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Second-rate victims: the forced sterilization of Indigenous peoples in the USA and Canada

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This essay explores a particular aspect of the twentieth-century history of Indigenous peoples. The forced sterilization campaign that targeted Indian women in twentieth-century North America and its links to eugenic ideologies remain understudied. While the US and Canadian governments funded these campaigns, according to available estimates, tens of thousands of Indigenous women were compulsorily sterilized. This decades-long campaign reached its peak between the immediate aftermath of WWII and the 1970s, at a time when the native population – after the demographic collapse of the previous centuries – had begun to increase significantly. Indigenous population growth troubled eugenicists determined to safeguard the racial ‘purity’ of the white nations and corporate interests targeting resource-rich Native lands.

I was a victim of that after I had one daughter. I wish I had more children. There are a lot of Native American women out there who never had children because of this. (Jean Whitehorse, Dine’)

Since the 1970s, a rich literature debated the possibility of Indigenous genocide in the USA and Canada.¹ Despite this flourishing, this literature did not focus on more recent events. The forced sterilizations suffered by tens of thousands of Indigenous women during the twentieth century in the USA and Canada are a case in point.² This paper compares the Canadian and US sterilization campaigns and analyses them in the light of the ideology and practice of eugenics.³

The Indian residential schools and the forced sterilizations in Canada

Moved by the desire to assimilate Indigenous peoples, the USA and Canada instituted a series of totalitarian institutions that responded to the name of, respectively, boarding schools and residential schools. Founded and active from the late nineteenth century and still operating at the end of the twentieth century, these institutions run by Christian churches of different denominations became the destination of thousands of children. They were forcibly deported and endured shocking treatment. The aim was to extend ‘civilization’ to them.⁴

Leading the way were the USA: from 1879, the year of the opening of the first off-reservation boarding school in Carlisle, Pennsylvania, Indian children aged six and over were separated from their families, and forced to abandon what remained of their land and to live (and often die) in

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these institutions.⁵ Twenty boarding schools were opened between 1880 and 1895 by the Office of Indian Affairs. These policies aroused the interest of the Canadian authorities. Already in 1896, twenty residential schools were established in Manitoba, British Columbia and the Northwest Territories.⁶

The horrors carried out in Canadian residential schools were denounced, for example, by Kevin Annett in *Hidden from History: the Canadian Holocaust* (later updated and published with the new title *Hidden No Longer: Genocide in Canada, Past and Present*).⁷ They eventually became the focus of Canada's Truth and Reconciliation Commission.⁸ Among these crimes (including torture, rape, murder, medical experiments and electrocution), forced sterilization was prevalent. Annett writes:

Legislation permitting the sterilization of any residential school inmate was passed in BC in 1933, and in Alberta in 1928. The Sexual Sterilization Act of BC allowed a school Principal to permit the sterilization of any native person under his charge. As their legal guardian, the Principal could thus have any native child sterilized. Frequently, these sterilizations occurred to whole groups of native children when they reached puberty, in institutions like the Provincial training School in Red Deer, Alberta, and the Ponoka Mental Hospital.⁹

Other facilities related to residential schools in which forced sterilizations took place were the Nanaimo Indian Hospital, the King's Daughters Clinic and WR Large Memorial Hospital, all located in British Columbia.

In an interview, a Cowichan woman who was sterilized in 1952 at the King's Daughters Clinic of Duncan, a town on the Island of Vancouver, stated:

Doctor Goodbrand kept trying to do that operation on me when he learned that I was going to marry into a chief's family. He kept saying to me, 'Sarah, you don't want to marry Freddy. If you do, I'll have to fix you.' I tried to avoid him after that but the Indian Affairs people told me he was the only doctor I was allowed to see. So after I delivered my baby, Doctor Goodbrand put me under again, and when I woke up he had done the operation on me. I couldn't have any more children after that. The same thing happened to a lot of our women. He did it to my daughter's best friend, too, that would have been in the 1970's sometime. If you were seen to be a troublemaker you got the operation. I hear that the government was even offering any doctor \$300 for every Indian woman he sterilized, with or without her consent.¹⁰

At the Nanaimo Indian Hospital, in the 1950s, the doctors tried to discover new methods of sterilization. Joan Morris, of the Songhees people, was forced to drink a substance, as she said, similar to the 'radioactive iodine'.

My cousin, Nancy Joe, and I had to drink this liquid every day, and it tasted funny, just like the radioactive iodine they gave me later for thyroid treatments. It was the same taste. Nancy died in her twenties from cancer, and I developed my first ovarian tumor when I was twenty-four. Then I had to have a hysterectomy. They also gave me many X-rays when I was there, continually, like every day.¹¹

Another witness stated:

Doctor Darby [a missionary doctor who sterilized non-Christian Indian women between 1928 and 1962 at the W.R. Large Memorial Hospital] told me in 1952 that Indian Affairs in Ottawa was paying him for every Indian he sterilized, especially if they weren't church-goers. Hundreds of our women were sterilized by Doctor Darby, just for not going to church.¹²

As explained by Annett, it seems that the practice of sterilization affected not only those belonging to Indian communities residing in attractive and resource-rich geographical areas, but also

those who proved hostile to conversion and assimilation, those who refused to go to church, or those who married a non-Christian Indian man.¹³

Eugenic laws such as the Sexual Sterilization Act of British Columbia and Alberta Sterilization Act legally allowed the practice of forced sterilization. Thanks to the latter, ‘Between 1929 and 1972 over 2,800 Albertans were sterilized, many without their knowledge or consent.’¹⁴ Most affected were ‘weak and marginalized groups’, especially Indigenous peoples.¹⁵ Sociologist Jana Grekul concluded that while

the province’s Aboriginal population hovered between 2% and 3% of the total over the decades in question, Aboriginals made up 6% of all cases presented. [...] Aboriginals were the most prominent victims of the [Alberta Eugenics] Board’s attention. They were over-represented among presented cases and among those diagnosed as ‘mentally defective’. Thus they seldom had a chance to say ‘no’ to being sterilized. As a result, 74% of all Aboriginals presented to the Board were eventually sterilized (compared to 60% of all patients presented).¹⁶

Annett interviewed Pat Taylor, a former social worker at the Provincial Training School in Red Deer, Alberta, and was told:

Sterilizations were policy in Alberta. It was the law. Any child who was ‘socially or morally defective’ was sterilized at puberty, along with the mentally retarded kids. There were no exceptions. Of course they could sterilize anybody they didn’t like under such broad definitions, and they did. About a third of these kids who were sterilized were Indians, where I worked at PTS. That was in 1956, but they were still doing it in the 1980’s, especially at the Ponoka Mental Hospital.¹⁷

According to a recent study on Canadian eugenics, the sterilization of natives in Alberta reached its peak during Harry Storm’s administration (1968–1971). In *Eugenics and the Firewall*, Jane Harris-Zsovan summed up: ‘Aboriginal and Métis represented 2.5 percent of the population, but they made up 25 percent of those ordered sterilized.’¹⁸

However, the source of inspiration of the Canadian eugenics movement was the pioneering eugenic legislation previously developed in the USA. As Ian R. Dowbiggin argues, it was the ‘upsurge in U.S. sterilization laws beginning in 1923 and the *Buck v. Bell* U.S. Supreme Court ruling of 1927’ that ‘emboldened prosterilization Canadian eugenicists’.¹⁹

The US eugenics and the victims of forced sterilizations

Eugenics programs were prevalent in most countries with a consolidated liberal tradition.²⁰ Eugenics was born in England thanks to versatile scientist Francis Galton (a cousin of Charles Darwin). However, the ‘science of improving stock’ will in fact enjoy a great success in the USA – before, during, and even after it enjoyed it in Nazi Germany. It consisted, in short, in encouraging the reproduction of the ‘fittest’ (the so-called positive eugenics), and in opposing the reproduction of the ‘unfit’ through policies such as the compulsory sterilization (the so-called negative eugenics).²¹

The ‘surgical solution’²² or ‘eugenicide’,²³ as Philip Reilly and Edwin Black respectively called it, began its legal history when J. Frank Hanly, Governor of Indiana, on 9 April 1907 signed a law authorizing the compulsory sterilization of any criminal, idiot, rapist, or mentally demented.²⁴ In 1927, the US Supreme Court approved the constitutionality of Virginia’s eugenics legislation with an overwhelming majority of eight to one. The *Buck vs. Bell* judgment confirmed the legality of forced sterilizations and ushered in a new era for US eugenics.²⁵

Who were and how many were the victims of the ‘surgical solution’, or of ‘eugenicide’? As Randall Hansen and Desmond King have reported, the majority of sterilizations ‘occurred within

prisons, hospitals, and – above all – homes for the feeble-minded’. They estimated that by ‘the time of the final sterilization – possibly in Oregon in the early 1980s – some 63,000 Americans classified as cognitively impaired or mentally ill had been sterilized’.²⁶ Allan Chase, however, argued that these early ‘victims of Galton’s obsessive fantasies’ represented only ‘the smallest part of the actual number of Americans who have in this century [twentieth] been subjected to forced eugenic sterilization operations by state and federal agencies’.²⁷ Chase concludes that during the 1970s ‘probably at least 200,000 Americans per year’ suffered forced sterilization.²⁸ It is in this regard that Stephen Trombly spoke of a ‘sterilization explosion’.²⁹

The US eugenics, in spite of the horrors perpetrated by Nazi Germany brought to light after its defeat, was reborn to a new life after WWII, thanks to Malthusian fears caused by the high population growth of the world in general and America in particular. The specter of overpopulation caused the government to invest millions of dollars in family planning programs. In the 1970s the Health, Education and Welfare Department (HEW) financed 90% of the costs incurred to sterilize destitute people.³⁰ For white women of the middle and upper classes who fought for years for the right to be able to submit freely to the practice of sterilization, it certainly represented a victory. For many women of color living in severe economic conditions, it mainly meant the loss of the right to procreate. According to some estimates, between 1968 and 1982, 15% of white, 24% of African Americans and 35% of women of Puerto Rican descent were coercively sterilized.³¹

Indian women, however, were hit hardest of all. In *Women, Race & Class*, Angela Davis remarks on HEW’s population control philosophy by commenting on a leaflet depicting two families: a family comprising 10 children has 1 horse; the other has 1 child and 10 horses, ‘[a]s if the ten horses owned by the one-child family had been magically conjured up by birth control and sterilization surgery’.³² This was the way in which family planning was promoted to Native Americans. There was also a specific reason. Throughout the twentieth century and in particular since 1950, Native Americans – after ‘the 400-year demographic collapse following the European arrival in the Western Hemisphere’ – began to grow demographically.³³ As Jane Lawrence points out,

The United States government agency personnel, including the IHS, targeted American Indians for family planning because of their high birth rate. The 1970 census revealed that the average Indian woman bore 3.79 children, whereas the median for all groups in the United States was 1.79 children.³⁴

This population growth rate troubled both the theorists of a *white supremacy* system and those who wished to restrict the activities of the welfare state; these two attitudes were often presented together, thus giving each other strength.

According to leading American eugenicist in the post-WWII period Frederick Osborn, Indians (and Mexicans) posed a serious threat:

There were 332,000 Indians in the United States in 1930, and something over 1,400,000 Mexicans. In sixty years if their present rates of reproduction continue, their combined numbers would about equal that of the American Negro. Thus a new racial problem threatens to grow to dangerous proportions before the public becomes aware of it.³⁵

This threat was indeed acted upon, and Lakota organizer Lehman Brightman eventually concluded that ‘the sterilization campaign is nothing but an insidious scheme to get Indians’ lands once and for all’.³⁶

Yet again, corporations were also interested in the energy and mineral resources of the reserves, or in using the latter as a veritable landfill for toxic and radioactive waste.³⁷ Despite

being left with only 3% of their original homeland, the territory Native Americans still held over a third of US coal reserves and the vast majority of its uranium deposits.³⁸ Given the pervasiveness of eugenics concerns, their dependency on the Indian Health Service (IHS) and the interests at stake, Native Americans became a most vulnerable community.³⁹

The study of GAO

What was described as an ‘underground extermination’ was only brought to light after a survey conducted in 1974 by Connie Pinkerton-Uri, an Indian Doctor of Choctaw and Cherokee descent.⁴⁰ She had discovered that in the IHS Claremore hospital where she was working, many involuntary sterilizations had been carried out.⁴¹ ‘At this juncture’ Pinkerton-Uri noted, ‘I began accusing the government of genocide and insisted on a congressional investigation.’⁴² South Dakota senator James George Abourezk eventually heeded this request. He, in turn, decided to involve the Government Accounting Office (GAO), an investigative tool at the disposal of Congress.⁴³

The GAO went to work on November 6th, 1976. It examined the records of 4 of the 12 health districts served by IHS: Aberdeen (South Dakota), Albuquerque (New Mexico), Oklahoma City (Oklahoma), and Phoenix (Arizona), and focused its attention on the period between 1973 and 1976. On 23 November, its research ended. It found out that 3406 women (3001 of childbearing age) and 142 men had been sterilized.⁴⁴

GAO concluded, however, that it ‘found no evidence of IHS sterilizing Indians without a patient consent form on file’ even if it did find ‘several weaknesses in complying with HEW’s sterilization regulations’.⁴⁵ And yet, as Trombley also argues, it is precisely the irregularity in obtaining the patient’s consent that makes sterilization a forced procedure. Sterilizations obtained by the following means should be considered as forced:

- (1) Deception (sterilization during the course of another medical operation, or telling the victim that the operation is for appendicitis or some other medical condition);
- (2) Undue pressure (offering sterilization as a condition of parole or release from an institution);
- (3) Threats (withdrawal of social benefits);
- (4) Violation of the principle of informed consent (sterilizing persons such as minors or the mentally retarded who cannot give a legal informed consent);
- (5) Lying about the procedure (telling the victim that it is reversible);
- (6) Failing to explain the procedure fully or in a language the patient understands;
- (7) Pressing it upon someone who has not voluntarily sought it.⁴⁶

In the case of sterilizations of Native Americans, all these conditions occurred. For example, patients were often told that they would need to undergo sterilization for medical reasons and that they were affected by actually non-existent diseases. As for ‘threats’, there were many cases in which doctors blackmailed patients by telling them that they would be deprived of their offspring and of public subsidies. The chronic lack of interpreters that could have helped patients understand what the proposed procedure really implied should be also mentioned.⁴⁷

Over to the victims

The GAO study should thus be considered, at the very least, incomplete. While government investigators only considered 4 out of the 12 IHS health districts, the study only considered data over a short period of time, even though we know that sterilizations were carried out

before and after the 1973–1976 four-year period. Perhaps the most serious deficiency of the study, however, is that GAO deliberately ignored the victims of forced sterilization. None were interviewed.⁴⁸

A few examples of the ways in which IHS physicians used deception, lies, and other reprehensible means to obtain the patient's signature on the sterilization consent form, so that, at least on paper, everything would appear to be in order, should be mentioned. 'Sarah', the Indian woman in question, was sterilized without her consent. In an interview with native scholar Myla Vicenti Carpio, 'Sarah' outlined the way in which she had been deceived:

I had a cyst in my stomach, my womb, and I had appendicitis. I went in for my six weeks check-up and he [the doctor] was pushing in my stomach and I started getting pains and that's when he said I had to go to the hospital to get the operation, to have the cyst taken out [...] I think I did sign a piece of paper that said I have to have the appendix and cyst taken out; that's all he told me and nothing else.⁴⁹

Another victim, Lakota Barbara Moore, of the Rosebud Indian Reservation (South Dakota), noted:

I was pregnant myself and I went to a public health service to deliver my baby. For one reason or another, I was not able to deliver it in a normal way. They delivered my child by caesarian [*sic*], that is all I remember. When I woke up the next day after the operation I was told that my child was born dead [...]. Besides this, they told me that I could not have any more children because they have had to sterilize me [...]. I was sterilized without my knowledge or without my agreement.⁵⁰

Influential member of the American Indian Movement Lakota Mary Crow Dog denounced in her biography several instances of forced sterilizations. She begins with her own mother's experience:

After my sister Sandra was born the doctors there performed a hysterectomy on my mother, in fact sterilizing her without her permission, which was common at the time, and up to just a few years ago, so that it is hardly worth mentioning. In the opinion of some people, the fewer Indians there are, the better. As Colonel Chivington said to his soldiers: 'Kill'em all, big and small, nits make lice!'⁵¹

Crow Dog then tells of how US eugenics did not even spare her sister:

Birth control went against our beliefs. We felt that there were not enough Indians left to suit us. The more future warriors we brought into the world, the better. My older sister Barbara got pregnant too. She went to the BIA hospital where the doctors told her she needed a cesarean. When she came to, the doctors informed her that they had taken her womb out. In their opinion, at that time, there were already too many little red bastards for the taxpayers to take care of. No use to mollycoddle those happy-go-lucky, irresponsible, oversexed AIM women. Barb's child lived for two hours. With better care, it might have made it. For a number of years BIA doctors performed thousands of forced sterilizations on Indian and Chicano women without their knowledge or consent. For this reason I was happy at the thought of having a baby, not only for myself but for Barbara, too. I was determined not to have my child in a white hospital.⁵²

Estimates carried out by Native Americans

As soon as Indigenous peoples became aware of sterilization programs specifically targeting their communities, they began conducting investigations to shed light on abuses. By 1974, the first reports on forced sterilizations were published by *Akwesasne Notes*, the Mohawk Nation newspaper.⁵³

Doctor Pinkerton-Uri proved that between 1970 and 1976 at least 25% of Indian women aged between 15 and 44 years old had been sterilized. In some reserves, according to Doctor Uri's research, the sterilization rate had hit even 80% of women.⁵⁴ Similarly, Mary Ann Bear Comes Out, a member of the Northern Cheyenne tribe, discovered that within only a three-year period, IHS had coercively sterilized 56 women out of a total of 165 aged between 30 and 44 in her reservation. She calculated that the eugenics campaign imposed upon them led to a halving of the birth rate in the community in the space of just five years.⁵⁵

Marie Sanchez, Cheyenne tribal court judge in Lame Deer (Montana), found out that, between 1973 and 1976, 26 of 50 women in her reservation had been compulsively sterilized. Among these, two were less than 15 years old. The IHS physicians, lying, had told them that the operation would be needed to remove the appendix. According to Sanchez, 'Indian women of the Western Hemisphere are the target of [a] genocide that is ongoing [...] the modern form [is] called sterilization.'⁵⁶ Alen Rowland, then Northern Cheyenne tribal chairman, stated in this regard that the compulsory sterilizations were 'just an extension of the extermination policies of the last [nineteenth] century'.⁵⁷

Founder of United Native Americans, Lehman Brightman, has long been committed to investigating these abuses. In 1979, he concluded that out of the whole Indigenous population of the USA, 10% of men and 42% of women had been coercively sterilized.⁵⁸ This is an estimate that was confirmed by Doctor Pinkerton-Uri's studies, and by those by Women of All Red Nations (WARN).⁵⁹ According to Brightman's calculations, 60,000–70,000 women have been sterilized.⁶⁰

That US eugenics succeeded in reducing the growth of the native population is demonstrated by the fact that in the 1970s, the average Indian woman had 3.29 children, whereas in the 1980s, the average had dropped dramatically to just 1.3 children per native woman.⁶¹ It is in this regard that symptomatically Carpio spoke of a 'Lost Generation'.⁶²

Today's chemical sterilizations: Depo-Provera and Norplant

Since the late 1970s, once some of the abuses were brought to light, and following the introduction of new and more stringent rules on the subject, the forced sterilization imposed on indigent and feebleminded whites, ethnic minorities, and Indian women in the country diminished significantly.⁶³

But a determination to limit the births of the *unfit* was not dead. After surgical sterilizations were abandoned, chemical sterilizations became prevalent. Depo-Provera and Norplant were approved by the Food and Drug Administration (FDA) in 1992 and 1990, respectively.⁶⁴ The victims of chemical sterilization were (and still are) the same categories targeted by previous eugenics programs: destitute white women and, most of all, those of color. The latter are victims of a triple discrimination: racist, classist, and sexist. Again, Indian women were by no means spared. Even in the case of chemical sterilization, they were in fact a relatively easy and desirable prey.⁶⁵

In 1986, a series of articles published in *Arizona Republic* revealed that between 1976 and 1986, thus before its approval by FDA, IHS doctors administered Depo-Provera to 150–200 feebleminded Indian women in New Mexico, Nevada, Oklahoma, and California. Furthermore, the drug was paternalistically administered to natives considered unable to use other forms of contraception – all this unbeknownst to them, without their consent, and without information about serious side effects.⁶⁶

Sally Torpy sums up:

Doctors from Phoenix Area, Navajo Nation Area, and Oklahoma City Area offices admitted to injecting approximately fifty women with Depo-Provera who ranged in ages from fifteen to fifty, but were

unsure of exact numbers. Dr. Patrick Gideon, acting chief medical officer in the IHS Oklahoma city Area, saw no harm in injecting about a dozen mentally handicapped women with Depo [...]. Other IHS physicians such as Dr. Douglas Peter, chief medical director for the Navajo Nation Area at Window Rock, Arizona, claimed to be providing thirty-two women on the reservation with Depo-Provera. Even mentally handicapped children at A School For Me, a Navajo facility in Tohtchi, New Mexico, were given injections over a two-year period, again without any written consent form regarding the drug and its risk.⁶⁷

A number of women of the Pine Ridge and Rosebud reservations in South Dakota, who had Norplant inserted against their will or who did not actually know what it was, eventually asked the IHS doctors to remove it. Norplant is also a known cause of many serious side effects.⁶⁸ Doctors refused to remove it and sought, together with social workers, to convince them to keep it.⁶⁹ Reliable estimates are especially difficult to gauge. It seems, however, that they were numerous.⁷⁰

Conclusion

On 29 November 1864, a group of volunteer Colorado Territory militia under the command of Col. John Chivington embarked on the genocidal attack and destruction of a peaceful village of Cheyenne and Arapaho along the banks of Sand Creek. About two-thirds of the victims were women and children. This atrocity has been known as the Sand Creek Massacre ever since. It is the My Lai of the nineteenth century.⁷¹

Robert Bent, who was forced to ride with the regiment as a guide, reported:

I saw one squaw lying on the bank whose leg had been broken by a shell; a soldier came up to her with a drawn sabre; she raised her arm to protect herself, when he struck, breaking her arm; she rolled over and raised her other arm, when he struck, breaking it, and then left her without killing her. There seemed to be an indiscriminate slaughter of men, women, and children. [...] I saw one squaw cut open with an unborn child, as I thought, lying by her side. Captain Soulé, afterwards told me that such was the fact. I saw the body of White Antelope with the privates cut off, and I heard a soldier say he was going to make a tobacco-pouch out of them. I saw one squaw whose privates had been cut out.⁷²

Lieutenant James Connor, a New Mexico volunteer, corroborated Bent's account:

In going over the battleground the next day I did not see a body of a man, woman, or child but was scalped, and in many instances their bodies were mutilated in the most horrible manner – men, women, and children's privates cut out, I heard one man say he had cut out a woman's private parts and had them for exhibition on a stick; [...] I also heard of numerous instances in which men had cut out the private parts of females and stretched them over the saddle-bows and wore them over their hats while riding in the ranks [...]. I heard one man say he had cut a squaw's heart out, and had stuck it on a stick.⁷³

These accounts clearly show that the perpetrators targeted above all women and their sex organs. It was not in any way an isolated event; attacks against women were not random or individual. They were instead powerful and pivotal tools of conquest and colonization in the hands of the settlers. Andrea Smith has concluded:

As the ability of Native women to reproduce the next generation of Native people continues to stand in the way of government and corporate takeovers of Indian land, Native women become seen as little more than pollutants which may threaten the well-being of the colonial body. In the colonial imagination, Native women are indeed 'better dead than pregnant'.⁷⁴

Indeed, native historian David Stannard argues that the intentional and disproportionate killing of women and children in order to destroy the Indigenous populations has historically been a recurring feature of the ‘American Holocaust’.

As Stannard states, the

European habit of indiscriminately killing women and children when engaged in hostilities with the natives of the Americas was more than an atrocity. It was flatly and intentionally genocidal. For no population can survive if its women and children are destroyed.⁷⁵

The compulsory sterilization campaigns of twentieth-century North America should be seen as part of a genocidal attack against the reproductive capabilities of Indigenous peoples.

Notes on contributor

Leonardo Pegoraro is graduate fellow in the Scienze dell’Uomo Department at the University of Urbino. He is completing a dissertation on the links between liberal democracy and genocides.

Notes

1. See Andrew Woolford, Jeff Benvenuto, and Alexander Laban Hinton, eds., *Colonial Genocide in Indigenous North America* (Durham, NC: Duke University Press, forthcoming).
2. In addition to the authors cited below, see Meg Devlin O’Sullivan, “‘We Worry about Survival’: American Indian Women, Sovereignty and the Right to Bear and Raise Children in the 1970s’ (PhD diss., University of North Carolina, 2007), 72–104; Barbara Perry, *Silent Victims: Hate Crimes Against Native Americans* (Tucson: University of Arizona Press, 2008), 36–7; Rebecca M. Kluchin, *Fit to Be Tied: Sterilization and Reproductive Rights in America, 1950–1980* (Piscataway, NJ: Rutgers University Press, 2011), 108–11; and Christopher Powell and Julia Peristerakis, ‘Genocide in Canada: A Relational View’, in *Colonial Genocide*, eds. Andrew Woolford, Jeff Benvenuto, and Alexander Laban Hinton (forthcoming).
3. A study issued by the National Aboriginal Health Organization briefly compares the two campaigns. See National Aboriginal Health Organization, ‘Discussion Paper Series in Aboriginal Health: Legal Issues’, no. 4 (2006): 14–16.
4. For a recent comparative analysis of Canadian and US residential schools, see Andrew Woolford, ‘Discipline, Territory, and the Colonial Mesh: Indigenous Boarding Schools in the U.S. and Canada’, in *Colonial Genocide*, eds. Andrew Woolford, Jeff Benvenuto, and Alexander Laban Hinton (forthcoming).
5. For a study of Carlisle’s school, see Linda F. Witmer, *The Indian Industrial School, Carlisle, Pennsylvania, 1879–1918* (Carlisle: Cumberland County Historical Society, 1993).
6. Frederick E. Hoxie, ‘The Reservation Period, 1880–1960’, in *The Cambridge History of the Native Peoples of the Americas*, Vol. I, Part II, eds. Bruce G. Trigger and Wilcomb E. Washburn (Cambridge: Cambridge University Press, 1996), 199–200.
7. Kevin Annett, *Hidden from History: The Canadian Holocaust. The Untold Story of the Genocide of Aboriginal Peoples by Church and State in Canada* (Vancouver: The Truth Commission into Genocide in Canada, 2001); Kevin Annett, *Hidden No Longer: Genocide in Canada, Past and Present* (Vancouver: The International Tribunal into Crimes of Church and State and The Friends and Relatives of the Disappeared, 2010). Annett is also the author of the film-documentary *Unrepentant: Kevin Annett and Canada’s Genocide*, winner at the Los Angeles Independent Film Festival of 2006. See also his, *Unrepentant: Disrobing the Emperor* (Ropley: John Hunt, 2010); and his autobiography, *Love and Death in the Valley* (Bloomington, IN: Hautor House, 2002).
8. The Truth and Reconciliation Commission of Canada was established under ‘Schedule N’ of the Indian Residential Schools Settlement Agreement, signed in 2006. See <http://www.trc.ca/websites/trcinstitution/index.php?p=7> (accessed May 8, 2014). However, its reports do not mention forced sterilizations. See Truth and Reconciliation Commission of Canada, *They Came for the Children: Canada, Aboriginal Peoples, and Residential Schools* (Winnipeg: Truth and Reconciliation Commission of

- Canada, 2012); and Truth and Reconciliation Commission of Canada, *Interim Report* (Winnipeg: Truth and Reconciliation Commission of Canada, 2012).
9. Annett, *Hidden from History*, 13.
 10. Modeste, as cited in Annett, *Hidden from History*, 46.
 11. Morris, as cited in Annett, *Hidden from History*, 45.
 12. Wilson, as cited in Annett, *Hidden from History*, 13.
 13. Annett, *Hidden No Longer*, 102.
 14. Jana Grekul, 'Sterilization in Alberta, 1928–1972: Gender Matters', *Canadian Review of Sociology* 45, no. 3 (2008): 247–266. Initially, Alberta's law only provided for sterilizations on consent, but a 1937 amendment to the Act allowed for involuntary sterilizations in the case of those deemed mentally defective. See *ibid.*, 363. There is no reliable record of the number of people sterilized in British Columbia, but Angus McLaren argues that it was 'not more than a few hundred'. See his, 'The Creation of a Haven for "Human Thoroughbreds": The Sterilization of the Feeble-Minded and the Mentally Ill in British Columbia', *Canadian Historical Review* 67, no. 2 (1986): 127–150.
 15. Jana Grekul, Arvey Krahn, and Dave Odynak, 'Sterilizing the "Feeble-Minded": Eugenics in Alberta, Canada, 1929–1972', *Journal of Historical Sociology* 17, no. 4 (2004): 358–384.
 16. *Ibid.*, 375.
 17. Taylor, in Annett, *Hidden from History*, 44.
 18. Jane Harris-Zsovan, *Eugenics and the Firewall: Canada's Nasty Little Secret* (Winnipeg: Gordon Shillingford, 2010), 169. The peak of sterilizations in Canada – and, as we will see in the next section, in the USA – seems to be related with the growth of the native population after WWII. As Statistics Canada reported:

During the first 50 years [of Canada's federation], the Aboriginal population grew only 29%, whereas the total population far more than doubled (161%). This relatively slow rate of growth among the Aboriginal population occurred because high mortality rates more than offset high birth rates. On the other hand, between 1951 and 2001, the Aboriginal ancestry population grew sevenfold, while the Canadian population as a whole only doubled. The Aboriginal population had low growth until the 1960s. Starting in the 1960s, the infant death rate began to decline rapidly, mainly as a result of improved access to health services. The fertility rate continued to be high throughout the 1960s. This Aboriginal baby boom peaked in 1967, about 10 years later than the Canadian post-war baby boom. ('Canada: 2001 Census', <http://www12.statcan.ca/English/census01/products/analytic/companion/abor/canada.cfm> (accessed May 8, 2014))

19. Ian R. Dowbiggin, *Keeping America Sane: Psychiatry and Eugenics in the United States and Canada, 1880–1940* (Ithaca, NY: Cornell University Press, 1997), 179. On Canadian eugenics, see also Angus McLaren, *Our Own Master Race: Eugenics in Canada, 1885–1945* (Toronto: McClelland & Stewart, 1990).
20. The word 'eugenics' is derived from the Greek word *eu*, meaning 'good', and the suffix *-genēs*, meaning 'born': therefore, 'eugenics' denotes 'well born' or 'good in birth'. For a pivotal study on eugenics, see Daniel J. Kevles, *In the Name of Eugenics: Genetics and the Uses of Human Heredity* (Cambridge, MA: Harvard University Press, 1995).
21. Francis Galton, *Inquiries into Human Faculty and Its Development* (Burlington: Ostara, 2013), 16, 17, 78, 147. As for the relationship between eugenics and liberalism, see Desmond King, *In the Name of Liberalism: Illiberal Social Policy in the USA and Britain* (Oxford: Oxford University Press, 1999); and Nancy Ordover, *American Eugenics: Race, Queer Anatomy, and the Science of Nationalism* (Minneapolis: University of Minnesota Press, 2003), 128–9, 177–8, 203–4, 213. With regard to the philosophical origins of this relationship, see Domenico Losurdo, *Liberalism: A Counter-History* (London: Verso, 2011), 113–15. Indeed, Randall Hansen and Desmond King have recently argued: 'The practice of eugenics sterilization persisted in major liberal democracies [such as the United States and Canada] until the 1970s, and, in some cases, it is still with us today.' See their, *Sterilized by the State: Eugenics, Race, and the Population Scare in Twentieth-Century North America* (New York: Cambridge University Press, 2013), 6–7. As for the relationship between American and German eugenics, see Stefan Kühl, *The Nazi Connection: Eugenics, American Racism, and German National Socialism* (New York: Oxford University Press, 1994). As for Canadian and Nazi eugenics, Jane Harris-Zsovan comments: 'Few Albertans, horrified by Germany's Nazi regime, drew any parallels between Alberta's *Sexual Sterilization Act* and the Nazi eugenic policies. But the two programs had a lot in common.' Jane Harris-Zsovan, *Eugenics*, 151.

22. Philip R. Reilly, *The Surgical Solution: A History of Involuntary Sterilization in the United States* (Baltimore, MD: The Johns Hopkins University Press, 1991).
23. Edwin Black, *War Against the Weak: Eugenics and America's Campaign to Create a Master Race* (Washington, DC: Dialog Press, 2012), 247.
24. Hansen and King, *Sterilized*, 78–9.
25. For the major studies on this case, see Paul A. Lombardo, *Three Generations, No Imbeciles: Eugenics, the Supreme Court, and Buck v. Bell* (Baltimore, MD: The Johns Hopkins University Press, 2008); Harry Bruinius, *Better for All the World: The Secret History of Forced Sterilization and America's Quest for Racial Purity* (New York: Knopf, 2006); and Mark A. Largent, *Breeding Contempt: The History of Coerced Sterilization in United States* (New Brunswick, NJ: Rutgers University Press, 2008).
26. Hansen and King, *Sterilized*, 63, 220–1.
27. Allan Chase, *The Legacy of Malthus: The Social Costs of the New Scientific Racism* (New York: Knopf, 1977), 16.
28. *Ibid.*, 19. In his seminal study about the American Eugenics Society, Barry Alan Mehler concluded that 'numerous eugenic sterilizations were in fact carried out in the United States without any legal authority and we will never know how many illegal eugenic sterilizations have been or continue to be performed'. Barry Alan Mehler, 'A History of the American Eugenics Society, 1921–1940' (PhD diss., University of Illinois, 1988), 244, n. 25.
29. Stephen Trombley, *The Right to Reproduce: A History of Coerced Sterilization* (London: Weidenfeld & Nicolson, 1988), 178.
30. Sally J. Torpy, 'Endangered Species: Native American Women's Struggle for Their Reproductive Rights and Racial Identity, 1970s–1990s' (MA diss., University of Nebraska, 1998), 18–23. See also Hansen and King, *Sterilized*, 186–207.
31. Ralstin-Lewis, 'The Continuing Struggle Against Genocide: Indigenous Women's Reproductive Rights', *Wicazo Sa Review* 20, no. 1 (2005), 71–95; and Michael Sullivan DeFine, 'A History of Governmentally Coerced Sterilization: The Plight of the Native American Woman', *Native American Political Issues*, May 1997, <http://www.oocities.org/capitolhill/9118/mike2.html> (accessed May 8, 2014).
32. Angela Davis, *Woman, Race, and Class* (New York: Vintage Books/Random House, 1983), 218. See also Torpy, 'Endangered Species', 51–2; and Marie Ralstin-Lewis, 'Continuing Struggle', 78.
33. Russell Thornton, *American Indian Holocaust and Survival: A Population History since 1492* (Norman: University of Oklahoma Press, 1987), 225. As for the population increase in the twentieth century, see *ibid.*, 159–86.
34. Jane Lawrence, 'The Indian Health Service and the Sterilization of Native American Women', *American Indian Quarterly* 24, no. 3 (2000): 402. The Indian Health Service (IHS) is the federal agency responsible for Native American health-care services. For a history of the IHS, see James Rife and Alan Dellapenna, *Caring & Curing: A History of the Indian Health Service* (Landover: PHS Commissioned Officers Foundation for the Advancement of Public Health, 2009).
35. Frederick Osborn, as cited in Mehler, 'American Eugenics Society', 126.
36. Brightman, as cited in Ralstin-Lewis, 'Continuing Struggle', 83.
37. Sustained degradation of their land base still represents a major concern for Indigenous communities, and extraordinary occurrences of cancer and leukemia are attributed to unsafe waste disposal. For an account of the ecological consequences of the colonial acquisition of the homelands of Native Americans, see Donald A. Grinde and Bruce E. Johansen, *Ecocide of Native America: Environmental Destruction of Indian Lands and Peoples* (Santa Fe, NM: Clear Light, 1994).
38. See Sally J. Torpy, 'Native American Women and Coerced Sterilization: On the Trail of Tears in the 1970s', *American Indian Culture and Research Journal* 24, no. 2 (2000): 1–22.
39. As Ralstin-Lewis states:

Facing poverty and having few options, many Native women remained almost entirely dependent on the federal government for health care through IHS. [...] This dependence has placed them at greater risk than other minority groups for abuses by medical profession. (Ralstin-Lewis, 'Continuing Struggle', 77)

40. Nando Minnella, *Frecce spezzate, gli Indiani d'America oggi: voci e immagini di un popolo in lotta contro l'estinzione* (Milano: Kaos, 1990), 173.
41. Lawrence, 'Indian Health Service', 411–12.

42. Pinkerton-Uri, as cited in Gayle Mark Jarvis, 'The Theft of Life', *Akwesasne Notes* (September 1977), 30.
43. Torpy, 'Endangered Species', 30, 40.
44. Elmer B. Staats (Comptroller General of the United States), 'Investigations of Allegations Concerning Indian Health' (November 1976), <http://www.gao.gov/assets/120/117355.pdf> (accessed May 8, 2014).
45. *Ibid.*, 19.
46. Trombley, *Right*, 1.
47. Torpy, 'Endangered Species', 61–2.
48. The GAO justified its breach:

We did not interview patients to determine if they were adequately informed of the risks, discomforts, and benefits of the project. We believe that such an effort would not be productive because (1) no serious hazard existed for the patients and (2) recently published research noted a high level of inaccuracy in the recollection of patients 4 to 6 months after giving informed consent. (Staats, 'Investigations of Allegations', 8)

As Ordover comments, the

decision not to question the women involved was guided by the assumption that they were inherently irrational. In contrast, the operating physicians, who certainly had cause to mislead investigators, given their breach of federal regulations, were viewed as reliable informants. (Ordover, *American Eugenics* 173)

49. Sarah, as cited in Maria Vicenti Carpio, 'The Lost Generation: American Indian Women and Sterilization Abuse', *Social Justice* 31, no. 4 (2004): 40–53.
50. Moore, as cited in Carpio, 'Lost Generation', 45.
51. Mary Crow-Dog, *Lakota Woman* (New York: Harper Perennial, 1991), 9.
52. *Ibid.*, 78–9.
53. Bruce E. Johansen, *Encyclopedia of the American Indian Movement* (Santa Barbara, CA: Greenwood, 2013), 238.
54. Brint Dillingham, 'Indian Women and Indian Health Services Sterilization Practices', *American Indian Journal* 3 (1977): 27–8; Brint Dillingham, 'Sterilization of Native Americans', *American Indian Journal* (July 1977): 16–19; James Robison, 'U.S. Sterilizes 25 Percent of Indian Women: Study', *Chicago Tribune*, May 22, 1977, 36; Jarvis, 'The Theft', 30–2; and Akwesasne Notes, 'Oklahoma: Sterilization of Women Charged to I.H.S', *Akwesasne Notes* (mid Winter 1989): 11–12.
55. Lawrence, 'Indian Health Service', 410.
56. Akwesasne Notes, 'Marie Sanchez: For the Women', *Akwesasne Notes* (December 1977): 14.
57. Rowland, as cited in Richard Louv, 'The Sterilization of American Indian Women', *Playgirl* 4, no. 12 (1977): 43–57.
58. 'Growing Fight Against Sterilization of Native Women', *Akwesasne Notes* (Winter 1979): 29.
59. Carpio, 'Lost Generation', 50. WARN was a national organization of native women founded in 1978. See Johansen, *Encyclopedia*, 289–93.
60. See Johansen, *Encyclopedia*, 234, 238; and Ralstin-Lewis, 'Continuing Struggle', 71–2. While in the 'Straight Dope' website, Cecil Adams questions whether so many Native American women were sterilized, he does not deny that Indian women were indeed targets of coerced sterilization. See Cecil Adams, 'Were 40% of Native American Women Forcibly Sterilized in the 1970s?', March 22, 2002, <http://www.straightdope.com/columns/read/2384/were-40-of-native-american-women-forcibly-sterilized-in-the-1970s> (accessed May 8, 2014).
61. Lawrence, 'Indian Health Service', 403.
62. Carpio, 'Lost Generation'.
63. Regulations issued by HEW in 1979. See *ibid.*, 50–1.
64. Andrea Smith, *Conquest: Sexual Violence and American Indian Genocide* (Cambridge: South End Press, 2005), 89.
65. Indeed, as Nancy Ordover argues:

Like sterilization drives, Depo-Provera and Norplant campaigns pose a special threat to women of color, who have long faced barriers to patient-controlled contraception. Because the underlying

racism and class bias of medical and public policy that propelled involuntary sterilization has not been dismantled, women who previously would have been targeted for tubal ligation are now being singled out for Norplant and Depo-Provera. (Ordover, *American Eugenics*, 183)

66. Torpy, 'Endangered Species', 85–6. As Nancy Ordover explains:

Early on, Depo-Provera was linked to cervical cancer, breast cancer (especially among younger women), and liver cancer, as well as long-term sterility (one study found that it took an average of thirteen months from the date of a woman's last injection for fertility to return). This list grew to include osteoporosis, endometrial cancer, prolonged menstrual bleeding (lasting weeks at a time and putting women at risk of pelvic inflammatory disease), weight gain, severe -even suicidal-depression, loss of libido, abdominal pains, dizziness, headaches, hair loss, fatigue, nervousness, nausea, and potential hazards to breast-fed infants. (Ordover, *American Eugenics*, 179–80)

67. Torpy, 'Endangered Species', 86–7.

68. As Andrea Smith indicates:

use of Norplant has been correlated with several side effects, with constant bleeding – sometimes for more than 90 days – being the most common. About 82 percent of Norplant users experienced irregular, usually heavy, bleeding during the first year of use. This side effect is particularly problematic for Native women, since women are often excluded from ceremonies while they are bleeding. And as irregular bleeding is a symptom of endometrial and cervical cancer, Norplant use can mask those symptoms. Other reported side effects include blindness, hair loss, dizziness, nausea, headaches, strokes, heart attacks, tumors, and sterility. (Smith, *Conquest: Sexual Violence*, 93)

69. See Ordover, *American Eugenics*, 183–4.

70. Smith, *Conquest: Sexual Violence*, 95. For additional studies on chemical sterilizations of Native women, see Native American Women's Health Education Resource Center, 'The Impact of Norplant in the Native American Community', 1992; Native American Women's Health Education Resource Center, 'A Study of the Use of Depo-Provera and Norplant by the Indian Health Service', 1993; and Native American Women's Health Education Resource Center, 'A Review of the Use and Effects of Depo-Provera on Native American Women', 1995.

71. Wilcomb E. Washburn, *The Indian in America* (New York: Harper and Row, 1975), 204. For studies on the Sand Creek Massacre, see Stan Hoig, *The Sand Creek Massacre* (Norman: University of Oklahoma Press, 1974); and David Svaldi, *Sand Creek and the Rhetoric of Extermination: A Case Study in Indian-White Relations* (New York: University Press of America, 1989).

72. Robert Bent, as cited in Dee Alexander Brown, *Bury My Heart at Wounded Knee: An Indian History of the American West* (New York: Sterling, 2009), 108–9.

73. James Connor, as cited in David E. Stannard, *American Holocaust: The Conquest of the New World* (New York: Oxford University Press, 1992), 133.

74. Smith, *Conquest: Sexual Violence*, 107.

75. Stannard, *American Holocaust*, 118–19.