**Compulsory Sterilization of Native Americans and Racist Motivations Behind Public Policies**

D. Forbes

SOC297 Independent Study (Prof. Lutz Kaelber)

Dept. of Sociology, University of Vermont
Spring, 2011

Introduction

The American eugenics movement in the 20th century began as a means of controlling the perceived increase in “degenerate” population and maintaining or protecting hereditarily “fit” members in society from being overrun by the genetically “unfit.” Developed by Francis Galton, the term “eugenics” rests on the idea that intelligence, morality, and other behavioral elements of humanity are heritable traits just like physical traits are (Kluchin, p. 11). As a program to implement “racial hygiene” in the United States, eugenics essentially entailed taking the principle of natural selection and enforcing it by employing allegedly “scientific” means. The array of people categorized as “unfit” ranged greatly, as descriptions of which characteristics qualified as a threat to the white race were infinitely vague. The so-called unfit were largely people with alleged mental disabilities; however, this term was ambiguous enough to include a multitude of members of society who, for whatever reason, were perceived as problematic, either on a micro or individual level, or to society as a whole. The collection was not limited to this broad category of mental disabilities either, as the population of those affected by the eugenics movement was composed of people with physical disabilities as well. Additionally, there existed an underlying concern for specifically *racial* degeneration – that is, the concern that the “superior” white race was threatened by potential population growth of minority races – at the time of the eugenics movement in the US. The definition of reproductive fitness has changed and shifted greatly overtime to include a wide array of classifications dealing with class, socioeconomic status, race, and many others (Kluchin, p. 10). Ultimately, policies founded on eugenic theories started to emerge, forcing procedural sterilizations and other means of population control upon people believed to be unfit. Underlying racist motives behind the eugenics movement manifested in unduly enforced negative eugenic principles upon many minority races as well.

This paper will attempt to expose Eurocentric values within the eugenics movement and other public policies, and the impact that these motives have had on minority populations, with a specific focus on Native Americans. It will also examine the historical constructs and social factors that contributed to the reproductive infringements upon Native American women in the 1970’s, wherein, it is believed, the reemergence of compulsory or coerced sterilizations affected nearly a quarter of the population of Native American women. The historical context of anti-Native American sentiment is extremely important to consider when examining the reasons for which they were disproportionately subjected to forced sterilization, even as late as 1976. Furthermore, there are various social and political factors that led to the exploitation of this population. The importance of this topic for American cultural and political history is evident, yet the topic remains vastly understudied, as it is on some level deliberately kept secretive due to a sort of national embarrassment about an obviously offensive period of American history. Avoiding links to the Nazi genocides and German eugenics program may be the foremost contributor to this deliberate secrecy regarding American eugenics. Furthermore, the Native American population is a small minority population, and thus is widely underrepresented. The historical oppression of Native Americans and policies undeniably based in racist ideologies contributed significantly to their disproportionate sterilization through the eugenics program. It is crucial to consider these issues *because* there is such little existing common knowledge, not only on the topic of Native American mistreatment but also on the American eugenics movement in general.

**( I ) Precursors to Sterilization Policies**

Historical Construction of Racism and Anti-Native American Sentiments

*A History of Oppression*

The history of Native American relations in America has been arguably oppressive from the very first European encounter. Nancy Ehrenreich, a Reproductive Rights professor and scholar, argues that this historical oppression may have directly stemmed from the initial genocide of the majority of the Native American population during the first European colonization of America (2008, p. 91). That is, the first encounter between Native Americans and the ultimately dominant white, European culture was genocidal and oppressive. Because of this initial encounter, the subsequent relations throughout American history have reflected systematic oppression, wherein Native Americans have continuously held a lower social and socio-economic status than whites. It is further argued herein that the following period of eugenic sterilizations in the 1970’s can be compared to this genocide indirectly, in that although the sterilization practices were not directly murderingthe Native American population, it was an indirect means of achieving the goal of eradicating the population (Ehrenreich, p. 91). Following her discovery of the Sterilizations in the 1970’s, Dr. Constance Uri, a Choctaw Native American physician, publically accused the government of genocidal intentions (Carpio, p. 42). Other authors have argued for this comparison between forces sterilization and reproductive infringements and direct genocide, particularly with regard to European and non-European encounters. Gregory Smithers (2006), in his work on differing attitudes toward interracial marriage, argues that the goal of assimilation of minority groups into dominant European groups reflects this sentiment of an intended eradication of the population (Smithers, p. 78-79). This claim about the nature of the intent of the dominant culture to control Native Americans’ ability to reproduce arguably parallels the initial intended goal of European conquerors in their genocide of Native Americans. As noted in Jaeggli’s study (2002), one key component of the definition of genocide is an imposing of methods to prevent births on a group (Jaeggli, p. 90). Applying this definition, the forced sterilization of Native Americans indisputably falls into this category.

In addition to claims about the genocidal nature of Native American and European relations, the perpetuated minority and lower class status of Native Americans in society illustrates the systematic oppression they have been subjected tothroughout American history. Myla Vicenti Carpio (2004) discusses the notion that the sanctity of Native American life has been largely degraded and devalued throughout history, as compared to the sanctity of the white race, and in the case of coercive sterilization policies, that the value of their fertility was degraded because of perceptions of their low socioeconomic and social status (p. 41). Eugenics scholar Nancy Gallagher (1999) discusses the ways in which negative perceptions of Native Americans and other minority groups were perpetuated through, simply, lack of accurate or reliable information. She gives an example of an early gathering of information about different ethnicities in Vermont that was conducted by Elin Anderson in the early 1900’s, wherein Gallagher found that minority groups were largely excluded from Anderson’s study and most of the information gathered on minority Vermonters was second-hand. In other words, the existing information that was provided about minority groups – specifically Native Americans – in Vermont was second-hand, from a predominantly white population. In this study, the only information that was provided specifically about Native Americans in Vermont was given by a white banker in the town, who claimed that the population was largely “irresponsible and degenerate” (Gallagher, p.158). This is a good example of a situation in which misinformation, lack of representation, and presumptive biases work to maintain negative values with regard to Native Americans. With such pervasive Eurocentric values existing in the United States, Native Americans have been easily exploited by policies that were created upon this value system. This oppressive nature has been a large contributor to the negative impacts that the eugenics movement had on the Native American population when they were targeted in the late 20th century.

*The Construction of Race*

Perhaps the most significant factor in understanding the development of prejudice or racist values transferring into public discourse in the United States is the development or construction of the notion of “race” itself. Prior to the later 19th century, popular literature had essentially endorsed the idea that humankind had shared its origins and that most differences in populations could be attributed to influence of culture or location (Freeman, p. 44). The notion of existing biological differences in ethnic categories of humans developed towards the later 19th century in public discourse as it was, supposedly, supported by scientific backing. Freeman notes that such literature created a “pan-European debate about human difference,” which became increasingly supported by supposed scientific measurements of such difference (Freeman, p. 44). In Gregory Smithers’ dissertation it is argued that the increase in “scientific” backing for the idea of racial differences was increasingly supported by physical observations and claims by European travelers in the 1800’s, wherein physical characteristics and behavioral differences, particularly within indigenous groups, became associated with one another and supported the notion that behavioral differences were somehow a result of biological characteristics of “race” (Smithers, p. 66). In this regard, the categorization of ethnic and racial groups became increasingly rigid. Scientific evidence seemingly had provided more accurate, mathematical procedures for determining racial characteristics, thus increasing the separation between humans of different physical characteristics (Smithers, p. 67). Methods of phrenology, a means of measuring intelligence and morality by measuring the human skull, and prognathism, the measuring of intelligence by measuring the extendedness of the human jaw, that had initially emerged in the late eighteenth century began to be applied to racial categories, wherein the physical characteristics inherent to various ethnicities were used to provide evidence of intellectual and moral inferiority of non-whites (Smithers, p. 91). Stephen Jay Gould (1981) discusses the development of the notion that intelligence was a heritable trait, as characteristic of the eugenics movement, and how this belief lead to attempts to measure intelligence through various scientific methods (Gould, p. 25). He looks extensively at the development of systems of “ranking” of humans based on biological evidence, arguing that the tendency to need to “rank” people and things, in and of itself, is an inherent fallacy that undoubtedly leads us to incorrect and, in this case, discriminatory black and white categories. Furthermore, he argues that the belief in intelligence as a heritable trait and as being physically measurable created a construct within which the inferiority of certain races could be “proven” by looking at the shapes of the skulls, and that such “racial ranking” went essentially unquestioned in the nineteenth century, as it was, allegedly, proven scientifically (Gould, p. 35).

By providing allegedly scientific support for racial differences, the idea of inferior and superior biological characteristics among different ethnic groups emerged. In this regard, the idea of white superiority presented itself in such literature regarding racial categorizations, wherein ethnicities began to appear as essentially different species (Freeman, p. 45). With specific regard to American polygeny, or the theory that different ancestries serve as some sort of proof of differentiating species, Gould notes that it was important in public eyes for Americans to provide some evidential backing that Indians and blacks were “separate species,” in order to justify the oppressive and conflict oriented relations that dominant European Americans had held with both of these mentioned groups of people (Gould, p. 43). The development of the concept of biological differences in humans evoked public support for the idea of white supremacy and ultimately provided support for the separation between dominant and non-dominant groups (Freeman, p. 46). This creation of a hierarchy of perceived worth based on physical characteristics was an undeniable precursor for the many abuses and atrocities that European colonized nations have inflicted upon indigenous and minority groups.

In light of the increasing discussion about biological human differences, the notion of inferiority among indigenous and minority groups became rampant. It is noted in Smithers’ research that there essentially existing a belief among the dominant white group that Europeans had the forthright ability and rationality to achieve “good breeding,” largely resting of the belief in the irrationality of non-European cultures (Freeman, p. 70). In this regard, precursors to infringements on reproductive rights can clearly be observed, not only in the belief of reproductive inferiority amongst non-whites, but also in the idea of what might constitute “good breeding” itself. A reflection of this idea of both white supremacy and of “good breeding” can be seen in examining racial theorist Scottish James Crowell Pritchard’s work on human breeding in the early 1800’s. Pritchard utilized the theory that there existed an inherent connection between biological traits and human behavior to develop his theories on “racial uplift” (Smithers, p. 77). In this theory, Pritchard noted that by developing European culture within non-European groups, a biological transformation would occur. In other words, by submitting indigenous and other non-white groups to the influence of European cultures and values, they could essentially be transformed into a more allegedly civilized, European race. Pritchard argued that a potential lightening or whitening of the world could occur through various methods of European conquest, wherein by placing whites among non-whites, intermarriage and European influence could potentially decrease or even eradicate the non-white “gene” (Smithers, p. 78). While Pritchard’s work was ultimately criticized for lacking scientific backing and understanding of natural history (Smithers, p. 83), the initial reverence for the study of how to decrease non-white genes reflects the increase in devaluing of non-European cultures that was occurring in the 19th century.

With specific focus on the means by which Eurocentric values allowed for the exertion of control over Native American reproductive and marital issues, the relations between European conquerors and conquered indigenous groups have reflected the push by Europeans to maintain white supremacy based on the notion of race (Wolfe, p. 868). The construction of the idea of inferiority in non-white races, as Patrick Wolfe argues in his research (2001), was used as justification for the infringements upon minority races based on the idea that the worth or value of the lives of white and non-whites were unequal (Wolfe, p. 876). In this regard, the relations between Europeans and non-Europeans in colonized areas have been notably shaped by the development of the ideas of racial superiority and inherent differences in humanity.

Laws and the Development of Legalized Discrimination

It can be argued that the white-dominant culture and anti-Native American ideologies throughout American history are the precursors to the eugenics movement and the forced sterilization of Native Americans. While these principles did not necessarily manifest in reproductive laws such as coerced or forced sterilization initially, there is evidence that laws based in racist ideologies laid the foundation for future exploitation through sterilizations. Debra Thompson (2009) argues for the comparison of American laws preventing interracial marriage parallel Canada’s Indian Act, which created a definable measure of “Indian” and similarly forbade interracial sex and marriage (p. 356, 361). Such laws illustrate the racist values that were at hand in developing policies with regard to Native Americans. Many similar studies of anti-miscegenation laws, as historically developing “legalized” racism have been conducted, such as Martha Menchaca’s, “The Anti-Miscegenation History of the American Southwest…” (2008), in which the general conclusion argued is that various laws throughout history reflect these racist values, and actually allow for legal and systematic discrimination against minority groups (Menchaca, p. 279; Thompson, p. 368). The examination of laws ranging from the 1800’s to present can provide insight into the racist values manifesting in public policy. Mandates ordering Native Americans to relocate for various purposes are undoubtedly clear manifestations of anti-minority values and, moreover, an effort on the behalf of policy makers to physically separate non-whites from whites (Menchaca, p. 288). Such efforts indicate that public policy valued the separation of races and thus continued segregation. Perhaps more pertinent to the forced sterilization of Native Americans, however, are laws that and attitudes surrounding the idea of interracial sex and marriage. As argued by Thompson (2009), in this regard the government not only restricted residential rights of Native Americans, which is an issue of territory, but also implemented laws that restricted the private affairs of Native Americans (pp. 358-360). This governmental control over interpersonal matters is comparable to the future infringement on private and personal rights through forced sterilization. As a result of such discriminatory laws, particularly with regard to Native American rights, it can be ascertained that the legalization of forced sterilizations on Native Americans was more easily attained.

As factors preceding sterilization policies on Native Americans in the United States, infringements on sexual or interpersonal relations are evidence of racist ideologies manifesting in public discourse. Examining attitudes toward intermarriage between white and non-white population sheds light on the believed superiority of the white race in two regards: anti-miscegenation policies reflect the emphasis on separation of supposed inferior genes from the dominant white group in an effort two maintain racial “purity” among whites, and conversely, assimilation policies reflect efforts to eradicate the supposed inferior group by dissolving it. While inherently contradictory paradigms, both reflect the means by which European dominance created policies that either infringed upon intimate rights or served to contain or decrease the population of the non-dominant population.

Examining the relations between Native Americans and the dominant white population in the United States with regard to anti-miscegenation legislation as well as pro-miscegenation and assimilation attempts, one can see that there has existed a perpetuating aim at achieving a white-dominated nation at the expense of Native Americans marital, sexual, and interpersonal rights.Patrick Wolfe’s article, “Land, Labor, and Difference: Elementary Structures of Race,” (2006), presents an interesting argument regarding predictors and the reasoning behind attitudes toward miscegenation in colonized regions. In this research, he examines miscegenation attitudes between European colonizers in Australia, the United States, New Zealand, and Brazil. He argues herein that attitudes and policies regarding miscegenation between white colonizers and the colonized population depended largely on the perceived gain presented by the indigenous population and whether the valued commodity for the colonizers was the land or labor (Wolfe, p. 867). If the commodity desired in a region is based on labor of the conquered people, then the goal will be to preserve the labor force and, thus, the outcome of this perception will be a push toward anti-miscegenation laws to preserve the “labor stock” (Wolfe, p. 867). He argues that labor commodities such as slavery rest on consolidation of the labor force, which explains the reasoning behind anti-miscegenation practices and policies as a means of maintaining purity of the dominant white population and the separation from the indigenous labor force (Wolfe, p. 874). If the valued commodity of a colonized region was land, however, then Wolfe argues that dominant group will gravitate toward pro-miscegenation practices and policies as a means of reducing the indigenous population and assimilating them into white “stock” (Wolfe, p. 876). Victoria Freeman presents a similar analysis of the reasoning behind miscegenation attitudes**, wherein she argues that the colonizers’ perception of the stage of development or civilization of the indigenous population serves to shape the attitudes toward assimilation and miscegenation (p. 43). This alleged assessment of the developmental stage of civilization was largely based on the housing and culture of the indigenous population and how closely it reflected European culture (Freeman, p. 47). If European values and lifestyle was believed to be more prominent within an indigenous culture, Freeman claims, then the goal of miscegenation as a means of assimilation was believed to be a more viable option. Similarly, if the non-European population was believed to be at a less civilized developmental stage, then the goal of purifying and maintaining the white race manifested in anti-miscegenation and separation practices. Both the arguments of Freeman and Wolfe center on the idea that Europeans’ perception of the colonized race lead to their attitudes toward miscegenation. Victoria Freeman (2005) offers the argument that studying public discourse may not accurately reflect the actual attitudes and practices that occurred outside of official policies, such that a period of pro-assimilation policies may not actually mean that settlers followed such policies by intermarrying with Native Americans, and similarly that a period of anti-miscegenation policies may not accurately account for interracial sexual or romantic relations that actually took place between Native Americans and Europeans (Freeman, p. 50). However, examining policies and public discourses regarding interpersonal relations provides evidence that infringements on personal rights and privacy of Native Americans have not only been legal but also widely supported throughout American history.** While the goals of assimilation for eradication of a perceived degenerate gene as well as anti-miscegenation for containment of the gene varied, both strategies demonstrate the transferring of white supremacist and anti-minority values into practice and policies.

*Pro-Miscegenation: Assimilation Policies and Practices*

In looking at the goals of European settlers with regard to relations with Native Americans, it seems that although the purity and supremacy of the white race was indeed a forthright paradigm in policy making and practice, that maintaining white dominance through assimilation was central in colonizing America in so much as it ensured a European-controlled land. Following the initial genocide of the Native American peoples, there still existed amongst Europeans the idea of a so-called “Indian problem” threatening the livelihood of European culture (Wolfe, p. 885). Nancy Shoemaker (1999) notes that in the early 20th century, intermarriage between Native Americans and whites seemed a viable option for policy makers to achieve the goal of assimilation and reduction of the alleged problem (Shoemaker, p. 88). It seems that the goal of eradication of “Indianness,” both culturally and physically, could be achieved through assimilation tactics that would, ultimately, weed out Native American culture in lieu of dominating European culture (Wolfe, p. 889). Prior to official miscegenation laws in the United States, assimilation tactics as a means of exerting European dominance over the entire nation appeared to be a communal ambition. Dissolution of the Native American “gene” seemed to be achievable through assimilation into the dominant white stock as a means of extended eradication (Wolfe, p. 885). It is noted in Pascoe’s work that “metaphorically and physically rendering the continent ‘safe’ for Europeans,” in a variety of ways, was paramount in the beliefs of European settlers (Pascoe, p. 95). In this regard, it is not surprising that marriages between white men and Native American women were not only allowed, but moreover encouraged, as such arrangements entail European control over interpersonal affairs as well as integration of European culture into Native American households. The goal of assimilating Native Americans into European culture was encouraged as a means of “whitening” the nation, but on the contrary, assimilation of Europeans into Native American culture was greatlydiscouraged (Wolfe, p. 893). This being said, marriage between Native American women and white men was encouraged, but marriages between white women and Native American men were not. I would argue this reflects the male dominant culture that existed at the time, wherein if a Native American woman were to marry a white man, the household would be defined by the culture of the male, but the idea of giving white women to Native American households would entail a forfeiting of European culture to the culture of the Native American husband. In relation to Patrick Wolfe’s argument regarding the relationship between European perception of commodities presented by the colonized people how these perceptions manifest in miscegenation policies, he notes that in the case of Native Americans’ relationship with Europeans, they were not perceived as being viable for slave labor to Europeans, and hence assimilation, at least initially, seemed a more appropriate tactic in exerting European control. He notes that this perception was not because they believed Native Americans to be biologically unfavorable for slave labor, but due to the geographic location and the difficult logistics of enslaving a population in their homeland. African Americans, on the other hand, were prone to anti-miscegenation legislation as a means of maintaining the slave labor force from the very beginning because they were rendered powerless early on due to the forced transportation into European-dominated land (Wolfe, p. 886). This argument seems to be significant in suggesting reasons behind the initial allowing of intermarriages between whites and Native American women, as it was, perhaps, the most feasible means of achieving white dominance and ensuring securityforEuropeans nationwide. In this regard it is clear that pro-miscegenation or assimilation tactics sought to eradicate the Native American “race” and maintain the authority and prosperity and purity of the white “gene” and culture (Wolfe, p. 881).

Freeman (2005)argues that eventually European’s perception of indigenous populations in America shifted to the idea that interracial marriage was not the most viable tactic for control of the minority population. Uprisings such as the Red River Resistance of 1870 and the Northwest Rebellion of 1885 in Canada, both of which consisted of rebellions by Canadian aboriginal populations against their conquerors, brought to the attention of Europeans that indigenous populations posed a threat to their wellbeing. Herein, she argues that this perceived threat reinforced the idea that “mixing would be dangerous,” and furthermore, that indigenous offspring would continue to be “degenerate” (Freeman, p. 50). Such beliefs shaped policy and discourse around the idea that interracial marriage and sexual relations would actually be detrimental, as opposed to the previously held ideas that assimilation could integrate non-Europeans into European culture and reduce the unfavorable aspects of culture posed by indigenous peoples. While assimilation tactics and anti-miscegenation tactics inherently oppose one another in execution, it is clear that both policies share the similar theme of a believed inferiority among Native Americans and other minority races as compared to the dominant white.

*Anti-Miscegenation Laws: Discrimination Before Loving*

The term “miscegenation” to describe marriage between people of different ethnic background or ancestries emerged in the mid 1800’s (Pascoe 2009, p. 21). As previously held tactics of assimilation for dissolution of genes were debunked in light of the growing theory that “mixing” posed a threat to the sanctity and purity of the white race, the paradigm of separation emerged as an alternative tactic. In the United States, the progression of inclusion of Native Americans in anti-miscegenation laws was somewhat delayed as compared to other minority groups. While legislation had appeared disallowing intermarriage between African Americans and other minority groups with whites, control over “Indian relations” belonged to the Federal government at the time, and it was thus difficult for individual states to create specified or definitive laws regarding the legality of anything to do with Native American affairs (Pascoe, p. 100). Furthermore, it is noted in Pascoe’s work (2009) that marriages between white men and Native American women were so common and essentially fundamental to the relations between early European settlers and Native Americans as a means of assimilating Native Americans into European culture that legislation was somewhat reluctant to include Native Americans in miscegenation legislation in the nineteenth century when such legislation was being discussed (Pascoe, p. 95). The first time since the 1820’s that any state officially included Native Americans in anti-miscegenation discourse was in 1855 with the passing of the Washington Color Act, which prohibited interracial marriages between Indians and non-Indians thereafter (Pascoe, p. 98). Following the Color Act, various other states began to include the measure of “Indian” in their miscegenation laws prohibiting marriage between whites and non-whites, including Nevada, Arizona, Idaho, and Oregon (Pascoe, p. 98). Following the passing of such laws, however, there remained concern about what exactly should define “Indian,” rooted in the idea that Native Americans with lighter skin tones should, perhaps, not be included in the legislation. Continual debates and appeals on individual state laws reflected the struggle in determining how to “racialize” the American Indian (Pascoe, p. 100). Pascoe notes that sexual relationships between white men and Native American women were prosecuted as a means of forcing them to officially recognize their relationship as a marriage or to discontinue their behavior. In other words, such prosecutions were a means of controlling interpersonal relationships of European men and perpetuating the separation between the races (p. 100). When examining the years in the late nineteenth century it becomes clear that this was a very debatable issue to lawmakers. Emergence of terms such as the “Indian Custom Marriage” (amarriage between two Native Americans or between a Native American woman and a white man), the common-law marriage (the notion that marriage is a thing of “common right” and that Native American women in common-law marriage with white men shall be treated as white women would), or the “white man’s common right to marriage,” reflect the loopholes created due to a lack of unanimity regarding whether Native Americans should be assimilated into white culture or separated from it (Pascoe, p. 97). This debate reflects the somewhat blurred lines that inherently come with the creation of supposedly measurable racial characteristics, as it is difficult to provide a scientific method for measuring such traits other than physical observation. Furthermore, the Western miscegenation laws were somewhat contradictory of the Federal law, which upheld marriages between Native Americans and white Americans (Pascoe, p. 100). However, by 1900 most lawmakers in the West had been able to justify unrecognizing marriages between white men and Native American women. Some such justifications included dismissing marriages as mere cohabitating situations or distinguishing between a legitimate marriage and “illicit sex,” as a means of separating the alleged sanctity of marriage from what was believed to be a mere illicit sexual relationship between a man and woman of different ethnicities (Pascoe, p. 103). In 1924 with the passing of the “Preservation of Racial Integrity,” which centered on the “on-drop rule” of measuring race based on the idea that blood contained racial characteristics, it was asserted that any trace of non-white ancestry for African Americans, and no more than 1/16th American Indian “blood”, would therein be constituent of a non-white ethnic identity and subject to potential anti-miscegenation or other discriminatory laws (Wolfe, p. 883). Such policies centered on the belief in biological human differences between ethnicities, which sought to create measurable racial attributes for the purpose of enforcing related policies, illustrate the ways in which race was both scientifically constructed and utilized for legislation, and reflect the connection between internal attitudes and values and public policy.

Political and Social Factors: White Dominance, Birth Control, and Reproductive Rights

An intriguing manifestation of anti-minority and pro-dominant white culture values can be seen in examining the legal struggles surrounding birth control and reproductive rights. In scrutinizing the reproductive rights struggle, wherein *white* reproduction was emphasized and encouraged, but minority reproductive rights were greatly inhibited, one can see discrimination in the value and sanctity of white and non-white procreation. Jane Lawrence (2000) exposes the existing concern that the birth rate of Native Americans in the 1970’s was much higher than whites (p. 4). The average Native American family was much larger than the average white family, which potentially created a concern for the maintenance of “ideal white” family and its livelihood. Ralstin-Lewis (2005) argued that there was a population control motive behind the sterilization procedures that applied disproportionately to people of color (p. 77). Furthermore, he argues that there were different, nationally internalized ideologies with regard to the fertility of Native Americans and of whites, wherein the sanctity of the white mother was of foremost importance, while the mother of color was widely devalued (Ralstin-Lewis, p. 75). The emergence of the birth control issue in civil rights movements provides an ample illustration of racist ideologies regarding reproductive rights and value. Anti-minority sentiments can be understood by examining the converse sentiment toward the white race; there was an inherent *value* placed on the procreation of whites in the place of a backlash against procreation of nonwhites. When examining literature regarding the struggle to legalize birth control, such as Linda Gordon’s study (1967) on birth control issues in the civil rights era, it is evident that one of the main arguments *against* birth control was based in the idea of “racial hygiene” (p. 133). The concept of “racial hygiene” inherently entails an ideology of value judgment with regard to race, supporting the notion that the threat of degeneration of the dominant white race was a prominent concern throughout the twentieth century while insinuating that non-white reproduction, to a degree, posed part of the threat of this white degeneration. This attributed sanctity of white motherhood lead to a public accusation of white women who chose birth control as having committed “race suicide,” wherein the capacity for white reproduction was explicitly threatened (Kluchin, p. 14). While there was encouragement to the white race to reproduce and refuse methods of birth control, there was a national discouragement of minority reproduction and ultimately, as this study examines, forced de-sexing procedures to control their reproduction. Furthermore, it is noted in Rebecca Kluchin (2009)that the framework by which “reproductive rights” was defined was also largely reflective of white privilege in that most of the advocates for birth control were fighting for their right to access abortion, the Pill, and other contraceptive methods. In this regard, the definition of “reproductive rights” did not entail the opposite spectrum of infringements on rights that was largely experienced by marginalized groups in society, which is the right to bear children (Kluchin, p. 149). In this regard, even those lobbying for so-called “reproductive rights,” at least in initial discourse regarding birth control, did not necessarily have consideration for the struggles that many minorities faced in maintaining their right to *have* children. Thus, it can be argued that even the struggle for birth control was a precursor to the infringement on reproductive rights of minorities as well as a conveyance of anti-minority sentiments in public discourse.

 Gallagher (1999) provides an informative example of the development of the “white ideal,” as it existed in Vermont in the early 1900’s (p. 43). The ideals that lead to the development of the Vermont eugenics program that are illustrated in Gallagher’s work reflect the national sentiment that the white race was threatened by “inferior” races. The perceived threat of degeneration of the white race, moreover, seemed to manifest in various subjects in different time periods, and served as a foundation for eugenic sterilization of Native Americans, amongst other minorities. The construction of the “ideal white” image in our society has extreme negative impacts on minority races or people who do not reflect that ideal. More currently, Thomas Volscho (2010) argues that there exist “racist controlling images” of women of color, which are representations that Americans inherently have of minority women that perpetuate positive and negative stereotypes of minorities with regard to the degree to which the representations reflect European culture to, essentially, control the degree to which minorities stray from the idealized, European-behaving prototype. (p. 19). This assertion suggests that the Eurocentric value system in the United States serves to control the cultural behaviors of minorities, and also that a higher value and status is assigned to those minorities who reflect stereotypical European behaviors than on those who maintain the culture of any non-European ancestry. Through these and other internalized stereotypes, there is a hierarchy of characteristics that yield various expectations of certain cultural behaviors, which ultimately work against minorities and maintain the dominance of European culture in the United States.

The Development of the Indian Health Service

Another crucial element in laying the foundation for eugenic sterilization was the development of the Indian Health Service and its paramount role in handling the wellbeing of Native Americans. A national debate arose in 1936 regarding the facilitators of health care for American Indians, wherein it was argued that control over American Indian health care should be transferred from the Bureau of Indian Affairs to the United States Public Health Service, or USPHS (Rife and Dellapenna Jr., p. 21). The argument, essentially, was that the USPHS would be able to provide better health care not Native Americans living on reservations and would have more sufficient organizational and monetary sources to provide more adequate health care (England). It was initially opposed by many Native American tribe leaders because, they argued, the BIA was essentially “their” organization, and they wanted to receive health care under the control of an organization that was more directly affiliated with their needs. However, the debate was quelled in 1955 with the enactment Transfer Act, which shifted the control to the USPHS. The goals written for the Indian Health Service under the USPHS asserted that the most important needs of the people and patients were, “medical care and education conducive to healthful living that comes with the services of hospitals and health centers, doctors, nurses, sanitarians, and other health workers” (Rife and Dellapenna Jr., p. 31). The Indian Health Service was created to fulfill the Federal government’s responsibility to provide health care to Native American people (Bailey). However, it has been argued the service operated with guidelines that were extremely vague regarding the responsibilities of the Federal government in delivering adequate healthcare. Therefore, with the Transfer Act, the responsibility of providing health care to Native Americans was given to an outside party and did not, as it had intended to do, necessarily improve the health care provided to American Indians (England). It is extremely vital to understanding this shift of power as well as understanding the inherent dependence of Native Americans on the Indian Health Service. That is, their healthcare was entirely centralized and provided almost entirely by one organization. Thus, they were completely dependent on a singular organization for their healthcare needs (Torpy, p. 1). In the 1970’s, Indian Health Services performed compulsory and coerced sterilization procedures on many Native American women, without informed consent or proper explanations. It can be argued that this dependence of tribes on the Indian Health Service allowed for the IHS to utilize Native Americans for sterilization and experimentation purposes (Bailey), and their rights were essentially overruled because of a general lack of protection.

**( II ) Compulsory Sterilization: The Initial Eugenics Movement and the Reemergence of Sterilization Policies**

Sterilizations During the Initial Eugenics Period

It is important to examine the differences between the initial eugenics period in the 1930’s and the focal period of this paper in the 1970’s. Perhaps one of the most poignant comparisons between these periods is that in both the initial eugenics period and in the reemergence period, women were essentially held accountable for contributing to or preventing the ‘degeneration’ of man because of their ability to reproduce the so-called “degenerates” (Kluchin, p. 17). In this regard, women were disproportionately sterilized with the intention of controlling reproduction as compared to men. Noting this phenomenon brings a clear parallel between the initial eugenic sterilizations that affected mainly “deviant” women and the new-age compulsory sterilizations that, also, were inflicted upon minority and lower income women. In comparing eugenic policies and sterilizations of Native Americans in the 1930’s, the significance of the reemergence of such policies in the 1970’s becomes clearer. The fact that eugenic sterilizations in the 1970’s affected Native Americans so profoundly was due to an array of social and political factors that allowed for its occurrence in the Native American population, but the underlying motives were undeniably linked to the initial eugenics policies of the 1930’s.

In the initial period of American eugenics in the 1930’s, the policies were implemented to eradicate “degenerate” genes from the population. While there was no direct mandate to officially target a particular race, there is evidence that the existing racist values created a public perception that certain races held undesirable genes more than others. That is, the beliefs that certain races were prone to “degenerate” or “unfit” genes caused certain races to be targeted by eugenic policies. It was believed that there was a high likelihood amongst the Native American population for dispositions to undesirable genes such as illiteracy, promiscuity and large families, and thus illegitimate children (Gallagher, p. 81). The way that people were targeted by eugenic proponents has much to do with gathering information about families on the belief that degenerative traits were heritable (Largent, p. 11**)**. Operating on the belief that Native Americans were prone to such traits, the method of targeting specific “degenerate” families could have been reduced as to target people based on their visible racial characteristics, such as skin color. In other words, if a person had out outside appearance of being Native American, then one could assume (based on the notion that Native Americans had high rates of alcoholism, etc.) that that person belonged to the degenerate family. In this regard, Native Americans were targeted by the eugenics movement on the presumption that they held such genes. Simply this existing belief that a certain race could hold an inherent disposition to such traits illustrates an obviously flawed system of assessing or measuring “degenerate” genes. The alleged attempt to remove“unfit” genes from the population was not restricted to people who actually hadthese traits, but was carried out on the basis of existing assumptions, largely pertaining to ethnic backgrounds or visible racial traits such as skin color. Despite the fact that there was no explicit provision that called for the targeting of Native Americans in the initial eugenics period, it is important to understand the effect of racist beliefs about the population and how these beliefs influenced their treatment. Furthermore, it is crucial in understanding how the reemergence of eugenic policies came to impact the Native American population in the 1970’s by understanding the way the population was viewed throughout history.

*Case Study: Vermont and the Abenaki Tribe*

A revealing case that is helpful in conveying the existing belief that Native Americans held predispositions to “unfit” genes and the ways in which they were included in eugenic policies is the eugenics survey in the state of Vermont. Because there is extensive information available regarding the Vermont eugenics project specifically, examining the social factors that lead to eugenics policies in Vermont is suggestive of the similar ideals and factors that existed nationwide. The development of the eugenic survey in Vermont stemmed from a concern for the depletion of the “ideal white” race in the state. Between 1910 and 1920, Vermont’s population had decreased significantly, and furthermore, there seemed to be a decrease in scores on IQ tests of native Vermonters. These facts created a statewide concern that the “wholesome Vermonter” had begun to leave the state, and indirectly lead to the adoption of eugenic policies (Georgetown University).

The eugenic survey was brought to Vermont by a professor of biology named Harry Perkins (Gallagher, pp. 32; 42). The Vermont eugenics law, passed in 1931, was to include members of society who were believed to be “imbeciles,” “idiots,” “feeble-minded,” or “insane” (Kaelber). Notably, there is no direct stipulation for racial characteristics within the law. However, the survey came to greatly impact the Abenaki tribe (whom Perkins called “gypsies”), as they were targeted for their believed “unfit genes” (Gallagher, 81). Because the targeted group in Vermont was people who, allegedly, were living in means that were “outside of moral convention,” the transferring of this policy into reality also came to include lower income people. The Abenakis, or “Gypsies,” in Vermont were ultimately one of ten families to be targeted by eugenic policies based on the belief in their inferiority and in the heritable power of their “unfit” genes (Gallagher, p. 81). Ultimately, the belief in the heritability of undesirable characteristics lead to the targeting of Abenakis, as they were systematically targeted as an inferior family based on assumptions about their heritage and its predisposition to “unfit” genes, or because they fell into the category of individuals whose lifestyles were outside of “moral convention” (Kaelber; Gallagher, p. 37). An interesting point to be noted in considering the inclusion of the Abenaki tribe in Vermont’s eugenics law has to do with the ways in which they were identified as belonging to the “gypsy” family, outside of the pedigree. According to a census, the beginning of the 20th century, seventy-one percent of the Vermont population was “native born Yankees,” or in other words, the “wholesome” white Vermonter (Georgetown University). What is interesting about the census report, however, is that Native Americans were not counted in this census at the beginning of the twentieth century (Georgetown University). In this regard, a portion of the information that would link Abenakis with their Native American ancestry could not have come from the census or documentation from individual Abenakis. This implies an inherently flawed system of measurement, in that those Abenakis who were victimized by sterilization during the eugenics movement had to have been targeted outside of census information, likely the basis of their visible racial characteristics.

In the initial period of American eugenics, the percentage of Native American sterilizations may not have been higher than any other racial group or other category of people, but nonetheless it seemed as if those Native Americans who were sterilized were chosen based on the presumption that they were part of an overall degenerate population. However, it is crucial to examine the key difference in the reemergence period of the 1970’s and 1980’s, wherein the percentage of surgical sterilizations of Native Americans was exponentially high. This suggests that the period in the latter 20th century was an explicitly racist movement targeting the Native American population.

The Reemergence of Eugenic Sterilizations in the 1970’s

*Reasons for Public Endorsement of Sterilization Procedures*

Over time following the initial eugenics period, various professions and public policy began to withdraw their endorsement of eugenic sterilizations after public criticisms of the movement (Largent, pp. 116 - 129). This was arguably due to the association between American and Nazi eugenics, and, ultimately, potential links between theories of eugenics and Nazi genocide (Largent, p. 129). While most professions withdrew their support between the 1940’s and 50’s, there was still support by the community of American biologists for eugenics through the 1960’s until they, too, retracted their professional support (Largent, p. 129). By this time,eugenics had essentially fallen out of public favor completely. However, “neo-eugenics,” or the continuation of ideologies of eugenics beyond the termed American eugenics period, can be seen to have affected many people up until the late twentieth century (Kluchin, p. 19). What is most interesting about Native American exploitation through eugenics is that the policies reemerged in the 1970’s in the compulsory sterilizations of Native American women. There is a variety of factors that can potentially explain how and why this reemergence of eugenics occurred, despite the fact that the nation had, in a sense, moved beyond such restrictive and invasive policies.

Reasons for the passing of sterilization policies potentially reflecting earlier eugenic theory vary due to the social and political climate of the 1960’s and 1970’s. As noted in Mary K. Jaeggli’s study (2002), for one, the rise in “sexual politics” that emerged through civil rights movements and activist groups that debated issues such as access to birth control, abortions, and population control brought sterilization as a viable option to the public around this time (Jaeggli, p. 8-9). By the early 1970’s, the popularity of voluntary sterilization as a choice for permanent birth control had risen and was considered a very viable option for some women (Jaeggli, p. 2). In this regard, perhaps, the link between sterilization and eugenics was distanced and sterilization as a contraceptive *choice* was normalized. Additionally, however, sterilization was debated as a potential solution to the problem of overpopulation, which was a prominent concern at this time as well. After the baby boom generation increased the American population so drastically, public perceptions of welfare began to shift from an understanding of the program as helpful to people enduring uncontrollable difficult circumstances to a system which allowed for abuse by lazy, lower class people. It was during the 1960’s that public discourse addressed the alleged welfare problem and introduced associations between women of color and their tendencies toward illegitimate children and general “immorality” with regard to public help (Kluchin, p. 76). With a vastly increasing population, it was alleged that by controlling birth rate and thus population, welfare payments could ultimately be reduced and welfare abuses could be dissolved. As a result, immense funding went toward efforts to financially support sterilization as a means of “solving” the overpopulation problem. Furthermore, sterilization was seen as a means of reducing poverty in general, as reducing children per family could increase a family’s socioeconomic standing and ability to provide for their children (Jaeggli, p. 4). Jaeggli provides an example of the national concern for control of overpopulation in reference the Association for Voluntary Sterilization’s stated goal in 1969 in maintaining and endorsing a “two-child family size limitation” in an effort to reduce welfare payments and poverty (p. 3). In this sense, sterilization was not necessarily publically viewed as a negative or oppressive phenomenon, but rather a viable and logical option for both individual choice and societal benefits. In examining this theory, some legitimacy in concern for citizens’ wellbeing and socioeconomic standing can be observed in the basic efforts to reduce poverty. However, the abuses that ensued as a result of these various factors and efforts undoubtedly appear to have held negative consequences for lower income groups and minorities. Because minority groups, on average, held both higher birth rates and family sizes as well as lower economic status, it must be noted that what could have appeared as a genuine effort to reduce poverty may have been translated into an effort to control minority races’ fertility rates specifically. With specific regard to Native Americans, one should consider the extremely high birth rate as compared to white families, which in 1960 had been 6.1 as compared to 3.4, respectively (Shoemaker, p. 89). At that rate, it was speculated that the Native American population would at least double by 1982 (Jaeggli, p. 5).

Disregarding potential beliefs that about the threat that such a high birth rate may have posed to the thriving of the dominant white race, there was also concern about the economic status of such families and their ability to adequately provide for and sustain themselves financially. Native American families, in addition to high birth rates, held consistently lower economic status than white citizens in the mid to late 20th century. In Nancy Shoemaker (1999) notes that throughout history Native Americans have had difficulty accessing societal resources and have frequently lived on lower incomes and, in many cases, have lived starving or in what mainstream culture would consider poverty (Shoemaker, p. 81). Her assessment of poverty trends amongst different ethnicities show that 27.9 percent of Native Americans were living below the poverty line, as compared to 9.1 percent of the white population, in 1979. Furthermore, she notes that the percentage Native Americans involved in “Indian-Indian” marriages in poverty was as high as 23.6 percent, while interracial marriages between Native Americans and whites fell in the range of 9.5 percent in poverty, and only 5.3 percent of “married whites” fell below the poverty line (Shoemaker, p. 81). These statistics provide some evidence of Native Americans’ lack of access to resources and perpetuated state of poverty at the time of the reemergence of compulsory sterilizations, particularly because these poverty rates were taken from as late as 1979. It was reported in an article in “Family Planning and the American Indian: Health Services Division,” also, that parity (the ratio of women to children) was highly correlated with infant mortality rate, and coincidentally, Native American families had the highest parity of any ethnic or racial group in the United States (Jaeggli, p. 5). One popular stereotype that Kluchin notes in her study is the development of the “welfare queen” image. The “welfare queen” refers to the negative stereotype of poor women of color as abusing the welfare system by having more children to collect more payments, so as to live off state help and not have to work (Kluchin, p. 75). This stereotype reflects the growing idea that there existed negative perceptions of lower income and minority women as not meeting idealistic American values and work ethic, and also shows that public perceptions reinforced in the 1960’s the need to reduce welfare payments and overpopulation. In this sense, one can observe how public concerns regarding welfare, overpopulation and the potential “solution” to these problems through sterilization could have been easily deflected to minority populations who had both higher birth rates and poverty rates.

*Compulsory Sterilizations*

As noted previously, the development of the Indian Health Service (IHS) created a large dependence of the Native American population on a centralized means of receiving healthcare, and thus allowed for their exploitation by the IHS. First of all, the relationship between the federal trust and the IHS has unclear guidelines in its agreement regarding specific medical services, the rights of Native Americans, or even specifically what its responsibilities were. Because of the ambiguity of the agreement, it was difficult to provide a legal argument against the compulsory sterilization of Native Americans (England). Furthermore, the lack of guidelines regarding what rights Native Americans had allowed for a perversion of power in the relationship between doctor and patient. It is alleged that many patients were heavily coerced into sterilization surgeries through sometimes hostile tactics, where they were quite frequently convinced that it would be in their best interest. Such methods of coercion would sometimes present complete fallacies as facts to the patient, such as “we will take your children away if you don’t agree to the surgery” (England). In others, women were threatened by public and private welfare agencies to be cut off from their benefits if they were to have another child, followed by the strong suggestion that they become sterilized to prevent this from happening to them (Torpy, p. 13). Women in such cases were allegedly given the “choice” of becoming sterilized, but the choice was intuitively not self-driven by these women, given the lack of options that were often presented to them. Moreover, there were multiple cases in which women were not even informed about the procedure until after it had been performed, furthering the notion that the lack clarity of the IHS’ responsibilities created anomic guidelines about what was acceptable or not. The new wave of compulsory sterilization came to affect Native American *women* predominantly, likely due to the fact that that IHS would often perform the sterilizations within the facility immediately following childbirth (Torpy, pp. 5, 13). If a woman was in an IHS facility already because she had just given birth, then she was at the mercy of her healthcare providers. Childbirth was essentially a means of gathering Native American women and a way for the IHS to get Native American women under their control within the facilities. A well-known case of two women who were subjected to such misinformation exemplify this misuse of information, wherein they claim that they were lied to about the procedures performed by the IHS after she had given birth. One case presented to Dr. Constance Uri, a physician who interviewed several patients about their procedures in IHS facilities, involved a women who claimed that her doctor told her she could have a “womb transplant,” under the pretext that such a procedure was reversible, and did not become aware of the reality of her permanent sterilization until years later when she attempted to have another child (Lawrence, p. 1-2).

The Government Accountability Office’s Investigation and Findings

In April, 1975, Senator Abourezk of South Dakota filed a written request to the Government Accountability Office (GAO) for an investigation of the Indian Health Service assessing the adequacy of the services provided to Native Americans and the potential abuses that were taking place within these contract health facilities (Carpio, p. 44). Following Senator Abourezk’s request, the GAO came out with two reports on their findings during investigation. The GAO report in March of 1976 pertained to the investigation of allegations of two nurses employed by IHS in New Mexico regarding quality of conditions in their facilities. The GAO investigation of facilities in South Dakota, New Mexico, Oklahoma, and Arizona focused on alleged insanitary conditions, inadequate patient care, the IHS’ agreements with other agencies, its compliance with Indian Preference Laws, the information that the IHS provided to Indian Health Boards (General Accountability Office: MWD-76-108, introduction pp. 1-3). In this report it was noted that, overall, the quality of conditions was up to standards, and that the communication between patients and staff as well as communication between different levels of staff was also adequate. The only allegation made by the nurses that was confirmed by this report was that the assigned apartments for staff had very poor conditions. Overall, however, the report showed that the quality of care provided in the facilities was adequate (MWD-76-108, pp. 2-8).

Another report on an investigation done by the GAO was released in November of 1976. The investigation concerned the sterilization of Native Americans within Indian health facilities, whether medical research involving Native Americans in these facilities was being performed in these facilities (and whether the subjects were informed of such research), and the overall adequacy of informed consent (GAO, HRD-77-3, p. 2). In this report it was found that there were 3,406 Native American women sterilized in the areas of investigation, of which 3,001 were of childbearing age. (GAO, HRD-77-3, p. 4). This statistic is particularly interesting because there is usually no reason for sterilization of a woman of childbearing age unless there is a severe medical condition present, conveying the obvious flaws and perversions in the procedures in this investigated time. Furthermore, roughly 30 percent of these sterilizations took place within the facilities themselves (GAO, HRD-77-3). On the investigation of Native American subjects being used for experimentation purposes, the GAO reported on 56 research projects between 1972 and 1975 that were either approved but not performed, or approved and proceeded with, involving American Indian subjects for medical research. Within these project, the GAO report broke down the number of participants per project and the number of verified informed consent forms. The number of verified consent forms was lower than the overall number of participants. For example, in a study of 71 participants on prediabetics, there were only 65 forms verifying consent; in a study of Low-density Lipoprotein containing 12 participants, there were 11 forms, and in a study of 94 participants on the subject of pediatric pulmonary disease, there were only 90 consent forms verified (GAO, HRD-77-3, p. 14). Although the difference between verified forms of consent and number of participants is not particularly significant, this study was only done of a small area and in some contract facilities. It is arguable that the fact that there were any missing forms of consent suggests that such consent could easily have not been attained for medical experimentation in vastly larger populations that were, unfortunately, not included in this investigation.

Reaction to GAO Report and Failure to Hold the Indian Health Service Accountable

While the GAO reported many unsatisfactory conditions and revealed abuses of power within the facilities under scrutiny, many Native Americans were unsatisfied with the investigation and criticized it for its shortcomings (Jaeggli, p. 16). One of the most noticeable flaws was the limited area of investigation, in that the GAO inspected only four out of twelve Indian Health Service centers to gather its information (Jaeggli, p. 16). Because of this limited spectrum of investigation, the information provided in the report is restricted to a small southwest region and the actual number of sterilizations that were inflicted during this time period may be inaccurately represented. Another weakness that was criticized by activist groups was the GAO’s failure to conduct interviews with individual women who had been sterilized, which would have provided a more sufficient understanding about the various circumstances that these women had experienced surrounding the procedure and potentially more evidence of malpractice and lack of informed consent. However, it was alleged that “research” showed that the ability to recollect the experience was hindered for four to six months following such a surgery, and thus that the information about individual cases provided by Native American women would not be legally sound (Jaeggli, p. 16). The voices of the victims of the sterilizations under investigation were not excluded from the reports about what actually occurred within the IHS centers, essentially rendering all individual testimonies invalid. Despite the findings of malpractice and abusive procedures in the reports by the Government Accountability Office, and despite the reaction of activist groups and Native American groups to the abuses, neither Indian Health Services as an organization nor individual practitioners within the facilities were held civilly or criminally accountable for any malpractice suits or indecencies. There are multiple factors to be considered when attempting to determine the failure to convict the IHS, most of which hinder on the compromised rights of such a small minority group and the magnitude of power opposing it.

The IHS exuded comprehensive control over the well-being of Native Americans, and it is fairly obvious that public concern was more pervasive than what was in the best interest of individual patients. Following the release of the GAO report, the U.S. Information Agency came out with a report that alleged that every one of these women had been informed and consented to the procedure (England), thus debunking any charges of malpractice. As mentioned previously, the GAO investigation did not include oral testimonies or individual circumstances of women who had been sterilized, which disallowed any specific information from entering the report and made for extremely vague findings. It also essentially forbade any sanctioning for testimonies of individual victims to be protected or even validated (Jaeggli, p. 16). Additionally, services such as Medicaid and the Department of Health, Education, and Welfare provided funding for up to ninety percent of the project (Net Industries, Jrank), suggesting a very widespread delineation of power in terms of what institutions were running and perpetuating the project. In this regard, there were multiple sources of power that were protecting the project. There were many cases in which individuals or families charged the Indian Health Service with malpractice suits, harassment charges, etc. Such cases, like the one described above wherein a woman claims she was lied to about the logistics of her procedure, were dismissed (England). It was reported that a vast number of cases of sterilized women and the allegations that they were not informed about their procedures actually dealt simply with lack of proper translators (Torpy, p. 13). This created a loophole wherein the IHS could avoid being charged with failure to provide informed consent. Justifications offered by physicians for performing these sterilizations, despite the HEW regulations about the necessity of informed consent and a voluntary nature of the procedure (Lawrence, p. 15), appeared in the GAO report, where it was stated that some physicians did not understand the regulations, while contract physicians had not obligation to follow the regulations (Lawrence, p. 21). Additionally, the availability of consistent and accurate information in public viewing was extremely limited. Most publications about the allegations were contained within private interest journals such as the American Indian Journal, Akwesasne Notes, and other small activist groups’ journals (Jaeggli, p. 22). The GAO investigation and findings were portrayed essentially in different lights by varying private journals such that no public consensus about the responsibility or accountability of the Indian Health Service or of private practitioners within the facilities was reached. Thus, public support of efforts to hold IHS or individual practitioners accountable for their actions was never attained. Finally, there were demands by the Federal government that such cases not be made public (Torpy, p. 5), so it was undoubtedly difficult to receive public support for the proper representation of Native American rights. Ultimately, there were no convictions of healthcare providers during this time, as they were indefinitely protected by the government.

There were also a variety of social factors that allowed for abuses of sterilization procedures performed on Native Americans in the 1970’s without official conviction of the IHS. Torpy (2000) argues that the fact that Native Americans’ population size was so much smaller than most other groups in the US made it difficult for their civil rights issues to be publically recognized as were those of other interest groups (p. 5). This argument becomes clearer when examining the decade preceding the sterilizations of the 1970’s and 1980’s, wherein many civil rights movements were taking place, and yet Native American rights still seemed to be compromised. Another crucial factor preceding eugenic sterilizations in the 1970’s was that there was a growing concern about overpopulation in the 1960’s, as it became a public concern that overpopulation was the root cause of poverty, and that elimination of overpopulation would, hence, eliminate poverty (Espino, pp. 138, 147). This, however, arguably correlated with concerns regarding “racial hygiene” (Gordon, pp. 133-139), and thus the concern for the growing non-white population, and came to manifest in efforts of population control that affected non-whites more flagrantly than whites. As stated earlier, Native Americans had a much higher birth rate than the average white citizen (Lawrence, p. 1), which may have threatened the existing Eurocentric values and caused Native Americans to be targeted for population control. Thus, it has been argued that there was at least some underlying, genuine effort to reduce poverty through population control (Ralstin-Lewis, p. 72). However, the fact that forced sterilizations were so disproportionately executed on Native Americans is support for the notion that the motivations were fundamentally embedded in racist values. There is also concern that, in addition to minority population control, this project was established as a means of providing experimental genetic material for pharmaceutical studies Net Industries, Jrank). Regardless of the underlying motivation behind this project, it is a clear manifestation of obstruction of minority rights and very closely resembles the initial eugenics.

Various estimates exist about the actual number of Native American sterilizations performed in the modern eugenics period overall, creating discrepancy about the validity of the existing information on the occurrence. It is estimated by many people that 25 percent of the Native American population was surgically sterilized against their will or without informed consent by their healthcare providers (Ehrenreich, p. 92). However, another report by the Women of All Red Nations in 1974 estimated that the number was actually 42 percent (Torpy, p. 15). Lawrence (2000) states that the consensus is that sterilizations were between 25 percent and 50 percent overall (p. 9). Some have argued that it is difficult to know accurately what the number of compulsory sterilizations performed on Native Americans was, because there is inadequate information in the census regarding the Native American population (Lawrence, p. 10). This is largely attributed to the fact that because of the oppressive nature of policies and their infringement on Native American rights, many people would deny their heritage in census poles to avoid being exploited or harmed (University of Vermont).Information provided by the Abenaki Nation attests to this sentiment widely held by the Abenaki tribe in Vermont, where older members of the tribe surviving the initial eugenics period were very reluctant to admit their heritage in fear that their children would be discovered as possessing the “gypsy” gene and, therefore, targeted by atrocious policies and procedures (Wiseman).It has also been reported that many Abenaki were prone to hiding their language, customs and religious traditions to avoid being identified as carrying the “gypsy” gene (Georgetown University). Thus, population of Native Americans may have been larger than the information that census polls provided, and the estimated percent of that population that was sterilized may be, slightly inaccurate. Additionally, because the studies of Native American sterilizations took place in a limited region (predominantly in the South West), that it is inherently impossible to use this information in accurately assessing what percentage of the total Native American population was subjected to compulsory sterilization or other infringements on reproductive rights throughout the nation (Jaeggli, p. 16). Furthermore, because of the secretive nature of the compulsory sterilization project, it is possible that the number of compulsory sterilizations on record is not the real number of sterilizations performed. It is not debated, however, the there was a massive resurgence of compulsory sterilizations – particularly on Native American women – in the later twentieth century.

**(III) Implications of Compulsory Sterilizations**

Motives: Were Native Americans Targeted?

Because of the vast ambiguity of the allegations and evidence supporting the accountability of the Indian Health Service and the role of the Federal government in spearheading the sterilizations of the 1970’s, it is difficult to determine the motivations or even to prove the intent behind these atrocities. Changing definitions of “consent” as well as shifting requirements in consent policy throughout the period of 1950-1980, similarly, made it difficult to properly penalize physicians on the basis of violating informed consent regulations (Kluchin, p. 75). It is also difficult to demonstrate unquestionably that coercive methods were used in many cases, as opposed to the IHS’ acclaimed “misunderstandings” that occurred as a result of improper translation (Carpio, p. 41). There is a somewhat blurred line between deliberateness and unintended consequence that could be attributed to the occurrences in the late twentieth century. On one hand, it seems fairly counterintuitive to assume that this was entirely accidental, but it is also difficult to prove otherwise without evoking a considerable counterargument. For instance, the official reasoning behind the use of sterilization to reduce poverty and control population did not, obviously, include a direct intent to target Native Americans or minority groups. Many physicians, ultimately, seem to have performed such procedures out of a genuine, yet perhaps somewhat misguided, effort to improve the standards of living for lower income patients as well as to reduce overpopulation and those relying on welfare (Kluchin, p. 111). However, the logic that overpopulation causes poverty and that reducing birth rates could reduce poverty, coupled with the fact that Native Americans and other minority races have higher birth rates and higher poverty rates, is a line of thinking that can easily be followed in understanding how such groups became disproportionately targeted in light of a larger plan to create a positive change in society. In other words, while the official discourse about sterilization as a means of reducing poverty and welfare in the United States does not inherently entail any negative intent, the means by which this ideology was carried out came to target marginalized groups in an abusive way. There also existed a lingering blame among some of these physicians on minority women for abusing and overusing the welfare system, and in these cases the racist preconceptions that lead to targeting minorities for compulsory sterilization procedures are impossible to ignore (Kluchin, p. 112). Moreover, it can be argued that in addition to the latent consequence of the overpopulation-related sterilization policies, Native Americans were specifically targeted because of an innate belief and reinforcement of their inferiority. It is difficult to logically conclude that Native Americans could provide an actual threat in terms of overpopulation, as their population size is vastly smaller than other ethnic groups in the United States. This sentiment was articulated in Mary K. Jaeggli’s thesis (2002), where she quoted Dr. Uri’s response to the assertion that sterilizations were performed to control overpopulation and stated that one million Indians are not any kind of threat to the population of the United States (Jaeggli, p. 18). In this regard, it becomes clear that although the sterilization policies were, perhaps, presented under the guise of efforts to improve the economic state of the U.S. and halt population growth, in reality this theory cannot be applied to the sterilizations that were forced upon so many Native Americans at the time. Rather, it can be concluded that there was a perversion of power and potential underlying motives behind the IHS sterilizations. One assertion is that, because practitioners who performed such surgeries received reimbursement payments, that individual economic gain was a reason for which physicians chose to exploit Native American women within their facilities (Lawrence, p. 30). This motive would have been particularly easy to carry out because of the Native American dependence and reliance on the IHS facilities and practitioners. Another claim made by some activist groups following the GAO report was that these procedures, in efforts to reduce the Native American population, may have served as a means of government gaining territory that had been occupied by Native Americans on reservations (Jaeggli, p. 20). This notion fairly obviously reinforces the combative and dominating role that European culture has inflicted upon Native Americans since the first encounter. In large, although the overarching theory and reasons behind the reemergence of sterilization policies did not directly include eradication of minority races, the distortion of this policy and gravely detrimental consequences that sterilizations had on Native Americans cannot be underestimated.

Comparing Sterilizations of Different Ethnic Groups

The most significant case for comparison suggesting racially oriented targeting within the Eugenics movement and reemergence of sterilization policies is, perhaps obviously, the largely disproportionate excess of sterilizations of minorities as compared to “white” races. The high percentage of Native Americans who were sterilized by force or extreme coercion in the 1960’s and 1970’s provides evidence that the eugenic sterilization movement was largely based upon racist ideals. In the period when eugenic sterilization reemerged, there is an obvious race-distinctive factor determining the number of surgical sterilizations and similar procedures. Thomas Volscho’s work (2010) presents the disproportionately high number of sterilization abuse to women in the United States of non-“white” descent, including American Indian, African American, Mexican, and Puerto Rican, as compared to the number of sterilizations within the white community (p. 17). In his study on tubal ligations in different races in the late 1960’s and 1970’s, he found that he found the highest count was present in Native American women (p. 23). This is particularly intriguing because Native American women should, theoretically, have one of the lower counts based simply on the fact that their population size is so much smaller than other racial groups. This suggests a discriminatory policy at work in the late 20th century.

Moreover, it is crucial recognize that reproductive abuses were imposed upon other minority races as well.In the initial eugenics period, other minority races were targeted in addition to Native Americans, such as French Canadians in Vermont (Gallagher, p. 82). Furthermore, there has historically been an extreme disproportion of forced or coerced sterilizations performed on Hispanics, as studied in the works of Ehrenreich (2008) and Espino (2007). Criticisms of the governments’ motivations for sterilizations arose within Hispanic communities in the 1970’s as well, where again the alleged reasoning for the lack of informed consent provided to Hispanic women was blamed on the women’s inability to understand English and, thus, attributed to an unintentional miscommunication (Jaeggli, p. 12). Additionally, African American communities voiced concern about what they believed was a targeting of their reproductive rights by the government, as the sterilization rate in 1970 of African American women was literally twice as high as that of the average white American woman (Jaeggli, p. 10). Many African American women living in the South in the 1960’s have attested to having had their uteruses removed after undergoing unrelated abdominal surgeries and not knowing about it until much later in life, perhaps when they tried to become pregnant. As in the cases of procedures performed by the IHS, physicians who performed such procedures on African American women claimed that all surgeries were consented to (Kluchin, p. 73). This supports the idea that implementing sterilizations to reduce poverty and prevent women from baring children for whom they could not provide adequate care seems to have been distorted as a result of the internal beliefs about minority women’s proneness to lower income and “deviant” behavior. Again, although public discourse did not include discussion of efforts to target minority women, the large disproportions of sterilizations of minority women as compared to white women provide sufficient evidence that the means by which sterilizations were implemented did not follow the simple policy of efforts to reduce poverty. It can be argued that sterilizations were, perhaps, imposed upon women of color in the United States as a result of preconceptions of their inability to provide for children economically and socially. The sterilization abuse in the 1960’s through the 1980’s suggests that there still existed a public opinion that women of non-“white” ethnicities, particularly the Native American women, possessed heritable undesirable qualities, reflecting original eugenics ideologies. This is evidence that anti-minority sentiments were transferred into public policy without sufficient scientific backing or evidence. All such studies lead to fairly conclusive evidence that minority races in general have historically and recently been victimized by public policy regarding reproductive rights.

Long Term Effects of Sterilization

 Compulsory sterilizations of Native Americans were illegalized in 1976, when Congress passed a bill that allowed Native Americans to exert greater control over their health care (Lawrence, p. 13). Although this bill allowed for Native Americans to be sure that their reproductive rights would no longer be infringed upon, the tragic lasting effects of sterilizations of Native Americans, both through the initial eugenics period and the reemergence in the latter 20th century, are visible in the impacts they had on tribal communities physically, culturally, and conceptually. Jane Lawrence (2000) provides a chart in her study that illustrates the drastic decrease in the average number of children per women by tribe in the years 1970 and 1980 in Southwest tribes. The Navajo parity dropped from average 3.72 to 2.52 average children, the Sioux and Zuni tribes dropped from between 3.35 and 3.41 to high 1.90’s, and the most drastic drop, the Apaches, dropped from a high 4.01 to 1.78. The average decrease of number of children of all tribes dropped form 3.29 in 1970 to 1.30 in 1980 (Lawrence, p. 5: Table 1). Looking at these statistics, it is difficult to provide any explanation for such a drastic decrease than to attribute it to these compulsory sterilizations in the 1970’s. Similar evidence appears in Nancy Shoemaker’s book (1999), where she provides a chart of the fertility rate of Native American tribes in both 1960 and 1980 showing a near 60% decrease from 6.1 in 1960 to 2.4 in 1980 (Shoemaker, p. 89). Again, it is difficult to attribute such a drastic decrease in fertility to natural fertility and mortality fluctuations or another natural sociological phenomenon, and the impacts of the coercive and compulsory sterilizations and family planning of the 1970’s become very transparent.

 Eugenics in the earlier 20th century essentially imposed a shameful self-image upon Native Americans regarding their heritage, wherein they were forced to deny the traditions that had been prevalent in their culture throughout their history. The new wave of eugenic sterilizations left thousands of women with an inherent mistrust if the Public Health Care system, and furthermore, an innate social shame or embarrassment that is often associated with sterilizations or infertility in general. Many women who were forced or coerced to undergo sterilization procedures typically carry long term personal dysfunctions such as marital failure and lowered self-esteem as a result of their infertility (Lawrence, p. 12). This shame is also conveyed in the unwillingness of many Native American women to discuss their procedures or experiences with the IHS, as encountered by Carpio in her attempts to interview many of the women and their responses to her request. Carpio notes that the “edge of silence” surrounding the events of the 1970’s were not only inflicted by the IHS taking away the “voices” of these women, but also now perpetuated in the women’s inability to discuss their experiences because of the shame they feel (Carpio, p. 41). Moreover, it has been argued that Native Americans, specifically, have a very high vested interest in the health and sanctity of their children as a result of the consistently threatened population and the implications of children for the survival of their culture and communities, and thus the implications of being rendered unable to reproduce are undoubtedly tragic to the community (Lawrence, p. 14). Regardless of the alleged regaining of rights and control over health care, the consequential suffering of Native American communities as a result of perpetuated infringements on interpersonal rights cannot be eradicated or undone through a simple change in legislation.

Summary and Conclusion

It is essential to recognize the means by which marginalized groups are abused by public policies, which in this case are the result of internalized ethnocentric values and beliefs in American society, and systematic oppression that is inflicted upon certain peoples. Studying the American eugenics movement provides a poignant illustration of the ways in which existing beliefs about human difference and the inequality in status are transferred into public policy in such a way that a dominant group exerts control and inflicts negative consequences for subordinate groups with compromised rights. It must be noted that discrimination may be both supported and legalized by public policy, as American society, historically, has held the tendency to perpetuate hierarchies of power through legislative action.

With regard to the historic and continual oppression of Native Americans, the construction of the notion of biological human differences and the concept of “race” as measurable must be understood to demonstrate the ways that science can be used as alleged evidence to reinforce the delineation of power in society. In creating measurable categories of race, science was used as a tool to reinforce inequality in people of different ethnic backgrounds or ancestries, wherein some ancestries were considered to be of less value or worth than others. Furthermore, the use of scientific “evidence” of measurable categories of race provides for the creation of policies based on the notion of white supremacy and white dominance. Such policies, such as assimilation tactics for eradication of “inferior” genes and anti-miscegenation laws as means of maintaining the “purity’ of the white race reflect the inherent beliefs of policy makers throughout history that minorities pose some sort of threat the thriving of the valued European culture and “blood.”

Considering these existing beliefs in the inferiority of Native Americans and other minority groups, one can see the parallels in the mid twentieth century discourse about concerns for “racial hygiene” and the thriving of “wholesome white family.” Similarly, such concerns entail a perceived threat from the growing minority populations and higher birth rates of Native Americans as compared to whites in the 1960’s. Public concerns regarding issues such as birth control as a threat to the reproductive abilities of whites, when compared to the emphasis on population control in minority communities, demonstrate the vastly opposite perceptions in the value of fertility in whites as opposed to the value in the fertility and reproductive ability of non-whites. In this regard, the Eurocentric and racist intentions lying behind the sterilization policies in the 1970’s are exposed. Political and social factors in the later twentieth century serve as precursors for the compulsory sterilizations of Native Americans by the Indian Health Service. The perpetuated marginalization of Native Americans through their compromised rights as a result of their extremely small population size and continually lower social and socioeconomic status was arguably one of the forth most contributing factors. Additionally, the control exerted over Native Americans by the Indian Health Service is a fairly intuitive contributor to their exploitation. The inability of Native American peoples to gain control over legal rights to hold the Indian Health Service accountable for its inflicted atrocities, furthermore, reflects the marginalization of Native Americans’ rights and their compromised status in American society.

Native Americans’ targeting by eugenics policies throughout history have resulted from the oppressive nature of their relationship with dominant white culture as a whole, wherein their minority status has been constructed and perpetuated through various social and political factors that maintain their low socioeconomic status. While society at large had rejected eugenics ideology as it was associated with the Holocaust, the use of compulsory sterilization as a means of forced population control as late as the 1970’s is inherently reflective of initial eugenics theories that there are more and less valuable traits belonging to different created categories of people. The reemergence of sterilization as a viable birth control option as a result of sexual revolutions, furthermore, made such procedures less publically criticized, and provided a means for the dominant group to legally force such procedures on Native American women. The ambiguity of the sterilizations of the 1970’s have made it difficult to prove intent to deliberately eradicate the Native American race, but the statistics, figures, and personal accounts of coerced or compulsory sterilization reveal the obvious disproportion of sterilizations on minority women as opposed to white women, illustrating the perversion of “population control” motives and the negative consequences for minority communities.

The notion that society can eradicate perceived societal threats through scientific means may have initially been seen as a means of improving societal conditions. However, the ease with which this concept is perverted through public policy is indisputable. The intents of the Federal government and Indian Health Service in forcing sterilization procedures on Native American women, arguably, parallel the efforts to eradicate the Native American race through the initial genocide by the European conquerors, and reflect the effects of systematic oppression of marginalized groups throughout history. Ultimately, creating policies on the notion of categorized,class-distinctive features undoubtedly exploits the underrepresented citizens. Furthermore, the inherent racist values that may exist in American culture influence the policies themselves, where people are willingto adopt exploitive policies against minorities as a result of their innate, consciously or subconsciously held, Eurocentric value system.

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