were non-believers would not achieve success in society. Accordingly, people who had not achieved success must be non-believers and doomed to failure. Generations of families would never be able to succeed because their ancestors worshipped different gods and were therefore depraved. In other words, their weakness was not only biological, but based in their souls. Those who were criminals, institutionalized, poor, or sick could not be helped through social means, and their descendants were destined to a similar life without success.

Buck v. Bell

The landmark 1927 United States Supreme Court case of **Buck v. Bell** served as a catalyst for many eugenic sterilization programs across the country. A native of Virginia, Carrie Buck was a young woman who was determined to be “feebleminded” after having a child out of wedlock. She was then sent to an institution where her mother also lived. Under a Virginia eugenics statute, she was considered a candidate for forced sterilization, both for her own benefit and for the benefit of society. Her case went to the Supreme Court, which determined, by a vote of 8 to 1, that the Virginia statute did not violate her constitutional rights: “The principle that sustains compulsory vaccination is broad enough to cover cutting the Fallopian tubes.” The sterilization was thus considered reasonable. Justice Oliver Wendell Holmes famously wrote: “Three generations of imbeciles are enough.” This case determined state-mandated sterilizations to be justified in order to promote a better society. After this ruling, many states passed or expanded sterilization laws.

Feeble-minded was a term used for anyone considered to have mental deficiencies.

Notably, Buck v. Bell remains on the books of the Supreme Court. Although there no longer exist state compulsory sterilization statutes, no case has yet overturned this ruling.

Looking back at this case, historians observe that both Carrie Buck and her mother were sent to the institution after having children out of wedlock. Rather than being feeble-minded, they were victims of the social mores of their era.

Great Depression

The intersection of the Great Depression with state-mandated sterilizations is noteworthy. Across the country, many states decreased their sterilization programs, both due to a lack of funding and because so many previously successful people were thrust into poverty.

At the same time, however, the number of forced sterilizations increased overall. Many more people were dependent on government assistance to survive, increasing the undesirable population. Additionally, at this time of crisis, many people sought a scapegoat; reducing the numbers of “feeble-minded” individuals from the welfare rolls seemed like a way to improve society into the future.

THE PRACTICE IN NORTH CAROLINA

The Evolution of Laws

Initially, in 1919, North Carolina passed a sterilization law entitled “An Act to Benefit the Moral, Mental, or Physical Conditions of Inmates of Penal and Charitable Institutions.” There were no sterilizations under this law, perhaps because of questions about its constitutionality. This law did provide a foundation for subsequent legislation.

In 1929, shortly after the *Buck v. Bell* ruling, North Carolina passed "An Act to Provide For the Sterilization of the Mentally Defective and Feeble-Minded Inmates of Charitable and Penal Institutions of the State of North Carolina.” This act differed from the 1919 version in that it was more transparent in its purpose and included public benefit as a reason for sterilization. In other words, the legislature acknowledged that sterilization could be mandated in order to benefit society as a whole, not just the sterilized individual. Under this law, the review process for a potential sterilization candidate involved a panel of four members, including two state officials and two leaders from the mental health institution system. 49 sterilizations took place under this law.

After a ruling in 1933 in the North Carolina Supreme Court case of *Brewer v. Valk*, the 1929 law was deemed unconstitutional because the sterilization candidates were not given notice or the opportunity to be heard before the sterilization panel. Accordingly, a new law was passed in 1933 which included the formation of the **Eugenics Board of North Carolina**. The Eugenics Board consisted of five members: three state officials, one representative of a mental health institution and one representative of the State Hospital in Raleigh. In the hearings, the case for sterilization was made by either the head of the institution where the candidate resided or by a local official in the county where the candidate lived. Candidates and their family had the opportunity to testify, but the Eugenics Board required families to prove that the candidate could care for potential children. In many cases, predicting the future parental capacity of a candidate was very difficult; most families could not meet that burden of proof. The majority of the state-mandated sterilizations took place under the management of the Eugenics Board, which existed until 1973.

The 1933 law also expanded the target population for sterilization. Unlike the previous laws, this law did not limit candidates for sterilization to those living in institutions; instead, candidates might live in the community. In the beginning of the North Carolina program, the majority of those sterilized were institutionalized; in the end, the noninstitutionalized poor made up 60% of the total number sterilized. However, the goal remained the same throughout: to prevent the “feeble-minded” from procreating and to prevent the perpetuation of feeble-mindedness in future generations, for the benefit of both individuals and society.

Methods and Impact

How was feeble-mindedness determined? Feeble-minded individuals were considered to be affected by a “germ plasm” passed biologically between generations, but there was no way to test for this plasm. Instead, feeble-minded people were identified through IQ testing and/or social activities. Among other traits, these individuals might be promiscuous, impoverished, or involved in criminal activities. Through this definition, it appeared that many social problems could be solved through sterilization of defective individuals.

However, many of the tragic stories from the era of forced sterilizations in North Carolina tell the true tale. Consider the role of females in this time period. A girl or woman who had a child out of wedlock, whether by rape or by consensual sex, might be considered promiscuous and a viable candidate for sterilization. A number of stories are documented in which children who were victims of incest were volunteered by their parents for sterilization – the sterilization would prevent any pregnancy and thus would hide any evidence of incest. Women represent the majority of sterilizations: 84.8% of sterilizations in North Carolina were of women. After 1960, almost all the sterilizations were performed on women.

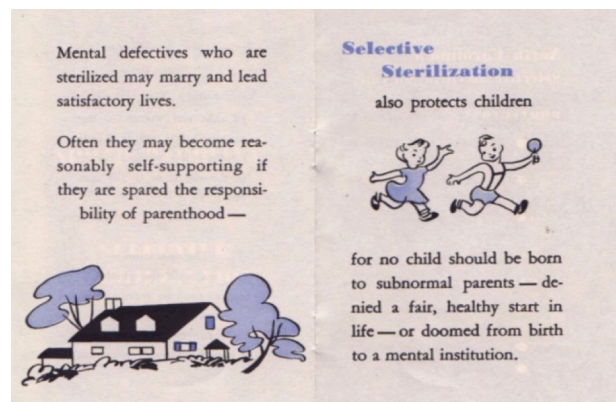
A troubling statistic notes that the youngest person sterilized was nine years old; more than one third of those sterilized were under the age of 18.

Race also played a role in sterilizations, exacerbated by two factors. First, the long history of racism in North Carolina played a part. Second, in the 1950’s, federal laws changed the requirements of the welfare system, called Aid to Dependent Children (ADC), to include Black

women and children. Ironically, the fact that Black women were now eligible for government financial assistance increased their risk of sterilization. The combination of welfare dependence and racism led to stereotypes of promiscuity and Black women and girls were subsequently targeted for sterilization. Although the Black population made up 39% of the total sterilized population from 1929 to 1968, they made up over 60% from 1958 through 1968. Consider also that the Black population was only approximately 23% of the population in North Carolina as a whole.

It is also apparent and troubling that the government had a financial interest in sterilization that went beyond the benefits to society and individuals. Those who were dependent on government assistance, whether through disability or poverty, were the usual targets of sterilization. Eugenics Board members believed that a candidate's dependence on the state gave the state a right to sterilize. Furthermore, North Carolina was the only state that gave social workers the power to petition for sterilization. This meant that anyone who required the assistance of a social worker was susceptible to sterilization.

A further point must be made about forced sterilizations in North Carolina. Most states reduced or ended their sterilization programs in the 1940's, when the Great Depression had ended and when knowledge of Hitler's eugenic sterilization program in Germany became widespread. However, North Carolina increased their program instead – more than 70% of North Carolina sterilizations occurred after 1945. The North Carolina program retained legitimacy through a small, wealthy, and outspoken minority. James G. Hanes founded the **Human Betterment League of North Carolina**, which produced mass media campaigns promoting the benefits of forced sterilizations. With funding from Clarence



A portion of a 1950 advertisement of the Human Betterment League.

Gamble and other philanthropists, this group ensured not only the continuance of North Carolina's sterilization program, but also its increase. Although eugenic science was discredited by the 1940's, the Human Betterment League was able to propagandize the benefits of sterilization. Pamphlets promoted the view that sterilization would not only reduce welfare rolls, but would also help reduce the neglect of impoverished children and the continuance of generational poverty.

Finally, we must remember that although eugenicists were promoting a method to purify humanity and better society, many truly believed sterilization to be a benefit for the victims as well. They believed that the recipients of sterilization and their unborn children received a positive benefit – potential mothers did not have to worry about supporting children and hypothetical children would not have the disadvantage of growing up in poverty.

The Present

The Eugenics Board of North Carolina was renamed the Eugenics Commission in 1973, which is also the last year that any forced sterilizations were performed. In 1977, the Eugenics Commission was officially eliminated. It was not until 2003, however, that the 1933 law was overturned by the state legislature. Today, the current North Carolina law states that sterilization is allowed on people who cannot give informed consent only in the case of medical necessity.

Because it helped empower individuals to speak up for their rights, the Civil Rights movement helped to finally end the North Carolina

Also in 2003, Governor Mike Easley formally apologized to the victims of forced sterilizations.

Currently, North Carolina is the only state to attempt reparations for their sterilization victims. Unfortunately, the efforts have been imperfect and fraught with problems and controversies. In 2012, the NC State House of Representatives approved \$50,000 in reparations for each victim but the State Senate voted against the bill.

However, in 2013, a bill was passed mandating payments as reparation for the sterilization victims. Rather than individual payments of a certain amount, the legislature appropriated \$10

million to compensate qualifying sterilization victims. In order to qualify, claims had to be filed by June 30, 2014 and to be approved by the state Industrial Commission. Fewer than 800 claims were filed by the deadline and only 220 of those had been approved as of January 2015. Those 220 claimants each received a preliminary payment of \$20,000. Controversy continues over the state's failure to identify, find, and inform potential claimants in a timely fashion, and the ultimate resolution is still uncertain.

A number of victims did not qualify for compensation because their sterilizations were not mandated by the Eugenics Board, a requirement for qualification. Instead, their sterilizations were ordered by officials at a local level. Many applications are under appeal.

PRINCIPLES OF BIOETHICS

In medical ethics, there are a number of theories that can be used to evaluate or discover solutions to ethical dilemmas. Among these theories, one of the most commonly known is **principlism**, based on Tom Beauchamp and James Childress' Principles of Biomedical Ethics. Beauchamp and Childress define the scope of medical ethics as composed of four principles: beneficence, nonmaleficence, respect for autonomy, and justice.

According to principlism, medical professionals should act in accordance with these principles because they have a fiduciary duty to their patients. In other words, they are in a position of power in their relationship with patients, through their knowledge and the social status of their profession. Because there is an imbalance of power, they are obligated to protect their patients. The principles below help protect patients' interests through guiding the actions of medical professionals.

Beneficence is a positive requirement – it is defined as acting in a way that provides benefits toward others. Remember that many who participated in promoting eugenic sterilization believed they were providing benefits to those who were sterilized and to society as a whole.

Nonmaleficence is similar, but approaches as a negative requirement – it requires that medical professionals refrain from imposing harm to others. Although the proponents of eugenic sterilization may not have believed they were causing harm, the personal experiences of the victims tell otherwise.

Respect for Autonomy is another key principle. It means that people should be allowed to act according to their own choices, without interference, and with adequate understanding of the situation. The duty to medical professionals is complex when it comes to this principle – they must determine that the patient is able to comprehend the situation, ensure that the patient is given adequate information, and refrain from interfering with the patient's decision. Respect for autonomy is based in the idea that adults have the capacity to make their own choices unless there is proof to the contrary, and thus deserve respect for those choices as well as a fair opportunity to make them. Many of the participants were not fully informed and were not given

a true opportunity to decline the sterilization – their right to self-determination was undermined by the process.

Another concept related to respect for autonomy is **paternalism**. When one person believes he/she knows what is best for another person and imposes that view of the good on another who does not share it, this is a paternalistic approach. In the forced sterilization program, the proponents of sterilization maintained that they knew the best solution for improving people's lives.

Justice is another complex issue; it is commonly discussed in terms of social inequality or creating justice through the court system. In medical ethics, however, justice primarily entails how medical resources should be distributed across the population. Theories and the implications

There are a number of alternative theories of medical ethics worth mentioning. One is **virtue ethics**, which states that virtues, such as compassion, integrity, and conscientiousness, define our moral character and shape our obligations to others. The key question for virtue ethicists is "What would a good physician (or a good person) do?" Another theory is **feminist ethics**, which highlights the male-centered focus of problem-solving and reframes the questions of medical ethics to be more inclusive. Feminist ethics emphasizes sexism and promotes a more interconnected approach to addressing medical issues, focused on fixing inequities and creating supportive relationships.

of justice in forced sterilizations will be discussed in the next section.

THEORIES OF JUSTICE

Theories of justice in medical ethics are worth a closer look when discussing the implications of forced sterilizations. This discussion is necessarily a brief and simplified look at a very complex topic. As mentioned previously, justice in medical ethics is most often discussed in terms of distribution of resources, the question of who should get what. The goal is a fair distribution, but there are a number of theories of justice that define fairness differently. **Egalitarians** believe everyone should have an equal share of resources, on the basis of equality in our common humanity. This does not necessarily mean that everyone should get the exact same care, but that everyone should be able to reach a basic state of health. **Utilitarians** believe that resources should be distributed in such a way as to benefit the most people. It is okay if some people are left with nothing, if the distribution of goods is such that a majority of society benefits. **Libertarians** believe that the free market should determine the distribution of resources. These common theories of distributive justice reflect different views about whether those who are disadvantaged in society have been treated unfairly. Distributive justice theories can be applied to health-related resources, and are sometimes linked to discussion of individuals' responsibilities for their own health.

Remember that in forced sterilizations, there was a significant imbalance between those with resources and those without. The forced sterilization program was imposed primarily if not exclusively on young women and men who were impoverished and lacked the opportunities for education and employment afforded to the middle-class white population in North Carolina. It was justified and made possible by the existing imbalance of resources. The state believed it had the potential to benefit from reducing the number of people on welfare, and it had the resources to force sterilizations on people to reach that goal. At the same time that the state performed sterilizations with hopes of savings and improvement to its population, the individuals who were sterilized had a very basic human right taken away – the right to procreate.

Also consider the doctrine of the **least restrictive alternative**, or that a program should use the least drastic means to achieve its goal. Other non-permanent birth control methods were available at the time of the sterilization program and would have qualified as a less restrictive alternative.

When considering this exploitation, another concept of justice arises from virtue ethics: **restorative justice**, or, righting past wrongs. When one party has been harmed, the party that benefits from the transaction ought to try to make things right, to whatever extent possible. In this case, restorative justice might require compensation for the survivors of forced sterilizations.

WICKED SILENCE – THE MOVIE

It is difficult to understand the personal and societal impacts of the forced sterilization program without direct experience. The victims feel hurt, shame, and a loss of control over their lives. The North Carolina forced sterilization program was an example of society's vulnerability to injustice at the hands of a few. Education about this program and advocacy on behalf of victims is a necessary part of understanding forced sterilizations and preventing continued injustice. The film *Wicked Silence*, through its interviews of victims, offers some direct insight into the legacy left by the North Carolina forced sterilization program. These interviews are briefly reviewed below along with some discussion questions intended to inspire conversation about what is required by the principles of medical ethics and justice.

Elaine

Elaine was sterilized at 14 years old after giving birth to a son. Although her pregnancy was due to rape, the state deemed her promiscuous and thus a candidate for sterilization. She was unaware of the sterilization until after the procedure and felt a strong sense of shame for a long time after. She had hopes for education and family, but the sterilization removed her right to plan her family. Now that she has begun to speak out as a victim of the sterilization program, she has found inner strength, and vows to advocate for all victims of the program until justice is achieved.

- Was Elaine's sterilization justifiable? Why or why not?
- How do you think her recovery as a victim of rape was affected by her sterilization?
- Do you think it is ever possible to judge the future success of a 14 year old?
- What other solutions existed to help Elaine be successful in life?
- How do you think race affected the decision to sterilize Elaine?
- Consider the principles of respect for autonomy, beneficence, and nonmaleficence – were any of these principles violated by the state of NC in this case?
- What can the state of NC do now to right this wrong? What does justice look like for Elaine?

Ann

Ann was sterilized at 13 years old. Her mother had been sterilized after having two children. When testing performed by the state showed that Ann had a low IQ, the authorities decided she was a candidate for sterilization. The nurse came to her house to pick her up after her mother signed off on the procedure. She believes her mother would not have agreed to it if she had

known the lifelong pain it would cause Ann. The inability to have her own child affected her life deeply. She even investigated having the sterilization reversed, but was told that the surgery made her irreparably infertile. Although she has a loving and supportive family, she still grieves the loss of her ability to have children.

- Was Ann's sterilization justifiable? Why or why not?
- What other solutions could have been tried to ensure her family success?
- Is IQ testing a reliable measure of who would be a good mother? Of who would produce successful offspring?
- Is her pain the same, easier, or worse than that of people battling innate infertility?
- Consider the principles of respect for autonomy, beneficence, and nonmaleficence – were any of these principles violated by the state of NC in this case?
- What can NC do to right this wrong? What would justice look like for Ann?

Willis

Willis was sterilized at 14 years old, while living at the Caswell Training School (CTS). (CTS was North Carolina's only institution for people with intellectual disabilities from 1911-1958, and was the origin of many sterilizations.) Willis was one of seven children living with a single mother. The family was separated, and he was sent to CTS at 12 years old. Prior to the sterilization procedure, he was not told what was planned. He was simply strapped to a bed, anesthetized, and told later about the sterilization. He feels a loss in being unable to have his own children, and was proud to be a father figure for the children of his former wife. He turns instead to music, and believes he was born with the talents required to be successful in music.

- Was Willis' sterilization justifiable? Why or why not?
- What other solutions existed to ensure his family success? His future success?
- Consider the principles of respect for autonomy, beneficence, nonmaleficence, and justice – were any of these principles violated by the state of NC in this case?
- It is unclear if Willis actually has an intellectual disability – how does that affect our consideration of bioethical principles?
- What can NC do to right this wrong? What would justice look like for Willis?

John Railey – WS Journal

John Railey, of the Winston-Salem Journal, offers historical insight to the sterilization program and the state of North Carolina's attempts to create restorative justice.

- At one point he addresses the argument made by some people that the program administrators were wrong, but not deliberately so – that is, that they were only “misguided.” He argues that after the 1940s, when many other states were reducing or eliminating their sterilization programs, North Carolina’s use of forced sterilizations became “criminal” rather than misguided. How so? How does this change affect North Carolina’s obligation to effect justice?
- John also brings up that social workers would pester families until they received consent for the procedure. He also states that it is “not real consent” – what does that mean? What is real consent and what would it look like? How was consent compromised?
- John also brings up a point about how normal this practice was in its time. Can you think of other examples of practices or views that were once accepted but are now viewed as wrong? Are there current practices in our society that may be considered unjust in the future?
- He notes that when North Carolina wanted to sterilize people, authorities had no trouble finding candidates. Conversely, the state has been unable to find many of the people who are eligible for reparations. Does this inability to find the victims increase the state of injustice?
- Has North Carolina done enough to create justice?

MODERN EXAMPLES

Even though North Carolina struggles toward reparations for its victims of forced sterilizations, the social beliefs and thought patterns that led to eugenics continue to this day. Evidence can be found on the internet - there are existing websites run by people who still remain strong believers in eugenics. Beyond that, however, many of the core principles can be found in society at-large.

Enduring Stereotypes of Women on Welfare

Consider that many believe that women dependent on government assistance should have mandatory long-term birth control. This speaks to a mythology that those who are living in poverty are unable to control their sexual urges and need control from external sources. Other ideas that would work to control personal freedoms for those dependent on government aid include limits on food choice and random drug tests.

- Are these limitations reasonable?
- How do you measure success and how can it be achieved? Is personal choice an important factor in success?
- What are other alternatives? Are they viable?



Project Prevention

Another example exists in a group called Project Prevention. Project Prevention offers women who suffer from Substance Use Disorder (SUD) \$300 in exchange for implantation of long-term birth control methods or permanent sterilization. Project Prevention was started by a couple who adopted a number of babies who were born with addiction. After seeing their children suffer from addiction they started the program in order to prevent harm to future children. They also argue that their program offers relief to women suffering from SUD because they prevent the roller coaster of emotion that comes with being unable to care for an infant and



having that infant removed. Furthermore, they argue that these women do not have the ability to make an active decision to become pregnant and care for a child.

- Does the payment help justify the sterilization? If not, why not? If so, is it enough?
- Does the fact that they also offer long-term birth control make the sterilization option reasonable?
- If the women cannot actively choose to have a child, are they able to make the decision for sterilization?
- What other alternatives exist to solve the problem of babies born with addiction?
- Should this group offer reparations or sterilization reversals if a woman succeeds in getting sober and regrets a sterilization decision?

The Genome Project and Genetic Purity

A third example lies in the possibilities that come with mapping the human genome. Scientists are in the process of identifying the entire genetic map of humanity. So far, very little differentiation has been found between people from different regions. However, identifying the genetic causes of difference has already affected our population. People who use “assisted reproduction” technologies are currently able to choose the gender of their child as well as to avoid some health conditions that will affect their child’s well-being. Although it currently feels like science fiction, some fear that mapping the genome will allow people to “design” their babies according to valuable genetic traits. The further assumption is that this trend will eliminate difference and disability in our population.



- How does difference in populations relate to eugenics?
- How can difference in populations benefit society?
- What are the risks of promoting homogeneity among the population?
- Does this possibility affect our thinking on race and gender issues?

RESOURCES

This list includes resources that were used in the research of this discussion guide. Additional resources that may be of further interest are included with the accompanying Instructor's Guide.

National Influences

Social Darwinism & Eugenics

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