

Eugenics: Then and Now

Recognizing “gender identity confirmation” procedures in the historical context of eugenics movements.

A white paper presented by the Women’s Liberation Front

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Modern Gender Identity Procedures

Pediatric gender identity practitioners are dealing with populations of children who are widely known to be far likelier than average to grow up to experience same-sex attraction, to have mental health issues such as may be caused by trauma, or to have an [autism spectrum or obsessive-compulsive disorder](#).

Gender identity procedures carried out on people who are incapable of consent by reason of youth and immaturity constitute a severe form of [experimental medical harm](#), against a population of young people who overlap significantly with the still-recognizable targets of the early eugenics movement. Although permanent sterilization is a likely side-effect of these procedures, they're being performed on young people known to medical science to be likely to [grow up](#) to be comfortable with their bodies.

The modern gender identity movement and pediatric transition industry is well covered elsewhere. Those familiar with its rhetoric will find an unmistakable resonance between the modern language and understanding of pediatric gender identity issues, and self-diagnosis among a similar population of individuals who struggle to fit in with their peers, with the excerpts from the historical record of the eugenics movement, and its long shadow, presented below.

It doesn't matter if the kids are smiling and private clinics are raking in easy profits, rather than having unhappy patients dragged unwillingly to government institutions. The outcome of permanent sterilization of a population still deemed "unfit" in many quarters, without capacity for free, adult consent, is a key common denominator.

Another factor explicitly in common is that these mass sterilizations are being performed in legal medical offices, under the favorable eyes of the law and many elected officials, in the name of improving the patients' mental health and happiness.

"The medical establishment not only spoke out in favor of eugenic sterilization but did so with near unanimity. No prominent medical professors or surgeons publicly opposed the sterilization movement—or if they did, they were not being heard. One survey found that every article on the subject of eugenic sterilization published in a medical journal between 1899 and 1912 endorsed the practice." - From "Imbeciles," by Adam Cohen.

The leading modern proponents of this movement, which treats unusual behavior or poor social fit with sterilization and removal of the sex organs, are medical practitioners who further claim to be strongly supportive of the civil rights of same-sex attracted people. This, too, has significant historical precedent in the early sexologists.

The role and situation of women and girls in the gender identity hauntingly echoes the path of the eugenics movement. What started out as experimental procedures that mostly male doctors tried out on mostly male patients, became experimental procedures strongly championed by female medical practitioners on a patient base that increasingly skewed [female](#) as time went on.

The association of eugenics primarily with the murderous regime of the Third Reich, has obscured the greater number of influential, practicing eugenicists who thought that it would be as useful, and more humane, to simply sterilize their target populations and release them to live out their natural lives. This second type dominated sexual health policy decisions and psychiatric inpatient treatment in the US, Canada, Britain, and much of Western Europe, in the early 20th Century.

Sexology and Eugenic Practice Towards “Inverts”

Early European sexologists, Havelock Ellis and Magnus Hirschfeld, are often held up as champions of same-sex attracted people, as well as those who felt a compulsion to adopt the dress and mannerisms of people of the opposite sex. Largely, this view of them comes from the fact that they were among the first professionals of any stature to say that people shouldn't be criminalized on the basis of same-sex attraction or nonconformity to sex stereotypes.

Such individuals were often referred to as “Inverts,” people whose sexual behavior or sex role performance was in some way more like what would be expected in the opposite sex. While many older terms were used, and descriptions that are now considered distasteful by the subjects, sexologists of a century ago had a clear understanding through observation of the same kinds of distinctions many of us would make today.

As described in Havelock Ellis's book, “*Sexual Inversion*,” homosexuality was coming to replace older terms in late 19th or early 20th Century sexology studies, where it had once been called “Uranianism,” a term from Greek myth, or described as “sexual inversion.” Bisexuality was coming to replace older terms like “psycho-sexual hermaphrodite.”

When early 20th Century sexologists were talking about lesbian, gay, and bisexual people, they mainly refer to the same types of people we would refer to today, though they might have called gay men, “Uranists.” When it comes to trans-identified people, they mainly refer to what they would have termed “Eonists,” or transvestites, mostly heterosexual men, as per Magnus Hirschfeld's landmark 1910 book, “*Transvestites: The Erotic Drive To Cross Dress*.” The desire to cross-dress, mainly among men, was considered a completely different phenomenon from same-sex attraction, with its own nomenclature.

*“We have further to distinguish sexual inversion and all other forms of homosexuality from another kind of inversion which usually remains, so far as the sexual impulse itself is concerned, heterosexual, that is to say, normal. Inversion of this kind leads a person to feel like a person of the opposite sex, and to adopt, so far as possible, the tastes, habits, and dress of the opposite sex, while the direction of the sexual impulse remains normal. This condition I term sexo-esthetic inversion, or Eonism.” - Havelock Ellis, *Studies in the Psychology of Sex, Vol.2: Sexual Inversion*.*

The foundations of sexology, as with most political movements of the time, was inextricably tied up with, and inspired by, the then-popular eugenics movement.

Both Ellis and Hirschfeld expressed that they thought same-sex attracted people shouldn't have children. This was a widely held sentiment among the medical community and the public for some decades. Many people who were involuntarily committed to mental institutions for a range of violations of sexual behavior norms were also involuntarily sterilized or sexually mutilated in order to prevent their having children, or as an attempt to control their behavior.

"[Magnus] Hirschfeld goes so far as to say that it is always so, and concludes that from the eugenic standpoint the marriage of a homosexual person is always very risky. In a large number of cases such marriages prove sterile. The tendency to sexual inversion in eccentric and neurotic families seems merely to be nature's merciful method of winding up a concern which, from her point of view, has ceased to be profitable." - Havelock Ellis, Studies in the Psychology of Sex, Vol.2: Sexual Inversion.

Ellis and Hirschfeld were the eugenicists who were thought of as so overly supportive of same-sex attraction, their works on the subject were sometimes banned or censored during their lifetimes because of their saying that they didn't think that it constituted criminal behavior. But their ideas persisted long after the cruelest reprisals for same-sex attraction, or other unusual personal behavior, had gone out of fashion.

"At any rate, from a eugenic point of view it would do no harm if a number of sexually abnormal men were castrated and thus deprived of their sexual libido." - Transvestism: Hormonal, Psychiatric, and Surgical Treatment," by Hamburger C, Stürup GK, Dahl-Iversen, 1953, fuller excerpt below.

Finally, a running theme of early ideas about minority sexualities throughout the sexologist literature presented below is the idea conveyed by the term invert, that the mind is of the wrong sex for the body. Sometimes, as explored in the text of American Eugenics, this might further play into pre-existing, negative racial stereotypes, such as the preconception of black women as being 'masculine,' or of Jewish men as being 'feminine.' These stereotypes and folk metaphors were considered so obviously true that they were an uncomplicated, routine feature of the most serious, professional medical literature.

"Maurice Chideckel, an associate in medicine at Johns Hopkins University in the 1930s, wrote that white lesbians 'even consider themselves heroic in having a colored "husband."' In a sketch accompanying his chapter 'Institutionalized Homosexuals,' two women, one African-American, the other white, are shown on a prison cot. The white woman, long-haired, eyes closed, legs crossed and wearing heels, reclines limply. The Black woman's hair is cropped short, her eyes narrow as she leers at her lover's exposed breast. She is barefoot, legs and back sculpted, with muscles virtually rippling through her garment, the embodiment of 'manly,' 'animal' lust, and, in Chideckel's mind, predatory victimizer. 42" - "American Eugenics," by Nancy Ordover

The Long Trajectory of the Eugenics Movement

From the late 18th Century until the end of WWII, the ancient belief that the sex organs were primary causes of poor mental health or social maladjustment, and the growing opinion that it would be a good idea to centrally manage human reproduction in a manner akin to livestock breeding, collided disastrously with medical advances in surgery and a growing understanding of the endocrine system and its hormonal output.

It became possible for doctors to try modifying the body to treat a range of behaviors that made it hard for individuals to function in society, everything from violent criminality to frowned upon romantic partnerships, including, but not limited to, same-sex attraction. The ease with which people could be committed as psychiatric inpatients with no rights, either by their families or by the state, gave eugenicist doctors a steady stream of victims to experiment on, many of whom would not have violated any modern criminal law.

Any sexualized behavior outside of what would be recognized as narrowly stereotypical of an ideal, heterosexual marriage could be cause to land a person in a psychiatric hospital. There, they could be deprived of both their liberty and sexual function at the whim of doctors seeking racial purity, an end to “defective” populations of the deaf and epileptic, or a reduction in poverty and crime by limiting the reproduction of the “feebleminded.”

“Labeling a young woman feeble minded was often an excuse to punish her sexual immorality. Many women were sent to institutions to be sterilized solely because they were promiscuous or had become pregnant out of wedlock. A review of sterilization in California found that three out of four of the sterilized women had been judged sexually delinquent prior to their institutional commitment. One sign of the trait was a patient’s failure to display ‘the normal aversions of a white girl to a coloured man who was perhaps nice to her.’” - From, “Killing The Black Body,” By Dorothy Roberts.

A young woman named Carrie Buck, who became pregnant by rape and then gave birth at the age of 17, was used as a test case to legalize eugenic sterilization throughout the United States. This fueled dramatic increases in involuntary sterilization, which started mainly as a niche treatment for private, psychiatric inpatients, or a procedure visited on incarcerated persons by prison doctors. The 1927 *Buck v. Bell* decision has never been overturned, though it’s perhaps best known for its justly infamous legacy of institutionalized, racial abuse, which has continued until recent times.

“But most sterilizations of Black women were not performed under the auspices of the eugenic laws. The violence was committed by doctors paid by the government to provide health care for these women. During the 1970s sterilization became the most rapidly growing form of birth control in the United States, rising from 200,000 cases in 1970 to over 700,000 in 1980. It was a common belief among Blacks in the South that Black women were routinely sterilized without their informed consent and for no valid medical reason. Teaching hospitals performed unnecessary hysterectomies on poor Black women as practice for their medical residents. This sort of abuse was so widespread in the South that there operations came to be known as ‘Mississippi appendectomies.’ In 1975, a hysterectomy cost \$800 compared to \$250 for a tubal ligation, giving surgeons who were reimbursed by

Medicaid, a financial incentive to perform the more extensive operation—despite its twenty times greater risk of killing the patient.” “Killing The Black Body,” By Dorothy Roberts.

While many of these practices have sharply diminished from their historical highs, the sterilization of same-sex attracted persons, young people who have a hard time adjusting to expected sex stereotypes, and individuals with developmental disorders like autism, has seen a recent surge of popularity and respectability in the gender identity movement.

Unlike the picture of the miserable, trapped, psychiatric patients of the early 20th Century, or the mournful victims of “Mississippi appendectomies,” the removal of sexual function under the banner of gender identity has many cheerful, smiling endorsements by patients.

Though this, too, is not entirely new, and when the patients involved are children, the ethics of these practices should be subjected to much more intense scrutiny than was applied to similar experiments a century ago, before the most extreme horrors of mass eugenicist practices were laid bare to the world after WWII. Certainly, we should be asking why the 1976 federal moratorium on the sterilization of minors is being flagrantly ignored at the first mention that a young person claims a gender identity.

“I want you to rejoice with me that your daughter is in the sewing room, sitting quietly with other patients, hemming napkins. Before her operation, that would have been out of the question. She has also lent a hand in washing glass. The nurse told me that she wiped the tumblers carefully and held them up to the light knowingly to catch the sparkle that the experienced housewife likes to see after cleansing and friction.” - Dr. G. Alder Blumer, 1902, reporting to the family of an asylum patient committed to his care for raucous behavior, after he induced early menopause. “Keeping America Sane,” by Ian Robert Dowbiggin.

“In the 1930s and 1940s, the union of medical and psychogenic discourses became so pervasive, so insidious, that overt coercion was not always necessary. Renowned poet, writer, and activist Pauli Murray expended significant time and energy and intellect trying to find cause and cure for her lesbianism. ... As some gay men had once actively sought out castration, there were those among Murray’s generation who believed they had little choice but to willingly subscribe to a model that now included hormonal theories. ... [After meeting with doctors, including a psychiatrist,] Murray wrote that the solution to genuine homosexuality lay in experimental science, meaning hormonal remedies. As her notes from the following day indicate, she was more than willing to subject herself to untested and unwarranted ‘research.’ She asked if Dr. Ruth Fox would be open to experimenting with male hormones.” “American Eugenics,” by Nancy Ordover.

“[N]umerous reports concerning coercive sterilization of minority and poor women began to emerge, 11–15 and a public outcry ensued alleging racist and classist applications of the federal family planning programs. In response, the Department of Health, Education, and Welfare developed protective regulations and a standardized consent form for all publicly funded sterilizations in 1976. 16 These regulations prohibited sterilization of persons younger than 21 years and of mentally incompetent or institutionalized persons ...” - “Federally funded sterilization: time to rethink policy?” By Borrero, S., Zite, N., & Creinin, M. D. (2012). American journal of public health, 102(10), 1822–1825.

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Historical Source and Research Excerpts

The following longer excerpts from primary texts and historical scholarship give a fuller picture of the attitudes of historical eugenicists, and the medical professionals who gave it the imprimatur of scientific respectability.

Several of these excerpts contain explicit language, slurs, and archaic terms now considered disrespectful, reproduced here for the sake of accuracy.

Emphasis has been added to the original text in some cases through bolding select quotes.

1. “American Eugenics: Race, Queer Anatomy, and the Science of Nationalism,” by Nancy Ordover (2003,) University of Minnesota Press.

“Homosexuals, like members of ‘primitive races,’ were cast as throwbacks, their evolution incomplete, as evidenced by claims that their bodies were not asexually distinct as they should be. **40 The medical literature by this time had already endowed lesbians in general, but Black lesbians in particular, with a masculinized anatomy.** In 1921, P.M. Lichtenstein wrote that and abnormally prominent clitoris’ is almost always seen in lesbians, especially in ‘colored women.’ **41** Physicians easily projected their ideas of masculinity and femininity onto interracial couples. Further, they were more than amenable to racist fantasies about who pounced and who was prey.

“Maurice Chideckel, an associate in medicine at Johns Hopkins University in the 1930s, wrote that white lesbians ‘even consider themselves heroic in having a colored “husband.”’ In a sketch accompanying his chapter ‘Institutionalized Homosexuals,’ two women, one African-American, the other white, are shown on a prison cot. The white woman, long-haired, eyes closed, legs crossed and wearing heels, reclines limply. The Black woman’s hair is cropped short, her eyes narrow as she leers at her lover’s exposed breast. She is barefoot, legs and back sculpted, with muscles virtually rippling through her garment, the embodiment of ‘manly,’ ‘animal’ lust, and, in Chideckel’s mind, predatory victimizer. **42**” P. 96, Gender, Race, and the Strategy of Metaphor

“Metaphor enabled other prevailing discourses, most importantly scientific racism, to come to the aid of physicians eager to administer surgical curative and/or establish the credibility of their observations. Pronouncements on the ‘masculinized libidos’ of lesbians, the effeminacy of Jewish men, and the hypermasculinity of Black lesbians all served to reinforce associative links between despised populations, and, just as critically, validated the classification of certain orientations, expressions, and behaviors as the natural domain of particular gendered or racialized groups. In this context, rating the degree of Childhood Gender Nonconformity among LGBT people is but one more step on a historical continuum where metaphors and simile are factored into the scientific equation. **62**” - Pgs. 100-101, Gender, Race, and the Strategy of Metaphor

“In the 1930s and 1940s, the union of medical and psychogenic discourses became so pervasive, so insidious, that overt coercion was not always necessary. Renowned poet, writer, and activist Pauli Murray expended significant time and energy and intellect trying

to find cause and cure for her lesbianism. ... **As some gay men had once actively sought out castration, there were those among Murray's generation who believed they had little choice but to willingly subscribe to a model that now included hormonal theories.** ... [After meeting with several doctors, including a psychiatrist,] Murray wrote that the solution to genuine homosexuality lay in experimental science, meaning hormonal remedies. As her notes from the following day indicate, she was more than willing to subject herself to untested and unwarranted 'research.' She asked if Dr. Ruth Fox would be open to experimenting with male hormones." - Pgs. 107-108, *Homosexuality and the Bio/Psych Merge*

"The hormonal therapy [Pauli] Murray referenced was a product of the fusion of biological and psychiatric discourses, a two-pronged attack able to satisfy psychologists, medical doctors, and researchers. It began in earnest in the United States in the late 1930s and early 1940s and remains one of the most frightening additive treatment approaches. **Endocrinology (the study of hormones, glands, and their associated disorders) was carving a niche for itself, and the climate was right for an embrace of hormonal experimentation on humans. In 1939, an unnamed writer declared in *Sexology's* pages that while 'congenital' sexual inversion was incurable, the fundamental cause was no mystery. 'The invert individual is so because of a deficiency in one of his sources of personality—his native glandular endowment.'** 22 Another of the journal's contributors described 'force, as yet undiscovered, which in some individuals destroyed the female hormone, and makes those persons predominantly male; while in other persons, it destroyed the [male] hormone and makes them predominantly female.'" He named this the 'X-force,' and explained that it sometimes failed. If it did fail, female hormones in a male body might not be destroyed, and the formation of male hormones might be retarded, resulting in homosexuality. 23 Not everyone was convinced." P. 109, *Homosexuality and the Bio/Psych Merge*

"*Buck v. Bell* was part of a deliberate and determined effort to situate women as the primary candidates for sterilization. According to data culled by the Human Betterment Foundation, established in 1929 by sociologist and *Journal of Heredity* editor Paul Popenoe, 13 there was a radical shift in surgical sterilizations between 1928 and 1932. At the end of 1927, 53 percent of all people who had been legally sterilized in the United States were male. During the next five years, however, this percentage dropped to 33 percent. **In institutions, where the procedure was even less likely to be voluntary, the percentage of women and girls who were sterilization recipients climbed from 47 percent to 67 percent.** 14 These numbers represent the corporeal fulfillment of eugenic constructions of women up to that point, both as hostages to their reproductive organs and as de facto regulators of the national gene pool. **This first categorization, particularly in the late nineteenth century, left women and girls vulnerable to "official surgery," including clitoridectomies and hysterectomies for the prevention and treatment of epilepsy, melancholia, pulmonary tuberculosis, eczema, rheumatism, hip injuries, stammering, headaches, fainting, 'violent temper,' kidney disease, insanity, 'idiocy,' and, of course, masturbation and 'hysteria.'**" Pgs. 135-136, *Buck v. Bell* and Before

"Ninety-four percent of obstetrician-gynecologists surveyed in 1972 favored withholding welfare from single mothers with more than three children if they

refused to submit to sterilization. 25 Doctors, idealized not only as medical providers but as patient advocates, were actually more willing than the public at large to have the state intervene to compel sterilization. Unlike the general public, however, they had the means and the opportunity to enact their will upon the women they treated. By their own logic, doctors should have been targeting white women, who have always constituted the majority of AFDC recipients. While there were, indisputably, low-income and poor white women pressured into accepting sterilization, the most systematic campaigns for punitive sterilization were waged against women and girls of color—both in and out of the South. African-American women were not alone. **Ninety-five percent of women sterilized in New York City in 1965 were Puerto Rican.** 26 By the early 1980s, half the Puerto Rican women of childbearing age in Hartford, Connecticut, had been sterilized. 27” - P. 166, Physical Fallout

“Some of the most flagrant and blatantly racist infractions took place at Indian Health Services (IHS) facilities. In June 1977, the General Accounting Office (GAO) released a report disclosing multiple violation of the HEW guidelines at federally funded IHS hospitals. **Thirty-four hundred Native American women were sterilized between 1973 and 1976 in and around Phoenix, Albuquerque, Aberdeen, and Oklahoma City.** 51 A significant number for any demographic group, this figure was all the more alarming given the relatively small numbers of Native Americans— 0.4 percent of the population at that time. 52 Consent forms, when they were used, were not in compliance with the federal regulations. **In addition, the GAO documented thirty-six violations of the moratorium on the sterilization of minors.** 53 In a 1977 interview, Dr. Connie URI of Indian Women United for Social Justice estimated that 25 percent of Native American Women of childbearing age had been rendered sterile by the IHS. 54 At the IHS hospital in Claremore, Oklahoma, this translated into one woman sterilized for every four babies born at the facility. 55” - Pgs. 171-172, Physical Fallout

Gender, Race, and the Strategy of Metaphor, Footnote 62. “Into this cultural context comes Simon LeVay’s pronouncement that a region of the hypothalamus in gay men and (presumably heterosexual) women is less than half the size of the same region in straight men. (LeVay, “A Difference in the Hypothalamic Structure between Heterosexual and Homosexual Men,” 1034). Once again, size equals sexuality, and once again women and gay men fail to measure up as hard science confirms the associative link between them. LeVay certainly has ideological ancestors, in terms of both method and analogy. In 1931 Albert Moll reported on French writers Magnan and Gley, who theorized on a “feminine brain in Uranists.” Moll also noted autopsies performed by Recklinhausen to determine the roots of homosexuality (Moll, *Perversions of the Sex Instinct*, 166). **Perhaps the most extremist of subscribers to the gay-man-as-true-woman theory was Theo Lang.** Beginning in 1934, Lang studied 1,105 gay men whose names and addresses were obtained from the Munich and Hamburg police. The men had a total of 1,734 brothers and 1,532 sisters. **Lang concluded that this ratio of 100 females to 121 males must mean that some of the male subjects were genetic females in men’s bodies.** The compilation of lists of known and suspected gay men by the police under the Third Reich comes as no surprise, yet Lang’s assertion that research findings would ‘contribute to the final solution of homosexuality’ is chilling, especially given the fact that his theory was not quashed until the 1950s when it became possible to determine chromosomal sex. Theo Lang, ‘Studies on the Genetic Determination of Homosexuality,’ *Journal of Nervous and Mental Disease* 92, no.1 (July

1940): 61, 56, 63; C. M. B. Pare, 'Etiology of Homosexuality: Genetic and Chromosomal Aspects,' in *Sexual Inversion*, Ed, Judd Marmor (New York: Basic Books, 1965), 72.

"Thanks in large part to the many years science has spent establishing the physical, emotional, and intellectual inferiority of women, 'woman' has become the worst possible insult to hurl at a man, while behavior categorized as 'feminine' translates to 'gay marker' when engaged in by men or boys. ..."

2. "At the Dark End of the Street: Black Women, Rape, and Resistance—a New History of the Civil Rights Movement from Rosa Parks to the Rise of Black Power," by Danielle L. McGuire (2010,) Random House.

"[Fannie Lou] Hamer's mother and grandmother taught her the painful truth that in the Mississippi Delta, if not the entire South, a 'black woman's body was never hers alone.'² If she was at all unclear about this lesson, the forced hysterectomy she received in 1961 when she went to the hospital to have a small cyst removed from her stomach left little room for confusion. 'I went to the doctor who did that to me,' she said, 'and I asked him, "Why? Why had he done that to me?" He didn't have to say nothing—and he didn't.' 'He should have told me,' she said. 'I would have loved to have had children.' The practice was so common that blacks often called it a 'Mississippi appendectomy.'³ Hamer, like other black women who received the same procedure, had little recourse." - Chapter 6: "A Black Woman's Body Was Never Hers Alone"

Chapter 6, footnote 3: "Harriet A. Washington, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (New York, 2006), 190. In 1973 the Southern Poverty Law Center (SPLC) filed a class-action lawsuit to end federal funding for involuntary sterilization. **SPLC lawyers discovered that 100,000 to 150,000 women had been sterilized using federal funds; half of them were black women.** Ibid.,202-4; According to Dorothy Roberts, 'It was a common belief among Blacks in the south that Black women were routinely sterilized without their informed consent for no valid medical reasons,' and 'teaching hospitals performed unnecessary hysterectomies on poor black women as practice for their medical residents. This sort of abuse was so widespread,' Roberts continues, that 'these operations came to be known as Mississippi appendectomies.' Dorothy Roberts, *Killing the Black Body: Race, Reproduction and the Meaning of Liberty* (New York, 1999), 90. U.S. Congress, 'Hearing Before a Select Panel on Mississippi and Civil Rights, Testimony of Mrs. Fannie Lou Hamer,' Congressional Record, 88th Cong., 2d sess., June 4 to June 16, 1964, vol. 110, pt.10, 14001-2; Lee, *Freedom's Sake*, 20-21. Hamer was a life-long opponent of birth control. The women's movement of the late 1960s and early 1970s fought to restrict the practice of coercive or forced sterilization. The Reproductive Rights National Network (R2N2) 'investigated and documented thousands of cases of forced sterilization, especially of people of color; of welfare recipients threatened with cutoffs of stipends unless they submitted to sterilization; and of women asked to sign sterilization consent forms while in labor, either in pain or partly anesthetized.' **In 1974 the U.S. Department of Health, Education, and Welfare finally issued guidelines that required informed consent and prohibited sterilization of women under the age of twenty-one.** See Rosalyn Baxandall and Linda Gordon, "Second Wave Feminism," in Nancy Hewitt, ed., *A Companion to American Women's History* (New York, 2002), 420.

3. “Federally funded sterilization: time to rethink policy?” By Borrero, S., Zite, N., & Creinin, M. D. (2012). *American journal of public health*, 102(10), 1822–1825. doi:10.2105/AJPH.2012.300850

“The US government played a significant role in the popularization of tubal sterilization during the 1970s by establishing family planning clinics and subsidizing payments for sterilization procedures.¹⁰ However, numerous reports concerning coercive sterilization of minority and poor women began to emerge,^{11–15} and a public outcry ensued alleging racist and classist applications of the federal family planning programs. In response, the Department of Health, Education, and Welfare developed protective regulations and a standardized consent form for all publicly funded sterilizations in 1976.¹⁶ **These regulations prohibited sterilization of persons younger than 21 years and of mentally incompetent or institutionalized persons** and also required that women wait a minimum of 72 hours before sterilization. In 1978, the waiting period for sterilization was extended from 72 hours to 30 days between the time of written informed consent and the procedure, with exceptions for special circumstances such as preterm delivery and emergency abdominal surgery.¹⁷”

4. “Imbeciles: The Supreme Court, American Eugenics, and the Sterilization of Carrie Buck,” by Cohen, Adam (2016,) Penguin Books.

“It was Carrie Buck’s misfortune to be at the wrong place at the wrong time. She had been sent to Virginia’s Colony for Epileptics and the Feeble-Minded just when the superintendent was trying to find an inmate to put at the center of the test case. Carrie had precisely the personal attributes the eugenicists were looking for: she had been designated feeble-minded, and as a woman who had given birth out of wedlock at seventeen, she embodied the eugenic nightmare of the feeble-minded reproducing rapidly and flooding the nation with ‘defectives.’ Carrie also came from the sort of family the eugenicists wanted to put in the spotlight. Her mother was also a colony inmate who had been designated feeble-minded, and she had other relatives in the institution, which could help the state establish a hereditary pattern.

“There was more to Carrie’s story, but no one was interested in hearing it. She was not, in fact, feeble-minded, despite what the state’s unreliable intelligence testing reported. Her school records, which the colony ignored, revealed her to be of perfectly normal intelligence. And the real facts about how Carrie had ended up at the colony—and how she had come to be pregnant—showed that she was not a threat to society, but its victim.” - Pgs. 6-7

From pages 55-67, the book lists the sectors of society that eugenicist ideas were popular amongst. In approximate order of mention, they included, but were not limited to, middle-class white people, professionals and intellectuals, academics, lawyers, doctors, social workers, journalists, the president of the American Bar Association, the president of the American Academy of Medicine, feminists like Charlotte Perkins Gilman and Margaret Sanger, Deep South federated women’s clubs, progressives, President Theodore Roosevelt, conservatives, Sir Francis Galton, supporters of Jim Crow, national magazines, major newspapers, Methodist leaders, Presbyterian leaders, Episcopalian leaders, the president of the American Museum of Natural History, William Randolph Hearst’s movie company, the legislators who passed eugenic sterilization laws in 41 states by the mid-1930s, scientists,

and charity workers. This list should demonstrate that eugenics was a popular, bipartisan, respectable belief system, posing a moral test which was failed by nearly every authoritative institution of the time.

“The medical establishment not only spoke out in favor of eugenic sterilization but did so with near unanimity. No prominent medical professors or surgeons publicly opposed the sterilization movement—or if they did, they were not being heard. One survey found that every article on the subject of eugenic sterilization published in a medical journal between 1899 and 1912 endorsed the practice.” - P. 66

“The reach of *Buck v. Bell* extended beyond the United States. The Nazi Party, which was on the rise in Germany, used America as a model for its own eugenic sterilization program. The Supreme Court’s ruling influenced the Erbgesundheitsgerichte, the Hereditary Health Courts that decided who should be forcibly sterilized. And at the Nuremberg trials that followed World War II, **Nazis who had carried out 375,000 forced eugenic sterilizations cited *Buck v. Bell* in defense of their actions.** ...

“Many of those who would airbrush *Buck v. Bell* from history offer a simple explanation: it is an anomaly. ... This rationale for consigning *Buck v. Bell* to the dustbin of history has serious flaws. The first is that there is nothing outdated about the case’s subject matter. Oregon ordered its last forced sterilization in 1981, and up until 1983 its Board of Eugenics was still functioning, though it had been renamed the Board of Social Protection. **In 2013 investigative reporters discovered that nearly 150 female prisoners in California had been sterilized between 2006 and 2010, not always with the women’s consent.**” - Pgs. 10-11

“Doctors were another sector of Virginia society that—as in other parts of the country—was particularly drawn to eugenics. In the early 1900s, physicians from across the state took to the pages of the *Virginia Medical Semi-Monthly* to argue that ‘defectives should be barred from marrying. ...

“Though there was as yet no law in Virginia authorizing eugenic sterilizations, doctors in the state had already begun performing them. The subjects were blacks and poor whites—people on the margins of society with little ability to resist. In 1908 Dr. Charles Carrington, a surgeon at the Virginia State Penitentiary in Richmond, told a National Prison Association conference that he was ‘unreservedly of the opinion that sterilization of our habitual criminals is a proper measure’ and he mentioned having sterilized two black men. Using the crude racial imagery of the time, Dr. Carrington described one of his unfortunate subjects as an debased little negro ... a notoriously lusty, boastful Sodomist and masturbator.’

“Another physician, Dr. Bernard Barrow, reported in the *Virginia Medical Semi-Monthly* in 1910 that he had sterilized five mentally deficient black men. Dr. Barrow was blunt about the role his racist views played in his decisions to sterilize. ‘The negro’ was ‘a savage race’ that could not solve its own ‘social and sanitary problems,’ he said. The responsibility lay with ‘the stronger race—the white man.’ Dr. Barrow got around the absence of a law authorizing sterilization by asserting, improbable though it was, that the men had agreed

to the procedure. He underscored that claim in the title of his article: 'Vasectomy for the Defective Negro with His Consent.'" - Pgs. 74-75

"[Dr. Albert Priddy, superintendent of the Colony for Epileptics, in Virginia,] argued for a combination of segregation and sterilization, which he called the 'clearing house' model. In this approach, young women with hereditary defects would be identified and sent to institutions like the colony. When they arrived, they would be given 'educational, industrial and moral training.' Once they were properly instructed, the young women would be sterilized and then safely released into society again. By sterilizing and releasing many women, rather than holding a few women until their reproductive cycle ended, Dr. Priddy argued, his model would lead to many more women being sterilized, relieving the state of an 'enormous financial burden.'

"There was a third superintendent who joined in Dr. Priddy and Dr. DeJarnette's campaign. Dr. William F. Drewry, who ran the Central State Hospital for Negroes in Petersburg, publicly endorsed sterilization in 1912. Dr. Drewry, who was white, added a racial element to the discussion, by focusing on what he regarded as the particular threat posed by feebleminded black people. He warned that feebleminded blacks were increasing in numbers and that 'the presence of such individuals is a perpetual menace, a constant source of trouble and danger.' Dr. Drewry believed that the answer lay in preventing the feebleminded from reproducing 'by the relentless hand of science, under sanction and authority of law.'

"Like other doctors across the country, Dr. Priddy appears to have sterilized people before it was authorized by law. ..." - Pgs. 79-80

5. "Keeping America Sane: Psychiatry and Eugenics in the United States and Canada 1880-1940," by Dowbiggin, Ian Robert (1997,) Cornell University Press.

"*Keeping America Sane* is an attempt to set the record straight, to replace demonization and inflammatory rhetoric with historical context. The book's origins date back to the winter of 1989-90 when I was introduced to the personal papers of G. Alder Blumer. From 1899 to 1921 Blumer was the head psychiatrist of the Butler Hospital in Providence, Rhode Island, one of the best-known mental hospitals on either side of the Atlantic Ocean. While examining these materials I came to two conclusions: first, that Blumer had gone from being a convinced eugenicist to an anti-eugenicist; and second, that his papers constituted one of the most important unpublished sources for the history of Anglo-American psychiatry, offering an intriguing glimpse into the mental processes of an influential U.S. psychiatrist. As a historian I hoped that the Butler archives would answer questions that scholars have hitherto overlooked: why and to what extent did psychiatrists actually endorse eugenics? What caused so many psychiatrists to admire eugenics? How responsible were they for eugenic laws? When did psychiatrists' support for eugenics begin and when—if ever—did it end? ... In recommending surgery, psychiatrists were far more moved by the hope of alleviating individual suffering than by anxiety over the effects of biological degeneracy destroying the vitality of the race across generations. ..." - Preface to the Cornell Paperbacks Edition

“Yet another contentious issue for the state’s psychiatrists was the commission’s 1890 order to each asylum to hire a female physician. In 1879, Pennsylvania had recommended that its state hospitals appoint women without making it mandatory. In the 1880s some states followed suit although they required women as assistant physicians not as independent heads of women’s wards. **A standard argument in favor of female psychiatrists, used by women’s groups as well as some women physicians, was that female patients would prefer female doctors because physical lesions of the reproductive organs caused a large percentage of women’s emotional disorders.** Others rejected this theory, saying that ‘assuming this local trouble [of the reproductive organs] to exist, it is by no means clear that women are better qualified to treat it than men’ A further complication was that some women doctors began using this theory to justify ovariectomies just as enthusiasm for the procedure was in decline among male psychiatrists. Psychiatrists’ attacks on pelvic surgery thus became conflated with opposition to women psychiatrists, making it difficult now to distinguish plain misogyny from sincere resistance to a surgical procedure without proven therapeutic effectiveness. Certain male psychiatrists, trained in an era of therapeutic moderation, simply objected to invasive gynecologic surgery.” - P. 42

“In a reference to the 1897 Michigan a sexualization bill, [Blumer] noted that it was an hopeful sign of the times.’ He went so far as to urge surgeons to aid them survival of the fit’ by removing both ovaries from women in whom only one was affected, thus ‘render[ing] all their patients ‘as regards child-bearing, *hors concours*.’

“Blumer’ s admonition to surgeons referred to a late nineteenth-century ovariectomy often called ‘Battey’s operation.’ Named after its originator, Robert Battey, a surgeon from Georgia, it consisted of the removal of normal ovaries to induce premature menopause. Although ovariectomies were sometimes used to remove diseased ovaries, **Battey’s operation was also performed as a way of curing insanity, reducing sexual desire, preventing reproduction, or deterring antisocial behavior. Much of its popularity as a psychiatric therapy was based on the theory of reflex irritation, which stated that nervous connections running via the spine throughout the entire body regulated its organs, including the brain.** It followed, then, that women’s uteri might influence brain functioning, an assumption that, in the words of one historian, ‘provided the justification for massive medical intervention in the female organs of reproduction.’ Mortality rates as high as 22 percent did not deter surgeons from performing Battey’s operation repeatedly, with Battey himself operating on several hundred women between 1870 and 1890.

“ By the 1890s, however, more and more physicians were protesting that the operation was being abused, particularly for the relief of mental illness. In the words of one psychiatrist in 1893, asylums ‘might easily lose a portion of the slender hold they now have upon the public and friends of patients, if it were understood that the patients were subjected to experimental operations of a hazardous nature.’ Despite this consideration, asylum gynecologic surgery did not immediately die out; indeed a surprisingly large number of female physicians both performed and approved of Battey’s operation up to the end of the nineteenth century. The Canadian psychiatrist Richard M. Buckle (1837-1902) authorized 226 such operations at the London provincial asylum between 1895 and 1900. **One reason some physicians disliked giving up on Battey’s operation despite its unfavorable reputation was its eugenic implications, and it was this eugenic dimension that particularly intrigued Blumer. ...**” - P. 84-85

“The first clear signs of Blumer’s backing away from eugenics came in 1904 when he expressed his dissatisfaction with the hereditarian model of mental illness and its assumption that, beyond extreme prophylactic measures, institutional psychiatrists could do no more than provide patients with the basic necessities and segregate them from society. He had tolerated this model because it absolved psychiatrists—particularly public asylum physicians—of responsibility for curing patients. At Butler, though, his emphasis on hereditary weakness as the principal factor in mental and nervous illnesses proved incompatible with the expectations of patients, their relatives and friends, and the local community. **Put simply, it would not do for Blumer to be constantly invoking the need for eugenic interference to erase the hereditary taint in the families of Butler’s patients.** Naturally the families of his patients would resent hearing that their maladies were due to the vices, delusions, and congenital inferiorities of their ancestors. At a time when some New England patricians were campaigning for immigration restriction on the basis of their hereditary superiority over southern and eastern Europeans, they did not want to hear their own physicians casting aspersions on their breeding and lineage. Blumer was placed in the position of having to disavow publicly the eugenic views he had adopted since the late 1890s. ...” - Pgs. 86-87

“In early 1903 [Blumer] wrote to a patient’s parent advising that the daughter undergo their removal of the uterus, its appendages and the clitoris,’ adding, ‘Five such operations have been performed in this hospital during the past two years.’ After 1904 there is no evidence that this operation was performed. ... The women Blumer singled out for surgery of this nature tended to be paying patients and not stated charity inmates. For the most part these women were noisy, destructive, violent, or obscene, making them a disruptive presence. For similar charity patients it was easy enough to make arrangements with state officials to have them transferred as incurables to the state hospital. But it was much harder to have paying patients in this category moved to another facility, partly because it was difficult to convince their parents or guardians that the move was warranted, and partly because **Blumer did not like to discharge affluent patients who could pay for their treatment and stay at Butler. Therefore, one of the very few other options for this type of patient was surgery, and behind these operations lurked both medical and desperation and economic motives.**

“According to Blumer, gynecological operations held out the hope of relieving patients’ symptoms, if not curing the illness itself. **He was relying on the theory that insanity was a genital reflex. This theory had led to a widespread insistence between 1850 and 1900 that removal of women’s reproductive organs could clear up all or some morbid psychological and behavioral symptoms.** Blumer himself rarely cited the possibility of cure when broaching the topic of surgery, but sometimes he held out the hope of improvement. For example, about one female patient who ‘made repeated assaults upon officers, nurses, and fellow patients,’ Blumer wrote that an operation would not lead to a ‘cure [of] the ... morbid conditions of brain and nervous system.’ ‘We shall be satisfied,’ he added in his letter to the patient’s concerned mother, ‘if we may render your daughter more comfortable and less prone to the distressing periods of excitement which have been a characteristic of the case for so long a time.’ At least one raucous patient who submitted to the operation showed some progress. As Blumer had noted to the patient’s mother in July 1902, “Having for over two weeks occupied myself the bedroom immediately under that in

which your daughter sleeps, her deplorable condition has been painfully impressed upon me by her frenzied noisiness.’ In December, after “the artificial induction of the menopause,’ he was able to write: ‘I want you to rejoice with me that your daughter is in the sewing room, sitting quietly with other patients, hemming napkins. Before her operation, that would have been out of the question. She has also lent a hand in washing glass. The nurse told me that she wiped the tumblers carefully and held them up to the light knowingly to catch the sparkle that the experienced housewife likes to see after cleansing and friction.’ Blumer’s great relief over this relatively insignificant change indicates just how troublesome and disturbing he found ‘frenzied’ patients like this one.

“Few patients did improve after surgery, however, probably another reason why he stopped recommending it after 1904. **After she had her ovaries and uterus removed in late 1902, one patient was described by Blumer in the next year as ‘dull, listless and controlled by fears of personal unworthiness.’** But because she was ‘not especially difficult of management,’ he considered the operation ‘a decided success.’ Nonetheless, by May 1904 that patient was ‘quite depressed’ and had suffered ‘a mental deterioration.’ In 1907 she was transferred to the state hospital. If the operation had improved her condition, it was only temporarily.” - Pgs. 89-90

6. “Killing The Black Body: Race, Reproduction, and the Meaning of Liberty, Twentieth Anniversary Edition,” by Roberts, Dorothy (1998,) Vintage.

“In 1899, Harry C. Sharp, A physician at the Indiana State Reformatory, pioneered a plan to remedy race degeneration by sterilizing criminals. His paper **‘The Severing of the Vasa Deferentia and Its Relation to the Neuropsychopathic Constitution,’** published in 1902, reported the beneficial results of the operations he had performed on prison inmates and called for legislation authorizing state institutions ‘to render every male sterile who passes its portals, whether it be almshouse, insane asylum, institute for the feebleminded, reformatory, or prison.’ Over the course of ten years, Dr. Sharp performed vasectomies on 456 inmates. Sharp’s proposal sparked a lobbying campaign by physicians across the country advocating mass sterilization of degenerate men. Between 1909 and 1910 alone, medical journals published twenty-three articles promoting compulsory sterilization as a means of stemming social degeneracy. President Theodore Roosevelt, who urged Americans to avert the dangers of ‘race suicide’ by producing large families, also endorsed eugenic sterilization. ...

“Labeling a young woman feeble minded was often an excuse to punish her sexual immorality. Many women were sent to institutions to be sterilized solely because they were promiscuous or had become pregnant out of wedlock. **A review of sterilization in California found that three out of four of the sterilized women had been judged sexually delinquent prior to their institutional commitment.** One sign of the trait was a patient’s failure to display ‘the normal aversions of a white girl to a coloured man who was perhaps nice to her.’ Walter Fernando, superintendent of the Massachusetts School for Feeble-minded Children, indicated that the trait had more to do with sexuality than with low intelligence. Observing that feebleminded girls were ‘often bright and attractive,’ he warned that, if allowed to reproduce, they ‘bring forth in geometrical ratio a new generation of defectives and dependents, or become irresponsible sources of corruption and debauchery in the communities where they live. Carrie Buck, it turns out, was

sterilized because she was poor and had an illegitimate child. There was no reliable evidence that either she or her daughter was mentally deficient. After reviewing the records, Harvard evolutionary biologist Stephen Jay Gould concluded: 'Her case never was about mental deficiency; it was always a matter of sexual morality and social deviance.... Two generations of bastards are enough.' In short, eugenic sterilization enforced social judgments cloaked in scientific terms.

"Eugenicists' Growing Interest in Blacks

"The economic crisis of the Depression also increased interest in sterilization as a means of preventing the birth of children who would need public assistance. The location of most sterilizations shifted from the West, where California led in the number of involuntary operations, to the South. Howard Hale recalled in a recent newspaper interview how Virginia sterilization authorities rounded up entire families in the poverty-stricken mountains during the 1930s:

"Everybody who was drawing welfare then was scared they were going to have it done to them They were hiding all through these mountains, and the sheriff and his men had to go up after them.... The sheriff went up there and loaded all of them in a couple cars and ran them down to Staunton [Western State Hospital] so they could sterilize them.... People as a whole were very much in favor of what was going on. They couldn't see more people coming into the world to get on the welfare.

"The eugenics movement was also energized by issues of race. In the 1930s, it turned its attention from the influx of undesirable immigrants to the Black population in the South. Southern segregationists threatened by Black political advancement borrowed theories from the Northern liberals, who were the chief exponents of eugenics philosophy. It was now clear that the prediction of Social Darwinists that the degeneracy of the Black race doomed it to extinction was wrong. In the decades following Emancipation, poverty had taken its toll on the life prospects of Black sharecroppers in the South. One historian describes the deplorable state of Black health at the turn of the century: 'The fertility rates of black women declined by one-third from 1880-1910 as a result of, among other factors, poor nutrition; the life expectancy at birth for black men and women was only thirty-three years; a black mother could expect to see one out of three of her children die before age ten and to die herself before the youngest left home' ...

"By the 1940s, eugenics had been discredited both as bad science and as an excuse for racial hatred. Numerous scholars, such as Frank Boas and Otto Klineberg, had demonstrated scientific errors in the movement's theories about inherited traits. ... American eugenicists who had initially supported the German sterilization law were shamed by its eventual connection to the Nazi Holocaust.

"Along with this repudiation of eugenic theory, the development of the constitutional doctrine of reproductive autonomy and the changing view of mental retardation have spurred a major reform of sterilization law in the last fifty years. The American Eugenics Society changed its name in 1972 to the less offensive Society for the Study of Social Biology, which still publishes the journal *Social Biology*. But the eugenicists' reign had taken its toll. **Between 1929 and 1941, more than 2,000 eugenic sterilizations were**

performed each year in the United States. It has been estimated that a total of over 70,000 persons were involuntarily sterilized under these statutes. Moreover, the eugenicists' way of thinking about reproduction and social inequality left a lasting imprint on American policy debates. ...

“By World War II involuntary sterilizations in the South had increasingly been performed on institutionalized Blacks. **The demise of Jim Crow had ironically opened the doors of state institutions to Blacks, who took the place of poor whites as the main target of the eugenicist's scalpel.** South Carolina reported in 1955, for example, that all of the twenty-three persons sterilized at the State Hospital over the previous year were Black women. The North Carolina Eugenics Commission sterilized nearly 8,000 ‘mentally deficient persons’ in the 1930s and 1940s, some 5,000 of whom were Black. A study of sterilization in state institutions in North Carolina published in 1950 gives a chilling account of government-sponsored mayhem that continued well into the 1940s. ...

“But most sterilizations of Black women were not performed under the auspices of the eugenic laws. The violence was committed by doctors paid by the government to provide health care for these women. **During the 1970s sterilization became the most rapidly growing form of birth control in the United States, rising from 200,000 cases in 1970 to over 700,000 in 1980.** It was a common belief among Blacks in the South that Black women were routinely sterilized without their informed consent and for no valid medical reason. Teaching hospitals performed unnecessary hysterectomies on poor Black women as practice for their medical residents. This sort of abuse was so widespread in the South that these operations came to be known as ‘Mississippi appendectomies.’ **In 1975, a hysterectomy cost \$800 compared to \$250 for a tubal ligation, giving surgeons who were reimbursed by Medicaid, a financial incentive to perform the more extensive operation—despite its twenty times greater risk of killing the patient.**

“Fannie Lou Hamer, the leader of the Mississippi Freedom Democratic Party, informed a Washington, D.C., audience in 1965 that **60 percent of the Black women in Sunflower County, Mississippi, were subjected to postpartum sterilizations at Sunflower City Hospital without their permission.** Hamer had suffered this violation herself when she went to the hospital for the removal of a small uterine tumor in 1961. The doctor took the liberty of performing a complete hysterectomy without her knowledge or consent. This practice of sterilizing Southern Black women through trickery or deceit was confirmed by a number of physicians who examined these women after the procedure was performed.

“Sterilization abuse was not confined to hospitals in the South. In April 1972, the *Boston Globe* ran a front-page story reporting the complaint by a group of medical students that Boston City Hospital was performing excessive and medically unnecessary hysterectomies on Black patients. Among the charges were: surgeries were performed for ‘training purposes’; radical and dangerous procedures were used when alternatives were available; medical records did not reflect what had really been done to patients; patients were pressured into signing consent forms without adequate explanation; and doctors treated patients callously, adding to the women’s anguish.

“In one case, a teenage girl who was twelve weeks pregnant came to the Boston hospital for an abortion. She was told that it was too late for her to have a regular abortion and that a

hysterectomy was necessary. When the medical student who observed the operation asked a resident why such drastic action was taken, the resident replied that the doctor 'wanted a hysterectomy done for the experience.' Another woman was given a tubal ligation without her knowledge following a cesarean section; the doctor falsely listed the procedure as an appendectomy. In response to reporters' questions about the allegations, the chairman of the obstetrics and gynecology department at Boston University Medical School replied that one should not condemn the entire service 'because of one bad apple.'

"The director of obstetrics and gynecology at a New York municipal hospital reported similar outrageous practices: **'In most major teaching hospitals in New York City, it is the unwritten policy to do elective hysterectomies on poor black and Puerto Rican women, with minimal indications, to train residents.'** A study by Dr. Bernard Rosenfeld of Los Angeles County Hospital released in 1973 confirmed that 'doctors in some cities are cavalierly subjecting women, most of them poor and Black, to surgical sterilization without explaining either potential hazards or alternative methods of birth control.'" - Chapter 2: The Dark Side of Birth Control

7. "Studies in the Psychology of Sex, Vol.2: Sexual Inversion, Third Edition, Revised and Enlarged," by Ellis, Havelock (1927,) CreateSpace Independent Publishing Platform.

"We have further to distinguish sexual inversion and all other forms of homosexuality from another kind of inversion which usually remains, so far as the sexual impulse itself is concerned, heterosexual, that is to say, normal. Inversion of this kind leads a person to feel like a person of the opposite sex, and to adopt, so far as possible, the tastes, habits, and dress of the opposite sex, while the direction of the sexual impulse remains normal. This condition I term *sexo-esthetic inversion*, or *Eonism*." - P. 7

"In recent years no one has so largely contributed to place our knowledge of sexual inversion on a broad and accurate basis as Dr. Magnus Hirschfeld of Berlin, who possesses an unequalled acquaintance with the phenomena of homosexuality in all their aspects. He has studied the matter exhaustively in Germany and to some extent in other countries also; he has received the histories of a thousand inverts; he is said to have met over ten thousand homosexual persons." Ellis goes on to describe Hirschfeld's book, *Die Homosexualität des Mannes und des Weibes*, as an encyclopedia of homosexuality, which described same-sex attraction as a natural condition rather than a pathology." - P. 63

"For the sake of the possible offspring, also, marriage is to be avoided. It is sometimes entirely for the sake of children that the invert desires to marry. But it must be pointed out that homosexuality is undoubtedly in many cases inherited. Often, it is true, the children turn out fairly well, but, in many cases, they bear witness that they belong to a neurotic and failing stock; **[Magnus] Hirschfeld goes so far as to say that it is always so, and concludes that from the eugenic standpoint the marriage of a homosexual person is always very risky.** In a large number of cases such marriages prove sterile. **The tendency to sexual inversion in eccentric and neurotic families seems merely to be nature's merciful method of winding up a concern which, from her point of view, has ceased to be profitable.**" - P. 276

8. “The Most Unkindest Cut of All’: Castration, Homosexuality and Nazi Justice,”
by Geoffrey J. Giles, 1992

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“During the course of the Third Reich some 400,000 people were deemed unworthy of having children and sterilized. Recent research has begun to uncover the extent of these appalling abuses committed not by Nazi thugs, but by respectable physicians.² ... Sterilization was widely viewed, and not just in Germany, as an acceptable tool of eugenic control. **Already in the 1920s, government officials were discussing the desirability of sterilizing all the so-called 'Rhineland bastards', the coloured children of German women and black post-war occupation troops, a measure which the Nazis later put into practice.**⁴

“The government of Hitler created the legal basis for compulsory sterilization with the notorious Law for the Prevention of Hereditary Diseases of 14 July 1933, which covered, among other categories, the congenitally blind, deaf, physically handicapped or feeble-minded, as well as schizophrenics and manic-depressives. ...

“My attention was drawn to this hitherto unexplored question by a particular case. A university professor, an enthusiastic nazi but, like so many, with his own distinct views on what constituted real National Socialism, had the misfortune to have made enemies in the local Party and to be suspected of being a homosexual. In 1936 he was found to have tickled a hotel page-boy, on a park bench after dark. Although he confined his tickling to areas above the waist, the 1935 revision of Section 175 (the clause of the criminal code dealing with homosexual offences) allowed this to be interpreted as a homosexual assault. Although the professor admittedly did tickle for his own titillation, no explicitly sexual act was involved. He confessed to a handful of earlier incidents with male prostitutes, generally confined to tickling but occasionally including masturbation, but that was not a punishable offence at the time of commission. With such slender evidence as this, the Gestapo nevertheless succeeded in its very first 'interrogation' of the professor in making him sign an agreement to be castrated, doubtless with promises of leniency. Even in court, the grounds for his conviction were so slight that he would probably have won an appeal. Yet he refrained from doing so, on being promised that if he did not appeal, he would be found a job as a librarian after serving his prison sentence. This was quite simply a lie to avert the appeal. In a literal sense of adding insult to injury, the University of Freiburg then stripped him of his doctorate, though it was by no means required to do so. **There are further tragic details concerning the case, but let this suffice to illustrate the sort of person the nazi authorities considered a sex criminal who needed to be castrated.**¹

“Castration was not unique to the Third Reich, neither did German doctors want to be viewed as the only ones performing such operations. They frequently cited with approval a similar practice in California: and their delight in 1935, when the Danish government extended its 1929 law which permitted voluntary castration, was marred only by the fact that the Danes never found a single, suitable candidate for compulsory

castration. Still, there was some relief when a scholar discovered in an old book a reference to the castration of a sex offender in England in 1790.”

“The elucidation of Section 42k, which dealt with the castration of sex offenders, stressed that this would not be carried out for eugenic reasons, as was the case in California, Washington and Nebraska, and also under the German hereditary disease law. The fact that the sex offender would have no children was a bonus, but the purpose of the new law was rather 'to protect the community from further sex crimes by the offender through the destruction or weakening of his deviant urges'. The framers of the law also realized that this could not be represented as a harmless little operation as sterilization had been, admitting that 'castration represents a serious intervention in the physical and mental organism', resulting in many cases in 'considerable damage to body and soul'. However, the interests of the community were considered to be paramount and to outweigh individual suffering. ...”

9. “Transvestism: Hormonal, Psychiatric, And Surgical Treatment,” by Hamburger C, Stürup GK, Dahl-Iversen E. JAMA. 1953;152(5):391–396.

“Eonists are persons with a fundamental feeling of being victims of a cruel mistake—a consequence of the female personality in a male body. They experience an extremely pronounced desire to wear women's clothes; this, however, must be understood as only one of the many means through which the person attempts to identify himself with the female sex, to be regarded as a woman by society, to be called by a woman's name, and to occupy himself with womanly tasks. Men's clothes are felt to be an intolerable disguise and manly occupations a severe burden. ...”

“... In patients with a deeply rooted aversion against their own genitals, the possibilities of treatment are considerably limited by the legislation governing castration in each country. As a rule, castration will have to be sanctioned by the authorities unless pathological processes in the sexual glands necessitate the operation. In certain countries, e. g., Denmark, Norway, and Sweden, the law makes voluntary castration possible when the patient's sexuality makes him prone to commit crimes, making him a danger to society, or when it involves mental disturbances to a considerable degree, or social deterioration.⁵ **These legislative measures make it possible to remove in transvestites those organs the presence of which seriously impair their mental health.** Surgico-plastic measures in respect of the genitals of castrated persons (including amputation of the penis) have not been foreseen by the law. ...”

“Following are the various possibilities available to facilitate the eonist's life and existence.

“1. Permission to Wear Women’s Clothes in Public. ...

“2. Legal Recognition and Registration as a Woman. ...

“3. Administration of Estrogenic Substances. The aim of administration of estrogenic substances is the inhibition of the testicular function and the development of feminine features, e. g., gynecomastia, or the enhancement of preexisting feminization. **Prolonged administration of estrogens should be avoided because of possible prostatic**

changes and the faint possibility of encouraging malignant tumors. If the presence of the testes is a threat to the mental balance of the patient, castration may have to be considered. **As already mentioned, we consider it a *sine qua non* that administration of estrogenic substances be carried out (e. g., for a six months' period) before operative castration can be performed.**

“4. Castration. — Legislation as regards castration varies considerably from one country to another. In most countries castration is not allowed unless indicated by pathological changes in the sex glands. The sex glands must, in the eyes of society, be protected at any price. It is not immediately evident with what right society compels persons to tolerate the presence of these organs, if their presence is felt to be an intolerable burden, in some cases poisoning the patient's life from youth to old age. It is possible that the authorities are afraid that a number of homosexual and otherwise sexually abnormal persons might attempt to obtain castration, pretending to be transvestites. It is very unlikely that this would happen to any appreciable degree; the majority of homosexual, like heterosexual, men regard castration as a definitely undesirable measure. **At any rate, from a eugenic point of view it would do no harm if a number of sexually abnormal men were castrated and thus deprived of their sexual libido.** It might be feared that the patients would later regret the operation. This is a weighty consideration, but if an adult man of sound mind, after having been told the risks of the operation and after careful consideration, himself accepts the responsibility and persists in his wish, it is unreasonable that society should act as a guardian endowed with a superior wisdom. Moreover, the danger of regret on the part of the patient may be considerably reduced if operative castration is preceded by hormonal castration during a sufficiently long period, with careful observation of the patient by skilled psychiatrists. ...”

WOLF STATEMENT OF PRINCIPLES

WE BELIEVE...

- ◆ That female humans, the class of people called women, are oppressed by men under a male-supremacist system called patriarchy.
- ◆ That patriarchy is organized around the extraction of resources from female bodies and minds in the service of men, including reproductive, sexual, emotional, and labor resources.
- ◆ That gender is a hierarchical caste system that organizes male supremacy. Gender cannot be reformed – it must be abolished.
- ◆ That we are enmeshed in overlapping systems of sadistic power built on misogyny, white privilege, stolen wealth, and human supremacism, and all of those must be dismantled.

WE WORK TO...

- ◆ Halt male extraction of resources from female bodies and minds, by regaining reproductive sovereignty, ending male violence including the sexual exploitation industry, and ensuring that women control the material conditions of our lives.
- ◆ Disrupt and ultimately end the propagation and enforcement of the gender hierarchy, because women's liberation can only be won when the caste system called gender has been abolished.
- ◆ Empower women to organize as a class, including the creation and maintenance of women-only spaces.
- ◆ Analyze and resist all systems of oppression, because until all women are free no woman is free.

WE ARE...

- ◆ Unapologetically radical feminists.
- ◆ Dedicated to the total liberation of women.
- ◆ A women-only organization: We are females who survived girlhood.

WoLF is a radical feminist organization dedicated to the total liberation of women. We fight to end male violence, regain reproductive sovereignty, and ultimately dismantle the gender-caste system.



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