

AMERICA'S STERILIZATION LAWS: AN ESSENTIAL GUIDE

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CAPSTONE ABSTRACT

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This capstone project aims to investigate the barbaric sterilization laws that were practiced in America during the nineteenth and twentieth centuries by focusing on the Eugenics movement, ideals of the time period, the terrible sterilization practices, the victims, and their right for reparations. Many citizens of this country may not be aware that such laws ever existed and it is time to depict the truth about them. The topic of reparations can be applied to many different minority groups as well and it is important to understand that reparations should not be limited to a sum of money given to victims or a next of kin. I believe the topic of inclusion of all citizens, regardless of gender, race, social status, or mental capabilities, will always be a very current issue. Through electronic journal articles, books, and an interview with Belle Boggs, a writer and professor in the MFA program at North Carolina State University, I have compiled extensive information on the topic at hand. Through my experiences as a freelance journalism writer and editor, I have presented my findings as a news editorial examination.

Introduction

Does it seem possible that, up until four decades ago, forced sterilization was a legal medical procedure in America? That these laws were passed in hopes that people who were considered feeble minded or underprivileged would not have the chance to reproduce? Lawmakers, blended with the Eugenics movement, saw these procedures as a winning strategy in weeding out the undesirable American people and in controlling the population in the country. Sound familiar? While the world views Adolf Hitler and the Nazi regime as beginning this practice during World War II, the idea of Eugenics actually began in Britain. However, the first nation to use the eugenics philosophies within government policies was the United States. Many “patients” that underwent these surgeries were simply too poor to fight against the government and state laws. Many more simply had diagnosable conditions that, in today’s society, would be viewed as only minor mental incapacities—nothing that would warrant the type of personal violation the forced sterilization laws inflicted on the “patients” on whom they were being performed. Even more horrifically, these surgeries were performed in this country until 1977, with North Carolina being the last state to abolish the laws. While North Carolina was the final state to recognize that these procedures were a form of human torture and their laws were the most aggressive of the 33 states that passed legal sterilization laws, California performed the most of the surgeries—a staggering 20,000 from 1909 to 1963. All in all, 60,000 Americans were sterilized, many without their consent.

There were twenty-three states that enacted legislation of forced sterilization; of these, Maine, Minnesota, Nevada, New Jersey, South Dakota, and Utah performed no

sterilizations whatsoever. Idaho and Washington had performed one procedure each and Delaware performed just five in the two decades between Indiana's pioneering eugenical sterilization law and the Carrie Buck decision.¹ Even states with powerful eugenics movements only performed a small number as well: Kansas sterilized or castrated 335 men and women; Nebraska sterilized 262 men and women; Oregon sterilized 313; and Wisconsin sterilized 144 total people. According to Edwin Black (2003), "although some 6,244 state-sanctioned operations were logged from 1907 to July of 1925, three-fourths of these were in just one state: California. California, which boasted the country's most activist eugenic organizations and theorists, proudly performed 4,636 sterilizations and castrations in less than two decades. Under California's sweeping eugenics law, all feebleminded or other mentally ill patients were sterilized before discharge, and any criminal found guilty of any crime three times could be asexualized upon the discretion of a consulting physician. But even California's record was considered by leading eugenicists to be 'very limited when compared to the extent of the problem.'" (122)

It is hard to not compare this most fundamental human right—to procreate—with many of the political decisions being made in our country over the last several months. Have we, as a country, truly learned from our past mistakes? Do these people, many of whom are still alive today, deserve any kind of compensation or reparation for what was taken from them? It seems rightly so that America recognizes its mistakes, learns from

¹ Carrie Buck underwent forced sterilization surgery in October of 1927 while she was an inmate of the Virginia State Colony for Epileptics and Feebleminded. The procedure was ordered because it was determined Buck was "feeble-minded." *Buck v. Bell* is a 1927 decision of the United States Supreme Court in which the Court ruled that a state statute permitting sterilization of the unfit, including intellectually disabled people, "for the protection and health of the state" did not violate the Due Process clause of the Fourteenth Amendment. *Buck* was the first and only case to directly turn on the issue of whether the ruling was a suitable application of the state's police power. (Black 2013)

them, and atones for them. The socially accepted cultural ideal that biological parenthood is the norm, and a requirement for the transition into adulthood, is known as pronatalism. Psychoanalyst Erik Erikson was the first professional to describe ego development as a lifelong process that lasts into adulthood. According to him, an adult's primary challenge is generativity versus stagnation, principally through parenting or caring for others. Douglas Kendrick, an evolutionary psychologist, suggested a revision of Maslow's hierarchy of needs, replacing the definitive aim of self-actualization with parenting, or the yearning of caring for one's offspring and other relatives. Isn't this, when really thought about, the ultimate goal of our society? To procreate and further populate the Earth? ²

History of Treatment of People with Disabilities

Throughout human history, there has been evidence of people with disabilities being treated poorly and unfairly because of the lack of understanding of disabilities as a part of human reality. There are documented cases of people with disabilities being abandoned in the woods in ancient Greece, being kept as jesters in the Roman Empire courts, and people being chained to their beds in mental institutions if there were not enough facility members to care for the individuals. Many people with disabilities were devalued as human beings because of the lack of understanding of different forms of disabilities. Starting in 1907, the United States passed laws requiring the involuntary sterilization of people with developmental disabilities to prevent the passing on of "inferior" traits. These people were considered, by eugenicists, to be defective and an interference with the process of "natural selection." Eugenics is derived from the Greek

² The Americans with Disabilities Act has documented sterility as a disability. Infertility, as defined by the ADA, is the failure to become pregnant after trying for just one year. (Boggs 2013)

word *eugenes*, which means “wellborn” or “good genes.” It was coined in the late nineteenth century by the father of this science, Francis Galton, a Victorian intelligence and member of one of the most memorable scientific families of the day. (Bruinius 2006) This thought was the basis for the morals of Nazi Germany during World War II, where people with disabilities (as well as Jews, homosexuals, Gypsies, Soviet POWS, Poles, Romans, and many other groups of people who were viewed as racially impure according to the ideals of the Nazis) were gassed, drugged, and euthanized during the Holocaust. Through the misunderstanding of the capabilities of people with disabilities, these sterilization laws were viewed as the only solution to the “problem” of people living with disabilities in America and these procedures still have an impact on the individuals today, especially when the debate of reparations for the victims comes into consideration.

Treatment of people with disabilities was always one of a negative nature. Yet, the escalation of social Darwinism and the eugenics movement at the end of the nineteenth century—two closely related ideas of social belief that challenged whether it was even enviable to have a society with disabled citizens—brought new aggression to the disabled population. (Shapiro 1993) Eugenics gained supporters in the early twentieth century after the rediscovery of Gregor Mendel’s laws of segregation and independent assortment led to the idea. In 1865, while conducting research on peas, Mendel found that hereditary material is transferred from parent to child. It was not, however, until 1900, that scientists began to appreciate his findings, which recognized heredity as an important science and lent authenticity to the eugenic claim that social undesirables—including alcoholics, prostitutes, people with disabilities, and even unwed mothers—would create

more of their kind by passing down their assumed genetic fault to their children. (Kline 2001)

The Early Years of Sterilization Surgery

The practice of surgery to eliminate sexual misconduct and the mental illness it was assumed to cause was a shared belief among doctors during the nineteenth century. It was, however, controversial. Sexual surgery, in most cases, was the solution provided to prevent procreation. For instance, an 1897 Michigan bill called for the asexualization of three-time felons, rapists, and male or female inmates of the Michigan Home for the Feeble Minded and Epileptic.

According to Lombardo (2008), “The proposed law was sent to asylum and prison superintendents in the United States and Canada as well as three hundred physicians. Almost two hundred responded, all but eight favorably. The bill was passed by the Michigan House of Representatives but fell six votes short of passage by the Michigan Senate.” (21)

Horrifically, castration was practiced on an experimental basis in many institutions, and it was the main solution for many mental and physical diseases, including epilepsy. Dr. Albert Ochsner, in 1899, suggested a procedure he had performed on a patient that removed a part of the vas deferens which lastingly removed a route for sperm to pass through. It is believed that Ochsner’s surgery is the first vasectomy on record, but he, at first, performed this surgery on a convicted felon. Yet, he recommended that vasectomy be considered for imbeciles and perverts as well. (Lombardo 2008) A vasectomy would rid the population of unwelcome abnormalities and would purify the

American people. There would be no more thieves, murderers, rapists, or mentally ill people if the current populace was removed of their sexual organs. The unwelcome society would cease to exist. Vasectomy is actually a common procedure in today's society if a man doesn't wish to have children, much like if a woman chooses to have her fallopian tubes tied. However, the difference here is that these people are making a conscious choice to undergo surgery rather than having the choice forced upon them. After word of Ochsner's surgery spread, it became a more welcome approach to sterilize a person over full castration, which was, even in the nineteenth century, quite a barbaric solution.

It was Harry C. Sharp, though, who is the person most famous for popularizing the vasectomy. He, too, began his surgeries in 1899 on patients from the Indiana Reformatory who were diagnosed with having habitual masturbation. His surgeries allowed for the passing of Indiana's 1907 eugenical sterilization law—the first of its kind to pass public opposition and governmental analysis. Shockingly, Sharp operated with no anesthetics and, in 1909, claimed that after 456 vasectomies, there had been no observations of harsh symptoms. The secretary of the Indiana Board of Health, and eventual president of the American Public Health Association, Dr. J.N. Hurty, supported Sharp's methods as well. His interest in eugenics only increased during his near thirty year career as a state health inspector, where he would have witnessed, as a eugenicist would have said, the idiocy of mankind and the insignificance of special classes of people. Furthermore, California adopted what was the most expansive legislation of all state acts and laws which permitted sterilization. The state's acts allowed the sterilization of all people in prisons, state hospitals, and the Home for Feeble-minded Children.

Sterilization was acceptable in all cases where it was believed that the psychological, intellectual, and ethical condition of the inmate or patient was in danger. (Lombardo 2008)

New Jersey Sterilization Laws

New Jersey's sterilization law was passed in 1911 and was quickly signed by Governor Woodrow Wilson who was a eugenics enthusiast. Wilson was required to hire a Board of Examiners, which needed to consist of a surgeon and a neurologist who would determine who, living in New Jersey institutions, met the criteria for the procedure. This included all feeble-minded, epileptics, rapists, and criminals. Thomas Edison was a supporter of the newly passed law as well. However, the sterilization law in New Jersey was not a reality for very long after the case of Alice Smith.

Smith was a resident of the New Jersey State Village for Epileptics and she was the first sterilization case in the Garden State. She lived at the home for nine years and had not suffered a seizure in five years preceding her legal encounter. In 1912, the board, ignoring this fact, decided that reproduction was inadvisable for Smith and voted to perform a salpingectomy, a removal of a section of the Fallopian tubes, on her. The sterilization of women proved to be more of an issue than the sterilization of men. Since the ovaries or uterus was untouched, a salpingectomy was not technically a castration operation. Yet, the surgery would leave internal organs exposed which could cause significant damage to the female patient after surgery.³ Smith's case, in 1913 and known

³ The attorney that represented Smith condemned the state law. The surgery proves successful when performed on both sides of the body and, in reality, should be performed as two separate surgeries. There was a danger of infection, inflammation, and surgical shock. In Smith's case, the surgery was

as *Smith v. Board of Examiners*, was the first time a court needed to decide whether a person who had not committed a crime could be forced to undergo sterilization. In such an instance, what could stop laws from sterilizing the starving from preventing future generations of going hungry? What could stop the laws from sterilizing whole races to eliminate the undesirable race? In 1910, the year before New Jersey passed its law, a California doctor proposed a solution to help with the “Negro Problem” in America. Ultimately, the Court surmised that the law only applied to those who were already living in institutions, yet, the law still violated the Equal Protection clause of the U.S. Constitution. (Lombardo 2008)

As stated by Lombardo (2008), “The only other reason the Court could identify as justification for the law was that it was intended to save the state money by sterilizing all of the inmates and then turning them out to the streets, allowing the institutions to be closed. The ‘palpable inhumanity and immorality’ of such a plan, according to the Court, was impossible to impute to the legislature; New Jersey’s law was void.” (27-28) Thankfully, several later attempts to reenact the sterilization laws in the state failed.

Expansion of the Eugenics Movement

Obviously, American eugenicists did not seek the consent of the masses whose imperfect DNA they wanted to extinct. They relied upon the authoritative, wealthy, and prominent to make their hostilities against the feeble a controversy fought in the governmental foxholes of America: everyone from the privileged of the intellectual world to compassionate legislators who sought to hide their bigoted beliefs under the socially

executed under involuntary anesthesia and threatened the life and liberty of her person. (Lombardo 2008)

acceptable field of science. They would, effectively, pursue, classify, and take control of those they thought were unfit to populate the earth. (Black 2003)

Shortly before the Eugenics Record Office installed its board of scientific directors, in 1912, the New York State legislature created the Rockefeller Foundation. John D. Rockefeller donated \$35 million the first year and \$65 million the next one. Charles Davenport, one of the leaders of the American eugenics movement, formed a bond with Rockefeller's youngest son, John D. Rockefeller Jr., who controlled the foundation's money. Large sums of money were the main reason eugenics became such a practiced and celebrated movement in America. Truthfully, biological domination and the eugenic movement plans were pretty much just fantasy dreams until they became one with American affluence. This is what led to the connections to make eugenic theory a political and administrative reality. (Black 2003)

Two other important figures concerned with the topic of eugenics and forced sterilization are William P. Lucas, a professor of pediatrics at the University of California, and Professor Lewis Terman, a psychologist at Stanford University. In March of 1914, the State Board of Charities and Corrections hired Lucas to conduct a survey of the Sonoma State Home (a large, state-run facility in California serving the needs of people with developmental disabilities) to conclude what improvements were needed and to group patients by their psychological capability. (Kline 2001) Along with Terman, Lucas made a thorough assessment of the inmates of the Home with a view to categorization of the cases and suggestions for further actions. Terman played a considerable function in the mental testing progress and the eugenic strategy to institutionalize the unintelligent. (Kline 2001) Terman was convinced that intelligence

was a unitary trait that could readily be measured. With his doctoral dissertation, published in 1915 and known as the Stanford-Binet test, he integrated a directory of aptitude that he called an ‘intelligence quotient,’ a number he claimed would stay steady throughout a person’s life. This number represented the relation between the test taker’s sequential age and intellectual age. Terman believed that his test would allow psychologists to specify dangerous individuals with mental disabilities. (Kline 2001)

Lucas and Terman recorded in their study of Sonoma that the institution needed to deal with the issue of the “high-grade moron.” Their research was conducted on 825 patients and lasted for over four months. With their findings, they found 281 patients to be “idiots, with a mental age of up to two years; 389 imbeciles, with a mental age of three to seven years, and only 155 morons.” These professionals agreed with the eugenics movement that the “morons” were most in need of segregation because they posed the greatest threat to society. “Terman surmised that ‘every feeble-minded woman is a potential prostitute,’ an assumption that led him to stress the importance of diagnosing and segregating female ‘high-grade defectives’ of childbearing age.” The key, according to him, lay in the use of his intelligence test and Dr. F. W. Hatch, the general superintendent of California state hospitals, strongly agreed with the conclusions of Lucas and Terman, so he used their findings to promote the eugenic strategy of segregating sexually suspect women in the institutions.

Ten years after the study, Sonoma’s population had doubled and the practice of eugenic sterilization, firmly institutionalized at Sonoma by the 1920s, altered the hospital’s segregation policy. While California passed the first of a series of eugenic-sterilization laws as early as 1909 (just two years after Indiana passed the first such law in

the United States), sterilization was not regularly practiced until 1918, when eugenicists began to see it as the most effective way of fighting race wantonness. (Kline 2001)

Wholesomeness and virtue are great themes within life in America, which could explain why in this country (more than any other), Galton's science became the leader in marriage restriction, forced sterilization, and other methods of eugenic engineering.

Also by the 1920s, a transformation in protocol had erupted in America's sexual ideals: a new generation of women scoffed at the sexual prudery of its relations. This was a standpoint that implied that a larger shift in sexual meaning was taking place: from procreation to enjoyment. Eugenics played a pivotal role in this shift in thinking because eugenicists helped to renew female sexuality by suggesting that longing, rather than motherhood, was sexuality's principal purpose. Motherhood was no longer a collective birthright; it was a select privilege.

Dr. Robert Latou Dickinson and the Birth Control Advancement

Dr. Robert Latou Dickinson played a large role in the birth-control movement during this century as well. Dr. Dickinson was a greatly valued gynecologist who, beginning in 1882, worked for over fifty years as a practitioner, academic, trainer, and researcher. In 1920, he was elected president of the American Gynecological Society, and in his presidential address, he criticized practitioners for dodging the objectionable business of contraception and sex education. Dickinson dedicated himself to the study of maternal strength and female sexuality, and he promoted these issues as founder and leader of the Committee on Maternal Health. (Kline 2001)

As said by Kline (2001),

Dickinson's role in the birth-control movement is well documented by historians, who note that he was 'the mediator through whom organized medicine made its peace with the birth control movement.' Surprisingly, however, his emphasis on eugenics has been largely overlooked. Yet it was through eugenics that Dickinson was able to convince medical professionals that controlling conception was not only relevant to organized medicine but also of essential importance. In many ways, Dickinson personified the complexities of the eugenics movement. (67)

In some instances, he was rather progressive and was considered a pioneer of birth control and a seer of reason for his eagerness to handle female sex organs and the ability to talk about sex freely, during a period in which modern medicine was, surprisingly, notoriously shy about addressing issues of sex. Although Dickinson believed that procreation needed to be harmonized by doctors, he enthusiastically supported eugenic sterilization, and his techniques were oftentimes exceptionally insidious.

Dickinson long had a quest to humanize the procedure of sterilization. The idea, for much of the nineteenth and early twentieth century's, was a rather gruesome one to imagine. This led him to search for a procedure that was so simple that patients would think it nothing more than comparing it to having a cavity filled or a wound stitched.

According to Kline (2001), "as early as 1916 he published his proposal for such an operation, which he called 'cautery stricture of intra-uterine tubal openings.' In this procedure, Dickinson inserted a wire called a 'cautery sound' into the vagina, through the cervix, and into the uterus, where he burned the corners of the uterine wall to block entry to the fallopian tubes." (70) Dickinson stated that the procedure was shorter than a dentist's clearing of a cavity in a paper that he presented at the New York Academy of Medicine. He developed the procedure as well as the instruments needed to perform it.

Dickinson's zeal for eugenics led him to study female sterilization in California in 1928, and he presented his results in an influential paper at the American Medical Association later that year. Called "Sterilization without Unsexing: A Surgical Review," the thesis praised California as the only state to make prevalent use of its eugenic-sterilization law, analyzed the numerous methods used in the state, and presented a different method of female sterilization. His goal was to convince the AMA to support female sterilization as a lawful, useful, and moral procedure for preventing breeding selective in order to develop the race. He effectively portrayed sterilization as a risk-free, natural procedure which allowed the eugenic-sterilization movement to take the main stage in medical and popular debates about female sexuality and reproduction. He helped craft the growth of modern sexual philosophy and reproduction on their own terms. Part of the issue with the proposal of sterilization was the official jargon. At first, sterilization was referenced as "asexualization," and this wording remained in the 1913 and 1917 amendments to California's sterilization law. Yet, by the 1920s, eugenics referred to the procedure as "sterilization," which sounded like a desire to distance the procedure from any form of "unsexing." (Kline 2001)

Attending the AMA was Ezra Gosney, a wealthy philanthropist, lawyer, and avid eugenicist. Gosney eagerly wanted to put Dickinson's plan into motion. A mutual friend of both Dickinson and Gosney was Henry Laughlin, superintendent of the Eugenics Record Office in Cold Spring Harbor, New York.⁴ Gosney had the finances and the zeal

⁴ Henry Laughlin acknowledged that birth control would have an impact on the birthrate but feared it was not in the best interest of eugenics. He believed that if it were regulated socially rather than individually, "it would constitute a usable eugenical force of outstanding importance." Social regulators such as "education and family, national and racial loyalties are to be depended upon the convert birth control into an eugenical force of positive value." (Kline 2001)

to publicize eugenics in California just as Laughlin had done in New York. The two had very much in common, also, since they both believed that female sterilization needed to be more accessible than it was in order to be widely used and successfully performed. Their collective ideas and working together proved to be a great success in the movement of forced sterilization: in the 1940s, the AMA continued to support papers and exhibits by Dickinson on birth control and eugenic sterilization. Although sterilization never achieved the support of widespread practice that Dickinson, Gosney, or Laughlin had probably hoped for, it garnered extensive interest beginning in the 1920s. Along with Paul Popenoe, who was an agricultural explorer, eugenicist, and influential advocate of the sterilization of the mentally ill and disabled, Dickinson published two books on California's sterilization program: *Sterilization for Human Betterment: A Summary of Results of 6,000 Operations in California, 1909-1929* (1929) and *Twenty-Eight Years of Sterilization in California* (1938). Both works focused on the results of Popenoe's surveys of sterilization in California institutions. (Kline 2001)

Sterilization in California Institutions

Of course, there were serious effects of sterilization as well. But, according to Popenoe and institutional superintendents, physicians, social workers, and patients in California, sterilization appeared to be capable of restricting psychological and ethical faults. Sterilization in California became so successful and popular because staff at the Sonoma State Home for the Feeble-minded was able to discharge between one hundred and one thousand female patients per year after they were sterilized. Sterilization was more lucrative and reached more people than segregation did. Fear at Sonoma, and many other institutions in America, was that the procedure would heighten female promiscuity.

Eliminate the fear of pregnancy and there wasn't any telling of what female patients would do. They were, after all, still humans living with sexual urges.

Popenoe, who was an assistant of Gosney's, was determined to figure out how successful the sterilization procedure was on the patients of Sonoma. To do this, he analyzed the 605 patients (423 females, 182 males) who had been sterilized then released from the institution. Popenoe came to the conclusion that 65 percent of the female patients and 73 percent of the male patients succeed on parole. Of the patients that failed once released from Sonoma, he concluded that the sterilization played no role in their inability to succeed outside of the hospital. His research also shed a light on the gender roles and double standard viewpoints of American society by reporting that of the 182 boys that were freed, none were considered sexually delinquent. Yet, a majority of the 423 girls had frequent sexual experiences, were considered promiscuous, and many turned to prostitution after their release. These could all, of course, be signs of sexual behavior when compared to their male counterparts. (Kline 2001)

There were many issues with sexual behavior and normalities during the 1920s. Throughout the nineteenth century, sterilization was compared (rightfully so) to the act of mutilation. In erasing this stigma from the procedure, eugenics enthusiasts and physicians needed to reassure the public that no organ or gland was removed and both male and female patients still had every feeling in their sexual organs. Women still possessed sexual feelings, yet, the feelings could be viewed as dangerous since they could devalue the institutions of marriage and family. During this period, there was a rapid decline in the birthrate of patients being released from California institutions. This, in turn, led to what eugenicists referred to as race suicide. In order to see how California doctors and

social workers involved in sterilization approached these topics, Gosney and Popenoe created and circulated survey forms to all of the physicians and social workers who had played a role in sterilization procedures in all eight California state hospitals since 1909—which was the year the sterilization law went into effect. Nearly all of the doctors and social workers, fifty-five doctors and twenty-two social workers in total, replied and, generally, confirmed what Gosney and Popenoe were searching for, which was that professionals involved in sterilization in California believed that it was a legitimate and useful method for preventing their patients from becoming parents and that had therapeutic importance, too. (Kline 2001) ⁵ Perhaps most of the remedial consequence had to do with more of a patient psychologically believing they were being cured of something rather than the actual outcome of the sterilization having anything to really do with their newfound psychological freedom.

Sterilization and North Carolina

The argument still stood, through the 1970s, as to whether the sterilization laws were truly needed in the American judicial system. In the 1975 case of *In re Sterilization of Moore*, it was clear North Carolina leaned toward the value of the sterilization laws. On May 21st of that year, a petition was filed in Forsyth County District Court by the Director of Social Services and requested that the court enter a proceeding to North Carolina's compulsory sterilization decree which approved the sterilization of Joseph Lee

⁵ One social worker from Sonoma State Home responded, "Our adult females on parole were sexually irregular, most of them promiscuous and many of them prostitutes prior to commitment to Sonoma. Following asexualization and parole, in no case has a girl under my observation exceeded her former record." Another added, "There are many cases of girls under my supervision who were practicing prostitution before commitment to Sonoma and who are now out earning their way in various occupations." (Kline 2001)

Moore, a fairly retarded minor. Although Moore initially consented to the procedure through his legal guardian and lawyer, he then objected to the solution and requested a hearing. The case was presented in the Juvenile Division of the Forsyth District Court where Moore posed the argument as unlawful. From there, the North Carolina Supreme Court heard the case and it was ruled the sterilization law was constitutional under the due process and equal protection clauses of the fourteenth amendment. A major issue with *In re Sterilization of Moore* was whether North Carolina's sterilization laws were an attack of privacy because it deprived mentally ill citizens of their right to have children.

On the word of F. Weathered (1976-1977), "The North Carolina statute authorized the county Director of Social Services to petition the district court of his county for the sterilization operation of any mentally ill or retarded resident of the county if such an operation would improve the mental, moral, or physical well-being of the resident, or be for the public good." (437)

Even though having children was a right according to the fourteenth amendment, the court came to the conclusion that it was not a necessary right. Any state may take action to foil reproduction if there are convincing state benefits to the act. In the case of *Moore*, North Carolina was justified in its decision since it was taking the state's consideration of the unborn child into effect. Children of mentally retarded citizens would become a problem for the state. It was also further stated the sterilization of a mentally ill patient or citizen was, oftentimes, in the best interest of the individual. The North Carolina court was right in stating that its conclusion coincided with the present law regarding involuntary sterilization as presented by the United States Supreme Court. (Weathered 1976-1977)

Understandably, even in today's society, unwanted and uncared for children are an encumbrance on the state in which they reside as well as their mentally ill parents. It is, hopefully, with the best interests of the parents and children that the courts made (and still make) their decisions. A major argument would be whether people who cannot fully take care of themselves would be able to take care of another human being, especially when that human being is an infant. If not, the child would be placed in orphanages or social welfare agencies, both of which are government funded businesses. Additionally, it is important to consider that people with mental or physical disabilities can be just as incompetent at child rearing as a perfectly healthy person too. That is where some of the cases ran into significant issues. For example, imagine sterilization laws creating a way for a person who is economically unfortunate to be sterilized. Children born to these certain people would be a bother for the state also. So, should sterilization laws also include people who are on welfare or who make below the average median income in America?⁶

North Carolina Victims: Willis Lynch and Elaine Riddick

⁶ In sharp contrast to the sterilization laws in America, one can look at the landmark court case of *Griswold v. Connecticut* in 1965, while the laws were still in play. In November 1961, Estelle Griswold, the Director of the Planned Parenthood League of Connecticut, and Dr. C. Lee Buxton, a licensed physician and a professor of medicine at Yale University who served as the Medical Director for the League, were arrested, tried, and found guilty and fined for violating a Connecticut law prohibiting the giving of information, instruction, or medical advice on contraception to married persons. The Supreme Court ruled that a state's ban on the use of contraceptives violated the right of marital privacy. The case concerned a Connecticut law that criminalized the encouragement or use of birth control. It is true that birth control for married couples is different than the forced sterilization of institutionalized patients in America, yet, at its core, aren't these laws affecting the right we, as humans, have to our bodies? And, in some cases, many victims of forced sterilization were simply too poor to change the outcome of their situations. How can, in one instance, birth control be considered illegal, yet, on the other hand, be perfectly legal? These contrasts show how indecisive America, as a country, can be. (Harrison 1991)

On the other end of the spectrum in North Carolina, there is the case of Willis Lynch. Lynch was one of seven children who was raised by a single mother. Even though they lived in near poverty, Lynch never felt deprived as a child, yet, during adolescence, he began to act out—as most pre-teens do. He was sent to Caswell Training School for the Mentally Handicapped when he was 11 because he was oftentimes in trouble for fighting. Caswell housed a wide range of residents including juvenile offenders (like Lynch), people with intellectual disabilities, and unwed mothers. The school was located many miles from his home, which made it impossible for his family members to visit. Lynch's mother missed her son terribly, yet, she did not have the proper assets to bring him home.

During his time at Caswell, Lynch's behavior improved, but, two years after he was committed, he was sent to a local hospital where he underwent a vasectomy. The Eugenics Board's records state that Lynch was targeted because he was considered feeble-minded since he had a low IQ test score. His unfortunate mother needed to agree to the surgery because the Welfare Department threatened to remove the benefits that afforded the rest of her children a somewhat healthy existence. Despite this horror, the mother and son remained close for the remainder of her life. Later in his life, Lynch dated a woman who had a child and was expecting another. They married and Lynch grew very close with the younger child. Sadly, his wife left him for another man a few years later and Lynch never saw his stepchildren again. He also never remarried. (Boggs 2013)

Another North Carolina victim is Elaine Riddick. She came from a very rural area of the state and gave birth to her only child, a son, at the age of 14 after being raped by a neighbor. Even though she had an IQ above 75, the Eugenics Board approved her

sterilization immediately after the birth of her child because her work in school was poor and she did not get along well with others. It was assumed, as well, that Riddick was immoral. Her sterilization, in 1967, happened toward the end of the most active years for sterilization in North Carolina. Under the leadership of the Eugenics Board, 5,368 operations were performed from 1946 to 1968 in the state. Riddick's periods grew to last 17 days out of the month and she was not even aware of her sterilization until she was older and couldn't understand why she and her husband could not have a child. Shockingly, it was found out that her illiterate grandmother had agreed to the salpingectomy by signing the papers with an "X." Her principal informed the social worker in charge of her case that she would never be able to care for a child or herself, for that matter. Her marriage did not last long after the discovery and a later marriage also ended in divorce. But her story has a somewhat happy ending. After periods of drug addiction and homelessness, she pulled herself together and completed her high school education (which she never was able to do after the birth of her son), then acquired a medical aid degree followed by a degree in social work. Riddick, at age 59, was also one of the youngest advocates for state reparations for the victims of North Carolina's forced sterilization laws.

New York psychotherapist Dr. Marni Rosner conducted a study in which infertility is viewed as a traumatic loss.

According to Belle Boggs (2013),

Rosner's study focused on women whose backgrounds are far different from victims of eugenics; they are comparatively wealthy and well-connected, with access to mental health care and other support systems. Still, they struggle in similar ways. They mention feeling isolated from their churches, especially on

Mother's Day, when many congregations have special recognition for mothers and expectant mothers. They experience shame, depression, grief, envy, and difficulty communicating with spouses, family, and friends. Marriages experiencing long-term infertility tend to suffer sexually as well as emotionally, and infertile couples often feel disconnected from friends and siblings moving into the parenting phase of their lives. Rosner was the first in her field to fully explore the way infertility traumatically impacts almost every area of life, and was questioned about her use of the phrase "reproductive trauma" during her dissertation defense. (21)

Belle Boggs is a writer and professor in the MFA program at North Carolina State University. Her first book, *Mattaponi Queen*, was published in 2010 and her fiction and nonfiction have appeared in such publications as *The Paris Review*, *Orion*, *Harper's*, *Glimmer Train*, and the *Oxford American*. Her first nonfiction book, *The Art of Waiting: On Fertility, Medicine, and Motherhood*, was published in September 2016.

"I live in North Carolina, and our state's history of eugenics-based sterilization was often in the news," states Boggs. "Journalists throughout the state, but especially John Railey and Kevin Begos at the Winston-Salem Journal, had reported on the history of the program as well as the fight for compensation, and many of the program's victims were also outspoken. I remember reading about the story and hearing it on the news and fixating on both the resistance to financial compensation and on how extraordinarily widespread eugenics-based sterilization was. I'm originally from Virginia, which is where Carrie Buck was born--it was another state with a terrible and long-lived sterilization program."

Boggs also felt a personal connection with the victims of forced sterilization.

“My own struggle with infertility, and the thought that I might never have children, had really shaken my sense of self by the time I started reading and learning more about this part of North Carolina’s history,” she begins. “And my experience was mere bad biological luck, not a crime committed by the state--imagine the lives of men and women, from communities and families that so valued children, realizing they would not only never have children, but that someone thought they were unfit to be parents or pass on their traits. I was really interested in how they survived this wrong and how it reverberated through the rest of their lives, affecting their relationships and choices and later lives.”

Forced sterilization was considered a treatment for mental issues, as well as a solution to the poor civilization of America. Considering these laws were legal in the country within the past century, might there be any correlation with current treatments for people with mental disabilities or people with reproductive issues in today’s society?

“I don’t think so--the issue is choice. Freedom. These women and men had no choices or agency about what happened to them. They were often children when it happened,” Boggs thinks.

And with all the research she has done on the topic of forced sterilization, Boggs has come to the conclusion that there was not one single case where the surgery was a correct solution to the problem of a patient.

Sterilization victims feel the same things as well: social isolation, depression, and trouble in their romantic relationships. Yet, for the victims of these laws, this was

(mostly) not a choice they made. It was not a consequence of biology but man. Many of North Carolina's victims were minors and, in most cases, permission was given by a parent or guardian who feared the loss of public assistance if they refused—much like in Lynch's case.

In regards to the thought of restitution for the victims, Lynch and Riddick were avid supporters and advocates. Between 1929 and 1974, 7,600 North Carolina residents fell victim to the sterilization laws. For ten years during the crusade for acknowledgement, the most notable accomplishment was statements of remorse and empathy from Governor Mike Easley (2001-2009) and his successor Beverly Perdue (2009-2013), both of whom were Democrats. Then, in 2012, members of the committees who had been listening to testimonies from the victims recommended a package of restitution for the victims of eugenics, and the state's Republican-controlled and oftentimes separated House of Representatives supported the suggestion wholeheartedly. According to Boggs (2013), "The plan included equal monetary payments to victims, access to mental health resources, and a program of public recognition and education that would ensure that no one would ever forget what happened to them. It began to look like North Carolina would be the first in the nation to address the legacy of eugenics...." (5)

The Meaning of Reparations

The topic of reparations can be applied to many different minority groups who have been wronged over the years: African Americans, Native Americans, women, and, yes, the mentally disabled are all groups that come to mind. What restitutions include could differ from each group, yet, the core of each reparations program is the same: to

create something better for the future by correcting a past injustice. Oftentimes, that rectification includes redistribution of wealth in the present; on the other hand, it doesn't always have to include money. Main elements of reparations include acceptance, acknowledgement, and atoning for the errors of the past.

According to Alfred L. Brophy (2006), "The reparations movement has defined itself largely through aspirational goals rather than specific definitions of what it sees as reparations. A movement that is still in its early stages and that is still formulating its strategies can identify its goals more easily than it can make plans. In social movements, goals often come first, followed by specific plans." (9)

Charles Ogletree, a leader of the Reparations Coordinating Committee⁷ and a professor at Harvard Law School, theorizes there are four features of reparations. The features include a focus on the past to description for the present; a concentration on the present to expose the ongoing existence of discrimination; an accounting of the past evils or injuries that have not been compensated; and a test to civilization to develop ways to respond as a whole to the uncompensated harms identified in the past.

According to Brophy, leading reparations theorist and Tulane University Law School Professor Robert Westley defines reparations as follows:

Reparations include compensations such as return of sovereignty or political authority, group entitlements, and money or property transfers, or some combination of these, due to the wrongdoing of the grantor. It is obvious, then, that the form reparations will take depends on, among other things, the particular demands of the victimized group and the nature of the wrong committed. (10)

⁷ The Reparations Coordinating Committee is a group of lawyers and social scientists whose goal is to coordinate reparations lawsuits and political activism. (Brophy 2006)

The Fight for Reparations

The struggle for reparations can be separated into two parties: the claimants (in this instance, the people who underwent the procedure) versus the payers (the state). The claimants are entitled because they are the direct victims of unfairness or are injured in an exclusive and significant way. The payers have accountability because they committed the harm, benefited from the harm, or are successors to the harm-doers. The payers are the successors in the case of reparations for the victims of forced sterilization laws. Other situations that need to come into view would be the magnitude of the connections between the victims and claimants, the magnitude of the injustice, and the ability to resolve claims in other ways. Truthfully, there are many other options for reparations than just currency. The call for action in the case of reparations is much more than a simple endeavor at extorting money for persons, which is the major case of many critics of reparations. (Haugen 2010)

In 2014, North Carolina started giving reparations to the victims of forced sterilization, however, many didn't (and still don't) qualify for them. Why? Well, North Carolina's compensation law states that, in order for victims to receive compensation, their surgery must have been performed under the state's Eugenics Board and, unfortunately, the board wasn't actually aware of many of the operations being performed. Social workers, physicians, and judges were ordering sterilizations as well. This is still a victory for the victims of forced sterilization, no matter how intricate the details of the law are, for California, to this day, has still not passed any compensation laws for the sufferers of forced sterilization. State representatives there simply issued

apologies in 2003 which expressed the state's deep regret. Only seven states have issued apologies to the people who underwent the forced operations.

North Carolina and California's Regret

The road to North Carolina's compensation laws was a long one. An apology from the governor came in 2002 and a Gubernatorial Commission was created to investigate the state's eugenic sterilization program and to create recommendations for reparations. It wasn't until 2008 that the North Carolina House of Representatives appointed a study committee. The recommendations included a proposal for compensating surviving victims with \$20,000 each. Of course, the funding did not pass through legislature. Then, in 2010, Governor Beverly Perdue created the North Carolina Justice for Sterilization Victims Foundation to help identify the victims and to create a new Gubernatorial Task Force, with their duties being to recommend other forms of compensation to individuals who were involuntarily sterilized by the state. In January 2012, the Force issued its final report. Their new number was \$50,000 per living victim. In order to receive this sum, they needed to present themselves within three years of the legislation's passing. In June, the recommendations were discarded by the North Carolina Senate. However, in 2014, legislation passed the compensation laws, making them the first state to compensate sterilization victims. (West 2013)

Between the 1870 and the 1920s, California had the highest rate of commitment of the insane to mental institutions in the United States and the California Legislature enacted its sterilization order in response to the rising commitment rates of those classified as "insane" and the overcrowding of the state hospitals began. California's

hesitance may be due to the fact that while sterilizations in North Carolina rose after 1950, their sterilization program began to cool down after 1952, which means that a majority of the California victims are simply no longer living. Additionally, California would face challenges with locating the victims and encouraging them to come forward regardless of the disgrace they may feel. (West 2013)

California sterilized men and women for many reasons: schizophrenia, epilepsy, manic depression, psychosis, feeble-mindedness, or mental deficiency. A great number of these patients were males who were sterilized for masturbation or incest, while females were sterilized for being promiscuous, immoral, or for having a child while not being married.

According to Katherine West (2013),

Under its sterilization laws, California sterilized a significant number of foreign-born individuals and African-Americans. In their 1938 study of California sterilizations, Paul Popenoe and E.S. Gosney noted that foreign-born individuals constituted thirty-nine percent of all men sterilized and thirty-one percent of all women sterilized....In addition, Popenoe and Gosney's records indicate medical superintendents operated on African-Americans at rates that exceeded their population. Although African-Americans over age twenty-one constituted one and a half percent of the state's population in 1930, they comprised four percent of the state's total population sterilized. (311)

This is an alarming realization, but when compared to Hitler's moves during World War II (exterminating all the classes he felt were inferior) and how the world today seems to be moving backward when it comes to equality for everyone, it completely, sadly, makes sense. The idea of eugenics was a very common and normal approach for population control.

In all cases, the victim's only chance of compensation is through his or her state government. In 1988, the federal government offered \$20,000 in reparations for each Japanese American victim who was jailed during World War II. States should conceive a similar policy for the sterilization victims and the harm they have suffered. This will allow states to let their people know that they are willing to pay for their mistakes and will not tolerate bureaucracies that crush human rights. (West 2013)

Governor's Task Force

Sarah Brightman, Emily Lenning, and Karen McElrath, professors in the Department of Criminal Justice at Fayetteville State University in North Carolina, conducted a study, in 2014, of the Governor's Task Force and victims' rights to reparations in The Tar Heel State. The main focus of their study was on the victim-centeredness of reparations in North Carolina. Victim-centeredness, in their vision, should be considered in the terms of its nature and degree, rather than in dichotomous terms. The desires and preferences of victims tended to be disregarded because the state utilized a top-down method which tended to reject ethical action to the sufferers. They also argue that the state's handling of the reparation process caused further distrust issues between the victims and North Carolina.

In North Carolina, the sterilization laws extended its reach to include non-institutionalized people and this made it the only state in the county to allow county officials and social workers to file petitions for sterilization. By 1953, the number of sterilizations was higher among non-institutionalized individuals and between 1964 and 1966, 84% of sterilizations involved non-institutionalized individuals and originated with

needs by district welfare departments (as we see in the case of Lynch). (Brightman 2014)

The Eugenics Board could have rejected petitions for sterilization, yet, they seldom did so. Between October 1933 and June 1935, the Board received orders to sterilize 241 individuals and authorized the surgery in 96% of the cases. In the mid-1960s, the number reduced to 80% because of a wider accessibility of medicinal means of birth control.

According to the professors (Brightman 2014),

Although historical data suggest that ‘feeble-mindedness’ was the primary reason for sterilization, the Board required petitioners to provide socioeconomic and behavioural information pertaining to individuals who were targets of sterilization. Petitioners were obliged to ‘describe the individual’s inclinations toward opposite sex, indications of sex experience, promiscuity,’ and to report whether the individual was born ‘illegitimate.’ Equally damaging, was the ‘record of defects’—checklists of health and social conditions that included criminality, alcoholism, drug addiction, ‘pauper’ status, and the presence of venereal disease. Separate checklists were compiled for the individual and family members. These original forms suggest that the sterilization policy attempted to identify and control society’s ‘deviants’—those individuals who were perceived to violate the dominant moral code.... Written regulations provided by the Eugenics Board specified that sterilizations required the consent of the patient, next of kin, or in some instances, both parties. However, informed consent emerged as an important concept in medical practice during the late 1950s and early 1960s, yet large numbers of sterilizations occurred in North Carolina during those decades. (4-5)

As stated earlier, the Governor’s Task Force was created to figure out what type (if any) of reparations were fair to the victims of the state’s forced sterilization laws. The professors used the report from the Task Force, which was written from April 2011 to January 2012, to dissect the means of reparations for the victims. They wanted to understand each victim’s participation in the process and the participation in the outcome of the reports conducted by the Task Force. The state assumed that the greater part of the 7,528 sterilization victims were dead by 2010. The Task Force’s reports also claim it was

difficult to locate the individuals believed to be sterilized by the state. A total of 111 victims had been verified by North Carolina in the first year and a half of the state's campaign to find the victims. According to Brightman, Lenning, and McElrath (2014), "That figure represented only 6-7% of the number of the victims (using the lower estimate) who were assumed to be alive in 2010. In other words, the vast majority of victims presumed to be living were not located by the state." (9) The state's definition of "victim" created issues for the victims. The process required for them to provide sufficient details about the sterilization that had occurred at least three decades prior. State representative then checked these details with historical records, yet, these often lacked precise information about the victim. So, it was hard to verify everything correctly in many of the cases. Also, the Task Force procedures refer to other sterilization programs that were in service in North Carolina but were not completely associated to the Eugenics Board. Furthermore, some victims may have lacked an understanding about the state's interest in locating them or they may have moved out of the state where the media campaign would have had less of a reach.

According to Brightman, Lenning, and McElrath (2014),

For example, a daughter of one of the victim's suggested that the posters were ineffective because they failed to provide reasons for the state's interest in locating victims. The posters did not mention compensation, in part because compensation had not been determined by the state legislature. The age of the victims might also have affected the number of individuals who submitted claims; an estimated 20% of living victims were 80 years or older in 2010. (9)

It is very much possible that many victims did not want to come forward because they wanted to dissociate themselves from the painful memories of their procedures.

Other victims may have refused to submit a claim because they lacked trust in the state that had betrayed them many years earlier. Even more victims may have not even realized they were sterilized. One case details a father who put an “X” instead of his signature in the case of his two daughters. There someone else had neatly signed his name next to his “X.” The signature was not the father’s. (Brightman 2014)

Ultimately, the compensation conclusion zeroed in on two key issues: the amount of financial reimbursement for the verified victims and whether family members were allowed take the payment if victims were no longer alive. In conclusion of their study, the three professors found that although the state political representatives recognized the damage caused by North Carolina’s sterilization guidelines and offered emblematic and material acts of reparation, it unsuccessfully delivered a reparative process characterized by victim-centeredness.

Other Forms of Reparations

A reparation, as previously mentioned, does not, essentially, have to mean a sum of money. There are many other forms of reparations that can be given to the victims of forced sterilization. A high school and college curriculum can be created to teach students the horrors of these laws and the suffering the victims went through. This would be most viable in California and North Carolina, but it is a very important part of our nation’s history, so it should be taught in every state. If classes were taught about these laws, it would ensure that the victims would always be remembered, much like the victims of slavery, the Holocaust, both world wars, and many other historic events that are taught in our education system. If not entire courses devoted to the subject, there could definitely

be a way to incorporate the study of laws in many history, psychology, law, and sociology classes. I, myself, took a reparations course during my time at Rutgers-Camden and we did not touch on this subject matter. Maybe learning about these cruel laws would inspire a college freshman to realize their dream of becoming a human rights lawyer. Maybe a student would have personal ties to the sterilization laws. In any case, it would be imperative to teach the future generations about these laws and how Adolf Hitler based his cruel leadership upon the Eugenics movement happening in America.

Monuments and memorials could be erected in the victim's honor as another form of reparation. There are countless beautiful and meaningful monuments in America alone. Some include the Martin Luther King, Jr. Memorial in Washington D.C., the 9/11 Memorial in New York City, Trail of Tears National Historic Trail that spans across nine states, the Irish Memorial in Philadelphia, the USS Arizona Memorial in Hawaii, Liberty Memorial in Missouri, Arlington National Cemetery in Virginia, and the Manzanar National Historic Site (which honors the 110,000 Japanese Americans who were forced into military style camps during World War II) in California are just a few monuments in America that pay tribute to many repressed people and innocent victims. A creation of a tribute such as these would be a great way to honor the memory of the deceased victims and to correctly apologize to the living. They could be built in the states where the most sterilization surgeries were performed—a permanent reminder of the past and a perfect education method for future generations of people. Belle Boggs seems to agree with this idea.

“I was also interested in looking at this history through other lenses--financial, political, psychological, legal,” she said. “What did legal scholars think about the value

of the restorative or transitional justice, for example? When the North Carolina task force presented their recommendations for justice for these victims, they imagined more than financial compensation: they suggested a traveling exhibit, so that others in the state could be educated about this part of our history. This made intuitive sense to many victims, who pointed to monuments, like the Vietnam War Memorial, that provide a space for reflection and memorial.”

A memorial service could be held annually on the date when North Carolina, the final state, abolished their sterilization laws. The service could, ideally, be led by the President of the United States and leading lawyers and physicians in the country. This would help raise awareness of the trauma these patients endured and the lifelong damage they have suffered as a result of their state’s barbaric laws.

And, finally, the proven victims could be given covered mental and physical medical care. This would provide comfort and peace of mind to the sufferers. Covering psychological sessions would be the most beneficial because many of the victims suffer great psychological damage on account of their forced sterilization surgeries. Shame is a large factor in how the victims feel about their situations. Many, probably, do not feel comfortable talking to family members or friends because they wouldn’t be able to relate to the situation. A neutral person would not pass judgment nor would the victim feel shame since there is no real emotional bond with the psychologist or therapist. Mental health sessions could provide a way for the victims to share their story without feeling ashamed. Physical care would also be beneficial to the victims because it would show that the states in today’s world truly care about the health and happiness of their inhabitants, which is a huge contrast to the way the state’s felt about the victim’s well-

being in the 19th and 20th centuries. Then, the health care workers and wealthy citizens of the country only cared about preserving strong bloodlines and didn't care about the weak minded individuals.

Conclusion

Concisely, it is no secret that people with disabilities have had a rough time proving their worth to society. The Eugenics movement quickly swept through America, and with the poor conditions of state mental facilities, patients had no chance to defend themselves against the heinous laws of the day. Twenty-three states passed laws that approved of forced sterilization as a way to treat illness and prevent the unfit population from procreating. It, chillingly, seems that there are some correlations to the new administration this country faces for the next four years: discrimination, preying on the weak, preventing people from bettering their lives, and taking away basic human rights. It seems as if this country is moving backwards instead of forward. However, a great deal can be forgiven, in this case, if the victims of forced sterilization were given appropriate forms of reparations. Again, this should not, and as proven by the many different studies presented, necessarily be limited to just funds. Can you really put a price on basic human rights being taken from a person? No matter how unfit, weak, feebleminded, or unworthy one feels another human being is, the surgeries that were performed were definitely not the answer to their problems. And, in many cases, there were no issues at all to begin with. Reparations, in this case, are absolutely necessary for the people who are still living. The surgery ruined many lives. It is disgraceful that these laws were ever passed in our country, let alone less than one hundred years ago. How, as a country and united whole, did this happen? Hopefully, such laws or formations of these laws are never

passed again. Possibly, a difference can be made. Maybe, as citizens of this country, there can be a way to help the victims of forced sterilization. If people's voices are heard in large numbers, maybe the topic of reparations will be seriously considered. Become active in the fight for reparations for these people because, as pointed out, there are not too many left alive. It's time they were showed respect and given a proper apology for the lifetime of sadness they've endured. It is time for people to stand up for the victims of forced sterilization because not too many citizens of this country are even aware of the past laws. This needs to change.

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