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Ada T., an unmarried Negro woman of 31, has had eight illegitimate children, all of them by different fathers. She lives with her mother and has no employment and no income. The family have been known to the welfare department for 16 years and are dependent on relief.

This 1947 report from a North Carolina social worker assigned to Ada’s case represents a typical interaction between local welfare officials and African American mothers of “illegitimate” children—as non-marital children were termed in the legal, political, intellectual, and public discourse of mid-twentieth-century America. As an impoverished, unwed black mother, Ada was a prime candidate for public assistance through a federal program of Aid to Dependent Children (ADC). ADC was designed as a state-administered relief program to aid needy children in their own homes through matching federal grants as part of President Roosevelt’s 1935 Social Security Act. Under the North Carolina ADC program, a centralized state welfare agency established eligibility requirements and ruled on appeals, but administrative responsibility was delegated to county welfare departments consistent with a historical tradition of local administration of poor relief. In addition to matching funds between the federal government and the state, the county also had to fund a portion of the total ADC payments as well as shoulder the costs of local administration.

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1 Case report found in Moya Woodside, Sterilization in North Carolina: A Sociological and Psychological Study (Chapel Hill, North Carolina, 1950), 205.
2 Note on terminology: My use of the terms “illegitimate birth” and “out-of-wedlock birth” throughout this paper is to employ the nomenclature for non-marital births in the historical context covered. From a modern perspective, “illegitimate birth” stigmatizes the child while “out-of-wedlock” birth stigmatizes the mother.
3 Social Security Act § 223(e), 42 U.S.C. § 406(a).
5 N.C. Public Laws, 1937, c. 288, s. 39.
Ada’s case demanded a large allocation of resources and close scrutiny from her local county welfare department. The 1937 North Carolina ADC statute allotted $18 for one child and $12 for each additional dependent child per month.\textsuperscript{6} With eight children, Ada’s household had already exceeded the maximum $65 ADC payment per month.

While Ada’s case was particularly extreme, births out of wedlock were not uncommon in North Carolina in the decade following World War II—especially amongst the black community. From 1946 to 1955, the total reported illegitimate births in North Carolina rose from 7,211 to 10,177 (a rise of 41\%)\textsuperscript{7}. Of these 2,966 documented non-marital births, African Americans were responsible for 2,956 (99\%) despite only representing one-fourth of the North Carolina population.\textsuperscript{8} Thus, based on reported vitality statistics, postwar illegitimacy in North Carolina was almost exclusively an African American phenomenon.

Alongside this rise in black illegitimate births in the wake of World War II was a burgeoning of ADC caseloads and average monthly payments. In North Carolina, the number of ADC recipients more than trebled from 6,217 in 1946 to 18,822 by 1955.\textsuperscript{9} During the same period, the average monthly ADC payment more than doubled from $26.80 to $60.97.\textsuperscript{10} Local social workers were responsible for meeting this rising demand of caseloads from an administrative standpoint. They were required to “investigate”

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\textsuperscript{6} North Carolina Public Laws, 1937, c. 288, s. 36.
\textsuperscript{8} ibid., 2.
\textsuperscript{10} ibid., 26.
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cases, distribute the monthly payments, and provide non-financial public welfare services.\textsuperscript{11}

As part of the casework, however, North Carolina social workers were able to administer a wide range of public welfare services under their discretion in addition to public assistance payments. Reflective of this historical appeal to local administration of public welfare, North Carolina was the only state that gave social workers the power to file sterilization petitions.\textsuperscript{12} Ada’s case report goes on to note:

When Ada had four illegitimate children, the welfare department attempted to get her sterilized. In a letter to the psychiatric clinic the superintendent wrote as follows: “Ada is dull, stupid, and listless… In the manner of her illegitimate children, she seems to accept this fact is quite all right and does not show any interest in attempting to get help from their father, nor does she seem to have any desire to get married.”

The 1933 North Carolina Eugenics Law permitted sterilization primarily on the grounds of mental deficiency. After psychological testing was conducted, Ada was reported to have an IQ above 70. Scoring above this cutoff prevented Ada from being sterilized for “feeblemindedness, epilepsy, and mental disease.”\textsuperscript{13} However, since Ada was “extramural”—meaning she was not presently an inmate of any state institution—she could be sterilized for reasons other than strictly inheritable mental deficiency, according to the law. Echoing the progressive sentiment of the day, as long as the sterilization of an extramural individual was performed “for the public good,”\textsuperscript{14} then the operation was legally justified.

\textsuperscript{11} N.C. Public Laws, 1937, c. 288, s. 45.
\textsuperscript{13} North Carolina Public Laws, 1933, c. 224, s. 1.
\textsuperscript{14} N.C. Public Laws, 1933, c. 224, s. 2.
Even with a broad legal justification for sterilizing Ada, legal obstacles still arose. Since Ada was extramural, the state sterilization law required her sworn consent or the sworn consent of her next-of-kin legal guardian.\(^\text{15}\) According to the report, Ada did not consent to the operation due to her mother’s religious opposition to sterilization. Without obtaining consent, the social worker was unable to petition the Eugenics Board to authorize the sterilization. Ada therefore maintained her reproductive autonomy.

Nonetheless, despite a clear lack of compliance, as Ada continued to give birth out of wedlock the caseworker continued to pressure her with eugenic sterilization. Eventually, after Ada’s eighth out-of-wedlock birth, a different caseworker made one last-ditch effort to try to convince her of the benefits of sterilization. This was to no avail. As of June 1947, Ada’s case was still pending.

Roughly eighteen years later, Nial Cox, an eighteen-year-old black unwed mother, found herself in a similar situation.\(^\text{16}\) Nial was not as fortunate as Ada, however.

On February 10, 1965, Nial Ruth Cox arrived at Washington County Hospital in Plymouth, North Carolina, to undergo what she believed was a tubal ligation—the most common sterilization procedure—authorized by the Eugenics Board of North Carolina. The case report labeled Cox as “mentally deficient,”\(^\text{17}\) although no psychological tests had ever been administered. Ten weeks prior to the operation, Cox had given birth to a daughter out of wedlock. Similar to Ada, Cox was unemployed and lived with her mother, Devora, as well as her siblings. Devora received welfare benefits for Cox and for Cox’s brothers and sisters. In the few months preceding the birth of Cox’s daughter and

\(^{15}\) N.C. Public Laws, 1933, c. 224, s. 2.
\(^{16}\) For Nial Cox’s case, see Cox v. Stanton, 381 F. Supp. 349 (9th Cir. 1974), Appellant’s Brief, 3.
\(^{17}\) ibid.
the months directly after, Devora was constantly pressured by the social worker assigned to the case, Shelton Howland, who insisted that Cox be sterilized. Since Cox was under twenty-one years old, consent was needed from her guardian for sterilization to be authorized under the 1933 statute.\textsuperscript{18} This pressure from the caseworker, however, was not an attempt to persuade Devora about the benefits of sterilization for her daughter in order to obtain her consent, as it was in Ada’s case. Instead, Devora was coerced.

After the birth of Cox’s daughter, Howland threatened Devora that if Cox was not sterilized then the entire family would be stricken from the welfare rolls. After obtaining Devora’s alleged consent as Cox’s legal guardian, the Director of the Washington County Welfare Agency petitioned the Eugenics Board to order Cox’s sterilization. No hearing was ever held, and on January 28th, 1965, the order was issued authorizing Dr. A. M. Stanton to perform a tubal ligation. A tubal ligation, or “tying the tubes,” involves some combination of cutting, tying, clamping, or cauterizing a woman’s Fallopian tubes to prevent pregnancy by ensuring that the egg and the male sperm never connect.\textsuperscript{19} Tubal ligation is considered temporary sterilization because the procedure can be reversed in approximately 50% of cases.\textsuperscript{20} On February 10\textsuperscript{th}, 1965, despite the authorization of the Eugenics Board, Dr. Stanton performed a bilateral salpingectomy sterilization on Cox instead—an irreversible sterilization procedure that involves the surgical removal of the Fallopian tubes, rendering the patient permanently sterile.\textsuperscript{21} Five years later, after moving

\textsuperscript{18} N.C. Public Laws, 1933, c. 224, s. 3.
\textsuperscript{19} “Tubal Ligation,” Johns Hopkins Medicine, accessed December 16\textsuperscript{th}, 2014, \url{http://www.hopkinsmedicine.org/healthlibrary/test_procedures/gynecology/tubal_ligation_135,27/}.
\textsuperscript{20} ibid.
\textsuperscript{21} “Salpingectomy,” Johns Hopkins Medicine, accessed December 16\textsuperscript{th}, 2014, \url{http://www.hopkinsmedicine.org/healthlibrary/test_procedures/gynecology/tubal_ligation_135,27/}.
to New York City, Cox went to a gynecologist to initiate the reversal process, at which
time she was informed that it was impossible for her to bear children ever again.

The predicament that Devora was forced to confront is unimaginable. Devora,
after numerous threats from the social worker assigned to her case, had to choose
between the lesser of two evils, both of which were directly implicated in the future
health and well-being of her family: on one hand, losing her ADC benefits, which served
as her only source of income to support her children; or on the other hand, consenting to
an invasive procedure that consisted of incisions made on her daughter’s abdomen so that
the surgeon could then cut (or in this case, remove) reproductive organs, thus rendering
her sterile. If Devora chose to keep her welfare funds, her eighteen-year-old daughter
could never reproduce again. If she chose to salvage her daughter’s reproductive
autonomy, her family would most likely starve.

But, given these two North Carolina postwar accounts of interactions between
local welfare caseworkers and mothers of illegitimate children, why was Nial Cox
coerced into sterilization and not Ada? Ada had eight illegitimate children by eight
different fathers; Cox only had one. Ada was pressured by social workers to consent to
sterilization for years with no coercion; Cox had her first child out of wedlock and was
then forced to undergo the sterilization operation only months later.

Ultimately, the answer lies in the historical timing of the two cases. In 1955, a
watershed transformation took place in the North Carolina eugenics system where non-
institutional African American mothers of illegitimate children were sterilized at a
disproportionate rate. The proportion of black single mothers among the sterilized rose
year after year all the way up until 1964. Fortunately for Ada T., her encounters with her
local county welfare department occurred before the cementation of a discriminatory transformation in North Carolina eugenic sterilizations in the mid-1950s. Nial Cox, on the other hand, gave birth out of wedlock in the wrong place at the wrong time.

Overall, this study sets out to explore two fundamental question in regards to the unique evolution of North Carolina eugenics in the decades after World War II: What accounted for this sudden pre- and post-1955 shift in North Carolina sterilization victims? And furthermore, how was this transformed sterilization policy implemented throughout the state? While the central scope of this study spans the period of 1955 to 1964 to examine the forces behind this marked shift in North Carolina eugenics along specific social and economic lines, this study extrapolates out to explore the entire evolution of the North Carolina eugenics system: from the first eugenics statute enacted in 1919, to the early post-World War II years on the eve of the 1955 transformation, up to the ongoing reparation program for surviving victims. Overall, North Carolina eugenics was a very powerful program that adapted its targets to meet changing social and economic contexts while the eugenics programs of other states were structurally incapable of replicating this expansive scope. Above all else, however, the history of North Carolina eugenics speaks volumes to what Thomas J. Sugrue would aptly refer to as the unwavering “persistence of localism”22 throughout mid-twentieth century America.

22 See Thomas J. Sugrue, “All Politics is Local: The Persistence of Localism in Twentieth-Century America” in The Democratic Experiment: New Directions in American Political History (New Jersey: Princeton University Press, 2003), 301-325. Sugrue’s nod to the frequently overlooked, yet ever-powerful, feature of the twentieth-century American state in terms of the persistence of localism is a particularly constructive model to frame this view of North Carolina eugenics. Despite unprecedented centralization and bureaucratization at the federal level during the New Deal, Sugrue points to the ultimate resilience of localism as local officials and constituents ultimately played a fundamental role in the shaping and re-structuring of federal policies at the local level. While New Deal and post-New Deal social policies undoubtedly shaped local political action as states were forced to administer the proliferation of new
North Carolina eugenics has received considerable attention from scholars in recent years due in large part to the fact that North Carolina legislators established the first state-administered reparation program for surviving victims of eugenic sterilization in 2013.\(^\text{23}\) With the state offering an apology for the sterilization program in 2002, a wide array of official government documents dating back to the heart of the program were made public.\(^\text{24}\) While these documents include general sterilization statistics and policies from which a detailed narrative can be drawn, there are many current barriers to accessing individual sterilization records and sterilization petitions to the Eugenics Board of North Carolina.\(^\text{25}\) This study relies heavily on detailed sterilization statistics extracted from biennial reports of the Eugenics Board of North Carolina. The last of these reports was published in 1966.

Broadly speaking, the evolution of North Carolina eugenics was unique because the system reached its peak in terms of sterilization numbers after World War II when the national eugenics movement declined rapidly.\(^\text{26}\) After 1945, North Carolina led the nation in eugenic sterilizations and was one of only three states to increase sterilization federal programs under the watchful eye of federal regulatory agencies, distinct implementation by local political institutions and local actors often as a form of resistance to these federal policies conversely served to shape government policy to a certain extent. Thus, we see an interplay of both top-down as well as bottom-up state building during this period.

\(^\text{23}\) N.C. Gen. Stat. § 143B-9 (2013). “Eugenics Compensation Program” established a state fund of $10,000,000 to be distributed to surviving sterilization victims in lump-sum compensations of $50,000. Claimants must file a claim by December 31, 2015 to be eligible. The claim must be approved by the North Carolina Industrial Commission.

\(^\text{24}\) A rich database for North Carolina eugenics primary sources can be found: [http://digital.ncdcr.gov/cdm/search/searchterm/eugenics/field/all/mode/all/conn/and/order/nosort/ad/asc](http://digital.ncdcr.gov/cdm/search/searchterm/eugenics/field/all/mode/all/conn/and/order/nosort/ad/asc). This study relied heavily on biennial reports published by the Eugenics Board of North Carolina found on this database.

\(^\text{25}\) The main barriers include pending litigation from individuals who alleged they were sterilized wrongfully as part of the compensation program.

\(^\text{26}\) Only 10,833 sterilizations were performed in the United States during 1950s, compared to more than 23,000 sterilizations performed during the 1930s.
operations after World War II. North Carolina’s sterilization surge was unique not only for its timing but for its duration. The last recorded sterilization in North Carolina took place in 1974. Only Oregon, in 1981, performed a later state-initiated sterilization.

More important to understanding the radical evolution of North Carolina eugenics than its unique historical timing, however, are the recent scholarly findings pointing to the discriminatory eugenic sterilization of disproportionate numbers of African Americans in North Carolina after World War II. Edward J. Larson, in his 1995 book titled *Sex, Race, and Science: Eugenics in the Deep South*, argued that eugenic sterilization in the 1930s and 1940s, specifically in the South, was predominately a white phenomenon. Eugenicists, he claimed, were more concerned with improving the genetic stock of the white race by eliminating reproduction of the white “unfit,” as opposed to improving the genetic quality of other, presumably inferior races.

North Carolina eugenic sterilizations performed in the 1930s and 1940s seem to support Larson’s claim of southern eugenics as an overwhelmingly white phenomenon. After the passage of the North Carolina eugenics statute in 1933, from July 1, 1933 to June 30, 1947, a total of 1,852 eugenic sterilizations were performed in North Carolina. Of these, whites made up 1,437 (75%) while African Americans totaled 464 (25%).

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28 Ibid.
breakdown corresponded very closely to the racial breakdown of the state in 1947, with blacks accounting for 27.5% of the total population.\textsuperscript{31}

A reversal in this racial composition of eugenic sterilization patients gradually emerged in the early 1950s, however, before reaching peak years between 1955 and 1966. From 1956 to 1958, 272 out of a total 562 sterilization operations (49%) were performed on African Americans, while blacks still represented only one-fourth of the total population.\textsuperscript{32} This trend of discriminatory sterilizations grew linearly until 1966 when 228 out of a total of 356 sterilizations (64%) were performed on blacks; a group which still represented roughly 25% of the total North Carolina population.\textsuperscript{33} Thus, over the course of nineteen years, North Carolina sterilizations shifted from a 75:25 white-to-black ration to a ratio of 36:64 white-to-black, despite relative stability in the proportion of each race within the total North Carolina population.

These numbers are indeed striking, but scholars examining the North Carolina eugenics movement have been too quick to stop their investigation here and deduce that North Carolina eugenic sterilization policies were an example of southern racism manifested through a state-administered eugenics program.\textsuperscript{34} It is here that this study deviates from recent work in the field of North Carolina eugenics. Overall, this narrative is a tale of poverty, but it relies on a construction of poverty that is shaped by the interplay of powerful underlying social, cultural, political, legal, and economic forces.

\textsuperscript{31} Woodside, \textit{Sterilization in North Carolina}, 16.
\textsuperscript{34} Price & Darity, Jr., “The Economics of Race and Eugenic Sterilization in North Carolina: 1958-1968,” 261-272. This 2010 empirical study applied an advanced statistical model to North Carolina county sterilization data to reveal that the probability of non-institutional sterilizations increased with a county’s black population share. From here, the authors conclude that North Carolina eugenic sterilization policies were racially biased and genocidal.
Rather than the precipitous jump in the proportion of African Americans among the sterilized in North Carolina after 1955 representing a traditional eugenical reaction to extreme rates of poverty and purported feeblemindedness among the black community as a whole, eugenic sterilization evolved into a punitive and compulsory policy directed towards a very specific sub-group of poor blacks: black single mothers with children born out of wedlock. Eugenics statistics from this critical time period of 1955-1966 reveal not only a significantly larger proportion of African Americans among the sterilized. The statistics show that the representative victim of the state sterilization policy was a young, black, unmarried woman with children who was not an inmate of a state institution.

The issue of race and how it played out in the tumultuous post-World War II South with the Civil Rights Movement looming in the near future is not as central to this construction of North Carolina eugenics. Instead, the socioeconomic standing of certain groups and how they were viewed in relation to a scarcity of public service resources was a greater determining factor for whom was predominately targeted for eugenic sterilizations after 1955. While a divide is being drawn here, race and economic standing were by no means mutually exclusive. Rather, in the racially tense South on the eve of the Civil Rights Movement, a long-standing social and economic tradition of white supremacy perpetuated racial inequality and pigeonholed African Americans into the lowest rung of the socioeconomic ladder.35 It was not poverty in and of itself that predisposed African Americans to disproportionate eugenic sterilizations, however. Rather, it was blacks’ heightened dependency on costly public welfare services in the decades after World War II.

The early eugenic pre-occupation with feeblemindedness and mental deficiencies in the 1920s, ’30s, and ’40s soon merged with social, political, and economic concerns about rising black illegitimacy alongside mounting welfare costs in the wake of World War II. A strong connection between welfare and eugenics in North Carolina was not only forged ideologically from a potent combination of social thought, southern racism, and traces of eugenic scientific claims, but the economic potential of sterilization as a tool to preserve valuable state resources—resources otherwise directed towards the publicly abhorred act of black illegitimacy—became the central principle behind a discriminatory eugenics program practiced throughout the state. In the eyes of North Carolina welfare officials, while sterilization of black illegitimate mothers dependent on public assistance might on the one hand halt degenerative traits from being passed down to a new generation, it would more importantly save money and resources.

A large component of this study discusses the development of the national welfare state at both the federal and state level from its inception with President Franklin D. Roosevelt’s Social Security Act in 1935 up to the critical year of 1955; at which point the study switches back to eugenics. The reason for this is more than to provide mere historical context. Far from tangential to the history of eugenics, welfare policy formed the core of eugenics during the post-World War II period. Welfare administration was the most forceful impetus for the evolving North Carolina eugenics system. As the scope of welfare expanded to cover new groups in the wake of World War II, so too did the scope of North Carolina eugenics expand as a way to limit welfare benefits to these same groups. After 1955, the North Carolina welfare and eugenics systems merged.
conceptually, structurally, and practically, culminating in a reshaping of both policies from the bottom up.

The intimate connection between North Carolina welfare and eugenics dates back to the very foundation of the North Carolina eugenics system in 1933. In House Bill 1013—the third and final eugenics law in North Carolina—North Carolina legislators in the General Assembly constructed eugenics as one of many social services under the domain of public welfare. The 1933 statute created an independent Eugenics Board with full discretion on sterilization hearings that consisted of five state officials. One of these officials was the State Commissioner of Public Welfare. Yet, solidifying this ideological and legal connection between North Carolina welfare and eugenics to an even greater extent was the provision that “extramural” sterilization petitions—sterilization of individuals outside of state institutions—were to be presented to the Eugenics Board by county superintendents of public welfare. Although not explicitly outlined in the statute, in practice the sterilization petitions were filed by the local welfare caseworkers who would meet with welfare clients one-on-one and bring relevant sterilization cases to the attention of the superintendent. Thus, due to this ideological and legal conception of eugenics as one particular service of a broad public welfare program, the same local officials in charge of distributing public assistance payments were the same officials responsible for initiating eugenic sterilization proceedings.

36 N.C. Public Laws, 1933, c. 224, s. 5.
37 It is important to note that this study only deals with the history of non-institutional sterilizations in North Carolina. These sterilization policies were more in flux than institutional sterilization policies because the scope of individuals outside of state institutions to potentially target for sterilization was limitless. Also, extramural sterilization proceedings are where welfare and eugenics merged in North Carolina, which is the central focus of this study. For an overview of postwar intramural eugenic sterilizations in North Carolina see Castles, “Quiet Eugenics: Sterilization in North Carolina’s Institutions for the Mentally Retarded, 1945-1965,” 849-878.
38 N.C. Public Laws, 1933, c. 224, s. 2.
To complement this structural interconnection between welfare and eugenics, the 1933 statute established broad legal concepts of eugenics that would serve to create an adaptable and amorphous eugenics system capable of expanding its scope of victims to meet new social and economic demands. This statute was noticeably looser in its requirements of who was eligible for sterilization than the two previous North Carolina eugenics statutes. In addition to the strict limitation of sterilization to the “mentally diseased, epileptic, or feebleminded,” the statute added a clause, consistent with the progressive sentiment of the day, permitting sterilization “for the public good.”\(^{39}\) This eugenic philosophy outlined in the North Carolina statute was broad and notably progressive for its time. It allowed officials to theoretically justify eugenic sterilization on any grounds. Lastly, despite the Eugenic Board’s full discretion in sterilization cases, a clause in the statute left open the possibility for “medical or surgical treatment for sound therapeutic reasons of any person in the State”\(^{40}\) carried out by licensed physicians without the board’s approval. Overall, the North Carolina Eugenic Sterilization Law laid the legal foundation for an excessively broad and malleable eugenics system when compared to other states, most of which were structurally incapable of producing a eugenics program with a similar extensive scope and application. The constitutionality of this law was never challenged before the North Carolina Supreme Court until 1976, long after the North Carolina eugenics program took on an increasingly discriminatory nature.

Scholars have noted this interconnection between welfare and eugenics for quite some time. One particular essay that comes to mind is Molly Ladd-Taylor’s “Saving Babies and Sterilizing Mothers: Eugenics and Welfare Politics in the Interwar United

\(^{39}\) N.C. Public Laws, 1933, c. 224, s. 1.
\(^{40}\) N.C. Public Laws, 1933, c. 224, s. 17.
States.” While Ladd-Taylor’s work is focused on the interwar period from the 1910s to the 1930s, which is before the time frame of our investigation, she nonetheless emphasizes the welfare function of compulsory sterilization in the United States—referred to as the “baby-saving” movement—as opposed to the movement’s racial or even eugenical function. According to Ladd-Taylor, the lasting effects of sterilization programs in American history can largely be attributed to their emphasis on reducing welfare costs, whereas the government-funded public health services emphasized the eugenical benefits of birth control and were therefore significantly less successful as applied policies. Ladd-Taylor’s conclusions have implications for this investigation in terms of a potential precedent for sterilization as a tool to curb welfare costs that might have been in play long before the post-World War II welfare boom and the subsequent North Carolina implementation of discriminatory eugenics.

Ladd-Taylor highlights a few early eugenics programs, primarily Minnesota and California, as cases where welfare concerns about child-bearing were as explicitly woven into the sterilization laws as eugenic concerns about child-rearing for the so-called feebleminded. She further points to evidence where judgments about who was feebleminded or insane in order to be sterilized “were fraught with class and race bias.” While this analysis of a few selected cases of early eugenics programs with coercive welfare components seems to point to an inherent link between eugenics and welfare at the earliest stages of the American eugenics movement, an inconsistency arises: Why was

42 ibid., 136.
43 ibid., 143-151.
44 ibid., 144.
North Carolina the only state to implement a eugenics policy reflecting explicit welfare concerns after World War II when welfare costs around the nation were at their peak? Even if eugenics programs around the nation had died down for the most part after World War II, a widespread revival of these programs given the unprecedented proliferation in welfare caseloads and costs during this period would seem likely if this connection between welfare and eugenics had already been firmly established long before.

The fact that North Carolina was the only state to harness this deeply ingrained welfare-eugenics connection and successfully implement it when welfare costs were at historical highs after World War II speaks to two primary aspects of the North Carolina eugenics system that made the program unique and adaptable to changing social contexts. The 1933 North Carolina statute was both sufficiently broad and sufficiently vague so as to create a legal avenue for officials to apply sterilizations as they deemed fit without violating the law. The vagueness of the law is particularly important because during the postwar era when the North Carolina eugenics system targeted African Americans at a disproportionate rate, the federal government was increasingly intervening in state social welfare programs in order to eradicate exclusionary and punitive state policies. State eugenics laws with explicit references to sterilization on grounds of illegitimate births, such as the Minnesota and California eugenics programs that Ladd-Taylor studied, would have undoubtedly resulted in the loss of federal matching welfare funds, which states desperately needed at the time.

The second aspect is that the discriminatory transformation in North Carolina eugenics was kept extremely private, which is a finding that turns our study in a new direction. While other southern states were combatting this federally mandated expansion
in welfare coverage during the postwar era by enacting Jim Crow-like legislative proposals to exclude black unwed mothers, North Carolina never passed any such laws. Rather, an unwritten policy was established that redirected the scope of eugenic sterilizations as a tool to curb rising welfare costs by preventing black single mothers from having future children out of wedlock.

The extremely limited attention that was drawn to the 1955 eugenics shift from any outlets whatsoever adds a new dimension to our understanding of the development of North Carolina eugenics. A policy of compulsory eugenic sterilization, although proposed twice as bills in the North Carolina General Assembly, was never passed as law. With no official policy in place, almost no publications in North Carolina from the decade or so during which compulsory sterilization of black illegitimate mothers took place make explicit note of this program whatsoever. Virtually the only evidence of this discriminatory eugenic policy during the time that it was implemented can be extracted from sterilization statistics in the biennial reports published by the Eugenics Board of North Carolina.

A few North Carolina publications during the period broach the topic of discriminatory eugenic sterilizations, but none address it head on. Moya Woodside, a psychiatric social worker from England who conducted an extensive study on North Carolina eugenics, acknowledged the potential of “therapeutic” sterilizations, as defined in the 1933 North Carolina eugenics law, to cross over into social grounds on which individuals could be sterilized:

It therefore happens that social agencies in their desire to lessen some of the many problems presented by continued fertility, ill health, and poverty, have recourse to
the assistance of sympathetic surgeons who will interpret ‘therapeutic’ in the broadest meaning of the word.45

Furthermore, Woodside also drew attention to the potential for compulsion in the North Carolina eugenics system, particularly in terms of the “duty of institution or welfare superintendents to bring forward suitable cases for sterilization; and sworn consent is not required from the individual if he or she is a minor or inmate of a State mental institution.”46 Yet, Woodside conducted and published this study in 1950. Even though she saw the room for potential abuses in the application of the North Carolina eugenics law, her study was conducted five years before the transformation unfolded.

Joseph L. Morrison wrote the 1965 piece “Illegitimacy, Sterilization, and Racism: A North Carolina Case History” in which he explored what he referred to as “The illegitimacy-sterilization-racist mixture” in North Carolina.47 Morrison, while writing at the height of the eugenic sterilization of African Americans in North Carolina, analyzed the explosive catalysts in play that culminated in two successive legislative proposals for compulsory sterilization of unwed mothers in the 1957 and 1959 North Carolina General Assembly sessions. Despite drawing a connection between rising ADC costs, racial tension in the wake of the U.S. Supreme Court Case Brown v. Board of Education (1954), and legislative proposals for the compulsory sterilization of unwed mothers, Morrison made no reference to the fact that black single mothers had been increasingly sterilized for the past ten years. Morrison concluded his study with the forewarning: “Nothing in the successful North Carolina fight against compulsory sterilization of

45 Woodside, Sterilization in North Carolina, 49.
46 ibid., 19.
unwed mothers suggests in the slightest that the illegitimacy problem has been solved. Nothing suggests that the confounding of sterilization with illegitimacy and racism is not likely to recur.\(^{48}\) Little did he know, however, that the “illegitimacy problem” was being dealt with right behind his back: not through legislative proposals, but through actual eugenic sterilizations.

Lastly, Julius Paul conducted an all-inclusive, state-by-state examination of American eugenics programs in 1965, which provides us with perhaps the greatest insight into how the reversal in the racial orientation of North Carolina sterilization victims after 1955 was understood and received at the time of its implementation. As one of the only publications during this period acknowledging the explicit discriminatory nature of sterilizations after 1955 targeting African American extramural single mothers above any other social group, Paul provides insightful commentary about his interpretation of this phenomenon and the future direction of North Carolina eugenics: “If one takes age, sex, color, and marital status into consideration and especially the number of illegitimate children reported, perhaps some of the arguments advanced by civil libertarians about the uses (and abuses) of eugenic sterilization are not far off the mark.”\(^{49}\) Extrapolating out to consider the future implications of this racial shift, Paul notes that since no official eugenic policy was put in place in North Carolina to spur this trend, the precipitous jump in extramural blacks sterilized consistently year after year is especially noteworthy. He concludes his section on North Carolina as follows:

> Although the entire history of sterilization in North Carolina indicates a far larger number of state sterilizations of whites than on Negroes, the last 4 biennial reports of the Eugenics Board have shown the reverse. It would be hazardous to say that

\(^{48}\) ibid., 9.

this is a deliberate attempt by the Board to select Negroes for sterilization purposes, but the figures do not speak for themselves. What seems to be a complete reversal in the racial character of the annual figures might be a factor conditioned by demographic factors such as the number of persons in state institutions and by the incidence of various forms of mental illness and retardation according to race. Nevertheless, the program might come under attack in the near future by those who regard the program as subtle or perhaps not-so-subtle form of Negro genocide (by sterilization). Outside of the naked statistics, this writer can find no evidence of this kind, but the burden of proving the non-discriminatory basis of the program will rest with those who have responsibility for the state’s policies and the administration of the sterilization law in North Carolina.50

Overall, while Paul extols the proliferation of North Carolina eugenics after World War II when eugenics was rapidly dying on a national scale, he acknowledges that his overall understanding of the North Carolina system compared to other states suffers due to the relative lack of explicit evidence or policy reports of the program in North Carolina outside of “naked statistics.” 51

With surprisingly little attention devoted to this program of discriminatory sterilization policies at the time that it occurred, this study shifts its focus from causation of the racial eugenic shift to its practical application. An examination into the causes of this watershed transition in North Carolina eugenic sterilizations does not paint the complete portrait without a deeper examination of the institutional mechanisms behind its implementation. Such an examination must include how both support and resistance for a policy of compulsory sterilization played out at each level of the state bureaucracy.

A deeper look into how this policy was carried out complicates the picture of North Carolina eugenics drawn by scholars to this point. The history of North Carolina eugenics and the mid-century racial transformation in sterilization victims is far richer

50 ibid., 432.
51 ibid., 432.
than a mere unfolding of economic and social forces or the playing out of political ideologies through a eugenics system with unique structural and legal features. This history becomes a complex, multi-layered phenomenon not when it focuses on why the discriminatory transformation took place, but instead on the agents who spearheaded the execution of this policy. Was the discriminatory transformation in North Carolina eugenics the product of a political policy formed at the highest state levels, which then trickled down to local implementation? Can we instead trace the source of implementation to the state bureaucracies in charge of carrying out the sterilization procedure, who acted in their own discretion despite federal mandates? Or, rather does the unique trajectory of North Carolina eugenics post-1955 reflect more of a bottom-up phenomenon with local county officials redirecting federal and state policy to cope with administrative obstacles?

Though the evolution of the North Carolina eugenics program alongside the development of the national and local welfare state is the principal focus, this study extrapolates out with the aim to shed light on broader themes: namely, a constantly shifting relationship between the federal government and the states, and how this plays out at the most local of levels. If North Carolina eugenics, on the one hand, tells the tale of a radical sterilization system with administrative and structural provisions in place to allow for the disproportionate sterilization of African American welfare recipients with essentially no restrictions, it equally serves as a case study of federal policies diffusing through state-level bureaucracies before being reinterpreted, redirected, and reshaped during the administration of the policies at the most local of all levels: the county.
Along these lines, this study deviates from all other work on North Carolina eugenics to date by exploring the source of implementation of this discriminatory eugenics policy from every level of the state bureaucracy. A fundamental shift in the functional use of eugenic sterilization as a tool to combat rising welfare costs in North Carolina after 1955 was not the result of an official policy implemented from the top down. At the highest state level, multiple legislative attempts to establish an official compulsory sterilization law against unwed mothers—proposed by extreme right-wing officials elected into office on the wave of southern racial hysteria after the anti-segregation Supreme Court ruling in *Brown v. Board of Education* (U.S., 1954)—were met with forceful resistance in a highly divided North Carolina General Assembly and ultimately rejected. Nor was this discriminatory eugenics policy initiated at the next level as the head officials of the state social welfare agencies directly responsible for administering both welfare and eugenics represented some of the most ardent and vocal opponents of compulsory sterilization policies in the entire state. Thus, our examination points to the statewide shift in North Carolina sterilizations after 1955 as an administrative routinization of welfare-directed eugenics carried out by the most local of all agents: social workers and county superintendents of public welfare.

Overall, the discriminatory transformation in North Carolina eugenics was a bottom-up administrative reaction to a burgeoning post-World War II national welfare state. Federal intervention into state-run ADC programs in an effort to override exclusionary policies opened the floodgates for black “illegitimate” mothers onto welfare rolls. A proliferation of caseloads and mounting welfare costs fiscally burdened the state government, but the 100 county welfare departments throughout the state bore the brunt
of the costs due to their role in the administration of welfare social services. Furthermore, the pressing concern of a severe scarcity of resources plaguing chronically understaffed and underfunded county welfare departments was exacerbated by two pieces of legislation—a statute in 1955 and a federal amendment to the Social Security Act in 1956. The timing of these laws largely accounts for the timing when North Carolina eugenic sterilizations took on a noticeably discriminatory nature to target county welfare department’s most costly clients from a resource perspective. For local welfare departments, the sterilization of mothers out of wedlock would directly reduce costs to administer ADC. For local bureaucrats—the social workers who worked with these families—sterilization petitions for these welfare recipients was appealing as a method to free up time, which was arguably the most valuable resource in a period of rising caseloads. Thus, when local costs to administer the federal welfare program surpassed the point of sustainability, eugenic sterilization proved an economically feasible and efficient solution from a cost-benefit perspective. A lack of consent amongst the targeted sterilization victims was not enough to halt the momentum of this discriminatory eugenics policy once it gained a strong foothold. When consent was difficult to obtain from the welfare recipients, coercive measures—such as threatening the loss of ADC funds in the case of Cox—became increasingly common procedures by caseworkers to ensure sterilization one way or the other.

In this light, the evolution of North Carolina eugenics becomes a tale of poverty in two senses: the poverty of the targeted victims as well as the institutional poverty plaguing the local agencies responsible for administering public services. A federal welfare policy managed to trickle all the way down through the higher levels of the North
Carolina bureaucracy, but at the point of administration it was harnessed by local welfare officials and reshaped into a policy that was fundamentally at odds with its basic premise: from a federal policy of equitable distribution of public assistance funds to an increased local initiation of eugenic sterilization proceedings against black mothers of illegitimate children. At the same time, this reinterpretation of policies to meet administrative needs also shaped the state eugenics policy from the bottom up and led to multiple legislative proposals for the compulsory sterilization of unwed mothers in the North Carolina General Assembly. Lastly, the merging of North Carolina eugenics and public health in the early 1960s culminated in the formation of a local family-planning program that paved the road for an upsurge in federally funded sterilization operations on poor women throughout the country beginning in the 1970s. Anyone doubting Sugrue’s claim to the persistence and resilience of localism need look no further than North Carolina eugenics.

“The Menace of Feeblemindedness” and the Roots of the North Carolina Eugenics Movement, 1919-1955

The roots of the American eugenics movement as a whole were grounded at the turn of the twentieth century. Hand-in-hand with the drastic industrial upsurge of the Gilded Age of the late-nineteenth century was widespread urbanization and immigration. This shifted the social landscape to one of tenement buildings, mass factories, and sweatshops as flocks of wage laborers swarmed to newly rising cities to partake in this prime industrial opportunity. Yet, as a natural byproduct of such widespread immigration and urbanization, various social ills including stark rises in crime, poverty, and disease were endemic in overcrowded slums. Amidst this urban squalor, scientific reformers
known as eugenicists emerged during this period who were influenced by the newly rising ideological strands of “Social Darwinism” as well as Gregory Mendel’s discoveries in plant heredity. Eugenicists appealed to genetic manipulation as a way to control the population and ensure the spread of “positive” traits to future generations—or rather avoid the passing down of “negative” traits to future generations. As stated by Michael Willrich, “eugenicists claimed to find distinct genetic roots for the many problems of personality and society that alarmed their contemporaries: from ‘feeblemindedness’ and ‘psychopathy’ to ‘delinquency’ and ‘hypersexuality.’”

While a scientific response to the apparent rise of urban squalor in the early-twentieth century served as the main impetus for the official rise of eugenics in America, the English statistician Sir Francis Galton coined the term “eugenics” in 1883 as, “the science which deals with all influences that improve the inborn qualities of a race.”

Eugenics was divided into two strands: “Positive eugenics” sought to maximize the reproduction of good inborn qualities, while the more radical “Negative eugenics” sought to discourage the reproduction of traits deemed inferior, undesirable, or potentially harmful. These degenerative traits consisted most commonly of “feeblemindedness,” criminality, insanity, mental illness, sexual deviancy, and poverty. The two most common forms of “negative eugenics,” the prevalent strand of eugenics in America, were sterilization—predominately through vasectomies and tubal ligations/salpingectomies—and institutionalization—the segregation of state institutions by gender achieved the same eugenic goals as sterilization.

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54 Alexandra Minna Stern, Eugenic Nation (California, 2005), 16.
In both its foundation and subsequent development, the American eugenics movement was a product of the Progressive Era in the early twentieth century. Progressivism revolved around a fundamental break from “laissez-faire individualism,” and instead focused on the individual within the context of the greater public welfare. One prominent component of progressivism was a large appeal to the rise of social sciences, which were seen as central to the new economic and social reality of the industrial twentieth century. Nowhere was this more evident than in eugenics. Not only did specialists in the emerging professions of psychiatry, psychology, and social work constitute a large portion of the new movement, but early eugenicists sought to base all their claims largely on science over theory. According to Ladd-Taylor, the American eugenics movement was characteristically progressive “because it involved middle-class professionals applying scientific expertise to solve pressing social problems through governmental intervention.”

This heavy reliance on scientific foundation by eugenicists was particularly apparent in the early eugenic pre-occupation with combatting “feeblemindedness.” For example, eugenic officials used the newly developed Intelligent Quotient (IQ) from the Stanford-Binet test to order “mental defects” into three specific categories: “Idiots” (an IQ of 30 or below), “Imbeciles” (an IQ between 30-50), and “Morons” (an IQ between 50-100). These arbitrary categories of mental capacity would become not only the principal metric used by psychologists and psychiatrists, but would be included in nearly every state compulsory eugenic sterilization law to define potential target groups.

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Furthermore, not only was eugenics rather progressive from a theoretical perspective, but the actual eugenics laws that were passed in thirty states throughout the nation mirrored the overarching idiom of progressivism. As a rejection of classical legal formalism of the nineteenth century, legal progressivism claimed that it was the duty of the state to intervene in order to create opportunities for individuals to develop into fully functioning citizens. Referred to by Roscoe Pound as “socialization of law,” the new progressive outlook was that law must be considered within the framework of current social conditions and practical reality in the best interests of the public welfare. Along these lines, state intervention to improve social conditions for the greater good was at the heart of this progressive ideology. Therefore, the Progressive Era was marked by an upsurge in judicial validations of laws employing state police power, or the constitutionally derived state regulation of individual rights in order to maintain the general welfare of the public.

Eugenics laws represent extreme uses of state police power by couching state-imposed compulsory sterilizations of certain individuals with negatively defined traits within the rhetoric of “the public good.” Furthermore, the widespread judicial validation of these laws was very progressive in nature. Eugenicists in the Progressive Era used the state police powers to prevent the inheritance of anti-social behaviors in future generations.

The first compulsory eugenics law in North Carolina was passed in 1919. The early eugenics laws prior to 1927 represent an overwhelming preoccupation with

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58 North Carolina Public Laws, 1929, c. 34.
“inheritable feeblemindedness”\textsuperscript{59} as part of the growing panic over what Willrich refers to as the “menace of the feebleminded”\textsuperscript{60} in the period of 1900-1915. Similar to the other premature eugenics statutes during the early stage of the eugenics movement, the 1919 North Carolina statute was notably narrow in scope in its authorization of sterilization only on grounds of inheritable mental deficiency. Overall, with no recorded sterilization operations under this statute due in large part to concern over the constitutionality of the law,\textsuperscript{61} this law was overwhelmingly deficient and eventually replaced.

This early fear of unconstitutionality, however, was pushed to the background following the landmark 1927 United States Supreme Court case of \textit{Buck v. Bell}. In this case involving a Virginia court order to sterilize seventeen-year-old Carrie Buck, the statute was appealed on the claim by Buck’s attorney, Mr. Whitehead, that it represented an unconstitutional violation of section 1 of the Fourteenth Amendment to the U.S. constitution. Whitehead specifically cited the “due process” clause of the Fourteenth Amendment stating that a compulsory operation rendering Buck sterile served as a clear deprivation of “life, liberty, or property, without due process of law.”\textsuperscript{62} In response, Justice Oliver Wendell Holmes first acknowledged the procedural soundness of the Virginia statute, as it adequately provided for both a hearing before the operation could be performed as well as the possibility of appeal. Justice Holmes then went on to disagree with Buck’s substantive due process claim that the statute violated a “constitutional right of bodily integrity,”\textsuperscript{63} as well as a right to “go through life without mutilation of organs

\textsuperscript{59}Schoen, \textit{Choice & Coercion}, 83.
\textsuperscript{60}Willrich, “The Two Percent Solution,” 89.
\textsuperscript{61}Paul, “Three Generations of Imbeciles are Enough,” 420.
\textsuperscript{62}U.S. Const. art. XIV, § 1.
\textsuperscript{63}\textit{Buck v. Bell}, 274 U.S. 200 (1927), 201.
of generation.” Instead, Justice Holmes affirmed that, consistent with the progressive sentiment of the day: “It is better for all the world, if instead of waiting to execute degenerate offspring for crime, or to let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their kind.” In six bold words, which would echo in a proliferation of eugenic sterilizations and rhetoric for years to come, Holmes concluded his ruling with: “Three generations of imbeciles are enough.”

Judicial validation at the highest level turned the tide for eugenics on a national scale. In the immediate wake of the case, a wave of sterilization operations proliferated throughout the United States and did not recede until World War II. In the first fourteen years of national sterilization—from Indiana’s first law in 1907 up until 1921—there were only 3,233 recorded sterilizations across the country and 80% were from California alone. By 1930, however, the cumulative total of 10,877 recorded sterilizations more than tripled the figure for the first fourteen years. Moreover, during the 1930s eugenic sterilizations reached historical highs with 23,000 operations in that decade alone. With new states contributing towards national sterilization numbers, California’s percentage of the total operations dropped to 40% by 1941.

While the above statistics point to a boom in the application of eugenic operations in the wake of Buck v. Bell (U.S., 1927), this pivotal court case also had a monumental impact on the eugenics movement from a legislative perspective. In the decade after the case, twenty-eight new statutes were enacted in states across the nation. With slight

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67 ibid., 224.
68 ibid., 225.
69 ibid., 62.
administrative wrinkles in terms of procedure or coverage, the vast majority of state eugenics laws passed in the wake of Buck established strikingly similar systems. For the most part, these laws were compulsory and established narrow coverage for sterilizations strictly on the grounds of inheritable mental deficiency to target “feeblemindedness, idiocy, imbecility, insanity, and epilepsy.”  

Another component of narrow coverage implemented in the vast majority of eugenics states was an “intramural system,” or a system that could only perform operations on inmates or patients within state institutions. Only eleven eugenics statutes included “extramural” provisions for non-institutionalized persons, which drastically widened the coverage of eugenic sterilizations in these states. Lastly, from an administrative perspective, twenty-one of the states created eugenics systems where an institutional superintendent was responsible for authorizing sterilizations, which was then passed onto the courts for a hearing. In these systems, judicial oversight of the authorization process was firmly established as a safeguard against abuses.

Consistent with the nation-wide fervor in eugenics following the Holmes’ verdict, North Carolina passed a new eugenics statute in 1929 in place of the deficient 1919 statute. The amended 1929 statute, titled “Sterilizations of Persons Mentally Defective,” had a far greater record of implementation when compared to the first statute as forty-nine operations were performed on thirteen males and thirty-six females from 1929-1932. While this law seems more practical than the first North Carolina eugenics

\footnote{\textit{ibid.} 57.}

\footnote{\textit{ibid.} 220.}

\footnote{\textit{ibid.} 219.}

\footnote{Abraham Myerson et al., \textit{Eugenical Sterilization: A Reorientation of the Problem} (New York, 1936), 17.}
statute, however, those numbers still lagged behind the national average of the time by a considerable amount.

“Sterilizations of Persons Mentally Defective” established certain structural provisions that distanced the North Carolina eugenics system from many contemporary programs. The 1929 statute called for the “necessary” operation of sterilization to be performed on any inmate or patient deemed “mentally defective or feeble-minded” by the governing body or head of any North Carolina state institution.74 While sterilization statutes of this intramural nature were commonplace during this period, this law drastically differed from the vast majority of eugenics statutes at this time with its expanded extramural scope. As one of the only states employing extramural eugenic sterilization, the North Carolina statute of 1929 added a clause that expanded beyond the walls of state institutions to broadly target “any mentally defective or feeble-minded resident of any county of North Carolina, not an inmate of any public institution.”75 In these cases for feebleminded residents outside of state institutions, the petition or request would have to come from “the next kin or legal guardian of such mentally defective person.”76 To highlight just how rare extramural eugenic statutes were, of the 63,000 total sterilizations in America over the course of the national eugenics movement, 60,000 were conducted within state institutions.77

The wider coverage put in place by this extramural clause would prove to have a significant impact on the course of North Carolina eugenics down the road. With that one clause aside, however, this statute was by no means a radical departure from that of

74 North Carolina Public Laws, 1929, c. 34.
75 North Carolina Public Laws, 1929, c. 34.
76 North Carolina Public Laws, 1929, c. 34..
77 Willrich, “The Two Percent Solution,” 70.
contemporary states. Referring back to the common provisions of eugenics laws at this time, the statute still had relatively narrow coverage as it only included the “mentally defective and feebleminded” with the cut-off set at an IQ of 70, as was common procedure at the time.\textsuperscript{78} The law established compulsory sterilization, and furthermore the administrative authorization followed a nearly identical procedure to statutes elsewhere: an institutional superintendent would refer the patient—or the legal guardian in terms of the non-institutionalized persons. This statute distinctly differed in the appeal process, however, from the courts to a signed approval process from the Chief Medical Officer of a state institution, the Commissioner of Charities and Public Welfare in North Carolina, and the Secretary of the North Carolina State Board of Health.\textsuperscript{79}

The reason that sterilizations did not take off in the early years of the North Carolina eugenics movement as they would later on is primarily because these early structural provisions created a narrow scope in terms of who was targeted and how sterilizations were applied. Nonetheless, in this early law we see the foundation of two key provisions that would soon evolve in a later statute to create a radically distinct eugenics system: an extramural clause as well as a distancing of the courts from any role in the eugenics process whatsoever.

On April 29, 1932, three years after the statute was passed, Mary Brewer initiated the very first judicial review of eugenic sterilization in North Carolina. Brewer, a twenty-eight-year-old married, white woman with five children, was authorized to undergo compulsory sterilization by the Superior Court of Forsyth County. Brewer, a non-institutionalized resident of Forsyth County, was targeted under the extramural clause of

\textsuperscript{78} North Carolina Public Laws, 1929, c. 24.
\textsuperscript{79} North Carolina Public Laws, 1929, c. 24.
the statute. She appeared before the Superior Court of Forsyth County where—after the testimony of a psychologist who claimed that Brewer had the “mental age” of a seven-or eight-year-old—she was “adjudged incompetent to manage her affairs.”\(^{80}\) The Board of Commissioners of Forsyth County appointed W. T. Wilson as her legal guardian, who then proceeded to request that the Board authorize and perform an operation on Brewer to “render her sterile.”\(^{81}\) The Board authorized the compulsory eugenic sterilization and ordered Dr. A. Det. Valk to perform the operation, holding that the operation was in the best interests of Forsyth County and the public in general since any future children of Mary Brewer were likely to be “of the same low degree of mentality as the children she now has,” and “would undoubtedly become public charges.”\(^{82}\)

Brewer, who had never willfully consented to the sterilization operation, appealed her case to the North Carolina Supreme Court. Brewer claimed that the compulsory sterilization statute was an unconstitutional violation of article 1, section 17 of the North Carolina Constitution, as well as an even greater violation of the “due process” clause of the Fourteenth Amendment to the U.S. Constitution. In addition to violating her basic rights to bodily integrity, Brewer affirmed that such an operation would inevitably cause her to “suffer irreparable physical hurt and loss for redress of which she neither has nor will have adequate remedy at law.”\(^{83}\) Brewer brought suit against the surgeon ordered to perform the operation on her, Dr. A. Det. Valk, as well as her court-appointed legal guardian, W. T. Wilson, who requested the sterilization before the Forsyth Board of Commissioners.

\(^{80}\) Brewer v. Valk, 204 N.C. 186 (1933), 638.
\(^{81}\) Brewer v. Valk, 204 N.C. 186 (1933), 638.
\(^{82}\) Brewer v. Valk, 204 N.C. 186 (1933), 638.
\(^{83}\) Brewer v. Valk, 204 N.C. 186 (1933), 638.
In a far-reaching decision that directly molded the future course of North Carolina eugenics, Justice Clarkson of the North Carolina Supreme Court in Brewer v. Valk (N.C., 1933) ruled in favor of Mary Brewer. This effectively rendered the 1929 statute invalid as an unconstitutional violation of the Fourteenth Amendment. The ruling, however, was on fundamentally different grounds than Brewer’s claims. Not only did Justice Clarkson not even feel the need to consider Brewer’s substantive due process claim in the immediate wake of Buck v. Bell (U.S., 1927), but he went even further to explicitly voice his overwhelming support for eugenic sterilization as an ultimately necessary and virtuous social tool. Appealing to the virtue of sterilization from a moral and religious perspective, Justice Clarkson credited the commonwealth, “under our Christian civilization”84 with establishing such benevolent institutions capable of performing operations to curb the inevitable obstacle of “people of low mentality without normal intelligence.”85 According to Justice Clarkson, this fundamental issue of inheritable low mentality had been plaguing mankind “since the beginning of time.”86 However, Justice Clarkson did rule the statute unconstitutional on the procedural grounds of inadequate notice and an insufficient appeal process: “said statute is invalid and unconstitutional for that it fails to give plaintiff notice of the said operation, an opportunity to present witnesses and be heard, and it thereby violates the Fourteenth Amendment of the Constitution of the United States and section 1, article 17 of the Constitution of North Carolina.”87

With no substantive judicial invalidation of compulsory eugenic sterilizations in North Carolina, experienced lawyers and administrators set out to draft a new North

84 Brewer v. Valk, 204 N.C. 186 (1933), 640.
85 Brewer v. Valk, 204 N.C. 186 (1933), 640.
86 Brewer v. Valk, 204 N.C. 186 (1933), 640.
87 Brewer v. Valk, 204 N.C. 186 (1933), 639.
Carolina eugenics statute which made sure to address the procedural shortcomings of the 1929 statute.\textsuperscript{88} That same year in 1933, the North Carolina General Assembly enacted House Bill 1013, removing the constitutional objections to the law.

The immediate glaring difference between the 1933 statute and the previous 1929 statute was the development of an independent Eugenics Board of North Carolina. With the establishment of this centralized state agency for eugenics, which was granted sole authority over all sterilization proceedings undertaken in the state, North Carolina became one of only five states with a special eugenics board formed as part of the eugenics statute.\textsuperscript{89} The Eugenics Board consisted of the following specified officials who were responsible for hearing all sterilization cases for the state and either authorizing sterilization or ruling against the operation: the State Commissioner of Public Welfare, the Secretary of the State Board of Health, the Chief Medical Officer of the State Mental Hospital at Raleigh, the Attorney General, and the Chief Medical Officer of an institution for the feeble-minded or insane not located in Raleigh.\textsuperscript{90}

There are two particularly noteworthy aspects of the development of this Eugenics Board in the 1933 statute in relation to the subsequent evolution of North Carolina eugenics. First, the establishment of an independent, centralized board with sole jurisdiction on sterilization cases served to effectively distance North Carolina eugenics from eugenics systems in other states where the courts were central in the administrative process to determine who was eligible for sterilization. At first glance, this creation of an independent agency with discretion to authorize eugenic sterilizations devoid of judicial oversight seems especially ripe for abuse.

\textsuperscript{88} Woodside, \textit{Sterilization in North Carolina}, 9.
\textsuperscript{89} Paul, “Three Generations of Imbeciles Are Enough,” 219.
\textsuperscript{90} North Carolina Public Laws, 1933, c. 224, s. 5.
Historians examining North Carolina eugenics, however, have vastly over-emphasized the Eugenics Board’s ultimate role in the radical evolution of North Carolina eugenics.\(^9\) While this independent Eugenics Board did effectively shift the administrative authorization of eugenic sterilizations from various governing bodies or the state court to one centralized board, very strict procedural requirements were established, including petitions to the board, adequate notice of hearings, the consent of victims, and necessary guidelines to follow for proceedings. These provisions restricted for whom and under what circumstances the Eugenics Board was able to authorize sterilization. Furthermore, Woodside in her extensive 1950 study on North Carolina eugenics—which included direct access to Board sterilization hearings—drew the conclusion that the Eugenics Board overall was particularly conservative in its rulings, reflecting a strict interpretation of the eugenics law and the necessary procedural requirements:

The Board interprets its mandate in a conservative manner. Great care is taken to see that all statutory formalities are complied with; petitions inaccurately or inadequately filled in are returned to the petitioner for correction before they are heard; mental test findings are now essential in all feeble-minded or borderline cases… At meetings of the Board, a typed summary of all cases to be heard is before each member and the details are subject to strict scrutiny. Though there has been no test of the constitutionality of the present law, the Board is confident that it would stand examination in this respect… Race of person to be sterilized does not influence the Board’s decision: all cases are considered solely on the social and psychological evidence presented. In fact, care is taken to avoid any action or propaganda which might savor of racial prejudice or class discrimination.\(^9\)

For potential sterilization victims seeking legal recourse after their hearing before the Board, a detailed appeal process before the Superior Court of the county in which the

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individual resides or resided prior to institutionalization was laid out in the 1933 statute.\textsuperscript{93} Throughout the course of Eugenics Board sterilization proceedings, this appeal process was very rarely exercised given its numerous limitations: the court could review only questions of law and not facts of the case, the appeal process was both lengthy and complicated, and a stipulation mandated that all costs for the appeal would only be covered by the county in cases where the plaintiff won\textsuperscript{94} (which undoubtedly turned the vast majority of poor eugenics victims off to this appeal process). Nonetheless, the inclusion of this appeals process represents to a certain extent an element of judicial oversight to prevent safeguards against abuses committed by the Eugenics Board in the authorization process. The creation of the Eugenics Board as a whole was primarily a means for legislators to account for procedural shortcomings of the 1929 statute by establishing a regulatory agency with full authority in sterilization hearings that operated under stringent guidelines.

Instead, an aspect of this newly created Eugenics Board that had more direct implications on the subsequent development of North Carolina eugenics was the ideological and legal connection formed between eugenics and welfare. The five-member Eugenics Board included the Commissioner of Public Welfare in addition to high-ranking officials from the public health and legal sectors, which represented an explicit economic consideration in eugenic sterilization cases. In fact, rather than a mere representative on the board, Dr. Ellen Winston, elected as State Commissioner of Public Welfare in 1944, was also at the helm of the Eugenics Board after being named Chairman. To this end, no one was more active in the Eugenics Board than the State Commissioner of Public

\textsuperscript{93} N.C. Public Laws, 1933, c. 224, s. 13.
\textsuperscript{94} N.C. Public Laws, 1933, c. 224, s. 13.
Welfare. As a testament to Winston’s dual influence in both the state welfare agency and the state eugenics agency, Winston published every single biennial report by the Eugenics Board as well as the State Board of Public Welfare during her time in office from 1944 to 1964. With the head state welfare official exerting the most influence in the state Eugenics Board, coupled with relatively limited judicial oversight in the process of authorizing sterilizations, this seems like a prime avenue for a welfare-directed eugenic sterilization scope.

Besides this ideological and legal connection between eugenics and welfare, however, the establishment of the Eugenics Board in the 1933 North Carolina statute did not provide the legal foundation for the eventual unique development of North Carolina eugenics. Even though Winston was the Chairman of the Eugenics Board, the four other state officials had an equal vote in all sterilization proceedings and the signed order of three board members was necessary for the authorization of a sterilization operation. This coupled with the wide array of strict legal procedures and requirements served to limit any potential for Winston to harness control over the eugenics system and direct it according to her personal motives. And even if Winston did have unchecked power over the Eugenics Board, Winston was one of the most vocal and fervent opponents of compulsory sterilization in the entire state. In searching for the legal precedent in this 1933 statute that set the table for a radical shift in the scope of North Carolina down the road, we must therefore look elsewhere other than the formation of the Eugenics Board of North Carolina.

95 North Carolina Public Laws, 1933, c. 224, s. 11.
In addition to creating the Eugenics Board, the 1933 statute established a broad legal conception of eugenics. In addition to the strict limitation of sterilization to the “mentally diseased, epileptic, or feebleminded,” the statute proved to be much looser in its requirements of who was eligible for eugenic sterilization. Extending well beyond the scope of the 1929 North Carolina eugenics statute, House Bill 1013 included a clause permitting sterilization “for the public good,” consistent with the progressive sentiment of the day. Representing the interplay of social factors to be taken into consideration alongside traditional eugenic concepts of genetic mental deficiency, this eugenic philosophy outlined in the North Carolina statute was broad and notably progressive for its time.

Furthermore, the 1933 law established a legal structure conducive to broad application of the eugenics program. “Extramural” sterilizations outside of state institutions were permitted beyond the narrow inheritable mental deficiency grounds of the 1929 statute to incorporate this new progressive outlook. Furthermore, the conditions outlined for “extramural” sterilizations in the 1933 statute further solidified this intimate legal connection between North Carolina eugenics and welfare. Whereas previously under the 1929 statute the request and petition of non-institutionalized persons could only come from “the next of kin, or the legal guardian of such mentally defective person,” request and petition could now come from “the superintendent of public welfare” in the county where the resident resides in addition to the legal guardians of such non-institutionalized persons. These county superintendents of public welfare

96 North Carolina Public Laws, 1933, c. 224, s. 11.
98 North Carolina Public Laws, 1933, c. 224, s. 1.
would serve as the prosecutors in any potential hearing before the Eugenics Board after submitting a petition to the board for sterilization proceedings against a certain resident in their county.\textsuperscript{99} Therefore, these county welfare officials were not only legally protected to initiate sterilization proceedings against residents in their county, but they were legally mandated to do so. As outlined in section 4 of the statute:

\begin{quote}
It shall be the duty of such prosecutor promptly to institute proceedings as provided by this act in any or all of the following circumstances:
\begin{enumerate}
\item When in his opinion it is for the best interest of the mental, moral, or physical improvement of the non-institutional individual, that he or she is operated upon
\item When in his opinion it is for the public good that such non-institutional individual be operated upon
\item When in his opinion such non-institutional individual would be likely, unless operated upon, to procreate a child or children who would have a tendency to serious physical, mental, or nervous disease or deficiency
\item When requested to do so in writing by the next of kin or legal guardian of such non-institutional individual.\textsuperscript{100}
\end{enumerate}
\end{quote}

This explicit extension in the scope of extramural sterilization cases provided the legal framework for a eugenics system with a flexible structure that was capable of shifting the scope of victims based on ever-changing social and economic concerns. As a testament to this new progressive, holistic approach to potential sterilization candidates as outlined in the new statute, each petition instituted by the county superintendents to the Eugenics Board was to contain “an adequate social case history of the circumstances surrounding the resident’s life in so far as such circumstances may bear upon the question as to whether said individual resident is likely to procreate a child or children.”\textsuperscript{101} If we recall the elaborate reports from Ada T. and Nial Cox’s cases, they not only provided in-

\textsuperscript{99} North Carolina Public Laws, 1933, c. 224, s 4.
\textsuperscript{100} North Carolina Public Laws, 1933, c. 224, s. 4.
\textsuperscript{101} N.C. Public Laws, 1933, c. 224, s.8.
depth accounts into the socioeconomic struggles of the families, but also expressed deep concern over the likelihood of both individuals to give birth to children in the future.

With this legal expansion in North Carolina eugenics under which virtually any resident in a county—the feebleminded or the intellectually "normal" alike—was susceptible to sterilization proceedings, a bottom-up administrative process was established. While it was ultimately the county superintendents of welfare who would present the petitions before the centralized state Eugenics Board, the local social workers assigned to individual welfare cases were the ones who would investigate the cases and file the sterilization petitions before they were sent to the county superintendents. According to Schoen, although not explicitly outlined in the 1933 statute, “North Carolina was the only state in the nation that gave social workers the power to file sterilization petitions.”\(^{102}\) The authority of local county administrators in sterilization proceedings for non-institutional cases was not absolute, however. Certain safeguards of individual rights were put in place, such as the sworn consent of the person to be sterilized (except when he or she was under twenty-one or declared mentally unsound, in which case the sworn consent of the person’s spouse, parent, next-of-kin, or guardian was required\(^{103}\)) as a mandatory component of the sterilization petition.

Once written consent was obtained for extramural cases, the Eugenics Board almost always authorized sterilization. Very few hearings or appeals were ever initiated due to the fact that, according to the 1958-1960 biennial report of the Eugenics Board of North Carolina, “the individual and husband, or wife, or close relative usually participate in the plan and make their own decision in favor of the operation before signing the

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\(^{102}\) Schoen, *Choice & Coercion*, 83.
\(^{103}\) Woodside, *Sterilizations in North Carolina*, 12.
consent.”¹⁰⁴ For example, according to the 1952-1954 biennial report by the Eugenics Board of North Carolina, of the total 650 operations authorized during the biennium, only thirty hearing cases were held before the Board. Instead, “written consents for the operations were filed by the patients and/or the next of kin in the remaining 620 cases authorized.”¹⁰⁵

For the few cases where consent was difficult to obtain or where the grounds for sterilization were well beyond the strict interpretation of the law in the eyes of a conservative Eugenics Board, the potential for coercion at the local level to circumvent these few legal requirements is implicit. One of the last clauses stipulates: “Nothing contained in this act shall be construed so as to prevent the medical or surgical treatment for sound therapeutic reasons of any person in this State, by a physician or surgeon licensed in this State, which treatment may incidentally involve the nullification or destruction of the reproductive functions.”¹⁰⁶ Thus, sterilization procedures on “therapeutic” grounds were justified outside the authorization of the Eugenics Board as a private contract between an individual and a licensed physician or surgeon. Thus, with this “therapeutic” clause included, the 1933 statute created legal avenues for a nearly limitless administration of eugenic sterilizations in terms of both targeting victims and ensuring the authorization of their operations.

All in all, the legal provisions put forth in the 1933 North Carolina eugenics statute that would exert the greatest influence on the future course of the eugenics system was a broad and liberal “extramural” clause that redefined sterilization as a progressive

¹⁰⁶ N.C. Public Laws, 1933, c. 224, s. 17.
tool to benefit society at large. In keeping with a historical tradition in North Carolina of social services administered at the local level, county welfare departments were put in charge of initiating the sterilization petitions for these non-institutional residents. With this legal connection formed between eugenics and welfare at the local level, transforming economic contexts in addition to evolving social concerns would eventually weigh heavily into considerations of who was targeted for sterilization. Due to narrower, more conservative eugenics laws, other states were structurally incapable of creating a eugenics system that could shift the groups of victims targeted.

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The immediate consequence of the 1933 statute was a more efficient system of sterilization, yet nothing too extreme. During the fourteen-year period from the passage of the law in 1933 until June of 1947, sterilization operations were performed on 1,901 individuals throughout North Carolina.107 While this is indeed an exponential increase from the mere forty-nine operations performed during the three years that the 1929 statute was in place, this trend was consistent with the national spike in sterilizations during the 1930s and is not revealing overall. Furthermore, during this same period roughly two-thirds of all sterilizations originated from within state institutions.108 In terms of the racial breakdown of operations during these years, 1,437 (76%) sterilizations were performed on whites and 464 (24%) were performed on African Americans out of the total 1,901 sterilizations; a proportion which corresponded closely to the ratio of 27.5% of African Americans in the general population.109 Overall, in these early years

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107 Woodside, Sterilizations in North Carolina, 15.
108 ibid., 15.
109 ibid., 16.
after the passage of the 1933 eugenics law, extramural sterilizations were not implemented at a large rate, and hence sterilization statistics during this period point to a fairly narrow scope of eugenics.

It was not until after 1945 that North Carolina eugenics began to develop along a very atypical course when compared to its contemporary eugenic states. National sterilization numbers dropped drastically following World War II, as only 10,833 sterilizations were performed in the decade of the 1950s compared to over 23,000 sterilizations during the 1930’s. And while most of the statutes technically remained in use, their general application became exceptionally narrow. Historians generally identify three primary catalysts that spurred the rather swift decline of eugenics in America: The Supreme Court case *Skinner v. Oklahoma* (U.S., 1942), which rendered punitive sterilization for recidivist criminals unconstitutional; the surfacing of systematic reports of Nazi atrocities during World War II in the name of eugenics; and mounting Catholic opposition to the practice of eugenics.

None of these catalysts had any noticeable impact on the progress of eugenics in North Carolina where the eugenics program peaked in the 1950s, leading the nation in reported sterilizations every year but one since 1950 and replacing California as the nation’s leader. Whereas 1,901 sterilizations were performed under the authorization of the Eugenics Board from 1929 to 1947, over the next eighteen years from 1948 to the last

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111 ibid., 82.
112 ibid., 428.
published biennial report from the Eugenics Board of North Carolina in 1966, 4,782 sterilizations were performed for an increase of 252%.

Besides a marked rise in the total number of sterilization victims after World War II, a significant trend was emerging in terms of the type of individuals targeted for eugenic sterilization. At first glance at the sterilization statistics in the biennial reports over this span, the most apparent theme is the disproportionate number of African Americans among the sterilized. Yet, upon closer examination, the subsequent demographic and vital statistics prove to be even more revealing. In terms of the gender of sterilization victims, the following trend emerges:

1946-1948: 240 women sterilized vs. 51 men (81% women)
1948-1950: 398 women sterilized vs. 70 men (85% women)
1950-1952: 521 women sterilized vs. 183 men (74 % women)
1952-1954: 521 women sterilized vs. 105 men (83% women)
1954-1955: 201 women sterilized vs. 71 men (74% women)
1955-1956: 224 women sterilized vs. 60 men (79% women)
1956-1958: 485 women sterilized vs. 77 men (86% women)
1958-1960: 492 women sterilized vs. 43 men (92% women)

1960-1962: 453 women sterilized vs. 14 men (97% women)
1962-1964: 493 women sterilized vs. 14 men (97% women)
1964-1966: 350 women sterilized vs. 6 men (98% women)\(^{114}\)

As evidenced from these sterilization statistics, women always constituted the overwhelming majority of sterilization victims. Yet, while no particular trend in the gender of sterilization victims was evident from 1946 to 1955, a near linear growth in the proportion of women among the sterilized formed from 1955 to 1966. This growth peaked in 1964-1966 when women constitute 98% of the total sterilization victims. Furthermore, considering that a large portion of the men sterilized in these later years were from within state institutions, nearly all of the extramural sterilizations performed were on women. Thus, with nearly every single sterilization operation derived from county welfare departments targeting women, officials most likely sought to limit the reproductive autonomy of women for reasons beyond merely halting the spread of feeblemindedness.

Next is the breakdown of sterilization victims according to race over this period:

1946-1948: 53 African Americans sterilized vs. 238 whites (18% African American)
1948-1950: 100 African Americans sterilized vs. 366 whites (21% African American)

1950-1952: 171 African Americans sterilized vs. 531 whites (24% African Americans)
1952-1954: 202 African Americans sterilized vs. 423 whites (32% African Americans)
1954-1955: 90 African Americans sterilized vs. 182 whites (33% African Americans)
1955-1956: 108 African Americans sterilized vs. 175 whites (38% African Americans)
1956-1958: 274 African Americans sterilized vs. 284 whites (49% African Americans)
1958-1960: 315 African Americans sterilized vs. 209 whites (59% African Americans)
1960-1962: 284 African Americans sterilized vs. 179 whites (61% African Americans)
1962-1964: 323 African Americans sterilized vs. 150 whites (64% African Americans)
1964-1966: 228 African Americans sterilized vs. 124 whites (64% African Americans)\(^\text{115}\)

The trend in sterilization victims according to race shows a steady rise in terms of the proportion of African Americans among the sterilized year by year. This annual growth is particularly revealing given that African Americans took up a larger portion of growing welfare caseloads year in and year out in the wake of World War II. Despite a larger portion of African Americans among the sterilized each year, the growth from year-to-year post-1955 is significantly larger than pre-1955. Between 1958 and 1960, African Americans constituted the majority of sterilization victims for the first time in the history of North Carolina eugenics. This rise cannot be attributed to a growing proportion

of African Americans among the total population during this period in North Carolina, as blacks maintained roughly one-fourth of the population each year. Up to this point, a marked growth in black women among the sterilized after 1955 is evident.

The next noteworthy descriptive statistic of post-1955 sterilization victims is found when comparing the number of extramural sterilizations to the number of intramural sterilizations during this period:

<table>
<thead>
<tr>
<th>Period</th>
<th>Extramural Sterilizations</th>
<th>Intramural Sterilizations</th>
<th>Extramural Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1946-1948</td>
<td>148</td>
<td>140</td>
<td>51%</td>
</tr>
<tr>
<td>1948-1950</td>
<td>237</td>
<td>225</td>
<td>51%</td>
</tr>
<tr>
<td>1950-1952</td>
<td>233</td>
<td>471</td>
<td>33%</td>
</tr>
<tr>
<td>1952-1954</td>
<td>328</td>
<td>298</td>
<td>52%</td>
</tr>
<tr>
<td>1954-1955</td>
<td>163</td>
<td>109</td>
<td>60%</td>
</tr>
<tr>
<td>1955-1956</td>
<td>167</td>
<td>117</td>
<td>59%</td>
</tr>
<tr>
<td>1956-1958</td>
<td>417</td>
<td>145</td>
<td>74%</td>
</tr>
<tr>
<td>1958-1960</td>
<td>430</td>
<td>105</td>
<td>80%</td>
</tr>
</tbody>
</table>
1960-1962: 391 extramural sterilizations vs. 76 intramural sterilizations (84% extramural)

1962-1964: 449 extramural sterilizations vs. 58 intramural sterilizations (89% extramural)

1964-1966: 298 extramural sterilizations vs. 58 intramural sterilizations (84% extramural).

After no noteworthy trend from 1946 to 1955, from 1955 onward North Carolina county welfare officials made increasing use of extramural sterilizations up until 1964, after which the proportion of extramural sterilizations declines in the last two reported years. The use of extramural sterilizations peaked in the 1962-1964 biennium, during which nearly nine out of ten sterilizations were performed on individuals outside of state institutions. At this peak, North Carolina eugenics was a system almost entirely predicated on petitions from local county welfare departments. Given the social and economic consideration in most of these extramural cases with individuals at borderline mental deficiency, an increased emphasis on sterilizations outside of state institutions is directly correlated with an overall expanding scope of eugenics. With that said, however, part of the larger proportion of extramural sterilizations out of the total operations after

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1955 can also be attributed to decreases in intramural sterilizations in addition to increased extramural operations.

The last trend of particular importance in North Carolina sterilization victims is the number of individuals who had children prior to sterilization:

1946-1948: 120 individuals had children prior to sterilization (41%)
1948-1950: 269 individuals had children prior to sterilization (57%); total of 873 children
1950-1952: 365 individuals had children prior to sterilization (52%); total of 1,110 children
1952-1954: 315 individuals had children prior to sterilization (50%); total of 988 children
1954-1956: 272 individuals had children prior to sterilization (49%); total of 875 children, 204 were reported to have been born out of wedlock (23% illegitimate)
1956-1958: 327 individuals had children prior to sterilization (58%); total of 1,172 children, 396 were reported to have been born out of wedlock (34% illegitimate)
1958-1960: 404 individuals had children prior to sterilization (76%); total of 1,519 children, 632 were reported to have been born out of wedlock (42% illegitimate)
1960-1962: 381 individuals had children prior to sterilization (82%); total of 1,290 children, 530 were reported to have been born out of wedlock (41% illegitimate)
1962-1964: 420 individuals had children prior to sterilization (83%); total of 1,437 children, 679 were reported to have been born out of wedlock (47% illegitimate)

1964-1966: 261 individuals had children prior to sterilization (73%); total of 775 children, 425 were reported to have been born out of wedlock (55% illegitimate). 117

While the number of sterilization victims who gave birth to children prior to their operation did not necessarily increase year by year, after 1955 the percentage of individuals who had children prior to the operation increased annually up until 1964. This number then slightly dipped for the last two years. More noteworthy than the number of sterilized women who had children prior to their operation, however, is that prior to 1954-1956 biennial reports made no mention of the percentage of children born out of wedlock. The inclusion of this statistic from 1955 onward is by no means a coincidence or meaningless statistic. Rather, the conscious addition of this vital statistic after 1955 is representative of a conscious change in the policy of county welfare departments in regards to what categories of citizens were targeted.

The trends that formed in the demographic and vital characteristics of North Carolina eugenic sterilization victims from 1955 to 1966 are both significant and undeniable. The specific group that became the central focus of an evolving sterilization program after 1955 were black mothers of illegitimate children outside of state institutions. The majority of these mothers were young (in the range of twenty to twenty-nine years old) and the greatest change in the marital status of sterilization victims from year to year was a steady rise among the “widowed, separated, or divorced.” Rather than a reemergence of the “menace of feeblemindedness” during the postwar era, this transformation instead represents a broad socioeconomic aspect of eugenics unique to North Carolina at this time. It is at this point that the merging of eugenics and welfare becomes more than a legal and ideological concept deeply embedded in a 1933 statute, and instead comes to life as a statewide policy.

What was so significant about black illegitimate mothers in 1955 that demanded a statewide allocation of resources and time to ensure that these individuals were targeted for eugenic sterilization? The social and economic development of this particular group of North Carolina citizens must be explored on the eve of the eugenics transformation. With the rise of the national welfare state in the wake of World War II, black illegitimate mothers represented a significant portion of the growing caseloads. Resistance to federal

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mandates for welfare reform in the postwar era manifested differently from state to state. North Carolina became the only state during this period where welfare and eugenics intersected in a state-administered eugenic sterilization program directed primarily towards welfare recipients. Eugenic sterilizations became a viable economic option for preventing future births out of wedlock by targeting a costly category of welfare recipients in order to ensure a reduction in welfare costs in both the present and future. Due to a combination of vague laws and the structural interconnection between the eugenics system and the public welfare system at multiple levels, such an extreme policy developed organically and efficiently in North Carolina outside the detection of an increasingly interventionist federal government.

For a statewide social program to abruptly redirect its services to one specific group speaks to powerful underlying factors, a volatile social context, and explosive catalysts. An exploration into why officials felt threatened by a growing force of black mothers of illegitimate children traces its roots back to the birth of a federal welfare system with President Roosevelt’s Social Security Act of 1935.

**The National and Local Welfare State, 1935-1955**

By far the most momentous and far-reaching socioeconomic development in the post-World War II United States was the growth and liberalization of the national welfare state. New categories of needy citizens were covered by welfare benefits for the first time. While this coverage was experienced unevenly from state to state, it served to bring certain alleged social ills that had long been overlooked to the forefront of national politics and debate for the first time.
The birth of a centralized, federal welfare program dates back to the New Deal era under President Franklin D. Roosevelt. In the wake of the devastating Great Depression, the 1930s witnessed a remarkable expansion in the power of the federal government. The federal government eventually harnessed the twentieth-century idiom of progressivism as local efforts to provide social welfare proved largely inadequate and ultimately “collapsed under the crushing weight of mass impoverishment.”

Recognizing a profound sense of urgency with nation-wide economic upheaval, the first 100 days of the Roosevelt administration after his election in 1933 was marked by the profusion of executive orders that instituted the New Deal—a variety of programs designed to produce relief, recovery, and reform as an immediate solution to the national riptide of economic woes. Federal funds were injected into the national economy through the Federal Emergency and Relief Act (FERA), which coordinated virtually all of the New Deal’s national programs. While makeshift relief was provided, these early federal programs were ephemeral. Soon, after the 1934 Congressional elections resulted in large Democratic majorities in both houses, Roosevelt was able to pass a second wave of New Deal legislation with virtually no congressional resistance. This second wave of New Deal legislation resulted in a lasting, codified set of laws and regulations for social welfare on a national scale.

The public assistance programs of the New Deal were established under the Social Security Act of 1935. This multi-faceted law provided for aid to the elderly, children, the unemployed, and the disabled. According to Ira Kaztnelson, reflecting on the legacy of this monumental legislation: “In the history of American social policy, no legislative enactment has been more significant, influential, or enduring... For the first

119 Sugrue, “All Politics is Local,” 305.
time, a new American welfare state with national backing and the potential for real permanence was established. “Yet, just as this watershed act represented an unprecedented expansion of the welfare state on the one hand, it was also, as described by Sugrue, “a vehicle for the replication of many social inequalities” on the other. Of the public assistance programs created by the Social Security Act, Aid to Dependent Children (ADC) was created to provide relief for any child under the age of sixteen “who has been deprived of parental support or care by reason of the death, continued absence from the home, or physical or mental incapacity of a parent...” Consistent with Roosevelt’s vision to balance an expansive federal government with demands for local control over public policy, payments for ADC were funded by federal matching grants and administered locally. As laid out in the Social Security Act, $24,750,000 was appropriated by the federal government for the fiscal year ending June 30, 1936 to be used for making payments to states under the condition that the state submitted an approved plan to the Social Security Board. The formation of a single “State agency” to administer the assistance programs was a mandatory component of the state plans. Reflecting this balance of federalism and localism, these state agencies were granted considerable discretion in setting benefit levels as long as they abided by a few central guidelines. In particular, states were not required to provide sufficient assistance to meet minimum standards of health and decency. Overall, as outlined in the Act, if the state followed these guidelines, the federal government would allocate a cash

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120 Ira Katznelson, When Affirmative Action was White (New York, 2005), 42.
121 Sugrue, “All Politics is Local,” 309.
122 Social Security Act § 223(e), 42 U.S.C. § 406(a).
123 Social Security Act § 223(e), 42 U.S.C. § 406(a).
124 Social Security Act § 223(e), 42 U.S.C. § 406(a).
125 Bell, Aid to Dependent Children, 21.
grant equal to one-third of the total sum expended during each quarter by the state towards ADC payments.\textsuperscript{126} This amount was subject to change over the years.

Roosevelt was caught in a precarious position. As described by Sugrue, as Roosevelt consolidated power in the executive branch and dramatically expanded the scale and scope of federal agencies, “calls for the expansion of executive power were met by strong counter demands for state and local control.”\textsuperscript{127} One of the most ardent forces arrayed against Roosevelt and his New Deal policies emerged from Southern Democrats in Congress. Given the unparalleled depths of southern poverty in the immediate wake of the Great Depression, it seems counterintuitive that in regions where federal assistance through New Deal programs was most readily needed, states showed the most resistance. To further complicate the matter, the same Southern members of Congress often took the lead in demanding the expansion of federal aid during Roosevelt’s first 100 days.\textsuperscript{128} These seemingly contradictory agendas ultimately begs the question: What was the source of southern resistance to the New Deal?

The answer lies within the groups set to benefit most from ADC. According to Kaztnelson, “Because families were more likely to be headed by women and the prevalence of need was more extensive amongst African Americans, ADC was disproportionately black from the start.”\textsuperscript{129} Specifically, black families headed by single mothers demanded the most public assistance due to a combination of some of the lowest incomes and highest expenses. While Southern Democrats broadly supported Social Security as a source of desperately needed assistance, they even more emphatically

\begin{footnotes}
\item \textsuperscript{126} \textit{ibid.}, 21.
\item \textsuperscript{127} Sugrue, “All Politics is Local,” 306.
\item \textsuperscript{128} Katznelson, \textit{When Affirmative Action was White}, 39.
\item \textsuperscript{129} \textit{ibid.}, 45.
\end{footnotes}
opposed the federal government upsetting the deep-rooted racial inequalities of the Jim Crow South. To counteract federal aid to this marginalized group of black mothers of illegitimate children, these southern democrats gained control of key congressional committees and succeeded in keeping ADC’s key elements in local hands.\(^\text{130}\) By retaining local control over the administration of funds to poor, predominately black families, southerners in Congress were able to maintain the Jim Crow status quo through exclusionary provisions to ADC administration. The result of regional resistance to the federal New Deal welfare program resulted in the heterogeneous administration of ADC funds, often with the neediest citizens excluded from public assistance.

This resilience of local bureaucratic autonomy in the South amidst expanding federal power served as the foundation for a drastic lag in the appropriation of ADC funds to blacks throughout the 1930s and 1940s relative to national norms. To put this into perspective, African Americans were disproportionately represented in the South between 1930-1950 (accounting for 75% of the total black population) and disproportionately poor, yet in 1948 while the national average ADC payment per child was $25, most southern states hovered around half of that at $12.50.\(^\text{131}\)

\(^{130}\) Sugrue, “All Politics is Local,” 307.
Table 1: “Aid to Dependent Children Average Payments Per Child In The United States and 13 Southern State, June 1948”

As noted in the table above, extracted from the 1946-1948 biennial report published by the North Carolina State Board of Public Welfare, all thirteen southern states significantly trailed behind national averages in terms of ADC payments in 1948.
In 1948, North Carolina was only above Alabama, Mississippi, and South Carolina in all of the United States with a little over $10 per child.\(^{132}\) Ironically, North Carolina, widely deemed one of the most “progressive” Southern states, had always been firmly resistant to federal New Deal legislation on the local level. Referred to by Anthony J. Badger as the “progressive paradox,” he notes: “the New Deal left the basic economic, social, and political structure of the state largely untouched.”\(^{133}\) Douglas Carl Abrams reached the same conclusion: “North Carolina’s hostility to reform in the 1930s refutes the state’s progressive image... By 1938 the federal government had poured $440 million in grants and loans into the state. More remarkable, however, was how little North Carolina’s society, economy, and politics had changed by the end of the decade.”\(^{134}\) Abrams attributes this resistance to staunch conservative forces that were especially strong in North Carolina and able to directly oppose liberal reform impulses on a national scale.

Local forces in North Carolina restricted the welfare state similar to the South as a whole in the 1930s and 1940s. This trend was particularly magnified in North Carolina, however. Whereas by June 1936 thirty-six states had devised public assistance plans as part of the Social Security Act and were already administering ADC payments, Governor Ehringhaus of North Carolina openly resisted compliance with the ADC provisions of the Social Security Act for fear that the federal government would leave the state with the fiscal burdens of the program.\(^{135}\) Thus, legislation for North Carolina to enter fully into the social security system, thereby qualifying the state to receive matching funds for ADC, had to wait until the 1937 General Assembly. While the vast majority of states had

\(^{132}\) ibid., 27.
\(^{135}\) ibid., 155.
already established a welfare program and were allocating funds, North Carolina finally joined the mix when the 1937 General Assembly appropriated $500,000 and created the Division of Public Assistance in the state welfare department to begin administering funds.\textsuperscript{136}

In the 1937 North Carolina bill titled “Aid to Dependent Children,” the state-administered ADC program was established under the full discretion of what was then the North Carolina State Board of Charity and Public Welfare to determine eligibility standards and review all cases. A “dependent child,” as defined in the act, was a child under sixteen years of age living with some relative in their home “who has been deprived of parental support or care by reason of the death, physical or mental incapacity or continued absence from the home of a parent, and who has no adequate means of support.”\textsuperscript{137} In addition to matching funds between the federal government and the state, the county also had to fund a portion of the total ADC payments as well as foot the costs of local administration of the payments. These funds were levied with taxes at the county level.\textsuperscript{138}

North Carolina’s allotment of $18 for one dependent child and $12 for each additional child with a total maximum payment of $65 per month was relatively standard for the time period. Yet, North Carolina as well as all the other southern states managed to drastically restrict payments by enacting vague provisions in terms of eligibility for ADC. Known as “suitable home” provisions, these exclusionary policies established a moral precedent that was necessary in the dependent child’s home to create a “suitable”

\textsuperscript{136} ibid., 50.
\textsuperscript{137} N.C. Public Laws, 1937, c. 288, s. 35.
\textsuperscript{138} N.C. Public Laws, 1937, c. 288, s. 39.
living environment.\textsuperscript{139} Far from precise and sufficiently vague, these guidelines allowed for the denial of funds if this moral code was not upheld in the dependent child’s home. In the North Carolina ADC statute, this eligibility requirement is laid out as follows: “To be eligible to receive aid for a dependent child or children,” the guardian “in whose own home the said dependent child resides shall maintain a safe and proper home for himself, or themselves, and said dependent child or children.”\textsuperscript{140} Armed with this equivocal legal precedent that added a social component to eligibility in addition to strictly economic needs, North Carolina welfare officials were able to exclude the vast majority of black families applying for ADC.

A crucial aspect of the 1937 North Carolina ADC statute was its emphasis on local administration. North Carolina has always maintained a long-standing tradition of local discretion in providing poor relief dating back to the formation of the State Board of Public Charities in 1868.\textsuperscript{141} While FDR’s New Deal solidified a strong balance between the federal and state governments in regards to the administration of public welfare, the 1937 North Carolina ADC statute managed to maintain an organized system of centralized state supervision and local administration. North Carolina localism persisted in the administration of ADC.

In terms of administration of welfare funds, applications for assistance were directed towards county boards of welfare. These county departments of welfare then sent caseworkers to “investigate the circumstances of the children for whom application

\textsuperscript{139} For an extensive analysis of “suitable home” provisions, see Winifred Bell, \textit{Aid to Dependent Children}, 29-40.
\textsuperscript{140} N.C. Public Laws, 1937, c. 288, s. 36.
\textsuperscript{141} N.C. Public Laws, 1868, c. 170.
is made before ultimately rendering a decision. Any appeals for denial of aid at the local level would come before the centralized State Board of Charities and Public Welfare. As a testament to the persistence of localism in the structure of North Carolina social services, by 1937 all 100 North Carolina counties had full-time public welfare units compared to only seventy-one counties in 1926.143

Under this bureaucratic structure, the same county officials in charge of initiating eugenic sterilization proceedings were also responsible for distributing welfare funds. Furthermore, both bottom-up procedures were nearly identical in terms of investigations carried out by local caseworkers into the families of welfare recipients on social as well as economic grounds. In North Carolina, local discretion and administration was maintained despite the creation of centralized state agencies. As we will see, eugenic sterilization would become an easily accessible tool for local county welfare departments to deploy when exclusionary welfare restrictions became increasingly more difficult to enforce.

With a “suitable home” provision firmly in place, the restrictive nature of North Carolina ADC distribution was conspicuous. Not only was North Carolina delayed in initially adopting the Social Security Act, but once adopted relief payments vastly lagged behind the rest of the country despite heightened poverty throughout the state. By 1940, North Carolina ADC grants ranked forty-third in the nation.144

African Americans constituted the largest group of needy citizens that were excluded from welfare coverage in North Carolina prior to World War II. In 1942 the Bureau of Public Assistance studied sixteen state welfare programs only to find a

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142 N.C. Public Laws, 1937, c. 288, s. 45.
144 Abrams, Conservative Constraints, 157.
strikingly wide divergence in their attitudes toward assisting nonwhite and illegitimate children. North Carolina was on the lowest end of the spectrum in terms of levels of relief for nonwhite children with African American recipient rates of merely 14 per 1,000.\textsuperscript{145} This blatant racial exclusion is particularly striking when this statistic is considered in light of the fact that 275 out of every 1,000 individuals in 1942 North Carolina were black and nearly all were poor.\textsuperscript{146}

The magnitude of southern resistance to new federal mandates for ADC in the early stages of the Social Security Act is noteworthy. A potent combination of explosive social and economic fears about extending public assistance to African Americans led North Carolina conservative officials to adopt a “suitable home” provision in the establishment of an ADC program. This top-down policy—enacted at the highest state level—materialized in exclusionary administration that left mostly African American families outside the range of coverage in an attempt to perpetuate the southern tradition of white supremacy. With conservative, fire-breathing officials in firm control of the state welfare agency, federal welfare policies were redirected in North Carolina and the status quo was maintained.

In framing eugenics as an offshoot of welfare in North Carolina, the traditional path of North Carolina eugenic sterilizations in the 1930s and 1940s based on the racial composition of victims makes sense. With the distribution of welfare funds in North Carolina firmly harnessed by state officials without any pressure during these early New Deal years, African American poverty was not a threat to the state on either social or economic grounds. Therefore, no other punitive measures were sought by officials

\textsuperscript{145} Bell, Aid to Dependent Children,42.

outside of the effective, exclusionary “suitable home” policy. Furthermore, despite a liberal national agenda and a burgeoning federal government, Southern Congressional Democrats were shrewdly able to uphold the perpetuation of Jim Crow white supremacy and prevent Roosevelt and the federal government from fundamentally upsetting the Southern “way of life.”

147 With local officials spearheading the welfare movement, there was no potential socioeconomic advancement for the African American community in the foreseeable future and therefore blacks were essentially innocuous—neither threats nor burdens.

But, all of this would abruptly change as World War II drew to a close.

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New Deal liberalism flourished in the wake of World War II with a marked expansion in the administration of all public assistance programs across the board at the federal and state level. Biennial reports from the North Carolina State Board of Public Welfare reveal a linear upsurge in both the number of ADC recipients and average monetary value of monthly payments starting in 1946 and peaking in the early 1960s.

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147 Katznelson, When Affirmative Action was White, 44.
Table 2: “Twenty-Nine Year Trend of Public Assistance in North Carolina”

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Average Age Assistance</th>
<th>Aid to Families with Dependent Children</th>
<th>Aid to the Permanently and Totally Disabled</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Average Monthly Number of Recipients</td>
<td>Average Monthly Payment</td>
<td>Average Monthly Number of Recipients</td>
</tr>
<tr>
<td>1937-38</td>
<td>19,687</td>
<td>$9.35</td>
<td>4,227</td>
</tr>
<tr>
<td>1938-39</td>
<td>21,610</td>
<td>9.41</td>
<td>7,729</td>
</tr>
<tr>
<td>1939-40</td>
<td>34,848</td>
<td>10.00</td>
<td>8,431</td>
</tr>
<tr>
<td>1940-41</td>
<td>36,855</td>
<td>10.12</td>
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</tr>
<tr>
<td>1941-42</td>
<td>38,868</td>
<td>10.24</td>
<td>9,912</td>
</tr>
<tr>
<td>1942-43</td>
<td>38,469</td>
<td>10.45</td>
<td>8,942</td>
</tr>
<tr>
<td>1943-44</td>
<td>34,973</td>
<td>10.87</td>
<td>6,955</td>
</tr>
<tr>
<td>1944-45</td>
<td>32,975</td>
<td>11.84</td>
<td>6,204</td>
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<tr>
<td>1945-46</td>
<td>32,825</td>
<td>13.44</td>
<td>5,217</td>
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<tr>
<td>1946-47</td>
<td>35,625</td>
<td>16.29</td>
<td>5,986</td>
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<td>1947-48</td>
<td>41,954</td>
<td>18.05</td>
<td>5,467</td>
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<tr>
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<td>58,238</td>
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<tr>
<td>1950-51</td>
<td>61,748</td>
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<td>16,028</td>
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<tr>
<td>1951-52</td>
<td>44,249</td>
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<td>1952-53</td>
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<td>1953-54</td>
<td>50,869</td>
<td>30.15</td>
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<td>1955-56</td>
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<td>1959-60</td>
<td>49,275</td>
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<td>1960-61</td>
<td>47,917</td>
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<td>1961-62</td>
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<td>28,269</td>
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<tr>
<td>1962-63</td>
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<tr>
<td>1963-64</td>
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<tr>
<td>1964-65</td>
<td>42,903</td>
<td>52.42</td>
<td>28,414</td>
</tr>
<tr>
<td>1965-66</td>
<td>42,224</td>
<td>54.19</td>
<td>29,149</td>
</tr>
</tbody>
</table>


In the above table from the 1966 North Carolina State Board of Public Welfare biennial report, the rising number of ADC caseloads and payments after 1945 was pronounced. This steady rise in ADC recipients started in the immediate wake of World War II and grew linearly until a peak of 28,269 in 1962. As the caseloads grew, so too did average monthly ADC payments. So, what was this catalyst that morphed a stagnant,
inefficient, and delayed welfare system that lagged desperately behind national ADC distribution averages throughout the 1930s and early 1940s into a relatively consistent, reliable, and expansive source of public aid for dependent children in the late 1940s through the 1950s?

The exploration into the cause of the postwar welfare boom requires attention to a blend of both national and local forces. The 1954-1956 biennial report published by the North Carolina State Board of Public Welfare attributed this marked continuous growth in the number of persons receiving ADC beginning in 1945-1946 to an “increase in the number of children, lack of work for women with the exception of seasonal and part-time work, and the continued high cost of living.”\(^\text{149}\) This explanation is logically sound considering that the three main determinants for the size of ADC assistance payments were family size, income, and expenses. Therefore, a state with one of the lowest per capita incomes and one of the largest populations of children in the nation\(^\text{150}\) would lend itself to heightened ADC payments.

Since low per capita income amidst relatively high costs of living in North Carolina were constant dating back to the Great Depression era, the only constantly changing factor was the number of children in the total population. A direct relationship between a rising child population and rising ADC payments is conceptually straightforward as the more children in a particular state, the greater chance that some of these children will meet the eligibility requirements necessary to receive ADC payment. This particularly holds true within families, as each subsequent child born in a family that qualifies for ADC results in greater ADC payments due to a larger family size as well as


\(^{150}\) ibid., 29.
higher expenses, thus rendering the mother of the family less capable of providing adequate support to her children.

While the theoretical framework connecting a burgeoning population to rising welfare payments is well founded, can this claim be supported? Referring to John R. Larkins’ study, he finds that “In 1945 there was a total of 87,401 live births in North Carolina. By 1953, this number increased to 111,622.”\textsuperscript{151} This represents an increase in births of roughly 28\% over a span of eight years during which average monthly ADC payments more than doubled (from $22.96 a month in 1945 to $58.41 in 1953) while the average monthly number of recipient families nearly tripled (from 6,204 a month in 1945 to 17,322 a month in 1953).\textsuperscript{152} Such statistics lend credence to the population-welfare connection, further solidifying a rising child population as a possible cause for the expansion in North Carolina welfare starting in 1945.

However, while Larkins’ study analyzed birth rates during this specific critical period of welfare expansion, these high birth rates actually pre-date the 1945 expansion of welfare. Moya Woodside, in her 1950 report on eugenics, reaffirmed this trend in vital statistics by highlighting an exceptionally high fertility rate in North Carolina compared to national averages dating back to the census of 1940. Census figures for 1940 revealed a birth rate for North Carolina of 22.4 compared to 17.3 for the United States as a whole. Furthermore, the median size of family in this census was 3.82 in North Carolina, comfortably exceeding a national average of 3.15.\textsuperscript{153} Thus, an inconsistency arises: If North Carolina birth rates were steadily increasing dating back to 1940, then why did

\textsuperscript{153} Woodside, Sterilizations in North Carolina, 4.
ADC payments decrease sharply from 1942 to 1943 before the sudden and drastic positive reversal from 1945 onward?

The biennial report reconciles this inconsistency. The decline in welfare spending specifically from 1942 to 1943 coincided directly with the United States’ entry and involvement in World War II, while conversely the proliferation in welfare payments overlapped with the conclusion of the war in 1945. Adding another layer to the chain of causation, this explanation posited by the North Carolina State Board of Public Welfare in their biennial report extends beyond solely attributing the abrupt expansion of the North Carolina welfare system in 1945 to a high birth rate and instead includes a transforming wartime labor market. With an upsurge of job opportunities for women during the war period and rising incomes for mothers as a whole, fewer mothers qualified for ADC aid. Consequently, payments steadily declined. But once the war ended, soldiers returned home, and the North Carolina labor market was restored to the prewar status quo, these temporary job opportunities for mothers evaporated. Therefore, the loss of these makeshift wartime employment opportunities upset the labor market and signified a widespread decrease in women’s income in the wake of World War II. With the emergence of record-high birth rates, unemployed mothers, and higher costs of living as families migrated off of farms and into cities, the 1945 North Carolina social and economic scene was ripe for an expansion of welfare.

Booming North Carolina public assistance programs mirrored a national trend in welfare growth and liberalization in the post-World War II era, as welfare rolls and caseloads rose considerably in the post-war era. Historian Michael K. Brown sums up the rapid and notable rise in public assistance at the conclusion of the war: “The ADC
caseload trebled in the fifteen years after World War II, rising from 256,000 families in 1945 to almost 800,000 families in 1960. After dropping during the war, the caseload increased one and a half times, peaking in 1950, and then stagnated the rest of the decade.”  

Furthermore, of all the regions in the U.S. during this fifteen-year span, the South experienced this expansion in welfare most readily as ADC caseloads rose by an unprecedented 204% from 1945 to 1960 in this region as a whole.  

The national welfare boom beginning in 1945 was the product of a vastly changing social scene in the immediate wake of World War II. On the one hand, the unprecedented postwar baby boom, which resulted in over 32 million babies born in the 1940s compared to only 24 million in the ‘30s, directly lead to a surge in potentially needy families. On the other hand, an increased number of broken marriages exacerbated family need around the country. These forces fused together to compound this postwar proliferation of ADC caseloads and welfare rolls nationwide as single mothers were plagued by lower incomes without the financial help from husbands, more children in this period of heightened fertility, and consequently higher expenses. To add a demographic transformation into the equation alongside a shifting social climate, postwar dislocations stranded many families in new communities without employment. In the South in particular, many new urban centers rose in the postwar era. In these rising cities, higher costs of living made raising families even harder to sustain and added another component of need to the mix. Poverty and illegitimacy were allegedly rampant in this unstable social context. Ironically, despite booming prosperity nationwide in the postwar era, the

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155 ibid., 172.
need for and distribution of public aid—especially ADC—soared to new heights among the poor and marginalized.

Within the framework of this postwar national spike in ADC caseloads and welfare rolls that was magnified in the South, North Carolina’s burgeoning welfare system from 1945 through 1962 was extreme. For example, between 1950 and 1955, the caseload of ADC recipients in North Carolina rose 40.4% compared to a -10% change in the South as a whole during this period and a -5% shift across the entire U.S.\textsuperscript{157} As stated in the North Carolina law bulletin titled “Social Services,” in regards to the North Carolina social services system, “From World War II through the 1960s the social services system grew tremendously in terms of programs, dollars, personnel, people served, and complexity.”\textsuperscript{158} On the eve of the 1955 transformation of the eugenics program, North Carolina public welfare services were being administered at historically high rates.

The question now shifts to what groups were benefitting most from the postwar welfare boom? While the welfare system on a national level was surging rapidly in terms of overall caseloads and monetary distributions, this was but one aspect of the modernized welfare state born in postwar America. Even more impressive than the overall expansion of the national welfare system as a whole was the widening scope of welfare to accommodate new groups of needy citizens. For the first time since the inception of the Social Security Act in 1935, funds were made widely accessible to nonwhite, minority families by all states around the country. This seems logical given that nonwhite families benefitted by far the least from the prolific economic prosperity

\textsuperscript{157} Brown, Race, Money, and the American Welfare State, 172.  
that the rest of the nation shared during these postwar years. But based on the exclusionary and inequitable nature of state welfare administration in the past, the inclusion of needy nonwhite families under the reach of public assistance was far from guaranteed. As a testament to the heightened democratization, liberalization, and equitable administration of welfare funds, the proportion of nonwhite families in the caseload of sixteen states studied by the Bureau of Public Assistance rose from 21% in 1942 to 30% in 1948. As a result of these findings, the Bureau of Public Assistance considered the increase in nonwhite recipients to be the “most significant accomplishment” in the development of welfare from 1942 to 1948.

This trend of a growing nonwhite representation on welfare rolls persisted throughout the 1950s, as the percentage of welfare recipients who were African American rose from 31% in 1950 to 48% in 1961. The addition of Hispanics to the rolls produced a nonwhite majority among welfare recipients in the 1960s for the first time in American history. Growing African American representation on welfare rolls in the postwar era had direct implications in the shaping of North Carolina eugenics after 1955. But, how were needy black citizens—who were largely excluded from welfare benefits before the war—suddenly gaining coverage?

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Franklin D. Roosevelt died on April 12, 1945, unable to witness the end of World War II, but more importantly unable to witness the lofty goals of his Social Security Act ever come to fruition. From Roosevelt’s passing of the federal act in 1935 to his death ten

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159 Bell, *Aid to Dependent Children*, 55.
160 *ibid.*, 55.
162 *ibid.*, 109.
years later, the ADC program never effectively realized the primary aim of protecting the interests and promoting the welfare of dependent children across the country. As a result of Roosevelt’s struggle to balance expanding federal power and reach while simultaneously maintaining states’ rights to local rule, ADC was established as a federal grant-in-aid program with eligibility requirements left under the discretion of the states. With no national standard of need established as well as no requirement for states to provide sufficient assistance to meet minimum standards of health and decency, states were free to define eligibility in any way they desired. Contrary to the fundamental premise of equitable distribution upon which the ADC program was founded, states took advantage of full administrative discretion and developed “suitable home” policies in order to prevent certain groups from meeting eligibility requirements and to preserve indigenous values. Implemented most strictly in Southern states to exclude African Americans and perpetuate the traditional racial inequality of Jim Crow, the “suitable home” policies resulted in inefficient, inequitable, and heterogeneous administration across the country with crucial categories of potentially eligible Americans excluded from the public aid that they desperately needed. Gunnar Myrdal summed up the pronounced effects of “suitable home” policies on excluding African Americans from the benefits of welfare, especially in the South: “Reports show that the ‘suitable home’ requirements also resulted in the disproportionate exclusion of Negro and other nonwhite children. Between 1937 and 1940, from 14 to 17 percent of all ADC recipients in the nation were Negro. In 7 Southern states, however, the proportion of Negroes was considerably smaller in the caseload than in the child population.”

As the 1940s rolled around, steadily rising caseloads began to bring the conspicuous shortcomings of the early ADC system to light. The hodgepodge of underfunded and understaffed local welfare departments were overwhelmingly inefficient at identifying and administering aid to the most needy families, and at the heart of this unsound administration were the restrictive “suitable home” policies. These local policies hindered federal efforts to achieve equitable and rational administration due in part to the imprecision and vagueness of the established eligibility rules. Rather than a simple, objective “gold standard” of eligibility criteria, “suitable home” requirements differed from state to state and created a subjective administrative system. In 1941, for example, the Bureau of Public Assistance reviewed the ADC program in eighteen local communities in six different states and ultimately concluded: “...these policies were subject to a wide range of interpretation and despite years of agency experience in dealing with families, ‘suitability of home’ and ‘fitness’ of the parent were still indefinable.”\(^{164}\) Lastly, these policies posed problems structurally as they were time-consuming to administer. Welfare workers had to evaluate the homes of applicants for extended periods of time, which was a pressing concern given how severely understaffed and underfunded welfare departments were at the time. Consequently, as described by Winifred Bell, “In these early years, waiting lists were endemic.”\(^{165}\)

By the mid-1940s, the federal government intervened in an attempt to remedy the ill effects of ADC administration on the state level and redirect the scope of the program. The Social Security Board and the Bureau of Public Assistance recognized that the various “suitable home” policies that had developed in states around the country in the


\(^{165}\) Winifred Bell, *Aid to Dependent Children*, 45.
early stages of the Social Security Act were inherently at odds with the basic premise of the welfare program: These eligibility requirements identified families that were in most need of public assistance, yet instead of protecting these children, served to preclude them from receiving ADC. Between 1945 and 1947, various reactionary measures were taken by these federal agencies to eradicate “suitable home” eligibility conditions.

Clearly defining the outer limits of state discretion in relation to welfare administration for the first time, the federal government issued a series of requirements in 1947 where it became mandatory on state agencies to provide that: 1) no person would be refused to opportunity to apply for any categorical program, 2) the application process would be carried out promptly and efficiently, 3) each applicant would be assured the right to a determination of his/her eligibility, and 4) assistance would be paid to each eligible applicant.\(^{166}\)

With these newly issued federal administrative standards, states restructured their welfare programs. The result of these federal provisions and established standards was not only increased homogeneity of welfare administration on a national scale, but a more efficient and equitable system of welfare with increased benefits and coverage as well. This new welfare state appealed to categories of needy citizens previously denied from public assistance.

To add even more momentum to the federal government’s campaign against discriminatory ADC administration, more federal funds became widely available in the postwar era. These funds were directed towards improving the implementation of Social Security Act programs around the country through heightened federal grants to offset some of the costs shouldered by the states both in terms of assistance payments as well as

\(^{166}\) *ibid.*, 53.
administrative costs. As seen in the table below, extracted from the 1956-1958 biennial report of the North Carolina State Board of Public Welfare, the Social Security Act was frequently amended during the postwar period and steadily throughout the 1950s to increase the federal share of expenditures.

Table 3: “Provisions for Federal Participation in Payments of Public Assistance”

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<tr>
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<tbody>
<tr>
<td></td>
<td>Aged and Disabled</td>
<td>First Child</td>
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<tr>
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<tr>
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<tr>
<td>950 amendments</td>
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<td>$27 plus $27 for 1 needy adult in each family</td>
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<td>$30 plus $30 for 1 needy adult in each family</td>
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<td>$32 plus $32 for 1 needy adult in each family</td>
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As outlined in the table above, a 1946 amendment to the Social Security Act raised the maximum amount of individual monthly ADC payments subject to federal participation from $18 for the first child and $12 for each additional child to $24 and $15 respectively. With this new ADC distribution, the scale of expenditures was tipped towards the federal government for the very first time. What was once a matching-funds program was shifted to a two-thirds federal share of expenditures for the first $9 average per child in addition to half the remaining balance. Another amendment two years later in 1948 raised the maximum amount of individual monthly payments subject to federal participation from $24 for the first child and $15 for each additional child to $27 and $18 respectively. In terms of the portion of the total costs funded by the federal government, the 1948 amendment also raised this component from two-thirds for the first $9 average per child plus half the remaining balance to three-fourths for the first $12 average per child and half the remaining balance.167

In 1950, an amendment was passed which went beyond increasing the federal share of ADC costs and instead altered the structural framework of the ADC program with an emphasis on increased coverage. Consistent with the goal of creating economic security for needy families as a whole, this provision included the relative with whom the dependent child was living as a recipient for federal matching purposes. This amendment drastically expanded the scope and coverage of ADC, but it also essentially doubled the expenditures of ADC if the guardian met the eligibility requirements.

The dispersion of federal funds to be used for state ADC distribution in the postwar era resulted in the elimination of “suitable home” policies, and in turn a more

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liberalized national welfare program. In addition to the implicit racial implications, “suitable home” policies were more commonly tools employed by states with insufficient funds to support all potentially needy families. Therefore, an increase in federal matching funds directly reduced the risk of discriminatory administration. Furthermore, the 1950 amendment that expanded the coverage of ADC assistance to include needy relatives of the dependent child resulted in heightened economic security for needy families. The result was that as the economic situation of the family improved as a whole, fewer families would be deemed “unsuitable,” and in this sense these policies would gradually become extinct.

Lastly, as part of this three-pronged approach by the federal government to create a more efficient and liberalized welfare system, the federal agencies responsible for administering ADC grants to states were restructured. In 1946 the Children’s Bureau was transferred to the Federal Security Agency where, like the Bureau of Public Assistance, it was placed under the supervision of the Social Security Administration. The goal of this federal restructuring in regards to welfare administration was to increase the social services available to dependent families to overcome obstacles posed by the “suitable home” provisions.

Overall, the federal government intervened in the wake of World War II to override abuses carried out by states in the early stages of Social Security implementation. The reactionary efforts from the federal government in the late 1940s throughout the 1950s targeted exclusion and discrimination in the administration of welfare funds resulting from “suitable home” policies around the nation. The federal government approached the national expansion of welfare through three primary modes

\footnote{Wilfred, \textit{Aid to Dependent Children}, 54.}
of reform: the establishment of national “gold standards” in terms of eligibility requirements for ADC recipients (which were to be uniformly enforced at the state level), an increased appropriation of federal funds to aid states with insufficient welfare resources, and the restructuring of federal agencies to provide more efficient social services on a national scale. While the heavy interventionist role of the federal government in the mid-century welfare boom may have upset the federal-state balance that Roosevelt was careful to construct, the result was a drastically reformed and liberalized ADC system with increased funds, more efficient and homogeneous administration, and expansive coverage to meet the needs of previously excluded needy families nationwide. Burgeoning caseloads and the wide-scale coverage of new social groups into welfare rolls, mostly African Americans, were direct products of this nationally expanding welfare program. While noble from a public assistance perspective, and most certainly beneficial to the national economy, these transformations would come to represent new sources of friction in an already tumultuous postwar social scene.

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For states refusing to buy into the postwar national welfare reforms, the federal government threatened the removal of federal matching funds for the administration of welfare. North Carolina most certainly bought into the new national platform. The marked rise in caseloads and funds directed towards the North Carolina ADC program in the postwar period can be directly attributed to the expansion and professionalization of public welfare services in North Carolina during this period.

Welfare reform was at the heart of social progress in North Carolina during the postwar era. In accord with modern social thinking at the time of social service as
genuinely public welfare and not as merely charity, the name of the state welfare agency was changed from the North Carolina State Board of Charities and Public Welfare to the North Carolina State Board of Public Welfare in the 1945 General Assembly. Besides just a change in philosophy, however, this prominent change reflected the fact that the program’s scope had become much broader than financial aid. Along with this name change was a complete revamping and modernization of the state welfare agency in order to create an efficient apparatus capable of handling the proliferation of welfare case loads in the postwar era. As summed up in “Social Services”—a North Carolina law bulletin published by the Institute of Government—reinforcing this trend of postwar North Carolina welfare growth, “From World War II through the 1960s the social services system grew tremendously in terms of programs, dollars, personnel, people served, and complexity.”

The expansion, diversification, and professionalization of welfare services in North Carolina in the postwar era directly paralleled the rise of Dr. Ellen Winston to State Commissioner of Public Welfare in 1944. Winston, a liberal democrat who served as a social economist and technical editor for several federal agencies in Washington, D.C. during the New Deal era, was a profound advocate of Roosevelt’s Social Security Act and the New Deal idealism of strong governmental intervention as the most effective means to promote public welfare. Winston not only valued a strong welfare system as a moral obligation of the state to provide for the economic security of its neediest citizens, but also recognized the economic benefits of aiding the dependent and less fortunate through state agencies. As a testament to Winston’s firm belief in the vast potential social

169 NC Session Laws, 1945, c. 48.
and economic benefits of a strong, centralized public welfare system, she writes in the introduction to the 1956-1958 biennial report of the North Carolina State Board of Public Welfare, reflecting a rather Keynesian outlook much like FDR himself:

The fact that the public welfare program is good business for the State is recognized. As it helps persons achieve self-support and self-care, it adds to the total wealth of the State. For example, the small amount of funds invested in the aid to dependent children program pays large dividends in terms of the contributions of the children so aided when they become employed adults in the State. Federal tax funds are available through public welfare programs in direct ratio to State appropriations for such programs. The millions of dollars of taxes thus returned to the State are an important contribution to the economy of every county in North Carolina. Furthermore, experience indicates that through adequate public welfare services, the needs of those persons dependent upon the public for support can be met in large measure through public welfare programs at far less cost than maintenance in either public or voluntarily supported institutions.\(^{171}\)

Overall, under the leadership of Winston, the North Carolina public welfare system platooned from its infancy as the underfunded, understaffed, and inefficient State Board of Charities and Public Welfare to maturity as the liberalized, professional, and efficient State Board of Public Welfare. This reflected the national trend of welfare expansion and growth in the postwar era. To illustrate this claim, 1945 legislative enactments in the General Assembly called for changes in the public assistance laws permitting North Carolina to take advantage of any broadening of Federal social security statutes that raised maximum grants paid to families of dependent children while also increasing the maximum of property taxes that could be levied by counties for general relief purposes.\(^{172}\) The new, modernized North Carolina State Board of Public Welfare was composed of four divisions: Public Assistance, Institutional and Protective Serves,

Psychiatric and Psychological Services, and Child Welfare. Six special services worked with all the divisions.\textsuperscript{173}

As a testament to the professionalization of welfare under Winston, during the 1950s a growing number of professional groups sought more formal input into the social services process. This decade witnessed the birth of various statewide organizations—similar to labor unions—comprised of different welfare workers. These organizations served to unify and professionalize the different levels of the public welfare system for the first time and included the North Carolina Association of County Commissioners, the North Carolina Association of Case Workers, and the North Carolina Association of County Superintendents of Public Welfare.\textsuperscript{174}

For the first time in the history of North Carolina welfare, a disorganized and inefficient hodgepodge of county welfare departments was unified under a larger state bureaucracy of professionally organized and qualified public assistance personnel with regulated standards of administration and pay, reflecting the federal trend in the standardization and professionalization of welfare during this period. Theoretically, at least, the North Carolina welfare system under the leadership of Dr. Ellen Winston was more than equipped with the necessary tools to effectively handle the burgeoning public assistance case loads ushered in at the end of World War II.

Arguably more impressive than Winston’s expeditious restructuring and professionalization of the North Carolina welfare system after 1944, however, was the vast democratization and liberalization of public assistance. Coverage expanded to meet the wholesale needs of previously excluded groups, namely African Americans, for the

\textsuperscript{173} ibid., 32.
\textsuperscript{174} Mason & Saxon, “State-Local Government Relations,” 7.
first time in the history of North Carolina welfare. As a disciple of Roosevelt, Winston not only sought to expand the resources and reach of public aid, but also to widen its coverage by providing equal services to white and black recipients alike. This liberal and progressive approach to public welfare implemented by Winston starting in 1945 represented a watershed transformation in the history of North Carolina welfare. Within three years of Winston assuming office, North Carolina was one of fifteen states to repeal discriminatory “suitable home” eligibility conditions from its aid to dependent children program.¹⁷⁵

Given the fact that the “suitable home” requirements resulted in the disproportionate exclusion of African American children from ADC benefits, it logically follows that nation-wide repeals of the “suitable home” provisions would result in a resurgence of African Americans within the reach of welfare coverage. Blacks were in fact represented on welfare rolls at an unprecedented rate during the postwar era. As for the racial composition of the recipient population, in 1938, 13.8% of all children receiving ADC were black; by 1961, approximately 44% of cases consisted of black families.¹⁷⁶

But, repealing the “suitable home” provisions did not open up access to welfare benefits for all poor blacks equally. Rather, the category of blacks receiving the lion’s share of benefits was relatively narrow. Since “suitable home” provisions were discriminatory in the sense that they introduced a certain level of “moral character” that must be possessed by the parents or caretakers as a necessary prerequisite to receiving

¹⁷⁵ Bell, *Aid to Dependent Children*, 51.
ADC funds, the families most readily excluded under these conditions were naturally those where the parents were perceived to display the loosest morals: parents who bore children out of wedlock. Therefore, with the African American community accounting for the overwhelming majority of illegitimacy around this time, this group was set to benefit the most from the broadening scope of welfare during the postwar years.

Post-World War II America witnessed an explosion in illegitimacy that was largely concentrated amongst the black community. A turbulent and volatile postwar social context was ripe for rising illegitimacy rates with widespread social and economic dislocation from large-scale urbanization coupled with a period of heightened fertility. Amidst this period of unrest, traditional social controls were undermined. The perceived immorality of sex outside marriage directly threatened the stability of the American family-centered culture and naturally raised public protest. To add fuel to the fire, ADC caseloads soared across the nation despite a booming economy otherwise. With the new emergence of a significant African American representation in rising welfare rolls, a natural connection was forged between welfare and illegitimacy. And this connection was warranted. For example, families of unmarried parents in the caseload increased by nearly 50% between 1942 and 1948.\(^\text{177}\) Similarly, broad changes in the marital status of ADC mothers after 1939 were reflected in the fact that women whose loss of income was due to death of the father declined from 37% to 7% of the ADC caseload while divorced, separated, and unmarried women rose from 36% to 67% of all cases.\(^\text{178}\) Overall, the exaggerated stereotype of the poor African American mother with children out of wedlock abusing federal, state, and local resources to fund their immoral lifestyle rose to

\(^{177}\) ibid., 55.
the forefront of social, political, and economic concern in the postwar era and elicited a wide spectrum of reactions. These reactions ranged from public criticism all the way to the enactment of state laws that were particularly draconian in nature.

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The politically charged, conservative atmosphere of the late 1940s and early 1950s witnessed an eruption of violent and pervasive attacks on ADC that persisted throughout the decade. From an economic standpoint, a strong “antitax” force that opposed the New Deal fervently acted out against mounting welfare costs in a nation that was supposed to be experiencing a postwar economic boom. The *Arkansas Gazette* in 1959 reported that: “By taxing the good people to pay for these programs, we are putting a premium on illegitimacy never before known in the world.”179 From a social and political standpoint, post-World War II America was a nation of surging racial tensions on the eve of the Civil Rights Movement. These forces merged hand-in-hand and ignited public outcry centered around impoverished, nonconforming black mothers. The public was both extremely harsh and hostile to poor black mothers, but also highly critical of the ADC program that was viewed as fundamentally flawed in that it encouraged parental immorality by rewarding more children born illegitimately out of wedlock with greater payments. In addition to these racial implications, these criticisms centered around economic concerns for the potential of ADC to incentivize mothers receiving aid to remain unemployed, which often resulted in greater pay than unskilled labor. For example, the McDuffie County Grand Jury in Georgia expressed concern about this aspect of the problem while objecting to the ADC program: “It was apparent in a number

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of cases, largely among colored people, that unwarranted welfare aids were provided with
the result that many such recipients of aid were unwilling to work at jobs for which they
were physically and mentally suited because of receiving more money from the welfare
department than they might earn from such employment.”180 This sentiment was
widespread throughout the South. Furthermore, a 1961 Gallup poll reflected this public
disdain for illegitimacy in the black community and on the presumably uncontrollable
sexual behavior of black women as only one in ten supported additional welfare
payments for newborn children.181 In the postwar era, illegitimacy quickly overshadowed
fraud as the perceived “chief evil of welfare,”182 as described by historian Michael K.
Brown, and public discourse as well as intellectual rhetoric reflected this forceful attack.
As stated by Schoen:

As a large number of African Americans became ADC recipients, the focus on
ADC families reflected racial tensions. The discourse about ADC mothers blamed
black single mothers for urban plight, poverty, and social unrest. Emerging in the
context of the powerful family ideology of the 1950s and continuing in the
‘family values’ rhetoric of recent decades, this discourse shifted attention away
from the structural causes of poverty and crime and placed the blame for urban
poverty and social unrest at the feet of African American women.183

Amongst officials, this interplay of racial and socioeconomic tensions manifested
itself through political resistance towards black illegitimacy as an extension of public
pressure to restrict ADC. Resentment of African American single mothers and the
presumed burden they placed on the state and taxpayers culminated in a number of
legislative proposals aimed at eliminating illegitimacy as a determining factor for
receiving ADC benefits. Confronted with recent federal intervention, however, these

180 Cited in Bell, Aid to Dependent Children, 64.
181 Brown, Race, Money, and the American Welfare State, 171.
182 ibid., 173.
radical proposals no longer skirted the issue of illegitimacy through “suitable home” policies.

This politically motivated reaction to the rapid rise in the public assistance rolls at the conclusion of the war became known as the “welfare purges,” which began during 1947-1948 with public attacks in sixteen states.¹⁸⁴ Bills aimed at targeting the morality of caretakers as a prerequisite for ADC benefits were no longer a viable option due to the demise of “suitable home” policies, so states established other punitive policies designed to limit eligibility and benefits in their efforts to purge ADC rolls. Denial of public aid was the primary solution advanced during the 1950s to curb births out of wedlock. During the decade efforts were made by eighteen states to enact laws or introduce administrative policies to exclude children solely on the basis of their or their siblings’ birth status.¹⁸⁵ The most common restriction, attempted in ten of the states, was aimed at restricting payments based on the second or succeeding illegitimate child in a family. Moreover, other states qualified the restriction to cover only those illegitimate children born after the receipt of a welfare grant.¹⁸⁶ Yet, in this period of heightened federal intervention in state welfare agencies to override administrative abuses, the federal government swiftly cracked down on these statutes restricting ADC aid on the basis of illegitimacy by threatening the loss of federal funds—a resource that all states desperately needed. Declaring these discriminatory illegitimacy laws a violation of the equal protection clause of the Fourteenth Amendment, the Bureau of Public Assistance made the following statement in 1960: “The general position of the Social Security Administration has definitely influenced the outcome on many such proposals.

¹⁸⁴ ibid., 171.
¹⁸⁵ Bell, Aid to Dependent Children, 72.
¹⁸⁶ ibid., 73.
have been advised that a state plan provision to exclude children from eligibility on the ground that they are illegitimate raised grave constitutional questions and enforcement of such legislation would result in the loss of federal financial participation."\textsuperscript{187}

With the federal government’s firm stance on protecting a democratic national welfare system free of discrimination, states were confronted with major obstacles in their efforts to eliminate illegitimacy from the welfare rolls. Both laws targeting illegitimacy indirectly—“suitable home” provisions—and policies attacking illegitimacy head on were met with stiff resistance by the federal government in order to keep the integrity of ADC intact. Nonetheless, states remained steadfast in their goal to curb welfare costs by any means. Under the ever-looming threat of the removal of federal aid, states attempted to bypass federal restrictions while simultaneously imposing ADC requirements that would in essence push illegitimate black children well outside the reach of welfare coverage. For example, in 1946 only one state, Louisiana, made employment an official requirement of ADC; by 1956, seventeen states had such requirements.\textsuperscript{188} In the vast majority of cases, single black mothers who gave birth to children out of wedlock were unemployed, thus rendering this category ineligible for ADC payments. Furthermore, in 1946, twenty-two states had no property limits for ADC; by 1953, of these twenty-two states, only Kentucky was without such a requirement.\textsuperscript{189} Once again, the group implicated most explicitly by such a requirement was undoubtedly single mothers of illegitimate children, which for the most part constituted the poorest of the ADC recipients who in turn owned the least property. Both employment and property


\textsuperscript{189} \textit{ibid.}, 174.
requirements could be expected to deny aid to many single mothers and deter those in need from applying.

Yet, even more common among southern states were “man-in-the-house” rules or “substitute parent” policies. These policies simply declared poor mothers ineligible for aid if there was a substitute parent present: a “boyfriend,” or “uncle,” or often any available man. Based on welfare edict, in some states even a casual man in the mother’s life became a “substitute parent” whose presence meant that children were not “deprived of parental support,” irrespective of whether the man had a stable income, spent this income on behalf of the children, or was in any way legally responsible for their support. As an offshoot of these “substitute parents” policies emerged a redefinition of a “needy child” so that regardless of economic circumstances a child was no longer “needy” if he or she had an able-bodied “substitute parent” in addition to the mother. Thus, if such a guardian was believed to exist, the child was automatically ineligible for aid since children with two able-bodied parents were not embraced by the definition of a “needy child” in the Social Security Act. These increasingly ambiguous policies served to limit eligibility tremendously to the point where excluded families extended beyond illegitimate and African American children. By 1962, twenty-four states had “man-in-the-house” rules or “substitute parent” policies. According to Winifred Bell:

The “substitute parent” was a welfare concept that had no standing in the general state statutes. These policies tended to precede and outlive the almost indistinguishable “suitable home” policies. They were not openly discriminatory, but given the higher incidence of poverty among Negroes and the instability of

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190 ibid., 174.
191 Bell, *Aid to Dependent Children*, 76.
192 ibid., 85.
marital patterns among the poor, it was inevitable that they fell most heavily on Negro children.\textsuperscript{194}

So, what effects did the “welfare purges” of the late ‘40s and ‘50s have on ADC administration during this period? On the one hand, the purges had largely insignificant effects in terms of reducing caseloads in the postwar period. As a testament to this claim, states with the strictest eligibility rules (mostly in the South) represented some of the highest caseloads. Yet on the other hand, the proliferation of these revised exclusionary policies limited eligibility in a period of heightened caseloads. Despite the liberalization and growth of ADC in terms of payments and caseloads during the postwar era, public assistance was still vastly insufficient to meet rising eligibility and need across the nation. By 1960, for example, 79 out of every 1,000 of the nation’s children under 18 years of age lived in families with total annual income below $1,500; 55 of these 79 children were in families with three or more children. Yet, in the same year ADC grants were available to only 33 out of every 1,000 children. Furthermore, the take-up rate—an estimate of the proportion of eligible families who actually receive ADC—was a mere 33\% in the early 1960s.\textsuperscript{195} The 67\% of families outside the take-up rate were predominately poor black families because many poor, eligible mothers were discouraged from applying due to the harmful stigma attached to ADC during these years. Overall, punitive welfare policies enacted as part of the “welfare purges” were at least somewhat effective at stemming the tide of a growing national welfare state by limiting the eligibility of ADC recipients.

Yet, it is in states’ persistence to develop policies to exclude African Americans from the welfare rolls after the federal government eliminated “suitable home” provisions

\textsuperscript{194} Bell, \textit{Aid to Dependent Children}, 76. 
\textsuperscript{195} Brown, \textit{Race, Money, and the American Welfare State}, 175.
that a noteworthy development emerges: North Carolina was one of the only states not to establish any punitive legislative policy to restrict black illegitimate families from its ADC rolls. After North Carolina repealed its “suitable home” provisions in the early wake of World War II—similar to fourteen other states—there are no traces of any legislative attempts to counteract federal intervention through illegitimacy laws, property requirements, work requirements, or “substitute parent” policies until early into the 1960s. The lack of any legislative resistance to federal mandates for expanded coverage of public assistance is peculiar on two fronts: North Carolina was the only southern state to not pass any punitive welfare policies during this period and North Carolina had one of the largest postwar ADC caseloads. As one of the poorest states in the country at this time, North Carolina was by no means immune to the hefty fiscal demands of a democratized national welfare state after World War II. Yet, more than anything else the absence of punitive welfare policies during this period reflects that in North Carolina new welfare demands were resisted through mechanisms other than legislative policies. At this point, it is beneficial to explore illegitimacy in North Carolina in particular—its prevalence as well as the perceived costs to society—to provide a contextual framework for future developments.

**The Cost of Illegitimacy in North Carolina**

Perhaps the most intricate primary source from this period dealing entirely with illegitimacy is *The Problem of Births Out of Wedlock* published in 1959. This valuable and exhaustive compendium of facts regarding births out of wedlock in North Carolina was prepared by a subcommittee of the North Carolina Conference for Social Service to
survey the alleged problem of illegitimacy, search for its cause, pose potential solutions, and determine whether or not illegitimacy represented a high financial cost to society.

The overall goal for the conference was to erase widespread misunderstanding of the illegitimacy problem in North Carolina.\(^{196}\)

**Table 4: North Carolina Illegitimate Live Births By Race, 1917-1957**

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Live Births</th>
<th>White</th>
<th>Nonwhite</th>
<th>Illegitimate Live Births</th>
<th>White</th>
<th>Nonwhite</th>
</tr>
</thead>
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<td>1917</td>
<td>75,290</td>
<td>52,143</td>
<td>23,146</td>
<td>3,759</td>
<td>4.9</td>
<td>825</td>
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<td>1918</td>
<td>75,525</td>
<td>52,143</td>
<td>23,382</td>
<td>3,423</td>
<td>4.5</td>
<td>751</td>
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<td>73,854</td>
<td>51,832</td>
<td>22,022</td>
<td>3,307</td>
<td>4.5</td>
<td>766</td>
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<td>1920</td>
<td>81,407</td>
<td>57,054</td>
<td>24,353</td>
<td>4,038</td>
<td>5.0</td>
<td>963</td>
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<tr>
<td>1921</td>
<td>84,366</td>
<td>61,348</td>
<td>23,158</td>
<td>5,580</td>
<td>5.7</td>
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</tr>
<tr>
<td>1922</td>
<td>81,371</td>
<td>65,314</td>
<td>26,157</td>
<td>6,130</td>
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<td>977</td>
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<td>84,158</td>
<td>59,985</td>
<td>24,173</td>
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<td>997</td>
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<td>1924</td>
<td>87,430</td>
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<td>27,260</td>
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<td>83,726</td>
<td>57,681</td>
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<td>867</td>
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<td>25,605</td>
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<td>1928</td>
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<td>25,088</td>
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<td>26,872</td>
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</table>


The table above, extracted from the study, shows illegitimate live births by race from 1917 to 1957. From this table, an identical trend emerges when compared to the trend in North Carolina public assistance. Just as ADC payments and the number of ADC recipients decreased during the war years, so too did the total number of illegitimate live births decrease from 7,158 in 1942 to 7,079 in 1945. Then, after the conclusion of the war in 1945, illegitimate births burgeoned similar to the momentous postwar ADC boom: 7,079 illegitimate live births in 1945 surged to 8,017 by 1947, representing a 13% increase in just two years. This number grew steadily throughout the 1950s, reaching a peak of 10,480 illegitimate births in 1956 before leveling out to 10,298 in 1957.\textsuperscript{197}

This prewar dip and postwar spike in illegitimate births, however, was not accounted for proportionately when broken down by race. White illegitimate births during this critical period had several fluctuations with no significant, predictable trends. For example, during the wartime years of 1942-1945, white illegitimate births increased from 1,517 to 1,642, inconsistent with the total decline in illegitimate births over this period. This increase in illegitimate births from white parents in North Carolina continued until 1947 before trending downward for the next six years in direct contrast to the steady rise in total illegitimate births over this period. But, the trend in nonwhite illegitimate births during this span, however, mirrored the statewide trend in total illegitimate births to a T. The downward slope of nonwhite illegitimate births begins in 1942 at the start of the war with 5,641 births before dropping to a valley of 5,407 births at the end of the war in 1945. At this point, the trend flips to an upward slope and nonwhite

illegitimate births grow annually in this postwar period before reaching a peak of 8,772 births in 1956\(^{198}\) (representing a staggering 62% postwar increase).

The study also displays North Carolina illegitimate births by race with thirty-four other states around the nation in 1956. While North Carolina’s nonwhite illegitimate birth rate of 227.7 illegitimate births per 1,000 total births was very similar to other southern states, this trend was on the high end of the spectrum compared to a national average of 215.1.\(^{199}\) Overall, a marked rise in illegitimate live births radically altered the social landscape of postwar North Carolina, and the driving force behind this social transformation was largely the African American community based on reported statistics. Of the 1,800,000 children under eighteen years of age in North Carolina, 145,000 were born out of wedlock, with white children accounting for approximately 30,000 of these illegitimate births and African American children making up the other 115,000 (80%).\(^{200}\)

Alas, extrapolating out from the statistical evidence, a cohesive narrative appears to emerge. The racial breakdown of illegitimate births in postwar North Carolina reinforces the welfare-eugenics theory. A strong correlation formed between rising ADC caseloads and rising illegitimacy in the postwar period (the bulk of which was the result of black births out of wedlock). These two trends were nearly identical and make conceptual sense when framed within the widespread restructuring, liberalization, and professionalization of the North Carolina welfare department during the same period. Furthermore, at this point a three-way correlation is evident between rising illegitimacy, rising welfare costs, and rising eugenic sterilizations after 1955. This perhaps points to

\(^{198}\) ibid., 2.  
\(^{199}\) ibid., 9.  
\(^{200}\) ibid., 10.
the increased use of sterilization as a tool to curb rising welfare costs associated with rising black illegitimacy at a point when this group accounted for a large portion of welfare rolls nationwide due to federal mandates.

Unfortunately, correlation does not imply causation. The next step is to investigate how officials in charge of forming eugenical policies, officials responsible for administering sterilizations, and the North Carolina public at large perceived the costs of rising black illegitimacy. While this 1959 study did not include any public opinion or commentary on how births out of wedlock were received in the state, the study does analyze the costs associated with illegitimacy from a resource perspective. As a publication from a voluntary state welfare agency, this lens is particularly informative in determining how illegitimacy was perceived by those directly responsible for dealing with the social and economic consequences of births out of wedlock.

According to the study, the proposed costs of illegitimacy on the state were vastly over-exaggerated. The study notes that of the 75,000 children receiving assistance in 1957, 62,000 were born in wedlock and 13,000 were born out of wedlock. In other words, only 9% of all children born out of wedlock were ADC recipients. Broken down further by race, 9.3% of white children born out of wedlock received ADC compared to 2.5% born in wedlock, while 8.8% of nonwhite children born out of wedlock received ADC compared to 6.8% of children born in wedlock. Thus, among the African American community, where 80% of all illegitimate children were found, the recipient rate was nearly as high for children born in wedlock as it was for those born out of wedlock. The study attributes this glaring statistic to “the generally low economic status of the total
group,“201 but regardless it appears as if statewide measures to curb black illegitimacy may have been unwarranted in terms of resource allocation. Families that had already begun receiving financial aid prior to a child born out of wedlock only accounted for 1.7% of all children receiving aid, thus eliminating this possible confounding variable.

Perhaps the most meaningful statistic, however, is not presented in the study but instead something that can be gleaned from the data. With only 9% of the total population of illegitimate children receiving ADC, that means that 91% did not. Thus, according to the study, the vast majority of illegitimate children were cared for by their own families without recourse to public aid.

In terms of the full cost broken down by categorical contributions, the study digs deeper. Specifically in terms of ADC, the annual cost of care for the program was at the rate of $221.40 per child in January 1959. Of this amount, $179.31 were federal appropriations, $23.40 were state appropriations, and $18.69 were county appropriations. The 13,000 illegitimate children in the program were costing $2,878,200 a year of which $2,331,000 was federal, $304,200 was state, and $243,000 was county. On the other hand, the 62,000 “legitimate” children granted aid were receiving $13,726,800 a year, of which $11,117,200 were federal funds, $1,450,800 were state funds, and $1,158,800 were county funds.202 Thus, “legitimate” children receiving ADC benefits cost North Carolina nearly five times as much as “illegitimate” children in 1959 alone.

Furthermore, in terms of future costs of illegitimate children into adulthood, the Committee puts forth the following conclusion: “We have no gross evidence that the vast majority of adults born out of wedlock are anything other than law-abiding citizens. From

201 Ibid., 12.
202 Ibid., 17.
this evidence one has every reason to believe that most of these people have been given a chance to lead relatively normal lives, in spite of unfortunate circumstances of their births.” For this reason, rather than attempting to completely eradicate the problem, the Committee advocates a holistic approach to curb illegitimacy through heightened education, social support, and improved social work. Firmly speaking out against other more extreme measures to curb illegitimacy, such as compulsory sterilization, the Committee declares, “There is no reason to believe that punitive measures will serve to reduce this problem.”

Overall, this fact-driven analysis of North Carolina illegitimacy builds on the welfare-eugenics explanation for the 1955 discriminatory shift in sterilization operations in two crucial ways. On the one hand, the study reveals that the rate of illegitimate live births was steadily rising, and further that these illegitimate births were disproportionately concentrated among the black community during the time when the transformation of North Carolina eugenics to predominately target black single mothers was unfolding. At the same time that this study reinforces the potentially causal relationship between the 1955 merging of eugenics and welfare, it eliminates the likelihood that this reshaping of eugenics was initiated by the centralized state public welfare agency. This study was carried out by a subcommittee of the North Carolina Conference for Social Services, which was a voluntary agency of the North Carolina State Board of Public Welfare. With the study’s overarching conclusion that births out of wedlock did not result in significant financial costs to society and that punitive policies to curb illegitimacy were ill advised, the state public welfare agency essentially decried

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203 ibid., 15.
204 ibid., 24.
compulsory sterilization as a tool to reduce births out of wedlock at the same time that the practice was proliferating throughout the state. If not the work of the agency responsible for establishing statewide welfare policies, then at what level did this policy originate? In order to gain a more nuanced understanding of the complex, multi-layered eugenics phenomenon post-1955, this narrative now shifts its focus to explore potential sources. Such an exploration will not only help to uncover motives behind the merging of welfare and eugenics, but will also shed light on how the heightened sterilization of black unwed mothers on ADC was implemented throughout the state with essentially no resistance.

**Who Benefits from Sterilization?**

An underlying question that has still not been addressed up to this point is what accounted for the ten-year delay between when welfare caseloads first began to proliferate in 1945 and the 1955 merging of welfare and eugenics in response? With no other factors in play other than rising welfare costs associated with illegitimacy, one would expect the discriminatory sterilization policy to emerge at the same time as the rise of the national welfare state in the immediate wake of World War II. Thus, a closer examination into exactly how the radical post-1955 eugenical policy was carried out within the institutional confinements of the public welfare bureaucracy will bring to light new catalysts for the transformation that basic sterilization statistics or research of the growing welfare state could never reveal.

Based on the structure of North Carolina eugenics, the county welfare departments were responsible for administering extramural sterilization proceedings like
all other social services. Even though local welfare officials headed extramural sterilization administration, however, the source of this policy is not yet clear.

Below is a chart extracted from the biennial report of the North Carolina State Board of Public Welfare displaying the institutional hierarchy of public welfare in North Carolina:

**Table 5: “Organization Chart: North Carolina State Board of Public Welfare”**

The state public welfare bureaucratic hierarchy can be divided into three distinct tiers with the Governor at top, followed by the centralized state agencies, and the local county departments of welfare responsible for the administration of policies formed at the higher levels. While the state agencies—the North Carolina State Board of Public Welfare and the Eugenics Board of North Carolina—were directly responsible for establishing the state welfare policies and therefore seem like a prime potential source for the 1955 transformation in eugenics, state officials published a wide range of rhetoric either downplaying the costs of illegitimacy or speaking out against punitive policies to curb it. Thus, with mid-level state welfare agencies not representing the source of this post-1955 eugenical policy, the two potential institutional models for how the 1955 shift unfolded include: a top-down mechanism with a discriminatory sterilization policy established by the state legislature and implemented by the county welfare departments, or a bottom-up institutional phenomenon where local welfare officials directly shaped the public welfare policies that they were required to administer. Both models must be explored in terms of bureaucratic incentives for a merging of welfare and eugenics starting in 1955. Not only will this exploration demonstrate how such a radical eugenics program was applied, but it will also uncover underlying motives as well as explain the significance of the year 1955.

**Discriminatory Eugenics As A Top-Down Legislative Policy**

At the highest level of state government, an official eugenics policy would take the form of a law passed in the state legislature. After 1955, two compulsory sterilization bills for unwed mothers were proposed in two successive North Carolina General
Assembly sessions. An examination of these bills as potential sources of a state-administered eugenics policy is warranted.

Joseph L. Morrison presented a constructive framing of these bills and the legislative battles that ensued in his 1965 article, “Illegitimacy, Sterilization, and Racism: A North Carolina Case History.” Although proposed roughly thirty years earlier, Morrison’s theory has the same foundational roots as Michael J. Klarman’s “backlash thesis,” as both are centered around southern response to the landmark 1954 Supreme Court case *Brown v. Board of Education* (U.S., 1954). In *Brown*, the Supreme Court reached a unanimous decision that separate public schools for white and black children in Topeka, Kansas was an unconstitutional violation of the Equal Protection Clause of the Fourteenth Amendment,\(^{205}\) which overturned the *Plessy v. Ferguson* (U.S., 1896) “separate but equal” decision of 1896.\(^{206}\) While many historians contend that *Brown* was monumental in that this legislative victory for black civil rights served as the first piece in motion in the chain of causation—ultimately culminating with the passage of the Civil Rights Act of 1964—Klarman instead posits that *Brown’s* ultimate influence on advancing civil rights was more indirect than direct.\(^{207}\) According to Klarman, the ruling in *Brown* had minimal direct consequences in terms of integrating schools or rallying northern public support behind the fight for black civil rights in the immediate aftermath. Rather, the far-reaching, lasting impact of the 1954 Supreme Court ruling was apparent in its indirect effect; the ruling ending school segregation had a profound “backlash” effect in the South, thus serving to “crystallize southern resistance to racial change, which had

\(^{206}\) *Plessy v. Ferguson*, 163 U.S. 537 (1896).
been scattered and episodic.”\textsuperscript{208} Amongst this “tidal wave of racial hysteria that swept the South after the Brown decision,”\textsuperscript{209} southern politicians and the public at large were polarized to the extreme right on issues of race, eliminating any traces of racial moderation in the South. Amidst this heated atmosphere of heightened racial tension, later civil rights demonstrations in the South exploded into violence, which in turn rallied northern support against oppressed African American protesters and propelled black civil rights to the forefront of American politics and national concern. Therefore, Klarman’s theory points to the enduring legacy of the Brown decision in relation to the Civil Rights Movement in terms of how it caused a southern “backlash,” or extreme reactionary measures, as southern officials viewed the anti-segregationist ruling in Brown as posing a fundamental threat to white supremacy more so than any direct effects stemming from the case.

Along this line of thought, Morrison asserts that in North Carolina in particular, the “backlash” (albeit in different terms) in the wake of Brown manifested itself out by officials targeting the most pervasive and easily accessible symbol of black inferiority at the time: the “chief evil”\textsuperscript{210} of growing illegitimacy. Mounting resentment to increased welfare costs—from policies that appeared to be subsidizing births out of wedlock—merged with growing concern over the black civil right victory in the Brown case to precipitate extreme, radical responses in the form of proposals for the compulsory sterilization of unwed mothers. According to Morrison, “As soon as the 1954 desegregation decision was made known, it was clear that segregationist resentment was

\textsuperscript{209} ibid., 92.
\textsuperscript{210} Brown, Race, Money, and the American Welfare State, 175.
bound to be directed against southern welfare department and their disproportionate payments to Negroes.” Furthermore, “Resistance to school desegregation led the resisters to seize upon Negro illegitimacy as a shibboleth.” Morrison’s study centers around two compulsory eugenic sterilization for unwed mothers bills presented in two successive General Assemblies of North Carolina in the wake of Brown: SB 321—presented to the North Carolina Senate in 1957—and SB 113—presented to the North Carolina Senate in 1959.

If the watershed Supreme Court case was the impetus for a backlash response in the especially volatile South then the abrupt racial shift in North Carolina eugenics one year after Brown is couched fittingly under this model. Morrison’s theory is appealing in that it touches on all the forces in play at this time: economically—rising ADC costs alongside rising illegitimacy rates; socially—widespread public outcry against the insurgence of black births out of wedlock; and politically—calculated, reactionary measures to curtail the rising momentum of the Civil Rights Movement through Jim Crow-like legislative attempts to limit black rights and maintain white supremacy. With blacks gaining ground in the legislative realm after Brown, a policy of compulsory sterilization to curb illegitimacy would allow southern officials to perpetuate the racial status quo of white supremacy from both a social perspective—less black illegitimate children would be born—and from an economic perspective—less illegitimate children would lead to less welfare payments for black single mothers, thus maintaining a wide racial economic gap. Overall, a leap from moderate measures to restrict ADC subsidies for illegitimacy before the Brown case, such as “suitable home” policies, to an extreme

212 Ibid., 6.
backlash response after the case—in the form of a punitive eugenics program to sterilize mothers of children born out of wedlock—does not seem out of line in its explanatory power.

The “backlash” theory is most useful to this examination of North Carolina eugenics as a top-down approach to uncover the underlying motives for the discriminatory transformation in eugenic sterilizations. According to Klarman, the southern backlash was in essence a politically motivated reaction as “Brown produced a southern political climate in which racial extremism flourished.” With southern politicians polarized into segregationists versus integrationists, those predominantly elected into office in the immediate wake of Brown propagated platforms of staunch white supremacy and in the process fostered climates of violent clashes with federal authorities and the radical and brutal suppression of civil rights demonstrations. Therefore, the southern backlash was harnessed and directed at the highest state level by southern politicians in state legislatures who put forth these racially charged policies which then trickled down to local implementation through violent reactions to civil right demonstrations, thus representing a top-down phenomenon. In this light, for Morrison’s proposal of North Carolina racial eugenics as an extreme response to the Brown ruling to be substantiated, the 1955 sterilization transformation must have been spearheaded at the highest state level—by politicians in the North Carolina General Assembly. These eugenic policies would have then trickled down to the state Eugenics Board of North Carolina and local county welfare departments, who would have implemented them by targeting extramural, black single mothers at a growing rate. If this top-down mechanism was in play following the Brown case in North Carolina in 1955, then that would lend

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itself to the proposal that the southern backlash manifested itself out in North Carolina through a transformed eugenics policy targeting illegitimacy and rising ADC costs through racially-oriented compulsory sterilization in addition to other extreme measures of massive resistance.

While not as severe and extreme as other southern states, a “backlash” response in North Carolina in the wake of Brown was perceptible nonetheless. The North Carolina backlash response emerged from a political shift to the right on race relations. For example, in 1956 two North Carolina congressman who had refused to sign the Southern Manifesto—a congressional document drafted in 1956 and signed by the vast majority of southern representatives and senators to counter the Brown ruling and oppose the racial integration of public places “by any lawful means”\(^\text{214}\)—were defeated for reelection in the Democratic primaries.\(^\text{215}\)

While some North Carolina politicians were pushed out of office for stances that were deemed to be too moderate on race relations, other politicians in this climate of racial hysteria acknowledged the vast benefits of promoting a platform centered around stark anti-integration and stiff resistance to black civil rights. Governor Luther Hodges, seeking to counter segregationist opposition in his 1956 reelection bid, shrewdly abandoned his earlier moderation and began attacking the NAACP, broaching the possibility of school closures if forced to segregate (a stance which he earlier condemned), and endorsing a legislative denunciation of the Brown decision.\(^\text{216}\) As a result of these politically calculated moves to drastically harden his stance on the race card, Hodges was reelected as governor in 1956. Overall, on the strength of this post-

\(^{214}\) 84\(^{\text{th}}\) Cong., 2nd sess., Congressional Record 102 (March 12, 1956): 4515.
\(^{216}\) ibid., 98.
Brown backlash, many North Carolina politicians with radical, conservative agendas centered around maintaining Jim Crow white supremacy and aggressively counter-attacking black civil rights initiatives rose to office after 1954. Two of these politicians in particular, Wilbur M. Jolly—elected as State Senator in 1957—and Luther Hamilton—also elected to the North Carolina Senate in 1957—led the political push for compulsory sterilization of unwed mothers legislation during this post-Brown backlash period.

North Carolina’s backlash also manifested itself out in terms of direct resistance to federal mandates calling for the desegregation of public schools after the Brown verdict. “The Pearsall Plan to Save our Schools” was a bill created by the North Carolina Advisory Committee on Education and adopted by the state legislature in 1956 in an attempt to circumvent what the committee deemed “an unprecedented and illegal power” when the Supreme Court declared segregation in public schools based on race to be unconstitutional in Brown v. Board of Education. The Pearsall Plan was a prime example of the top-down mechanism by which the southern “backlash” measures were put in play, ultimately leading to hyper-tense environments brewing with racial conflicts. The policy was enacted at the highest state level yet implemented locally as individual school boards determined the placement of students and registered voters in local communities were able to suspend the operation of a school in that community if deemed

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217 North Carolina Advisory Committee on Education, The Pearsall Plan to Save our Schools (North Carolina, 1956), 3. The Pearsall Plan passed in North Carolina managed to bypass the “unacceptable mixing of the races” in public schools through four main provisions: 1) Deflecting the power to integrate schools from the North Carolina State Board of Education to individual local school boards; 2) establishing “local option units”- local areas created by the board of education in a particular school community subdividing the school administrative unit- whereby registered voters in that local area could vote to suspend the operation of a school where conditions become “intolerable;” 3) providing a grant comprised of state and local funds for any child for whom no public school was available, or who was assigned against his parent’s wishes to a public school attended by a child of another race, and therefore could not reasonably be assigned to a public school not attended by a child of another race, to be used in obtaining a private school education; and 4) a child was not forced to attend school if the stipulations in provision #3 could not reasonably be met.
“intolerable.” While significantly more moderate of an approach than more extreme measures taken in other southern states, such as Alabama, the Pearsall Plan was ultimately effective in directly resisting federal pressure to integrate public schools: The percentage of blacks attending desegregated schools in North Carolina was 0.01% in 1959-1960, and a mere 0.54% in 1963-1964.²¹⁸ The Pearsall Plan serves as yet another example of a crystallized backlash response in North Carolina in the wake of Brown.

Yet, it still remains to be seen whether the 1955 discriminatory shift in eugenic sterilizations to target black unwed mothers was a component of North Carolina’s post-Brown backlash or not. In Morrison’s study, he is very careful to note that he does not contend that the welfare debate, the civil rights struggle, and North Carolina’s flirting with compulsory sterilization for illegitimacy were causally related. Rather, he still maintains “those sincerely concerned persons who sought to enact such a law operated not in a vacuum but in a climate of opinion favorable to certain punitive action.”²¹⁹ This view—considering the interplay between economic, social, and political forces—is not only plausible but highly likely. In the wake of the Brown case, two compulsory sterilization bills of unwed mothers were debated in two successive General Assemblies of North Carolina. It is not a coincidence that after over ten years of public protest against rising black illegitimacy and welfare costs with minimal reactionary measures (other than very moderate “suitable home” provisions), all of the sudden after the watershed verdict in Brown radical proposals advocating compulsory sterilization began to surface. At first glance, the cross-section between a pervasive backlash response in North Carolina in the post-Brown era, the first legislative proposals for compulsory sterilization of illegitimate

mothers, and sterilization statistics indicating a discriminatory trend towards African American mothers with illegitimate children starting in 1955 seems to support a top-down backlash response as a sufficient explanation for the shifting scope in eugenics. However, simply because a backlash to the *Brown* decision elicited radical political responses in the North Carolina Senate in the form of compulsory sterilization proposals does not necessarily imply that the surge of black sterilizations after 1955 can be attributed to the work of politicians at the highest state level. This backlash model warrants a closer examination.

In 1957, Wilbur M. Jolly and Luther Hamilton were two of many openly fire-breathing white supremacists elected to the North Carolina Senate in this period of southern hostility to racial change in the wake of *Brown*. After fueling their staunch antisegregationist campaigns on momentum from the wave of southern racial hysteria, Jolly and Hamilton’s first order of business was the proposal of bill SB 321. This bill was presented to the North Carolina General Assembly only months after both politicians gained office in 1957. SB 321 was a proposed amendment to the 1933 Eugenic Sterilization Law that made sterilization of sexually delinquent individuals permissible at the state’s expense. As outlined in SB 321, proof of giving birth out of wedlock to two children (not twins) was to be prima facie evidence of a woman’s feeblemindedness.\textsuperscript{220} Referring back to the 1933 eugenics statute, the Eugenics Board of North Carolina was granted jurisdiction in cases of “feeblemindedness, epilepsy, and mental disease.”\textsuperscript{221} Therefore, according to this 1957 proposed amendment, giving birth to two or more children out of wedlock would legally constitute “feeblemindedness,” thus placing

\begin{footnotes}
\item[220] ibid., 1.
\item[221] North Carolina Public Laws, 1933, c. 224.
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illegitimate mothers under the direct jurisdiction of the Eugenics Board in regards to state-sponsored sterilizations.

In hindsight, the proposal of SB 321 in the 1957 session of the General Assembly of North Carolina, and the serious debate that ensued, was remarkably radical. On the one hand, the extreme racial implications of the bill were explicit. As previously alluded to, the link between African Americans, illegitimacy, and rising ADC costs was firmly cemented in public discourse at this time. If not astonishingly clear to his fellow North Carolina legislatures who this compulsory sterilization was primarily aimed to target, Senator Jolly addressed the social ills of black illegitimacy during the debate, exclaiming before the General Assembly: “We sit by and see almost 20% of the state’s Negro children born out of wedlock,” before driving home the economic ramifications with: “We say to every unwed mother that we will increase her welfare check by $21 a month for every child she has.”\textsuperscript{222} Senator Hamilton, co-sponsor of the bill, added a moral concern to the debate, as he claimed to be less concerned with rising welfare costs as he was with the rise of illegitimacy and “breeding a race of bastards.”\textsuperscript{223} On the other hand, besides the conspicuously racist attempt to target blacks through compulsory sterilization, this bill was extreme in its attempt to establish a legal precedent directly linking mental deficiency and sexual promiscuity. Whether this proffered association was an ideological belief harbored by the sponsors or a political mechanism to position illegitimacy under the jurisdiction of the Eugenics Board, SB 321 represented a radical departure from contemporary laws of the time directed towards mothers of illegitimate children. Overall, this proposed bill attempted to expand the scope of eugenics by establishing a legal

\textsuperscript{222} News and Observer (Raleigh), May 15, 1957.
\textsuperscript{223} ibid.
precedent that authorized a state to violate a women’s right to reproductive autonomy through compulsory sterilization for reasons outside the realm of mental deficiency: to lessen the purportedly prevalent social ills of illegitimacy and sexual promiscuity.

If SB 321 is to be deemed radical and extreme from a modern perspective, this by no means implies that public and political sentiment did not air the same way at the time the bill was proposed. After the bill was referred for the North Carolina Senate Judiciary Committee, the committee substitute deemed the provision that called for proof of giving birth out of wedlock to two children to be undisputed evidence of a woman’s feeblemindedness too harsh and instead amended the bill to add “sexually delinquent individual” to the list for whom sterilization at state expense was permissable (in addition to the feebleminded, mentally ill, and epileptics).\textsuperscript{224} Ironically, in an attempt to amend the bill to render it less radical, the committee substitute arguably did the opposite in effect by introducing a vague category of individuals who could be forced to undergo sterilization. Nonetheless, despite this amendment the bill was still met with stiff resistance. As described by Morrison, “the North Carolina Senate eventually laughed the 1957 sterilization bill to death… Thereupon, the bill’s sponsor, Senator Jolly, surrendered and personally moved that the bill and its amendment be tabled.”\textsuperscript{225}

Resistance to legislative proposals for the compulsory eugenic sterilization of illegitimate mothers adds a new wrinkle to the narrative that provides a more nuanced, yet more complex, understanding of North Carolina eugenics. Rather than the 1955 discriminatory transformation in North Carolina eugenic sterilizations representing the unanimous support of public and political circles statewide, compulsory sterilization as a


\textsuperscript{225} Morrison, “Illegitimacy, Sterilization, and Racism,” 5.
means to curb rising illegitimacy was a highly divisive issue: one that cut across social, moral, and religious lines. This also serves to muddle the assumption that the “backlash” environment in North Carolina was fully polarized into a racially-fueled frenzy of white supremacy where radical political measures taken to hinder black civil rights progress were blindly adopted and implemented. Instead, there remained camps comprised of both blacks and whites situated along the entire spectrum in regards to race relations. As a testament to the moderation of North Carolina during this tense period, some groups were quick to adopt segregationist policies—such as the Pearsall Plan—and elect radical right-wing officials to office, yet others were quick to intervene and stage resistance when the scale tipped towards racial extremism. Overall, strong resistance to an official compulsory sterilization program was apparent at all levels and not only resulted in roadblocks for legislators seeking to pass these bills, but at the same time severely undermines a top-down backlash model of post-1955 North Carolina eugenic sterilizations as a causal explanation.

If the striking 1955 North Carolina eugenic phenomenon acted in accordance with the first stage of a top-down mechanism—with compulsory sterilization proposals initiated at the highest level in the North Carolina General Assembly—then this chain was interrupted by resistance at lower levels. In between the North Carolina General Assembly and the local county welfare departments were state agencies on the next rung of this institutional ladder of the mid-twentieth century North Carolina bureaucracy. Perhaps some of the greatest immediate resistance to the legislative proposal of Bill 321 emerged from Dr. Ellen Winston and the North Carolina State Board of Public Welfare. This resistance was mostly in the form of campaigns to reduce black illegitimacy without
radical legislative proposals as well as various studies published either advocating for a steadily improving black condition or rejecting the claim that black illegitimacy resulted in a large financial burden on the state and taxpayers. For example, five months after the Supreme Court desegregation decision was made known, Winston—anticipating this backlash line of attack directed against black illegitimacy and welfare—called on John R. Larkins, the Consultant on Work among Negroes in the North Carolina State Board of Public Welfare, to “step up his campaign against Negro illegitimacy.”226 This he did by establishing a program in Northampton County, representing a coordinated attack on the problem of illegitimacy, which included a working committee, an educational program aimed at teenagers, support for unwed mothers during pregnancy, and attempts to change attitudes in official circles such as police and courts.227 A few years later, immediately following the demise of the 1957 eugenics bill, the State Board of Public Welfare released two powerful publications: John R. Larkins’ *The Negro Population of North Carolina, 1945-1955* and *The Problem of Births out of Wedlock* compiled by the North Carolina Conference for Social Service. The former contended that despite the South’s industrial postwar boom not materially altering the black’s status as a worker, considerable progress had been made in practically every area of living for African Americans during the postwar period. The latter argued that while the number of illegitimate births among blacks was disproportionate compared to whites, black illegitimacy was not an exorbitant cost for the state and the threat of punishment was not an adequate means of addressing this social concern. Overall, centralized state agencies—namely the North Carolina State Board of Public Welfare—acted as strong

226 ibid., 4.
227 ibid., 4.
forces of resistance by running campaigns and publishing rhetoric to combat legislative proposals advocating that compulsory sterilization was the most practical method for reducing the prevalence of black illegitimacy in North Carolina.

Yet, in the back and forth of a highly divisive southern “backlash” climate, this mid-level resistance was met with even more racial fanaticism. North Carolina politicians situated on the extreme right on matters of race relations—remaining steadfast in their agenda to combat rising black illegitimacy in the name of white supremacy—once again wielded considerable influence in the North Carolina General Assembly and introduced a second controversial compulsory eugenics bill in the successive 1959 session. The persistence of this North Carolina political push for an official eugenics policy as a solution to reduce births out of wedlock despite considerable resistance from all levels speaks first and foremost to how central the issues of black illegitimacy, welfare, and the curtailment of black civil rights were on the social and political platforms. Yet, at the same time, this continued, forceful legislative attempt to expand the scope of the eugenics system marks a fundamental ideological shift in eugenics away from its scientific roots towards its political potential to control aspects of the population that laws could not: in this case, illegitimacy. If either of these compulsory sterilization bills were to pass, a legal precedent would be established enabling legislators to add virtually any group they deemed fit for sterilization to the end of the list in the 1933 statute without any scientific justification.

The second compulsory sterilization bill was presented in the 1959 North Carolina General Assembly. Once again, Senator Wilbur M. Jolly initiated the proceedings, but this time he was joined by a freshman member of the House, Dr. Rachel
D. Davis. Dr. Davis, an obstetrician, is a noteworthy cosponsor for the second compulsory eugenics bill mainly because just one year before Davis was named to the advisory subcommittee of the North Carolina Conference for Social Service. As part of this committee, Davis was responsible for preparation of *The Problem of Births Out of Wedlock*. Given that the main purpose of this study was to downplay the costs of illegitimate births as well as assert that punitive proposals as solutions to illegitimacy were profoundly ill advised, Davis’s aggressive shift to the opposite end of the spectrum just one year later is striking. Either Dr. Davis, like many obstetricians, had become disillusioned over repeatedly delivering African American illegitimate babies, or Davis, like many politicians in this period, was elected into the House on a wave of racial extremism and therefore stayed true to this platform during her first General Assembly session. Nonetheless, SB 113—the Jolly-Davis Sterilization Bill as it came to be known—was duly introduced before a divided legislature and an equally divided public. This bill was more stringent than SB 321 proposed in the preceding General Assembly session as it provided for compulsory sterilization of “grossly sexually delinquent persons” as follows: “On the birth of a third illegitimate child the Eugenics Board [administering the Eugenic Sterilization Law] shall order the mother to show cause why sterilization should not be ordered.”

To address possible concerns with the constitutionality of the proposed bill, Senator Jolly and Representative Davis included a provision allowing for appeal through the Courts.

Unlike the 1957 proposal, the Jolly-Davis Sterilization Bill was accompanied by an impassioned public hearing before the measure was voted on in the legislature. This

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hearing is particularly revealing because it provides a rare lens into public sentiment surrounding the critical issue of black illegitimacy and reactions towards proposed punitive solutions in the form of compulsory eugenic sterilization. Statistics have their limitations, and publications are often riddled with biases and ulterior motives. But, an open forum of debate allows for the assessment of unofficial sources of support for compulsory sterilization as well as sources of opposition in their naturalistic form. Given the explosive combination of a highly volatile southern atmosphere polarized along racial lines, widespread national protest over rising ADC costs, and statewide protest against black illegitimacy, it appears as though a punitive policy aimed primarily at black single mothers through compulsory sterilization would be met with unbridled public support in North Carolina. However, the 1955 shift in North Carolina eugenics was a complex and multi-layered phenomenon.

On Wednesday, April 1, 1959, more than 100 North Carolinians made their way to the Highway Building auditorium for a legislative hearing of Health Committees of House and Senate. With over ten years of failed attempts to limit rising welfare costs and rising rates of illegitimacy, these issues had reached their boiling points. A public debate over the second successive compulsory sterilization bill targeting unwed mothers had been highly anticipated. Acknowledging the importance of a strong showing by the black community as forceful opponents to the bill, black leaders rallied for support in advance as evidenced in the March 28, 1959 edition of a prominent black newspaper The Carolinian with a full-page advertisement titled “AGAINST GOD AND NATURE: PROTEST ILLEGAL BILL.”

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As the crowd ushered in, legislators and everyone in attendance were all well aware that this would be no ordinary legislative hearing. With such a divisive issue at stake, and such a radical proposal to combat it, the debate was expected to elicit extreme responses from incensed individuals on both sides. An article published the morning of the debate in a different newspaper, *The Charlotte Observer*, titled “Big Furor is Anticipated Today at Hearing on Sterilization Bill” cleverly noted the social and political whiplash that this hearing would inevitably produce: “But the collision of a truckload of ducks with a milk train wouldn’t make as much racket as that anticipated at today’s hearing of a bill to sterilize prolific unwed mothers.” To further intensify what was at stake, North Carolina was the only state at the time whose governor had no veto power. Desperate opponents knew that the sterilization bill could become law if the legislators were thrust into hasty action.

If this noteworthy 1959 North Carolina legislative hearing is rich in historical value as a first-hand report of public sentiment surrounding a compulsory sterilization of unwed mothers policy, it is equally rich due to the wide breadth of perspectives that were offered. Various political, scientific, professional, religious, and lay circles from all across the spectrum voiced their opinions on this controversial issue with far-reaching implications. As noted in the article “Racial Flareup Winds Up Hearing On Sterilization,” written a day after the debate in the North Carolina newspaper *The News and Observer*, “Before the final minute explosion, the public hearing had heard the measure discussed

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230 Kays Gary, “Big Furor is Anticipated Today at Hearing on Sterilization Bill,” *The Charlotte Observer*, April 1, 1959, Section B.

from every point of view—theological, medical, constitutional, psychological.” On hand were prominent members from a wide range of professional sectors: physicians, social workers, obstetricians, health directors, doctors, lawyers, professors, psychiatrists, clergymen, even entomologists. Amongst all these professionals were ordinary, concerned citizens of both races, some actively voicing their opposition or support of the bill while others merely listening to the heated debate. All in all, the debate lasted roughly two hours.

Senator Jolly and Representative Davis rose before the anxious crowd and opened up the hearing with statements, both asserting the necessity of the legislation on different grounds. This was Senator Jolly’s second go-around with compulsory sterilization proposals, and he fully acknowledged the importance of winning the legislative battle this time. Teaming up with a so-called expert in illegitimacy in freshman House member Dr. Rachel D. Davis as co-sponsors of the bill, Senator Jolly was in a much better position to gain legislative approval for his 1959 compulsory sterilization bill than he was in 1957. Furthermore, Senator Jolly and Representative Davis rounded up a very strong force of support for the bill at the public hearing. If Jolly could influence his fellow legislators to enact SB 113 into law following a very persuasive showing at the debate, then he would have landed a crucial victory for his platform of white supremacy.

Dr. Davis—citing statistics she most likely extracted from her work a year earlier on the subcommittee of the North Carolina Conference for Social Service—opened up the hearing by bringing attention to the “alarming increase in illegitimate births,” noting

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that “10,100 children were born out of wedlock in North Carolina in 1958.” According to Davis, the more objective and levelheaded of the two co-sponsors, the Jolly-Davis Bill was “realistic” in that it represented a practical and feasible method to directly reduce births out of wedlock. Sterilization of unwed mothers, stressed Davis, would benefit society at large as a functional solution to a pressing social problem. Echoing how easily and efficiently the policy of compulsory sterilization could be implemented if the bill was passed, Davis wrapped up her statement with the claim that her canvass of the 100 boards of county commissioners resulted in seventy-seven replies, sixty-five of which were favorable to the bill. Since county commissioners would be the one’s responsible for local administration of a compulsory eugenic sterilization policy, Dr. Davis was able to demonstrate that the bill was more than just a radical attempt to wipe out illegitimate births. Rather, with local welfare officials on board, Davis outlined a very clear-cut and practical procedure to ensure efficient implementation. Overall, in her opening statement, Davis explicitly and effectively outlined the framework for a top-down approach to solve illegitimacy through compulsory sterilization in North Carolina. She paved the road from an official policy established at the top to its functional administration at the local level. For anyone in the crowd more concerned with the practicality of the bill rather than its conspicuous racial and social implications, Davis’s testimony would have most certainly been persuasive.

After Davis, Senator Jolly dove right in by appealing to the social benefits of the bill. Very few in attendance could have forgotten Jolly’s impassioned, racist remarks during the 1957 session despite his clear attempts to restrain himself this time around in

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233 ibid., 1.
234 ibid., 1.
235 ibid., 10.
hopes of gaining enough support for his proposal to become a legal reality. Jolly clearly
had a racist undertone in his opening remarks, but his approach was much more reserved.
He attempted to downplay the radical nature of the policy in question, claiming it to be
“just another measure to protect society.” Jolly, at least for the time being, managed to
repress his natural fire-breathing tendencies and let the debate unfold in as civil a manner
as possible.

Riding early momentum, Davis and Jolly’s opening remarks were followed by
speeches from doctors and heads of state agencies in favor of the bill. Dr. A. J. Holden, a
Franklin County Health director, favored the bill on social and legal grounds, referring to
it as a “stopgap… a court of final appeal.” Lon Edwards, executive head of the State
Farm Bureau, representing the rural interests of the state, claimed that his organization
endorsed the “principals of the bill.” Given the excessive nature of black poverty on
farms and a tradition of illegitimate births, Edwards’ speech came as no surprise to many.
With that said, Edwards was a very powerful force to have for the pro-sterilization side in
a state disproportionately populated in rural areas (even with the recent migration into
urban centers in the postwar period). Following Edward’s speech, Mrs. J. W. Bunn of
Raleigh, speaking on behalf of the State Federation of Women’s Clubs, claimed to be
“heartily in favor,” as the policy represented “a step forward.” While we can never
know the behind-the-scene motives in terms of why some supported the bill and why
others opposed it, from the surface it seems counter-intuitive that any organization of
women would be in favor of a policy that gave state officials a right to forcefully tie a

236 ibid., 1.
237 ibid., 1.
238 ibid., 10.
239 ibid., 10.
woman’s fallopian tubes against her will. From the other perspective, however, for an organization dedicated to community improvement, it is clear how rising illegitimacy rates negatively reflected on women as a whole. Nonetheless, having these forces on board aided Davis and Jolly’s cause immensely.

Soon, however, a forceful wave of opposition turned the tide of the debate. The sources of this opposition varied widely, ranging from ordinary mothers, to psychiatrists, all the way to clergymen. Religious disapproval against the bill in the form of sterilization as an “unnatural act” was a focal point of the oppositional force. Ironically, strong doctrinal opposition to eugenics on a national scale was generally associated with Catholics, who wielded little influence in the predominantly Protestant state of North Carolina. Nonetheless, prominent and influential Protestant clergymen rallied around opposition to the bill as a clear violation of natural rights ordained from God. Overall, if the creators and proponents of the compulsory sterilization bill waged a much stronger war against illegitimacy and the dire necessity for punitive policies to curb it in the 1959 General Assembly public hearing, they did little to abate forceful opposition. This forceful opposition had seemingly grown since the first compulsory sterilization proposal in 1957.

Of the twenty-three total speeches over the course of the two-hour legislative hearing on the Jolly-Davis Sterilization Bill, nine had been made for the bill and fourteen against.240 Intense opposition began following the presentation of Dr. B. B. Blackmon, a Buie’s Creek physician who spoke in favor of the compulsory sterilization bill from a purely medical perspective. Dr. Blackmon gave the gathering a detailed explanation of

the procreative process and the sterilization operation that renders women incapable of producing children, complete with charts of female reproductive organs. Downplaying the severity of the surgical operation, Dr. Blackmon concluded his presentation by explaining that a sterilization operation consisted only of “tying off” fallopian tubes where sperm and egg unite—a relatively minor operation that, according to Dr. Blackmon, could be reversed 80% of the time by surgery. Senator David Rose, a legislative physician, then immediately stormed up to contest the validity of Dr. Blackmon’s last statement. In direct contrast to Dr. Blackmon’s minimization of the sterilization procedure, Senator Rose instead emphasized the truly “radical” nature of the surgery. After a heated back-and-forth, Senator Rose eventually forced Dr. Blackmon to recant his statement, admitting that the surgery consisted of “inverting the cut tube” in addition to merely “tying off” the fallopian tubes, and moreover that this procedure was only actually reversible in a mere 4% of cases. According to Rose, this “radical” surgery was the only guaranteed sterilization measure.

Senator Rose’s successful rebuttal and emphasis on the severity as well as irreversibility of the sterilization procedure opened a floodgate of opposition. Leading this wave of opposition were prominent religious leaders of North Carolina who formulated their theological refutations around the finality of the act. None of these religious figures for the opposition, however, were more influential and moving than a Catholic layman, Professor Walter Kulash of North Carolina State College. After deeming sterilization to be “an unnatural act… strictly a punitive measure,” Kulash turned to the legislators in a stern tone, evoking his deeply pious view: “Sterilization is

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242 ibid., 10.
final. It vetoes the right of repentance, which is the heart of the Christian ethic.”

Further echoing this belief that sterilization was fundamentally at odds with the moral underpinnings of Christianity, the Reverend Andrew Wermann of Our Savior Lutheran Church in Raleigh stated that the bill “does not take seriously the spiritual nature of man… it views man as one would a herd of cattle… it is punitive, not practical.” If nothing else, a religious appeal to the disconnect between compulsory eugenics and the natural, divine duty of reproduction served as a forceful node of opposition that hindered any attempts to elicit widespread support for this punitive policy. North Carolina was firmly divided on the issue of compulsory sterilization.

With such a controversial, divisive proposal at hand, however, opposition manifested itself out from various avenues outside of the Church. Dr. Blackmon, in response to the whirlwind of opposition he faced from clergymen, retorted in a cunning manner, boldly stating, “The Lord provides for sterilization… by syphilis and gonorrhea.” With this statement, Dr. Blackmon altered the entire course of the debate by introducing the theme of sexual promiscuity to the stage. While Dr. Blackmon was attempting to highlight the immorality associated with illegitimacy, he unintentionally provided a leg for the opposition to stand on. Opponents of the bill then harnessed this theme of sexual promiscuity and immorality and redirected it to illustrate the potential harmful effects of compulsory sterilization. For example, Robert Bloomfield, representing the National Association of Social Workers, rose in front of the crowd and declared that the bill would not meet the chief problem that it was intended to combat. Rather than curbing illegitimacy and sexual promiscuity, as put forth by Bloomfield, “it

244 Roy Parker, Jr., “Racial Flareup,” 10.
245 ibid., 10.
will promote abortion, promiscuity, hidden births." As a side note, it should come as no surprise that a representative from the National Association of Social Workers—a professional association created under Dr. Ellen Winston’s tenure on the North Carolina State Board of Public Welfare—spoke out against the compulsory sterilization bill. A notable rift formed between other state agencies who Senator Jolly and Representative Davis leaned on for support and the North Carolina State Board of Public Welfare, which adopted a staunch oppositional stance to compulsory sterilization.

The potential of the Jolly-Davis Bill to ironically exacerbate the perceived social ill of sexual promiscuity became a common concern for those opposing the bill at the public hearing. According to Mrs. Paul Radzick, an ordinary citizen from Goldsboro, “the bill violates the rights from God and the Constitution… it will promote prostitution by removing the consequences.” Along this same train of thought but from a legal perspective, Herman Wolf, a lawyer from Raleigh, openly questioned the constitutionality of the bill, also claiming that it “promotes promiscuity.”

In regards to the potential of the bill to directly increase the prevalence of social ills, questions arose surrounding the categorization of illegitimacy as a social ill to begin with. In a remarkably forward-thinking response for the time, Alvin Wingfield from Raleigh posited, “Legitimacy and illegitimacy are arbitrary standards imposed by society.” Recognizing the faulty logic of the bill, Wingfield further pointed out that a punitive policy of compulsory sterilization as a means of population control necessarily implied that “large married families are a problem” just as much as illegitimate

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246 Ibid., 1.
247 Ibid., 1.
248 Ibid., 10.
249 Ibid., 10.
families; the only difference being a counterintuitive, socially-imposed stigma that high fertility was only frowned upon if the mother was not married. In his response, Wingfield overlooked a central function of the bill—to decrease welfare costs since unmarried mothers had less means to support their children than married mothers—but nonetheless, his social critique was poignant and moving.

Lastly, under the theme of negative effects of the bill, a persistent force of opposition to the bill came from an intellectual circle of professors and medical experts—from the likes of Duke University—who recognized the potential for compulsory sterilization to indirectly yield harmful side effects, most notably “emotional disturbances.” The implications of these possible side effects could result in sterilized mothers acting out through mediums other than sexual promiscuity, which would pose a burden to society in other ways and thus render the overall sterilization procedure futile to a certain degree. These intellectuals called for further study of the illegitimacy problem before any laws were put in place.

Ideological connections were soon forged between the issue at hand and the recent Nazi atrocities committed in Germany during World War II. Numerous ordinary citizens, mostly concerned women, rose before the crowd claiming to be deeply offended by the proposal as their husbands recently fought against such inhumane policies. Mrs. Allen Clayton of Pinevile, summing up this line of opposition, sarcastically questioned that if the ultimate goal was to “save money,” then why merely stop at sterilization? Rather, she proposed that the state can “save more money by putting to death the aged and the mentally ill… it happened in Nazi Germany.”

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250 Ibid., 10.
251 Ibid., 10.
After two hours of heated debate, Senator Jolly finally lost his calm, cool, and collected composure. The blatantly racist undertone of the proposal exploded to light as Senator Jolly faced a group of African Americans in the audience, accusingly pointed in their direction, and boldly remarked: “You should be concerned about this bill. One out of four of your race is illegitimate.” “The human race?” asked one of the innocent black bystanders. “The Negro race” retorted Senator Jolly. Then turning back to his colleagues of the Joint House and Senate Health Committees, Jolly continued his tirade: “The state is just as responsible in this area as toward the man who rapes your 9-year-old daughter.”

Before the tense debate escalated any further, Senator Carlyle Rutledge, presiding, adjourned the hearing. With the race card fully in play, the four African Americans that Senator Jolly singled out surrounded Jolly with protests of his motive. “Make us first-class citizens if you want to get at the heart of the problem,” said one immediately before a white woman, Mudred Long, pushed through the crowd and confronted Jolly face to face. “That was a mean and vicious low blow,” she exclaimed.

Senator Jolly most likely anticipated before the hearing had begun that a considerable force in opposition to the controversial bill would prevail in the debate and influence his fellow legislators. He made a motion for the bill to be referred to a Joint House and Senate subcommittee for further study. With the prevailing force of religion once again in the mix, the Catholic Bishop of Raleigh, Reverend Vincent S. Waters, capped the opposition by releasing to the press and in Catholic pulpits on April 5th, three days after the debate, the text of the anti-sterilization letters he had earlier sent to the

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253 ibid., 2.
appropriate legislative committee chairman in charge of the bill.\textsuperscript{254} This would serve as the final straw.

With waning support and stark opposition to the proposal, the 1959 legislature ultimately rejected the Jolly-Davis Sterilization Bill, just as the legislature did with SB 321 in 1957. Yet, even with this rejection, the anti-welfare and anti-illegitimacy constituency still managed to gain some notable legislative victories. The 1959 legislature authorized district solicitors, or prosecutors, to investigate cases of illegitimacy and bring legal action when they found misuse of ADC funds by unwed mothers. These solicitors were also urged to make greater efforts to locate deserting fathers of illegitimate children in order to obtain support money from them.\textsuperscript{255} In addition, county welfare departments were also empowered to appoint personal representatives for unwed mothers who were deemed unfit or unable to handle welfare payments.\textsuperscript{256} While supporters of the bill were unable to witness the fruition of their legislative attempts to instill a policy of compulsory sterilization for mothers of children born out of wedlock, the North Carolina General Assembly did compromise by reforming certain aspects of the welfare system and tightening up supposed abuses of illegitimacy through increased monitoring of these cases.

In its entirety, the 1959 North Carolina compulsory sterilization legislative hearing can be viewed as a local microcosm of national protest against an archaic American eugenics movement around this time. In the wake of World War II, eugenic sterilization numbers across the country decreased drastically. Historians generally agree upon four primary catalysts that collectively served as the impetus for this stark decline.

\textsuperscript{254} Morrison, “Illegitimacy, Sterilization, and Racism,” 8.
\textsuperscript{255} N.C. Sess. Laws, 1959, c. 1210.
\textsuperscript{256} N.C. Sess. Laws 1959, c. 668.
These catalysts include: the publication of a wave of anti-eugenic scientific reports beginning in the mid-1930s; a Supreme Court case in 1942, *Skinner v. Oklahoma* (U.S., 1942), which ruled punitive sterilization for recidivist criminals unconstitutional; the surfacing of systematic reports of Nazi atrocities during World War II in the name of eugenics; and mounting Catholic opposition to the practice of eugenics.257

All four of these elements were readily argued by opponents of the Jolly-Davis Sterilization Bill in the 1959 North Carolina General Assembly public hearing to some degree: professors and medical experts called for further study on the side-effects of eugenic sterilizations claiming that not enough conclusive evidence had been found to justify its implementation; lawyers questioned the constitutionality of a bill targeting unwed mothers of children through forceful mutilation of reproductive organs; embittered and deeply concerned citizens drew the connection between compulsory sterilization and Nazi atrocities that America had recently fought to prevent; and arguably the most persuasive opponents were clergymen and high-ranking religious officials (despite North Carolina being predominantly Protestant) who spoke out against the “unnatural act” of sterilization. For all of these forces of opposition to compulsory sterilization ranging across the entire social and professional spectrum in North Carolina, Morrison ultimately concludes in his case study: “The Jolly-Davis Sterilization Bill was defeated not by established social welfare agencies, however much they have privately inspired resistance in other quarters, but by ordinary people offended in their religion and in their sense of humanity.”258

Yet, if North Carolina resistance to eugenic sterilizations was comprised of the exact same components and catalysts as the national protest movement against eugenics, then how come North Carolina eugenic sterilizations proliferated after World War II and transformed in scope after 1955 while eugenics was rapidly dying out in these other states? To answer this question, we have set out to identify the source of this 1955 discriminatory eugenic sterilization policy and who was to benefit most from its implementation, starting at the highest state level in the North Carolina General Assembly. For this examination, the 1957 and 1959 compulsory sterilization of unwed mothers proposals, and subsequently the 1959 legislative hearing for the bill, are particularly illuminating. From these events, one can strongly deduce that the 1955 discriminatory shift in North Carolina eugenics was not the result of political policies established in the North Carolina legislature. In this light, the top-down model of an official post-1955 racially oriented eugenic sterilization policy is unsubstantiated.

Evidence of resistance to compulsory eugenic sterilization at all levels deeply complicates our understanding of post-1955 North Carolina eugenics. The reason that this marked transformation in the scope of eugenics after 1955 materialized without public awareness was because it was not the result of any official policy. Rather, an explicit practice of targeting black mothers of illegitimate children for sterilization at a disproportionate rate after 1955 was the product of an administrative routinization of welfare-directed eugenics executed by local bureaucrats. Caseworkers reshaped the state eugenics policy at the county level to target some of welfare’s most costly clients from a resource perspective in response to growing administrative obstacles. The administrative practice of compulsory sterilization of unwed mothers implemented by local bureaucrats
was the exact policy that was staunchly opposed by the state officials that these bureaucrats worked under. The investigation into a top-down legislative policy from the North Carolina General Assembly considered a potential racist dimension of this 1955 eugenics transformation with the polarization of North Carolina officials to the extreme right as part of the explosive post-Brown backlash. At the opposite end of the public welfare bureaucratic hierarchy, the examination of the bottom-up merging of welfare and eugenics at the county level represents the economic motivation behind the 1955 shift in eugenics to target black mothers of illegitimate children for sterilization at increasingly disproportionate rates.

**A Bottom-Up Administrative Routinization of Discriminatory Sterilizations**

Historical roots of the local administration of poor relief in North Carolina date back to the very first public assistance laws in the eighteenth-century colonial era.\(^{259}\) As one of the most rural states in the nation, an institutional setup on the county basis for the administration of public services has always been the preferred method to compensate for large distances between respective counties.\(^{260}\) In addition to the economical and practical logistics of an institutional appeal to local agencies, the North Carolina public welfare system was founded on a philosophy that emphasized casework services as more important to needy individuals than monetary grants.\(^{261}\) Through its evolution, the North Carolina public welfare system never wavered from this emphasis on local administration

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\(^{261}\) See Roy M. Brown, Public Poor Relief in North Carolina (North Carolina, 1928).
as the most efficient and effective way to not only distribute assistance, but to ensure that the non-financial needs of citizens were adequately met as well.

The structural roots of county administration of public assistance in North Carolina can be traced back to the North Carolina Constitution of 1868 where county commissioners were responsible for providing to the poor in their specific counties. Furthermore, in this early welfare system in the wake of the Civil War, counties were granted the authority to levy taxes to fund administrative costs. The next substantial piece of public welfare legislation was passed in 1917 to establish the State Board of Charities and Public Welfare. In regards to provisions for local administration, the 1917 law provided for the appointment by county commissioners of three-member local boards of charity and public welfare to further strengthen local administration. A new statute two years later created the position of county superintendent of public welfare. Under this law, the superintendent “acted both as an agent of the state board and as administrator of public poor funds under the direction of the county commissioners.”

As noted by Janet Mason in regards to the distribution of poor relief funds under this 1919 statute:

The distribution of poor relief funds, however, continued to be largely unsupervised and was subject to graft or political or personal influence. Although the law made the county superintendent, under the county commissioners’ control, responsible for the care and supervision of the poor and administration of the poor fund, the authority actually delegated to the superintendent varied greatly from county to county. Some boards of commissioners set general policy and determined amounts of money available but left policy administration up to the superintendent. Other boards ignored the law and continued to handle the discretionary handing-out of funds, or only gradually shared administrative responsibility with the local superintendent.

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262 N.C. Public Laws, 1868, c. 20, s. 24.
264 N.C. Public Laws, 1919, c. 46.
County superintendents of public welfare played large roles in the administrative routinization of welfare directed eugenics after 1955 as these local officials had significant administrative authority in both the sterilization and public assistance programs at the county level. In terms of the history of North Carolina public welfare preceding this 1955 eugenics transformation, however, a precedent was established with the creation of this local agent in the 1919 public welfare statute. County superintendents frequently wielded considerable discretion in the administration of social services.

With the ushering in of New Deal federal assistance programs into North Carolina public welfare in 1937, local administration was firmly solidified. For example, in 1925, fifty-seven counties had organized welfare departments. Of these county welfare departments, forty-six had full time superintendents. By 1937, however, the expansion required for administering the federal assistance programs resulted in all 100 counties creating full-time public welfare units with sixty-nine full time county superintendents. While the name of the state public welfare agency was changed to the State Board of Public Welfare in 1945, no significant structural changes were made to the composition of county welfare departments. In 1945, many county welfare departments—perhaps recognizing the wave of caseloads looming in the near future—sought and obtained special acts permitting new limits on taxation for purposes of general relief. While these acts resulted in a new maximum amount that could be levied by counties that doubled the previous amount, this would have a minimal effect in

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266 ibid., 4.
267 ibid., 5.
269 ibid., 33.
minimizing the economic onslaught that was on the horizon for local welfare agencies in the postwar era.

North Carolina was one of the poorest states in the nation, but a resource shortage was especially glaring in the local bureaucratic agencies. Due to North Carolina’s deep-rooted historical precedent of local administration of public assistance and social services, welfare departments in North Carolina were responsible for administering a complexity of federal, state, and local services. While in theory a social service system with local administration is ideal in that it places control over the distribution of public resources in the hands of workers who are most familiar with the needs of their particular clientele, in reality the high demand of services often cuts local agencies too thin in terms of the adequate care that they can provide to individual families while still meeting community needs at large. To exacerbate the obstacles faced by North Carolina county welfare departments, the efforts of local welfare officials to administer efficient social services were severely hamstrung by the proliferation of public assistance caseloads in the immediate wake of World War II. For example, the 1946 biennial report of the North Carolina State Board of Public Welfare estimated that over 50% of the total staff time was required for administration of the two programs of old age assistance and aid to dependent children alone.\(^{270}\)

With overburdened, underfunded, and understaffed county welfare departments throughout North Carolina in the wake of World War II, all services suffered accordingly. In terms of eugenic sterilizations in particular, Moya Woodside’s 1950 in-depth study of North Carolina eugenics devoted an entire section to an analysis of these

local bureaucratic struggles and their subsequent effects on a relatively inefficient administration of the eugenics system throughout the state. Included in her study was a questionnaire submitted by the Eugenics Board and State Board of Public Welfare to the county departments of public welfare on November 22, 1947. Replies to this questionnaire were received from ninety-five of the 100 counties. In addition to the questionnaire, interviews with superintendents in seven local welfare departments and the State Director of Public Assistance were included. The superintendents were kept anonymous, yet analysis of these sources nonetheless provides a lens into perceived burdens to efficient administration of eugenics in the early postwar period. This valuable window into how county superintendents viewed the eugenics systems as well as concerns they had about local administration of the program provides a glimpse into how administrative reforms would unfold down the road.

Two prominent themes emerge in responses to questions about the chief hindrances in arranging for the sterilization of non-institutional residents: high costs and understaffed departments. From a cost perspective, the 1933 North Carolina eugenics statute placed the onus of payment for non-institutional operations on the boards of county commissioners with no additional state funds allocated for such purpose. These costs usually included a surgeon’s fee for the operation as well as hospitalization costs. The fifth question on the questionnaire specifically inquired about costs to the county for sterilizations performed during the past five years. Based on the replies, the average surgeon fee was $38.33 while the average hospital cost was $47.42 per case. In summarizing the replies from the ninety-five county welfare departments, Woodside

271 N.C. Public Laws, 1933, c. 224, s. 2.
272 Woodside, Sterilization in North Carolina, 201.
draws the following conclusion: “It is plain that a county unfortunately situated in respect to cost of operation would find this a considerable hindrance in carrying out the program. Local commissioners might not view with favor any proposed expenditure for this purpose, or the department’s entire funds might be so limited as to prohibit it altogether.” One county superintendent wrote on the questionnaire in regards to cost: “Funds inadequate to do as much of this work as is needed.” Another superintendent remarked: “Our general relief fund is $10,000 for the year. This does not leave much for sterilization.” One last reply reflected the fiscal crisis faced by North Carolina county welfare departments in an effort to meet heightened demands for a wide range of social services: “Very small hospitalization fund—usually needed for emergency cases.”

Overall, replies to the questionnaire regarding the costs for administering extramural sterilization operations indicate chronically underfunded county welfare departments in the wake of World War II. These local agencies were operating on such limited budgets that they were unable to provide what they deemed to be basic social services. No costs were negligible with local budgetary deficits as dire as they were, and more often than not county welfare departments had to select specific services that they were willing to direct their limited funds towards. In addition to the superintendent who replied about a small hospitalization fund only used for emergencies, another superintendent wrote: “No money is provided by our county commissioners to take care of the operation.” Considering that eight years after these county superintendents

\[273\] ibid., 90.  
\[274\] ibid., 93.  
\[275\] ibid., 93.  
\[276\] ibid., 93.  
\[277\] ibid., 93.
replied to this questionnaire many would begin pushing for an excessive use of sterilization against mothers of illegitimate children to reduce costs, the fact that the cost of a sterilization operation by itself was of grave concern to many superintendents sheds light on how desperate this welfare funding crisis was at the county level. Woodside concludes her section on costs with a call for state appropriations if the administrative efficiency of sterilization proceedings at the local level is to improve in the future: “If the State is convinced of the value of sterilization and concerned to have the program succeed, it should make some provision for meeting legitimate costs which cannot be shouldered by the impoverished local authorities.”

In addition to fiscal concerns, thirty-five counties cited shortage of staff as the main difficulty in arranging sterilization. Not only did World War II deplete the number of trained caseworkers, but many counties also cited a high turnover of personnel as largely affecting the efficiency of service rendered. It was not just a shortage of caseworkers that superintendents highlighted, however. With depleted staffs and a steadily increasing demand of services during the welfare boom, there simply was not enough time to handle everything. According to the State Director of Public Assistance during his interview, “Everyone has so much to do.” Woodside explains the obstacle posed by this chronic shortage of time as it particularly relates to the local administration of eugenics: “Since the preparation of a sterilization petition calls for much time and trouble and a skilled approach to each individual client, it is not surprising that the

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278 ibid., 94.
279 ibid., 90.
280 ibid., 90.
departments should sometimes have to neglect this activity in favor of others more urgent and quickly completed.”\footnote{ibid., 90.}

The various responses by superintendents under this theme of staff shortages and time crunches reveal how central the role of these caseworkers were in the administration of eugenics as well as the wide range of other welfare services in postwar North Carolina. Overwork, insufficient staff, and a wide array of different duties was the characteristic situation detailed by many superintendents in the questionnaire. The welfare superintendent of one city stated that his regular staff members were attempting to handle a total caseload of about 250 each.\footnote{ibid., 91.} In a smaller town (population of 17,000), the department only had three caseworkers to administer every type of public assistance program.\footnote{ibid., 91.} In yet another county with only one sterilization petition filed between 1946-1947, the superintendent noted: “Since August 1945 there have been many changes in our casework staff. Much of the time we have had no caseworker or only a part-time untrained worker.”\footnote{ibid., 91.} The superintendent of a different county where a mere two petitions were filed over the same one-year period remarked: “This [staff shortages] has been and will continue to be a difficulty in working with sterilization cases because such cases do require so much time for interpretative measures that a caseworker seldom feels that she has sufficient time to give to the case when she has so many other pressing jobs to be performed.”\footnote{ibid., 91.} Lastly, in an extreme case, a superintendent attributed his county welfare department filing no petitions over the span of a year to a severe shortage of staff

\footnote{ibid., 90.}
\footnote{ibid., 91.}
\footnote{ibid., 91.}
\footnote{ibid., 91.}
\footnote{ibid., 91.}
that has left the department “unable to arrange for psychiatric examinations and unable to use persuasive methods of convincing the client.” 286 Despite the vagueness in the last statement in regards to the specific methods employed, this remark points to evolving administrative procedures as county superintendents attempted to deliver public welfare services despite an overt scarcity of funds and resources.

Through these responses, it is evident that county welfare superintendents in the postwar period acknowledged the necessity of quality and sufficient casework to ensure successful implementation of the eugenic sterilization program. Woodside echoed this sentiment, claiming that the most central component of a successful system of public welfare boils down to the quality of the staff: “The advantages of centralization of welfare functions cannot be realized without adequate staff.” 287 Furthermore, in terms of the sterilization procedure in particular, sufficient and highly skilled casework was paramount: “Convincing a person of low intelligence and usually little education to have this operation requires endless patience and an understanding from the social worker of feeling as well as fact, of emotional reactions as well as statutory formality. It is not a process which can be carried out routinely, in haste, or by those unskilled in the handling of human relationships.” 288 Reflecting back to the earlier case report of Ada T., which took place in 1947 during the same year that this questionnaire was collected, more than one caseworker attempted to convince Ada of the benefits of sterilization before her mother’s steadfast opposition on religious grounds eventually won out. Perhaps had these caseworkers been more “skilled” or “persuasive,” however, they may have eventually

286 ibid., 91.
287 ibid., 41.
288 ibid., 91.
convinced Ada to the point where she consented to the operation. At the point that Ada hypothetically consented to sterilization, she most certainly would have been sterilized as evidenced by the fact that the Eugenics Board authorized nearly every sterilization petition that contained written consent. From 1946 to 1948, during the period when Ada’s case took place, the Eugenics Board authorized 330 sterilizations out of a total of 337 petitions (98%). Therefore, through a bottom-up process, the work of individual caseworkers was imperative in shaping the direction of eugenic sterilizations on a case-by-case basis.

Caseworkers acted with full discretion when determining which of their clients were eligible for sterilization and how to obtain their consent. Under the rare circumstances where a caseworker was concerned that the Eugenics Board would not authorize a particular sterilization petition, they could instead push for a “therapeutic sterilization.” Woodside explains the motives behind this form of sterilization from the perspective of county welfare departments: “In order to obtain quicker action or bring in a client who might not qualify under a strict interpretation of the law, it has become a practice in some counties—though frowned upon by State officials—to arrange for therapeutic sterilizations which can be put through with considerably less formality.”

Convincing a client to meet with a physician or surgeon and consent to a sterilization operation on therapeutic grounds was not only appealing based on the time saved by circumventing the lengthy and intricate petition process, but also in its preservation of

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290 N.C. Public Laws, 1933, c. 224, s. 17. This “therapeutic” clause of the 1933 North Carolina eugenics statute allowed for private sterilization operations without the Eugenic Board’s approval for “sound therapeutic reasons.”
291 Woodside, Sterilization in North Carolina, 44.
limited county funds. Since therapeutic sterilization was a private procedure, costs for the operation would come from the patient whereas cases of eugenic sterilization required a mandatory payment from the county where the individual was sterilized.

On the 1947 questionnaire, the county departments of public welfare replied that they took a part in a total of 546 therapeutic sterilizations during the past five years. In the questionnaire returns most counties advocated for therapeutic sterilizations from an administrative standpoint of reducing costs and saving time so that caseworkers could perform other services. In addition to these replies, several counties stressed the benefit that therapeutic sterilization provided for clients with large families and low incomes. For example, one superintendent described a therapeutic sterilization then pending in his department where the woman had three husbands, various children, and no income other than ADC grants, but was not recognizably defective or psychotic. As the case noted: “She had consented to the operation but we couldn’t get her presented to the Board as a mental case.” Thus, in the immediate wake of World War II, the foundation for an administrative apparatus whereby local county welfare departments could extend sterilizations out to “borderline cases” to explicitly reduce costs and free up resources was in play.

While therapeutic sterilizations seemed like the ideal option for caseworkers to adequately provide for the alleged needs of their clients while simultaneously saving time as well as county funds, these sterilizations were not as common in practice. Physicians

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292 ibid., 200.
293 ibid., 51.
294 ibid., 51.
295 ibid., 52.
296 ibid., 52.
and surgeons were not exempt from civil or criminal liability for these private sterilizations as they were for eugenic cases. The possibility of suit following therapeutic sterilization together with the absence of defined legal protection accounts to some extent for the reluctance of many surgeons to undertake the operation. With the ambiguity of the “therapeutic sterilization” clause in the 1933 statute, a wave of medical and legal rhetoric surfaced in postwar North Carolina questioning the rights of physicians to perform voluntary sterilization operations. A 1950 article by the director of the Duke University Legal Aid Clinic highlights the perceived need for firm legal guidelines protecting physicians from criminal and civil liability in therapeutic sterilization operations that permeated through the North Carolina medical and legal communities: “There is reason to urge that the Medical Society of the State of North Carolina, through its Legislative Committee, give consideration to the desirability of a new law to remove any existing doubts on the subject. A properly drawn statute prescribing the conditions and safeguards under which voluntary sterilization may be performed would be helpful to both physician and patient.”

Yet, regardless of the practicality of these operations, as private sterilizations outside the jurisdiction of the Eugenics Board these procedures were not reported. With no empirical evidence of larger incidents of therapeutic sterilization at the time of the 1955 shift in eugenics to target illegitimate mothers on ADC, the inclusion of these reports on the 1947 questionnaire is integral for understanding the future shaping of local eugenics administration nonetheless. At the very least, the replies from the county welfare departments reveal a conscious emphasis to explore methods that expanded the

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scope of sterilization victims outside the narrow range of the mentally deficient at a time when costs and caseloads were overwhelming. Woodside, comparing eugenic sterilizations alongside therapeutic sterilizations, concluded: “…we find that the two categories are not sharply contrasted but tend to shade into each other at different points on a scale; and this overlapping is especially noticeable in cases from these lower-income groups which come within the purview of state agencies.”298 Furthermore, the caseworkers were the officials responsible for pushing their clients in these “borderline cases” to meet privately with a surgeon or physician to discuss the details of sterilization. With caseworkers responsible for determining which clients needed sterilization, convincing the clients about the benefits of sterilization to obtain consent, and then deciding which administrative procedure was most likely to ensure that the operation was carried out—either presenting a petition to the Eugenics Board or instructing their clients to meet privately with a surgeon—these local bureaucrats had enough discretionary power to shape how the state eugenics policy was executed in any individual case.

The state agencies that administered the 1947 eugenics questionnaire to the county welfare departments were not only interested in the local obstacles hindering administrative efficiency. They were open to solution proposals as well. Question #6 of the questionnaire asked “What changes would you suggest in the sterilization law to make it more effective?”299 The comments were categorized into six groups and arranged in order of the frequency of each response when the replies to the questionnaire were analyzed by the Secretary of the Eugenics Board in 1947:

298 ibid., 48.
299 Ibid., 202.
1) Sterilization should be made compulsory for selected groups of the mentally “unfit.”
2) Change in requirement that consent of person to be sterilized and next of kin be secured when they are feeble-minded or mentally ill.
3) Provision for abortions, if recommended by a physician, when sterilization is authorized.
4) In order to expedite the handling of cases provide for authorization to be given by local boards with right of appeal to the State board.
5) Mandatory provision for county or State to meet medical costs
6) Coverage of persons having hereditary physical defects, habitual criminals, and persons with borderline mentality.\(^{300}\)

Noteworthy in these replies was a general lack of proposals that would explicitly reduce the “chief hindrances”\(^{301}\) of underfunded county welfare departments and overburdened staffs, such as increased state appropriations to county welfare departments to carry out eugenics or even an expedited petition process. Instead, superintendents of county welfare departments recognized that a eugenics system with provisions for compulsory sterilization, greater authority in the hands of local welfare officials, and a broader scope of who could legally be targeted for sterilization was sufficient to ensure effective administration and overcome their budgetary and resource deficiencies. Even though the sterilization law was never changed to accommodate these proposals, local officials would soon harness this administrative apparatus when financial obstacles and insufficient resources pushed county welfare departments to the threshold of unsustainability.

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A valuable construct to keep in mind as this narrative progresses is the breakdown of county welfare department resources based on what superintendents described as the

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\(^{300}\) ibid., 202.  
\(^{301}\) ibid., 90.
main obstacles to effective administration in the 1947 questionnaire. The resources can be divided into financial—administrative costs and grants for the federal assistance programs—and non-financial—time to meet caseload demand, quality of staff, and size of staff. Within the local bureaucracy of county welfare departments, superintendents were generally more concerned with the financial resources while social workers were generally more concerned with the non-financial resources, as they were the ones carrying out the casework.

As welfare caseloads rose annually, the chronic staff shortages throughout North Carolina county welfare departments was exposed more and more through the inefficient administration of welfare services. County superintendents were not the only North Carolina public welfare bureaucrats to acknowledge the desperate need for more caseworkers. The state welfare agencies also began to draw attention to this widespread shortage of resources at the county level. In terms of eugenics in particular, the 1946-1948 biennial report echoed the concerns of superintendents from the 1947 questionnaire:

During the past two years eugenical sterilization has been utilized only by 5 State institutions and 56 county departments of public welfare. Efforts are being made by some of the other institutions and departments to overcome the problems which have prevented their use of the program. These problems include a shortage of staff or changes in personnel in county departments of public welfare resulting in delays handling petitions and arranging for authorized operations.\(^{302}\)

With the hiring of new staff at the forefront of North Carolina public welfare policy, the fastest growing position in the welfare bureaucracy during the postwar period was local social workers. From 1946 to 1948, for example, while the total employees in state welfare offices remained relatively constant, employees in local welfare offices

\(^{302}\) The Eugenics Board of North Carolina, Biennial Report of the Eugenics Board of North Carolina: July 1, 1946 to June 30, 1948 (North Carolina, 1948), 11.
burgeoned from 628 up to 768—representing a growth of 140 employees, or 22%, in just two years. Furthermore, it was not the highest positions within county departments that accounted for such a large growth in local offices (county superintendents of public welfare only added one position over two years, growing from 97 superintendents in 1946 to 98 in 1948), but rather the “social workers with case loads.” Of this group of local bureaucrats, 248 social workers in 1946 ballooned to 341 in 1948—a growth of 37.5% in just two years. 303 Despite marked growth, however, 341 social workers for 100 county departments averaged out to a mere 3.41 caseworkers per county department. It comes as no surprise that with a little over three social workers responsible for meeting community-wide needs across a wide spectrum of social services, as Dr. Ellen Winston noted in 1948, “On all programs of financial assistance North Carolina ranks near the bottom.” 304

Effective local administration of social services was not only hindered by shortages of staff, however. While the North Carolina local bureaucracy was growing in numbers, more crucial to successful welfare administration was a skilled and experienced staff of social workers. Woodside noted the importance of the quality of caseworkers as it pertained to local administration of the eugenics system in particular, but this held true across the entire range of public assistance services. Dr. Ellen Winston, as part of her efforts to professionalize the North Carolina public welfare system, stressed a dire need for “adequate staff” in biennial reports throughout the 1940s and ‘50s due to the fact that “North Carolina renders more non-financial services proportionately than other State

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304 Ibid., 15.
welfare departments administering public assistance.” This statement speaks both to
the historical tradition of local officials providing poor relief in North Carolina as well as
Winston’s fundamental outlook on public welfare as a broad system designed so that
individuals and families learn to help themselves through a “major emphasis upon
protective, preventive, and rehabilitative services. This necessitates a broad program of
non-financial services in addition to financial aid.”

Echoing this growing sentiment of the need for a highly qualified staff of
caseworkers as an integral component of a successful public welfare system, numerous
articles were published in North Carolina’s Public Welfare News in the postwar period
advising this growing force of social workers on the necessary attributes to successfully
administer services to the needy. One such article instructs social workers that despite the
fact “that there is not time enough for all the things which have to be done, and the inner
sense of hurry gets into our contact with people, making us, occasionally, abrupt and
impatient,” courtesy must be maintained at all times. Another article published in the
same 1950 edition described the wide range of services of county welfare departments.
Written by the Superintendent of Johnston County Department of Public Welfare, this
article included welfare departments’ responsibility “in arranging for the sterilization of
the mentally defective,” particularly as it pertained to social workers:

In addition to determining eligibility and need for the operation, there are barriers
of ignorance to be overcome in dealing with responsible relatives of the patient. It
requires skillful case work and artful persuasion, and often many contacts with the
patient and his relatives, to get all parties concerned to agree to the sterilization

305 ibid., 16.
March, 1950, 5.
operation and thereby render a genuine and lasting service to the individual, his family, and society in general.\(^\text{309}\)

This view from North Carolina county superintendents of public welfare represents a reemerging theme that was previously established from the 1947 questionnaire: A social worker who was able to convince an individual and their family to consent to a sterilization operation was viewed as highly skilled and persuasive. Thus, a natural bureaucratic incentive was created for social workers to obtain consent for sterilization operations, as obtained consent was indicative of the successful administration of a social service in the eyes of their institutional higher-ups. This intangible yet ever-present dynamic had a strong influence over how eugenics policy was shaped in local welfare agencies.

Much more proactive measures were taken during the postwar period other than the publication of instructional articles to ensure that welfare personnel at the local level were qualified, however. Winston set out to establish a bureaucratic meritocracy in the realm of public assistance. The “Merit System” established minimum qualifications and minimum standards for public welfare workers for the first time. As part of this system, applicants were judged on baseline scores on a written examination and oral interview as well as their educational background. For those who qualified, higher minimum salaries were guaranteed to secure and retain more qualified workers.\(^\text{310}\) Furthermore, Winston spearheaded various training programs for welfare workers that were funded by the state. One program in particular was an educational leave provision that enabled workers from departments of public welfare in various counties to do graduate work during the college

\(^{309}\) ibid., 8.

year in approved schools of social work before returning to work. The June 1952 issue of Public Welfare News noted that twenty-seven workers from departments of public welfare in twenty-four counties of North Carolina took advantage of this educational leave provision with graduate work in the field of childcare. Overall, the explicit success of Winston in improving the quality and professionalism of North Carolina welfare workers through her “Merit System” was undeniable. A 1950 study made jointly by the Bureau of Public Assistance and the U.S. Children’s Bureau revealed that North Carolina lead the nation in the percent of its public assistance workers having graduate study in schools of social work. Compared to a national average of 23% of public assistance workers having graduate training and 60% of child welfare workers having graduate training, North Carolina sat atop with 49.3% of its 542 public assistance workers and 91% of its sixty-nine child welfare workers having graduate training. Winston commented on this achievement, reflecting her emphasis on adequate staff as the greatest contributing factor to successful welfare administration: “North Carolina can be proud of its well-trained staff in public welfare. This specialized training in social work together with a foundation of broad general undergraduate education in college, though not a substitute for good judgment, better prepares a worker to understand social needs of the community and to serve more wisely in meeting these needs.”

From the end of World War II in 1945 up to the 1955 transformation in eugenics, enormous strides had been made in county welfare departments throughout the state to reduce blatant resource deficits in the form of insufficient staff. Not only did the number

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313 Ibid., 8.
of social workers employed in county departments reach historic highs, but these caseworkers were also better equipped to administer welfare services in a more efficient manner. However, inadequate casework was only one of the two primary hardships plaguing county welfare departments at the time. The other obstacle preventing efficient local administration, in the form of inadequate funds, was exacerbated with steadily rising costs each year.

With the federal government directing more funds towards state ADC payments as part of the postwar campaign for national welfare reform, North Carolina counties as well as the state agencies consequently contributed a smaller portion of matching grants. Where the county was hit the hardest fiscally, however, was in administrative costs.

Table 6: “Source of Funds for the Assistance Programs, 1946–1948

![Pie chart showing the source of funds for assistance programs.]

As seen in the above pie charts from the 1946-1948 biennial report of The North Carolina State Board of Public Welfare, the breakdown of “Assistance Payment Dollars” for ADC (left) was 61% federal, 21% state, and 18% local. In terms of “Administration Dollar” for ADC (right), the federal government was responsible for 50%, the state was responsible for 30%, and the county footed the remaining 20% of administrative costs. Yet, even with the smallest percentage of assistance payments and administrative costs, underfunded county welfare departments were still unable to meet public assistance demands.

In 1945, many counties were seeking to increase the limits on property taxation through special legislative acts to generate more funds for general relief. And in that year, a general act doubled the rate that counties could levy for general relief purposes. In addition to this substantial increase in public assistance funds derived from local taxation, North Carolina counties also benefited from a 1946 amendment to the Social Security Act that increased the proportion of federal funds allotted for ADC payments. Yet, despite federal and state legislation opening up new sources of funds directed towards public welfare administration, county public assistance budgets lagged desperately behind the growing demand for public services. Recognizing this ever-widening gap between supply and demand of welfare services at the local level, the Council of State, upon recommendation of the Governor, allotted $62,118 for ADC for the latter part of

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1947-1948.\textsuperscript{316} At this point, as noted in the 1946-1948 report from the North Carolina State Board of Public Welfare: “Even with the allotment of additional funds the amounts available for public assistance were far from adequate to meet minimum needs of those eligible to participate in aid to the aged and aid to dependent children. Many counties were forced to establish waiting lists of persons eligible for financial assistance for whom no funds were available.”\textsuperscript{317}

Overall, in the first biennium in the immediate wake of World War II, substantial deficits began to emerge in the North Carolina public welfare budgets. County departments of public welfare in charge of local administration of welfare benefits and services bore the brunt of these costs. Including general relief outside of the federal assistance programs, total county expenditures for public welfare administration from 1947-1948 was $1,714,192; of which only $180,000 (approximately 10\%) was appropriated by the state.\textsuperscript{318} Moreover, caseloads in the postwar era were growing at a disproportionate rate to the marginally increasing staff sizes in county welfare departments throughout the state. The result was a statewide public welfare system largely unable to meet the rapidly growing demand for welfare services. For example, from 1946 to 1948 approximately 50\% of county staff time was needed for the administration of ADC and OAA alone\textsuperscript{319} (these two federal assistance programs represented a small percentage of the total social services that caseworkers were required to provide in their communities).

\textsuperscript{317} ibid., 15.
\textsuperscript{318} ibid., 41.
\textsuperscript{319} ibid., 41.
County welfare budget deficits grew year after year as more needy citizens were eligible for aid and more welfare personnel were hired. As a testament to the disproportionate rise in caseloads relative to the growth in caseworkers, the number of employed social workers in 1954 (738) nearly tripled the number of social workers in 1946 (248), yet the percentage of county staff time needed for the administration of ADC and OAA rose to 66% from 50% over the same period. Not only were staffs even more inadequate to meet expanding services but county costs were substantially higher as well due in large part to lower state appropriations to meet administrative costs.

**Table 7: “Source of Funds for the Assistance Programs, 1952-1954”**


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Comparing the above pie charts from the 1952-1954 biennial report with table 6, we see that the breakdown of “Assistance Payments Dollar” (left) was covered by the federal government at a greater proportion relative to the state and county (79%, 12%, 9% respectively) in 1954 than in 1948 (61% federal, 21% state, 18% county). This is reflective of amendments to the Social Security Act in the postwar period that resulted in greater federal appropriations for the three federal assistance programs of ADC, OAA, and Aid to the Permanently and Totally Disabled. However, in terms of administrative costs (right), while the federal government maintained half, the proportion of state-county costs shifted from 30:20 in 1946 to 12:38 by 1954. Thus, the total cost of public welfare administration in the 100 counties from 1952 to 1954 including general relief assistance was $3,464,245. Of that amount, the counties paid $2,003,243, the federal government paid $1,161,362, and the state paid $299,640 (roughly 8%). Clearly, if any policy change in the administration of public welfare were to be made on economic grounds, county welfare departments would have a significantly greater interest than the state agencies.

As administrative costs grew, state welfare officials acknowledged the need to provide more funds to county welfare departments, as evidenced by the main legislative recommendation of the 1952-1954 biennial report: “That the state appropriate an increased amount for county welfare administration so that the counties will be in a position to provide more efficiently, and hence more economically for the administration

of the public welfare program.”  

Dr. Ellen Winston, reaffirming her belief in the value of the non-financial services of public welfare, stated that larger contributions by the state were necessary for the “emphasis on rehabilitation and prevention” to be continued in a large number of cases. According to Winston, as the most valuable component of public welfare, reducing this emphasis on helping needy individuals “to help themselves” was not an option: “It is poor economy to limit services which are designed to help individuals and families become independent.” Therefore, while the current system of public welfare was unsustainable on a cost-benefit basis in 1954, officials were not willing to abandon the overarching principle of casework alongside financial aid to meet both the social and economic needs of dependent individuals and families.

Overall, the below chart illustrates the extremity of this gap between county and state funds directed towards the administration of public welfare. As costs rose annually, the difference widened:

\[323\] ibid., 19.
\[324\] ibid., 17.
\[325\] ibid., 17.
Table 8: “County and State Appropriations for Administrative Costs of County Departments of Public Welfare, 1944-45—1953-54”

![Bar chart showing appropriations for administrative costs of county and state departments of public welfare from 1944-45 to 1953-54.]


As highlighted in the chart, North Carolina witnessed a linear increase in administrative costs shouldered by underfunded county welfare departments as North Carolina attempted to keep pace with the postwar national welfare boom. With the state government providing minimal financial relief to the counties during a period when appropriations were needed the most, the stage was set for administrative changes spearheaded at the local level. After 1955, eugenic sterilization became a viable solution for county welfare departments to relieve financial strain by targeting a group that demanded some of the largest allocations of local funds and resources: mothers of illegitimate children on ADC.
Around 1955, the enactment of two key pieces of legislation—one federal and one state—set in motion a bottom-up administrative routinization that merged eugenics and welfare as a way for local welfare officials to simultaneously address the alleged needs of their clients and preserve county resources. These laws directly strained the financial and non-financial resources of county welfare departments to an even greater extent than they already were in the postwar welfare boom. All at once, a wave of more qualified social workers were required to perform more social services for their individual clients while county administrative costs were raised in direct proportion to the number of federal assistance recipients in their county. County welfare officials responded through a systematic reshaping of public welfare administration to preserve what scarce resources they still had.

The increasing emphasis on the non-financial services of social workers to educate and rehabilitate the needy culminated in a 1956 amendment to the Social Security Act. This amendment designated an appropriation of federal funds for training grants to the states to increase the “number of adequately trained public welfare personnel available for work in public assistance programs.” These funds were to be used by the states primarily to make grants to institutions of higher learning for training personnel of the public assistance programs as well as to establish fellowships. Congress authorized a $5 million appropriation for this program. The immediate effects of this federal amendment to the Social Security Act were two-fold: social workers became

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327 ibid., 10.
more directly involved in one-on-one casework with welfare recipients and these social workers were more qualified.

In North Carolina, Dr. Ellen Winston had firmly established a public welfare policy of qualified caseworkers and extensive non-financial social services through the “Merit System,” which predated this federal mandate. With an appropriation of federal funds, however, she redoubled her efforts to reform the North Carolina welfare system from the bottom up. In the March 1957 edition of Public Welfare News Winston reestablished her philosophy of broad public welfare services beyond merely the public assistance payments:

The 1956 amendments to the Public Assistance Titles of the Social Security Act emphasize the service aspects of public welfare programs and make the states increasingly accountable for helping recipients of public assistance achieve self-support, self-help, self-care, and a strengthened family life. Based upon the philosophy which motivates public welfare programs in individual states and upon the broadening legal base, more and more attention must be devoted to protective, preventive, and rehabilitative services. 328

Very soon after this legal broadening of the Social Security Act, North Carolina led all southern states with seventy-five residents enrolled in schools of social work by 1957. 329 The number of social workers in North Carolina, however, was not as impressive as the improvement in the educational background of future workers. This same year, North Carolina was third in total number of social workers out of the southern states behind Louisiana and Texas. 330 Also, it is particularly noteworthy that North Carolina was dead last compared to all the southern states in the length of service in caseworker

329 ibid., 5.
330 ibid., 4.
positions with a median of 2.1 years per worker.\textsuperscript{331} This statistic most likely reflects a combination of programs in North Carolina that allowed for caseworkers to take an educational leave to study social work before returning as well as Winston’s steadfast persistence that county departments abide to the “Merit System” and ensure qualified staff. Overall, Winston advocated for the field of social work to become a professional field within state and local governments,\textsuperscript{332} and her policies reflected this. North Carolina hereafter witnessed an insurgence of highly qualified social workers responsible for the administration of a wide range of public welfare services in counties throughout the state.

The eugenic sterilization numbers of black unwed mothers soared following this evolving dynamic of welfare administration. To understand why, it is necessary to detail exactly how the nature of casework changed with this rise of qualified social workers and this heightened statewide emphasis on social services. Within a system of local administration, the most local agents have the power to shape policy by controlling the implementation of the policy. With North Carolina’s rich history of local administration of poor relief, public welfare caseworkers always had the structural autonomy to mold policy to fit the particular needs of their community.\textsuperscript{333} Once social workers were trained, they were granted nearly full discretion in their casework with clients. State welfare officials in the 1952-1954 biennial report of the North Carolina State Board of Public Welfare acknowledged the power of county welfare departments to shape public welfare policies through administration: “In a locally administered program, county welfare departments carry great responsibility for the direction and interpretation of the public

\textsuperscript{331} ibid., 3.  
\textsuperscript{332} ibid., 1.  
welfare program in their respective counties.”334 Furthermore, Winston emphasized the need for local welfare agencies to play a significant role in policy formation since, “They play the major role in determining not only whether the services which the total public welfare program is set up to provide are actually available to citizens of the county or community but they also determine the quality of services rendered.”335 Thus, a rise of new social workers with greater involvement in administering social services within their counties after 1956 opened up opportunities to reshape public welfare policies.

With regards to eugenics, North Carolina was the only state that gave social workers the power to file sterilization petitions.336 The discretion of these local bureaucrats in determining who was eligible for sterilization and obtaining consent was central in shaping the North Carolina eugenics program. Furthermore, county superintendents at this time valued a caseworker’s ability to convince a sterilization candidate about the benefits of the operation. Rhetoric from the period points to a pervasive belief among county superintendents that the ability to file a sterilization petition was reflective of “skillful case work and artful persuasion.”337 Therefore, bureaucratic incentives were introduced for every sterilization petition that a caseworker presented to their superintendent. If social workers with more skill truly were better equipped to persuade sterilization candidates to consent to the operation then the introduction of highly qualified social workers into county welfare departments in 1956 would logically result in a greater number of sterilization petitions. Yet, even if there was

336 Schoen, Choice & Coercion, 83.
337 Woodard, “Services of County Welfare Department,” 8. See also Woodside, Sterilization in North Carolina, 90-91 for county superintendents replies to the 1947 eugenics questionnaire.
no correlation between a social worker’s qualifications and their ability to obtain consent from sterilization candidates, the dynamic whereby superintendents expected more sterilization petitions as a result of a more qualified staff would predispose caseworkers to lean towards sterilization in “borderline” cases. A larger number of eugenic sterilization petitions was not only viewed as successful casework but expected of more experienced social workers by their bureaucratic higher-ups.

North Carolina’s faithful interpretation of the 1956 federal public assistance amendment heightened an emphasis on non-financial social services in addition to creating a bureaucratic structure that was more conducive to sterilization petitions. To this end, social workers were now directly responsible for the social development of their clients like never before. According to public welfare officials, eugenics was one of many non-financial “social services.” And with a new legal demand for administering social services in the 1956 federal amendment, North Carolina caseworkers were strongly encouraged to consider this option along with other services when they deemed it necessary for their clients. Overall, more individual casework with clients naturally increased the likelihood that more welfare recipients were petitioned for sterilization, especially in a welfare system that promoted non-financial social services.

One last effect of the 1956 amendment to the Social Security Act in shaping the administration of eugenics at the local level was that it decreased the time that social workers had to meet rising caseloads. With social workers pushed to provide individual casework beyond financial assistance, each case required more time to complete. The type of social service that Winston called for was a very detailed and time-consuming

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338 Woodside, Sterilization in North Carolina, 52.
process. In outlining her expectations for public welfare officials in 1953, Winston explained precisely how she defined efficient administration: “It means detailed investigations and periodic re-investigations of the financial circumstances of persons seeking and receiving public aid.”

Child welfare services were perhaps the most time-intensive casework as the social worker would often have to arrange for adoption or foster care arrangements and frequently check-up on a dependent child to revisit their situation. Yet, despite child welfare services requiring the most time to administer and despite the caseloads for dependent children growing faster than any other group in the postwar period, in 1957 there were only eighty-five child welfare staff members in county departments of public welfare (less than one per department).

With substantially more time required by social workers for each individual case, not enough social workers to keep up with a rising demand of caseloads, and an exceptionally high turnover rate for social workers as qualifications became more stringent after the 1956 amendment, eugenic sterilization was an easily accessible tool to expedite certain cases. For example, sterilization of illegitimate mothers on ADC was appealing to North Carolina caseworkers especially after 1956 because of the potential to save time immediately and in the future. A statute passed by the North Carolina General Assembly required caseworkers to investigate the use of ADC funds by the recipient each time payments were raised. Once sterilized, however, these women’s ADC payments were fixed because they could no longer give birth to more children. A social worker would never have to revisit these cases. Furthermore, without the possibility of any future

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341 ibid., 1.
births from these women after sterilization, caseworkers would potentially save a future dependent child case that would have been extremely time-consuming otherwise.

Around the same time as this transforming dynamic in local welfare administration, a 1955 bill passed by the North Carolina State Assembly exacerbated fiscal deficits in county welfare departments around the state. Under the provisions of a 1955 amendment to Chapter 108 of the General Statutes of North Carolina, the State Board of Public Welfare was authorized and directed to establish a state fund for the hospitalization of recipients of OAA, ADC, and APTD.\textsuperscript{344} Under this plan, any recipient from any of these three federal public assistance programs was entitled to hospitalization when it became necessary. Whereas under the previous plan there were a number of counties that paid little or nothing towards hospitalization of public assistance recipients, this 1955 amendment assured a set amount to hospitals by establishing a “pooled fund.”\textsuperscript{345} This pooled fund consisted of an annual appropriation for hospitalization by the state, monthly contributions by the counties according to the number of recipients in each county, and a federal fund equal to both state and county amounts.\textsuperscript{346} Not only were counties forced to contribute monthly in direct relation to the number of public assistance recipients in the county, but the amendment defined recipients of ADC as “the eligible children and a parent or other relative included in the payment.”\textsuperscript{347} Lastly, based on a history of counties not meeting their required contributions for the hospitalization of welfare recipients, this 1955 legislation guaranteed adequate and timely payments by

\begin{flushleft}
\textsuperscript{345} ibid., 37.
\end{flushleft}
deducting sufficient amounts to cover each county’s share of payments into the pooled fund from amounts owed to the counties by the federal and state share of assistance payments.\textsuperscript{348} Overall, the “Pooled Fund for Hospitalization of Public Assistance Recipients” passed by the North Carolina General Assembly in 1955 sapped even more funds from county welfare departments that were already taxed by exorbitant administrative costs.

Underfunded North Carolina county departments of public welfare were unable to provide services to growing numbers of needy individuals prior to 1955 due to rising administrative costs, and the pooled hospitalization fund magnified county welfare budgetary deficits to the brink of unsustainability. As seen in the table below from the 1958-1960 biennial report of the North Carolina State Board of Public Welfare, the total expenditures from counties into this pooled hospitalization fund rose annually in direct proportion to the increasing number of recipients in each of the three federal assistance programs:

\textsuperscript{348} ibid., 37.
Table 9: “Expenditures by Counties of County Funds For Hospitalization of Indigent Persons, 1946-1947 Through 1959-1960”

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1946-47</td>
<td>$372,678</td>
</tr>
<tr>
<td>1947-48</td>
<td>579,338</td>
</tr>
<tr>
<td>1948-49</td>
<td>835,281</td>
</tr>
<tr>
<td>1949-50</td>
<td>1,000,777</td>
</tr>
<tr>
<td>1950-51</td>
<td>1,049,076</td>
</tr>
<tr>
<td>1951-52</td>
<td>1,117,633</td>
</tr>
<tr>
<td>1952-53</td>
<td>1,391,907</td>
</tr>
<tr>
<td>1953-54</td>
<td>1,613,961</td>
</tr>
<tr>
<td>1954-55</td>
<td>1,910,347</td>
</tr>
<tr>
<td>1955-56</td>
<td>1,956,116</td>
</tr>
<tr>
<td>1956-57</td>
<td>2,301,649</td>
</tr>
<tr>
<td>1957-58</td>
<td>2,444,141</td>
</tr>
<tr>
<td>1958-59</td>
<td>2,550,058</td>
</tr>
<tr>
<td>1959-60</td>
<td>2,619,270</td>
</tr>
</tbody>
</table>


The added strain of the pooled hospitalization fund on county welfare departments was highlighted in the 1956 federal-state-county breakdown of administrative costs. One year after the program was put in place, the federal government still funded half of administrative costs, but the other half was divided into 8% state and 42% county. Thus, by 1956, funds to administer public assistance in North Carolina had essentially become a matching-grants program between the federal government and the county departments of public welfare.

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Administrative adjustments to reduce costs associated with this new hospitalization legislation were of dire necessity for county welfare departments to remain operational. County departments could no longer hide hospitalization funds from the state as the county payments in the pooled fund were deducted from what was owed to the county by the state and federal government. Nor could counties arbitrarily tighten up eligibility requirements to reduce the coverage of welfare recipients because “federal funds would be lost to the ADC program in North Carolina if a limit were set on the number of illegitimate children in a single case,” noted James E. Burgess, the superintendent of welfare in Randolph County.\(^{350}\) The only practical way for county departments to reduce costs was to reduce the number of recipients in any of the three federal assistance programs so that less county funds would be directed towards the pooled hospitalization fund. With no possible administrative mechanism to reduce the number of recipients in Old Age Assistance or Aid to the Permanently and Totally Disabled, county welfare officials instead harnessed a procedural method to directly reduce the number of children who qualified for ADC without changing eligibility requirements: initiate more sterilization proceedings against illegitimate mothers to prevent future births out of wedlock. This is most certainly what Burgess referenced in his 1956 study of illegitimacy: “Certain curbs, effective in flagrant instances, have been applied at the local level. Beyond that, the problem still remains.”\(^{351}\)

After 1955, a wave of rhetoric on illegitimacy and ADC surfaced in issues of Public Welfare News—a quarterly journal published by the North Carolina State Board of Public Welfare. The majority of these pieces were written by superintendents of public

\(^{350}\)“The Illegitimacy Problem is One for All of Society,” The Charlotte Observer, North Carolina, March 11, 1956, 1.

\(^{351}\)ibid., 1.
welfare from counties throughout the state. Burgess’s 1956 analysis of the causes, costs, and potential solutions for illegitimacy in Randolph County was the most thorough of these works. Randolph opened with: “This problem must be viewed in perspective. The proportion of births out of wedlock has not increased in Randolph County during the past twenty years. However, this fact should not make responsible agencies and responsible citizens content with the present situation. Ways should be found to reduce the number of such births.” Moreover, Burgess acknowledged that the problem of illegitimacy was largely concentrated among “the Negro population in North Carolina.” If the number of non-marital births was allegedly consistent throughout North Carolina, why did county superintendents of public welfare suddenly feel the need to explore the “problem” of illegitimacy to find practical solutions that would reduce its prevalence after 1955? No superintendent would ever explicitly allude to a reshaping of administrative practices to reduce the number of illegitimate children on ADC, but from the timing and content of these publications it is evident that a sudden emphasis was put on curbing illegitimacy from local welfare officials responsible for overseeing the administration of public welfare services to their counties. This explicit concern over illegitimacy after 1955 coincided with an explicit redirection of sterilization operations to disproportionately target black single mothers.

The fact that county superintendents of public welfare led the charge against illegitimacy after 1955 adds a new dynamic to the reshaping of welfare services at the local level. In the study, Burgess recognized that one of the chief causes of births out of

353 ibid., 1.
354 ibid., 6.
wedlock was “insufficiently staffed and inadequately budgeted social agencies,” and he therefore stressed, “the need for skilled and specialized casework services for the unmarried other and her child.” At the same time, with an apparent sense of urgency, Burgess added: “The problem of illegitimacy cannot be solved by public welfare alone. Illegitimacy is no more the exclusive problem of the social worker than it is the minister, the doctor, the teacher, or the law enforcement officer… Illegitimacy is no more the sole responsibility of the welfare department and the caseworkers than it is the courts and the lawyers.”

Thus, while attempting to convey the need for a community-oriented solution, Burgess reaffirmed a fundamental view harbored by county superintendents dating back to the 1947 questionnaire: social workers and their one-on-one casework with mothers of illegitimate children were central in preventing the reoccurrence of illegitimate births in the future.

The administrative routinization of welfare-directed eugenic sterilizations in North Carolina after 1955 was carried out by social workers and county superintendents of public welfare—the most local of all agents in the public welfare bureaucracy. These local caseworkers petitioned an increasingly larger number of their ADC clientele—the vast majority of who were African American mothers of illegitimate children—for eugenic sterilization operations, and were able to secure consent in more of these cases. Caseworkers were personally motivated to prevent future out-of-wedlock births through the sterilization of illegitimate mothers from mostly non-financial resource perspectives; time was the most valuable commodity for overburdened social workers and a 1956 federal amendment to the Social Security Act called for more qualified social workers to

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355 ibid., 6.
356 ibid., 6.
devote more time towards administering social services to their clients. A social worker that was able to prevent the birth of a future dependent child saved an additional caseload in the future and would not have to revisit the mother of the child to ensure proper use of ADC funds. At the same time, superintendents of county welfare departments advocated for a reduction in illegitimate births from a cost-benefit perspective after the 1955 pooled hospitalization fund. Social workers had additional bureaucratic incentives to secure a sterilization operation for their ADC clients as superintendents expected more qualified social workers to convince more illegitimate mothers to pursue this option. County superintendents viewed a case that resulted in sterilization proceedings against an illegitimate mother as successful casework; conversely, a social worker was deemed “responsible”357 when one of their clients continued to give birth out of wedlock. Furthermore, overall agency performance reflected on the county superintendent who therefore pushed his caseworkers to eliminate as many future births out of wedlock as possible. With more at stake for overburdened and underfunded county welfare departments after 1955, more extreme measures were taken by social workers—acting in their own discretion on a case-by-case basis—to ensure that consent was obtained so that the petition could be presented to the Eugenics Board.

Reflecting back to the 1947 welfare questionnaire at this point, however, raises doubt as to whether welfare officials would seek to administer eugenic sterilization operations as a way to preserve resources. With the county departments responsible for funding all costs for the operation and hospitalization, many county superintendents pointed to insufficient funds as the main reason why more sterilization petitions were not

357 ibid., 6.
filed. While welfare officials generally agreed on the alleged social benefits of preventing future illegitimate births, it was not guaranteed back in 1947 that the county welfare department would directly save money through each sterilization operation. For this reason, during these early postwar years sterilization for “borderline” cases was viewed as a costly expenditure with little reward.

For the first time after 1955, however, the scale tipped towards the benefits outweighing the costs for sterilization. Local welfare officials were desperate to preserve resources and instead of viewing eugenic sterilization as an extraneous and costly social service, it became an administrative solution necessary to function in a period of heightened demand in the eyes of both county superintendents and social workers. In order to conceptualize the value of sterilization from a cost-benefit perspective, it is necessary to consider the costs incurred by a county welfare department for a birth out of wedlock before 1955 compared to after.

Before 1955, a birth out of wedlock would result in a larger county payment towards ADC. With the federal government covering a larger proportion of these payments, however, this cost would be negligible. Furthermore, a birth out of wedlock could potentially cost time as an added case for a child welfare worker. However, the social services aspect of public welfare was not largely emphasized at this time and it was not guaranteed that a social worker would be assigned to the case whenever a child was born out of wedlock.

After 1955, however, a birth out of wedlock sapped more financial and non-financial resources from county welfare departments due to shifts in the structure of North Carolina welfare administration. Similar to the period before 1955, a child born out
of wedlock would result in a larger county payment towards ADC. While this cost would be negligible after 1955 as well, the county would now owe more towards the pooled hospitalization fund due to another ADC recipient within the county. Thus, for the first time county welfare funds were taxed in direct proportion to each future birth out of wedlock. Furthermore, with welfare social services legally mandated at the federal level, a birth out of wedlock was now guaranteed to add another case to the caseload of a child welfare worker as well as another case to the caseload of a general social worker who would have to investigate the use of the extra ADC funds that the family would now receive. With caseloads rising year after year at a disproportionate rate compared to the hiring of new, qualified caseworkers, institutional incentives were created for social workers to reduce the number of cases in order to meet demand through any means possible short of neglecting their clients.

Overall, after 1955 the benefits of sterilization for North Carolina county welfare departments to preserve both financial and non-financial resources vastly outweighed the one-time cost. Thus, public welfare administration at the county level adapted to new structural requirements in order to survive in the face of a postwar fiscal crisis. Out of all the North Carolinians who were eligible for the proliferating federal public assistance programs after World War II, only one category of needy citizens could be cut down without changing eligibility requirements and drawing the attention of the federal government: the sterilization of poor single mothers directly prevented future births out of wedlock, which in turn would effectively reduce the number of ADC recipients. Not only was the number of ADC recipients subject to administrative manipulation by public welfare officials, but single mothers of illegitimate children on ADC represented some of
the highest costs to county welfare departments. Therefore, eugenic sterilization was an economically feasible and easily accessible tool for North Carolina caseworkers to administer to these high-cost clients in order to free up financial and non-financial welfare resources while still fulfilling their duty to provide adequate social services to needy citizens in the eyes of their bureaucratic higher-ups. Furthermore, since social workers acted with nearly full discretion in their one-on-one casework, this administrative routinization of welfare-directed sterilization was not resisted from higher levels in the North Carolina public welfare bureaucracy (in fact, county superintendents endorsed it) nor was it acknowledged by anyone outside of the state welfare and eugenics agencies. Spearheaded by the most local welfare officials, North Carolina eugenics as a tale of poverty took on a new meaning after 1955 when institutional poverty became a greater concern than the poverty of the specific welfare recipients sterilized at a disproportionate rate.

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Honing in on the development of eugenics in individual counties after 1955 allows for the hypothesis of discriminatory sterilization of unwed mothers on ADC as an administrative response by local welfare officials to new institutional demands to become testable. With all else equal, one would expect that counties with higher numbers of sterilization operations in proportion to their total population represent counties where the underlying factors driving these local eugenics programs were magnified. A survey of sterilization statistics by county during the postwar period reveals an inequitable distribution of operations as seen below in the breakdown of sterilizations throughout all 100 North Carolina counties.
Table 10: “North Carolina Sterilizations Performed Per County, June 1946 to June 1948”

![Sterilizations Performed per County Map]


As evidenced in the above map, the lion’s share of eugenic sterilizations on a county-by-county basis originated in Mecklenburg County. During the period of 1946 to 1968, Mecklenburg County was the only county in North Carolina to perform over 400 sterilizations. Mecklenburg dwarfed the next largest county of Guilford with nearly a three-fold increase in sterilization procedures despite relatively equal populations: 485 to 167 sterilization respectively. With Mecklenburg representing such an extreme outlier

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in North Carolina sterilization statistics broken down by county, an investigation into the catalysts responsible for the proliferation of this local eugenics program is warranted.

A breakdown of extramural sterilization operations performed in Mecklenburg County compared to the total extramural operations performed throughout the state on a year-by-year basis dating back to 1946, extracted from Biennial Reports of the Eugenics Board of North Carolina, illustrates the following trend:

<table>
<thead>
<tr>
<th>Period</th>
<th>Sterilizations Out of Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1946-1948</td>
<td>8 out of 151 (5%)</td>
<td></td>
</tr>
<tr>
<td>1948-1950</td>
<td>10 out of 237 (4%)</td>
<td></td>
</tr>
<tr>
<td>1950-1952</td>
<td>5 out of 226 (2%)</td>
<td></td>
</tr>
<tr>
<td>1952-1954</td>
<td>17 out of 328 (5%)</td>
<td></td>
</tr>
<tr>
<td>1954-1956</td>
<td>29 out of 330 (9%)</td>
<td></td>
</tr>
<tr>
<td>1956-1958</td>
<td>74 out of 417 (18%)</td>
<td></td>
</tr>
<tr>
<td>1958-1960</td>
<td>86 out of 430 (20%)</td>
<td></td>
</tr>
<tr>
<td>1960-1962</td>
<td>65 out of 391 (17%)</td>
<td></td>
</tr>
<tr>
<td>1962-1964</td>
<td>44 out of 428 (10%)</td>
<td></td>
</tr>
<tr>
<td>1964-1966</td>
<td>26 out of 298 (9%)</td>
<td></td>
</tr>
</tbody>
</table>

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To put into perspective how disproportionately skewed the sterilization numbers from Mecklenburg County were, from 1958-1960 one county out of 100 accounted for one-fifth of the total non-institutional sterilization procedures. Extramural sterilization operations in Mecklenburg County followed a nearly identical trend to North Carolina extramural operations as a whole during the postwar period. Mecklenburg emerged as the state-leading county in total sterilization operations for the first time in 1954-1956 and remained so up until 1966. Roughly half of the total 485 sterilizations occurred in a six-year span from 1956 to 1962. Thus, with one county accounting for such a large share of the total sterilization operations across the state and this precipitous jump in sterilizations occurring after 1955, the administration of eugenic sterilization in Mecklenburg County was a driving force in the post-1955 transformation of North Carolina eugenics as a whole.

As a pioneer in the reshaping of North Carolina eugenics, Mecklenburg County experienced explosive catalysts that surfaced in 1955 and resulted in a marked intensification of the local eugenics program. Consistent with the general trend of North Carolina eugenics, the overwhelming majority of sterilization victims in Mecklenburg after 1955 fit the mold of black single mothers on welfare. This explicit shift in the scope of eugenics and surge in the implementation of sterilizations after 1955 cannot be explained by a turnover in staff in the local county welfare department because Wallace H. Kuralt served as Mecklenburg County’s Director of Public Welfare from 1945 to 1972. Rather than an ushering in of new welfare officials stressing new policies, the interplay of powerful underlying forces manifested in a systematic reshaping of eugenics

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to target new categories of residents in Mecklenburg. An exploration into these local forces and the structural mechanisms through which this transformation unfolded can be used as a paradigm for why and how North Carolina eugenics was redirected from the bottom up after 1955.

Given the magnitude of the Mecklenburg eugenics program in the late 1950s, one would expect very forceful catalysts responsible for spurring this abrupt and heady growth. Whereas the majority of Mecklenburg residents sterilized between 1937 and 1954 were white, African Americans made up roughly 80% of the residents ordered sterilized at the behest of Kuralt’s welfare department between 1955 and 1966.³⁶¹ Taken at face value with no extraneous social factors invoked, a racial hypothesis seems appealing. But, reducing the proliferation of the post-1955 North Carolina sterilization program to racially motivated population control objectives would require a pattern of higher sterilization numbers in counties with greater African American populations. Along these lines, with Mecklenburg accounting for a disproportionate share of sterilization procedures, it would logically follow that Mecklenburg had a disproportionately high African American population relative to other North Carolina counties. This was not the case. In 1950, there were nine counties in North Carolina where African Americans constituted more than 50% of the total population and Mecklenburg was not one of them.³⁶² Nor did the black population of Mecklenburg noticeably grow by the time that the number of sterilization operations rose substantially in 1955. For example, in 1960 African Americans represented only 25% of the total

³⁶¹ ibid.
³⁶² Larkins, Negro Population of North Carolina, 2. The nine counties were Bertie, Edgecombe, Gates, Halifax, Hertford, Hoke, Martin, Northampton, and Warren.
Mecklenburg population. Furthermore, the possibility that Mecklenburg represented an extreme case of local racism manifested through the eugenic sterilization of blacks at a disproportionate rate falls short on two fronts. Publications and interviews with Kuralt throughout his time as the superintendent of welfare for Mecklenburg County do not reveal a radical, fire-breathing extremist, but rather a local official who was quite progressive for his time based on his view of public welfare and the balancing act between the needs of the individual and those of the state. Also, if Kuralt was motivated to implement a local eugenics policy on racial grounds, he would have done so earlier given that his tenure began in 1945. In fact, in 1954 Kuralt revealed the following trend in terms of Mecklenburg illegitimacy rates broken down by race: “The rate of illegitimacy in the Negro population is still decreasing. The trend of the illegitimacy rate in the white population, however, is slowly upward.”

While the racial hypothesis falls short, a related welfare hypothesis warrants an exploration. It is reasonable that an intensification of the eugenics program in Mecklenburg County was the product of rising ADC recipients. This hypothesis is correlated to the racial hypothesis given the disproportionate prevalence of illegitimacy amongst the black community of North Carolina at this time. For a welfare hypothesis to be supported, ADC costs would have to be extreme or disproportionately rising in Mecklenburg compared to other counties to justify the disproportionate number of sterilizations. Once again, this was not the case. From 1958-1959 during Mecklenburg’s peak years for sterilization, 3,574 children from 1,159 families received ADC resulting in

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363 ibid.
a total of $1.1 million in ADC obligations. While these numbers were high, Mecklenburg did not lead all other North Carolina counties in ADC recipients during this span. Forsyth County, for example, had 3,448 children from 1,175 families on ADC with a total obligation of $1.1 million as well. Yet, while Mecklenburg accounted for eighty-six sterilizations during these years, Forsyth was responsible for five sterilizations. Thus, both counties had equal ADC obligations, yet Mecklenburg initiated over seventeen times as many sterilization operations.

If the post-1955 trajectory of the Mecklenburg sterilization program was not exclusively accounted for by the race of victims or the number of welfare recipients despite the fact that the principal category of sterilization victims was black single mothers, what explains the palpable discrepancy between this expansive program and the rest of the North Carolina counties that lagged far behind? Rather than an analysis of the descriptive characteristics of the sterilized victims, analysis must be directed towards changes in the administration of sterilization after 1955. The answer then lies in the institutional obstacles faced by the Mecklenburg County Welfare Department and how welfare officials responded to these obstacles. For the first time after 1955, the Mecklenburg County Welfare Department experienced two specific institutional obstacles so profound as to produce an extreme, reactionary administrative routinization of welfare-directed eugenic sterilization: a rise in administrative costs significantly greater than any other county welfare department and a profound lack of time and resources to meet the demand of rising welfare caseloads.

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366 ibid., 108.
367 The Eugenics Board of North Carolina, Biennial Report: July 1, 1958 to June 30, 1960, 18.
Public welfare administrative costs were excessively high in Mecklenburg County relative to all other county welfare departments in North Carolina. Due to the large size of the county, Mecklenburg was one of a handful of North Carolina county welfare departments that did not qualify for the state-equalizing fund to aid counties less able to meet their share of the payments.\footnote{Kuralt, “The Welfare Tax Dollar at Work at the County Level,” 2.} Therefore, costs for the federal public assistance programs were elevated in Mecklenburg ever since North Carolina adopted the Social Security Act in 1937. Despite marginally higher federal public assistance payments that were rising year after year alongside rising caseloads, the lack of coverage under the state-equalizing fund was not the catalyst responsible for the local sterilization boom. Therefore, instead of focusing on ADC obligations, shifting to administrative costs is more revealing.

After the establishment of the state pooled hospitalization fund in 1955, hospitalization obligations burgeoned in Mecklenburg at a disproportionate rate. For example, total hospitalization costs in Mecklenburg County were $157,360 from 1953 to 1954, yet from 1954 to 1955 the costs more than doubled to $336,003.\footnote{Statistics extracted from The North Carolina State Board of Public Welfare, \textit{Biennial Report: July 1, 1952 to June 30, 1954}, 104; The North Carolina State Board of Public Welfare, \textit{Biennial Report: July 1, 1954 to June 30, 1956}, 104.} The next closest county welfare department in terms of funds directed towards hospitalization obligations in 1954-1955 was Guilford with less than half at $117,044\footnote{The North Carolina State Board of Public Welfare, \textit{Biennial Report: July 1, 1954 to June 30, 1956}, 104.} (Guilford was also second in sterilization operations consistent with the administrative cost hypothesis).

Mecklenburg’s exceptionally high hospitalization costs were the results of large numbers of OAA and APTD recipients in addition to ADC recipients as well as a very large general assistance caseload (hospitalization costs for general assistance cases were
entirely funded by the counties). After 1955, Mecklenburg’s hospitalization costs for welfare recipients rose year after year until reaching a peak of $435,373 in 1957-1958\textsuperscript{371}—right around when sterilization numbers peaked as well. At this peak, hospitalization costs in Mecklenburg nearly trebled the next highest county in Guilford at $155,598.\textsuperscript{372} Overall, the trend in Mecklenburg sterilization numbers mirrored the trend in hospitalization obligations for welfare recipients, both of which disproportionately surged after the passage of the 1955 state pooled hospitalization fund.

In addition to exorbitant administrative costs, the non-financial administrative resources in the Mecklenburg County Welfare Department were strained to a point where a caseworker even partially meeting the needs of their clients was not practically obtainable in the postwar era. In 1954, Kuralt described the public welfare department in Mecklenburg as “probably one of the most comprehensive programs of public welfare to be found anywhere in the United States.”\textsuperscript{373} Consistent with his vision of administering such a broad program of financial and social services to welfare recipients, Kuralt abandoned a system of undifferentiated caseloads in 1945 and instead established specialized functional caseloads into six main divisions to efficiently keep up with demand: an Applications Division, a Child Welfare Division, a Social Work Division of Domestic and Juvenile Court, a Medical and Institutions Division, a Family Casework Division, and an Administrative Units Division.\textsuperscript{374} Out of the Family Casework Division a new unit was established in 1954 in which workers were assigned exclusively to a limited load of 100 active cases of ADC families “in order to make selective child

\textsuperscript{371} The North Carolian State Board of Public Welfare, Biennial Report: July 1, 1956 to June 30, 1958, 104
\textsuperscript{372} ibid., 103.
\textsuperscript{373} Kuralt, “The Welfare Tax Dollar at Work at the County Level,” 2.
\textsuperscript{374} ibid., 4.
welfare casework services available.” According to Kuralt, the staff of the department was exceptionally well qualified in terms of all caseworkers having undergraduate degrees in social sciences and 38% having completed at least one year of graduate training in approved schools of social work, but despite their qualifications there was only forty-two caseworkers employed in 1954. Even with a program of specialized functional caseloads and qualified caseworkers, Mecklenburg’s public welfare staff was vastly insufficient numbers-wise to keep up with demand for such an extensive program of social services.

A chronic inability of the overburdened and underfunded public welfare staff in Mecklenburg County to meet caseload demands was greatly exacerbated after the 1956 amendment to the Social Security Act called for a heightened emphasis on social services and casework. Only months after this amendment, Kuralt set up “Group Meetings for ADC Mothers.” Even with the specialized ADC division created as an offshoot of the Family Casework Division—where caseworkers were carrying caseloads of 115 ADC families plus approximately fifteen to twenty non-financial service cases—only partial need of the families was being met in 1956. Kuralt, recognizing the need for intensive casework with ADC families especially, explained his motivation for creating a “group meetings for ADC mothers” program in 1956: “…we were confronted with severe time limitations so decided it might be possible to work with mothers in groups rather than individually.” As part of Kuralt’s institutional goal to expedite the time-consuming

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375 Ibid., 4.
376 Ibid., 4.
378 Ibid., 6.
379 Ibid., 6.
ADC casework process while still adequately meeting need, this 1956 project assigned one of the more skilled caseworkers to organize a group of ADC mothers that would meet every week for four sessions and thereafter every third week to deal with a range of common problems experienced by ADC families, such as budgeting, food preparation, general housekeeping, and disciplining.380

During the preliminary planning, twenty-five ADC mothers of fifty-nine children expressed interest in such group meetings, yet Kuralt still faced institutional obstacles in developing this program that was designed to overcome institutional obstacles. One such obstacle was no available facilities in the local welfare department for the group of ADC mothers to meet. Furthermore, if a space were found in the community, Kuralt expressed concern about the cost of transportation for the women to attend the meetings. In his outline of the program, Kuralt addressed this concern through a policy of supplementing transportation expenses for the group meetings with General Assistance.381 For a county welfare department facing unsustainable budget deficits to advocate for a new program that would add expenses speaks to how desperate Mecklenburg officials were to find new mechanisms to cope with extreme institutional demands after 1955. While group meetings for ADC mothers would add minor administrative expenses, Kuralt believed that the resources freed up by the centralization of ADC casework would outweigh any expenses and allow caseworkers to better meet social service demands.

This new wave of institutional obstacles—exorbitant costs and case overloads—which disproportionately plagued the Mecklenburg County Welfare Department after 1955 relative to other North Carolina county welfare departments, elicited extreme

380 ibid., 6.
381 ibid., 6.
administrative adjustments to both preserve and free up resources. Kuralt recognized the need to adapt to new demands through new administrative methods, and as county superintendent of public welfare he was in the position to enact new local policies and reshape administrative practices accordingly. In a 1954 overview of the functions and programs of the Mecklenburg County Welfare Department, Kuralt noted the autonomy and discretion of North Carolina county superintendents to shape welfare administrative policies at the local level:

Actually, in the North Carolina administrative structure, considerable freedom in administrative methods and controls rests with the county superintendent of public welfare. Although most policy is established on the State level, county administrators and boards, as well as case work and clerical staff, participate actively in the formation of state-wide policy as it applies to county administration. This cooperative planning has helped to keep the public assistance programs practical… The manner in which State policy is effectuated on the local level, however, is determined largely by the county superintendent. In most counties the greater part of the board’s administrative authority is delegated to the county superintendent, so that the welfare board is largely advisory in its actual operations. The county superintendent is certainly the one held accountable for agency performance.382

Thus, as the architect of a restructured apparatus of public welfare in Mecklenburg after 1955, Kuralt initiated a range of potential administrative solutions to new structural obstacles as evidenced by the formation of group meetings for ADC mothers to expedite the social service process for caseworkers. One of these administrative changes was an explicit intensification of eugenic sterilization proceedings against mothers of illegitimacy children.

Back in his 1954 publication on the work of the Mecklenburg County Welfare Department, Kuralt specifically identified illegitimacy as “a difficult problem faced by

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the Mecklenburg County Welfare Department.” The main reasons that Kuralt outlined, however, had nothing to do with administrative burdens and instead focused on taxpayer resentment for the belief that ADC funded illegitimacy. To combat supposedly misinformed public views, Kuralt claimed that the rate of illegitimacy was steadily declining in the county since the inception of the ADC program, especially amongst the black community.

After 1955, however, Kuralt’s rhetoric shifted towards strong views on preventing poverty through an increasingly active role in government services. In a 1964 piece from *The Charlotte News*, Kuralt exclaimed: “When we stop to reflect upon the thousands of families which are too large for the family to support, the one-tenth of our children born to an unmarried mother, the hoard of children rejected by parents, is there any doubt that health, welfare, and education agencies need to redouble their efforts to prevent these conditions which are so costly to society?” Furthermore, whereas Kuralt downplayed black illegitimacy in 1954, by 1964 he noted that one in three black children were born to an unmarried mother, and that “these children came into the world with all odds against them and their mothers face a blighted life of hopeless struggle just to survive.”

Furthermore, *The Charlotte Observer* obtained summaries of 430 Mecklenburg County sterilization cases that researcher Johanna Schoen accessed before these records were sealed by the state. A sampling of these sterilization petitions instituted by Wallace H. Kuralt and sent to the North Carolina Eugenics Board in the

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383 ibid., 4.
384 ibid., 4.
385 Helms & Tomlinson, “Wallace Kuralt’s Era of Sterilization.”
386 Cited in Helms & Tomlinson, “Wallace Kuralt’s Era of Sterilization.”
387 ibid.
summer of 1955 reveal a prominent trend of young women with borderline IQ’s (based on the “feeblemindedness” cut-off of 70) that were single with children.\textsuperscript{388} Most of these women were recipients of welfare and nearly every case was diagnosed as feebleminded. Even sterilization candidates that had not given birth to any children yet were described as “highly sexed and needs to be watched constantly.”\textsuperscript{389} In a new period with new administrative demands after 1955, births out of wedlock posed a heightened threat to a fiscally struggling Mecklenburg welfare department and Kuralt altered his sterilization policies to reflect that.

Elements of coercion were evident in this post-1955 administrative routinization of public welfare services in Mecklenburg to ensure that these sterilizations were authorized. Consistent with the general procedural trend of North Carolina eugenic sterilizations, only six of the 430 sterilization petitions in the records from Mecklenburg were rejected by the Eugenics Board.\textsuperscript{390} Therefore once consent was obtained, the authorization of sterilization was practically a formality. Records show that patients signed 317 of the 430 sterilization petitions, and most of those without patient consent were children as young as ten years old.\textsuperscript{391} In terms of obtaining consent, Schoen’s interview with one of Kuralt’s assistants, Edwin H. Chapin, is noteworthy. During this interview when asked about the procedure, Chapin remarked: “There was concern that we were doing sterilizations for women and some subtle arm-twisting. I remember one of my coworkers whose office was next to mine and I am embarrassed to tell you that I think he sterilized his entire case load [60 people] over a period of a year or two years.

\textsuperscript{388} ibid.
\textsuperscript{389} ibid.
\textsuperscript{390} ibid.
\textsuperscript{391} ibid.
That was excessive." In response to Chapin’s claim, Schoen concluded: “It is unlikely that all the women in his caseload desired the operation. In such a setting, clients were more likely to be coerced to submit to sterilization, limiting rather than increasing their reproductive control.” Interviews with welfare staff members that are still alive could be the closest one could get to evidence of coercion other than testimonies from surviving sterilization victims themselves. Nonetheless, it is difficult to conceive how an abrupt discriminatory shift in the scope of sterilization victims after 1955 could manifest without elements of coercion, especially considering that written consent was a necessary requirement for authorization. It seems plausible that an extreme environment in terms of institutional demands on county welfare departments yielded extreme administrative changes with extreme measures taken by caseworkers to ensure the success of these new administrative practices.

It is insufficient to only view Kuralt and the Mecklenburg County Welfare Department as leaders in eugenic sterilization for North Carolina after 1955, however. Extending beyond his broad appeal to social services, Wallace Kuralt was a pioneer in birth control. In 1960, Kuralt contacted Dr. Elizabeth Corkey of the Mecklenburg County Department of Public Health and instituted a groundbreaking family-planning clinic as a joint project of the county welfare and health departments. This state program offered poor women access to a wide range of contraceptive devices for the first time. Included as part of these contraceptive devices was “the pill,” even though the Food and Drug

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393 ibid., 124.
394 ibid., 64.
Administration (FDA) had not yet approved this form of birth control. Kuralt’s program was predicated on his conviction that family planning services remained inaccessible to most poor women, which he believed was one of the root causes of illegitimacy among this low-income group. Sterilization still persisted under this new family-planning program, yet a wider range of contraceptive devices was made available to poor women for the first time as part of the local welfare department’s administration of social services.

Wallace Kuralt couched the goals of family planning in plain economic terms, reflective of his motives behind increased governmental control over the reproductive tendencies of poor women. Kuralt was a firm believer in the rights of women to control their reproduction—this included “not only freedom to choose the method of family planning, but the freedom to participate or not participate”—yet by providing poor women with more contraceptive options, Kuralt hoped to limit unwanted pregnancies and prevent against the associated costs. In order to convince his conservative county commissioners to fund family planning early on in the program, Kuralt drove them to Charlotte’s housing projects so that they could observe poverty firsthand and see that family planning was a much cheaper alternative for the welfare department than supporting “unwanted children.” Kuralt also considered potential administrative benefits of family planning services: “Here, at last, was a method of preventing unwanted pregnancies by an acceptable, practical, and inexpensive method. The poor readily

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395 ibid., 64.
396 ibid., 65.
398 Schoen, Choice & Coercion, 66.
adopted the new techniques for birth control.”\textsuperscript{399} Under the leadership of Wallace Kuralt, liberal family-planning services represented a natural evolution from increased eugenic sterilization operations; the reproductive capacity of even more poor, illegitimate mothers could be restricted. Both of these local policies were born as administrative responses to heightened institutional strains on the Mecklenburg County Welfare Department after 1955.

The decline in Mecklenburg sterilizations coincides with the introduction of the birth control program in 1960. Caseworkers still resorted to eugenic sterilizations to reduce future births out of wedlock from black single mothers on ADC, yet other contraceptive devices were now available to achieve the same goal for a wider range of cases. Even though the prolific sterilization program declined after 1960, Kuralt deemed the birth control program an overwhelming success based on the fact that within three years of the formation of the public family planning program, the ADC caseload of Mecklenburg County stabilized while the number of ADC recipients was rapidly growing nationwide.\textsuperscript{400} And county statistics from biennial reports of the North Carolina State Board of Public Welfare confirm that Kuralt’s praise was justified on the grounds of ADC caseloads and costs. From 1956-1958 to 1958-1960, families on ADC grew from 919 to 1,159 (+240), the children of these families rose from 2,695 to 3,574 (+879), and total obligations rose from $840,637 to $1.19 million (+$349,363). Yet after the formation of the family-planning clinic, from 1960-1962 to 1962-1964 the families on ADC decreased from 1,140 to 1,077 (-63), the children of these families decreased from 3,783 to 3,630 (-153), and the total obligations decreased from $1.259 million to $1.242

\textsuperscript{399} Cited in Helms & Tomlinson, “Wallace Kuralt’s Era of Sterilization.”
million (-$17,000). Even more impressive, however, is the difference in hospitalization costs before and after the family-planning clinic was established: from 1956-1958 up to 1962-1964 hospitalization costs shrunk by over ten-fold from $435,373 to $31,233 (-$404,140).  

Thus from a purely economical standpoint, Kuralt’s radical reshaping of administrative policies in Mecklenburg was ultimately successful in reducing administrative costs to withstand crippling institutional obstacles after 1955. Moreover, by establishing policies aimed at limiting the reproductive capacity of poor women, Kuralt was also able to directly reduce ADC recipients—this in turn reduced social worker caseloads and freed up time to meet demand. Overall, Kuralt’s administrative solution to institutional demands revolved around the merging of eugenic sterilizations with different social services to achieve the overarching goal of gaining reproductive control over poor women—single mothers on ADC, in particular. In the immediate wake of the 1955 institutional crisis, Kuralt and his social workers merged eugenics and welfare as ADC caseworkers began initiating sterilization petitions against illegitimate mothers at a significantly greater rate. A shift in Kuralt’s rhetoric in regards to illegitimacy and poverty mirrored this administrative routinization of welfare-directed eugenic sterilizations. By 1960, Kuralt and his social workers redoubled their efforts by merging welfare, eugenics, and public health with the state’s first family-planning clinic. Sterilization evolved into one of many contraceptive devices employed to fulfill antinatalist population control objectives, and counties throughout the state followed suit.

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Yet, regardless of whether sterilization was the preferred method to curb illegitimacy or one of many, the underlying motivation for its heightened implementation remained constant: a supposedly cost-effective preservation of public welfare resources at the level of local bureaucratic administration.

This revolutionary family-planning clinic established in Mecklenburg County in 1960 served as a precursor to the upsurge of family planning clinics once federal funds to support these services became available in the mid-1960s.

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Across the country, experiments with new family-planning delivery systems followed Mecklenburg’s lead. The Office of Economic Opportunity (OEO) was established in 1964 under the Economic Opportunity Act as the federal agency responsible for administering President Lyndon B. Johnson’s “Great Society” programs to wage the war on poverty. On the eve of the landmark Supreme Court Case Roe v. Wade (U.S., 1973), the OEO was the first public agency to offer family-planning and reproductive services to the poor when abortion was still illegal. Initially, however, only married women living with their spouses were eligible, and sterilizations were strictly prohibited. In 1967, the Social Security Act was amended under H.R. 12080 to reform Aid to Families with Dependent Children (AFDC) by providing family-planning services offered on a voluntary basis in all appropriate cases. According to the bill, the motivation behind the inclusion of family-planning services as a supplement to financial assistance was “to aid in the reduction of illegitimate births, and to prevent the neglect, abuse, and exploitation of children.” More favorable federal matching funds were offered to the

states to ensure adequate training and implementation of these non-financial family-planning services. Furthermore, Congress in 1970 passed the Family Planning Services and Population Research Act, which was the first legislation dealing exclusively with family planning and which provided these services to all poor women on the state level. Overall, in the mid-1960s to early-1970s, the administration of family-planning services was delegated to public welfare departments throughout the country as a non-financial social service to welfare recipients. From 1965 to 1975, the individuals serviced by public family-planning programs grew eightfold from 450,000 to more than 3.8 million.403

By the early 1970s, OEO approved grant funds to include sterilization404 as a part of public family-planning programs after some 80% of OEO projects around the country expressed a desire to add sterilization to their services.405 For family-planning clinics at this time, sterilization was more popular than any other contraceptive device. Yet, when OEO sanctioned these funds for sterilization in 1971, the family-planning clinics were asked to withhold sterilizations until a set of guidelines could be issued. These guidelines drafted by OEO were not released until 1974, yet during this interim approximately 100,000 sterilizations were financed annually without the benefits of elementary safeguards.406 For the first time in 1971, the authority to administer sterilization was placed in the hands of social workers on a national scale as part of the federal family-

403 Thomas Shapiro, Population Control Politics (Philadelphia, 1985), 113.
404 With the eugenics movement largely dead at the national level by this time, these sterilizations do not represent “eugenic” sterilizations in the strict sense of the word. Rather, sterilization at this time was endorsed on the grounds of family planning, birth control, and population control objectives. While there is an overlap between these three movements and eugenics from an ideological standpoint, welfare departments did not consider these sterilizations as part of a revived eugenics movement.
405 ibid., 113.
406 ibid., 115.
planning program and, as noted by Thomas Shapiro, with no legal guidelines in place during this three-year period, “the most blatant abuses took place.” For example, several widely publicized lawsuits and numerous reports in the early 1970s indicated flagrant abuses in the administration of sterilization by irresponsible doctors or welfare officials, such as coercion, threats to withhold other medical or social services including child delivery and welfare benefits, and misinformation about the dangers and permanence of the surgery. In terms of the pattern of sterilization during this period, Shapiro analyzes data extracted from the National Survey of Family Growth (NSFG) between 1973 and 1976 to reveal significantly higher rates of sterilization for women receiving public assistance than those not receiving assistance (366 sterilizations per 1,000 for welfare recipients versus 219 for non-recipients). Along these lines, Shapiro found that rates for women receiving public assistance with three or more children were 67% higher than for women not on welfare with the same number of children. Minorities were only minimally more likely to be sterilized than whites. Thus, when control over sterilization was harnessed and implemented by local public family-planning caseworkers nationwide with virtually no guidelines, the differential results in victims were “not as directly racially based as they were class—and welfare—related.” Population control objectives were thus primarily centered around the key dynamic of socioeconomic class and welfare as the most powerful positive predictor of one’s being sterilized more so than race or fertility level.

407 ibid., 114.
408 ibid., 89. See Relf v. Weinberger et al. (District of Columbia, 1974).
409 ibid., 100.
410 ibid., 94-107.
411 ibid., 100.
To explore the mechanisms of social policy that systematically discriminated sterilization victims along lines of poverty and welfare status throughout the U.S. in the early 1970s, Shapiro offers a model\(^{412}\) of public family-planning administration with social analyst Michael Lipsky’s construction of the nature of “street-level bureaucracies”\(^{413}\) at its heart. With no evidence that poor women on welfare seek sterilization at a heightened rate, the process of delivering public services must instead be examined for elements that produce systematic bias. This bottom-up model provides a valuable framework for the institutional poverty hypothesis of North Carolina eugenics after 1955.

Lipsky defines “street-level bureaucrats” as “public service workers who interact directly with citizens in the course of their jobs, and who have substantial discretion in the execution of their work.”\(^{414}\) Along these lines, Lipsky then refers to “street-level bureaucracies” as public service agencies “that employ a significant number of street-level bureaucrats in proportion to their work force.”\(^{415}\) Social workers are specifically referenced by Lipsky as part of this broad category of government employees, along with “teachers, police officers and other law enforcement personnel, judges, public lawyers and other court officers, health workers, and many other public employees who grant access to government programs and provide services within them.”\(^{416}\) Lipsky notes a heady growth in street-level bureaucrats during the postwar era as government employment more than doubled from 1955 to 1975 due in large part to the postwar baby

\(^{412}\) See Thomas Shapiro, Population Control Politics, 115-124.

\(^{413}\) See Michael Lipsky, Street-Level Bureaucracy: Dilemmas of the Individual in Public Services (New York, 1980).

\(^{414}\) ibid., 3.

\(^{415}\) ibid., 3.

\(^{416}\) ibid., 3.
boom and growing number of elderly. Naturally with this drastically increased postwar need, dependent citizens increased state and local activity in street-level bureaucracies—notably education, health, and public welfare.\textsuperscript{417}

Rather than viewing the formation of public policy as a top-down mechanism trickling down from legislatures or high-ranking administrators, Lipsky contends that these public employees representing the lowest level of the bureaucratic hierarchy directly shape the public policies they carry out through their decisions, the routines they establish, and the devices they construct to cope with work pressures.\textsuperscript{418} Street-level workers effectively become policy-makers due to certain structural characteristics of bureaucracies. One of these is their relative autonomy from organizational authority, which is derived from working in situations that are too complicated to reduce down to “programmatic formats.”\textsuperscript{419} There is an inherent human element in the interactions between low-level workers and their clients, and for this reason street-level bureaucrats have considerable discretion in molding the social services that they are required to deliver. In addition to this wide degree of discretion and relative autonomy in their regular interaction with citizens, street-level bureaucrats work in environments of perpetually adverse conditions in which they constantly perceive problems and frame individual solutions to these problems. Lipsky outlines five typical conditions inherent in the work of street-level bureaucrats:

\begin{enumerate}
\item Resources are chronically inadequate relative to the tasks workers are asked to perform
\item The demand for services tends to increase to meet the supply
\end{enumerate}

\textsuperscript{417} ibid., 3.
\textsuperscript{418} ibid., xii.
\textsuperscript{419} ibid., 15.
3. Goal expectations for the agencies in which they work tend to be ambiguous, vague, or conflicting.
4. Performance oriented toward goal achievement tends to be difficult if not impossible to measure.
5. Clients are typically nonvoluntary; partly as a result, clients for the most part do not serve as primary bureaucratic reference groups.\(^{420}\)

This inherent resource inadequacy that Lipsky identifies in all bureaucracies results in street-level bureaucrats developing patterns of practice to make jobs easier, but it also shapes how low-level bureaucrats socially construct their clients and judge successful casework.

Shapiro then uses Lipsky’s street-level bureaucracy paradigm to explore the dynamics of administering public family-planning and reproductive services that potentially resulted in discriminatory sterilization throughout the ‘70s and ‘80s. In terms of relative autonomy from organizational authority, family-planning caseworkers exercise wide discretion about the choices they stress for clients since they are usually free from direct supervision and not held accountable to the general public or their clients. With regards to a chronic shortage of both financial and non-financial resources, Shapiro describes sterilization as “the most expedient and efficient form of birth control” from a “crude bureaucratic-centered point of view.”\(^{421}\) As a more permanent option, sterilization eliminates repeated check-up appointments that are required for other forms of birth control and thus frees up a family-planning worker’s time to meet their high caseload demand. Furthermore, Shapiro highlights the bureaucratic incentives of sterilization for the family-planning worker based on how clients who become pregnant reflect on the casework. According to Shapiro, “a pregnancy is the most outward and

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\(^{420}\) Lipsky, Street-Level Bureaucrats, 27-28.

\(^{421}\) Shapiro, Population Control Politics, 121.
obvious sign that the worker’s counsel may have been inappropriate.”

Not only was the caseworker’s time and energy “wasted” on a client who becomes pregnant, but that client now represents an increased strain on scarce resources of the welfare state. Lastly, another structural element of public welfare bureaucracies that serves to bias family-planning workers towards sterilization above other birth control methods is how the worker constructs their client. To maximize a perception of bureaucratic success, caseworkers deflect responsibility by either blaming the victim irrespective of social and environmental contexts or by perceiving clients as products of their environment (since family-planning workers provided services to poor women, these environments were almost always inadequate). In either view, a permanent intervention of sterilization would be deemed most ideal for the client.

Besides Mecklenburg County in 1960, North Carolina social workers delivering public welfare services were not family-planning workers and did not administer birth control. Yet, in 1955 a pattern of discriminatory sterilization developed in North Carolina targeting black single mothers on welfare long before an identical pattern emerged fifteen years later in family-planning clinics around the country. North Carolina general caseworkers were subject to the same street-level bureaucratic structure as family-planning workers later on and therefore an identical dynamic was in play. The only difference was that North Carolina was the only state where social workers had the authority to initiate eugenic sterilization procedures due to the intimate legal connection between welfare and eugenics dating back to the 1933 statute. North Carolina caseworkers had similar population control objectives in response to institutional

\[422\] ibid., 121.
\[423\] ibid., 121.
demands and obstacles as those described by Shapiro, yet the only administrative solution that they could resort to was the merging of eugenics and welfare. North Carolina social workers assigned to ADC cases with mothers of children born out of wedlock were not necessarily expected to initiate eugenic sterilization proceedings unlike family-planning workers who were expected to deliver birth control services to these illegitimate mothers on ADC. Nonetheless, sterilization yielded the same bureaucratic benefits in both cases and therefore a pronounced tendency for caseworkers to advocate the use of this social service to clients developed into an administrative routine.

Similar to family-planning workers in the early 1970s, North Carolina caseworkers had considerable organizational autonomy in their administration of social services. Specifically in terms of eugenics, social workers had discretionary power to decide which of their clients were eligible for sterilization, initiate a petition, obtain consent, and choose which procedural path to follow to ensure that the procedure would be authorized (eugenics versus therapeutic). Furthermore, once consent was obtained by the caseworker, an authorization from the Eugenics Board was practically a formality.

Hand-in-hand with considerable discretion was a chronic scarcity of financial and non-financial resources that hindered efficient administration. Structural changes to the public welfare bureaucracy from two pieces of legislation passed around 1955 exacerbated high budgetary deficits and case overloads. Thus, North Carolina caseworkers coped with suboptimal work conditions by framing administrative solutions. In North Carolina after 1955, the most clear-cut mechanism for caseworkers to solve obstacles posed by institutional poverty was to reduce the number of federal assistance recipients and reduce caseloads. The two solutions went hand-in-hand. Short of raising
eligibility requirements for federal assistance programs, which caseworkers were
structurally incapable of carrying out, the only category of federal assistance recipients
that social workers could reduce was ADC. Social workers in the mid-1950s did not offer
a wide range of contraceptive options, but they did have easy access to the administrative
apparatus of eugenics. By initiating sterilization proceedings, North Carolina caseworkers
could prevent future births out of wedlock by targeting illegitimate mothers on ADC.
This administrative solution was considered cost effective as an allocation of one-time
services and costs to save potential welfare costs later. Furthermore, such an operation
would free up time and prevent a future child welfare case.

Incentives were firmly ingrained in the structure of the North Carolina public
welfare bureaucracy for general caseworkers as they were for family-planning workers.
County superintendents of public welfare equated a social worker’s ability to obtain
sterilization consent by persuading and educating clients with skillful casework. A highly
qualified public welfare staff in North Carolina overall lead county superintendents to
expect more sterilization petitions with written consent, which incentivized social
workers to lean towards sterilization in borderline cases. Furthermore, county
superintendents were also institutionally incentivized, as the county superintendent was
held accountable for agency performance overall.\footnote{Kuralt, “The Welfare TaxDollar,” 4.}
Therefore, a future birth out of wedlock that could have been prevented reflected equally poorly on caseworkers and
county superintendents.

Overall, Shapiro applies Lipsky’s model of street-level bureaucratic policy-
making as a potential mechanism to explain the discriminatory nature of OEO-funded
sterilizations in the 1970s along socioeconomic/welfare lines. Based on this model, the dynamics of family-planning worker’s administrative obstacles, bureaucratic incentives, and relative organizational autonomy is remarkably similar to that of North Carolina public welfare social workers assigned to ADC cases of illegitimate mothers. In both cases, the administrative decisions of street-level bureaucrats to meet institutional demands shaped a policy of reproductive control over poor women. Yet in North Carolina this discriminatory pattern of sterilizations to limit the reproductive capacity of illegitimate mothers from an institutional cost-benefit basis was evident well before the wave of OEO-funded sterilizations in the 1970s. On one hand this speaks to magnified administrative obstacles in North Carolina. But more importantly, North Carolina’s unique public welfare system placed eugenic sterilizations in the hands of local social workers well before any other state. Thus, when federally funded sterilization became one of many social services delivered by family-planning workers, a similar administrative routinization formed in welfare departments throughout the rest of the country. If “flagrant abuses”\textsuperscript{425} in sterilization cases were endemic under the OEO family-planning program prior to the 1974 guidelines, then one would anticipate corruption in the administration of eugenic sterilizations in a state public welfare system that had a similar structure twenty years before (such as caseworkers threatening the withdrawing of welfare payments if Devora Cox did not consent to sterilization).

\textsuperscript{425} Shapiro, Population Control Politics, 116.
The Aftermath: 1963-2015

Thomas J. Sugrue’s powerful view of a deeply rooted persistence of localism throughout the twentieth century in the face of unprecedented federal bureaucratization and centralization is strongly supported by the evolution of North Carolina eugenics after 1955. After World War II, welfare reforms were promulgated at the federal level in an effort to eliminate exclusionary “suitable home” policies and create a liberalized national welfare state with expansive coverage to all categories of needy citizens. This reformed federal welfare agenda trickled down through state welfare agencies as previously excluded groups were now covered by federal public assistance programs and able to benefit from welfare social services for the first time. Rather than embracing the expanded coverage, however, many states resisted the new demands of the postwar federal welfare state through top-down policies aimed at reestablishing exclusionary policies. Legislative proposals ranging from “man-in-the-house” policies to Jim Crow-like employment requirements as prerequisites to aid were passed to avoid rising caseloads and perpetuate social inequality by excluding certain poor and marginalized groups from access to public welfare services. Even though these policies were formed at the highest state levels, the “welfare purges” were ultimately unsuccessful at reducing caseloads by excluding unwanted recipients largely as a result of threats from the federal government to cut off matching welfare grants for states carrying out punitive welfare policies.

No such top-down exclusionary welfare policies were passed in North Carolina during the postwar welfare boom. Federal welfare reforms passed down through the

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426 Bell, Aid to Dependent Children, 76.
427 Brown, Race, Money, and the American Welfare State, 171.
North Carolina public welfare bureaucracy, as the state’s “suitable home” policy was repealed in 1945 and caseworkers delivered social services to new groups of needy citizens—such as black illegitimate mothers on ADC—on a case-by-case basis. Yet, at this bottom stage of casework administration, this federal policy of heightened aid to the needy was pushed to the side as local welfare agents sought administrative solutions to cope with increasing demands on scarce county welfare resources. To reduce heady administrative costs and burdensome caseloads after 1955, local welfare officials initiated a disproportionate amount of sterilization proceedings against black single mothers on ADC rather than providing casework and non-financial services. Thus, in North Carolina a bottom up administrative routinization of welfare-directed eugenic sterilizations was able to achieve what top-down legislative proposals failed to do elsewhere in terms of resist the wave of new caseloads and institutional demands during the postwar welfare boom. When viewing the product of the 1955 transformation of North Carolina eugenics in terms of a statewide policy of reproductive control over poor single mothers to preserve bureaucratic resources, it is hard to envision that this policy started as equitable welfare administration at the federal level before it diffused through the North Carolina public welfare bureaucracy and was subjected to the resilient forces of localism.

In North Carolina, compulsory sterilization as a tool to curb illegitimacy was a highly divisive topic that was met with forceful opposition throughout the state, which at first seems to complicate an understanding of the 1955 discriminatory shift in eugenics. In the North Carolina public welfare bureaucracy, the centralized state welfare and eugenics agencies that the county welfare departments worked directly under were headed by some of the most vocal opponents of compulsory sterilization. At the highest
level, proposed compulsory sterilization of unwed mothers bills were rejected in consecutive North Carolina General Assembly sessions. Outside of government, public opposition to compulsory sterilization was vast, ranging from clergymen to doctors to ordinary citizens and everyone in between. Despite such intense nodes of opposition, a policy of compulsory sterilization of unwed mothers not only materialized in counties throughout the state after 1955, but proliferated. Top-down legislative proposals at the highest state level could not result in the execution of a compulsory sterilization policy to restrict the reproductive autonomy of poor single mothers, yet this policy thrived from the bottom up because it was spearheaded by the agents most capable of directly shaping public policy: street-level bureaucrats.

Yet, Sugrue’s construct of the ever-powerful force of localism does not end with federal policies reinterpreted at the local level of administration; it extends out to suggest “a rich and largely untold process of state building and dismantling from the bottom up.”428 The North Carolina eugenics program after 1955 embodied a powerful and systematic reinterpretation of both federal and state welfare policies at the local level. Furthermore, during this period welfare dependency became so inextricably linked to eugenic sterilization in cases of illegitimacy that North Carolina eugenics policy was reshaped from the ground up.

County welfare officials had the capacity to shape the eugenics policy at the state level by controlling who was petitioned for sterilization and on what grounds. Once consent was obtained, the centralized state Eugenics Board almost always authorized sterilization. Starting in 1955, the Eugenics Board received an unprecedented wave of

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428 Sugrue, “All Politics is Local,” 305.
extramural sterilization petitions from county welfare departments specifically for unwed, poor mothers. This trend was so excessive that it warranted new studies conducted by the Eugenics Board on the relationship between mental illness, mental retardation, and epilepsy to dependency “as demonstrated by the petitions to the Eugenics Board.”

Thus, with the subsequent authorization of a disproportionate number of African American mothers of illegitimate children for sterilization, the state eugenics policy effectively transformed in practice after 1955. Consequently, the ideological foundations of the state policy of eugenics shifted alongside this administrative transformation to maintain congruency. For example, after 1955 eugenical rhetoric published by high-ranking state welfare officials abandoned the traditional concern of inheritable mental deficiency and shifted towards a functional view of eugenics as a protective measure of reproductive control over individuals “unable to meet their responsibilities as parents.”

Along these lines, every Eugenics Board biennial report after 1954-1956 includes the number of sterilization victims who gave birth to children out of wedlock whereas this statistic did not appear in any reports before. While the official eugenical policy shifted at the state level to justify the systematic discriminatory sterilization of illegitimate mothers that was materializing at the county level, these conceptions of the functional application of eugenics were fundamentally different: state officials interpreted the transformation in eugenics as indicative of a growing concern over childrearing capabilities while county officials responded to new institutional obstacles posed by the childbearing tendencies of unwed mothers. Nonetheless, eugenics policy was shaped from the bottom up.

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429 The Eugenics Board of North Carolina, Biennial Report: July 1, 1960 to June 30, 1962, 8.
430 The Eugenics Board of North Carolina, Biennial Report: July 1, 1958 to June 30, 1960, 6.
A phenomenon as impactful as the 1955 transformation in North Carolina eugenics, however, did not only transform policy at the level of centralized state agencies. Reflecting back on the compulsory sterilization bills presented in the 1957 and 1959 North Carolina General Assembly sessions within this framework of bottom-up policy shaping sheds new light on the impetus for these legislative proposals. Is it a coincidence that out of all the years of heightened welfare costs dating back to 1945, no compulsory sterilization bills were put forth until the two successive sessions immediately after the inception of locally administered compulsory sterilization? A more likely explanation is that the new state eugenics policies sparked new views and opinions about the functional application of a state-administered eugenics program. A reinterpretation of eugenics rose to every level of the public welfare bureaucracy, including the General Assembly. A few radical legislators acknowledged the effectiveness of this locally administered policy as well as its far-reaching potential economically and as a tool to maintain social and racial control, and hence adopted this platform. These legislative proposals for compulsory sterilization in turn ignited statewide debate across the entire professional, intellectual, religious, and public spectrums. A proliferation of studies analyzing causes and potential solutions surfaced in the wake as the “problem of illegitimacy” rose to the forefront of North Carolina political, social, and public discourse. Overall, policies shaped from the merging of welfare and eugenics at the most local level of county administration permeated up through all levels of the state bureaucracy and sparked reactions across the entire public and professional spectrum despite this discriminatory eugenics policy being concealed.

from the public at large as an administrative routine. This speaks to the forceful persistence of localism as well as the central role of street-level bureaucratic administration in shaping public policies from the bottom up.

The administrative apparatus of North Carolina eugenics shifted throughout the evolution of the program to meet new social and economic demands, which is a testament to the malleability of the North Carolina eugenics program when it was established in the 1933 statute as part of a broad range of public welfare social services administered by local county officials. Following the passage of the 1955 state pooled hospitalization fund and the 1956 federal amendment to the Social Security Act, county welfare officials increasingly merged welfare and eugenics in “borderline” cases of illegitimate mothers on ADC where there were fiscal and bureaucratic incentives behind sterilizing a client. In 1960, another redirection of North Carolina eugenics was spurred by the birth of Mecklenburg’s family-planning clinic. Eugenic sterilizations merged with public health as one of many contraceptive devices offered to poor women. This program created in North Carolina’s leading sterilization county was one of the earliest family-planning programs in the country, predating Lyndon Johnson’s mid-1960 Office of Economic Opportunity project grant for public family-planning services to the poor. At this point, sterilization evolved into part of a broad social service program with the overarching goal of reproductive control for poor single mothers. This program was orchestrated by a county superintendent who disproportionately sterilized mothers of illegitimate children on ADC when sterilization was the only contraceptive option. Overall, the inclusion of sterilization as one of many contraceptive devices delivered by local family-planning

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432 Shapiro, *Population Control Politics*, 112.
workers to poor women in North Carolina as early as 1960 essentially paved the road for an explosion of OEO-funded family-planning sterilizations around the country throughout the 1970s.

This heightened emphasis on sterilization as part of a broad family-planning program to increase the scope of reproductive control over poor women culminated in the passage of a voluntary sterilization law in the North Carolina General Assembly in 1963.\(^\text{433}\) With this law (which Wallace Kuralt lobbied for excessively\(^\text{434}\)), North Carolina was the first state to legally permit voluntary sterilization.\(^\text{435}\) Voluntary sterilization under the 1963 statute was an extension of “therapeutic sterilizations” from the 1933 statute in that the operation was agreed on privately as part of the doctor-patient relationship without any role of the Eugenics Board.\(^\text{436}\) Furthermore, the sterilization came at the expense of the patient.\(^\text{437}\) While proposed as a non-punitive reproductive control option for individuals who did not qualify for eugenic sterilization (according to the strict 1933 definition), the provision that patients had to pay for their own operation prevented voluntary sterilizations from ever taking off among poor women. Analyzing the potential effects of the law back in 1965 with no sterilization statistics to refer to, Julius Paul noted this counter-intuitive provision based on whom the law was primarily aimed towards:

But the basic question is how does the voluntary program mesh with the public health, public welfare programs of the state so that those who are most in need of these operations, presumably those at the lowest reaches of the economic ladder, can obtain these operations free of charge? Unless the act of 1963 is intimately bound up with state and country welfare policies and administration, it is doubtful

\(^{434}\) Schoen, Choice & Coercion, 64.
\(^{435}\) ibid., 120.
\(^{436}\) ibid.
if it will add to the already existing eugenic sterilization program of the state, especially in its extramural coverage.  

Overall, Paul accurately predicted the minimal influence that this law would have on the direction of the North Carolina eugenics movement as a whole. Based on roughly 8,000 North Carolina sterilization petitions that Johanna Schoen analyzed, she found only 446 that she considered petitions for voluntary sterilization.  

The one glaring difference between the 1963 voluntary sterilization law and “therapeutic sterilizations” from the 1933 eugenics statute was that in the 1963 statute surgeons were legally protected to perform operations when their clients consented in writing whereas the 1933 statute did not offer any civil or legal protection to surgeons in these non-eugenical cases.  

Yet even with clear legal protection, this provision did little to assuage the hesitancy of physicians to perform operations that were not directly authorized by the Eugenics Board. As noted by Schoen, “Case records of the Eugenics Board suggest that physicians continued to seek additional legal protection before performing the operation.”  

Despite explicit shortcomings, the 1963 voluntary sterilization law represents yet another precursor to a national movement that can trace its roots back to North Carolina. Federal funding was provided for voluntary sterilization to become part of OEO family-planning contraceptive methods in 1971, and sterilization soon became the most rapidly growing form of birth control in the U.S. with a threefold increase in the number of operations from 1970 to 1980 (2,000 cases to over 7,000 respectively).  

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439 Schoen, Choice & Coercion, 113.
441 Schoen, Choice & Coercion, 120.
442 Shapiro, Population Control Politics, 6.
before this national surge in birth control services on the eve of *Roe v. Wade* (U.S., 1973)—specifically sterilization—Kuralt formed one of the first family-planning clinics in Mecklenburg and then persistently advocated for North Carolina to become the first state to adopt a voluntary sterilization law to include sterilization under the scope of family-planning services. After achieving both feats, Kuralt pointed to the indisputable success of his birth control initiatives in a 1966 front-page article of *Raleigh News and Observer* titled “Mecklenburg and the Pill.”

The numbers highlighted are indeed persuasive from a strictly cost-benefit perspective: Mecklenburg managed to effectively stabilize the number of individuals on ADC three years after the introduction of the family-planning programs while ADC recipients rose rapidly on a national scale. There is no doubt based on the glaring similarities between Kuralt’s early family-planning program in 1960 and the structure of OEO family-planning clinics in the ‘70s that Kuralt was influential in the emergence of this national movement offering public reproductive services to poor women for the first time. It is almost as if North Carolina’s extremely malleable administrative apparatus of eugenic sterilizations allowed officials to experiment with the most effective methods to achieve reproductive control over poor women when such control was needed the most from a welfare cost perspective. If this mechanism was in play, North Carolina eugenics would represent an extreme model of bottom-up policy shaping: a local county program spurring a national movement.

By the early 1960s, state-administered sterilization operations shifted towards family-planning and population control objectives to a greater degree than eugenic concerns. This was not much different than 1955 when sterilization operations reflected

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444 Ibid.
administrative solutions to inadequate welfare resources to a greater degree than
eugenical concerns. Yet, most historians analyzing North Carolina eugenics claim that
the program was unique because of the lasting and pronounced vestiges of eugenical
thought and practice after World War II when the national movement had rapidly
deprecated. For example, a recent study by Gregory Price and William Darity employed
county data parameter estimates to North Carolina sterilization statistics from 1958-1968
to reveal that the probability of non-institutional and total sterilizations increased with a
county’s black population share. The authors did not find this effect for any other race.
This discriminatory pattern of sterilization was attributed to a train of racist eugenical
thought proposing that blacks have dysgenic biological and behavioral traits and thus
retard economic growth. From here, Price and Darity drew the ultimate conclusion that
in North Carolina, “eugenic sterilization policies were racially biased and genocidal.”

Yet, studies such as this one fail to consider alternative explanations outside of a
proliferation of eugenical practices in North Carolina considerably longer than other
eugenics programs. Contrary to these claims, eugenical ideology did wane in North
Carolina after World War II as it did throughout the country. While North Carolina
sterilizations after 1955 were disproportionately skewed towards African Americans, the
targeted victims were more specifically African American mothers of illegitimate
children. Furthermore, the number of blacks hired for positions in public welfare
responsible for administering sterilization petitions in North Carolina was steadily

446 ibid., 261.
447 ibid., 281.
448 For example, a strong growth of advocacy groups, such as the North Carolina Association for Retarded
Children (NCARC), in the early 1950s worked to transform the public’s perception of “feeblemindedness”
to “mentally retarded children.”
increasing during the postwar period.\textsuperscript{449} Rather than racism manifested through eugenic sterilizations that abruptly surfaced in 1955, the shift in North Carolina eugenics was a proposed administrative solution for county welfare departments experiencing new waves of institutional poverty more than anything else. Unwed mothers on ADC were the prime targets for these sterilizations due to their exorbitant demand of scarce welfare resources. The racial skew which then formed as a result of this administrative routinization was reflective of the fact that illegitimacy was almost exclusively a black phenomenon in North Carolina at this time. For example, in the postwar years from 1946 to 1955 there was a growth of 2,966 documented non-marital births in North Carolina, of which African Americans were responsible for 2,956 (99%).\textsuperscript{450} Thus, more so than a racist policy, the disproportionate number of African American among the sterilized after 1955 was proportionate to the racial breakdown in the targeted victims of poor single mothers.

Yet, this cost-benefit hypothesis does not imply that this administrative routinization of discriminatory sterilizations after 1955 led by local welfare officials was completely devoid of eugenical components. Rather, a fundamental tenet of eugenics rested on the justification that the people to be sterilized sapped the strength of the state through their dependency. While these eugenic notions were certainly imbedded in how caseworkers viewed and interacted with their clients, an appeal to a solely eugenics explanation fails to account for the timing of the transformation, since increased dependency as measured through a growing welfare state dated back to 1945. Overall, while underlying racist and eugenical factors may have played a role in the extent to which this local welfare policy was carried out, the transformation in North Carolina

\textsuperscript{450} Technical Subcommittee on Children and Youth, “The Problem of Births out of Wedlock” 2.
eugenics was an administrative response to institutional poverty that was exacerbated by explicit structural changes to the public welfare bureaucracy in 1955.

Once OEO-funded sterilizations burgeoned nationally in the 1970s, North Carolina sterilization numbers markedly declined. With the emergence of family-planning clinics and voluntary sterilization, it is difficult to tell whether this drop-off was the result of clients choosing other birth control methods or a redirection of administrative policies away from sterilization. The last eugenic sterilization operation in North Carolina was performed in 1974, which was the same year that the OEO released the guidelines for the administration of family-planning sterilizations.\footnote{Shapiro, \textit{Population Control Politics}, 114.} When sterilization numbers fell off in the early 1970s, the Eugenics Board was moved around from department to department. After the board was renamed the Eugenics Commission in 1973, a law was passed which placed the procedures for the sterilization of the mentally ill or mentally retarded in the judicial system.\footnote{N.C. Sess. Laws, 1973, c. 1281.} Thus, whereas courts were traditionally placed at the center of the eugenics program in other states, North Carolina adopted this structure only when the eugenics program was largely inoperative. The Eugenics Commission lost all functionality with the few remaining sterilization procedures directed towards the courts, and this state agency was formally abolished by the North Carolina General Assembly in 1977.\footnote{N.C. Sess Laws, 1977, c. 497.}

With the once powerful apparatus of eugenic sterilizations all but dead by the mid-1970s, a spark for revival soon came from an unlikely source. Johanna Schoen, now a professor at Rutgers University, was researching the history of women’s reproductive
control in the North Carolina State Archives in 1996 when she was alerted of the existence of sealed records from the Eugenics Board of North Carolina. After formally applying to the state attorney general requesting access to the records, Schoen’s request was granted and she was given access to microfilm consisting of over thirty years’ worth of meeting minutes of the Eugenics Board of North Carolina along with more than 7,000 summaries of all the case files it reviewed—historical data that had never been released before.\textsuperscript{454} Schoen’s access to these records was an anomaly; at the time that Schoen was granted access to sealed North Carolina sterilization records, privacy laws kept the records of all thirty state sterilization programs closed to protect sterilization victims.\textsuperscript{455}

In 2001, Virginia’s governor publically apologized for the state’s sterilization program and Schoen began to put pressure on the North Carolina governor to follow suit.\textsuperscript{456} After Schoen was repeatedly ignored, she took on a new approach to bring her unpublished research findings to life. In June 2002, Schoen offered Kevin Begos from the \textit{Winston-Salem Journal} full access to her sources and he started a five-part series about North Carolina’s sterilization and eugenics history titled “Against Their Will.” The series elicited statewide reaction from all levels as the discriminatory eugenic sterilization program of the past was brought to light. Each series that Begos published resulted in more and more public momentum behind calls for justice and compensation. Soon, what started as a mere request by Schoen for sealed sterilization records to aid her project on the history of women’s reproductive control morphed into a momentous grassroots

\textsuperscript{454} Schoen, \textit{Choice & Coercion}, xii. \\
\textsuperscript{455} \textit{ibid.}, 243. \\
\textsuperscript{456} \textit{ibid.}, 244.
movement that propelled North Carolina’s past sterilization injustices into the national spotlight.

In the immediate wake of Begos’ publication of “Against Their Will” in 2002, intense public reaction prompted an official apology from Governor Mike Easley to victims on behalf of the state as well as the formation of a Gubernatorial Commission to examine the history and propose recommendations.\textsuperscript{457} State Representative Larry Womble co-chaired the commission along with Carmen Hooker-Odom, Secretary of the Department of Health and Human Services.\textsuperscript{458} The formation of this commission established the early framework for a structured response by North Carolina officials to an incensed public that was equally concerned with the state government covering up these records as they were with the past wrongdoings. With structural provisions for restitution put in place, in 2003 the North Carolina General Assembly formally repealed the 1933 involuntary eugenics statute.\textsuperscript{459} Overall, in this early stage of public protest, the strategy of high-ranking North Carolina officials was two-pronged: distance themselves from any traces of the eugenics movement while simultaneously establishing bureaucratic agencies to look into possible forms of compensation for victims.

However, despite early public momentum, bureaucratic obstacles halted a potential push towards reparation. Extended institutional stagnancy left the 2003 recommendations untouched until 2008. At this point, momentum picked up again when a study committee was finally appointed by the North Carolina House of

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\item \textsuperscript{457} Final Report to the Governor of the State of North Carolina: Pursuant to Executive Order 83, 6.
\item \textsuperscript{458} ibid., 6.
\item \textsuperscript{459} N.C. Session Law, 2003, c. 13.
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Representatives. Immediately, the House Committee gave more detailed recommendations, which included compensation for surviving victims in the amount of $20,000 each. Whereas pro-reparation progress in 2003 was hindered by the bureaucratic obstacle of insufficient time, progress in 2008 was stifled by inadequate funds. The state legislature did not grant these funds and another three-year delay ensued.

At each point of delay along the lengthy process towards reparation, government officials responded with the formation of new agencies to provide new services for the surviving sterilization victims. In March of 2011, the Governor’s Task Force to Determine the Method of Compensation for Victims of North Carolina’s Eugenics Board was created and authorized with Executive Order 83 by Governor Beverly Perdue. As a liaison between the victims and the highest-ranking state official, this five-member task force was made up of a physician, retired judge, attorney, historian, and former journalist. The primary duties of this task force included recommendations for forms of compensation, the evaluation of recommendations from previous reparation commissions, and other duties assigned by the Governor.

In August of 2011, the Governor’s Task Force held the first public hearing for the victims. A transcript of this hearing in the Task Force’s “Preliminary Report to the Governor” is particularly revealing as the first published open forum where sterilization victims discussed their experiences. Of all the stories of struggle and coercion as

460 ibid., 6.
461 ibid., 6.
462 ibid., 6.
464 Final Report to the Governor of the State of North Carolina: Pursuant to Executive Order 83, 6.
caseworkers directed the reproductive fate of their clients according to their administrative demands, Ms. Elaine Riddick was the only victim who touched upon the perceived injustice of compensation for lost reproductive autonomy through monetary payments. As a narrative that relies heavily on a cost-benefit analysis of financial and non-financial resources to explain the local shaping of North Carolina eugenics, the concept of *worth* in this context is worthwhile to explore. Standing in front of the five-member task force assigned to judge what the victims were worth from a monetary reparation payment standpoint, Riddick offered the following:

> What do you think I’m worth? What do you think I’m worth? It doesn’t matter what you think I’m worth it’s what I think I’m worth. There is nothing that the state of North Carolina can do to justify what they did to me. What they did to those other victims. There is no amount in the world.\(^{465}\)

None of the five officials on the task force answered these rhetorical questions, but roughly fifty-five years earlier local welfare officials did assign a value to Riddick consciously or unconsciously as part of their administrative routine. She was only fourteen when the sterilization procedure was authorized, but Riddick’s caseworker noted “promiscuous”\(^ {466}\) on her case report. Therefore, Riddick was perceived as a threat to give birth to a child that her caseworker most likely believed she would not be able to afford; the caseworker feared the financial and non-financial administrative obstacles that would arise from this potential birth. From a cost-benefit perspective, it was believed to be economically worthwhile to allocate resources for a one-time sterilization procedure in order to save potential welfare costs later. Rather than provide the social services to aid

\(^{465}\) ibid., D-7.

\(^{466}\) ibid., D-7.
Riddick as the caseworker was trained to do, a preservation of resources was worth more to the welfare agent than preserving Riddick’s reproductive autonomy. While the implication is entirely different, the current North Carolina reparation program involves the same process of assigning a monetary value to a woman’s reproductive capacity (in this case, an amount to compensate for stripping a woman of their reproductive autonomy) that most likely resulted in their sterilization in the first place.

After a ten-year long battle, “Eugenics Compensation Program” was approved by the North Carolina Senate in 2013. This program established a state fund of $10 million to be distributed to surviving sterilization victims in lump-sum compensations of $50,000.\textsuperscript{467} Claimants are required to file a claim by December 31, 2015 to be eligible. The North Carolina Industrial Commission—an agency responsible for investigating each case—must approve this claim.

Overall, with North Carolina eugenics as one of the most extreme and enduring models of the persistence of localism and bottom-up policy making, it is only fitting that North Carolina became the first state to offer reparation payments for its eugenic sterilization victims with the passage of this legislation two years ago. It may be coincidental that the catalyst for this progressive push towards reparation was that Schoen was given access to records by a staff member at the State Archives, but it took a corrupt and lingering eugenics program ripe with flagrant abuses to elicit the forceful responses across the entire state when the sterilization records were finally brought to light. Overall, the powerful mechanism of bottom-up shaping that came to define the administrative routinization of North Carolina eugenics after 1955 was the mechanism that structured

the grassroots reparation process as well. If the North Carolina reparation program now spurs a wave of programs to compensate eugenic sterilization victims in states throughout the country, then it will represent yet another historical instance in North Carolina where agents at the most local level shape policy at the highest: from a woman researching the history of reproductive control to a nationwide effort to correct past injustices endured during the American eugenics movement.
Bibliography

Primary:


*Brewer v. Valk*, 204 N.C. 186 (1933).


*Cox v. Stanton*, 381 F. Supp. 349 (9th Cir. 1974).


Board of North Carolina, 1954.


North Carolina Public Laws (1929): c. 34.


Plessy v. Ferguson, 163 U.S. 537 (1896).


Social Security Act § 223(e), 42 U.S.C. § 406(a).


Technical Subcommittee on Children and Youth. The Problem of Births out of Wedlock.


**Secondary**


Castles, Katherine. “Quiet Eugenics: Sterilization in North Carolina’s Institutions for the


