STATE FACILITATED VIOLENCE AGAINST BLACK WOMEN IN NORTH CAROLINA THROUGH THE LENS OF EUGENIC STERILIZATION

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For Anarcha, Lucy, Betsy, my mothers, and my sisters.
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Glossary

- **Asexualization** – defined by the Eugenics Board as castration or ovariectomy (Eugenics Board, 1946)
- **Castration** – removal of the testes (Dictionary.com)
- **Coloniality of power** – concept developed by Anibal Quijano that describes enduring colonial relationships (starting with the ‘discovery’ of America until today) among European nations and former colonies, the use of race in social structures, and the hegemony of knowledge (Mignolo, 2000; Martinot, n.d.); i.e. colonialism without colonies (p. 32 of this work)
- **Evolution** – on the micro level, evolution is change in gene frequency in a population from one generation to the next; on the macro level, evolution is speciation or taxonomic change over time (University of California Museum of Paleontology, 2016)
- **Eugenics** – a science¹ that deals with the improvement (as by control of human mating) of hereditary qualities of a race or breed (Merriam-Webster)
- **Evolutionary fitness** – relative ability of an individual organism to survive and leave its genes in the next generation (University of California Museum of Paleontology, 2016)
- **Genes** – basic unit of hereditary. Humans have two versions of each gene (one from each parent) (University of California Museum of Paleontology, 2016)
- **Genocide** – “acts committed with intent to destroy, in whole or in part, a national, ethnic, racial, or religious group” (United Nations, 1951)
- **Historical womanism** – an analysis that explores the history of the U.S. economy and its effect on Black women’s labor. Historical womanism draws on Marx & Engels, womanist theory, Black feminism, and critical race theory (Rousseau).
- **Ovariectomy** – removal of ovaries (ovaries produce eggs); also called oophorectomy (Merriam-Webster)
- **Salpingectomy** – removal of all or part of the Fallopian tubes which transports eggs to the uterus (Merriam-Webster)
- **Slavery breeding industry** – “complex of businesses and individuals who profit from the enslavement of African American children at birth” (Sublette & Sublette, 2016)
- **Vasectomy** – severance or resection of vas deferens which prevents sperm from entering semen (Merriam-Webster)

¹ It is important to note that eugenics is about approaching (incrementally improving) an ideal biological form (and by extension social form) by selectively mating those with the “best” traits, whereas evolution is simply change over time (dependent on environment and individual fitness); evolution is directionless – it is not progressive or regressive All species alive today are evolutionarily “successful”, regardless of whether or not their traits are valued by people.
Abstract

North Carolina conducted a eugenic sterilization program between 1929-1974. In that interval a disproportionate number of Black women were sterilized. North Carolina’s eugenic period of reproductive violence is part of a continuum of violence experienced by Black women since the founding of the Carolinas. This project brings a consideration of historical materialism, historical womanism, and the concept of coloniality to conduct a genealogy of this violence; it is a study of “the things behind the thing” – the things being racism, capitalism, scientific racism, and gender and the thing being reproductive violence in several forms (Gordon, 2008, p. ix). In colonial history the violence is slavery, in the antebellum the violence is medical research, in what I refer to as the eugenic age the violence is sterilization, and thereafter the violence is incarceration. Each incarnation of reproductive violence is inseparable from a genocidal function, whether biological or social.

Given my academic background in evolutionary theory, the sociohistorical analysis of eugenic sterilization is accompanied by a scientific debunking. Were eugenics scientifically sound - given what was known at the time and today – it would still be unjustifiable. Approaching eugenics with the scientific method is done with the hope that contemporary and future scientists weigh the influence of social contexts on their theories. Instead of thinking of biology (and its subfields) as immune from the logical fallacies and prejudices of society - the field could be enriched by increasing the sociohistorical awareness of researchers.

This study includes original graphs produced from data in the publicly available biennial reports of the Eugenics Board of North Carolina’s first published in 1936. These reports summarize the conduct of the programs between 1929 and 1966, although North Carolina’s program officially ended in 1974. In addition to the demographic data of victims, the reports provide an understanding of the ideology of eugenicists and insight into how the operations were
carried out. Each report begins with a listing of the members of the board, transitions to a summary of developments for the program, and ends with statistics on who and where people were sterilized. I have grouped the information by subject and drawn from the volumes available to give an overview of the period of eugenic sterilization.
Introduction: “...how can they call her if they don’t know her name?” (Morrison as quoted by Gordon, 2008, p. 178)

Nearly two years ago I wrote about the use of eugenic sterilization in women’s prisons for the class Mass Incarceration and Citizenship. The paper was partially inspired by California’s 2014 legislation banning the sterilization of incarcerated women. North Carolina’s history with eugenic sterilization was also a central feature of that paper given the aggression of North Carolina’s program and the state’s decision to pay some of its sterilization victims – a rarity among the states that conducted a eugenic sterilization program. My first paper characterized eugenic sterilization in California and North Carolina as a patriarchal, race-based violation of reproductive rights. Acts that are violations of reproductive rights - even in the absence of state declared or enforced rights - are acts of reproductive violence. Perhaps they are especially violent when rights are retracted or non-existent to begin with. The Black women alienated from their rights by white owners existed in an economic system dependent on a narrow definition of humanity\(^2\). Though not human from their owners’ perspectives, these women were violated regardless of the social, religious, and legal customs which constructed the Black woman (and all Black bodies) as an unfeeling producer of capital lacking the spiritual or physical ability to be violated.

Acts of reproductive violence hinder or completely prevent one from having a safe pregnancy, delivery, or appropriate conditions to raise child(ren). Reproductive violence is a social violence that interrupts the potential to leave a part of oneself in the world. Reproductive violence inhibits victims from keeping the “secret agreement between past generations and the present” (Benjamin as quoted by Gordon, p. 164). The prevention of a people has a contraceptive

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\(^2\) The way ‘humanity’ was, and perhaps is, operationalized to make life, liberty, and the pursuit of happiness privileges for certain demographics to strive for makes me wary of justice frameworks that use the language of human rights without critically examining who (and for what reasons) has been included and excluded from humanity.
effect on that people’s history. In this way – preventing a future and erasing a past - eugenic sterilization has a genocidal function against vulnerable groups.

The term “genocide” from the Greek for race – *genos* – and the Latin for killing – *cide* - was born out of the need to describe the horror of what the Nazis for the Nuremberg trials. Those tried for genocide used American eugenic sterilization programs in their defense (in fact California’s sterilization program inspired Nazi sterilization programs), but to no avail (Bruinius, 2006). Some Nazi officials were found guilty for their involvement in concentration camps whereas others were guilty off devising new ways to sterilize mass amount of people; these officials were killed or imprisoned (Bruinius, 2006).

Raphael Lemkin, prominent lawyer (and former Duke University professor), created the term genocide and pushed for the Genocide Convention (Lemkin, 1944). At the Genocide Convention the definition for this new crime was the following:

“any of the following acts committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group, as such: killing members of the group; causing serious bodily or mental harm to members of the group; deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part; *imposing measures intended to prevent births within the group* [emphasis added]; [and] forcibly transferring children of the group to another group” (United Nations, 1951).

Since the creation of ‘genocide’, debate continues about its definition and political use/misuse. Whether the genocidal nature of North Carolina’s eugenic sterilization program would stand in an international court is not my focus; rather, I invoke the theoretical aspects of
genocide to describe what Black women endured. The foundation for the concept of genocide is that a class of people are being treated negatively by a State for who they are, and not for what they have done.

In my initial paper I wrote about Latina and Chicana women being a primary target in California, whereas Black women were disproportionally sterilized in North Carolina. It is imperative to examine who is sterilized and where (both geographically and by which institution) to make clear who has the power to sterilize and shape futures. Preventing futures and erasing histories can be done without biological manipulation, so a portion of that first paper was dedicated to examining the social genocide of prisons. In this work I combine an argument for genocide with historical womanism (a framework focused on the relationship between the State and Black women’s labor). This may seem paradoxical – how can a State systematically kill the bodies on which its economy is founded on? However, the coupling of labor exploitation and genocide is not unique to Black women in the U.S. during various epochs. A sign proclaiming “Arbeit Mach Frei” (Works sets you free) at Auschwitz and several other Nazi camps has come to symbolize the perversity of a genocidal state (Downing, 2005). The Nazis were not unique in using laborers they intended to kill; during the twilight years of Britain’s formalized colonization of Kenya, suspected Mau Mau members were maimed, beaten, and killed at the same time that they were forced to build infrastructure, including Kenyatta International Airport (Elkins, 2005). The details of how a State reconciles ridding itself of a group while also using its labor is not the central focus of this work. Rather, I focus on how eugenic sterilization came to be.

The topic of eugenic sterilization as I was engaged with it continued to enter my thoughts even after the paper was submitted. Avery F. Gordon’s *Ghostly Matters* best describes the haunting effect the topic had. She writes, “to be haunted is to be tied to historical and social
effects” (2008, p. 190). The haunting experience is two-fold. I am acutely aware that I am a young Black woman attending a school in North Carolina which (reluctantly) opened its doors to people like me 53 years ago in a nation that still has not absolved itself of its original sins (slavery and genocide). My individual experience is very much influenced by how I have been gendered and simultaneously racialized by the society I inhabit. My positionality helped conceive the intellectual focus on the reproductive violence that resulted from the gendering and racialization of Black women between the founding of North Carolina and today. The second aspect of haunting is “you cannot simply choose the ghosts with which you are willing to engage” (Gordon, 2008, p. 190). To write about eugenic sterilization and the complicity of medicine in this violence without mentioning Anarcha, Lucy, and Betsy would be an offense to their “ghosts.” I did not know their names before these two papers, but their haunting has made them unforgettable. Since there are still living survivors of North Carolina’s eugenic program I will not refer to them as ghosts. Some survivors have been outspoken about their ordeal, but most will go unnamed. Even though they remained unnamed and their individual experiences may only be known to themselves, the gravity of North Carolina’s eugenics program should not be underestimated.


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3 Rather than a theological argument I mean to say that the nation was founded on racialized violence and continues to perpetuate it.
Table 1: The events in this table provide the material context in which North Carolina’s eugenics program occurred.

<table>
<thead>
<tr>
<th>Years</th>
<th>Important Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>1929-early 1930s</td>
<td>Great Depression</td>
</tr>
<tr>
<td>1939-1945</td>
<td>WWII (U.S. entered war in 1941)</td>
</tr>
<tr>
<td>1932-1972</td>
<td>Tuskegee Syphilis Study</td>
</tr>
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**Bureaucracy of Evil**

By the end of 1966 over 6,850 people in North Carolina had undergone a procedure for sterilization (salpingectomy or vasectomy) or what was termed asexualization (ovariectomy or castration) (Eugenics Board of North Carolina Volume 16, 1966). The first of these thousands of operations (49 to be exact) occurred under a 1929 statute that was found unconstitutional by the North Carolina Supreme Court owing to the inability of people to appeal state mandated sterilization (Volume 7, 1948). At the time of the 1929 statute the Eugenics Board (hereafter E.B.) had yet to be established. Legislation that became effective on July 1, 1933 allowed for the creation of the Eugenics Board which primarily received and reviewed petitions (sterilization requests from state and county officials) and gave hearings to those who contested the order to be sterilized. The Board could also postpone a sterilization operation or find that a petition was not within their jurisdiction. Under Chapter 224, Public Laws of 1933, the first petitions for sterilization were presented to the board in October 21, 1933 (Volume 7, 1948).
From 1933-1958, the Board consisted of the Commissioner of Public Welfare, Attorney General, Secretary State Board of Health, Superintendent of the Raleigh State Hospital, and Superintendent of the Goldsboro State Hospital. The board met once a month during each biennium which began on July 1 and ended on June 30. Each institution represented on the board – welfare, state public health, and state judiciary – had its own power structure and bureaucracy that the Eugenics Board had to have support from and be sensitive to (fig. 1). The Eugenics Board submitted their reports directly to the Governor. In their monthly meetings they would deliberate on petitions from either the superintendents of state facilities (e.g. Raleigh State Hospital, the State Hospital at Morganton, the State Hospital at Goldsboro, the Farm Colony for Women, the Samarcand Manor, schools for the deaf and blind, and prisons (E.B. Volume 1-6, 1929-1946)) or from county superintendents of public welfare. These officials got their petition suggestions from doctors and nurses of state hospitals and from case workers engaging with non-institutionalized citizenry, respectively.

Figure 1: Hierarchy of Eugenics Board and associated institutions. This chart illustrates the constellation the branches of government which supported NC’s program.
Per the 1933 statute, people had the opportunity to appeal the Board’s decision to accept petitions for sterilization which were said to contain pertinent social, physical, psychological, and psychiatric information. After a petition was accepted the person up for sterilization had a fifteen-day notice for their hearing and could proceed to higher courts if their initial hearing went against their wishes. Very few people appealed to the board or to higher courts and it was unusual to be successful in one’s appeals. The 1948-1950 biennium is typical of the era of eugenic sterilization in North Carolina. Three cases went to superior courts, two withdrew and the third case was upheld (Volume 8, 1950).

Often, disagreement with the Board’s decision to accept a petition for sterilization was related to consent. The Board refers to a majority of its petitions as consent cases, meaning they were operations performed with the written consent of parents, next of kin, or a legal guardian (Volume 2, 1938). Given the narratives of women who were sterilized in their youth we know that the Eugenics Board’s claim of near universal consent in each of its biennial reports is dubious at best. Figure 2 demonstrates the use of fathers or other relatives as proxies for consent. The use of written consent in instances where the next of kin were illiterate or consent gained through coercion such as threatening to deny emergency maternal care unless forms were signed are not documented in these reports, but are experiences women had (Weisbord, 1975).
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Figure 2: A document from E.B. meeting notes taken in October 1950 showing cases awaiting consent (“conditional approvals” and cases that just received them (“approvals were released”). (this would correspond to the ninth volume in the Biennial Reports of the E.B.) (sterilizationvictims.nc.gov).

It is probably impossible to gauge if members of the board knew about consent violations and hid them. Alternatively, board members and those submitting petitions to them probably did not see these coercions as unethical. The work of bioethicists such as Beauchamp, Childress, and Levine have modified understanding of informed consent in the aftermath of medical atrocities of WWII, and their work is now foundational to introductory ethics courses for those pursuing medicine, research, and public health (Jonsen, 2014). Informed consent can be described as the voluntary consent of a human subject to medical treatment or to participation in medical research after being informed about what these processes entail. Debate continues
among ethicists whether consent should be *fully informed* or *valid*⁴; valid consent would come after “the imparting of that information which the patient/subject requires in order to make a responsible decision” (Freedman as quoted by Levine, 2014). Regardless, both informed and valid consent require the transmission of information about the nature of a procedure or protocol to the patient/subject so that the patient can make a rational decision. One of the main goals of informed consent is to safe-guard bodily autonomy. The bodily autonomy of enslaved women, sterilized women, and incarcerated women have been consistently violated. The violation of bodily autonomy, which is a core aspect of reproductive violence, is also a tenet of colonality which will be discussed later (McCintock, 1995; Mignolo, 2000). While the development of the informed consent concept is an attempt to protect patient/subjects from a repetition of violence, the concept (and its application) theoretically has an effect on the physician-investigator, too. This effect is not only the legal protection from any future allegations of wrong-doing, but also introspection as to whether a treatment/experiment is ethical. Informed consent should encourage “self-scrutiny” (Levine, 2014). The E.B.’s repetitive insistence that consent was freely given to them by sterilization victims shows that a State’s self-scrutiny is not always sufficient in pre-empting or ending ethically reprehensible violations.

Despite its efforts to portray sterilization consent practices in a positive light, the truth managed to slip into the volumes. In the first volume, the E.B. stated that it would rather let a few cases go that refused to go to the hospital than risk creating antagonism. However, “There

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⁴ Valid consent is consent that is given responsibly and voluntarily after *enough* information is given to the patient/research participant. Informed consent is consent given after as much information as can be given to a patient/research participant is given (Levine, 2014). Valid consent involves a researcher/doctor making judgment about what information is enough for a research participant/patient to make a responsible decision. This seems paternalistic, however, proponents for valid consent like Freedman think overprotection – judging individuals as incapable of making a responsible decision – is unethical (Levine, 2014). How can imbalances in power and knowledge and different contexts for understanding health and disease (e.g. how does one gain consent to research a pathogen in an individual who is in a community that believes disease are manifestations of sorcery) be accounted for in frameworks for consent?
are some instances where the need for sterilization is sufficiently urgent to warrant the use of force and in such instances the petitioners should have legal authorization for carrying out the orders of the Board” (Volume I, 1936, p. 9). The reports do not elaborate on those extreme instances. In Volume 8 (1950), the board reports on the use of special sessions for emergency situations such as when patients came to hospitals for other reasons. “At times pregnant women needing and desiring [emphasis added] sterilization were not known to the persons responsible for filing petitions until the women entered the hospital. If immediate authorization could be secured, the cost of an extra period of hospitalization could be saved” (Volume 8, 1950, p. 8). The E.B.’s rhetoric is constructed so that sterilization is a medical need for the health of those being sterilized and that of their community. Why would such a procedure be objectionable? Being an outside observer of the board, one can see that the actions of the board which relied on legal, social, and medical structures to identify individuals for sterilization was a coordinated effort by the State to regulate its population and rid itself of undesirable classes of people. In this instance, ‘State’ could very well be replaced with North Carolina, but throughout this work North Carolina will be referred to as state, whereas the overarching entity that consolidates power will be ‘State’. That some would only be identified as ‘in need’ of sterilization when they entered hospitals for other procedures demonstrates how hospitals are a site where the state has access to bodies and how medical personnel can behave as agents of the state. This report notes that doing both the necessary procedure and sterilization at the same time saved the hospital costs. The double procedure shows how economic justifications were used for eugenics; not only could North Carolina reduce welfare spending by preventing offspring, but they could also maximize the hospital stays of their targets.
The biennial reports and other publications from the E.B. were as much about record keeping as they were a tool to garner support from the public and those in government both in North Carolina and in the greater United States. The Board created a booklet, *Eugenic Sterilization in North Carolina*, which was requested by other states (Volume 1, 1936). Initial volumes have lamentations by the E.B. about how they were not sterilizing as many people necessary to make the program successful. They attributed this slow pace to the knowledge gap between the public (including doctors, nurses, and case workers) and the proponents of eugenics with regard to the proclaimed benefits of eugenic sterilization (Volume 1, 1936). To reduce this knowledge gap the Board’s executive secretary and other members would give talks and attend meetings with attorneys, hospital administrators, physicians, and welfare officials (Volume, 1936; Volume 7, 1948). The E.B. sent manuals to county and district health officers and nurses about the legality of eugenic sterilization and encouraged them to explain this and the results of sterilization to patients in their care (Volume 7, 1948). In addition to providing information about eugenics to patients, inmates, or people receiving public assistance the E.B. wanted nurses and case workers to help build a case for the benefits of eugenics. These outreach efforts were successful and we can see that quantitatively as the number of people and number of institutions and counties participating in eugenic sterilization increased. Out of the 100 counties in North Carolina, 73 participated (Volume 11, 1956). The wide adoption of this program required more than just the board members of the E.B., the governor, and the courts (fig. 1). Many people at the level of social workers, doctors, nurses, and wardens enforced the eugenic sterilization policy. The amount of procedures and the corresponding record keeping necessitated a robust bureaucratic apparatus.
The title of this section, the bureaucracy of evil, is in homage to Hannah Arendt’s *The Banality of Evil*. The evil here, like the evil in Arendt’s work, is genocide. Unlike Nazi Germany work camps, the gulags of the Soviet Union, or the British “re-education” camps in Kenya and other colonies fighting for independence, North Carolina’s genocide through sterilization happened with a different level of public acceptance. Rather than centralized death camps in which a noticeable amount of people must be transported across a region, North Carolina’s sterilization program went unseen. The “camps” for this form of genocide were in operating rooms in hospitals, mental institutions, and prisons. Involving multiple institutions, including the law, and the de facto shielding of the actual procedures given their medical nature likely helped make the program palatable to the public who would never be targets of the program.

The innocuous seeming documents shown in Figures 2-4, which masks the physical and emotional scars faced by thousands of women, the E.B.’s constant worry that the program was not expanding enough, and the existence of eugenic sterilization programs in at least 33 states have a masking effect on the genocidal implications of sterilization (Volume 1, 1936; Volume 2, 1938; Volume 3, 1940). How could genocide in the twentieth century United States be so well documented, so publicized, and so widespread? Eugenic sterilization had a positive public imagery that was a deliberate effort on the part of the E.B. and those interested in promoting the E.B.’s work, such as the Human Betterment League of North Carolina. This organization made the images in Figure 3 which were used to persuade the public about the utility of the program. The procedures were thought to be a benefit to the individual\(^5\) and society (Volume 1, 1936).

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\(^5\) A defining feature of genocide is the targeting of a national, ethnic, or racial group for elimination. Though the E.B. refers to sterilizations ‘benefits’ for individuals, these individuals tend to be from a certain racial group (Black Americans). Definitions of genocide can be more robust if they include the elimination of people with mental illness or disabilities. The intersection of race and ability in North Carolina’s eugenic period is worthy of much more discussion.
However, an examination of the term ‘eugenic sterilization’ very clearly exposes the dark underbelly of human betterment projects.

Figure 3: Publication from the Human Betterment League of North Carolina used to publicize the general public and medical community about NC’s eugenic sterilization law (Blythe, 2011).

Eugenics as a field of study is the brain child of British scientist and explorer Sir Francis Galton who made immense contributions to various scientific fields. Galton explained regression and correlation (central concepts in statistics and that are applicable to many fields including genetics), contributed to the use of fingerprints in forensics, and had ideas about mental imagery relevant to psychology (Sandall, 2008). Galton lived between 1822-1911 and probably did not foresee that his other influential idea – eugenics- would lead to a sterilization program in North Carolina (Sandall, 2008). A cousin of Darwin (who along with Alfred Wallace proposed natural selection as a mechanism for evolution), Galton was inspired by Darwin’s *The Origin of Species* and quickly applied natural selection to social standing. After reading *The Origin of Species*, Galton thought of himself and his cousin as having inherited their intelligences from a shared grandfather, Erasmus Darwin, who also contributed to the sciences (Sandall, 2008).

‘Eugenics’ comes from Greek; ‘eu’ meaning good and ‘genos’ meaning birth combine to form of good stock or good birth (etymonline.com). In his own life, Galton was occupied with
positive eugenics. He gave lectures proposing that the physical and mentally superior populations of nations marry and reproduce. His lectures spurred Europeans and North Americans to create eugenic societies at home and in their colonies (Aubert-Marson, 2009).

For there to be physically and morally superior populations - good ‘stock’ as prominent eugenicists such as Margaret Sanger would say - there must be bad ‘stock.’ The scientists and social theorists who subscribed to Galton’s idea concerned themselves with ‘bad’ stock and began to ardently support negative eugenics. Rather than solely focus on outbreeding bad stock, eugenicists searched for ways to eliminate ‘it.’ The dehumanizing language eugenicists used to describe those unfit to reproduce has a double meaning and long history. Referring to people as stock, particularly Black people, is something enslavers did to the African peoples whose labor was compared to that of work horses and other livestock (Sublette & Sublette, 2016). Slave owners and some eugenicists saw such distance between themselves and Black people that they fabricated the existence of biological speciation among different human groups. The biological dehumanization experienced by Black women in America is coupled with a social dehumanization. A comparison between the bodies of a Black woman and an animal is not necessary for social dehumanization. The State’s violation of women’s bodily autonomy during eugenic sterilization, the construction of African people as a commodity during slavery, and incarceration is socially dehumanizing.

Sterilization also has a double meaning in the context of eugenics. Sterilization is the noun form of verb sterilize, which has Latin and French roots and means “destroy the fertility of” (etymonline.com). ‘Sterilize’ also means to “render free of micro-organisms” i.e. to clean. Taken all together, ‘eugenic sterilization’ is cleansing the human ‘stock’ by preventing the reproduction
of bad stock. While less physically brutal than a death camp (the methods of genocide can vary) the attempted outcome – eliminating certain undesirable populations – are the same.
The Examinations

“The examination that places individuals in fields of surveillance also situates them in a network of writing; it engages them in a hole mass of documents that capture and fix them” (Foucault as translated by Sheridan, 1995, p. 189).

Figure 2: Total number of men and women sterilized between 1929-1966. Hovering the mouse over a data point shows the exact number for each year. Notice the steady increase in the post-war years (after the Nuremberg trials) (E.B. Volume 16, 1966).

What convinced 73 counties to participate in sterilization efforts? North Carolina cited a list of benefits from the Human Betterment Foundation of Pasadena, California, a non-profit which researched the effects of eugenics and lobbied for its use. This Foundation frames sterilization as an individual necessity and social good. The inclusion of the below passage in several volumes shows how influential California’s ideological framework was to North Carolina:

“1. That sterilization has one effect only – it prevents parenthood.
2. It is not a punishment; it is a protection; and therefore carries no stigma or humiliation.
3. It in no way unsexes the party sterilized.”
4. Sterilization is approved by the families and friends of the sterilized.

5. It is approved by the medical staffs, probation officers, and social workers generally wherever they have come in contact with these patients.

6. It permits patients to return to their homes and friends who would otherwise be confined to institutions during the fertile period of life.

7. The records show that many moron girls paroled after sterilization have married and are happy and succeeding fairly well. They could never have managed and cared for children, to say nothing of the inheritance and fate of such children.

8. Homes are kept together by sterilization of husband and wife in many mild cases of mental disease, thus removing the dread by the normal spouse of the procreation of a defective child and permitting normal marital companionship.

9. The operation is simple, it removes no organ or tissue of the body. It has no effect on the patient except to prevent parenthood. Under conservative laws, sanely and diplomatically administered, as they have been in California, these discoveries developed by the medical profession now offer to these classes the greatest relief possible and the greatest protection to the defenseless child of the future” (Volume 1, 1936, p.7-8).

Contrary to the E.B.’s and Human Betterment Foundation’s claim that there was no social stigma (one wonders what studies led to this claim), several women who were sterilized describe difficulty in finding a spouse owing to their inability to reproduce. Others lived in shame and silence and felt as though they were lesser women and still others did not know that they were sterilized (Weisbord, 1975). Given these outcomes, it is difficult to know what the E.B. and H.B.F. meant when they wrote that sterilization is not an unsexing procedure. North
Carolina performed ‘asexualization’ procedures in their eugenics program and defined those as ovariectomies and castration. Ovariectomies and castration refer to the removal of gonads – ovaries and testes, respectively (Merriam-Webster, 2016); external genitalia would remain intact. Tissue is removed or altered in salpingectomies and vasectomies so the ninth “benefit” appears to be an outright lie.

Perhaps by unsex, the E.B. and H.B.F. are referring to gender and are making the statement that even if one lacks these sexual organs one’s gender does not change. While the gender politics of the EB is unknown, it is probably safe to say that they did not intend to queer understandings of sex and gender. By queering sex and gender, I mean analyzing the role of that cisheteronormative, imperial capitalism has on understandings of sex and gender and subsequently imagining different ways of being and organizing a society. Questioning the role child-bearing and motherhood has on the gender construction of “woman” could be a part of deconstructing repressive gender binaries, but gender theory is likely not solace for women who feel an essential part of their being has been diminished.

Nial Ruth Cox is one woman whose sterilization inhibited certain pathways in her life. Her sterilization occurred in 1965 when she was 18 under the 1933 statute which allowed for relatives or spouses to give consent. At 18, she was no longer eligible to receive welfare and according to Nial, a caseworker coerced her into getting a temporary procedure in exchange for keeping her mother and siblings on the welfare rolls (Weisbord, 1975, p. 158). Nial said the caseworker said she had to be sterilized because of her ‘immorality’; she had given birth to a child out of wedlock a year earlier (Weisbord, 1975). Because she was under 21, her mother gave consent; however, neither she nor her mother were informed about the permanency of the procedure nor its side effects. In today’s understanding of bioethics, the “informed” part of
informed consent is critical (Levine, 2014; Jonsen 2014). Yet, the doctors who performed her “bilateral partial salpingectomy” knew that this procedure was irreversible and did not inform her of that fact (Weisbord, 1975). After being unable to marry because her fiancé “did not want half a woman”, having physical disabilities, and severe depression, Nial Cox filed suit against the State of North Carolina and the doctor who performed the operation (Weisbord, 1975; Beaver County Times 1973). To be half a woman for Ms. Cox means the loss of one’s reproductive potential. The State’s violation of how her body and the theft of her womanhood was socially dehumanizing.

Elaine Riddick, another survivor of the NC’s eugenic sterilization program, has described the biologically dehumanizing effect of the program. She described the procedure as “being cut open like a hog” (Jessie as quoted by Sexton, 2014). Elaine was sterilized between at fourteen after bearing the child of a neighbor in his twenties who raped her (Sexton, 2014; Michels 2014). After a social worker visited her home and deemed her promiscuous and feeble-minded from an IQ score, the social worker convinced Elaine’s illiterate grandmother to sign consent forms with an ‘X’ (Michels, 2014). Later on Riddick, with assistance from the ACLU, sued North Carolina, but lost (Michels, 2014). In recent years, Riddick has been a public advocate for sterilization victims’ and victims’ of child molestation.

Nial Cox, now Nial Cox Ramirez, lost her 1974 lawsuit. However, her lawsuit along with Riddick’s and that of others pressured NC to dissolve the E.B. in 1974 (Michels, 2014). Though the board was dissolved, eugenic sterilization as the law of the land was not over in its entirety. In 1977, the Eugenics Board (referred to as the Eugenics Commission by the legislation) was formally dissolved (State Library of North Carolina, 1977). Furthermore, in 2003, the NC
legislator voted 116-1 to repeal the law that allowed for involuntary sterilizations (the lone dissenter claims that he hit the wrong button while voting) (Sexton, 2014).

The fourth and sixth benefits (“sterilization is approved by the families and friends of the sterilized” and “It permits patients to return to their homes and friends who would otherwise be confined to institutions during the fertile period of life,” respectively) are other conceits of the consent thresholds of the E.B. The opinion of friends and families should not be a determining factor for performing sterilizations on someone. Moreover, that women and men could exchange their reproductive ability for freedom from confinement shows that the board was unashamed of coercion or did not view it as an ethical violation. The fifth benefit reaffirms how the State uses multiple hands to touch the bodies in their area of control. The mention of probation officers here recalls that prisons were also a site of sterilization. Being both an inmate and patient introduces more questions about the consent or lack thereof that NC rested its program on.

At this point it should be apparent that those who received social services from NC and who the State took as its charges – the imprisoned, those in training schools, and those in mental hospitals – were the targets of sterilization. People with enough money to avoid welfare and with other means of caring for family members with mental health needs remained on the periphery of the State's focus. The home visits from social workers of local Welfare branches, the supervision from prison officials, and the supervision from medical officials in mental hospitals kept the State abreast of vulnerable populations. Vulnerable populations were hyper-surveilled by the same State institutions that exerted what Foucault calls biopower (in fact, surveillance of some kind may be a prerequisite for exercising biopower). Biopower is the “State control of the biological (Foucault, p. 239). The work of the State is at least two fold; while controlling food access (Welfare), movement (prisons, training schools, mental health facilities), and reproductive
potential (sterilization program) of vulnerable populations the State simultaneously attempted to remove vulnerable populations from the imaginations of protected populations. The imaginative erasure accompanied the biological genocide (sterilization) and social genocide (prisons, hospitals, etc.). Populations are vulnerable when they deviate from norms established by the classes of people who hold power. Eugenicists were especially concerned with deviations of the mind.

One of the more disturbing revelations of the E.B. is how they addressed those with mental illness, mental disease or who were developmentally disabled. In later volumes, the board identified three groups that were the target for their program: the mentally diseased (includes a variety of illnesses like dementia or manic depression), the feebleminded, and epileptics (Eugenics Board Volume 3-10; 1940-1954). One problem with the E.B.’s discussion on those with perceived mental disabilities⁶ is that the part came to define the whole. The diagnosis came to stand in for the person and in this way one’s whole body was pathologized. With chronic illnesses like heart disease or cancer, it is not socially acceptable or common to refer to individuals as ‘heart-diseased’ or ‘cancered’; cancer and heart disease are ailments people have, not what defines their entire being. Secondly, instead of searching for ways to accommodate education and public spaces for those with special needs or develop new treatments for those with epilepsy the State instead attempted to make these groups disappear. Figure 4 is a snapshot of how frequently feeblemindedness and a generalized “mental illness” was used as the basis for sterilization.

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⁶ I “say perceived” because diagnoses of feeblemindedness were used to describe a multitude of behaviors, some of which could have been presentations of other mental illnesses (but probably not). Elaine Riddick is an example of someone whose feebleminded diagnosis accompanied a social worker’s judgment of her sexuality. A feebleminded diagnosis was utilized to give NC a legal pathway to sterilization which explains why it did not and does not have much clinical support or relevance.
In addition to language that obscures the complexity of those sterilized, the diagnosis of feeblemindedness is no longer used in mental health and psychology. The feeblemindedness “diagnosis” was a catchall term applied to people likely without mental illness or a learning disability. The condition had the weight of psychology, eugenicists, and social welfare behind it, but regardless feeblemindedness was more of a moral judgment than anything else (Bruinius, 2006).

Whether those diagnosed with feeblemindedness had another developmental disability or simply did not have the educational background or social context to do well on a Binet-Simon
test would have had to be determined on an individual basis, which was probably not possible. The Binet-Simon tests and other intelligence tests administered then and now rely on what Stephen J. Gould refers to as the reification of intelligence. In *The Mismeasure of Man*, Gould discusses people’s propensity to try to condense the origin of intelligence to a single organ and to assign this complex phenomenon to a single number. Gould further discusses people’s tendency to then rank these numbers and place value on these rankings (1981). Intelligence rankings masked eugenics, a social policy, as a legitimate scientific theory. Per the scientific method a theory is accepted as the explanation of a phenomenon after repeated testing of its originating hypothesis, so by this definition, eugenics is more of a hypothesis than a theory. Basing legislation and a program on a fault-filled hypothesis means that the victims of eugenic sterilization were not just welfare recipients, patients, or inmates - they were also unwilling research subjects.

Being someone reduced to the category to be known (and who does not/cannot know), to be prodded, tested – made an object of study – is an indicator of one’s position in the social order. While the whole program can be viewed as an experiment testing the validity of eugenics, the E.B. also used the program for explicit research purposes. The Institute for Social Science at the University of North Carolina at Chapel Hill collaborated with the E.B. to conduct a study on the needs of children born to the feebleminded (Eugenics Board Volume 7, 1948). The results suggested that some of the 116 children examined would also be eligible (upon maturation) for sterilization because of their IQ test results. Other recommendations included: “speech training, placement in children’s institutions, boarding homes, or state institution for the mentally retarded, special encouragement and understanding at home, improved home environment, special provision for them in school, and discontinuance of school for some mentally incapable
of benefitting by attendance” (E.B. Volume 8, 1950 p. 9). Social workers and social scientists, as agents of the State, entering the homes of vulnerable people and exposing them to the violence of sterilization is disheartening, to say the least. Karen Beck, whose grandmother and great-aunt had state mandated hysterectomies in the 1930s, said of the victims “They were vagrants- we call them homeless today. They were hungry. They were motherless, grief-stricken girls trying to survive the Great Depression” (Sexton, 2014). Welfare should have been a relief, not another entity that would warp the quality of their lives.

The institution of welfare had such enthusiasm for sterilizing those relying on its assistance that the State Board of Charities and Public Welfare paid for the maintenance of the E.B. between 1933-1936 and contributed significant funds for the running of the board in other bienniums (E.B. Volume 1, 1936). The Commissioner of Welfare served as the chairman for the E.B. from 1933-1942, except for a transition period in the 1942-1944 biennium, when Dr. J.F. Owen M.D., the superintendent of the State Hospital of Raleigh, was a temporary chairman. The following biennium Dr. Ellen Winston Ph.D., the new Commissioner on Welfare began her role as Chairman of the Board (E.B. Volume 1-6; 1936-1946). She would serve the interests of Welfare, the Eugenics Board, and the state of North Carolina until her retirement from the Board in 1962. After serving eighteen years, Dr. Winston did not enjoy a serene retirement, rather she became the first United States Commissioner of Public Welfare. Dr. Winston is still regarded as a progressive and pioneer of social welfare programs (Peebles-Wilkins 2014).

**Age of Black Feminine Innocence: Violence by Gender/Sex, Race, and Age**

The clearest disparity in the E.B. sterilization data is that between men and women. In the second year of the program 15 women were sterilized as compared to 2 men (Eugenics Board Volume 1, 1936). From there the disparity would continue. The E.B. was not blind to this
peculiarity. They wrote “Although a vasectomy for a man is a simpler and less costly operation than a salpingectomy for a woman, only 439 men were sterilized during the July 1929-1948 period in comparison to 1,631 women. Much interpretation is needed to assure men that the operation is simple and that its only effect is the prevention of parenthood” (E.B. Volume 7, 1948, p. 10). It is unclear if the E.B. put genuine effort into sterilizing more men. If they did, their efforts were in vain. By 1966, 84% of NC’s sterilization operations were performed on women (fig 6). In combination with lackluster attempts by the E.B. to convince or coerce men into sterilization procedures, a gendered power dynamic within vulnerable populations likely contributed to the high percentage of women. Most of the women the state sterilized were not married (fig. 5). However, if they were married or separated, then the husband’s or ex-husband’s consent was “necessary before the operation upon a wife can be authorized without a hearing…” (E.B. Volume 8, 1950, p. 13). Moreover, “Petitions sometimes show that, although eligible for the operation, men are unwilling to have it, but file written requests for the operation to be performed upon their wives [emphasis added] …” (E.B. Volume 8, 1950, p. 11). The necessity for even an ex-husband’s consent for sterilization and the ability men had to offer up their wives compounds the lack of agency sterilization victims had over their own bodies.

<table>
<thead>
<tr>
<th>TABLE 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations Performed, by Type of Diagnosis, Source of Petition, and Marital Status</td>
</tr>
<tr>
<td>July 1929–June 1966</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diagnosis Shown on Petition</th>
<th>TOTAL</th>
<th>Married Single</th>
<th>Widowed, divorced, separated</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>State Institution*</td>
<td>County Institution*</td>
</tr>
<tr>
<td>Mental disease</td>
<td>1643</td>
<td>884</td>
<td>847</td>
</tr>
<tr>
<td>Familialism/bad address</td>
<td>8554</td>
<td>499</td>
<td>446</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>526</td>
<td>99</td>
<td>44</td>
</tr>
<tr>
<td>Total</td>
<td>6851</td>
<td>1022</td>
<td>923</td>
</tr>
</tbody>
</table>

* Ninety-one operations originated in county institutions prior to 1933.
Figure 5. This is a comprehensive overview of sterilization victims. Notice the number of people sterilized for feeblemindedness and the number of single (not previously married) people sterilized relative to married or formerly married. (E.B. Volume 16, 1966, p. 31)

Though I have referred to the victims of eugenic sterilization as women, writing “women and girls” is more apropos. The biological limitation of menopause for the reproductive potential of women would skew the ages of those sterilized younger. However, it is remarkable how young the victims were (fig. 8-9). In the first twenty years of the program more girls in the 10-19 age group were sterilized than in the 20-29 and 30-39 years combined (fig. 8). The E.B.’s policy was to not approve sterilization for girls below adolescence. They noted “To be more effective, however, it should take place in the late teens if the need is indicated” (fig. 10) (E.B. Volume 9, 1952). The youngest person sterilized was 9 years old (E.B. Volume 7, 1948, p. 9).

The gendered nature of the violence of eugenic sterilization is clear, but what is more difficult to discern is its racialized nature. At the beginning of the program - between 1929-1936 – there were 253 white women to 18 Black women sterilized (E.B. Volume 1, 1936). By the end of the 1966 biennium, 3,406 white women had been sterilized compared to 2,309 Black women (fig. 7). In the interim there were fluctuations in the ratio of Black and white women sterilized; between 1929-1950 a higher proportion of white women were sterilized (Bakst, 2011). What happened during the 1950s that led to more Black women being sterilized is unclear; the E.B. did not mention race in an analytical way in the reports. Regardless of the program’s early statistics, by the end, Black women were disproportionately sterilized (fig. 7: 40% Black compared to 59% white) relative to the total population of North Carolina (Bakst, 2011).

The particularity of this violence against Black women is perplexing if we limit our view to the Post War era. While we may not be able to explain the proximate causes of the 1950s uptick of Black women and girls’ sterilizations, we can make sense of its ultimate causes when
we contextualize eugenic sterilization in colonialism and conquest. The ideas underpinning colonialism explain how Black women’s bodies became the locus at which the State attempted to cleans itself of undesirable populations. One of the three governing themes of Western imperialism according to MeClintock is “the transmission of white, male power through control of colonized women” (1995, p. 3).

The coloniality of power framework enables the understanding of how Black women in the United States are colonized. Coloniality is a name for “the structures of power, control, and hegemony that have emerged during the modernist era, the era of colonialism, which stretches from the conquest of the Americas to the present” (Martinot, n.d.). In Mignolo’s work on colonialism and coloniality he makes clear that this model does not frame things (e.g. race constructs or gendered and racialized labor division) as starting and stopping in cleanly delineated periods of modernity. He writes “the decision to frame my argument in the modern/colonial world model rather than in the linear chronology ascending from the early modern to the modern to the late modern was prompted by the need to think beyond the linearity in the geohistorical mapping of Western modernity” (Mignolo, 2000 . p. x). In short, colonialism/coloniality and modernity are two sides of the same coin; colonialism did not start and stop, but rather its power structures have been perpetuated regardless of how nation-states are configured. I sometimes refer to coloniality as colonialism without colonies since many colonies won independence from colonial states, yet very similar power relations remain (Caplan, 2008). Moreover, other states that began as colonies have been legitimized (e.g. United States, Canada, Australia) and their settler colonial origins are mystified and mythicized to current residents (e.g. the portrayal of founding fathers as freedom loving explorers rather than a holistic view which includes their slave-owning and genocidal activities).
The mythical nature of settler colonial origins hints at how colonization has an effect on the colonizers, too. After subjugating indigenous peoples, how does one explain one’s good fortune (and the plight of colonized peoples)? States had different ways of explaining what Mignolo calls “colonial difference” (Mignolo, 2000, p. 4). Spain\(^7\) judged and ranked peoples based on whether they had an alphabet during the 1500s (Mignolo, 2000). Meanwhile, the founders of what would become the United States used race and gender to structure the economy, to explain their alleged superiority, and, to explain the alleged inferiority of indigenous and African peoples (Sublette & Sublette, 2016). Race and gender became the colonial difference that would be the backbone of the power structures of American institutions. They remained so during the Eugenics period and are still essential to understanding power and its distribution today. The continuation of colonial ways of organizing labor, of treating darker bodies, and of thinking of oneself (whether one is a colonizer or colonized) is the reason Black women in settler colonist countries or independent former colonies can be described as colonized women. That race and gender have been a mainstay in America since its beginning, does not mean the definition of either has been static. Over time race and gender became imbued with biological meanings. During the 18\(^{th}\) and 19\(^{th}\) centuries, theories on the biological basis of race divisions were popular topics in the natural sciences which gained more legitimacy once evolution and statistical methods were proposed (Gould, 1981).

**Sex, Race, & Age of Sterilization Victims**

\(^7\) This is not to say that Spain did not come up with racial differences; in fact, they did, however the race categories they used to organize labor in their central and South American colonies differed from that of North America (Sublette and Sublette, 2016).
Figure 6. Of the 6,851 operations performed under the authority of the E.B. (between 1929-1966; the actual total is higher) 84% of the victims were women (E.B. Volume 16, 1966).

Fig 7. Of the 5,774 women and girls sterilized 40% of them were Black, 59% white, and 1% “other.” “Other” did not appear in the first reports of the E.B. and was later added to account for indigenous Americans (E.B. Volume 16, 1966).
Fig. 8. The E.B. alternates between aggregated data over a 5+ year time span and data based on bienniums. The seventh volume offers a snapshot of the first twenty years of the sterilization program. Their data table for their age section included the following caption: “[The total] includes age 9 years 1, 10 years 1, 11 years 1, 12 years 30, 13 years 44, 14 years 64. During this biennial period 1946-1948 no operations were authorized for persons under 12 years of age [emphasis added]” (Eugenics Board Volume 7, 1948).

Fig. 9 The last biennium in the publicly available record shows similar age distribution of sterilizations as the first 20 years of the program (Eugenics Board Volume 16, 1966).
fig. 10 Social history of a 24-year-old man and 16-year-old girl who were sterilized in 1950. Notice that the girl was committed to a Training School for “sexual delinquency.” The State’s attempt to pathologize and then correct the sexuality of girls/women is not new. (sterilizationvictims.nc.gov)
Eugenics and Genetics

Biologists, evolutionary anthropologists, geneticists and others who study evolution study “the transformation of species through time, including both changes that occur within species, as well as the origin of new species” (Losos, 2014, p. 16). When introduced to biology, most people are told the tale of Darwin's influential trip to the Galapagos islands and his observations of finches and other wildlife. His observations - combined with the insight of other men of science such as John Gould (the ornithologist who distinguished species of finches), Alfred Russell Wallace (friend of Darwin arrived to a similar understanding of evolution as Darwin), and economist Thomas Malthus (he influenced Darwin's thoughts on populations) - led Darwin to propose natural selection as the mechanism for evolution (Sulloway, 1982; Browne, 2013). Most people, based on my experience, are not told of how Darwin's cousin - Francis Galton - took inspiration from evolution via natural selection, and used his understanding of natural selection to explain human differences.

By Darwin's, Wallace's, and Malthus's (the late 1800s) time the United Kingdom, the United States, and other colonial nation states (the "West") were already engaged in economically and socially changing societies across the world. The form of capitalism Western nations engaged in (along with military might) is the mechanism that diverted the natural wealth of the Caribbean, Central and South America, and Asia to western nations. In addition to the movement of commodities like sugar (from the Caribbean), cotton (from the United States), and tea (from China) the agents of colonialism engaged in moving indigenous populations either from their homes to other parts of the empire (e.g. movement of Africans to U.S.) or from their homes to a much smaller amount of land (e.g. Native Americans to reservations)(columbia.edu). The movement of people and things enriched a few from the “mother" countries, but still left many people poor. The poverty, perceived criminality, and perceived lack of intelligence of
people in the heart of empire were explained by Galton and other eugenicists as innate and heritable traits. The wealth, intelligence, and health of Galton and others in his class would then also be natural. Galton could not see the gendered and racialized economic system that led to inequality and instead sought a natural (whether from God or biology) explanation (McClintock, 1995; Aubert-Marson, 2009). Eugenics not only explained financial and intellectual differences, it also came to explain racial differences between the colonized and colonizers.

Darwin and Galton’s ideas sparked a great division in the biologists of the 19th century who attempted to explain the degeneracy of the poor and darker peoples of the world with two competing theories: monogenism and polygenism. Evolutionary monogenists can be viewed as the offspring of biblical monogenists who placed humans as descendants of Adam and Eve. Those that held tightly to the biblical origins of man viewed races as descendants that “have declined to different degrees, whites least and black most” from Adam and Eve (Gould, 1981, p. 39). Other monogenists saw races as having ascended to different degrees away from a primordial, degenerate, black origin. At the bottom of this hierarchy was the Black mother and at the top was the white father (McClintock, 1995). Monogenists, whether of the ascending or descending point of view, were opposed by polygenists. They believed different races had different origins and that some races, Black people in particular, were not human (Porter, 1997).

Interestingly, the ghosts of monogenism and polygenism are seen in contemporary (1990s – today) debates about human origins. The most accepted theory for human origins is commonly called the “Out of Africa” theory which posits that anatomically modern humans originated from and left Africa 100,000 years ago and outcompeted the archaic species in Eurasia that had left Africa ~1 million years ago. More popular in the 1990s than now, the multiregional hypothesis posits that anatomically modern human populations evolved independently in Africa, Asia,
Europe, and Oceana (some who ascribe to this concede there could have been gene flow between continental populations in the million years since the first exit from Africa) (Nature Education).

A key difference between monogenism/polygenism and the Out of Africa/multiregional hypothesis is that the scientists of today have a more complete picture of how evolution works thanks to the discovery of deoxyribonucleic acid’s (DNA) role in heredity (Watson & Crick, 1953). Their paper opened the door for other researchers to elucidate how microevolution works.

Evolution is simultaneously simpler and more complicated than it is portrayed in the general public. From Darwin’s publication, to the present moment, controversy about a Christian God’s role in evolution have persisted. However, evolutionary principles themselves are absent of theological judgement. I prefer to think of evolution as applied statistics. Given a certain environment some genes lead to traits that increase the fitness of certain individuals over other individuals. Over time these individuals increase in population while the frequency of those with genes disadvantageous to an environment decrease. Eugenicists seem to have ignored the role of environment to an individual’s fitness [“relative probability that a hereditary characteristic will be produced” (Encyclopedia Britannica)], in addition to ignoring that fitness is about an individual’s success and not the success of a population such as a racial group or whole species of an animal.

The complicated aspect of evolutionary theory is - contrary to popular belief - natural selection is not the only mechanism for evolution. In addition to natural selection, other mechanisms of evolution include mutations, genetic drift, and gene flow which results in the incredible biodiversity we see today (Andrews, 2010; Berkely.edu). Furthermore, genes and their phenotypic outcome are not in a 1:1 ratio; for example, a polygenic trait is the result of multiple genes whereas pleiotropy is the phenomenon of a gene or genes affecting multiple physical traits
(Lobo, 2008). All this is to say, if a mental illness or disease has a hereditary component (genes don’t act independently of their environment and some diseases have external causes) then much research is needed to understand it and what treatments or therapies are helpful.

Watson and Crick’s groundbreaking paper on the structure of (DNA) which led to our fuller understanding of the genetic components of some mental illnesses/disorders was published in 1953. The publication came 29 years after the E.B. had begun its sterilization program. The preceding paragraph contains more knowledge about the workings of evolution and heredity than the E.B. had during its entirety (refer to Table 2 for a summary of eugenic and genetic principles). In fact, the E.B. conceded that the founding theory behind their program is poor science. In Volume 7 of the E.B. biennial reports the board quoted the March 1930 issues of *Eugenics*:

“We do not know precisely to what extent mental defects and psychopathic conditions are inherited [emphasis added]. But we do know that on the whole, feebleminded and insane persons who are permitted to propagate their kind, raise families in a most unfavorable home environment” (E.B. Volume 7, 1948, p. 9).

It is awestriking that multiple branches of governments, public health officials, and medical care providers participated in or defended a program that flew in the face of the scientific method. The second part of the quote from *Eugenics* reveals that enacting control on the behaviors of vulnerable populations was of more importance than scientific integrity. Eugenic sterilization highlights the need for evidenced-based interventions in public health and social welfare policy.
<table>
<thead>
<tr>
<th></th>
<th>Eugenics</th>
<th>Genetics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cause of Evolution</strong></td>
<td>Natural selection</td>
<td>Natural selection, genetic drift, gene flow, mutation cause changes in allele frequency over time (Andrews, 2010)</td>
</tr>
<tr>
<td><strong>Means of Heritability</strong></td>
<td>Unknown (thought to be “gemmules” by Darwin, and others thought proteins)</td>
<td>genes</td>
</tr>
<tr>
<td><strong>Direction of change</strong></td>
<td>Progressing toward an ideal species with the best traits</td>
<td>Traits are not viewed as better or worse; do they increase fitness in a particular environment?</td>
</tr>
<tr>
<td><strong>Fitness</strong></td>
<td>Some traits are superior to others and enable the progress of a group</td>
<td>Individuals have genes/traits that increase/decrease the probability of reproductive success depending on the environment</td>
</tr>
</tbody>
</table>

Table 2. Comparison of contemporary evolutionary principles with the guiding principles of eugenics.

The need for evidence-based interventions is fairly easy to see. What may be more difficult to change in the sciences, public health, and other fields is the geneticization of race. Denying biological race is not equal to saying that color variation and geographically clustered populations with similar features do not exist since those, in fact, do exist (Jorde & Woodling, 2004). “Degenicizing” race means understanding that constructions of Black, white, Asian, or other racial categories a society uses (my paper has U.S. centric outlook on racial groups) are based more on social differences than on genetics. One only has to look at the experiences of biracial people engaged in genetic testing to see how applying social definitions of race to biology can lead to biologically meaningless results (Roberts, 2015).

Eugenicists and early evolutionary anthropologists that measured craniums to make statements about which races were inferior/superior compounded the significance that race held (Gould, 1990; Porter 1997). Race began as a way to organize labor with superficial phenotypic
attributes, but became a validated difference after being attached to biology. Biology continues to be used in attempts to validate race (Sublette & Sublette, 2016). While researchers and medical practitioners no longer measure skulls to make superiority claims, the way biology is used with race sometimes serves to pathologize the Black body (Roberts, 2015). ‘Race medicine,’ a catchall term for clinical practices in which a diagnosis or prescription is reached in part due to the patient’s race, is a reflection of the false beliefs that a racist society has about the Black body. Attaching erroneous biological significance to race leads to Black patients receiving insufficient amounts of pain relievers, as one example. The views healthcare providers have on the Black body are informed by a long legacy of attributes that those with power have claimed about the bodies of those they oppress.

The reproductive violence endured in the 1930s-1970s because the State pathologized women and girls’ existence based on race, gender, age, mental ability (or literacy) was not the first iteration of violence experienced by Black mothers. Earlier I discussed the role colonial power structures played in the State’s embrace of eugenic sterilization. To fully grasp those structures let us delve deep into North Carolina’s colonial history.
Our Founding Mothers: Coloniality and Black Women’s Bodies

North Carolina’s state-led violation of Black women’s reproductive rights via coerced and forced sterilization, beginning in 1929 and formally ending in 1974, is only a small segment of a long history of reproductive violence experienced by Black women in the greater United States and in North Carolina. Telling the history of eugenics and incarceration in the United States would be incomplete without the mention of slavery. The history of slavery in North Carolina is not only a reflection on the business of flesh; remembering slavery allows us to trace the genealogy of the economic, social, and political circumstances that combined to bring about forced/coerced sterilization in the twentieth century. This history, viewed through a lens of what Nicole Rousseau refers to as historical womanism, crystallizes the role of Black women’s labor to the building of this nation (2009, p. 6). Black women’s contribution to the economy of a new nation was not limited to the work they did in the field or home, but also in the labor of reproduction (Ned and Sublette, 2016). During slavery, black women’s bodies were also used in the furthering of new social institutions like medicine; the so-called “father” of gynecology based a majority of his work on enslaved women. Before advances in gynecology were applied to Black women to limit their offspring, their reproduction was encouraged and directly contributed to the economic standing of individual states. North Carolina’s history is inextricably linked with the reproductive labor of Black women.

North Carolina was originally a part of a single colony composed of North and South Carolina. Carolina as a colony was intimately tied to the slave trade; four of the eight lord proprietors who sought permission to start the colony from King Charles II were founders of the Royal African Company; the Royal African Company had a monopoly on the slave trade until it

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8 In this light, the popularity of eugenics in the United States at the beginning of the Great Depression when the need for laborers was low may be more than a coincidental occurrence.
was deregulated in 1698 (Sublette & Sublette, 2016 p. 159). Furthermore, among the first white settlers of the Carolinas were slave traders who had done business in the Caribbean (Sublette & Sublette, 2016, pp. 141-145). These traders were taking advantage of the headright system developed by Britain. The headright system enabled the crown to populate North America and relieve social tensions caused by an excess of workers in the United Kingdom (Sublette & Sublette, 2016, p. 99). In a headright system, the planters received a certain acreage of land per indentured servant that they bought; planters were also responsible for the traveling fees of the indentured servants. In Virginia planters received 50 acres of land per servant, while in Carolina, planters received 150 acres per servant (Sublette and Sublette, 2016, p. 143).

There was a financial incentive in the form of land to bring servants and slaves, since slaves went toward the headcount, to the new world. The Carolina planters from the Caribbean, principally from Barbados, were knowledgeable about the global slave trade and saw potential profit in engaging in the slave trade. Unlike other colonies founded for religious freedom, like Maryland, Carolina was founded solely for economic reasons. Phillip D. Morgan, a historian on the American colonies and slavery at Johns Hopkins says of Carolina history, “By the late seventeenth century Virginia had a plantation economy in search of a labor force, whereas South Carolina had a labor force in search of a plantation economy” (Sublette and Sublette, 2016, p 167).

The seeds of a capitalism dependent on white supremacy were being planted as more planters settled roots in the U.S. and Carolina. From a historical materialist perspective, a perspective that draws on Marx, capitalism causes a divide within a society between the proletariat (working class) and the bourgeois (owners of the means of production) (Rousseau, 2009, p. 16). For the bourgeois to own what is produced the product must be separated from the
producers. Rousseau extends Marx and says that this separation of the producers from the product now owned by someone else objectifies the producers to the point that producers “become alienated from their very humanity” (Rousseau, 2009, p. 16).

This framework easily applies to the labor and production of enslaved Africans in America. However, this binary between owners and producers does not sufficiently describe the relationship between the slaver and the enslaved. As “slaves” Black women were owned by their slave owner. This domination was not limited to the transaction of domestic labor or agricultural labor that characterized the capitalist relationship of indentured servitude (Sublette and Sublette, 2016). Indentured servants, for example, had several options to gain freedom, but their status as human was not in question (Sublette and Sublette, 2016, p. 143). This domination of Black slaves extended to every aspect of the enslaved person’s being. Slavers furthered the separation of producers from their humanity by making the producers a product in and of themselves. Southern Slavers and landed aristocracy began to rely on the fiction that Africans were less than human and therefore ineligible for freedom. This fiction was facilitated and perpetuated by several institutions: an economic system for a new country that relied on exploited labor and treated the laborer as a product, a legal system that upheld the personhood of white men, and still burgeoning institutions within the realm of science. These early scientists such as Linnaeus - whose hierarchical categorization of beings included humans (Gould, 1990) - are on the intellectual continuum that would later give us Galton’s eugenics via natural selection discussed in *Eugenics and Genetics*.

After the embargo on slave importation in 1808, the value of enslaved women rose rapidly (Sublette and Sublette, 2016 p. 40; Rousseau, 2009, p. 56). “If people were money, children were interest” (Sublette and Sublette, 2016, p. 43). This “interest” compounded the
wealth of planters who relied on the dual workings of the credit business of crops and the cash business of slavery to keep the Southern economy working. Frederick Law Olmsted, journalist and social critic, included the following anecdote that describes the value of “breeding” women to a slavery-based economy in his book *Journey in the Seaboard Slave States; With Remarks on Their Economy*:

“A slaveholder writing to me with regard to my cautious statements on this subject, made in the Daily Times, says: "In the States of Maryland, Virginia, North Carolina, Kentucky, Tennessee and Missouri, as much attention is paid to the breeding and growth of negroes as to that of horses and mules. Further South, we raise them both for use and for market. Planters command their girls and women (married or unmarried) to have children; and I have known a great many negro girls to be sold off, because they did not have children. A breeding woman is worth from one-sixth to one-fourth more than one that does not breed."  

To many slavers, Black people were not far from removed from their livestock.

“Breeding seems to have been something of an obsession for men of property, who wanted to create the fastest horses, the best dogs, the cotton bolls that most perfectly fit the human hand, and the strongest slaves. From African slave raids forward, marketing people was a process of selection for desirable traits as well as survival of the fittest, with clear eugenic implications” (Sublette & Sublette, 2016, p. 32). Slave owners commanded women to "breed" in several ways. Those who successfully produced children could earn food, clothing, or freedom (after a certain number of children) depending on their owner (Rousseau, 2009 p. 64). From a detached

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9 © This work is the property of the University of North Carolina at Chapel Hill. It may be used freely by individuals for research, teaching and personal use as long as this statement of availability is included in the text.
capitalist sense and because of the intrinsic worth of humans, these offerings are meager rewards for producing a child; an extra pig or clothing did not have the same cash value as a child. Subjecting a child to the cruel institution of slavery even in the event that the mother gained freedom taints any “gift” given. Moreover, whether childbearing was coerced with supplies needed for survival, completely unreimbursed, or forced the nature of these transactions is rooted in a violation of the agency of enslaved women and is therefore reproductive and sexual violence. The history of reproduction violence in the United States entails a history of resistance. Enslaved women escaped their role as breeders through physically escaping plantations, by using contraceptives or earlier abortion methods, and in some instances by committing infanticide (Rousseau, 2009, p. 65).

Perhaps the most well-known case of infanticide is that of Margaret Garner, whose actions inspired Toni Morrison’s novel Beloved. In January of 1856, Margaret Garner, her four children, husband, and her husband’s parents escaped from a plantation in Kentucky and made it to Ohio on the Underground Railroad before they were caught by Kentucky marshals. Before her capture in a home that was a part of the Underground network, Margaret Garner succeeded in killing her two-and-a-half-year-old daughter Mary. According to the marshals Margaret was in the process of killing her other children when they entered (Reinhardt, 2010, p 4-8). The killing and the later legal proceedings galvanized both pro and anti-slavery factions. Anti-slavery proponents, including the Garners chief lawyer John Jolliffe, framed Margaret’s decision as an indication of how abhorrent slavery was. Meanwhile, pro-slavery supporters used Margaret’s escape and child murder as evidence of the ineptitude of Black mothers (Reinhardt, 2010). The pathology attached to Black motherhood would carry into the twentieth and twenty first centuries and contributed to the sterilization of Black mothers.
The precarious position for the Black woman of having to decide to give birth to a child destined for cruelty and forced labor or to prevent such a birth or upbringing was made possible by the legal premise of partus sequitur ventrum (Sublette and Sublette, 2015, p. 135; Rousseau, 2009 p. 56). This meant that a child followed the conditions of the mother, regardless of the position of the father, which in many instances was the plantation owner or some other white man with power. The summary of the 1860 census, taken before the Civil War and emancipation, noted that 17 of every 100 births of the “colored” population were of mixed ancestry, whereas 83 were Black (Sublette and Sublette, 2016, 34). After exploiting an enslaved woman’s body, he, or his wife, could then financially exploit the child for profit.

My thesis focuses on the reproductive violence faced by Black women and therefore I have not mentioned Black men in great detail. The absence of Black men in this work should not be read as an indicator that there was an absence of sexual or reproductive violence against Black men dating from colonial times to the start of sterilization campaigns. Indeed, there are accounts of pre and post mortem castration from the times of slavery, to the period in which lynching occurred and overlapping the early years of eugenic policies (Foster, 2011; McGovern, 1982).

I have discussed the value Black women had to early U.S. capitalism and how the reproductive violence of enslaved women enabled economic growth. The economic and reproductive components of colonialism are the foundation for the political order of empire (fig. 11) (McClintock, 1995).
Fig. 11 shows the interlocking components of colonial power organization. This order crashed violently with pre-existing hierarchies (McClintock, 1995).

Colonialism not only changed who was on the land (e.g. genocide of indigenous Americans which is a part of the U.S.’s empire building and the movement of enslaved Africans to the Western hemisphere), how the land was used (agriculture, mining), it also changed the ways in which colonizers and the colonized related to their bodies. From slavery to eugenics to incarceration the continuous narrative is that a Black woman’s body is not hers. In slavery one belongs to a slave owner, while during the eugenic period one has conditional freedom until the State decides that you are unfit to mother or your husband offers up your body in lieu of his. Abstract ideas about body relations had material effects. The medical experiments performed on enslaved women are a direct consequence of colonial power differences regarding whose body remained sacred or unviolated and whose body was prime for exploration (McClintock, 1995).

James Marion Sims used colonial differences to conduct gruesome experiments that led to critical discoveries for the treatment of fistula as will be discussed.
Anarcha, Lucy, Betsy, & Mary Smith

Despite viewing Black people as property and devoid of humanity on a physical and spiritual level, slaves proved to be useful in the development of the United States medical establishment. Plantation owners were not the only ones who took advantage of Black women being alienated from their rights; medical actors in this new profession did, too. Medicine, both the institution and the individuals who made up the institution, used the bodies of Black men and women, as well as those of poor or immigrant white people for the purposes of education and experimentation (Savitt, 1982). In the early nineteenth century, ideas from France about how a school of medicine should operate reached the United States. The French model of medical education and practice emphasized good bedside manner and more evidence based diagnoses and treatments backed by statistics (Savitt, 1982; Foucault). This was also a time when medical treatment moved out of the home despite the distrust the public had for hospitals (Savitt, 1982).

In order to modernize medical education and have evidence based teaching and treatment, U.S. medical schools and their accompanying hospitals needed bodies. Because the well-off of society refused to go to hospitals, preferring home visits, the only bodies available to medicine were those that could not say no either because of slavery or because of their poverty. In exchange for the use of the enslaved in teaching, South Carolinian slave owners were not charged by the Medical College of the State of South Carolina for the medical services and were expected to only pay for housing and food (Savitt, 1982).

Even in death, the Black body could not rest because in order to feed the need for dead bodies in whole or in part medical school staff participated in grave robbing the resting grounds of the most marginalized in society: Black and the white poor. Grave robbers came to be known as night doctors in some African American folklore (Halperin, 2007). By sustaining medical schools Black bodies (alive and dead) contributed to their success and therefore were still being
monetized. Before the Civil War, autopsies were illegal in several states and there seemed to be an aversion to bodies being used for medical education. Historians attribute this aversion to autopsy and dissection as being related to religious ideas surrounding the ability of the soul to be whole and go wherever it may in a desecrated body (Halperin, 2007). For the dominant Christian societies in England, other areas of Europe, and the United States where medicine was undergoing professionalization in the eighteenth century, human dissection was taboo.

At the top of the humanity hierarchy is the white man (Gould, 1981; McClintock, 1995). The humanity of white manhood was so fiercely protected that an angry mob broke out and attacked personnel at New York Hospital and damaged property when a white man was exhumed from New York’s Trinity Church. Several students had to be housed in the jail to protect them from the mob which grew to 5,000 (Halperin, 2007). Eventually, the governor called the militia. The mob dispersed after three civilians were killed. Following this incident New York passed an act against grave robbing. The same act made dissection a punishment for burglary, arson, and murder. When African Americans in various cities in the North and South complained of their cemeteries being exhumed the law did not come to their defense in the same manner as it did for white Americans. The stigma surrounding white dissection meant seeking an alternative removed from 19th century conceptions of humanity. In the 1800s, polygenism was popular in the United States; this led to the common conception that Black people were of another inferior race (Gould, 1981). The dehumanization of Black women allowed doctors to experiment on their bodies without fear of guilt or public retribution.

In life, three enslaved women, Anarcha, Lucy, and Betsy and one free, poor white woman, Mary Smith suffered under Dr. J. Marion Sims live experiments on female anatomy. Dr. Sims pioneering techniques on fistulas were born from the bodies of these women. After ten
years of being a surgeon and family practitioner Sims fell into what was still considered midwifery by chance. Early one Alabama morning in June 1845, a fellow doctor asked Dr. Sims to visit the plantation of Mr. Wescott’s. When he arrived, he delivered the baby of the then seventeen-year-old Anarcha; the child died (Washington, 2006). Anarcha had been in labor for seventy-two hours and after the delivery she developed a vesico-vaginal fistula. One month later, another colleague brought him the case of Betsy, who was similar in age to Anarcha, and who also had a vesico-vaginal fistula. Roughly a month after encountering Betsy, a former patient contacted Dr. Sims about Lucy, a girl he enslaved. Lucy also had a fistula after recently giving birth (Sims, 1888).

Initially, Dr. Sims’ refused to see Lucy because he did not consider himself a midwife and did not think he could be of any use. Lucy’s owner did not accept Dr. Sims’ refusal to see Lucy and sent her to Sims’ clinic by train. After seeing another patient whose uterus was dislocated, Sims’ was inspired to revisit Lucy’s case and that of Anarcha and Betsey and asked both of their owners to send them to his clinic (Sims, 1888). Dr. Sims’ also scoured the country for other patients’ with fistulas that were previously thought incurable and added another level to his clinic. In exchange for Anarcha and Betsey, Dr. Sims’ promised their owners that his experiments were not life endangering and that he would cover all of their costs except for their clothing and taxes.

In order to do his work Dr. Sims’ invented instruments whose modern versions are still in use in obstetrics/gynecology, hereafter OB/GYN (e.g. the speculum). Lucy was the first he experimented upon without anesthetic. His work led to Lucy having an infection in her urethral and bladder tissue which took 2-3 months to heal. While she healed, Dr. Sims went to work on Betsey, and then Anarcha. Anarcha had the most extreme case of fistula and Dr. Sims’ said of
Anarcha’s condition and symptoms that “her life was one of suffering and disgust. Death would have been preferable. But patients of this kind never die; they must live and suffer…her person was not only loathsome and disgusting to herself, but to everyone who came near her” (Sims, 1888, p. 240). From reading his autobiography it is clear Sims did not view Anarcha, Betsey, and Lucy as full people. Dr. Sims continue his experiments for four years on these three girls and 13 other enslaved Black girls and women before successfully closing a fistula (Sims, 1888). Sims’ operated on Anarcha upwards of thirty times (Washington, 2006).

The ethics of Sims’ experiments are complicated by the fact that anesthesia was new to medicine at the time of his practice and the intense pain and complications from fistula were unbearable. Some defend Sims’ legacy as a man trying to help women as much as possible given the constraints of his field at the time (Wall, 2006), whereas others, including myself, read his accounts and are left bothered. While we will never know how the women rated the pain of fistula as compared to being experimented upon, we do know that middle class to wealthy white women’s bodies were not used in the same way as Anarcha’s, Lucy’s and Betsey’s. In fact, once Sims’ mastered the technique and began performing it on well-off white women a few years after his experiments, he used anesthesia (Washington, 2006). The pain suffered by Anarcha, Lucy, and Betsy, both from their fistulas and as research subjects [whose freely given consent was not possible because of their enslaved status and the morphine Sims’ used post-operation (Washington, 2006)], gave rise to OB/GYN in the United States. From the bodies and pain of the most marginalized in society came a new field that would bring relief to many. However, the creation of OB/GYN also led to the creation of the methods used to sterilize women in North Carolina.
Where Do We Go from Here?

While enslaved women, women subject to experimentation, and sterilized women may have been viewed as non-persons by the State, they, their families, and supporters affirm their humanity and may hopefully have some form of justice before their passing. Officials estimate that as many as 2,000 sterilization victims may still be alive, yet as of September 2015 only 220 people have claimed their compensation. In order to be compensated, one has to prove that her sterilization was ordered by the E.B. and match their records to the records NC has. This means that some people will not be eligible for compensation because of technicalities of who decided to order the sterilization and matters of clerical work. Elaine Riddick is eligible for the $20,000 NC decided to pay its victims; this pales in comparison to the million she sued the state for (Tillis, 2015; Kessel & Hopper, 2011).

The slow march to compensation

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<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>Dec.: Gov. Mike Easley formally apologizes to the victims of the state’s Eugenics Study Program.</td>
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<td>April: Rep. Larry Womble, D-Fay, files a bill to create a legislative research commission to examine the sterilization program and the records of victims.</td>
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<td>April: Womble introduces the first of several bills to “provide a process for the hearing of the compensation claims, in the amount of $10,000 for each victim.”</td>
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<td>October: The NC highway commission issues a historic statement in Raleigh noting the state’s role in the sterilization program and its plans to compensate and counsel victims.</td>
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<td>June: The N.C. House of Representatives approves a bill that would provide $50,000 in compensation to surviving victims of the program. A similar compensation bill also passes in the Senate.</td>
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<td>June 30: The last day survivors can file for compensation.</td>
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Fig. 12 Timeline of compensation for NC sterilization survivors (Sexton, 2014).

Perhaps some legislators hope eugenics dies (some survivors has expressed the thought that legislators were waiting for them to die given the time it took to pass any sort of compensation; see figure 12) with its victims, but ideas, even the most deplorable of them seem to be perpetual. Though debunked by current understanding of genetics and evolution, eugenic thinking is still pervasive. In a casual conversation with a friend’s mother who works in nursing...
education I mentioned my research and she remarked that sterilization programs or other programs that inhibit reproduction should be brought back since there are too many people in the world. Her concern about overpopulation matches the post eugenic shift from fears of allowing degenerate groups to propagate to that fear being masked by concerns of overpopulation. Indeed, the federal government’s decision to fund family planning programs was spurred by fears of overpopulation and by bipartisan support to cut costs on welfare (Welch, 2010).

Because welfare figured so heavily in North Carolina’s program I wanted to know how this period affects leaders of the institution today. Due to scheduling constraints I was not able to interview officials from Durham County Social Services regarding how they address eugenic sterilization in their work today in person. However, I was able to have an e-mail exchange with Jovetta Whitfield, the Assistant Director of Family, Safety and Permanency from Durham County Social Services. Below are my questions and her responses (3/21/16):

What do you know about the involvement of NC Welfare/Social Services in eugenic sterilization in NC? I unfortunately have no knowledge of NC Welfare/Social Services involvement in eugenic sterilization.

How has that shaped your education and approach in Social Services? This was not brought up during my masters of social worker program between 1992-1995.

Did you learn about NC's eugenic sterilization program at any point in your professional development? No

What role if any did race play in eugenic sterilization? Since this is not an area that was of focus, I can’t speak based on knowledge; however, I would assume that race and socioeconomic status played a huge part.
Do you think the state's compensation plan for sterilization victims is a sufficient response to the injustice? This is something I’m not able to speak on. But understand as a Social Worker, no amount of financial compensation will ever undo the suffering and pain, emotional & physical, they have endured.

Her responses point to a glaring absence in the education of social workers. That absence is knowledge of social work’s history in economically critical times of the United States (Great Depression and Post War). Her response to my question about the role of race was somewhat surprising; I expected to hear more about the role socioeconomics plays in welfare policy. To do justice by the survivors of eugenics their experiences should be a part of the memory of the institutions which caused them unimaginable harm.

I have found a similar absence of an institution’s memory of itself in my field of study regarding its racist history. In my Forensic Anthropology class, we did touch on how measuring skulls used to be motivated by a desire to rank racial differences; now different features of the skull are used to identify the race of decomposed remains. In my Genetics and Evolution course we were briefly introduced to Henrietta Lacks and NC’s eugenics program was mentioned towards the end. After four years of study, much of my knowledge on the epistemologically violent origins of my field has been gained through self-study. Going forward, a conscious and concerted effort to teach students of the ethical failings of their field and its darker origins should become the norm. Not only does this serve to make researchers and practitioners more ethical, but it would also help in understanding the science itself. My appreciation of evolution has only grown deeper after delineating how it was perverted by eugenicists.

Compensating sterilization survivors and organizing curricula to intentionally be anti-racist is part of decolonization. Decolonizing science, social work, and other institutions that
have potentially harmful implications for historically and contemporarily marginalized peoples is paramount to walking towards a just world. Confronting the stories of Black women in slavery, in medical research, in eugenic sterilization, and in prison is needed to mitigate against the continuation of colonial cycles of violence. The things - gender, racism, scientific racism in conjunction with capitalism - behind the things - slavery, eugenics, objectification in medical research, and incarceration - will not go away naturally; there must be those willing to stop the cycle.
Coda

Incarceration

As I discussed earlier, ideas regarding colonial difference have been carried with us from the founding of the nation until now. There is likely no better contemporary example of the colonially of power and the continuation of reproductive violence against Black women than incarceration. My earlier definition of reproductive violence included acts that prevent mothers from having the appropriate conditions to raise child(ren) and that inhibit safe pregnancies and deliveries. Separating mothers from their children for long periods of times or forcing them to give birth in shackles most definitely fits the definition of reproductive violence (Woodruff, 2015). Yet, shackling during prison births is currently banned in just 22 states (Woodruff, 2015). Other practices such as limiting the supply of menstruation products in prisons makes reproductive health a greater challenge than it should be (Ronan, 2015). The addition of better maternity wards and increased supply of feminine hygiene products to prisons would not alter the outcome of social death that the increasingly Black (Black women are 13% of the general population, yet compose 30% of incarcerated women) women prison population experiences (aclu.org). Superficial improvements do not fundamentally change the dehumanizing aspects of incarceration.

Incarceration disguises genocide. I do not mean that wardens and policy makers wake up each morning to conspire consciously to kill more Black and brown bodies. Rather, I am saying that systems of thought, combined with economic systems and social systems that have been in place for centuries, have outcomes that are a social death, biological death, or both. Incarceration is an outcome of the continuation of a system that relies on gendered and racialized labor. The women becoming part of the mass that is incarcerated are subject to both biological death and
social death. Upon leaving prison, their identities as mothers may have been warped after spending time away from their children and many are barred from the basics of civic participation such as employment or voting; by being made non-citizens with these basic rights removed they have also been made non-persons.

**Indigenous Women**

The 1% of women demarked as “other” in E.B. biennial reports were not always recorded in that way. In the earliest reports the category did not exist, in the reports in the middle these women were Indian, and by the end Other. The difficulty in using the word indigenous to describe these women could be because of a number of things. Who and what is recorded is a political matter and by relegating Indigenous women to an “Other” category is to erase them from this history. Perhaps using “Other” shields the State from reconciling that its quest for racial purity is deeply misguided because Whiteness is not indigenous to the Americas. The genocide of indigenous tribes with special attention with how groups were imagined by eugenicists in North Carolina and across the 33 states which had programs would enrich current understandings of the role of indigeneity on race.

**A Note on White Womanhood**

That the head of an organization responsible for the reproductive violence against thousands of women – Dr. Ellen Winston - was herself a woman seems ironic. This is until we examine the role white women have played in violent structures since the founding of this country. Where there have been white men with power, there have been white women whose femininity and domesticity justifies the violence of war and colonization (McClintock, 1995). An idealized, puritanical image (both in the abstract sense and in the very literal depictions – see images below) of white womanhood has been the ambassador for the civilizing mission of
British colonialism in what we now call the Global South and for settler colonialism (i.e. Westward Expansion of the United States). This is the standard that white women are held to and against which Black women are viewed as the antithesis. In fact, the further a white woman was from “purity” and wealth, the more likely she was to be racialized as other: “Domestic workers, female miners, and working-class prostitutes (women who worked publicly and visibly for money) were stationed on the threshold between the white and black races, figured as having fallen farthest from the perfect type of the white male and sharing many atavistic features with “advanced” black men…” (McClintock, 1995, p. 56).

Because history is often told as the exploits of white men, the active role that white women played and currently play in colonial structures is somewhat obscured. White women, though lacking the same power of white men, have served as agents of the State. Prominent white woman leaders that are remembered as feminists today like Margaret Sanger of the 1900s (Weisbord 1975) – have been arbiters of or have benefited from a patriarchal economy dependent on the labor - including reproductive - of Black and brown bodies.

When Margaret Sanger, a contemporary of Dr. Winston, advocated for birth control – for women to be in control of their reproduction and for the information and tools be made available to them – she thought of white women like herself. Sanger was a eugenicist who worried about the stock of the United States (she thought illiterate immigrants were tainting the United States’ racial purity) (Sanger, 1969). In this light, Dr. Winston’s position as the head of a powerful board, Sanger’s advocacy for birth control, and Sanger’s memorial in feminism’s history is feminist empowerment if feminism excludes Black and brown women. This type of feminism – what we call White Feminism (Blay & Gray 2015) - further separates Black and brown women from womanhood and their personhood. Note the lack of portrayals of colonized women in the
images below; civilization is portrayed by white men and woman, whereas barbarism is largely portrayed by darker men. The erasure of Black and indigenous women in these portrayals of nation building is a predecessor to the erasure of Black and brown women in the White Feminism of today. Prominent white women such as Sanger and Winston probably did not personally make contact with eugenic sterilization victims, but white social workers did. An analysis of their role, white womanhood, and any colonial roots of social work and public health needs more exploration.

Left: Pax Britannica from Getty Images; Right: “American Progress” by John Gast 1872

“From the Cape to Cairo. Though the Process Be Costly, The Road of Progress Must Be Cut” Puck, December 10, 1902 Artist: Udo Keppler; Source: Library of Congress
A Note on Religion

Throughout the text I have made reference to the influence that European branches of Christianity had on biology and in understandings of race. Further research that includes detailed analysis of the United States’ use of religion in policymaking with regard to contraception would paint a fuller picture of power dynamics in the social order. What logics were used to justify sterilization at times when abortion was illegal? What were religious groups’ stands on sterilizations, especially in light of views such as the one Roman Catholic Archbishop Patrick Hayes expressed? He opined that “To take life after its inception is a horrible crime; but to prevent human life that the Creator is about to bring into being is Satanic” (Weisbord, p. 5).

The simultaneous existence of sterilization programs in states where abortion was illegal may not be a contradiction if religious interpretations of morals are a mechanism to monopolize State power over reproduction and women’s agency (i.e. exert biopower). Essentially more research would be needed to answer the question: where does religion fit among gender, scientific racism, and capitalism?

Final Thoughts

After learning of the colonial basis for reproductive violence what should we do? Ideally, this project joins others that contribute to the end of this particular type of violence. I am calling for an intervention – an intervention in the way Black bodies are portrayed; an intervention in how sciences, public health and social work is taught; and an intervention in how North Carolina’s (and the greater U.S.’s) history is told. Intervention, or decolonization, requires that we assess current conditions and create institutions that are just towards those that are most marginalized. The assessment component of this intervention should include the experiences of Indigenous women, a critical examination of white womanhood, and serious consideration
regarding the past and present impact of religious thought on policies. Hopefully, there will not be another iteration of genocide and reproductive violence after the commodification of Black women and their reproduction in slavery, horrific medical experimentation in the antebellum, eugenic sterilizations in the twentieth century, and incarceration. However, hope alone will not bring about reproductive justice; those who work in public health, social work, and medicine must critically examine their practices.
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