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Coerced Sterilization

Outcomes, Theories, Methods

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

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

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

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

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

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

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


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

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

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

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

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

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11 Hence there is the hesitation to view right-wing, anti-immigrant, Islamophobic movements in Europe as “new social movements.”
70,000 more, and used them to conduct experiments in the very gassing techniques used to liquidate the Jews of Europe. On the contrary, the coerced sterilization of the mentally ill in North America continued and, in some states, increased. It did not end in most states until the 1970s. In some places, it did not end at all.\(^{13}\)

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

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

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

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\(^{14}\) In Alberta, members of the Eugenics Boards traveled to and made a decision in favor or against sterilization within the mental health institutions themselves. “Return asked for by Mr Giroux respecting Members of the Sexual Sterilization Act Board,” March 2, 1932, ACC, GR 1970.44, 31/173, Provincial Archives of Alberta (PAAB). These institutions included the Provincial Training School, Red Deer, and the Provincial Mental Hospital, Ponoka.

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

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

THE INTELLECTUAL TERRAIN

Although it can appear at times to indulge in theorizing for its own sake, social science theory is ultimately about isolating causality, and it shares this aim with history.\(^{16}\) In the latter, historians have developed, explicitly or implicitly, several theoretical frameworks for the study of eugenics and coerced sterilization. Subject to inevitable overlap, five approaches can be teased out of the existing literature.

1. Eugenics as a Religion

The first approach views eugenics a new religion,\(^{17}\) which would have been a bitter irony to some of the leading eugenicists, given their hostility to religion and to religious believers. Like religion, eugenics was a comprehensive framework that gave reasons for the state of the world and also prescribed actions meant to improve it in the future. More specifically, eugenics provided an account of both the origins of human difference and the correct social and economic policies needed to deal with it. Francis Galton, as historian Daniel Kevles put it, was the “founder of the faith.”\(^{18}\) Like many religions, it promised salvation – in this case, from biology. “Could not,” Galton wrote, “the race of men be similarly improved? Could not the undesirables be got rid of and the desirables multiplied?” Kevles takes the rhetoric further: “Could man not actually take charge of his own evolution?”\(^{19}\) What made eugenics unique was the incorporation of scientific language into a religious worldview.\(^{20}\) As Michael Burleigh writes in one of the best descriptions, eugenics was a “collectivist, materialist, technocratic creed which promised to conquer in a Prometheus way, nature’s final frontier and which, like socialism itself, had evolved from primitive utopianism into a secular religion with scientific pretentions.”\(^{21}\)

\(^{16}\) There are a number of works that tell us what happened without speculating on why, but these are generally works that “broke” the story of eugenics or some part of it. See Müller-Hill, Murderous Science; Stefan Kühl, The Nazi Connection: Eugenics, American Racism and German National Socialism (New York: Oxford University Press, 1994).

\(^{17}\) Kevles, In the Name of Eugenics.

\(^{18}\) Ibid., chapter 1.

\(^{19}\) Ibid., 3. The first two questions are direct quotations from Galton. The last is posed rhetorically by Kevles. Ibid.


That the eugenicists held such views is indisputable, and the religion analogy is a powerful one. Galton himself directly makes this connection:

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

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

### 2. Eugenics as Racialist Policy

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

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


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

Eugenics employed and rationalized both “inclusive” and “exclusive” racism.  

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

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

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26 Ordover, American Eugenics, xv.
28 One separate institution for African Americans was the Petersburg State Colony. Like other institutions, it began with high hopes for vocational training but soon became an overcrowded “dumping ground for delinquent black youths.” Steven Noll, Feeble-Minded in Our Midst: Institutions for the Mentally Retarded in the South, 1900–1940 (Chapel Hill: University of North Carolina Press, 1995), 100. Another institution for African Americans was North Carolina’s Goldsboro State Hospital for Negroes. Ibid., 102.
29 See ibid., 92, and chapter 5 generally.
30 Dowbiggin, Sterilization Movement, 49–50. The suggestion came from Paul Popenoe. Popenoe to Marian S. Olden, January 20, 1947, 2/14, Association for Voluntary Sterilization Records (AVS), University of Minnesota, Minneapolis, MN.
$100,000 down flat and settled instead for a figure one-tenth of that amount that came free of such conditions.31

African Americans did become the majority of those sterilized in some instances, such as in North Carolina after – but not before – the Second World War. This outcome resulted, however, not from eugenic policy but, rather, welfare policy: African Americans on welfare became the targets of coerced sterilization. Social workers played a key role in this process. Moreover, in the American states regarded as the bastion of unreconstructed racism – the Deep South – there was less eugenic sterilization than in other areas of the country traditionally regarded as more liberal. As Mark Largent writes,

[O]f the six founding members of the Confederate States of America – Alabama, Mississippi, South Carolina, North Carolina, Florida, and Georgia – only North Carolina and Georgia had high per capita numbers of sterilization. South Carolina and Georgia were the last two states to pass compulsory sterilization laws, and Florida never passed a eugenically based compulsory sterilization law.32

Only when “racial” is understood not in terms of skin color but rather in terms of genes can the eugenicists be said to have pursued an overarching racial project. And this was little more than a semantic trick that served only to restate the obvious: eugenicists believed in biological determinism. As one scholar has recently, and rightly, concluded, “arguing that eugenics was ‘racist’ tells us very little.”33 Indeed, doing so fundamentally misunderstands the project. American eugenicists were quintessentially progressive and advocated measures designed to improve the lives of white American citizens. The fact that Southern legislators were not terribly interested in improving the lives of African Americans saved these citizens from widespread institutionalization and therefore from sterilization in the prewar decades.34 Racism, in other words, spared African Americans from systematic coerced sterilization before the war.

3. Eugenics as National Socialism

The third school views American eugenics as the stepchild, or at least a close cousin, of German eugenics.35 American and German eugenicists were members

31 Dowbiggin, Sterilization Movement, 50; Marian Olden to Mrs. Bradford, February 12, 1947, 2/14, AVS.
32 Largent, Breeding Contempt, 81.
33 Turda, “Race, Science, and Eugenics,” 63.
34 Although some superintendents were racist. See Noll, Feeble-Minded in Our Midst, 95.
35 See in particular Black, War against the Weak. Black is an enthusiast for this perspective adumbrating about the “sad truth of how the scientific rationales that drove killer doctors at Auschwitz were first concocted on Long Island at the Carnegie Institution’s eugenic enterprise at Cold Spring Harbor.” Ibid., xvii. For Black, the connection is a major part of the explanation of Nazi eugenics: “the Nazi principle of Nordic superiority was not hatched in the Third Reich but on Long Island decades earlier.” Ibid., xviii. For an earlier and less strident treatment of the argument, see Kühl, Nazi Connection.
of the same academic associations, attended the same conferences, exchanged congratulatory correspondence on legal and other accomplishments, and shared some of the same intellectual outlooks and policy views. These facts have led some scholars to view American eugenics as heavily influenced by German and National Socialist eugenics. 36 Although the connections and similarities between the two groups of people are of course worth explaining, the comparison is overdrawn.

Above all, eugenics was a complex movement, and, like any complex movement, it contained numerous strains. Overplaying the “Nazi connection” tends to associate all of American or North American eugenics with the larger movement’s most extreme version. 37 Eugenicists were behind many things that we find objectionable today, but they also endorsed projects that many of us find admirable: environmental protection or, more centrally to eugenics, reproductive choice for women. Similarly, German eugenics, or “racial hygiene” as it was known vernacularly, itself contained diverse strains. It is inaccurate to see an unbroken line between, for instance, the eugenics of Alfred Ploetz (the father of the subject in Germany) and the murderous eugenics of the National Socialists. Recent scholarship has emphasized that Ploetz’s worldview had more in common with his British counterparts than has been supposed. 38 It is even less tenable to view Hermann Muckermann – a German Jesuit, social reformer, and supporter of a moderate eugenics program – through the lens of National Socialism; indeed, he was sacked the moment the Nazis took power. 39 In fact, scholars interested in understanding the full complexity of German eugenics have concluded that Hitler represented a radicalization rather than a logical extension of German eugenic thought. “Had the Nazis not forced a drastic change of course in 1933,” writes Sheila Weiss, “there is every reason to believe that the [German eugenic] movement would have become even more similar to its counterpart in Britain.” 40

4. Eugenics as Anti-Feminism

The fourth school cuts partly across the second (racialist policy) but views eugenics as a reaction to early feminism, to women’s demands for entitlements enjoyed by men and to their rejection of fertile motherhood as their sole role. “Women,” writes one observer, “were becoming masculine just as men were

36 Kühl, Nazi Connection.
37 On this, see Stepan, Hour of Eugenics, 4.
38 See the fine essay by Turda, “Race, Science, and Eugenics.”
becoming increasingly weak and effeminate. Home and family were the cornerstones of society, and if women abdicated their domestic duties, what was to become of moral order?" This development was bad enough, but it was rendered far worse by the fact that feebleminded women were picking up the reproductive baton:

Beginning in the 1910s ... feeblemindedness and, in particular, the “moron” category became almost synonymous with the illicit sexual behavior of the woman adrift. Eugenic ideology provided a language and rationale for linking the sexual and reproductive behavior of women with the deterioration of the race. Gender certainly was relevant to the history of eugenics – how could it not be, as a core eugenic concern was reproduction? Certain superintendents held the deeply sexist view of feebleminded women as a greater threat than the male equivalents because they would conceive the feebleminded child. As Superintendent Bell of Virginia’s Lynchburg State Colony put it, “[t]he female defective is, generally speaking, more dangerous eugenically than the male ... and it is, therefore, evident that if all mentally defective women were sterilized, there would be but little reproduction of feeble-minded persons from these sources.” This “danger” was simply their reproductive power.

Eugenicists also associated female sexual licentiousness generally with feeblemindedness. For example, studies regularly confirmed that prostitutes were disproportionately feebleminded. Added to these views was a wish to protect women from male sexual aggression. Because the feebleminded woman was “an easy prey to the sexual aggressions of males of superior intellect as well as those of her own mental level,” she should be sterilized. As a result, women made up the majority of sterilizations in many institutions. In North Carolina, women made up 80 percent of those sterilized from 1929 to 1940, whereas in Virginia the figure was 60 percent for essentially the same period. The fear and construction of feebleminded women as a threat to the nation’s core was absolutely a part of the story of eugenics.

It was not, however, the whole story, for three reasons. First, the pattern of disproportionate female sterilization did not generally obtain. In Alabama and Kansas, the majority of those sterilized was male, and men and women were sterilized in roughly equal numbers in California, Indiana, and Delaware.

41 Kline, Building a Better Race, 11.
42 Ibid., 29.
43 Quoted in Noll, Feeble-Minded in Our Midst, 76.
44 Thus, a 1913 Virginia study concluded that approximately 50 percent of prostitutes were feebleminded (ibid., 24–25), whereas a 1920 Georgia study arrived at the figure of 43.5 percent (ibid., 41). See also ibid., chapter 6 and Mark T. Connelly, The Response to Prostitution in the Progressive Era (Chapel Hill: University of North Carolina Press, 1980).
45 Noll, Feeble-Minded in Our Midst, 76.
46 Ibid., 75.
Second, although some advocates of sterilization argued for targeting women as the carriers of babies, others argued for the sterilization of men because the operation was less intrusive, faster, and cheaper. Finally, a complete analysis of gender’s role would have to account for the large number of middle- and upper-class women who endorsed eugenics and, above all, eugenic sterilization as a basis for increased female autonomy. As Alexandra Minna Stern argues,

Throughout Europe and the Americas, female eugenicists regularly worked to bolster their own authority and professional stature by drawing a sharp line between themselves – the “fit” – and those they considered “unfit.” Emblematic of this impulse was Margaret Sanger, whose tireless advocacy of contraception was tied always to a desire to lower birthrates among the laboring classes, immigrants, and racial minorities, whom she deemed to be biologically inferior. Yet beyond high-profile actors like Sanger, there were hundreds if not thousands of professional, usually white, women who represented the early twentieth century eugenic creed by participating in local eugenics societies and mental hygiene campaigns and discouraging rural and urban poor women from reproduction.47

Specific examples are numerous. In 1948, the legislative chairwoman of the Alabama Federation of Women’s Clubs noted that the organization had “tried for years to get legislation passed on sterilization of mental defectives, but so far has been unsuccessful.” Its members had, however, “not given up hope yet . . . We are planning to put on an educational campaign, to get the press to write articles on it.”48 In South Carolina, the Federation of Women’s Clubs was “especially active, the securing of this institution being one of the two things of a State-wide legislative nature” that the federation was “primarily working for.”49 In Georgia, state women’s clubs, along with the state federation of labor and business associations, supported the creation of a state institution for the feebleminded.50 Similarly, the English radical thinker and social reformer Marie Stopes championed eugenics precisely on the grounds that “our race is weakened by an appallingly high percentage of unfit weaklings and diseased individuals.”51 Sociologist Véronique Mottier expresses the dynamic by explaining that it “would be a mistake to assume that women were only the victims of eugenics: they were also important agents in the implementation of eugenic policies.”52

48 Birthright, Inc., Report to Members, January 1 to April 29, 1948, 2/14, AVS.
49 Quoted in Noll, Feeble-Minded in Our Midst, 23.
50 Ibid.
5. Eugenics as Progressivism

The fifth and final school understands eugenic sterilization as the intellectual inheritance of the American Progressive movement. Those American states with strong Progressive movements – California and New York, for example – had compulsory sterilization laws. Progressivists, with their strong belief in science and the related capacity for rational, expert-based state intervention tended to support eugenic sterilization. Some of America’s most famous Progressives, such as Yale University economist Irving Fisher and President Theodore Roosevelt, supported eugenic sterilization.

It is, however, a step too far to claim that “sterilization laws in most states were adopted as part of the broader Progressive movement.” The correlations needed to support this claim are simply absent. Ohio, Illinois, and Colorado, all of which had strong Progressive movements, never adopted compulsory sterilization laws. Three of the most ambitious eugenic sterilization programs – Georgia, North Carolina, and Virginia – were developed in the South, which was hardly the most fertile ground for American Progressivism. It is more accurate to say that Progressivists tended to lend support to campaigns for eugenic sterilization, but the success or failure of those campaigns was a function of more than the strength of the Progressive movement. More determinative in that regard were the resources of other lobbying groups, the strength of organized Roman Catholic opposition, the views of institutions’ superintendents on the question of sterilization, and the links between him and the state governor.

The critical reflections raised about these five schools of thought do not invalidate the works grouped under them. On the contrary: all schools uncover evidence and raise issues that are basic to understanding eugenics. Some, notably Kevles, are foundational texts to the study of the eugenics movement’s (or movements’) study. The discussion of these schools highlights the inherent difficulty in accounting for a set of ideas and political movement as complex as eugenics. To this end, this book does not attempt a general account of eugenics. Instead, it offers an account of why coerced sterilization had such appeal before the war and why it continued so long after.

Institutions, Ideas, and Actors

There is longstanding debate among political scientists about the relative influence of institutions, ideas, and individuals in determining policy outcomes. One group of scholars argues that institutions exercise an independent effect on public policy: they determine preferences, encourage some actors to pursue their aims while discouraging others, and structure the political process in a

53 Largent, Breeding Contempt, 81.
54 Largent notes that few Southern states established mental health institutions and, thus, “compulsory sterilizations were not performed even when the laws were adopted.” Ibid.
way that makes certain outcomes far more likely than others. Institutions create regularities and incentives. Westminster-style parliamentary institutions, characterized by a strong executive, a weak legislature, and a closed bureaucracy, make government less accessible to social actors, magnify the power of those who do enjoy access, and concentrate extensive power in the hands of the prime minister. The result is a tendency toward dramatic policy shifts: massive nationalization in Britain under the 1940s Labour Party, punitive tax increases under the 1970s’ Labour Party, massive privatization under the 1980s’ Conservative Party, and a comprehensive reduction in public spending and state responsibility under the current Conservative-Liberal Democratic coalition.

In decentralized systems with multiple levels of government and multiple veto points, the number of actors involved in the policy process expands, and the institutions are porous to interest group pressure. The United States and the Federal Republic of Germany are, in different ways, ideal types in this regard. The result in policy terms is a bias toward incremental change: radical policy reforms are blocked by interest-group opposition (President Clinton’s 1992 health care proposal), gridlock in Congress (President Bush’s Comprehensive Immigration bill in 2007), or gain passage through the one legislative house only to be blocked by the courts and/or the other house (radical citizenship reform under Germany’s Social Democratic-Green coalition in 1998). In the United States, the states often gain increased policy-making autonomy from this national infirmity.

This volume focuses on two sets of institutions, the one intuitively obvious, the other less so. In the former, both Canada and the United States are federations, which allowed the regional governments to adopt legislation at the

state/provincial level without federal support and then to force the issue to the federal level through the courts, specifically in the *Buck v. Bell* decision (the subject of Chapter 6). In the latter, we are particularly concerned with the role of a substate institution: homes for the feebleminded, which states and provinces established and funded but which were governed semi-autonomously by superintendents. Understanding these institutions is basic to understanding coerced sterilization.

A related theoretical approach, insofar as historical institutionalists take it seriously, concerns the role of ideas in politics. There has been a robust debate within the field of political science since the late 1980s about how ideas determine politics. Responding to the claims that institutions are decisive determinants of comparative variations in public policy outcomes, some scholars argue that the way in which ideas are formulated and used in political debate is either equally important or is of sufficient significance to warrant study. The causal challenge for such a position is to show how ideas are more than instruments of material-driven political actors, including, of course, politicians on the campaign trail. In this context, eugenics is an important case study that could potentially provide further evidence of the centrality of ideas in determining politics. Eugenics constituted a comprehensive framework, drawing on the prestige of science and nailing itself to the mast of progressive social reform, and it had a concrete policy recommendation as well: compulsory sterilization. This recommendation was in turn implemented, although in a more limited way than its protagonists hoped.

Despite this strong correlation, eugenics did not simply lead to coerced sterilization. Few scholars think that policies can be read directly off the ideas. Indeed, the fact that a doctrine is comprehensive is a poor predictor of its implementation. Marxist ideas were nothing if not comprehensive, but they made only limited headway in the West. New Right ideas in the 1970s and 1980s had a substantial influence in the United States and the United Kingdom but little impact in continental Europe. Similarly, Fascism and Nazism offered comprehensive programs, yet these creeds took root in some countries but not others.

To understand eugenic ideas’ importance, one must reflect on how they intersected with individual interests. There are two aspects to this influence.

First, sterilization was justified and/or implemented by men and women with a broad array of material interests: superintendents’ interest in bigger hospitals, more staff, larger budgets, and more power; legislators’ interests in passing

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59 Identifying such comparative patterns is the stuff of macro-political sociology in the tradition of Barrington Moore, Theda Skocpol, and many others. See, for example, Daron Acemoglu and James A. Robinson, *Why Nations Fail: The Origins of Power, Prosperity, and Poverty* (New York: Crown Publishers, 2012).
high-profile legislation and in lowering costs to the public purse; women’s groups’ interests in carving out a larger role in public and policy debate; and, above all, the interests of hundreds of mental health superintendents, institution caregivers and workers, and social workers in ridding the gene pool of the feebleminded. Eugenic ideas, however, mattered precisely because they served these interests. Consistent with the scholarly theory about the political role of ideas, eugenic arguments served these interests by strengthening the case in favor of sterilizations: they extended prestige to pro-sterilization arguments, defined the problem of the fecund feebleminded and framed the solution as sterilization, and helped forge coalitions in favor of coerced eugenic sterilization. Without the decisive interventions of mental health superintendents, state legislators, and pro-sterilization lobby groups, eugenic ideas may never have left the laboratory. Without the strength and prestige of eugenic ideas, these interventions may have led to nothing. The dichotomy, often implied in the literature, between interests and ideas is overdrawn: ideas are most powerful when they are congruent with and attached to individual interests.

Second, the way eugenicists used ideas to justify their policy aims often proved to be malleable. From the 1930s, scientists grew increasingly skeptical of the hereditarian arguments advanced in its justification. Second, Nazi mass sterilization, medical experimentation, and murder presented a major challenge for the proponents of eugenic sterilization. Pro-sterilization advocates, both within and outside institutions for insane, feebleminded, and socially deviant, did not simply capitulate. Rather, they reformulated and restated coerced sterilization in new ideational frames: the rights of the child, welfare, and world population growth. With these new anchors, coerced sterilization continued throughout the 1950s, 1960s, and 1970s. The practice only ended when the culture and language of individual rights became hegemonic following the civil rights reforms in the 1960s, which rendered the coerced sterilization of individuals a violation of inalienable rights.

Eugenics was not, particularly in the postwar period, the whole story of sterilization by any means, but it provided the most important argument in favor of coerced sterilization during the prewar period. In short, coerced sterilizations were matters of public policy, and eugenic ideas were matters of public policy in the service of those interests.

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63 Hansen and King, “Eugenic Ideas, Political Interests.” See also Blyth, “Any More Bright Ideas?”
sterilization more than meets the methodological requirements for showing how ideas influence politics, namely, by establishing that ideas (a) shape actors’ actions and (b) are not reducible to some other nonideational force.  

**VARIANCE**

Why was eugenic policy implemented in some countries and in some U.S. states and some Canadian provinces but not in others? The question is important because the factors commonly cited to account for coerced sterilization either applied generally across the United States (eugenic ideas were at least known everywhere) or varied in a way that does not consistently correlate with coerced sterilization (for example, local strength of the Progressive movement).

We argue that whether a state adopted coerced eugenic sterilization policy was a function of: (a) the role played by superintendents at institutions for the insane, feebleminded, criminal, and otherwise socially deviant and their capacity to command resources for such expenses as legal defenses; (b) the superintendents’ connections with state legislators and the state’s governor; and (c) the strength and effectiveness of the anti-sterilization lobby, which was often spearheaded by the Roman Catholic Church. Coerced sterilization laws were adopted in states in which superintendents were able to convince legislators of the eugenic case for coerced sterilization, where legislators either became true believers of these arguments or saw their interests furthered by pretending they believed them, and where the Roman Catholic Church was unable to launch an effective counter strategy. Scientific opponents were few and ineffective until the second half of the twentieth century.

In the history of coerced sterilization, institutions for the mentally ill and handicapped – variously called state colonies, schools, training schools, state hospitals, etc. – were crucial sites. Sterilizations occurred within these institutions, and the variance that exists between the numbers of state sterilization trades on variance between institutions – that is, states with high numbers of sterilizations contained institutions that sterilized in large numbers. Within these institutions, the superintendent raised and dispersed funds, hired and fired staff, determined formal rules and informal norms governing the institutions and, most importantly, decided whether, how often, and by which means the mentally handicapped would be sterilized. When state eugenic boards were established beginning in the 1930s to oversee sterilization decisions, the same superintendents seamlessly became influential board members.

Some superintendents had patients sterilized without the benefit of the law, but, generally, sterilization required legal backing. In the United States and Canada, sterilization was under state or provincial jurisdiction, respectively. Superintendents in both countries who wished to instigate sterilization lobbied

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governors (in Canada, premiers) and state (provincial) legislators. Because the superintendent was a state official, and an influential one at that, he enjoyed privileged lines of communications to powerful state actors and often to the governor himself. Sterilization bills were commonly drafted with direct input from mental health superintendents; sometimes, superintendents were the sole authors. As trained experts, superintendents claimed expert knowledge at a time when, partially thanks to the popularity of Progressive and socialist Fabian ideas, experts and their knowledge enjoyed deference. As heads of institutions, they were directly responsible for the targets of sterilization and were uniquely able to marshal in a single document the biological, social, and financial arguments in favor of coerced eugenic sterilization. Harry C. Sharp of the Indiana State Reformatory directly appealed to the state legislature and Indiana’s Progressive governor, James Franklin Hanly, to adopt legislation on eugenic sterilization. Indiana became the first state to do so in 1907. In Mississippi, H. H. Ramsey achieved fewer sterilizations than he wanted because his institution was under-resourced. In Pennsylvania, two successive superintendents of the Pennsylvania Training School for Idiotic and Feeble-Minded Children, Isaac Newton Kerlin and Martin W. Barr, lobbied for eugenic sterilization legislation, and Barr wrote one of the state’s sterilization bills. Albert S. Priddy, the first superintendent at Virginia’s State Colony for Epileptics, urged his friend, Senator Aubrey Strode, to draft a coerced sterilization bill. Strode did, and the Progressive governor, Andrew Jackson Montague, signed it into law. Across the state, a cadre of former and current superintendents became proselytizers for “racial improvement” and sterilization: William Drewry, superintendent of the Central State Hospital in Petersburg and later director of the State Bureau of Mental Hygiene; Lynchburg superintendents J. H. Bell and G. B. Arnold; Petersburg State Colony Superintendent J. H. Henry; and Western State Hospital Superintendent Joseph DeJarnette.

Once a law was passed, superintendents determined its implementation: who would be sterilized, how many people would be sterilized, by what means the procedure would be carried out. They made their recommendations to state eugenic boards. Into the 1940s, promoters of eugenic sterilization saw the superintendents as the key to the robust implementation of eugenic sterilization.65

That superintendents played such an important role in the history of coerced eugenic sterilization relates to another institutional variable: the way in which mental health institutions themselves were structured. The institutions housing the mentally handicapped had a crystal-clear hierarchical structure in which the

65 Clarence J. Gamble to the Scientific Committee of Birthright, May 9, 1949, 2/16, AVS. “If a Medical Director is secured for Birthright, I suggest that he may well undertake a study of the percentage of discharges from state hospitals which have been sterilized and of the reasons for nonsterilization of the remainder. This will have the advantage of drawing the matter to the superintendent’s attention and encouraging him to give greater consideration to the desirability of sterilization in future discharges.” Also see Clarence Gamble to Fred O. Butler, December 17, 1949, 2/16, AVS.
superintendent was a monarch within his (and occasionally her) realm. The rules governing the institution’s operation allowed him to determine hiring and firing, spending allocations, the rules governing the handling of patients, the medical treatments applied to them, and, as part of the last, whether they would be sterilized. The superintendent, in short, was a carrier of ideas and a policy advocate outside the institution and a policy implementer within it.

**LOBBY GROUPS**

Naturally, superintendents and pro-sterilization legislators did not operate in a political vacuum. Throughout the seven decades of North America’s experiment in coerced sterilization, two sets of groups squared off against each other. Regional and national organizations lobbied for coerced sterilization (the Human Betterment Foundation in California, the New Jersey Sterilization League (NJSL), the American Eugenics Society, smaller pro-sterilization organizations, and women’s groups across the country). Christian churches – principally, the Roman Catholic Church – lobbied against it. For seven decades, the Catholic Church orchestrated a rearguard action against sterilization bills and, later, against abortion and contraception. The Christian doctrine on the sanctity of life and of reproduction as the ultimate expression of human nature informed Roman Catholic opposition to abortion and sterilization, and a version of the “slippery slope” argument underpinned its opposition to birth control.\(^6\) Sanctioning contraceptives, a Catholic journal editorialized in 1931, “would be a long step on the road toward state clinics for abortion, for compulsory sterilization of those declared unfit by fanatical eugenicists, and the ultimate destruction of human liberty at the hands of an absolute pagan state.”\(^7\) Later buttressed with a papal denunciation of coerced sterilization, the Church was the most outspoken defender of what we would now call the rights of the mentally handicapped to freedom for coerced sterilization. Its effort infuriated the pro-sterilization lobby, just as it later infuriated the pro-contraception and pro-choice lobbies, but its influence was often decisive.\(^8\) In the United States and Canada, and to some degree in Britain, the adoption or failure of a sterilization bill was a function of the success of the Catholics’ anti-eugenic and anti-sterilization campaigns. Where the state or country was majority Catholic (for

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\(^6\) Dowbiggin, *Sterilization Movement*, 77.

\(^7\) Quoted ibid., 77–8. Empirically, the Church was right about contraceptives and abortion, although wrong about contraceptives and eugenic sterilization.

\(^8\) In a typical remark, a doctor making the case for eugenic sterilization wrote, “selective sterilization offers a safe and sane scientific form of preventative medicine whose full application is now thwarted by a misinformed and misguided religious bloc.” E.A. Whitney, “Presenting Mental Deficiency to Students,” *American Journal of Mental Deficiency* 50, no. 1 (July 1945): 54–8. Margaret Sanger also viewed the Roman Catholic Church as her greatest enemy, a view from which she never deviated. See Jean H. Baker, *Margaret Sanger: A Life of Passion* (New York: Hill and Wang, 2011). See also Connelly, *Fatal Misconception*, chapter 4.
example, Quebec, Ireland, or France), eugenic sterilization was a nonstarter. It is no surprise that, despite a powerful eugenics movement deeply concerned with racial health, only one Latin American region, the Mexican state of Veracruz, adopted a eugenic sterilization law. Even there, however, the law was the product of the then-governor’s secularism and radical anti-clericalism; eugenic sterilization did not survive his departure from office.\(^{69}\) Motivated by the neo-Lamarckism (the idea that acquired characteristics could be inherited) that predominated in Roman Catholic countries, Socialist Governor Adalberto Tejeda’s eugenics was deeply concerned with racial degeneration. He was highly interventionist in his assault on the supposedly degenerative effects of alcohol and prostitution and in his encouragement of good mothering and healthy babies.\(^{70}\) These efforts were, in turn, bound up with Tejeda’s vision of a scientific socialism involving nationalization, secular education, agrarian reform, and wealth redistribution.\(^{71}\) But the program was not based on the goal of mass mutilation: it is unclear if any sterilizations, although legislatively authorized, were performed.\(^{72}\)

In those cases in which the Roman Catholic Church and/or other churches did not hold the majority, their success in mobilizing anti-sterilization pressure depended on the extent to which they influenced public opinion. Throughout the entire period under study, pro-sterilization advocates complained about the public’s ignorance of sterilization, its confusion of sterilization with bodily mutilation,\(^{73}\) and its visceral hostility to the idea of coerced sterilization.

To summarize our argument for the pre-Second World War period, eugenic sterilization policies were made possible by the active support of mental health institutions and by the actions and authority of their superintendents. States adopted the policy and practice when superintendents and pro-sterilization lobby groups convinced legislators of the case in favor of coerced sterilization and, importantly, when the Roman Catholic Church was unable to organize effective opposition. Once the law was on the books, the superintendents determined which patients would be sterilized and thereby how many sterilizations occurred. This configuration remained part of the post-1945 policy framework, which is why any account of the persistence of eugenic sterilization into the


\(^{71}\) Ibid., 437.

\(^{72}\) Ibid., 441.

\(^{73}\) See, for example, Robert L. Dickinson, “Sterilization without Unsexing,” *Journal of the American Medical Association* 92, no. 5 (1929): 373.
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second half of the twentieth century needs to understand the first half of that century as well.

POSTWAR STERILIZATION POLICY

Scholars and journalists alike now recognize that coerced sterilization continued after the Second World War, the Holocaust, and Nazi Germany’s coerced sterilization of approximately 400,000 people and murder of 70,000 more.

That sterilization did continue is, on its face, curious: one might expect that the mass murder of some of society’s most vulnerable citizens, to say nothing of the millions of others murdered by the Nazis, would have fatally undermined both eugenics and coerced sterilization.

History was not the only strike against eugenics: science was also increasingly hostile. As Kevles notes in his authoritative study of eugenics,

By the mid-thirties, mainline eugenics had generally been recognized as the farrago of flawed science. Jacob Landman summarized the failings of the creed: “It is not true that boiler washers, engine hostlers, miners, janitors, and garbage men, who have large families, are necessarily idiots and morons. It is not true that college graduates, people in “Who’s Who,” and some “successful” people, such as racketeers and bootleggers, are necessarily physically, mentally or morally superior parents . . . . It is not true that celebrated individuals necessarily beget celebrated offspring . . . [or] that idiotic individuals necessarily beget idiotic children . . . . It is not true that, by any known scientific test, there is a Nordic race, or that the so-called Nordic race is superior to any other race.” . . . and it was not true, most geneticists had come to understand, that eugenic sterilization could rapidly rid society of the eugenically undesirable.74

Other scholars advance similar arguments.75 The problem, as Wendy Kline observes, is that “declinist” historians of science have assumed rather than established that attacks such as Landman’s on eugenics convinced the public or politicians to abandon their beliefs.76 They did not.77 Indeed, in 1938, as eugenics was supposedly in precipitous decline and leading intellectuals like

74 Kevles, In the Name of Eugenics, 164.
76 Kline, Building a Better Race. Although the debate on trends in genetics is best left to historians of science, it is significant that a 1936 paper by the Rockefeller Foundation lists hard-line eugenicists such as Tage Kemp (Copenhagen), Charles Davenport, and Irving Fisher as leading geneticists along with critics of eugenics such as J. B. S. Haldane and H. S. Jennings. “Actions in General Physiology,” May 1936, RF 3 915,1,8, Rockefeller Foundation Archives, Rockefeller Archive Center, Sleepy Hollow, NY (RAC).
77 This endurance is a recurring issue. As sociologist Ann Morning notes, “biological race theories have remained standing when their empirical legs have repeatedly been kicked out from under them.” She adds that, in biology textbooks, “the share of texts to teach race declined from the
Columbia University anthropologist Franz Boas publicly decried the validity of race as a scientific concept, less than 50 percent of the ultimate total number of known compulsory sterilizations in the United States had occurred. In 1958, the Biennial Report of South Dakota’s State Commission for the Feebleminded reported that state institutions pursued an “aggressive program” for identifying the feebleminded who, if they wanted children, were sterilized because doing so “prevents feebleminded parenthood, and secondly, it prevents the transmission of the defective strain.”

In the same year, the Director of Social Services at the Utah Training School, John F. Pero, confidently concluded “mental deficiency ... has grown to be one of the major problems in every state. When one sees the strain of mental deficiency, insanity, and the like, running thru family after family we wonder ... why there can be any objection to sexual sterilization in any section of our country.”

Scientific skepticism was not the driving motivation of American policy makers – indeed scientific doubts may not have percolated much beyond the technical community. Members of the public, politicians, bureaucrats, and (some) doctors took it as unproblematic that sterilization was justified on economic and social grounds well into the 1960s and even later.

But why was this belief tenacious? One view is that American eugenicists simply saw their project as being fundamentally distinct from that of National Socialism. This might be part of the explanation, but it cannot explain why a general public revulsion against National Socialism did not also envelop eugenics and coerced sterilization. This revulsion deepened several decades later. Roman Catholics and others opposed to eugenics did not hesitate to remind people of the history of Nazi eugenics.

The United States was not alone in this respect. In Denmark, attitudes among eugenicists in fact hardened during the 1930s: some of the most prominent eugenicists drew heavily on the radicalizing German literature, including race-based biology and the superiority of the white race. Germany’s sterilization law was widely praised, as was the castration of sex offenders, and eugenicists argued that the welfare state necessitated eugenics if the poor were not to overwhelm it. See Bent Sigurd Hansen, “Something Rotten in the State of Denmark: Eugenics and the Ascent of the Welfare State,” in Eugenics and the Welfare State: Sterilization Policy in Denmark, Sweden, Norway and Finland, ed. Gunnar Broberg and Nils Roll-Hansen (East Lansing: Michigan State University Press, 1996): 9–76.

Sterilized by the State

78 Largent in Breeding Contempt records 16,066 sterilizations by 1933 and 38,087 by 1942; by 1980, the total was 63,841. Ibid., 79–80. See also Hartley F. Peart, “Vasectomy and Salpingectomy under California Law,” California and Western Medicine 6 (May–June 1941): 1–8, Box 73, AVS.

79 State of South Dakota, Seventeenth Biennial Report of the State Commission for the Control of the Feeble-Minded. SW015/73, AVS.

80 John F. Pero, The Problem of Mental Deficiency in Utah (1958), SW015.1/73, AVS.

81 The United States was not alone in this respect. In Denmark, attitudes among eugenicists in fact hardened during the 1930s: some of the most prominent eugenicists drew heavily on the radicalizing German literature, including race-based biology and the superiority of the white race. Germany’s sterilization law was widely praised, as was the castration of sex offenders, and eugenicists argued that the welfare state necessitated eugenics if the poor were not to overwhelm it. See Bent Sigurd Hansen, “Something Rotten in the State of Denmark: Eugenics and the Ascent of the Welfare State,” in Eugenics and the Welfare State: Sterilization Policy in Denmark, Sweden, Norway and Finland, ed. Gunnar Broberg and Nils Roll-Hansen (East Lansing: Michigan State University Press, 1996): 9–76.

82 Kline, Building a Better Race, 6.

played a role: once legislation is on the books, it tends to stay there, even when the substance of the law is not enforced (hence amusing stories of long-forgotten laws such as one in California banning animals from mating near taverns). In many states, however, sterilization increased after the Second World War. In these cases, sterilization laws were not only on the books – they were enthusiastically implemented.

We argue that coerced sterilization continued, and in some cases increased, after the war for two reasons. First, there was often institutional continuity: superintendents did not resign en masse in 1945. There was also obviously no effort – as there was, however imperfectly, in Germany – to purge the medical establishment of eugenics. Significant numbers of North American superintendents remained committed to sterilization as a tool for treating the mentally handicapped well into the 1950s, 1960s, and even 1970s. The independent variable – superintendents exercising bureaucratic authority and control – that explained the implementation of sterilization policy before the war helps explain its continuance in the postwar era.

Second, pro-sterilization activists re-anchored their case for sterilization in new ideas. To understand why this was possible, it is necessary to focus on the pro-sterilization organizations that were active in the United States from the 1920s until the 1960s: the Human Betterment Foundation in Pasadena, the NJSL, Birthright, Inc. (successor to the NJSL), the Human Betterment Association/Human Betterment Association of America (HBAA, successor to Birthright), and the Association for Voluntary Sterilization (successor to the HBAA). As the scientific and moral case in favor of eugenics weakened from the early 1930s, these organizations, bolstered by their prominent academics and health profession members, developed new arguments to justify coerced sterilization: to protect the right of the unborn child to proper parents (hence the name “Birthright”), to avoid excessively high population growth, and to prevent welfare abuses. For three decades after the war, superintendents in institutions for the mentally handicapped continued to sterilize coercively; for three decades after the war, these organizations recycled old and provided new arguments to justify those sterilizations. As they did, these purely eugenic organizations worked most closely with the main American birth control organizations, which were themselves populated by eugenicists. In the postwar years, there were close institutional, personal, and intellectual links between the eugenic, euthanasia, birth control, and pro-choice movements.

**PLAN OF THE BOOK**

The book is divided into fifteen chapters. In Chapters 2 and 3, we introduce the topic biographically and thematically, with profiles of early influential American, British, and German eugenicists and the anxieties vitiating their agenda. Chapter 4 examines the origins and organization of the crucial institution in our account, the home for the feebleminded. Chapter 5 reviews the state...
sterilization policy in the pre-Second World War period by discussing the first state laws on coerced sterilization and the role of mental health superintendents in urging those laws’ adoption. In Chapter 6, we examine in detail the U.S. Supreme Court decision in *Buck v. Bell* (1927), which gave constitutional ballast to involuntary sterilization, thereby emboldening supporters of sterilization and galvanizing its Roman Catholic critics. Furthermore, it is important to consider cases in which eugenic sterilization was rejected and legislation was thwarted. In Chapter 7, therefore, we investigate and explain the failure of pro-sterilization advocates in enacting legislation in the state of Ohio.

The next chapter moves to the complex case of German eugenic extremism. Chapter 8 examines sterilization in National Socialist Germany, reflecting on its relationship to American eugenics and American eugenicists. This chapter also addresses the postwar collapse of eugenics in Germany, as well as the often-successful efforts of the main German eugenicists to evade responsibility for Nazi crimes against the mentally handicapped.

The book then concentrates on the post-Second World War era. Chapters 9 and 10 examine the activities of the eugenic movement in the postwar period, focusing on how its advocates regrouped and reenergized the pro-sterilization argument by linking it with the emergent “human rights” culture and with the fears of spiraling world population growth. In Chapter 11, we take a close look at the stories from the United States and Canada of individuals who were victims of coerced sterilization. In Chapter 12, we examine in greater detail the abuses suffered by such victims in the context of institutions for the mentally ill and mentally disabled. Chapter 13 explores the links between welfare and coerced sterilization by focusing on the example of North Carolina. In Chapter 14, a closer examination of the sterilizers themselves is taken up. Finally, Chapter 15 concludes the volume.