

# THE ETHICS OF CONTROLLING REPRODUCTION IN A POPULATION WITH MENTAL DISABILITIES PAUL A. LOMBARDO pdf

## 1: Compulsory sterilization - Wikipedia

Paul A. Lombardo, *The Ethics of Controlling Reproduction in a Population with Mental Disabilities*, in *Pediatric Bioethics* (Geoffrey Miller ed., Cambridge University Press, ).

The story described the intentional inoculation of children and adults with a tainted vaccine in an experiment designed to determine why the vaccine had caused hepatitis in thousands of soldiers. The recipients lived in a facility for the mentally disabled, and the experiment occurred on the heels of United States entry into World War II. The story, perhaps of only historical interest in other times, became unexpectedly topical in the wake of events of September 11. It reminded us how fragile the balance is between the imperative of biomedical progress, always pursuing new avenues to conquer disease, and the protectionist ethic shielding vulnerable experimental subjects that has come to characterize modern regulation of biomedical research. How might that balance be tipped if secret research critical to the national defense was carried out during wartime? It is clear that existing legal protections would forbid similar projects today. But could the fear of terror and the fog of war tempt researchers to set aside usual ethical presumptions to conduct desperately needed studies on subjects hidden from public view in the secure and controlled environment of an institution? Since the 1950s, government-funded research on human subjects in the United States has been bounded by extensive legal regulations. Those rules—“for a long time honored more in the breach than the observance”—have become the subject of heated debate in the research community. Do they actually protect subjects? Do they forestall or impede important medical developments? Does the cost of compliance outweigh the rare harms such rules prevent? No easy answers are available, and recent research scandals at major universities only fueled the controversy about public oversight of scientific enterprise. Can ethical touchstones, such as the need for informed consent, or special protections to be accorded vulnerable populations, be put aside temporarily to allow research judged critical to the national interest? To answer those questions it is necessary to see how far we have come in the past century in our thinking about the need for scientific peer review, informed consent, and open disclosure concerning results of clinical research. In looking backward, we are reminded that controversies about experiments on vulnerable populations are not new. At the turn of the century antivivisectionists focused on experiments that tested vaccines on children in orphanages to capture the attention of reformers. Although medical researchers took great offense at charges made against them, as the pace of biomedical research accelerated, many antivivisectionist prophecies eventually came true. Scandals after inoculation of children with new vaccines for polio in the 1950s renewed the antivivisectionist cause and other types of research on the institution-bound mentally disabled are part of the lore of the search for a polio vaccine. Lederer, “In the mid-1950s Dr. John Kolmer tested a live polio vaccine on himself, his two children, and twenty-two other youths. His work ran parallel to the work of Drs. Maurice Brodie and William H. Park, who developed a different type of vaccine against polio. Not until a U. S. Public Health Service physician reported that twelve people receiving one of the vaccines had developed polio and six of them died, did distribution of those agents cease. Although the Kolmer scandal involved no specific facility, other investigators found their subjects inside institutional walls. The next year, Kroprowski et al. reported that Polio was only one disease that gave rise to experiments on residents of state mental health facilities. Perhaps the most notorious of all studies on a disabled population in a captive setting is the now infamous Willowbrook hepatitis study. Children at Willowbrook, a Staten Island, New York, institution for the mentally disabled, were intentionally infected with hepatitis virus as part of the search for a vaccine to prevent that disease. Grodin and Glantz, “The scandal that resulted when the study was subjected to public scrutiny was a signal event in the movement for government regulation of biomedical research, particularly research on vulnerable populations. Rothman. Nevertheless, it is a measure of our ambivalence regarding ethically questionable but successful research that Dr. Saul Krugman, architect of the study, later won an award for his development of a hepatitis vaccine as a consequence of his study at Willowbrook. As one pediatrician recalled

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years later, the prevailing ethos for research on children in the s did not require parental permission even in studies that carried no therapeutic benefit for the child-patient. Whatever criticisms did surface during the war on polio, they generally captured little public attention and were usually overshadowed by the very real fears of parents, terrorized by the prospect of epidemic disease such as polio. A Battle on Two Fronts: War and Disease But when disease and war broke out simultaneously, the niceties of parental consent and public disclosure were, if anything, even less relevant to research considered necessary to the national interest. In the wake of the December 8, 1941, attack on Pearl Harbor, millions of newly mobilized soldiers prepared for war. Part of their training included physical conditioning to enhance endurance and efficient performance in combat. Medical screening and vaccination for infectious diseases also figured into their preparation. One of the required vaccinations, developed by the Rockefeller Institute, was designed to provide immunity to yellow fever. As mobilization intensified during this time, 28, servicemen who had been injected with the vaccine came down with hepatitis; of them died Williams, 1942. Later figures suggested as many as 50, infections resulted from the tainted vaccine Chase, 1942. On April 15, 1942, the Surgeon General temporarily interrupted the program and had existing stores of vaccine destroyed or recalled Seef et al. In June 1942, with military researchers still unsure about the causative agent for the vaccine-related hepatitis, public health service officers in San Juan, Puerto Rico, reported an outbreak of jaundice in the U. Not coincidentally, many inhabitants of the Virgin Islands had also recently been inoculated against yellow fever. Gilliam, and Carl L. They discovered that Virgin Islanders had received the same batch of vaccine that had led to illness in Army inductees3 Oliphant, Gilliam, and Larson, 1942. The problem of infected vaccine became a public matter after a press release by Secretary of War Henry L. Lombardo that occurred after vaccinations. Numbers of infections and fatalities attributable to vaccination were not released for the Navy or the Marine Corps, although the proportion of cases was not thought to be as high as that in the Army Chicago Tribune Somebody was guilty of a grievous error of judgement. Some of that talent was hard at work even as the battle of headlines in the civilian and medical presses raged. The Colony, located near Lynchburg Virginia, was by then one of the largest facilities in the country for the care of disabled patients. Chartered in as a special asylum to care for people in Virginia with epilepsy, by it had been expanded to accommodate people with mental retardation; its official name was the Virginia Colony for the Epileptic and Feebleminded. Yellow fever is of immediate importance to the armed forces of the United States serving in, or who may have to serve in, yellow fever foci. Hence a safe, reliable vaccine is of utmost national urgency. Vaccine as now produced provides a reasonably reliable preventive, but recent military experience has shown that unexpected serious consequences have followed its use. These consequences might have been disastrous had they occurred in certain combat units. Therefore, it is clear that a prompt solution to the problem of the etiology of jaundice following vaccination against yellow fever is a matter of extreme national urgency. Because of the national importance of the problem, and because work done in England and South America has disclosed no satisfactory laboratory animal for use in jaundice studies, it is deemed by us to be justifiable and necessary to use human beings as experimental subjects. These with senility, arteriosclerosis, and infectious diseases such as syphilis would be excluded. A small blood sample would be taken from potential subjects to evaluate their general health. No plans for palliation or withdrawal from the study in the event of serious health sequelae were mentioned. Laboratory animals would also be injected with these sera. Another experiment was proposed that would involve inoculating groups of twenty to fifty patients with several other types of vaccines and sera, some of which had been heated enough to kill the yellow fever virus. The memorandum was authorized for transmission up the chain of command through the Division of Infectious Diseases and was finally approved by NIH Director Dr. Classified memoranda later passed between Dr. Lombardo concerning the number of subjects and the specific inoculum they received Oliphant Dyer submitted articles describing the Colony experiments to the War Department for vetting before publication4 Dyer, 1942, but none described the study location or affected population. Their symptoms included nausea and vomiting, low-grade fever, and anorexia, and lasted as long as seven weeks in the worst cases. The general difference between the forms of

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disease was most obvious in the incubation period. Oliphant also recounted the experiment in the prestigious Harvey lecture series of the New York Academy of Research in Oliphant b , and the next year he was recommended for meritorious promotion for his successful demonstration that the cause of hepatitis in soldiers receiving the yellow fever vaccine was the serum component of the vaccine. His obituary included details of continuing work on hepatitis that occurred in servicemen after blood transfusions. It clearly would not be acceptable under current regulations. This population consisted of some people with very real mental disabilities. Others, if not cognitively impaired, were relegated to the institution because they were allegedly incapable of functioning in society at large. It would be the height of irony to have deemed them capable of what today might be covered under the rubric of informed consent. Thus at one level, comparison between Lynchburg and the death camps seems strained. On another level, however, some parallels are obvious. The Nazis intentionally infected some subjects with typhus in an attempt to discover new modes of treatment. Their motives, recited in their defense at Nuremberg, were exactly the same as those of the Lynchburg Colony investigators. They were concerned that soldiers might be caught up in an epidemic for which there was no cure Lifton , Other 12 Paul A. Lombardo experiments that sought medical solutions to battlefield hazards were justified similarly, with reference to the ultimate trump card of wartime exigency. Like the Germans, American doctors no doubt believed that some sacrifices were required from all citizens in wartime in order to preserve the nation. Both in the medical war and the shooting war, anyone could be drafted. As is always the case, a closed facility allows much more efficient control of a clinical experiment. The subjects may not leave, and researchers can monitor their symptoms or evaluate therapies systematically without the comings and goings of an outpatient study. In wartime, with the added desire for secrecy, a rural facility out of the public view would provide an ideal research setting. But institutions for the disabled are hardly the only locations where those conditions exist. A military school or army base would also be both controlled and secure. Available records do not suggest whether such alternative sources for subjects were considered. Fifteen years after the Lynchburg Colony hepatitis study, Dr. Saul Krugman was seriously criticized for intentional infection of Willowbrook patients with hepatitis in a setting where, he insisted, they were almost certain to contract the disease eventually. No such conditions were present for Lynchburg Colony residents, who were no more likely to encounter hepatitis than any civilians. Nor were they in a population that would benefit from an improved yellow fever vaccine, since most would never have occasion to be vaccinated.

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## 2: Eugenics | Psychology Wiki | FANDOM powered by Wikia

*The Ethics of Controlling Reproduction in a Population with Mental Disabilities (Paul A. Lombardo) Pediatric Bioethics ()*  
*The Tuskegee Study (Paul A. Lombardo) Encyclopedia of American Disability History ()*.

Such progress holds great promise for medical advances but also inspires new, utopian visions of perfecting humankind. The history of Nazi racial-hygiene policies and eugenics reminds us of the importance of maintaining democratic checks and balances in the application of biomedical research and of always guarding against the use of genetics for the purpose of discriminating against persons or groups. Holocaust Memorial Museum, Washington, D. Health, race, and German politics between national unification and Nazism, Cambridge University Press, Harvard University Press, Nazi sterilization and reproductive policies. Kuntz D, Bachrach S, eds. University of North Carolina Press, In the name of eugenics: The origins of Nazi genocide: Government, they said, could sort the fit and the unfit and decide which citizens are worthy to have children. But history shows that instead of improving society, eugenics merely provided a cover for abusing the poor and the disabled. Many eugenicists shared a fear of people with mental disabilities and a desire to rid the world of them. Goddard, Who Is A Moron? These conditions were bundled as if all of a piece—results of immoral living, evidence of an intergenerational curse that cascaded through families from parents to children as part of an hereditary legacy. In this article I will show how that manipulation has developed in the press and within popular culture, and explore how the picture it fosters is at odds with the any accurate history of eugenics. If we use the term solely as a rhetorical weapon within a political debate, we flirt with deceit and demagoguery, and run the risk of divorcing eugenics from the historical context in which it developed. When we intentionally debase history, we forfeit whatever opportunities there are for learning from it. Paul, The Failure of a Scientific Critique: An extensive public debate between the biometricians and the Mendelians broke out in both the lay and scientific press. Davenport, A Reply to Dr. Lombardo, Miscegenation, Eugenics, and Racism: Historical Footnotes to Loving v. And of those who are committed to jail—one every 50 seconds—very few were found to be normal. Marriage restriction laws were adopted to enforce this sentiment. Hurty Award, at www. That question was answered in in the case of Buck v. Bell, 34 which reminded us that was not only an anniversary year with reference to the pioneering Indiana legislation, but it seemed to echo as the last of a strange coincidence with years ending in seven. Carrie Buck was the subject of a Supreme Court case that tested a Virginia sterilization law. It is better for all the world, if instead of waiting to execute degenerate offspring for crime, or to let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their kind. The principle that sustains compulsory vaccination is broad enough to cover cutting the Fallopian tubes. Three generations of imbeciles are enough. Carrie herself had been raped, her daughter Vivian was perfectly normal, and the case itself was a fraud. Acts repealed by Act of Apr. BELL , Laws repealed Lindsey, supra note The German sterilization law of resulted in approximately , sterilizations by Atlanta Doctors, supra note As one of the first acts of the new Nazi government, Germans adopted an expansive sterilization law that went into effect in Another Georgia eugenic law involved race. See Comment, Intermarriage with Negroes. Bachrach, supra note 46, at Lombardo, Taking Eugenics Seriously: History and Legacy, th Anniversary Symposium Apr. See generally Stump v. The text of the Indiana resolution read: That the General Assembly urges the citizens of Indiana to become familiar with the history of the eugenics movement in the belief that a more educated and enlightened population will repudiate the many laws passed in the name of eugenics and reject any such laws in the future. See Kevin Begos et al. The text of the original eugenics apology introduced by Representative Oliver read: Jeremy Redmon, Legislature It was common, for example, for eugenicists to quote the Bible as a justification for eugenic laws, saying that the declaration from the Book of Exodus that the sins of the father are visited upon the children was a perfect summary of how bad heredity created generations of faulty families. According to Dennis L. Likewise the children shall have health and happiness whose parents have lived according to the

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law of life which is the law of God.

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## 3: Georgia Eugenics

*The ethics of controlling reproduction in a population with mental disabilities. Paul Lombardo sets out in this book to challenge the accuracy of the Holmes opinion, and recount in detail the.*

Early proponents Eugenics supporters hold signs criticizing various "genetically inferior" groups. Wall Street , New York, c. The American eugenics movement was rooted in the biological determinist ideas of Sir Francis Galton , which originated in the s. Galton studied the upper classes of Britain, and arrived at the conclusion that their social positions were due to a superior genetic makeup. They tended to believe in the genetic superiority of Nordic, Germanic and Anglo-Saxon peoples; supported strict immigration and anti-miscegenation laws ; and supported the forcible sterilization of the poor, disabled and "immoral". Du Bois , Thomas Wyatt Turner , and many academics at Tuskegee University , Howard University , and Hampton University ; however, they believed the best blacks were as good as the best whites and "The Talented Tenth" of all races should mix. Davenport , using money from both the Harriman railroad fortune and the Carnegie Institution. As late as the s, the ERO was one of the leading organizations in the American eugenics movement. Eugenicists such as Davenport, the psychologist Henry H. Goddard , Harry H. Laughlin , and the conservationist Madison Grant all well respected in their time began to lobby for various solutions to the problem of the "unfit". Davenport favored immigration restriction and sterilization as primary methods; Goddard favored segregation in his *The Kallikak Family* ; Grant favored all of the above and more, even entertaining the idea of extermination. The ABA was formed specifically to "investigate and report on heredity in the human race, and emphasize the value of superior blood and the menace to society of inferior blood. Margaret Sanger saw birth control as a means to prevent unwanted children from being born into a disadvantaged life, and incorporated the language of eugenics to advance the movement. She advocated sterilization in cases where the subject was unable to use birth control. Eugenicists recognized the political and social influence of southern clubwomen in their communities, and used them to help implement eugenics across the region. Public acceptance in the U. Almost 19 million people attended the Panamaâ€”Pacific International Exposition in San Francisco, open for 10 months from 20 February to 4 December A subject that received a large amount of time and space was that of the developments concerning health and disease, particularly the areas of tropical medicine and race betterment tropical medicine being the combined study of bacteriology , parasitology and entomology while racial betterment being the promotion of eugenic studies. Having these areas so closely intertwined, it seemed that they were both categorized in the main theme of the fair, the advancement of civilization. Thus in the public eye, the seemingly contradictory[ clarification needed ] areas of study were both represented under progressive banners of improvement and were made to seem like plausible courses of action to better American society. Indiana became the first state to enact sterilization legislation in , [38] followed closely by Washington and California in Sterilization rates across the country were relatively low California being the sole exception until the Supreme Court case *Buck v. Bell* which legitimized the forced sterilization of patients at a Virginia home for the mentally retarded. The number of sterilizations performed per year increased until another Supreme Court case, *Skinner v. Oklahoma* , , complicated the legal situation by ruling against sterilization of criminals if the equal protection clause of the constitution was violated. That is, if sterilization was to be performed, then it could not exempt white-collar criminals. Board of Public Welfare. The Immigration Restriction League was the first American entity associated officially with eugenics. Founded in by three recent Harvard University graduates, the League sought to bar what it considered inferior races from entering America and diluting what it saw as the superior American racial stock upper class Northerners of Anglo-Saxon heritage. They felt that social and sexual involvement with these less-evolved and less-civilized races would pose a biological threat to the American population. The League lobbied for a literacy test for immigrants, based on the belief that literacy rates were low among "inferior races". Membership in the League included: Webber and Friedrich Woods. Society must

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protect itself; as it claims the right to deprive the murderer of his life so it may also annihilate the hideous serpent of hopelessly vicious protoplasm. Here is where appropriate legislation will aid in eugenics and creating a healthier, saner society in the future. During the early 20th century, the United States and Canada began to receive far higher numbers of Southern and Eastern European immigrants. Influential eugenicists like Lothrop Stoddard and Harry Laughlin who was appointed as an expert witness for the House Committee on Immigration and Naturalization in presented arguments they would pollute the national gene pool if their numbers went unrestricted. Middle-to-upper class status was a marker of "superior strains. Positive eugenicists, who promoted procreation among the fittest in society, encouraged middle class women to bear more children. Between and , Eugenicists appealed to middle class white women to become more "family minded," and to help better the race. Supreme Court , in *Buck v. Bell* , upheld the constitutionality of the Virginia Sterilization Act of , allowing for the compulsory sterilization of patients of state mental institutions in . Although compulsory sterilization is now considered an abuse of human rights, *Buck v. Bell* was never overturned, and Virginia did not repeal its sterilization law until . From to the s, sterilizations were performed on many more institutionalized women than men. Men were sterilized to treat their aggression and to eliminate their criminal behavior, while women were sterilized to control the results of their sexuality. All were abuses of poor, nonwhite, or mentally retarded women, while no abuses against white or middle-class women were recorded. *Quilligan* , a class action suit regarding forced or coerced postpartum sterilization of Latina women following cesarean sections, and *Relf v. Weinberger*, [66] the sterilization of two young black girls by tricking their illiterate mother into signing a waiver, helped bring to light some of the widespread abuses of sterilization supported by federal funds. Clarence Gamble revived the eugenics movement in the United States through sterilization. Gamble supported the eugenics movement throughout his life. He worked as a researcher at Harvard Medical school and was well off financially, as the Procter and Gamble fortune was inherited by him. Gamble, a proponent of birth control, contributed to the founding of public birth control clinics. These were the first public clinics in the United States. Doctors told mothers that their daughters needed shots, but they were actually sterilizing them. Hispanic women were often sterilized due to the fact that they could not read the consent forms that doctors had given them. Poorer white people, African Americans, and Native American people were also targeted for forced sterilization. They claim that there were 64, cases of eugenic sterilization in the United States, but this number does not take into account the sterilizations that took place after . Around this time was when women from different minority groups were singled out for sterilization. If the sterilizations after are taken into account, the number of eugenic sterilizations in the United States increases to 80, Half of these sterilizations took place after World War II. Sterilization still occurs today, in some states, drug addicts can get paid to be sterilized. Eugenic sterilization programs before World War II were mostly conducted on prisoners, or people in mental hospitals. After the war, eugenic sterilization was aimed more towards poor people and minorities. There were even judges who would force people on parole to be sterilized. People supported this revival of eugenic sterilizations because they thought it would help bring an end to some issues, like poverty and mental illness. Supporters also thought that these programs would save taxpayer money and boost the economy. Because the funds used to carry out the surgeries came from the U. Office of Economic Opportunity , the sterilization abuse raised older suspicions, especially amongst the black community, that "federal programs were underwriting eugenicists who wanted to impose their views about population quality on minorities and poor women. The Indian Health Service also repeatedly refused to deliver Native American babies until their mothers, in labor, consented to sterilization. Many Native American women unknowingly gave consent, since directions were not given in their native language. According to the General Accounting Office , an estimate of 3, Indian women were sterilized. In , the Illinois Homeopathic Medicine Association began lobbying for the right to euthanize "imbeciles" and other defectives. Mary deGormo, a former teacher, was the first person to combine ideas about health and intelligence standards with competitions at state fairs, in the form of baby contests. She saw these contests as a contribution to the "social efficiency" movement, which was advocating for the standardization of all aspects

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of American life as a means of increasing efficiency. Contestants peaked at 1, infants in , and the following year the number of entrants was capped at 1, In Indiana, for example, the contestants were limited to white infants; African American and immigrant children were barred from the competition for ribbons and cash prizes. In addition, the scoring was biased toward white , middle-class babies. The contestant with the most points and the fewest defections was declared the winner. Nevertheless, a lot of time, effort, and money was put into these contests and their scientific backing, which would influence cultural ideas as well as local and state government practices. Florence Brown Sherbon, [87] [88] both initiators of the Better Baby Contests in Iowa, took the idea of positive eugenics for babies and combined it with a determinist concept of biology to come up with fitter family competitions. Size of the family, overall attractiveness, and health of the family, all of which helped to determine the likelihood of having healthy children. These competitions were simply a continuation of the Better Baby contests that promoted certain physical and mental qualities. This led to the addition of several judging categories including: Additionally, there were negative features that were judged: Feeble-mindedness , alcoholism , and paralysis were few among other traits that were included as physical traits to be judged when looking at family lineage. The Project often sought after prominent African American leaders to spread knowledge regarding birth control and the perceived positive effects it would have on the African American community, such as poverty and the lack of education. DuBois were quoted in the Project proposal criticizing Black people in the United States for having many children and for being less intelligent than their white counterparts: Still, many modern activists criticize Margaret Sanger for practicing eugenics on the African American community. Angela Davis , a leader who is associated with the Black Panther Party , made claims of Margaret Sanger targeting the African American community to reduce the population: Thomas Wyatt Turner, a professor at Howard University and a well respected scientist incorporated eugenics into his classes. B DuBois , a historian and civil rights leader had some beliefs that lined up with eugenics. He believed in developing the best versions of African Americans in order for his race to succeed. Martin Luther King Jr. King claimed that in the cities, African Americans who continued to have children were overpopulating the ghettos. She continued by saying that having this many unwanted children is a bad problem that needs to be controlled, a belief that aligns with the eugenics movement. Nazi eugenics After the eugenics movement was well established in the United States, it spread to Germany. California eugenicists began producing literature promoting eugenics and sterilization and sending it overseas to German scientists and medical professionals.

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## 4: Eugenics in the United States - Wikipedia

*The Ethics of Controlling Reproduction in a Population with Mental Disabilities more. by Paul A. Lombardo.*

Of this number, females represented approx. North Carolina ranked third in the United States for the total number of people sterilized. Period During Which Sterilization Occurred Sterilizations started in with the passage of the sterilization law and continued through , when the last recorded sterilization is known to have been reported. Temporal Pattern of Sterilization After the passage of the sterilization law in , sterilization law began at slow rate. It was not until about that sterilizations began to increase at a steady rate. This makes North Carolina fairly unique, as its peak sterilizations occurred after WWII, at a time when most other states had ceased performing operations for other exceptions, see also eugenic sterilizations in Iowa and Georgia. After , the rate of sterilization began to slow and continued to decrease from a rate of about a year in to 6 per year in From there were an average of about sterilizations per year. In the peak years the s there were about 7 sterilizations for every , residents of the state per year. Passage of Laws The very first sterilization law was passed in but it was probably never put to use. Many feared that the law was unconstitutional and therefore the state feared putting it into practice Paul, p. The passage of this law also created the North Carolina Eugenics Board see below. The passage of the sterilization law made North Carolina the 17th state out of 33 to pass one. However, the law also stated that the purpose of sterilization is to protect impaired people from parenthood who would become seriously handicapped if they were to assume parental responsibilities Paul, p. With the passage of the law, the state of North Carolina instituted a Eugenics Board made up of high-ranking public health officials. Their main purpose was to decide whether sterilization petitions should be carried out. These Board members were addresses cases of individuals diagnosed as feeble minded or mentally ill Gardella, p. It should be noted that the law had an "extramural" component; i. Process of the Law Under the sterilization law, the North Carolina General Assembly gave the governing body or executive head of any penal or charitable public institution the authority to order the sterilization of any patient or inmate whose operation they considered would be in the best interest of the individual and of the public good. All orders for sterilization had to be reviewed and approved by the commissioner of the Board of Charities and Public Welfare, the secretary of the State Board of Health, and the chief medical officers of any two state institutions for the feeble-minded or insane. In the reviewing process, they looked at a medical and family history of the individual being ordered for sterilizations to help decide whether the operation would be performed or not. This centralized board included five members: In the hearings of patients or inmates in a public institution, the head of that institution was the prosecutor in presenting the case to the Eugenics Board. In hearings of individuals who were non-institutionalized, the county superintendent of welfare or another authorized county official acted as the prosecutor. The petition for the hearing was sent to the individual being ordered or to their next of kin or legal guardian. In the situation where this person could not represent or defend themselves at the hearing, the next of kin, guardian, or county solicitor stepped in to represent them. If the board decided to order the sterilization, the order had to be signed by at least 3 members and then returned to the prosecutor. This decision could be appealed by the individual to the county superior court and then further appealed to the state supreme court. Precipitating Factors and Processes Eugenics in the s was to some extent a southern phenomenon, as many states in other regions saw their number of sterilizations drop. One factor leading to the acceleration after WWII was race. Race has always been a loaded issue in the south, as slavery was prominent there. When slavery was legal, white slave owners encouraged the reproduction of their slaves in order to create bodies to work and sell. The legacy of considering poor Blacks as a source of cheap servant labor continued. By the s, some in the white majority were becoming anxious about supporting blacks through welfare. The state threatened to remove welfare benefits if the person did not submit to the operation. The fears about the rising cost of the ADC program was a major factor in leading to the shift in racial composition of those targeted for sterilization. As the attention shifted away from the structural causes of poverty and crime

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to placing the blame for urban poverty and social unrest on blacks, sterilization of blacks was facilitated Schoen, Choice and Coercion; see also Schoen, "Reassessing," p. Sterilization also accelerated because it expanded to include the general population when the state gave social workers the authority to submit petitions for sterilization. Therefore, the amount of eligible people increased drastically. In addition, the fight against poverty in North Carolina led to sterilizations in the general population. As this fight intensified, a new policy was created that led to an increase in the number of non-institutionalized people who were sterilized. At the University of North Carolina State Public officials from the department of sociology searched for any possible people eligible for eugenic sterilization. North Carolina carried out 50 percent of these between and on females under the age of twenty Cahn, p. There was a strong historical mentality in the South that supported the idea of trying to control the reproduction of women, and African Americans which helped the idea of eugenics to spread from the North to the South with little opposition from the elitist White male population. Because of the strong belief in moral purity of the South, however it was easy to explain why White women were just as endangered as African American women. Many women were brought in under the pretext that they might have been exhibiting behaviors that were sexual in nature and thus increasing the possibility of sexual promiscuity and warranting eugenic sterilization Cahn, p. The greatest fear with women was that they are deceiving to others as they are still attractive to men and yet are below the standards for reproduction. Women were not safe even if they somehow managed to flee the State of North Carolina either. Such sexually deviant women could be chased all the way to Florida, as was the case for Emma Suggs. Soon North Carolina set its sights on women of color who were seen as likely to be on welfare and to have illegitimate children. Women, including wives, daughters, sisters and unwed mothers, were overrepresented. Overall, women made up While many white women were sterilized, the state began to focus on sterilizing black women as they became the majority of the welfare population. Black women were seen as highly uneducated, poor, and as having higher fertility rates than their white female counterparts. Black women were presumed to have uncontrollable sexual behavior, and as these racial stereotypes were reinforced, black women became an even larger target for controlled reproduction through sterilization. Social class also played a role in who was targeted after WWII, as women on welfare, usually living in socially isolated places, were overrepresented. They were generally ordered for sterilization by social workers and lived outside of institutions. They would often not be released until they or a family member agreed to have them sterilized Wiggins, p. Women that were social workers were strong supporters for the eugenics movement. Johanna Schoen has argued that some social workers provided sterilization out of empathy. However, Krome-Lukens maintains that women were often coerced and that many social workers provided sterilizations as an opportunity to save money from future drains on society Krome-Lukens, p. Interestingly enough "according to Krome-Lukens "eugenics was a key element of progressive reform and was indicative of the new mentality surrounding sexuality and the standard gender roles of the time Krome-Lukens, p. Finally, race also played a role in those targeted for sterilization. Overall, blacks represent It was seen as necessary to sterilize those recipients of welfare to decrease the growing financial burden on the state. There are two stories that were made public by two black women who were sterilized against their will at a young age in North Carolina. The first is Elaine Riddick, who had been sterilized at the age of 14 by a state order in North Carolina in after giving birth to a baby after being raped. When she was operated on she was not informed that she was being sterilized. She only discovered this years later when she was trying to get pregnant with her husband. She was considered part of a lower class and the consent form had been signed by her illiterate grandmother, who was threatened to lose her public benefits, and her parents, who were both alcohol dependent at the time. The second story is of Nial Cox Ramirez, who was sterilized at the age of 17 after several instances of pressure from social workers to get sterilized after becoming pregnant. She eventually complied because they threatened to take her family off of welfare, but she was never informed of the consequences of the surgery. She was assured she would be able to become pregnant again, but learned otherwise when she attempted to conceive years later. Like Riddick, her marriage fell apart. When she sued the state of North Carolina in , the

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lawsuit was dismissed on a technicality Wiggins, p. These women were only two among those who fell under the categories of the groups targeted, and suffered as a result. Some were quick to believe that Black Americans practiced reckless breeding Larson, p. Young children were also targeted by these eugenic practices. As a result he parents gave consent to have their daughter sterilized instead of reprimanding the father for sexually assaulting his daughter Ariyo, p. Blacks and Mentally and Physically Disabled: The Story of Junius Wilson Source: He was born deaf in and so his literacy level was extremely low. At the age of eight he was sent away to a residential North Carolina School for the deaf and blind in Raleigh. He was never taught proper sign language and so his family members often would misunderstand him or misinterpret gestures that he made, and he also did not understand the things that his family members were telling him, as his mother could not teach him how to read and write Burch, p. Because of the confusing communication, some of his family members suspected that he had assaulted one of his own family members sexually. In this community he was somewhat safer from his family however he was sent here not for deafness per se but for his perceived mental deficiencies and sexual deviations. Here in this institution Wilson became a member of a community that was equally misunderstood and equally ostracized by the greater community. They were all people of color and they were all unable to communicate by normal conventions. They were never officially taught ASL American Sign Language as they were all people of color and at the time no one saw fit to use their teaching resources on Blacks. They instead developed their own gestures and signs to communicate with one another and to the staff members in the institution. This form of sign language was entirely unique to these people. As a result, the deaf Blacks from Raleigh could not communicate with other signing deaf people, and far less could they be understood by their hearing peers Burch, p. Southern states had a strong history of segregation. This mentality of separation and White superiority bled the special education programs of even the most progressive places south of the Mason Dixon, like North Carolina. Gustavus Ernest Lineberry became the superintendent for the North Carolina School for the Colored Blind and Deaf in , after this the quality of education changed dramatically. Lineberry was a firm believer in the teaching of the blind and deaf, even Blacks, but he was not so kind as to consider the needs of his White and Black students to be the same Burch, p. He completely redistributed the resources of the school so that the best teachers and alumni were teaching at the White schools. It was also clear that this vocational form of training, towards fields that required little interaction, lowered the cost that their programs would incur and made the need for sufficient literacy nearly unimportant. This, however, created a great deal of socialized problems for the students participating in the programs.

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## 5: BioEthics: Forced Sterilization (PP5)

*lombardo focuses on the legal debate, as well as the morals and ethics used to justify eugenics, the history of the case as well as the people involved. as someone who teaches the basics of academic writing, i was.*

The report references the involuntary sterilization of a number of specific population groups. Women, especially in relation to coercive population control policies, and particularly including women living with HIV, indigenous and ethnic minority girls and women. Indigenous and ethnic minority women often face "wrongful stereotyping based on gender, race and ethnicity". Women with intellectual disabilities are "often treated as if they have no control, or should have no control, over their sexual and reproductive choices". Other rationales include menstrual management for "women who have or are perceived to have difficulties coping with or managing menses, or whose health conditions such as epilepsy or behaviour are negatively affected by menses. Transgender persons, "as a prerequisite to receiving gender-affirmative treatment and gender-marker changes". The report recommends a range of guiding principles for medical treatment, including ensuring patient autonomy in decision-making, ensuring non-discrimination, accountability and access to remedies. Population, Resources, Environment, the authors discussed in this encyclopedic textbook the possible role of a wide variety of formulations to address human overpopulation. This included the possibility of compulsory sterilization. In *Ecoscience*, in the chapter entitled "The Human Predicament: Finding A Way Out", the authors speculate about pharmaceuticals that might be developed to sterilize people. Some partial fulfillments of these predictions are the birth control drugs in Norplant and Depo-Provera. See also sterilization medicine Pharmacological. One can further speculate about pharmaceuticals designed to permanently sterilize the gestating human fetus in utero. This memorandum defines the jurisdiction of the International Criminal Court. Lee wrote that requiring sterilization is a human rights violation and LGBT specific international treaties may need to be developed in order to protect LGBT human rights. The government offers Bangladeshi Taka 24 USD for the woman who are persuaded to undergo tubal ligation and for the man who are persuaded to undergo vasectomy. Women are also offered a sari a garment worn by women in Indian subcontinent and men are offered a lungi a garment for men to wear for undergoing sterilization. The referrer, who persuades the woman or man to undergo sterilization gets Bangladeshi Taka 3. The rate of sterilization increased 25 percent each year. About 3, women and men were planned to be sterilized on 16 December the opening day. And the government wanted to persuade 1. The men also said they had not received all of the incentives they had been promised. Five women died during the study, resulting in a death-to-case rate of 9. The death-to-case rate of 9. The presence of a complaint before the operation was generally a good predictor of postoperative complaints. Centers performing fewer than procedures were associated with more complaints. The death rate for vasectomy was 1. All 7 men died from scrotal infections after vasectomy. This rate was lower than that Anesthesia overdose, tetanus, and hemorrhage bleeding were the leading causes of death. Where Bangladesh government also assures the poor people that it will cover all medical expenses if complications arise after the sterilization. And for the women who are persuaded to have etonogestrel birth control implant placed under the skin in upper arm, the government offers Bangladeshi Taka 1. Historically, World Bank is known to have pressured 3rd World governments to implement population control programs. Since 25 August, more than, Rohingya Muslims have been fled from Rakhine state, Myanmar to neighboring Bangladesh, which is a Muslim majority country, following a military crackdown against Rohingya Muslims in Rakhine state, Myanmar. Sabura, a Rohingya mother of seven, said her husband believed the couple could support a large family. But he is not convinced. District family planning authorities have managed to distribute just packets of condoms among the refugees, amid reports they are reluctant to use them. They have asked the government to approve a plan to provide vasectomies for men and tubectomies tubal ligation for women in the camps. One volunteer, Farhana Sultana, said the women she spoke to believed birth control was a sin and others saw it as against the tenets of Islam. Bangladeshi

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officials say about 20, Rohingya refugee women are pregnant and have given birth since arriving in the country, but this may not be accurate as many births take place without formal medical help. Compulsory sterilization in Canada Two Canadian provinces Alberta and British Columbia performed compulsory sterilization programs in the 20th century with eugenic aims. Canadian compulsory sterilization operated via the same overall mechanisms of institutionalization , judgment , and surgery as the American system. However, one notable difference is in the treatment of non-insane criminals. Canadian legislation never allowed for punitive sterilization of inmates. The Sexual Sterilization Act of Alberta was enacted in and repealed in In , Leilani Muir sued the Province of Alberta for forcing her to be sterilized against her will and without her permission in Over 60 women are involved in a lawsuit in this case. In order to effectively deal with the complex issues surrounding childbirth, the Chinese government placed great emphasis on family planning. Because this was such an important matter, the government thought it needed to be standardized, and so to this end laws were introduced in However, recently accusations have been raised from groups such as Amnesty International , who have claimed that practices of compulsory sterilization have been occurring for people who have already reached their one child quota. These practices run contrary to the stated principles of the law, and seem to differ on a local level. An especially egregious example, according to Amnesty International, has been occurring in Puning City, Guangdong Province. The sterilization drive in this city was in accordance with regulations outlined by the government in the Population and Family Planning Law of This drive, also known as the Iron Fist Campaign , also is said to have used coercive methods in order to ensure that close to 10, women were sterilized, including detaining elderly family members. The policy requires a "social compensation fee" for those who have more than the legal number of children. According to Forbes editor Heng Shao, critics claims this fee is a toll on the poor but not the rich. Si Bu Tuo Zhe Renmin which could prove infractions in the field.

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6: Disability, Eugenics, and the Culture Wars () | Paul A. Lombardo - [www.enganchecubano.com](http://www.enganchecubano.com)

*Paul A. Lombardo - - Journal of Law, Medicine and Ethics 43 (2) Kara Swanson details the professional evolution of Alan Guttmacher, and the quandary he faced when the law interfered with prerogatives he wished to exercise in his practice of reproductive medicine.*

In the first half of the twentieth century, many such programs were instituted in countries around the world, usually as part of eugenics programs intended to prevent the reproduction and multiplication of members of the population considered to be carriers of defective genetic traits. Forced sterilization has been recognised as crime against humanity if the action is part of a widespread or systematic practice by the Rome Statute Explanatory Memorandum, which defines the jurisdiction of the International Criminal Court. Canadian compulsory sterilization operated via the same overall mechanisms of institutionalization, judgement, and surgery as the American system. One notable difference is in the treatment of non-insane criminals. Canadian legislation never allowed for punitive sterilization of inmates. Alberta The most successful sterilization program in Canadian history was afforded via the passing of the Alberta Sexual Sterilization Act of 1928. In total, over 28,000 procedures were performed. Initially, the act only provisioned sterilizations where consent was given by the subject or legal guardian of the subject, depending on the competency of the individual scheduled to undergo the operation. The amendment to the act allowed for sterilizations to be carried out without consent in the case of those deemed mentally defective. Sterilization of individuals deemed mentally ill still required consent. At the end of World War II, while other eugenic sterilization programs were being phased out, Alberta continued on, even increasing the scope of eligibility for sterilizations. They continued until 1972, when approximately 50 persons were operated upon. Targeted sterilization Youths, minorities, and women were sterilized in disproportionately high numbers. Aboriginal people represented only 2%. Women, particularly women who were young, poor, and unmarried, were also disproportionately represented; they were thought to be at high risk for prostitution or at the very least promiscuity, activities suspected of breeding further immorality. While it was conceded that sterilization would not change the behavior of these women, it would prevent them from bearing similarly defective progeny. Aftermath Despite the inaccuracy of IQ testing and tremendous grey area in classifying the mentally defective, nearly 28,000 people were rendered sterile by the Sexual Sterilization Act. The true nature of the act was revealed when Leilani Muir, a former inmate of the Michener Centre also known as the Provincial Training School for Mental Defectives, PTS, discovered in 1987 that she had been sterilized. After being admitted to the PTS at age 10 as an unwanted and abused child, Leilani was given a substandard education. She was inaccurately designated a mentally defective moron an individual with an IQ between 51 and 70, effectively nullifying her human rights. She was administered powerful antipsychotic agents without any due cause, as she had not manifested any symptoms of psychosis during her residency at the PTS. Eventually she was given an impromptu IQ test, on which she scored a 72. Since the victory, another cases have been opened, several of them concerning individuals who may have actual mental disabilities. It is unlikely they will be awarded any settlements based on stigmatization, but they may win suits based on involuntary sterilization, which is now considered battery under Canadian law. British Columbia As in other jurisdictions in the early 20th century, prejudice against physical and mental disability, and concern over societal costs of caring for the disabled, existed in British Columbia. The devaluing and eventual enmity to disabled life popularized rapidly, and spread from disabled children to disabled adults. Additionally, the substantial immigration rate of the 1880s and 1890s spurred a feeling of xenophobia among the Protestant, educated elite of British Columbia. Slavic immigrants in particular were accused of having very high incidence of undesired characteristics, which are now generally attributed to culture shock and language barriers. Thus, in July 1927, five years after Alberta, British Columbia passed its own sexual sterilization act. A three member Eugenics Board comprised of a psychiatrist, a social worker, and a judge was given the duty of authorizing the sterilization of any institutionalized person who was deemed capable of propagating undesirable social

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characteristics. Canadian sterilization laws were only enacted in Alberta and British Columbia, which could be attributed[who? Pope Pius XI of the Roman Catholic Church denounced surgical intervention in reproductive matters, making the more Catholic regions such as Ontario, Quebec, or the Maritime provinces an inhospitable place to lobby for eugenic sterilization of the disabled. The introduction of progressive, left-leaning governments in Alberta[citation needed] and B. Left-leaning parties were eager to embrace new ideas, especially those that held a promise of economic turnaround. Aftermath After seeing a precedent set by Leilani Muir in her successful legal action against the government of Alberta, the British Columbia Public Guardian and Trustee filed similar lawsuits to protect the legal rights of the sterilized disabled. Thus far, 18 lawsuits have been filed against the government of British Columbia regarding the sterilization act. The suits allege that the sterilizations were involuntary, non-therapeutic, and that they were done for the convenience of the hospital. These lawsuits were filed in , and since, several of the plaintiffs have died. In , the cases were dismissed. Early in , however, that judgement was overturned by the British Columbia Court of Appeal. Beyond Alberta and British Columbia Although eugenic sterilization was never instituted in Ontario, the issue saw considerable debate concurrent with the enactment of sterilization laws in Alberta and British Columbia. The formation of the Eugenics Society of Canada ESC in sought to organize supporters of eugenics into a coherent group in order to make their lobbying of the government more effective. Other notable members included the Lieutenant-Governor of Ontario, Dr. Bruce, and eminent psychiatrist Clarence B. Farrar, who had been head of the Toronto Psychiatric Hospital since As social traits like criminality and promiscuity began to edge off the list of heritable traits, the ESC found itself adapting its strategy to that of birth control, while maintaining a focus on economic benefit. It garnered considerable support, but was never able to table eugenic sterilization effectively in the political arena. The ESC met its end shortly after a public relations blunder in , when a representative implied the ESC and the Nazi party sought to achieve similar goals through similar means. Recent court discussions in Manitoba have investigated the legality and ethical permissibility of involuntary sterilization of the mentally disabled. Focusing on those individuals found legally incompetent, the and reports outlined the scenarios where an involuntary sterilization could be warranted. As stated by the discussion, three conditions are necessary for an individual to undergo any medical procedure. The consent must be voluntary, not the product of coercion, threat, or fraud. The individual must be competent enough to give the above consent. Individuals who are legally incompetent include minors and sufficiently-disabled adults. The discussion reached a consensus that involuntary sterilization or sterilization with substituted consent is only permissible if it has an explicit positive effect on the physical or mental health of the individual: One such case involved was a seriously disabled girl with an aversive phobia to blood, who was scheduled to undergo a hysterectomy. The rationale of the surgery was not eugenic, but rather to protect the girl from the direct mental trauma that would likely arise upon initiation of menses. This judgement was seen to be on the very threshold between therapeutic and nontherapeutic surgical intervention. This discussion also cites a landmark case in substituted consent known as the Mrs. Additionally, it was argued that Eve would neither be capable of using any other method of contraception, nor caring for a child should she become pregnant. It was then explored whether or not the government itself could make the decision, using *parens patriae* jurisdiction. In the Eve case, the risks were deemed too high and the benefits too obscure to authorize a nontherapeutic sterilization via *parens patriae* jurisdiction, since a surgical sterilization is an irreversible procedure. Nazi poster from with flags of other countries with compulsory sterilization legislation. The most infamous sterilization program of the 20th century took place under the Third Reich. The law was signed in by Hitler himself, and over eugenic courts were created specifically as a result of the law. Under the German law, all doctors in the Reich were required to report patients of theirs who were mentally retarded, mentally ill including schizophrenia and manic depression , epileptic, blind, deaf, or physically deformed, and a steep monetary penalty was imposed for any patients who were not properly reported. When the issue of compulsory sterilization was brought up at the Nuremberg trials after the war, many Nazis defended their actions on the matter by indicating that it was the United States itself from whom they had taken inspiration.

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After four amendments, this draft was promulgated as a National Eugenic Law in by the Konoe government. The son of then-Prime Minister Indira Gandhi, Sanjay Gandhi, was largely blamed for what turned out to be a failed program. A governmental commission was set up, and finished its inquiry in . The program was meant primarily to prevent mental illness and disease. In a state Institute of Racial Biology was founded in Uppsala and in Parliament began to deal with the first legal provisions on sterilisation. From , the number of eugenic sterilisations under the legal provisions gradually decreased and between and voluntary sterilisations based on the wishes and in the interest of the persons concerned prevailed. The Swedish Racial Hygiene Society had been founded in Stockholm in , and the works by Alva and Gunnar Myrdal was very significant in promoting the eugenic tendencies in practical politics. United States A poster from a eugenics conference displays which U. The United States was the first country to concertedly undertake compulsory sterilization programs for the purpose of eugenics. The heads of the program were avid believers in eugenics and frequently argued for their program. They were devastated when it was shut down due to ethical problems. The principal targets of the American program were the mentally retarded and the mentally ill, but also targeted under many state laws were the deaf, the blind, people with epilepsy, and the physically deformed. Native Americans, as well as Afro-American women,[16] were sterilized against their will in many states, often without their knowledge, while they were in a hospital for other reasons e. Some sterilizations also took place in prisons and other penal institutions, targeting criminality, but they were in the relative minority. In the end, over 65, individuals were sterilized in 33 states under state compulsory sterilization programs in the United States. Indiana became the first state to enact sterilization legislation in ,[18] followed closely by Washington and California in . Sterilization rates across the country were relatively low California being the sole exception until the Supreme Court case *Buck v. Bell* which legitimized the forced sterilization of patients at a Virginia home for the mentally retarded. The number of sterilizations performed per year increased until another Supreme Court case, *Skinner v. Oklahoma*, , complicated the legal situation by ruling against sterilization of criminals if the equal protection clause of the constitution was violated. That is, if sterilization was to be performed, then it could not exempt white-collar criminals. Bell asserted only that eugenic sterilization was constitutional, whereas *Skinner v. Oklahoma* ruled specifically against punitive sterilization. Most operations only worked to prevent reproduction such as severing the vas deferens in males , though some states Oregon and North Dakota in particular had laws which called for the use of castration. In general, most sterilizations were performed under eugenic statutes, in state-run psychiatric hospitals and homes for the mentally disabled. Bell, proposed the structure of one in . The Oregon Board of Eugenics, later renamed the Board of Social Protection, existed until , with the last forcible sterilization occurring in . Some states continued to have sterilization laws on the books for much longer after that, though they were rarely if ever used. California sterilized more than any other state by a wide margin, and was responsible for over a third of all sterilization operations. Information about the California sterilization program was produced into book form and widely disseminated by eugenicists E. Gosney and Paul B. Popenoe, which was said by the government of Adolf Hitler to be of key importance in proving that large-scale compulsory sterilization programs were feasible.

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## 7: Pregnancy, Birth, and Medicine (Stanford Encyclopedia of Philosophy)

LOMBARDO [www.enganchecubano.com](http://www.enganchecubano.com) *DISABILITY, EUGENICS, AND THE CULTURE WARS* PAUL A. LOMBARDO

\* I. INTRODUCTION: EUGENICS AND DISABILITY *Eugenics is an old word and an old idea, but because of its historical role it demands attention in this Symposium issue on legal and cultural responses to disability.*

Bell Posted on by kpagination Many of the victims were, like Carrie [Buck], perfectly normal both mentally and physically and they desperately wanted to have children. The Supreme Court, American Eugenics, and the Sterilization of Carrie Buck The tragedy of eugenics is not that it happened to ostensibly non-disabled people. The tragedy of eugenics is that it happened at all. The tragedy of eugenics is that people used the prospect of disability to justify it. The tragedy of eugenics is that anyone, disabled or not, lost their right to choose if they wanted children. They used the prospect of disability to justify sterilizing anyone they saw fit disabled people, people of color, sex workers, women, low-income people, or a combination of those, for the most part. David Smith and K. Cohen is not alone in therefore implying that there was a correctly targeted group. In one regard, he is correct. Carrie Buck should never have been in that institution. Neither should anyone else have been. Carrie Buck was born in Charlottesville, Virginia, in Eugenics took hold as Carrie grew up. Her father Frank was dead, or had simply left no one knew. Her mother Emma took to the streets and got put on charity lists to try and take care of her children. Emma may have had substance abuse issues with drugs. Emma sometimes went to having sex with different men to try and make ends meet. She had more children. A family called the Dobbsses took Carrie from Emma when Carrie was three or four. Emma Buck eventually was put in the Virginia Colony. The Dobbsses wanted to avoid scandal. Facts of the case were not observed. Carrie went before the board of the institution. They voted to sterilize her. Her appointed guardian filed an orchestrated appeal. It was not really on her behalf. The appeal traveled through all the court systems until it reached the Supreme Court. Bell was a devastating decision by the Supreme Court. The decision the only dissenting member Justice Pierce Butler said that it was legal to sterilize Carrie Buck, a patient at the Virginia Colony for Epileptics and the Feebleminded. They said it was legal to sterilize people, mostly those in institutions, without their consent. It upheld the Virginia law that had passed three years earlier. Justice Oliver Wendell Holmes, Jr. It is better for all the world, if instead of waiting to execute degenerate offspring for crime or to let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their kind. The principle that sustains compulsory vaccination is broad enough to cover cutting the Fallopian tubes. Three generations of imbeciles are enough. Bell was an injustice done to Carrie Buck. It would have been if it were proven today she actually had an intellectual or developmental disability. It was an injustice to the tens of thousands of people, mostly in institutions, who came after her. It was an injustice to the women in the California prisons who underwent forced sterilization as recently as , and to the women who went before a Tennessee district court prosecutor who forced plea deals involving sterilization. Bell has never been overturned in its entirety, permitting legal loopholes. People are still being sterilized today, in the United States and elsewhere. It is not considered a priority to overturn Buck v. Bell in its entirety. State eugenics laws were not overturned until the s and 80s. Bell reached beyond the borders of the United States. The Nazi Party cited it as justification for some of their war crimes. They drew upon American eugenic ideals. United States officials acted as the primary agents in prosecuting Nazi officials, doctors, and others. Despite its association with Nazism, eugenics is not dead. Nor is its height and prominence a distant memory. Sources to think about, and sometimes critique: Compulsory Sterilization in in All Fifty States: Bell Supreme Court opinion:

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## 8: Three Generations, No Imbeciles: Eugenics, the Supreme Court, and Buck v. Bell by Paul A. Lombardo

*Eugenicists believe that the human race can be improved by controlling reproduction as a way of "cleansing" the human gene pool of negative or less desirable traits found in "less desirable" people, particularly those with developmental disabilities, mental illness or those who were considered 'immoral' or had criminal histories.*

Jan 03, Sofia rated it really liked it This book is incredibly well written, and provides a good background for eugenics in contemporary American society, as well as addressing the legal precedents surrounding it. I read it while doing research for a class, and was absolutely blown away by it. Lombardo provides a good background with the history of disability and how it was addressed by governing bodies throughout history. The sections that dealt with America and how they served as pioneers in this field, were packed with information This book is incredibly well written, and provides a good background for eugenics in contemporary American society, as well as addressing the legal precedents surrounding it. The sections that dealt with America and how they served as pioneers in this field, were packed with information that is often excluded from history classes. This book acknowledges the much hidden past of disability rights, and how the disabled community was systematically kept separated from what neuro-typical epistemology deemed acceptable in society. Analyzing the relation between the American eugenics movement and Nazi Germany, really puts things on a new perspective. Considering how the US and Germany were on opposite sides of the war, but yet thoughts and ideas were still flowing albeit indirectly is mind boggling. A very important book! I think like an engineer. If that leads to eugenicism, please show me where the math is wrong. Bell designed to set a precedent for the constitutionality of sterilization laws and protect practicing members of the eugenics community from prosecution. Lombardo uses the narrative of the Buck v. Bell case to tie together different arguments and topics relating to the legal, political, and scientific or lack of scientific history of the eugenics movement and then shifts from the story of Buck v. Bell to its implications in current legal history. Read my full review here: Those interested in reproductive rights, history, early 20th century social issues. Lombardo does a wonderful job of unraveling some of the tangles and simplifying the subject without making it simplistic. His research and notations are exhaustive, spanning 25 years of investigation into the court case and Buck family. Carrie Buck, Charlottesville, VA was the eldest daughter of Emma Buck, an impoverished woman whose husband abandoned her after the birth of their second child. A history of the social and legal history of eugenics is a complicated thing to tackle. Emma Buck had a third child, after which she was committed to VA State Colony for Epileptics and the Feeble-minded on basis of "immorality, imbecility, prostitution, and syphilis. Carrie dropped out of school in sixth grade. She was committed to the same facility as her mother on basis of feeble-mindedness and "incurable behavior. Seriously, look him up. The eugenics movement in the US had been gaining steam since the turn of the century, supported and funded by powerful entities such as Luther Burbank, John Harvey Kellogg, Theodore Roosevelt, Charles Davenport, the Rockefellers, Carnegie Institute, etc. The idea of eugenics is relatively simple: By the early s, states began to pass sterilization laws designed to limit the reproduction of "undesirable elements of the population," usually defined as those deemed "feble-minded," the insane, blind, deaf, "promiscuous" or exhibiting any condition thought to be genetic and a drain on societal resources. In , Carrie Buck was sterilized by the state of Virginia as a condition of release, the first person sterilized under the new Virginia Eugenics laws. The reason given for sterilization was that she was "the probably potential parent of socially inadequate offspring. When her sister, Doris, was hospitalized for appendicitis, she was also sterilized without inform or consent, something she did not discover until James Bell, thus Buck vs Bell. Besides all the ways this entire situation was morally reprehensible, Dr. Lombardo is able to present documents that show the case was rigged: Whitehead was a staunch supporter of eugenics and connected with the movement. I have read several books on the history of eugenics in the US, and this is one of the few that prioritizes information over sensationalism and emotional manipulations. The subject is disturbing enough without all that. Who gets to decide what traits are desirable or undesirable and on what

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basis? For anyone looking for more information that builds on this book, I suggest Dr.

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## 9: The Real Tragedy of Eugenics and a Primer on Buck v. Bell | Paginated Thoughts

*Reproductive justice addresses issues of population control, bodily self-determination, immigrants' rights, economic and environmental justice, sovereignty, and militarism and criminal injustices that limit individual human rights because of group or community oppressions."*

Medicalization Pregnancy and childbirth have become increasingly medicalized in most parts of the world since the early twentieth century. That is, they are increasingly processes that "in fact and as a social ideal" are managed and overseen by medical professionals, typically involve a high degree of technological medical intervention and contact with clinics and hospitals, and are assessed by medical experts who are the authorities on their progress. The concept of medicalization is helpful in making clear how this sort of insertion into a medical context is not or not simply a response to fixed biological facts, but rather a contingent social and institutional process. Death, depression, and short attention span are other examples of processes or conditions that have undergone intense medicalization. In general, medicalization comes with both benefits and burdens, and the medicalization of pregnancy and birth is no exception. Increasingly few obstetricians would claim that intense medicalization straightforwardly promotes good birth outcomes for mothers and infants; rather, almost all would acknowledge that while medical interventions have lessened many risks e. Partly because of these mixed effects of increased medicalization, opposing narratives of pregnancy and birth continue to grow in visibility and support. These narratives may aim to de-medicalize the notion of normalcy in pregnancy and birth, or centralize the knowledge and competence of midwifery e. North American births typically involve a variety of technological interventions, regularly including labor-inducing drugs, spinal epidurals, fetal monitoring, and "in roughly one third of births" surgical delivery. Prior to birth, most pregnancies will involve medical interventions such as genetic testing, ultrasound screening, prescriptions to control various symptoms and risks, and "with increasing frequency" technological assistance for conception. Importantly, however, the rate and intensity with which such interventions are offered or imposed is far from uniform. Dorothy Roberts highlights the striking disparity of benefits enjoyed as a result of medicalization: Some dimensions of the medicalization of pregnancy do not directly involve medical interventions. Both inside and outside the clinic, pregnancy is treated as a medical event requiring intense risk management, monitoring, and appeals to expert medical knowledge: Recently, there has been a vigorous mandate to involve medical professionals in helping women regulate their bodies in accordance with medical standards for minimizing reproductive risk even prior to conception. A majority of women embrace at least some aspects of medicalization; many take it as part of responsible motherhood to maximize the expert management of their pregnancies and to follow risk-minimization advice carefully Seigel The general trend towards medicalizing pregnancy and birth has had several ethically noteworthy effects Davis-Floyd , Duden , Mitchell , Morgan , Sherwin First, medicalization has encouraged us to imagine pregnancy and birth as inherently high-risk, pathological processes that it is irresponsible to undertake without large amounts of expert help and surveillance. Third, some have argued that medicalization has rendered pregnancy in general, and labor and birth in particular, more alienating and stressful for women, burdening them with constant and complicated responsibilities for elaborate risk management and bodily and behavioral surveillance for review see, e. More broadly, this account of pregnancy and birth involves comparable pressures on pregnant women to conform to rigid standards of attitudes and behaviours, and, like the medicalized account, is in danger of de-politicizing and essentializing the experience and management of pregnant women Beckett , Malacrida and Boulton Frank Chervenak and Laurence McCullough contrast medicalization, not with an absence of technological interventions, but with the co-option of these technological interventions by the non-medical sphere of commodification. They argue that such non-medical, social imaging is ethically unacceptable, as it raises concerns about informed consent, psychosocial risks to women, false senses of security in the health of the baby, and economic conflicts of interest. They conclude that medical professionals ought to retain control

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and authority over the use and interpretation of fetal imaging technology. Their argument could easily be extended to other technologies used in obstetrics. Yet Chervenak and McCullough may overestimate the authority that medical professionals are generally able to exercise over the meaning and use of technology. All the same, their argument raises an important point: Instead, medicine is one institution among many that vies for control over the cultural use and significance of this technology, and pregnancy is likely to continue to be technologically intensive no matter how his struggle plays out. Ethical Issues in Obstetrical Care In this section, we examine ethical issues that can arise in the course of obstetrical care for women whose decisional autonomy and competence are not in question. Ultrasound screening for various morphological anomalies and the Maternal Serum Alpha-Fetoprotein Test MSAFP that screens for trisomy chromosomal disorders such as Down syndrome are routine parts of prenatal care; indeed, ultrasound screening does not even require formal informed consent from patients. Other tests such as amniocentesis which diagnoses rather than screens for trisomy disorders and genetic testing for Tay-Sachs disease are common. More arcane tests are available, and it seems clear that the range of conditions and traits for which prenatal testing is possible will continue to grow rapidly. The rise in prenatal testing allows parents and society at large new forms of control over what sorts of children are born, and it enhances the level of medicalization and surveillance during pregnancy. These tests raise a variety of ethical issues. For instance, John Robertson has argued that women should have access to any technologically available prenatal test as part of their right to reproductive autonomy and privacy. On his account, reproductive autonomy rights cover not only when and whether and how we reproduce, but what kind of child we have, and the availability of prenatal tests increases this autonomy. Others argue that reasons to select for the best possible children extend beyond concern for the well-being of the potential child herself to the well-being of others Douglas and Devolder , Elster Prenatal screening and diagnosis does not, at the very least, obviously or in principle operate to enhance free choices for women. Virtually all women undergo routine ultrasound testing and accept MSAFP testing when it is offered to them. When a test becomes routine and medically legitimized, choosing against it can be difficult. In light of such considerations, Press and Browner and others have questioned the extent to which choices to test are really informed and autonomous, and whether women are really prepared for making the difficult decisions that they may confront after testing. Many authors have also pointed out that as testing and abortion for fetal anomalies becomes more common, women who choose not to test, or who choose to carry an impaired fetus to term, may face diminished support and increased blame for their choice see for instance Lawson Several authors have pointed out that increased routine medical surveillance during pregnancy has put new pressure on women to shoulder the responsibility for producing socially acceptable, productive citizens, and for disciplining their own bodies and laying them open to medical intervention and surveillance in accordance with this goal Tremain , Kukla , Roberts Prenatal testing joins forces with a host of other cultural pressures to portray pregnancy as an inherently risky and perilous process Duden Some authors worry that prenatal testing helps to inculcate an inappropriate stance towards parenting: A related concern is that when carrying pregnancy to term becomes conditional upon the fetus having certain traits, our love for our children once they are born may become similarly conditional. Most broadly, questions regarding how prenatal screening and testing impacts the well-being of future children remain unresolved. At the moment, almost all prenatal testing screens or diagnoses well-defined medical disorders such as Down syndrome and Tay-Sachs disease. Ethical concerns will likely become yet more acute as the technology develops, particularly if it extends to testing for traits that are not clearly disorders, such as homosexuality, aggression, or a propensity to obesity. Prenatal testing is often presented, in medical practice and in some bioethical literature, as protecting the well-being of children. It is often argued that it is wrong to bring a child with a disability into the world if we can prevent doing so i. Savulescu and , Davis That life with a disability or chronic illness is predictably worse than non-existence is not plausible for most of the defects for which we testâ€”notably including Down syndrome, which is the most common target for testing and abortion. Some philosophers take an antinatalist stance and argue that human life in general is prima facie worse than non-existence e. This may sound like a straightforward point, but it leads quickly to

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results that many find philosophically puzzling or implausible. For example, if a woman is carrying twins and requires a selective abortion, and one of the fetuses is known to have a serious anomaly while the other does not, many people feel it would be cruel to choose to keep the fetus with the anomaly. And yet, the fetus with the anomaly does not itself have the option of becoming an anomaly-free child; it will either become a child with a disability or not exist at all. We can be doing this child no harm by choosing it over its healthy twin, and its twin, if it counts as a being that can be harmed at all by being aborted, is not harmed in any extra way in virtue of having a twin who will live with an anomaly. Imagine also that she takes her last dose on Tuesday morning. She wants a child, and finds herself with an opportunity to have unprotected sex on Tuesday evening. She will have the same opportunity on Wednesday. If she has sexual intercourse and conceives on Tuesday, her child will almost certainly suffer from limb deformities. If she waits 24 hours, her child suffers no unusual risks. Most of us feel that it would be callous and unethical of her to have unprotected sex on Tuesday. She does not wrong the child by having unprotected sex on Tuesday. Nor does she harm any nonexistent child that she might have brought into existence, limbs intact, on Wednesday, for you cannot harm a nonexistent being. Variations on this problem and its practical and theoretical implications have been widely discussed and continue to feature in heated debates in bioethics.

e. This issue has most often come up with respect to deaf parents, who sometimes prefer to have a deaf child, e. The non-identity problem forces us to search for an explanation of what sort of wronging or rights violation this could be, given that this child could have no non-disabled future open to her to start with. Responses to the non-identity problem, then, may conclude that 1 indeed there is no wrong done by bringing someone into the world in a way that compromises her opportunities for flourishing Heyd , or that 2 the wrong involved is not one done to the childâ€”for instance, it might be wrong on roughly consequentialist grounds Brock , because it promotes problematic values or reflects unacceptable motivations Kumar , or because it fails to promote the interests of an alternative possible child Holtug , or 3 that the non-identity problem is illusory, and that someone can indeed be harmed by being brought into existence Benatar , Harman As Roberts and Wasserman note, different strategies for resolving the non-identity problem emerge from different accounts of harmâ€”e. For some commentators, however, debate surrounding the non-identity problem carries tenuous import for real-life procreative decision-making, and offers little help to prospective parents in addressing the ethical challenges associated with reproduction e. A strategy for addressing the non-identity problem, then, is not equivalent to a strategy for addressing the challenges of harms and benefits to future children for prospective parents. See the entry on parenthood and procreation for further discussion. As the term is paradigmatically used, eugenics involves an intentional, top-down planned social program for engineering an entire population so as to eliminate or propagate particular traits. John Robertson , , who defends a strong version of the right to procreative liberty, defends prenatal testing against charges that it should be understood as ethically equivalent to eugenics by emphasizing the role of individual, autonomous parental choices in controlling this technology. Likewise, those supporting a moral obligation to have children with the best possible lives using available technological means tend to simultaneously emphasize the individual, personal nature of procreative decision-making Mills Yet some doubt that any genuine procreative freedom is preserved when prenatal testing is treated as required e. Moreover, many have argued that as our culture increasingly values and takes for granted the power to control whether our offspring have particular traits, a kind of bottom-up eugenics will be instituted. Furthermore, while individual parents may be free to decide whether or not to avail themselves of tests, which tests we make available will almost surely reflect and entrench existing social norms that tell us what count as valuable and disvaluable traits Sparrow Thus, the argument goes, individual decisions to use these tests will collectively instantiate a eugenic project of designing a population that reflects these values, even if this project does not belong to any centralized intentional agent. Hence we need to settle whether making prenatal testing widely available introduces eugenics in a new and problematic way, and if so, whether this worry is sufficient to override its advantages. There are additional reasons to worry about the distortion of the gene pool that may result from long-term, routine prenatal testing. Furthermore, in eliminating a particular

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individual with some specific trait, we might be accidentally eliminating someone who has other traits that would have made her an exceptionally valuable member of society and contributor to the gene pool. What if we had selectively aborted Abraham Lincoln in virtue of his Marfan syndrome, she asks? The fact that Lincoln probably did not have Marfan syndrome is beside the point. Assuming that we believe that some, but not all, prenatal tests should continue to be available, at least in certain circumstances, we need to ask a host of more specific questions. We need to settle which, if any, of these tests will be covered by insurance as prenatal testing for Down syndrome, ultrasound screening, and other tests currently are, and how we want to manage the consequences of prenatal testing for later insurability. We also need to consider the consequences of prenatal testing for genes that probabilistically raise the risk of developing a condition such as obesity or breast cancer rather than determining that it will be present. Finally, we must decide how we will manage and control the genetic information that results from prenatal tests, which can have significant consequences for other, genetically related family members who might have a strong stake in knowing or in not knowing this information. All of these questions are receiving vigorous discussion in bioethics; disagreements have pervaded discussions among scholars, health care practitioners, and disability advocates. A classic source that discusses all the above issues is Buchanan et al. Other widely cited authors and collections contributing to these discussions include Harris and Shakespeare. In general terms, the disability rights critique raises the worry that prenatal testing and selective abortion risk further stigmatizing disabled people, reducing them to a single defining trait, and harming disability communities. It points out that the offer of a prenatal test for a particular trait is never neutral, but rather implies that a reasonable person might wish to know whether her fetus has this trait, and that this information might reasonably be the basis for a decision not to continue the pregnancy. Although many contributors to the disability rights critique of prenatal testing consider themselves firmly in favor of general abortion rights, they share at least a *prima facie* worry about the ethics of aborting fetuses on the basis of tests for future disability. The disability critique of prenatal testing encompasses at least five types of arguments: Entrenchment of the Medical Model of Disability Disability theorists have most visibly distinguished between the medical and the social model of disability, but sometimes use related labels such as the metaphysical, the biological, and the political model of disability for discussion see, e. According to the medical model, a disability is a pathology or impairment of an individual body, in virtue of which the disabled person is less able to perform various functions than the able-bodied person. Accordingly, since it is the job of medicine to fix bodies or at least minimize the undesirable effects of their medical conditions, it is appropriate for doctors to fix or mitigate disability when they can Saxton

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