



# Eugenics, Forced Sterilization, and Protecting the Mentally-Challenged

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Although most Americans today are unaware of it, the United States has a sad and extensive history of forced sterilizations, especially within the past century. In 1907, Indiana legalized forced sterilizations of white men who were “mentally deficient,” diseased, or otherwise disabled. More than 30 other states subsequently followed suit, and the practice quickly expanded to both men and women.

In 1927, the Virginia law allowing the sterilization of patients in mental institutions was upheld by the U.S. Supreme Court in *Buck v. Bell*. In the decision, Justice Oliver Wendell Holmes made his now infamous proclamation that “three generations of imbeciles are enough,” referring to Carrie Buck, her mother and daughter. Carrie was committed to a state mental institution as a “feeble minded woman,” and the Virginia law allowed for her forced sterilization, allegedly for the “health of the patient and the welfare of society.”

The Supreme Court’s decision featuring Justice Holmes’ histrionic flair served to catalyze the then-trendy push for eugenics, the idea that preventing unfit individuals from reproducing served the public welfare. The flawed notion behind eugenics was that many social ills, including crime, poverty, and men-

tal deficiency, were not due to environmental factors, but largely to genetic or hereditary defects. Vulnerable, institutionalized populations like the mentally ill, the disabled, and the incarcerated were thus among the first targets of state-sponsored sterilization programs. The Virginia law remained on the books for a half century until it was finally repealed in 1974. All told, close to 60,000 Americans were rendered permanently infertile by these state-sponsored programs.

Historians have noted that Nazi Germany likely modeled its forced sterilization programs on the American eugenics programs of the 1930s. The law under which Hitler sterilized countless German citizens contains much of the same language found in the 1924 Virginia sterilization Act, which provided for the sexual sterilization of any state hospital inmate who was “insane, idiotic, imbecile, feeble-minded or epileptic, and by the laws of heredity ... the probable potential parent of socially inadequate offspring likewise afflicted.”

The jarring tagline offered by Justice Holmes highlighted a biased, even disdainful attitude toward mentally ill persons and their ability to procreate. Few

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today would not be revolted by such strident branding of whole classes of individuals and families. Few would similarly countenance forcible state-sanctioned sterilizations, as still happens today, to near universal condemnation, in certain dictatorial regimes bent on population control.

Direct sterilizations violate human dignity. A physician's decision to recommend or participate in the surgical mutilation of a healthy and properly functioning system of the body for the purposes of impeding fertility runs counter to the authentic healing mission of the medical profession. At its core, medicine should be about fixing damaged systems of the body rather than damaging healthy systems.

Whenever we face situations where family members with severe mental illness or other disabilities may not be suited to the responsibilities and demands of having children and parenting, and hence ought not to get married, the solution should never be direct sterilization but tailored care that addresses their specific mental health situation and respects their human sexual nature by ordering it along a path of chastity.

This implies that caretakers for

the seriously mentally ill in institutional settings should assure that residents are not given opportunities to engage in sexual encounters with others, that they be safeguarded from access to sexually-explicit media and internet pornography, that they be instructed on the importance of chastity to the extent possible with their mental disability, and that residential settings be appropriately segregated as single-sex facilities.

In other words, caretakers for the seriously mentally-challenged have a duty to protect them as they would protect, for example, young people or children. Although the bodies of mentally-challenged residents may have matured sexually, some still function intellectually at or near the level of a child. Living in an institutional care facility is meant to offer protection from the chaos of the outside world where they would clearly be vulnerable and largely defenseless.

Sometimes it is argued that due to their well-documented risk to be victims of sexual assault, individuals who are mentally-challenged, especially in institutional settings, should be forcefully sterilized "for their own good," whether temporarily through

chemical sterilization (like contraception), or permanently through surgical sterilization.

It doesn't require much reflection, however, to see that if it were to become generally known that residents were taking contraceptives or had been sterilized, this would only "lower the threshold" for those who might wish to engage in predatory sexual activities to the detriment of their mentally-challenged victims.

The real aim should be to prevent sexual assaults, not to prevent the obvious consequences that might follow from such assaults, like pregnancy. Addressing inadequate oversight by caretakers and eliminating the "institutional chaos" that allows sexual activity to occur with or among residents needs to be the focus. Individual responsibility and accountability are paramount.

Loving and caring for our family members with serious disabilities demands no less.

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