

STATE-DIRECTED STERILIZATIONS IN NORTH CAROLINA: VICTIM-CENTREDNESS AND REPARATIONS

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Thirty-three states in the United States implemented eugenic sterilization laws during the 20th century, and an estimated 65,000 US residents underwent coerced sterilization via state policies. In North Carolina, 7,528 individuals were targeted for state-led sterilization between 1929 and 1974. The majority of these individuals were women, impoverished and officially classified as 'feeble-minded'. We argue that the sterilizations constituted serious violations of human rights largely due to state exploitation of already marginalized people, lack of consent and limited due process that accompanied sterilization orders. In this article, we analyze textual data from state proceedings that focused on reparations, and find considerable power differentials that placed sterilization victims at the margins rather than at the centre of the reparation process.

Keywords: reparations, eugenics, sterilizations, human rights violations

Introduction

An estimated 65,000 residents underwent coerced sterilization in the United States via state-led eugenics initiatives during the 20th century. In North Carolina, state-led sterilizations were conducted until the 1970s, and targeted 7,528 children and adults—most of them poor, female and officially defined as 'feeble-minded'. In the first section of this paper, we describe the state's sterilization policy (embedded in law) and review the historical data, noting e.g. the shifting patterns of sterilization orders based on race of the victim. We argue in this section that the state's sterilization policies constituted serious violations of human rights largely due to state exploitation of economically and socially marginalized people, lack of consent, falsified reasons for surgery and limited due process.

For several years, the sterilization records lay in boxes housed in a government building—with most of the contemporary public being unaware of the former policy and its consequences. In the late-1980s, a former graduate student at the University of North Carolina gained access to the sterilization records, and several years later provided the data to a news outlet in the state, after journalists promised to maintain victims' anonymity. In 2002, the newspaper's journalistic investigation into the state-led sterilizations was quickly followed by an official apology issued by a former governor of North Carolina. Shortly thereafter, state representatives commenced discussions of reparations for the victims of sterilization, hundreds of whom were presumed to be living.

Reparations refer to one or more initiatives designed to recompense victims of crime or to redress serious harm associated with human rights violations. Reparations are critical components of restorative justice processes and are assumed to be important

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to victims (Stubbs 2007). States have increasingly used reparations to atone and make amends for historical and contemporary injustices (Posner and Vermeule 2003). In fact, reparations have emerged as the primary tool by which transitional societies attempt to respond to gross violations of human rights (Teitel 2000). This form of redress, however, is not limited to transitional societies. In 1995, e.g. the State of Florida offered financial reparations to African-American survivors of the massacre at Rosewood—a small village where some 70 years prior, a White mob destroyed the homes of 30 Black families and killed six African-American residents during a six-day rampage. Cunneen (2006) suggests that reparations for victims of state injustices, serve to expand restorative justice by shifting the responsibility for harm from the individual (offender) to the collective.

Hamber and Wilson (2002) distinguish between symbolic and material acts of reparation. Symbolic measures are important because they demonstrate public respect for victims and reflect acknowledgement of state harm (de Greiff 2005). They include apologies, memorials, truth-telling for public awareness, and ‘other ways of creating public memory’ (Roht-Arriaza 2004: 160). Material acts of reparation can include financial compensation to victims, as well as a range of support services (e.g. medical and psychological care) that are often defined as rehabilitative (Roht-Arriaza 2004). To some degree, both kinds of reparations were provided by the State of North Carolina to recompense victims of state-led sterilizations, and we describe these efforts in this paper. The international literature has continually emphasized the importance of reparation processes that are participatory (de Greiff 2005), i.e. processes that are characterized by involvement, engagement and proactive consultation with victims during the planning and implementation of reparations (Suchkova 2011). A participatory process helps to restore victims’ dignities, and can promote healing.

In this paper, our main focus is on the victim-centredness of reparations in North Carolina. We envision this concept in terms of its nature and degree, rather than in simple dichotomous terms (i.e. victim-centred/not victim-centred). We argue that the state shifted towards victim-centredness with some initiatives but more generally, the state placed sterilization victims at the margins during critical stages of the reparation discussions. At several key points, the needs and preferences of victims tended to be overlooked because the state utilized a top-down approach which tended to deny moral agency to victims (Waterhouse 2009). We suggest that the lengthy reparation process and its final outcome may have worked to create further distrust as well as additional layers of trauma for victims.

Background: North Carolina’s Eugenic Past

Eugenics emerged in the late-19th century and reflects a series of social movements that contributed to a range of misguided biological, political and social policies that were designed to advance the human species. These policies included coerced sterilization of individuals who were viewed as ‘undesirable’, ‘unfit’ or ‘deviant’. Francis Galton, a major proponent of eugenics, argued that certain human conditions (e.g. criminality, alcoholism) were inherited and could be prevented by controlling the reproductive rights of some individuals while encouraging the ‘fittest’ members of society to breed young and often (Kline 2001; Kluchin 2009). Galton’s views were widely disseminated, reached global audiences (Adams 1990), were embraced and funded by some power

elites (e.g. the Rockefeller Foundation and the Carnegie Institution of Washington; see [Kline 2001](#); [Black 2003](#)), and were debated by academics (see [Galton 1904](#) for the debate published in the *American Journal of Sociology*).

State-led sterilization policies tended to target individuals who were socially and economically marginalized. In the United States, eugenics appealed to sections of the power elite whose interest was fuelled by the perceived threat of ‘the other’: The poor, immigrants and African-Americans. A total of 33 states in the United States implemented eugenic sterilization laws during the 20th century. The spatial distribution of compulsory sterilizations changed over time in the United States. Specifically, state-sponsored sterilizations declined in several regions of the United States during the early post-World War II era, but increased in some southern states, including North and South Carolina, and Virginia ([Castles 2002](#)).

Eugenics legislation was introduced in North Carolina in 1919 through an Act that authorized physicians in state institutions to conduct surgical procedures that were deemed to improve mental, physical or moral ‘deficiencies’ among institutionalized patients. Although the legislation did not specifically mention sterilization, the procedure fell within the broad category of surgical operations that were allowable. Still, no eugenic sterilizations were recorded until ten years later, perhaps due to physicians’ concerns over constitutional challenges in other states ([Krome-Lukens 2009](#)).

In 1929, the state’s ideological interest in eugenics led to further legislation which allowed state institutions to request and perform sterilizations of patients who were defined as mentally ‘deficient’ or ‘feeble-minded’. Official justification for the legislation was based on the perceived benefit of sterilization to the individual or the public. The law was deemed unconstitutional in 1933 (*Brewer v. Valk*, 204 N. C. 186) largely because it failed to provide hearings for individuals whose sterilizations had been mandated, and also because the law contained no mechanism for appeal. Still, 49 people were sterilized in North Carolina between 1929 and 1933.

Widening the net

Although the 1929 law was ruled unconstitutional in 1933, new legislation was passed the same year and incorporated a number of components. First, the 1933 legislation authorized state institutions to ‘sterilize mental defectives’ who resided in North Carolina’s penal and charitable institutions. Second, the revised legislation incorporated a process for appeal. Third, the legislation established the North Carolina Eugenics Program, led by a five-member panel of high ranking state officials¹ who were tasked with considering petitions for sterilization, many of which were filed by county welfare officials. Finally, the law extended its reach to include non-institutionalized individuals.

This last component of the new legislation made North Carolina the only US state to allow county officials and social workers to file petitions for sterilization. In other words, the net widened considerably and probably contributed to the large number of sterilization cases per capita in North Carolina ([Schoen 2001](#)). Our review of the historical data ([Eugenics Board of North Carolina 1956](#)), suggests that by 1953, the

¹ Commissioner of Public Welfare, Secretary of State Board of Health, Chief Medical Officer at State Hospital, Chief Medical Officer of Institution for Feeble-Minded, and the North Carolina Attorney General.

number of sterilizations was higher among non-institutionalized individuals ($N = 168$) than persons residing in state institutions ($N = 115$). Between 1964 and 1966, 84% of sterilizations involved non-institutionalized individuals and originated with requests by county welfare departments ([Eugenics Board of North Carolina 1966](#)).

Targeting the powerless

The Eugenics Board was disbanded in 1977, and involuntary sterilization laws were removed from North Carolina's statutes in 2003. In all, 7,528 individuals underwent state-sponsored sterilization between 1929 and 1974.² Moreover, an unknown number of people experienced coerced sterilization in the state, but without explicit involvement by the Eugenics Board. Considerably less is known about this group of victims because their records of sterilization were not held by the Eugenics Board. Still, physicians who performed those procedures might have perceived that they were acting in accordance with state policy.

The majority of state-led sterilizations involved women victims and those who were officially defined as 'feeble-minded', a classification used for individuals who scored below 70 on IQ exams ([Schoen 2001](#)). Data from the [Eugenics Board \(1966: 9\)](#) indicate that during a 24-month period in the mid-1960s, 87% of state-sponsored sterilizations involved individuals whom the state determined to be 'feeble-minded.' The 'feeble-minded' tended to be poor, members of large families or perceived to be sexually active ([Schoen 2001](#)).

Prior to the 1960s, state-sponsored sterilizations in North Carolina disproportionately involved Whites and individuals from impoverished backgrounds. One commentator suggested that the availability of surgical equipment was considerably more limited in state institutions that housed African-Americans ([Gamble 1951](#)). Indeed, institutional segregation via Jim Crow laws³ as well as strong kinship networks in African-American communities might have reduced the visibility of African-American women as targets for sterilization prior to the 1960s ([Sampson 2012](#)). This pattern began to change in the 1960s when disproportionate numbers of African-American women were targeted by the Board. Between 1964 and 1966, African-Americans accounted for 64% of persons sterilized—a sharp contrast from ten years prior when 35% of state-sponsored sterilizations involved African-Americans ([Eugenics Board of North Carolina 1966; 1956](#)). Hence the data suggest a shifting intersectionality of gender, class and race that commenced during the latter period of state-sponsored sterilizations. Scholars have linked the change in race dynamic to the increase in requests by social workers (North Carolina History Project n.d.), the higher visibility of poor African-American women via social welfare programs during the 1960s ([Castles 2002](#)), and increased 'racialized control' of African-American women by the Eugenics Board as civil rights began to expand during the 1960s ([Sampson 2012: 31](#)).

Although the Eugenics Board had the power to reject petitions for sterilization, it rarely did so. Between October 1933 and June 1935, the Board received petitions to

² [Schoen \(2001\)](#) estimated that 446 women and 22 men requested elective sterilization between 1929 and 1975. These figures account for approximately 6% of the total number of sterilizations during this era. Hence the vast majority of state-led sterilizations were compulsory or non-elective.

³ Jim Crow laws constituted a racial caste system in place for nearly 100 years in the United States—primarily in the southern states. The laws strictly regulated social interactions between African-Americans and whites and authorized segregated facilities, services and institutions.

sterilize 241 individuals, and authorized sterilization in 96% of the cases ($N = 231$) (Brown 1935: 16). In the 1950s, 97% of petitions were approved by the Eugenics Board during a 24-month period (Eugenics Board of North Carolina 1956). The figure declined to 80% during the mid-1960s perhaps due to ‘wider availability of medical means of birth control’ (Eugenics Board of North Carolina 1966: 9).

Enforcing the dominant moral order

Although historical data suggest that ‘feeble-mindedness’ was the primary reason for sterilization, the Board required petitioners to provide socioeconomic and behavioural information pertaining to individuals who were targets of sterilization. Petitioners were obliged to ‘describe the individual’s inclinations toward opposite sex, indications of sex experience, promiscuity’ (Eugenics Board of North Carolina 1960, Form No. 7, Supplement to Form No.1), and to report whether the individual was born ‘illegitimate’. Equally damaging, was the ‘record of defects’—checklists of health and social conditions that included criminality, alcoholism, drug addiction, ‘pauper’ status, and the presence of venereal disease. Separate checklists were compiled for the individual and family members. These original forms suggest that the sterilization policy attempted to identify and control society’s ‘deviants’—those individuals who were perceived to violate the dominant moral code (see also, Ryan 2007).

State Crime, State Harm

The 1933 legislation carefully exempted members of the Eugenics Board, medical professionals, county and other state officials from criminal and civil liability:

No person legally participating in sterilization proceedings under this law shall be liable, either civilly or criminally on account of such participation, except in cases of negligence in performance of the operation. (Brown 1935: 13)

Legal protection of those who authorized and conducted sterilizations was publicized widely to physicians in an article published in the *North Carolina Medical Journal*. The author of the article was John Bradway (1950) whose professional affiliation (then, Director of the Legal Aid Clinic at Duke University) provided credibility and might have contributed to increasing numbers of state-led sterilizations during the 1950s.⁴

Although coerced sterilizations were legal, we view the sterilization policy as an act of serious social harm that was imposed by the state and affected large numbers of people. The sterilizations were authorized by state representatives, eliminated reproductive rights for hundreds of people, and disproportionately targeted people who lacked power (i.e. women, the poor and later, African-Americans). We discuss these serious social harms below, and focus particularly on (1) questionable patient consent and (2) inadequate due process.

We suggest that the processes of obtaining consent for sterilizations as well as the provisions for appeal constitute systematic violations of human rights. The importance of

⁴ An intensive campaign to advertise the program occurred in the 1950s which might also have contributed to an increase in sterilization cases. Over 5,000 pamphlets describing the program were distributed to physicians, hospitals, medical and nursing students, educational units, libraries, and religious leaders (Eugenics Board of North Carolina 1956).

patient consent prior to medical intervention developed over a century ago, in the 1905 court case, *Mohr v. Williams* (104 N.W. 12, Minnesota). The Minnesota court held that medical treatment without consent constituted ‘medical battery’ for which physicians could be held liable. Still, the issue of consent was applied sporadically in the United States during the early part of the 20th century and court decisions focused largely on consent among non-institutionalized adults.

Written regulations provided by the Eugenics Board specified that sterilizations required the consent of the patient, next of kin, or in some instances, both parties. However, *informed* consent was not required by the Eugenics Board. Nationally, informed consent emerged as an important concept in medical practice during the late 1950s and early 1960s⁵, yet large numbers of sterilizations occurred in North Carolina during those decades. Lombardo (2008) notes the ambiguities around informed consent in the context of compulsory sterilizations the state of Virginia, where some women did not realize until adulthood that they had been sterilized during adolescence. Various testimonies indicate that similar practices occurred in North Carolina (e.g. *Winston-Salem Journal* 2002a; 2002b). However, the Eugenics Board reported that ‘all but one’ of the 1,232 individuals who underwent sterilizations between 1964 and 1973 did so voluntarily (North Carolina State Archives n.d.).

Consent is not possible alongside coercion, and the historical records suggest that several individuals were pressured into sterilization. First, the Eugenics Board authorized the use of force to restrain patients for whom sterilizations had been authorized. In its manual published in 1960, the Board stated that hospital superintendents could: ‘restrain and control the patient until such time as it is deemed wise to release such patient’ (Section 90: 9). Second, social workers in some locales requested sterilization for their entire caseload and used threats (e.g. linked to social welfare payments) to pressure clients to undergo sterilization (Schoen 2001). Third, powerful inducements were used, e.g. promises to release individuals from institutions if relatives consented to having individuals sterilized (Castles 2002). Fourth, in some instances, consent was provided by county welfare departments when relatives resided in areas located far from the institution in which an individual was housed (Castles 2002).

Appeals are a fundamental component of due process, and the 1933 legislation incorporated a mechanism for appeal. Appeals could be filed with North Carolina’s Superior Court, once an order for sterilization had been authorized by the Eugenics Board. However, the time to appeal was restricted to 15 days. The legislation did not provide for legal counsel and individuals who appealed were required to travel to Raleigh, the state capital, to meet with the Eugenics Board. People who were targeted for sterilization tended to live in impoverished conditions, and probably lacked resources to mount a successful appeal, particularly within the limited time-frame of 15 days. We have been unable to locate data that pertain to the number of individuals who appealed sterilization orders although Gamble (1947) claimed that appeals were rare. It seems that incorporating an appeals process in the 1933 legislation was primarily done in order to address the unconstitutionality of the 1929 law, however, the provision for appeals appears to have been largely rhetorical and without substance.

⁵ Informed consent in medical and clinical *research* is rooted in the Nuremberg Code, 1947.

The State acknowledges harm

Johanna Schoen gained access to the eugenics records in the late-1980s while attending graduate school at a state university in North Carolina. She later provided thousands of pages of Eugenics Board records to journalists affiliated with the *Winston-Salem Journal*, under the condition that journalists maintain the anonymity of individuals who were identified in Board records. Beginning in 2002, the *Journal* published a series of news articles that featured graphic details about the state's compulsory sterilization program. The news reports drew widespread public attention and reached local, state and national audiences. Reparations commenced in 2002 when a former governor of North Carolina apologized for the harm inflicted by the state through its sterilization practices. The governor's apology was quickly followed by the formation of the Eugenics Study Committee in 2003, which was charged with investigating the state's program, ensuring that such atrocities do not occur again, and making recommendations for compensating victims.

The findings of the 2003 Committee had little impact and in 2008, the state Legislature appointed a House Select Committee that was asked to devise a method for evaluating claims that were submitted by victims, and to consider the amount of monetary compensation and other reparations for victims. The Select Committee met on six occasions and heard testimony from three sterilization victims. In its final report to the North Carolina legislature, the Committee recommended material reparations in the form of mental health counselling and \$20,000 for living victims. The Committee recommended that the state develop an outreach service to publicize the compensation scheme and to disseminate information about the victim verification process. The Committee suggested four symbolic reparations: (1) a historical marker to honour victims, (2) the inclusion of the state's eugenics history in public high school curricula, (3) the creation of an oral history project that documents survivors' stories, and (4) the development of ethics and human rights training for state employees. The work of the House Select Committee was important in that it recommended a mix of material and symbolic reparations for victims. These recommendations were probably influenced by its membership, which included a prominent politician who had also emerged as a major advocate for sterilization victims.

Although the compensation amount of \$20,000 was not approved by the state legislature, some forms of reparation had been implemented by 2011. First, a commemorative marker was placed on a street in the state capital and dedicated in 2009. Its message acknowledges state harm: 'Eugenics Board: State action led to the sterilization by choice or coercion of over 7,600 people, 1933–1973'. Second, the history of the state's eugenics program was incorporated in high school curricula. Third, a travelling exhibit was created with historical artifacts and launched in 2007 at the North Carolina Museum of History. The travelling exhibit was featured at some North Carolina colleges but was later stored in the basement of a state office when funding declined.

In 2009, the State appeared to take a more active interest in promoting advocacy and justice for sterilization victims. This interest was reflected primarily through the 2009–2010 budgetary item of \$250,000 to establish and fund the Office of Justice for Sterilization Victims (also known as Justice for Sterilization Victims Foundation). Symbolically, the budgetary item reflected some level of political commitment to victims (see also, [de Greiff 2005:31](#)). Although we do not have access to data on the naming of

the Office, the phrase ‘justice for sterilization victims’ in its title suggests that potential reparations were viewed as a means for obtaining some justice for victims. Indeed, the official purpose of the Office was ‘to provide justice and compensate victims who were forcibly sterilized by the State of North Carolina’ ([North Carolina Justice for Sterilization Victims Foundation 2010:5](#)). Moreover, the Office’s website material provided (1) definitions of eugenics and state-led sterilizations, (2) descriptions of how eugenics policies were practiced in North Carolina, (3) links to historical documents on eugenics in the State, (4) detailed instructions on how to file claims, (5) links for potential claimants who were visually impaired or deaf and (6) information for third parties who might have knowledge of sterilization victims. The Office also encouraged people to ‘spread the word’ about the claims process and described its responsibilities as a ‘central clearinghouse to help assist, find and locate victims’. The [North Carolina Justice for Sterilization Victims Foundation \(2010\)](#) brochure that was disseminated to the public read as follows:

Gov. Bev Perdue established the N.C. Justice for Sterilization Victims Foundation in 2010 *to provide justice and compensate victims* [our emphasis] who were forcibly sterilized by the State of North Carolina. The Foundation will function as a clearinghouse to assist victims of the North Carolina Eugenics Board program. Foundation staff also will support a separate Gubernatorial Task Force. The N. C. Justice of Sterilization Victims Foundation is dedicated to providing information and assistance to individuals impacted by the North Carolina Eugenics Board program.

The Foundation was allocated a limited number of staff, including an executive director, and given designated space within a government department. The establishment of the Foundation and the development of its tasks reflect some attempt by the state to raise the status of the victim. In March 2011, former North Carolina Governor Beverly Perdue issued Executive Order 83 in order to ‘identify persons who were sterilized by force or coercion and to explore and determine the possible methods and forms of compensation to those persons’ ([North Carolina Office of the Governor 2011: 1](#)). The order created the *Governor’s Task Force to Determine the Method of Compensation for Victims of North Carolina’s Eugenics Board*, herein referred to as the Task Force. Its primary responsibilities were to (1) recommend ‘possible methods or forms of compensation’ for individuals who were ‘forcibly’ sterilized via the Eugenics Board and (2) ‘evaluate recommendations from previous commissions’ (2011: 2). The five Task Force members included a physician, a retired Superior Court judge, an attorney, a former journalist and newspaper editor, and a professor of history. The executive director and two program assistants with the Foundation attended meetings and provided commentary.

Method and Analytical Strategy

Our data are largely textual and derive from transcribed proceedings of the Governor’s Task Force (described above). These proceedings represent the final report of the Task Force and include minutes of several Task Force meetings, testimonials from victims and their family members, selected historical and contemporary data on individuals who were sterilized by the state, reviews of recommendations from previous committees, and related material. The proceedings cover the period from April, 2011 to January, 2012 and the full report consists of 130 pages.

We examined contemporary deliberations between sterilization victims and state appointees (i.e. members of the Governor’s Task Force), who engaged in dialogue about North Carolina’s eugenics practices and the impact on victims. We analyzed this discourse and related material in the context of victim-centredness—a key principle for restorative justice and reparation processes. We view victim-centredness in terms of *victim participation*, defined here as the involvement of victims and state engagement with victims, including those individuals who were directly and indirectly involved in the harm. Without this participation, the reparative process is less likely to be accomplished effectively and reparations can be misguided (Hamber and Wilson 2002; Suchkova 2011).

We use qualitative content analysis as our analytical approach, and our coding scheme derived from deductive and inductive approaches. Our initial code represented a key underlying concept of both reparation and restorative justice principles, i.e. ‘victim centredness’ of which two categories were utilized: (1) victim participation in the reparation *process* and (2) victim participation in the reparation *outcome*. The initial code and two categories were pre-set, the transcribed proceedings were read several times, and textual data that fit within these categories were compiled. We then followed the rules of induction and returned to the data several times while considering new codes and categories. The inductive approach commenced with separate reviews of the data by the three authors, during which we independently considered new codes and categories. We discussed differences in interpretation and resolved them during team discussions. In our main analysis, we noted patterns in the textual data as well as outliers. In summary, our analysis reflected an iterative and interpretive approach to the textual data.

Findings

Victim-centredness and the process

The state estimated that 2,944 sterilization victims might still have been living in 2010. This figure was later described as being too high and the state-appointed statistician suggested that the ‘more realistic estimate’ ranged from 1,500 to 2,000 victims (Task Force 2012: 7). Either way, the state presumed that the majority of the 7,528 sterilization victims were deceased by 2010.

The state sought to locate living victims in the event that material reparations might one day be issued to victims. The state used multiple strategies to locate living victims. These strategies included a media campaign, a telephone hotline, a designated website and the ‘clearinghouse’ that served as contact point for assisting victims with claims. Additionally, the North Carolina Justice for Sterilization Victims Foundation distributed hundreds of posters that featured details about the clearinghouse services, as well as information that victims needed to support their claims of sterilization. Still, Task Force members frequently discussed its difficulties in locating individuals who were sterilized by the state. For example, a total of 111 victims had been ‘verified’ by the state during the first 18 months of the state’s campaign to locate victims.⁶ That figure represented only 6–7% of the number of victims (using the lower estimate) who were

⁶ The authors requested updated figures in 2014 but were told that the figures were not available (personal communication, Office of Justice for Sterilization Victims, March 18; North Carolina Industrial Commission, March 20).

assumed to be alive in 2010. In other words, the vast majority of victims presumed to be living were not located by the state.

Why were so few victims identified as such by the state? We suggest several possible explanations. First, the state's definition of victimhood created barriers for victims. The process commenced with the victim's ability to provide sufficient details about sterilization that had occurred at least 30 years prior. State representatives then checked these details with historical records, however, these records often lacked precise information about the victim (Task Force 2012: 10, B-8, E-5). Still, individual claims were then 'verified' or rejected by the state. Although few individuals were *officially* categorized as victims of state-led sterilization, the Foundation received hundreds of inquiries through its clearinghouse. For example, the Foundation received 70 calls about sterilization during the first four months of operation. Approximately 37% of these calls resulted in the submission of claim forms, but only five were verified as state-defined victims (Task Force 2012: B-5 to B-6). These figures suggest that the state's threshold for verifying victims was probably too high. Additionally, Task Force proceedings allude to other sterilization programs that were operating in North Carolina but were not directly linked to the Eugenics Board (Task Force 2012: F-3). Individuals who were sterilized through these other programs were not considered to be 'verified victims' by the state, even though these non-state programs would not have existed without tacit approval by the state. We observed that official verification of victims was important to the state; testimonials and other statements by victims to the Task Force were often linked to the category of victim, i.e. verified victim, unverified victim, and the former appeared to carry considerably more credibility than the latter.

Some victims might have *lacked knowledge* about the state's interest in locating them. They might have relocated outside the state where the media campaign had less 'reach'. Victims residing in North Carolina may have been uncertain as to why the state wanted to make contact with them. For example, a daughter of one of the victim's suggested that the posters were ineffective because they failed to provide reasons for the state's interest in locating victims (Task Force 2012: F-6). The posters did not mention compensation, in part because compensation had not been determined by the state legislature. The age of victims might also have affected the number of individuals who submitted claims; an estimated 20% of living victims were 80 years or older in 2010 (Task Force 2012: 8). Elderly victims might have had difficulty negotiating the Foundation's website or might have experienced problems with gathering information required for the claim form.

We also suggest the possibility that several other individuals purposely distanced themselves from victim status because they wished to avoid stigma. Since the early 2000s, victims' stories received widespread media exposure in the state. In some instances, the news stories included victims' names and other personal identifiers, thus, some victims might have wished to avoid the public gaze:

I live in Fayetteville, North Carolina and the other women have clearly told me they are not coming forward. They are not going to be embarrassed. They are not going to put their lives in focus or on television or on the *Fayetteville Observer's* [local newspaper in North Carolina] front page or in front of a group of people that they have never met' (Task Force 2012: D-32).

In 2012, some North Carolina news media published a copy of an original petition for sterilization.⁷ Although the news report omitted the victim's name, the information in the petition could have identified the victim when reviewed in the collective. For example, the news report included the year that the victim was born, the remote county in which she lived, the number of nieces that she had, the year she left school (sixth grade), her race, the hospital in which her one child was born, the year that her child was born, her father's occupation, and her family residence that was described as a 'small, rundown, dirty apartment over a garage'. The public nature of these details might have deterred other victims from coming forward.

Efforts to avoid stigma were probably exacerbated by being officially labelled 'feeble-minded' several years prior. During public testimony to the Task Force, survivors or their adult children challenged these officially-defined 'deviant' identities:

My name is [XXX] and I am a victim of the Eugenics. I was sterilized at the age of 14. The reasons why the state of North Carolina gave [for sterilizing me] is because I was—couldn't get along well with others in school, I was feeble-minded, I was promiscuous, and all those nice things. Let me tell you what happened and then I'm gonna let you decide whether I was feeble-minded, promiscuous, illiterate or unable to get along with others. (Task Force 2012: D-7)

My momma could read, she could think, she loved the children, she taught school in her neighbourhood. She was an eleventh grader in her high school so she was not feeble-minded. She was not crazy...They want to put labels on her but she was smart enough in her record to say to the people in her hospital, 'There's nothing wrong with my mind and there's nothing wrong with a lot of people in this hospital'. (Task Force 2012: D-12)

Other victims might have refused to submit a claim because they lacked trust in the state that had betrayed them several years prior. Still others may not have known that they had been sterilized and hence were unaware of their victim status:

They told me to sign papers. I didn't sign no papers. I ain't never signed the papers. I look back over this thing here [and] that is not my signature on these papers... Somebody else signed my name. That ain't my handwriting. (Task Force 2012: D-19)

The case workers decided the children posed a social and financial risk and coerced their father into signing sterilization orders for both girls—his non-descript 'X' appearing beside someone else's elegant script signature. (Task Force 2012: D-17)

Testimonials from victims' family members suggest that at times, consent was obtained through deceptive practices, e.g. sterilizations performed under the guise of appendectomies:

...And this is why they were put at Samarcand [industrial school for young females] and why a number of them were sterilized involuntarily. Most of them were being told they had appendicitis. (Task Force 2012: D-26)

...Her sister [name] was the next target. In 1936, she was told she had appendicitis and needed an operation...[She] didn't learn until many years later after she actually contracted appendicitis that she had been sterilized. She was fifteen at the time of surgery. (Task Force 2012: D-17 to D-18)

In June 2011, the Task Force held a 'public meeting', described as a platform for victims, their family members and other advocates to tell their stories about sterilization and its

⁷ Alternatively, news media were very helpful in promoting the campaign to locate victims, and in highlighting the role of the state as it pertained to sterilization policy.

effects on them. Thirteen victims or their family members shared their experiences at the public meeting. The Chair provided contact details for victims or family members who preferred to contribute to the discussion at a later date. As the public meeting commenced, the Chair reminded members of the audience to silence their cell phones out of respect for the victims and their stories. The proceedings were videotaped and streamed to the wider public. Collectively, these actions suggest that the Task Force sought to empower victims.

A written transcription of this public meeting appears in the final report of the [Task Force \(2012: D-4 to D-37\)](#). However, the video recording is much more meaningful in that it allows us to *observe* the victims and family members as they shared their stories to the Task Force, and to observe the response by Task Force members. Certainly, Task Force members appeared to listen to the testimonies but the visual data suggest that victims' testimonies were not empathetically acknowledged by the Task Force. Victims' stories were very emotionally-charged; indeed, some victims or family members wept while they spoke. Others were visibly distraught. This kind of 'latent content' ([Elo and Kynga 2007: 109](#)) would have been overlooked had we depended solely on the written transcription. We noted that there was no substantive dialogue with victims, and there was no visible or speech-laden empathy exhibited by Task Force members. One victim seemed to prompt the Task Force members:

Would you like to ask a question? You can. It's alright ([Task Force 2012: D-33](#))

But she too was quickly led away from the podium. Thus, engagement between the parties was very limited, even though victims and their families were encouraged to speak. The Task Force members appeared to share little in common with the victims and their families, and members appeared not knowing how to respond to the kind of human suffering that was revealed that day. With the exception of brief opening and closing remarks, Task Force members remained largely silent during the public meeting.

We noted other indications of the power imbalance that characterized engagement between the Task Force and victims. In October 2011, a female victim of sterilization arrived at a Task Force meeting at 11:28 am, immediately after the Task Force had adjourned. She resided in Atlanta, Georgia and stated that she had driven a distance of about 400 miles to meet with the Task Force. The Task Force reconvened, and offered her the opportunity to speak. According to the Task Force minutes, the victim apologized for being late and explained that she had travelled a long distance. She informed the Task Force that she had 'began working on this issue when she was 19', and then described her current age as 57. She thanked the Task Force and stated that she awaited its conclusions. The meeting was adjourned again at 11:32 am. The timing of this second adjournment suggests that despite the long journey of the 'verified' victim, she was given four minutes that day to discuss issues with the Task Force.

In another example of power imbalance, we observed that the state reimbursed Task Force members for their travel and subsistence ([Task Force 2012: A3](#)), but did not do so for victims and their family members who attended meetings. Some victims or family members travelled to North Carolina from other states and on several occasions, travel expenses were covered with the personal finances of one state politician:

...It was inhumane what was done to me...I also want to take this time to thank Representative Larry Womble for all that he did for the victims of sterilization and for me personally...all the times we travelled back and forth to North Carolina, Representative Womble took his own personal money and provided transportation so we could make it to every meeting. ([Task Force 2012: D-21](#))

The power imbalance might have shifted somewhat had the state invited a victim or victim's family member to serve on the Task Force. Indeed, it was the adult son of a sterilization victim who mentioned the oversight that was never rectified:

...first of all you don't have any victims on the panel or on the board and victims should be on the board. At least one or two because these great people, these great board members as scholarly as they may be, cannot speak to the hurt and pain that was done to these victims. (Task Force 2012: D-10)

Victim-centredness and the outcome

The compensation outcome focused on two main issues: (1) the amount of monetary compensation for 'verified' victims and (2) whether family members were entitled to compensation if victims were no longer living. Since at least 2003, victims or their relatives had publicly voiced their preferences for monetary compensation. Their preferences were restated in 2011 when the Task Force invited victims and their families to share their views on compensation. A grand-niece and granddaughter of two victims of state-sponsored sterilization offered the following:

Can the state fix this problem? Can it go back and mend the bodies they broke and restore all those stolen legacies? No, it can't. But I'll tell you what it can do...It can breach the walls of shame and guilt it erected on itself and it can make restitution. (Task Force 2012: D-19)

The minutes show that victims and their families rejected a compensation amount of \$20,000 per victim, argued that higher amounts were justified, and requested the Task Force to consider the multiple and long-term implications of sterilization on the victims' lives. Some victims and family members noted that \$20,000 in compensation was unacceptable because it devalued their lives and failed to consider what they had lost. Other victims emphasized the same position:

...\$20,000 ain't enough for what happen to me and the rest of these victims. It ain't enough for us. Look into your heart and tell somebody that it ain't enough. (Task Force 2012: E-15)

Compensation to family members or other heirs emerged as another contentious issue between parties. Two members of the Task Force were adamant that financial reparation should not extend to family members if victims were no longer living. Victims and their families, however, suggested that heirs be awarded compensation if victims were no longer living. The adult daughter of a deceased victim requested of the Task Force:

In your report, I want you to make sure you put in there that we disagree that the living descendants for the victims not be compensated too. (Task Force 2012: E-13)

A state legislator who was present at several Task Force meetings highlighted the importance of considering victims' preferences:

...How in the world can you stand to dismiss them [the victims and their family members]? ...I don't care how much it hurts the state, the state did it. The state should have to pay for it. (Task Force 2012: E-11)

The State's response

The Task Force met in January 2012 to discuss recommendations for the governor. After a 3-2 vote, Task Force members recommended \$50,000 compensation to each living victim whose victimization had been verified by the state. They also recommended

that payments would be made to heirs only if victims had died *after* they have been verified by the state. Additionally, the Task Force recommended that victims must submit compensation claims within three years. Other recommendations focused on funding for continued support of the Foundation, the travelling exhibit, an oral history project, and for the provision of mental health counselling for the uninsured or underinsured. In her concluding statements, the Chair noted that the recommendations provide:

a clear message that we in North Carolina are a people who pay for our mistakes and that we do not tolerate bureaucracies that trample on basic human rights. (Task Force 2012: I-2 to I-3).

Following the submission of the Task Force report, the North Carolina House of Representatives approved a bill that authorized \$50,000 in compensation for eugenics victims. However, the state Senate rejected it, citing fiscal reasons and dangerous precedence. In 2013, the North Carolina House and Senate leaders agreed a state budget that allocated \$10 million to compensate victims of state-led sterilization. The funds would be divided among the number of victims whose claims of state-led sterilization were verified by the state. The legislation was approved by Governor Pat McCrory, and specified the conditions under which compensation can be made to sterilization victims. Three conditions have relevance here: (1) claimants must have been living on 30 June 2013, (2) compensation will only be considered if the claim was made on or before 30 June 2014 and (3) adults who were deemed ‘competent’ at the time of sterilization must demonstrate in their claim, that they did *not* provide informed consent to the sterilization.

Compensation to verified victims or the heirs of verified victims is scheduled to be made on 30 June 2015—more than a decade since the state apology was offered. Victims are ageing and the frustration associated with the wait was apparent in several testimonies. In 2011, e.g. a male victim of sterilization spoke to Task Force members:

And it’s been happened to me like I say 63 years ago and it’s always been in the back of my mind to what’s done happened to me...I wish they [the state] would hurry up and do something. I’m 77 years old. I ain’t got much time to live. I’m hopeful I can see something happen...Thank you. (Task Force 2012: D-7)

A small number of victims engaged directly with the Task Force and other state representatives on several occasions since the early 2000s. At this writing, at least one of those victims has died. She spoke before the Task Force in June 2011 and died 13 months later. She was sterilized by the state at the age of 13.

Financial status of the State

The textual data indicate that Task Force members were concerned that financial reparations would negatively affect the state budget. The Task Force and state officials had the authority to request assistance with compensation from other individuals and organizations that participated in state-led sterilizations. For example, sterilizations were conducted by dozens of different doctors, including physicians at the prestigious hospital affiliated with Duke University. Although testimony from several victims described deceptive procedures or sterilizations that were conducted without patients’ consent or knowledge, the 130-page transcript of Task Force proceedings contains no mention at all of an interest by the Task Force to investigate the physicians who

performed the sterilizations. Nor was there any focus on the social workers whose gate-keeping role contributed to hundreds of sterilizations. Similarly, although some corporations provided financial support for the state policy, the Task Force did not appear to take an interest in exploring the role of corporations, holding them accountable, or requesting them to contribute to compensation despite the encouragement from Representative Womble:

There are other people that I think we need to go after too and if the state is not going to do it, I think we will need to do it. Proctor and Gamble funded this. Hanes Corporation in Winston-Salem funded this...We might want to look at going after these hospitals and corporations...as well as doctors that did it. (Task Force 2012: E-11)

Victims also noted this oversight. For example, a daughter of a sterilization victim stated:

I know that you're compensating the victims. But my one concern that I need for you to think about is: where is Gamble and where are the pharmaceutical companies who were involved? I think they need to pay some of this too. (Task Force 2012: D-34)

Former members of the Eugenics Board also escaped accountability. Again, it was the daughter of a sterilization victim who raised this issue when she asked whether members of the Eugenics Board were living. She was told that 'no records were kept on the Eugenics Board Members' (Task Force 2012: F-7). This response was interesting. The Eugenics Board published several reports over a period of five decades, and each report contained the full names and professional affiliations of every member of the Eugenics Board. We suggest that it would not have been difficult to locate them.

Discussion

The harm caused by the state was substantial and directly affected 7,528 individuals. Symbolic reparations commenced when the state acknowledged the wrongdoing and offered an official apology for its role in state-led sterilizations. The state erected a commemorative marker in a prominent public space, incorporated its eugenics history into public school curricula, and funded a travelling exhibit that featured eugenics practices in the state. Collectively, these acts of symbolic or 'moral reparations' (Roht-Arriaza 2004: 159) can be very important to victims. To our knowledge, the state never publicly used the phrase, 'victim-centredness', although it began the shift towards victim-centredness when it appointed a leading victim advocate (who also was a political representative) to the 2008 legislative committee. One year later, the symbolic and material act of reparation was reflected in the establishment of the North Carolina Justice for Sterilization Victims Foundation which was a valuable source of information for some victims. Additionally, the state created the Governor's Task Force, and its recommendations contributed to the legislation that finally authorized financial reparations to victims. All of these state initiatives are important, and the state has been praised by mainstream media for its reparative efforts (e.g. Lombardo and Hardin 2013).

We recognize that state-citizen relations are always shaped by various forms of power differential. However, states that attempt to recompense victims must find ways to shift some of the power to victims, in order for reparations to be meaningful. In the present case, power imbalances from the outset tended to place the victim closer to the margins

rather than at the centre of the reparative process. The data suggest that the vast majority of living victims were excluded from discussions of reparations and probably will not benefit from financial reparations. Despite multiple strategies designed to reach victims and encourage them to engage with the Foundation established by the state, few victims appeared to do so. Relatedly, the process of verifying victims reflected the power of the state and overlooked the meaning of victimhood from the perspective of the victims. The state established criteria for victimhood and determined that ‘living victims’ of sterilization included only those individuals whom the state had verified from its historical records. [de Greiff \(2005: 15–21\)](#) proposed the concept of ‘completeness,’ i.e. the degree to which reparations can potentially reach the victims of human rights abuses. He suggested that the criteria used to establish victimhood need to be considered carefully; a disproportionate number of victims are unlikely to receive material reparations if the ‘evidentiary bar’ is too high ([de Greiff 2005: 15](#)). Moreover, completeness can be enhanced by effective ‘outreach efforts undertaken to publicize the existence of the program,’ but can be negatively affected by ‘procedural hurdles associated with accessing it, including narrow application deadlines, closed lists, personal application requirements, and others’ ([de Greiff 2005: 15](#)). Reparations for human rights violations in other countries also have been limited in terms of completeness ([Roht-Arriaza 2004](#); [Waterhouse 2009](#)). For example, Chile limited its definition of victimhood to those who had disappeared or had been killed by security forces; reparations were not provided to living victims who had been tortured by security forces. Similarly, the South African government focused on victims of violence by security forces, and omitted victims of massive race discrimination imposed by the white elite ([de Greiff 2005](#); [Roht-Arriaza 2004](#)). In contrast, Germany continues to expand its definition of victimhood associated with Nazi crimes in an effort to reach as many victims as possible and pay compensation. The most recent expansion recognizes the victimization of people who were forced to hide from the Nazi regime for six months or more ([Eddy 2012](#)).

In the present study, sterilization victims and their family members repeatedly emphasized their preference for \$50,000 compensation per victim, and the Task Force eventually agreed. The state legislature rejected this recommendation and opted for a \$10 million reparation package that would be divided among verified victims who had submitted claims by the deadline. At this writing, the compensation amount to individual victims is not known. Verified victims will receive less than \$50,000 if there are more than 200 victims whose claims are approved by the state. Moreover, compensation will not be awarded to victims’ heirs unless the deceased victim was verified by the state prior to the official deadline. This regulation means that the official designation of victimhood tended to exclude ‘secondary victims,’ i.e. people connected to the victims through family ties or close friendship networks ([Cornwell 2007: 78](#)). The degree of victim-centredness has varied considerably in reparation processes in other countries. In South Africa, victims were excluded from discussions of proposed compensation schemes, whereas in Chile, financial reparations were influenced by victims’ preference for pensions rather than one-time payments ([Suchkova 2011](#)).

The wait time for financial compensation to sterilization victims will be considerable, extending more than a decade since the Governor’s apology for the harm caused by the state. Moreover, three government-appointed working groups (two committees and the Task Force) were established over a ten-year period to provide guidance or recommendations to the state. Similar to the lengthy reparation process observed in this study,

the Guatemalan and South African governments have been slow to act on reparations that were recommended by their respective truth commissions. Ideally, states involved in future reparation schemes need to establish realistic yet firm deadlines so that outcomes can be expedited; adopting a victim-centred approach from the outset might help rectify this problem.

We are concerned that victims who directly engaged with the Task Force will not be able to psychologically deal with the ‘process of remembering and recounting violations’ (Daly 2008: 31), particularly because the final reparations package does not reflect their views. The process may have resulted in repeat victimization for many individuals who have now dug up and publically exposed these traumatic experiences from their past.

We suggest that the state could have adopted relatively simple strategies to reflect a more victim-centred approach. For example, the state could have appointed a trained mediator to facilitate the reparation dialogue between victims and state representatives. Second, victims or their relatives could have been appointed to the Task Force. We found it interesting that a victim’s relative suggested the importance of this representation but that the state failed to act on the suggestion. Third, the state could have provided travel reimbursement for victims who met with the Task Force. These monies were provided to members of the Task Force whose occupations suggest that they were already economically privileged. This initiative would have assisted victims who were economically marginalized and might have helped to symbolically elevate the status of victims.

Compensation outcomes appeared to be influenced greatly by concerns over the state economy. Indeed, the wider political context might have shaped the recommendations of the Task Force. A major debate among Task Force members, focused on whether victims’ family members (or other heirs) should be financially compensated if victims were no longer living. Victims and their survivors felt strongly that compensation should extend to surviving heirs of deceased victims. The Task Force opposed this view, arguing that: ‘a plan to compensate all victims...will be ignored by legislators and runs a risk that none of the victims will receive compensation’ (Task Force 2012: 13). In other sections of its final report, some Task Force members drew attention to the state’s budgetary problems when discussing financial reparations to victims’ heirs. The budgetary concerns are similar to those raised by South Africa’s government after its Truth and Reconciliation Commission recommended financial compensation as part of the reparation package. However, the view that compensation to victims of apartheid repression would be too costly was later found to be unsupported by evidence (Hamber and Rasmussen 2000).

In the present study, the decision to limit financial compensation to surviving victims, might also have been influenced by concerns that compensation to heirs could provide legal precedence for future reparations to descendants of people who were enslaved in North Carolina. Slavery was legal in North Carolina for well over two centuries, and in 1860 alone, an estimated 331,000 people were enslaved in the state (U.S. Bureau of the Census 1909:133). In response to the debate over eugenics reparations in North Carolina, a report published by a leading conservative think tank noted that:

There is probably no greater concern among [eugenics] compensation opponents than the argument that such a move could be used to provide justification for giving reparations for slavery. (Bakst 2011: 12).

The devaluing of victims has been reported elsewhere. For example, data collected from 120 victims and victim advocates in the United States suggested that victims who had participated in restorative justice programs, often felt excluded by the process, and reported receiving little empathy by others who were involved in the restorative process (Mika *et al.* 2004). Similar observations were noted by Cornwell (2007) who argued that despite widespread acknowledgement of the importance of the victim's voice, in practice the needs of victims tend to be overlooked. Waterhouse (2009) describes the reparations by the Japanese government to thousands of women (largely Korean) who were forced into sex slavery and prostitution to benefit the Japanese army. Waterhouse concludes that the reparation process reflected a top-down approach whereby Japanese and US government officials developed a reparation strategy and then implemented the scheme with little input from victims. He argues that this kind of reparation scheme is unlikely to have meaning for victims. In summary, although the state political elites acknowledged the harm caused by the state sterilization policy and offered some symbolic and material acts of reparation, it failed to fully deliver a reparative process characterized by victim-centredness.

REFERENCES

- Adams, M. B. (ed.) (1990), *The Wellborn Science: Eugenics in Germany, France, Brazil, and Russia*. Oxford University Press.
- BAKST, D. (2011), *North Carolina's Forced-Sterilization Program: A Case for Compensating the Living Victims*. John Locke Foundation.
- BLACK, E. (2003), *War against the Weak: Eugenics and America's Campaign to Create a Master Race*. Four Walls Eight Windows.
- BRADWAY, J. S. (1950), 'The Legality of Human Sterilization in North Carolina', *North Carolina Medical Journal*, 11: 250.
- BROWN, R. E. (1935), *Eugenical Sterilization in North Carolina: A Brief Survey of the Growth of Eugenical Sterilization and a Report on the Work of the Eugenics Board of North Carolina through June 30, 1935*. Eugenics Board of North Carolina.
- CASTLES, K. (2002), 'Quiet Eugenics: Sterilization in North Carolina's Institutions for the Mentally Retarded, 1945–1965', *Journal of Southern History*, 68: 849–78.
- CORNWELL, D. J. (2007), *Doing Justice Better: The Politics of Restorative Justice*. Waterside Press.
- CUNNEEN, C. (2006), 'Exploring the Relationship between Reparations, the Gross Violations of Human Rights, and Restorative Justice', in D. Sullivan and L. Tifft, eds., *The Handbook of Restorative Justice: A Global Perspective*, 355–68. Routledge.
- DALY, E. (2008), 'Truth Skepticism: An Inquiry into the Value of Truth in Times of Transition', *International Journal of Transitional Justice*, 2: 23–41
- DE GREIFF, P. (2005), 'Addressing the Past: Reparations for Gross Human Rights Abuses', Proceedings of the Seventh Annual Gilder Lehrman Center International Conference, October 27–29, Yale University.
- EDDY, M. (2012), 'For 60th Year, Germany Honors Duty to Pay Holocaust Victims', *New York Times*, 17 November, available online at http://www.nytimes.com/2012/11/18/world/europe/for-60th-year-germany-honors-duty-to-pay-holocaust-victims.html?_r=0.
- ELO, S. and KYNGA, H. (2007), 'The Qualitative Content Analysis Process', *Journal of Advanced Nursing*, 62: 107–15.

- Eugenics Board of North Carolina (1956), *Biennial Report of the Eugenics Board of North Carolina, July 1, 1954 to June 30, 1956*, available online at <https://archive.org/details/biennialreporteug11nort>.
- . (1960), *Manual*, available online at <http://digital.ncdcr.gov/cdm/ref/collection/p249901coll22/id/417492>.
- . (1966), *Biennial Report of the Eugenics Board of North Carolina, July 1, 1964 to June 30, 1966*, available online at <https://archive.org/details/biennialreporteug16nort>.
- GALTON, F. (1904), 'Eugenics: Its Definition, Scope, and Aims', *American Journal of Sociology*, 10: 1–25.
- Gamble, C. J. (1947), *Better Human Beings Tomorrow*. Human Betterment League.
- GAMBLE, C. J. (1951), 'Eugenic Sterilization in North Carolina', *North Carolina Medical Journal*, 550–3.
- Governor's Task Force to Determine the Method of Compensation for Victims of North Carolina's Eugenics Board (2012), *Final Report to the Governor of the State of North Carolina, January 27*, available online at <http://www.sterilizationvictims.nc.gov/taskforce.aspx>.
- HAMBER, B. and RASMUSSEN, K. (2000), 'Chapter 7. Financing a Reparations Scheme for Victims of Political Violence', in B. Hammer and T. Mofokeng eds., *From Rhetoric to Responsibility: Making Reparations to the Survivors of Past Political Violence in South Africa*. Centre for the Study of Violence and Reconciliation.
- HAMBER, B. and WILSON, R. A. (2002), 'Symbolic Closure through Memory, Reparation and Revenge in Post-Conflict Societies', *Journal of Human Rights*, 1: 35–53.
- House Select Committee on Compensation for Victims of the Eugenics Sterilization Program (2008), *Report to the 2009 Session of the 2009 General Assembly*, available online at <http://ncleg.net/Library/studies/2009/st11763.pdf>.
- KLINE, W. (2001), *Building a Better Race: Gender, Sexuality and Eugenics from the Turn of the Century to the Baby Boom*. University of California Press.
- KLUCHIN, R. S. (2009), *Fit to be Tied: Sterilization and Reproductive Rights in America, 1950–1980*. Rutgers University Press.
- KROME-LUKENS, A. L. (2009), A Great Blessing to Defective Humanity: Women and the Eugenics Movement in North Carolina, 1910–1940. Master's Thesis. University of North Carolina, Department of History.
- LOMBARDO, P. A. (2008), *Three Generations, No Imbeciles: Eugenics, the Supreme Court, and Buck v. Bell*. Johns Hopkins University Press.
- LOMBARDO, P. A. and HARDIN, P. L. (2013), 'Compensate Eugenic Sterilization Victims: Column'. USA Today, August 21, available online at <http://www.usatoday.com/story/opinion/2013/08/21/eugenics-north-carolina-column/2662317/>.
- MIKA, H., ACHILLES, M., HALBERT, E., STUTZMAN AMSTUTZ, L. and ZEHR, H. (2004), 'Listening to Victims—A Critique of Restorative Justice Policy and Practice in the United States', *Federal Probation*, 68: 32–8.
- North Carolina Eugenics Study Committee (2003), *Report to the Governor*, available online at: <http://digital.ncdcr.gov/cdm/compoundobject/collection/p249901coll22/id/714067/rec/5>.
- North Carolina History Project (n.d.), *Eugenics Board*, available online at <http://www.north-carolinahistory.org/commentary/315/entry>.
- North Carolina Justice for Sterilization Victims Foundation (2010), *Questions and Answers on Eugenics in North Carolina*. North Carolina Department of Administration.

- North Carolina Office of the Governor (2011), *Executive Order No. 083: Governor's Task Force to Determine the Method of Compensation for Victims of North Carolina's Eugenics Board*, available online at <http://digital.ncdcr.gov/cdm/search/searchterm/Involuntary%20sterilization/mode/exact/order/title>.
- North Carolina State Archives (n.d.), *Unpublished Charts of the North Carolina Eugenics Board*. State Library of North Carolina.
- POSNER, E. A. and VERMEULE, A. (2003), 'Reparations for Slavery and Other Historical Injustices', *Columbia Law Review*, 103: 689–747.
- ROHT-ARRIAZA, N. (2004), 'Reparations Decisions and Dilemmas', *Hastings International and Comparative Law Review*, 27: 157–219.
- RYAN, P. J. (2007), "'Six Blacks from Home": Childhood, Motherhood, and Eugenics in America', *Journal of Policy History*, 19: 253–81.
- SAMPSON, A. (2012), *What am I Worth? The Race-ing of Reproduction in America*. Thesis submitted to the Honors College, College of Science and Society Program. Wesleyan University.
- SCHOEN, J. (2001), 'Between Choice and Coercion: Women and the Politics of Sterilization in North Carolina 1929–1975', *Journal of Women's History*, 13: 132–57.
- STUBBS, J. (2007), 'Beyond Apology?: Domestic Violence and Critical Questions for Restorative Justice', *Criminology and Criminal Justice*, 7: 169–87.
- SUCHKOVA, M. (2011), *The Importance of a Participatory Reparations Process and its Relationship to the Principles of Reparation*, Briefing Paper No. 5. University of Essex, Transitional Justice Network.
- TEITEL, R. (2000), *Transitional Justice*. Oxford University Press.
- U.S Bureau of the Census (1909), *A Century of Population Growth, From the First Census of the United States to the Twelfth, 1790-1900*. U.S. Government Printing Office. Available online at: <https://archive.org/stream/centuryofpopulat00unit#page/n11/mode/2up>
- Waterhouse, C. (2009), 'The good, the bad, and the ugly: Moral agency and the role of victims in reparations programs', *Journal of International Law*, 31: 257–94.
- Winston-Salem Journal (2002a). *Sign this or else...*, 9 December, available online at http://www.journalnow.com/news/local/article_3e865b26-8c03-11e2-b819-001a4bcf6878.html.
- (2002b). *Sterilization was often the way out*, 9 December, available online at http://www.journalnow.com/news/local/article_97931328-8fee-11e2-bf88-0019bb30f31a.html.