

**The Coming and Going of Eugenics in Alberta: A Discarded History, 1928 to 1972**

by

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## Abstract

Eugenics. The term brings to light a dark history. From 1928 to 1972, Canada, specifically Alberta, championed eugenic programs as a means to control and eliminate feeble-mindedness within society. Influenced by the theories of Francis Galton and the actions of other countries such as the United States, Alberta championed eugenics and introduced the Sexual Sterilization Act in 1928. Over a forty-four year period, the Eugenics Board approved the sterilization of thousands and operated on roughly half of those approved. These individuals were targets of circumstance and until recently largely forgotten.

In the past, historians have mainly studied eugenics in Alberta from a top-down perspective. In doing so, they have focused more on the Sexual Sterilization Act itself and the institutions that not only housed those deemed mentally unfit, but carried out operations. This thesis, however, takes a bottom-up approach. In doing so, more focus is placed on the individuals affected by this atrocity. Moreover, importantly the voices of the survivors willing to tell their story, either through documentation found in the Provincial Archives of Alberta or through personal interviews found on the newly created *Living Archives on Eugenics in Western Canada* website, rise above the institutional histories.

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## Introduction

On 16 August 2013, Mrs. Justice Eleanor King approved the sterilization of a British man with learning disabilities. Experts claimed that the man did not have the capacity to make decisions about contraception and that another child would bring psychological harm to both him and his disabled girlfriend.<sup>1</sup> Despite the seemingly radical and arbitrary nature of this action, such rulings were issued regularly in numerous Western societies since the beginning of the twentieth century. Throughout the late nineteenth and twentieth centuries the term “eugenics” was widely understood and accepted as a way to improve the human race. In fact, several Canadian provinces passed comprehensive sterilization laws in the interwar period that remained in force for nearly five decades. Notwithstanding its entrenched place in Canada’s history, eugenics is not part of a collective memory for Canadians. The academic study of the topic tends to focus on the structure of the eugenics movement in Canada as a whole and its relation to similar American and European movements. Such an institutional emphasis distances Canadians from eugenics and places the policies enacted and accepted by eugenics supporters in a position where they are often forgotten and cast aside for more favourable and less controversial events in Canadian history.

The province of Alberta passed the most comprehensive eugenics legislation in Canada. Under the direction of Dr. Clarence Hincks, the Canadian National Committee for Mental Hygiene released the *Mental Hygiene Survey of the Province of Alberta* in 1921 recommending the sexual sterilization of provincial residents deemed to be mentally defective. Eventually, the United Farmers of Alberta government led by Premier John Brownlee passed the 1928 Sexual

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<sup>1</sup> “Judge Approves Man’s Sterilization in Legal First,” *BBC News UK*, 16 August 2013. [<http://www.bbc.com/news/uk-23721893>]

Sterilization Act, which, among other measures, empowered the four-person Alberta Eugenics Board to direct the sterilization of mental hospital inmates, either with the consent of a mentally competent individual or the approval of a designated family member or government official in the case of mental incompetence. Two amendments to the Act in 1937 and 1942 strengthened the powers of the Eugenics Board to order sterilization without an individual's consent and broadened the classes of Albertans liable to be sterilized. With the development of human rights campaigns in the post-World War II period, however, the Progressive Conservative government of Peter Lougheed eventually repealed the Sexual Sterilization Act in 1972, but not before the sterilization of 2,832 individuals took place under the Act's terms.<sup>2</sup> In the aftermath of the repeal, hundreds of forcibly sterilized Albertans sued the provincial government, most notably Leilani Muir, who received compensation of nearly one million dollars in 1996.<sup>3</sup>

Four broad strands of historiography illuminate the eugenics movement in Alberta in the twentieth century. The first places the rise of the eugenics crusade in various Canadian jurisdictions in a broader international context that frequently ignores or downplays the vitality and vigour of eugenics in Canada. It is important to explore this strand of historiography so that one can understand that while eugenics and eugenicists were present in different countries and at different points of history, their ideas and inspirations were being passed across borders. This is especially evident in Alberta's eugenic history and its close proximity to the United States. After Francis Galton—the famous British psychologist and anthropologist (and half-cousin of Charles Darwin)—coined the term “eugenics” in 1883, proponents of improving the genetic composition

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<sup>2</sup> Deborah C. Park and John P. Radford, “From the Case Files: Reconstructing a History of Involuntary Sterilization,” *Disability & Society* 13:3 (1998): 322.

<sup>3</sup> Leilani Muir, *A Whisper Past: Childless after Eugenic Sterilization in Alberta* (Victoria: Friesen Press, 2014), 152-156. Leilani Muir passed away in mid-March 2016 at the age of seventy-two.

of British society gained increasing support for their initiatives. The early decades of the eugenics movement in Britain have been covered in considerable detail by academics. Donald Mackenzie, for example, argues that eugenics in Britain should be seen as an ideology belonging to the burgeoning middle class and championed by an array of activists that emerged from influential societal groups including clergymen, politicians, lawyers, university academics, doctors, and writers. These individuals considered themselves witnesses to the supposed reality of genetically inferior elements—including criminals and the poor—imposing a significant burden on society. Those belonging to the nobility had less contact with such individuals, and therefore had less of a say in how to eliminate social problems. Thus, negative eugenics, which aimed to improve the health and performance of the population by preventing those least desirable from reproducing, as opposed to positive eugenics, which aimed to improve the health and performance of the society by encouraging the reproduction of individuals with the best traits and capabilities, was proposed as a means to enhance and strengthen the country as a whole.

Likewise, Lucy Bland and Lesley Hall's "Eugenics in Britain: The View from the Metropole" examines the rise and fall of eugenics in the United Kingdom, with particular emphasis on the pre-World War II period.<sup>4</sup> They argue that negative eugenics did not generally affect those for whom it was intended. Instead, eugenics supporters were becoming concerned with families with hereditary problems and limiting their size. The early definition of eugenics was complex at best, and there was no singular definition of eugenics as a concept. For this reason, it is safe to say that during the early twentieth century, eugenics as a movement in Britain

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<sup>4</sup> Lucy Bland and Lesley Hall, "Eugenics in Britain: The View from the Metropole," in *The Oxford Handbook of the History of Eugenics*, ed. Alison Bashford and Philippa Levin (Oxford: Oxford University Press, 2010), 213-227.

did not have a concrete foundation upon which to build wide public support. As Bland and Hall point out, social problems such as colonial resistance, challenges to the economic supremacy of its own empire, and the woman's suffrage movement were not enough to bring in programs of eugenics, despite the solution being attractive. Bland and Hall argue that it was during the years around the First World War that the concept of eugenics actually started to have an impact on Britain. Organizations such as the Eugenics Record Office and the Eugenics Education Society were founded to attract some sort of legislative support. Britain's attempts to introduce eugenics legislation, Bland and Hall argue, were based more on class rather than race. For example, Leonard Darwin in 1923 stated, "interbreeding between widely divergent races may result in the production of types inferior to both parent stock."<sup>5</sup> It would appear that Britain always had some sort of hesitancy towards completely accepting eugenics programs. In the 1930s, the government found that while voluntary sterilization was popular, public support was not enough to introduce legislation. British distaste for eugenics legislation extended itself to other countries and in the years leading up to the Second World War, Bland and Hall state that British eugenicists and supporters viewed Nazi programs as "human experiments in sterilization [that were] unnecessary, false science, [and] proactive of no useful data."<sup>6</sup> Ironically, enough, such reasoning was not enough at the time to halt trans-Atlantic programs, which continued until the 1970s. However, when political and cultural changes showed eugenics as no longer respectable, particularly the way scholars began investigating eugenics in the policies of the Nazis, earlier reasoning claiming eugenics to be a false science was one of the main defenses.

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<sup>5</sup> Bland and Hall, "Eugenics in Britain," 219.

<sup>6</sup> Bland and Hall, "Eugenics in Britain," 223.

Daniel Kevles' *In the Name of Eugenics* provides a comparative history of eugenics in Britain and the United States from the late nineteenth century to 1985 and remains one of the most important accounts of the international eugenics movement.<sup>7</sup> The primary value of Kevles' book and his supplemental journal articles on the same topic lies in his insight on the use of eugenics after the Second World War. After 1945, the term eugenics was seen as an expletive conveying vile images, despite the fact that eugenics "was not... unique to the Nazis. It could, and did, happen everywhere."<sup>8</sup> Nevertheless, once the initial shock of how Hitler had used eugenics wore off, Kevles states that scientists pursued one element or another of a reformed eugenics program. The idea of eugenics was adjusted in the United States and Britain and used for medical purposes. The aim was to improve the biological quality of the human population by opening facilities devoted to genetic advisory services. Reform eugenics was popular because it gave individuals the opportunity to have answers regarding hereditary patterns of disease or mental and physical deficiencies in their families. For example, by the 1950s, genetic counselors could advise potential parents if either of them carried recessive genes. It is evident that the Second World War, as Kevles emphasizes, did not end the practice of eugenics, and some countries — including Canada — continued to pursue sterilization programs into the 1970s.

A second major work bolstering Kevles' examination of eugenics laws in the United States is Philip Reilly's superb account documenting the rise and decline of American sterilization programs. Reilly states that two individuals influenced these programs. First, Charles Darwin and his thesis that explained what evolutionary theory held for race relations,

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<sup>7</sup> Daniel J. Kevles, *In the Name of Eugenics: Genetics and the Uses of Human Heredity* (New York: Alfred A Knopf, 1985).

<sup>8</sup> Daniel J. Kevles, "Eugenics and Human Rights," *British Medical Journal* 319:7207 (1999): 435.

appealed to the majority of Americans. In addition, Darwin's theory of natural selection rationalized the belief of American eugenicists that Caucasians were superior to African Americans.<sup>9</sup> Such an understanding was important during a time in American history when racial tensions were high. Gregor Mendel is the second influential individual to garner American interest for his breeding experiments with garden peas. Mendel's research with plants provided the basic underlying principles of heredity, which also applied to people and other animals due to the mechanisms of heredity being similar for all life forms. The new genetics had great appeal, especially for those who believed it provided a solution to the problem of crime and "moral decay." Reilly argues that the rise of eugenics was a result of heightened racial tensions and immigration prejudices. For example, Dr. Edward Jarvis, a Harvard-trained physician, analyzed data for the Census Bureau and concluded that "there was a much higher prevalence of insanity among Negroes in the North than in the South."<sup>10</sup> In large part, these early observations were made with the African American population in mind. Immigration of the less desirable, which from the American standpoint included individuals from southeastern Europe, became evident in the early 1900, but especially after the publication of Henry Herbert Goddard's *The Kallikak Family* in 1912. Other supporters of restricted immigration included the Knights of Labor, the American Federation of Labor, and President Theodore Roosevelt.

Ultimately, the decline in sterilization programs in the United States came in multiple waves. During the First World War, many sterilization laws were struck down by the courts and for a time no new sterilization statutes were enacted. However, Reilly states that despite the demise of most of the laws, the number of individuals sterilized each year continued to rise. This

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<sup>9</sup> Philip Reilly, *The Surgical Solution: A History of Involuntary Sterilization in the United States* (Baltimore: John Hopkins University Press, 1991), 5.

<sup>10</sup> Reilly, *The Surgical Solution*, 7.

was largely due to the expansive California program.<sup>11</sup> The onset of the Second World War saw a majority of surgeons recruited to the armed services along with a strong voice of criticism being heard from the Catholic Church, which condemned strategies that limited family size. And by the early 1950s, the final wave of decline had started. For example, the basis of being labeled feeble-minded had become smaller, sterilization was no longer seen as a solution to problems, and states began denouncing previous laws as unconstitutional.

While noteworthy for the barbaric way in which they exceeded other nations in eugenics programs, Germany at one time was considered a model for how sterilization agendas should be carried out, and scholars have carefully examined the history of eugenics in that country. Sheila Weiss' chapter in Mark Adam's *The Wellborn Science*, for example, analyzes eugenics programs in Germany from 1904 to 1945. Weiss argues that there is more to German eugenics initiatives than just the Holocaust. For this reason, Weiss looks at the transition between the two eugenics movements, the first of which occurred before 1933 and the second of which occurred after 1933 with the elevation to power of the Nazis.

Before the emergence of Nazi ideals, there were already three reasons for the emergence of eugenics in Germany. First, due to Germany's rapid industrialization, social problems and tensions arose. During the last quarter of the nineteenth century, the German state made the switch from an agricultural to an industrial society. Such a move produced changes in the social and economic structure in Germany. One major issue was the rise of a radical labour movement that brought fear and anxiety to many in German society over the growing number of strikes and lockouts. Other threats to the function of society included an increase in criminal activity, a rise

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<sup>11</sup> Reilly, *The Surgical Solution*, 71. Reilly's figures state that between 1 January 1918, and 31 December 1920, there were 1,150 sterilizations performed between six California state hospitals. This means that roughly one operation was performed for every six individuals admitted.

in prostitution, suicides, and alcoholism, and, finally, a heightened awareness of the existence of insane individuals who were considered a social and financial liability. Weiss states that such issues would not have appeared so threatening had Germany not had such a rigid authoritarian political structure shaped primarily by the aristocracy, military, and barons of industry.<sup>12</sup>

According to Weiss, professional traditions belonging to the German medical community also brought on ideas of racial hygiene. Physicians believed they were “custodians of National Health” and that it was their job to enforce a “Sozialpolitik” (social policy) to safeguard the health of the nation.<sup>13</sup> During the third quarter of the nineteenth century, the rise of scientific medicine and hygiene afforded medical professionals an unprecedented level of social esteem and political importance. Their exposure to the field of medicine brought emphasis to the role hereditary diseases and the belief that serious disorders were often inherited and could be traced. Such views brought the argument that the only way to combat the decline of national health was to “upgrade the bodily constitution of all individuals in society” by the introduction of an energetic eugenics program.<sup>14</sup> Ernst Haeckel and August Weismann were responsible for the final inclination towards eugenics. Together they popularized a variety of theories by Charles Darwin. However, there was some disagreement between these two biologists. While Haeckel stressed the importance of Darwin’s selection principle and went farther to uncover the evolutionary theory, Weismann came to reject the theory that characteristics were inherited. Instead, Weismann’s research led him to form his theory on separation of germ-plasm, which ultimately challenged the beliefs of social Darwinism. These individuals, along with a handful of

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<sup>12</sup> Sheila Faith Weiss, “The Race Hygiene Movement in Germany 1904-1945,” in *The Wellborn Science: Eugenics in Germany, France, Brazil, and Russia*, ed. Mark B. Adam (New York: Oxford University Press, 1990), 11.

<sup>13</sup> Weiss, “The Race Hygiene Movement in Germany 1904-1945,” 12-13.

<sup>14</sup> Weiss, “The Race Hygiene Movement in Germany 1904-1945,” 13.

others, were instrumental in garnering support for legislative action. While a draft sterilization bill was presented and garnered support in 1932, due to political chaos it never became law.

However, the draft became the foundation of the Nazi mandatory sterilization law of July 1933.

Weiss further argues that under the swastika, eugenicists were not directly responsible for the Holocaust; instead, they were placed in unfortunate circumstances where they went along with Nazi party ideas so that they would not become the enemy. Between 1934 and 1939 estimates on the number of people sterilized range from 200,000 to 350,00, the majority of whom were operated on against their will. As they had prior to Nazi rule, physicians took on major roles under the Third Reich in institutes such as the German Research Institute for Psychiatry in Munich. There, their task was to “provide the evidence for the inheritance of pathological mental traits to aid the government’s efforts to sterilize the ‘unfit.’”<sup>15</sup> While physicians and eugenicists were for the most part one and the same, their anti-Semitic views did not guide the formation of the Nuremberg Laws, which were composed without the aid of “a single professional race hygienist.”<sup>16</sup> The continuation of research on race hygiene was heavily dependent on being on the right side of the Nazi Party, which often meant paying lip service to the Nazi programs. Despite it becoming clear that Hitler’s ideas of race hygiene were no longer those shared by eugenicists, such individuals hid behind the “cloak of objective science” to protect themselves and continue their research.<sup>17</sup>

By definition, this dynamic thread of literature documenting the international eugenics movement does not focus primarily on eugenics trends in Canada at the federal or provincial level. A second thread of the eugenics historiography documenting eugenics, though, does

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<sup>15</sup> Weiss, “The Race Hygiene Movement in Germany 1904-1945,” 45.

<sup>16</sup> Weiss, “The Race Hygiene Movement in Germany 1904-1945,” 47.

<sup>17</sup> Weiss, “The Race Hygiene Movement in Germany 1904-1945,” 49.

examine events in Canada and focuses on the societal factors in interwar Canada fostering eugenics in several Canadian provinces, most specifically the implementation of the Alberta Sexual Sterilization Act in 1928, and the administrative features of eugenics legislation in Alberta in the first decades of the provincial sterilization initiative. Angus McLaren's *Our Own Master Race* provides the best overview of the Act's intellectual underpinnings and administration before the end of the Second World War.<sup>18</sup> McLaren offers particularly valuable insight on the views of the key figures supporting eugenics and sterilization in Canada in this period, including Tommy Douglas, the progressive future premier of Saskatchewan. In Douglas' graduate thesis for McMaster University in 1933, he argued that those deemed mentally and physically inferior were not victims, but rather the cause of distress in Canadian society by being involved in crime and prostitution, clogging up the school systems, and burdening hospitals, charitable institutions, and local governments. In addition, McLaren explains that women played a leading role in garnering support for sterilization programs in Canada. Groups such as the United Farm Women of Alberta launched campaigns in favour of the Sexual Sterilization Act in order to protect the health of children in Canada. McLaren provides a fascinating portrait of three members of the "Famous Five" —Emily Murphy, Nellie McClung, and Henrietta Edwards— who championed the rights of women while railing against immigrants and advocating the sterilization of those citizens deemed mentally impaired as a necessary step to improve the cohesion and stability of Canadian society. Nellie McClung, for instance, made the claim that such operations revitalized an entire family because now the "father [no longer] worried about

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<sup>18</sup> Angus McLaren, *Our Own Master Race: Eugenics in Canada, 1885-1945* (Toronto: Oxford University Press, 1990).

his retarded daughter's promiscuity, now peace was restored."<sup>19</sup> To the supporters of eugenics, sterilization would not only eliminate the right to reproduce for those deemed unfit to do so, but it would also remove all social problems plaguing society.

In a more focused study examining the 1937 amendment to the Sexual Sterilization Act, Mikkel Dack examines why the Alberta government strengthened the Act to include involuntary sterilization at a time when many jurisdictions that had passed sterilization laws in the 1920s lost the enthusiasm to actively carry out sterilization initiatives before the start of the Second World War.<sup>20</sup> The amendment was largely unopposed, as were the four main explanations given for its enactment. Mass immigration was the supposed prime motivator behind the popular acceptance of the amendment; however, Dack rebukes this sentiment by reviewing government statistics showing a change in immigration patterns and the fees that accompanied them. When R.B. Bennett won the federal election in 1930, he carried out a drastic reduction in immigration.<sup>21</sup>

Over a seven year period, during which Mackenzie King took office in 1935, there was roughly a ninety percent drop in immigration, from a total of 165,000 immigrants entering Canada in 1929 to only 12,000 in 1936.<sup>22</sup> The second and third theories place blame on the lack of public knowledge available on sterilization in Canada and racial eugenic practices in Germany.<sup>23</sup> Dack acknowledges that some information did remain behind the closed doors of politicians and health administrators. However, Alberta newspapers such as the *Calgary Daily Herald* and the *Edmonton Bulletin* covered the changing sterilization laws in Alberta and

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<sup>19</sup> McLaren, *Our Own Master Race*, 100.

<sup>20</sup> W. Mikkel Dack, "The Alberta Eugenics Movement and the 1937 Amendment to the Sexual Sterilization Act," *Past Imperfect* 17 (2011): 90-113.

<sup>21</sup> Dack, "The Alberta Eugenics Movement," 99.

<sup>22</sup> Dack, "The Alberta Eugenics Movement," 99-100

<sup>23</sup> Dack, "The Alberta Eugenics Movement," 101 and 103.

Germany and these laws were frequently announced throughout other media outlets as well.<sup>24</sup> The fourth theory explains that involuntary sterilization would take away the economic burden on taxpayers for the upkeep of institutions.<sup>25</sup> The counterargument is not as convincing as the three previous ones. Dack argues, “politicians, medical administrators, and media sources were more concerned with the intellectual and racial equality... than it was with the economic burdens.”<sup>26</sup> Dack ultimately rejects the four traditional theories explaining the intensification of sterilization efforts in Alberta and points to the continued importance of individual eugenics supporters in critical political and medical positions and the lack of a culture of political opposition in Alberta to explain the peculiar nature of eugenics programs in Alberta during the 1930s.

The third — and currently most robust — thread of historiography examining eugenics and sterilization in Alberta moves away from a top-down institutional approach at the international, national, or regional level to a bottom-up perspective examining the impact of eugenics policies on the survivors of sterilization in Alberta. Erika Dyck’s *Facing Eugenics: Reproduction, Sterilization, and the Politics of Choice* provides a comprehensive analysis of the issue by providing detailed case studies of individuals who were sterilized either willingly or coercively in a variety of categories, including criminal activity, racial origin, long-term institutionalization, and intellectual disability.<sup>27</sup> While Dyck is not the first to use a case study approach, she is one of the first to weave a narrative of the lives of individuals. In addition, Dyck’s research extends past Alberta’s original eugenics programs before the Second World War

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<sup>24</sup> Dack, “The Alberta Eugenics Movement,” 102.

<sup>25</sup> Dack, “The Alberta Eugenics Movement,” 105.

<sup>26</sup> Dack, “The Alberta Eugenics Movement,” 107.

<sup>27</sup> Erika Dyck, *Facing Eugenics: Reproduction, Sterilization, and the Politics of Choice* (Toronto: University of Toronto Press, 2013).

and pays attention to how such programs were combined with other health care system reforms in the 1960s, such as middle class women using sterilization as a form of birth control.

Other articles that have adopted Dyck's case study approach include Deborah Park and John Radford's "From the Case Files; Reconstructing a History of Involuntary Sterilisation,"<sup>28</sup> which affords a richer understanding of the culture which sanctioned the practice of forcible sterilization in Alberta. Park and Radford suggest Alberta's involvement in eugenics stemmed from the influences from the United States, most notably after the 1927 Supreme Court ruling in *Buck vs. Bell*. For Alberta, sterilization was seen as a form of societal protection and not punishment, as leading figures such as Dr. Clarence Hincks continuously highlighted the reality that the mentally unfit were breeding faster than the fit. Advances in medicine were now helping those who were unfit to survive and reproduce instead of perishing as they once did. Bluntly put, sterilization for supporters like the UFWA, UFA, Woman's Temperance, and the Alberta Department of Public Health, was the simple, cheap, and best answer to deter those seen as unfit or burdens on society. The remainder of Park and Radford's paper is devoted to looking at case files, which provide a true sense for readers concerning the rationale of government policy and practice.<sup>29</sup> These files demonstrate that women not only were presented to the Eugenics Board more than men were but they were also sterilized more frequently than men were. Arguments for promiscuity, criminal or illicit tendencies, masturbation, abandonment of children or spouse, destructive behaviour, and poor living conditions or home life were all grounds to be considered by the Board. Park and Radford also reveal that modern media outlets were reporting on the disclosure of major involuntary sterilization programs in other countries such as Sweden,

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<sup>28</sup> Deborah C. Park and John P. Radford, "From the Case Files: Reconstructing a History of Involuntary Sterilisation," *Disability & Society* 13:3 (1998): 317-342.

<sup>29</sup> Park and Radford, "From the Case Files," 321.

Austria, Denmark, Norway, and Switzerland, where similar justifications were given to protect the fit from those considered unfit. Despite the destruction of much primary documentation and the restricted access to some administrative records, Park and Radford emphasize that the existing documents available to researchers often provide a deeper understanding of the social factors behind sterilization programs.

Unfortunately, this cutting-edge scholarship on eugenics in Alberta only briefly touches on the issue of the collective memory of sterilization practices and the general public's ignorance of the sordid provincial history of eugenics. This concept of collective memory is perhaps the most productive element of the history of eugenics in Alberta remaining to be explored. The best example of the modern linkage between eugenics and collective memory is provided in Ralph Brave and Kathryn Sylva's "Exhibiting Eugenics: Response and Resistance to a Hidden History," which analyses a comprehensive public exhibition documenting California's troubling embrace of eugenics in the twentieth century.<sup>30</sup> More than 20,000 persons were sterilized in California between 1909 and 1964, prompting an official apology from the state governor in 2003. Using this apology as a starting point, the exhibition most controversially demonstrated the similarities between California's eugenics laws and those adopted in Nazi Germany. Furthermore, the exhibition provided detailed information on the eugenics background of leading scientists and social activists previously unknown to many Californians; this provides a parallel to the Canadian case of the Famous Five being memorialized and celebrated on Parliament Hill in Ottawa with no reference to the advocacy of eugenics and racist policies by these women.

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<sup>30</sup> Ralph Brave and Kathryn Sylva, "Exhibiting Eugenics: Response and Resistance to a Hidden History," *The Public Historian* 29:3 (2007): 33-51.

The closest Alberta has come to providing any type of visual acknowledgement of a eugenics past similar to the initiative in California is the launch of *Living Archives on Eugenics in Western Canada* in October 2014, a project spearheaded by scholars, sterilization survivors, students, and university and community partners. The *Living Archives* is a project sponsored by the University of Alberta and funded by the Social Science and Humanities Research Council of Canada. Robert Wilson, in “The Role of Oral History in Surviving a Eugenic Past,” provides an overview of Alberta’s sterilization legislation as well as a description of the *Living Archives* project.<sup>31</sup> *Living Archives* has developed a repository of interviews with survivors of sterilization in Alberta in an attempt to understand the human cost of the Sexual Sterilization Act. Such survivors include Leilani Muir, who has become a driving force behind giving eugenics survivors in Alberta a voice since her 1995 lawsuit against the Alberta government. It has been through Muir’s documentaries or theatric treatments that the understanding of individual cases of sterilization in Alberta has been enhanced. Most notable among these is the National Film Board’s “The Sterilization of Leilani Muir,” which intersperses a description of provincial sterilization policies with a sobering examination of Muir’s struggle for justice in the Alberta court system.<sup>32</sup>

Judy Lytton, who currently is a member of the Governing Board for the *Living Archives on Eugenics in Western Canada*, is also among the survivors who were willing to reveal their stories. Powerfully, she states that throughout her time at the Red Deer Provincial Training

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<sup>31</sup> See Robert Wilson, “The Role of Oral History in Surviving a Eugenic Past,” [<http://www.artsrn.ualberta.ca/raw/OralHistEugenics.pdf>] and *Living Archives on Eugenics in Western Canada* [<http://eugenicsarchive.ca/>]

<sup>32</sup> Glynis Whiting [director], “The Sterilization of Leilani Muir,” (1996), National Film Board of Canada.

School and her life thereafter she was always aware of what had happened to her.<sup>33</sup> Delving deeper into the website, visitors are able to navigate through twelve interactive icons to explore the provincial history of eugenics. Such components include exploring the timeline of eugenics from the nineteenth century to today, looking at key players in the eugenic movement, examining institutions, and considering connections between ideas, people, and events. These are but a few examples of what one can find while exploring the *Living Archives*. Despite still not being fully completed, *Living Archives* is invaluable in the research collected and in its presentation of a typically unheard of history being brought to the forefront of society's mind.

The inability of scholars to situate Alberta's history of sterilization within the theoretical framework of memory is puzzling given the vibrant academic discussion of the concept of memory and the specific examination of collective memory in other national and regional jurisdictions in the context of eugenics programs. Maurice Halbwachs pioneered the study of collective memory, and this theoretical construct has been applied to a host of historical topics, most notably the Holocaust.<sup>34</sup> Scholars have also adopted the use of collective memory in the study of eugenics. Brave and Sylva, for instance, analyzed the public exhibition in 2005 of California's involvement with eugenics programs through the lens of collective memory and determined that the previous lack of an "iconic" symbol of eugenics initiatives had erased sterilization programs from the public mind.<sup>35</sup> Additionally, Alexandra Minna Stern, in "Eugenics and Historical Memory in America," examines the virtual complete absence of public

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<sup>33</sup> *Living Archives on Eugenics in Western Canada*, "Our Stories Told: Judy Lytton," [http://eugenicsarchive.ca/discover/our-stories/judy]

<sup>34</sup> Maurice Halbwachs [edited by Lewis Coser], *On Collective Memory* (Chicago: University of Chicago Press, 1992). See also Noa Gedi and Yigal Elam, "Collective Memory—What Is It?" *History and Memory* 8 (1996): 30-50.

<sup>35</sup> Brave and Sylva, "Exhibiting Eugenics: Response and Resistance to a Hidden History," 35.

knowledge about eugenics in American history in the context of a series of apologies at the state level for the sterilization of some of the more than 66,000 Americans who were targeted under eugenics legislation adopted in thirty-three states in the twentieth century.<sup>36</sup>

The fourth strand of historiography pertaining to eugenics in twentieth century Alberta relates to the complex social history of Canada. Among the many growing issues and developments of the time there are four key pockets, including the Great Depression, moral reform, treatment of women, and the growing practice of institutionalization, all of which set the stage for eugenics acceptance. Lara Campbell, author of *Respectable Citizens: Gender, Family, and Unemployment in Ontario's Great Depression*, gives a thorough study of the impact the Great Depression had on the family structure. For it was within the home, Campbell states, that the devastations of the Great Depression were most deeply felt.<sup>37</sup> Both women and men had their separate hardships to face and conquer; however, they were also responsible for maintaining the home as a material and symbolic space. The struggle to achieve such a space was regularly thrown off kilter. As a common practice, men typically turned over wages to their wives to manage and budget.<sup>38</sup> However, as the Depression continued the ability of both women and men to do their parts was compromised.

Threats of foreclosure, eviction, and the inability to pay rent were common. Added stress often resulted in marital conflict in the form of domestic violence and alcohol consumption, both of which strained the family budget. According to a number of domestic violence cases, unemployment was typically cited as the key factor in abuse claims. Cases further state that

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<sup>36</sup> Alexandra Minna Stern, "Eugenics and Historical Memory in America," *History Compass* 3 (2005): 1-11.

<sup>37</sup> Lara Campbell, *Respectable Citizens: Gender, Family, and unemployment in Ontario's Great Depression* (Toronto: University of Toronto Press Incorporated, 2009), 19.

<sup>38</sup> Campbell, *Respectable Citizens*, 129.

violent male behavior was often linked to husbands who believed they had been emasculated by their inability to find and keep work.<sup>39</sup> Drinking was particularly hurtful to the family structure as it often led to the loss of employment of the main breadwinner and forced women and children to seek paid labour.<sup>40</sup> In an effort to lessen the financial burden of the Great Depression, families often split up, doubled up households, and often times placed children in institutional care. Agencies, such as the Children's Aid Societies and Canadian Council on Child and Family Welfare, reported an increase in children removed from the home or under supervision in the 1930s. Blame for the increase in numbers was placed on high unemployment and financial stress.<sup>41</sup> For example, Clara Conklin pleaded with a judge to have her children put up for adoption or placed in institutional care due to her husband's abuse, alcoholism, and refusal to work for relief rent.<sup>42</sup> Campbell's work provides a strong backdrop for the situation in Alberta in regards to eugenics practices. As financial strain persisted throughout the Great Depression, eugenics became viewed as an effective economic practice.

Mariana Valverde's *The Age of Light, Soap, and Water: Moral Reform in English Canada, 1885-1925* explores the social purity movement in late nineteenth and early twentieth century Canada.<sup>43</sup> Valverde examines topics such as nativism and sexual reform, and she explains the intellectual framework in which many of those advocating reform were working. By the twentieth century, doctors for example, had become increasingly important leaders of both social purity and moral reform. Physicians had managed to claim jurisdiction over many ethical

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<sup>39</sup> Campbell, *Respectable Citizens*, 144.

<sup>40</sup> Campbell, *Respectable Citizens*, 132

<sup>41</sup> Harry Morris Cassidy, *Unemployment and Relief in Ontario, 1929-1932: A Survey and Report* (Toronto: J.M. Dent, 1932), 255.

<sup>42</sup> Campbell, *Respectable Citizens*, 142.

<sup>43</sup> See Mariana Valverde, *The Age of Light, Soap, and Water: Moral Reform in English Canada, 1885-1925* (Toronto: McClelland & Stewart Inc., 1991).

issues, putting them in a place where they were in the perfect position to speak the mixed religious- scientific language of social purity.<sup>44</sup> Reformers largely conducted their purity work through existing organizations, such as Methodist and Presbyterian churches. These private bodies interacted heavily with the state because the work of these organizations was meant to influence state legislation and policy. For example, the Canadian version of the Woman's Christian Temperance Union devoted much of its time and educational resources in social purity work. These women believed they were performing an important role in telling other women how they should "talk to their children about sexuality, reproduction, and family life."<sup>45</sup> Another example was the National Council of Women in Canada, who in 1915 participated in a social survey which attempted to map out vice in Toronto and seek scientific and moral remedies.<sup>46</sup> These groups primarily focused their efforts on immigrants, those perceived to be involved in sexual excess, such as single mothers and prostitutes, and those deemed mentally and morally degenerate.

By singling these groups out, these Anglo-Saxon reformers showed profound prejudice by whole heartedly believing that the British people and their descendants were by nature morally superior.<sup>47</sup> A key theme presented in Valverde's work is that moral regulation was absolutely central for the strong formation of the Canadian State. Nativism was further strengthened by characters such as Dr. C.K. Clarke, who conducted studies in the psychiatric ward of the Toronto General Hospital and concluded that immigrants were overrepresented

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<sup>44</sup> Valverde, *The Age of Light, Soap, and Water*, 47.

<sup>45</sup> Valverde, *The Age of Light, Soap, and Water*, 59.

<sup>46</sup> Valverde, *The Age of Light, Soap, and Water*, 61.

<sup>47</sup> Valverde, *The Age of Light, Soap, and Water*, 107.

among the feeble-minded patients.<sup>48</sup> Furthermore, Clarke presented links, while vague, connected feeble-mindedness to sexual deviance. These late nineteenth and early twentieth century reformers of social purity would later set the stage for drastic developments in race hygiene and race betterment in the provinces of Alberta and British Columbia.

Exploring the treatment of women is something author Joan Sangster investigates in *Regulating Girls and Women: Sexuality, Family, and the Law in Ontario, 1920-1960*.<sup>49</sup> Sangster looks at key issues that drew women and girls into criminal and juvenile courts both as victims and as offenders. By using journals, government documents, newspapers, and correctional case files Sangster concludes that females in marginalized race or class positions often found themselves the object of scrutiny by experts with the power to regulate and discipline them. For example, judges and magistrates often found the line between promiscuity and prostitution hazy. The Female Refuges Act was first enacted in 1897 to regulate women between the ages of 16 and 35, because these were the most active sexual and reproductive years.<sup>50</sup> The vast majority of incarcerations connected to the Act centred on three overlapping problems: venereal disease, illegitimate pregnancies, and sexual promiscuity. Females often targeted included those of working class or poverty stricken backgrounds, those from broken homes, those who experienced any sort of state care, single parents, and those who had inappropriate partners.<sup>51</sup> The Act enabled racialization to take two forms: first, to punish white women and girls for their involvement with men of colour, and second, to punish First Nations women for presumed immorality and promiscuity.

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<sup>48</sup> Valverde, *The Age of Light, Soap, and Water*, 108.

<sup>49</sup> See Joan Sangster, *Regulating Girls and Women: Sexuality, Family, and the Law in Ontario, 1920-1960* (Don Mills: Oxford University Press, 2001), 116.

<sup>50</sup> Sangster, *Regulating Girls and Women*, 116.

<sup>51</sup> Sangster, *Regulating Girls and Women*, 119.

There are a number of accounts of Native women being convicted of sexual promiscuity; however, these accounts are heavily influenced by racial stereotypes of Native women having a weak moral compass and being more sexually promiscuous than white women. In actuality, there are a number of reasons for a higher representation of Native incarcerations for sexual offenses, including material and social deprivation, cultural alienation, systemic racism, escalating social stress on reserves and the urbanization of Native people.<sup>52</sup> Little attention was paid to their true circumstances; in fact, the Indian Affairs filing system had a whole category for “Immorality on Reserves” in which almost all complaints were based on sexual misbehaviors.<sup>53</sup> In addition, Indian agents could play central roles during the sentencing process, which Sangster states contributes to the high number of Native women incarcerated under the Female Refuges Act in the 1940s and 1950s. Sangster’s research on Canadian women is not limited to this one example.<sup>54</sup>

The final avenue of historiography left to explore in the complex Canadian society pertaining to eugenics is the view on institutions. Megan Davies provides some insight here in *Into the House of Old: A History of Residential Care in British Columbia*, which looks at the evolving existence of old age institutions in British Columbia between 1890 and the 1960s.<sup>55</sup> By exploring the origin of old age homes, Davies demonstrates the growing trend in Canada to deal with sectors of the Canadian society through the practice of institutionalization. This strand is relevant as the use of Provincial institutions in Alberta were used to administer eugenic

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<sup>52</sup> Sangster, *Regulating Girls and Women*, 168.

<sup>53</sup> Sangster, *Regulating Girls and Women*, 181.

<sup>54</sup> For example, see Joan Sangster, *Through Feminist Eyes: Essays on Canadian Women’s History* (Edmonton: Athabasca University Press, 2011).

<sup>55</sup> Megan J. Davies, *Into the House of Old: A History of Residential Care in British Columbia* (Montreal: McGill-Queen’s University Press, 2003), 4.

programs. Originating from England, Davies provides some insight into these homes that became the foundation for welfare programs created in the 1950s and 1960s.<sup>56</sup> Davies begins by stating that many hated the idea of residential facilities and placed high value on personal autonomy. However, there are a few factors that placed men and women in vulnerable positions. The following two factors go hand in hand; for example, men without families were more likely to find themselves in old age homes. Typically, these men would immigrate at a young age, pick up work in isolated areas in the province, and later settle in the area without having married. Wage labour is another factor that plays into men being more represented in old age homes than women are. Earning an income was a critical part of independence and success for recent immigrants to Canada. Chasing viable employment though became less attainable as bodies weaken.<sup>57</sup> These men would end their days in need and rely on state assistance by entering public age homes.

For women, widowhood became the main factor in which women found themselves in state homes. Women, Davies explains, were more resourceful in avoiding institutionalization. For example, children and other family members were more likely to invite elderly women into their home than an elderly man. Single, aging women used the assets obtained earlier in life or informal wage work to keep their independence. In the 1940s and 1950s, expansions of provincial facilities were underway due to the demand for accommodation. Davies mentions two phases of institutional growth that lasted from 1892 to the early 1920s. In the first instance, public facilities were set up primarily for able-bodied men on farms or working gardens. These places were designed as a place of work rather than care. The second phase was a residential

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<sup>56</sup> Davies, *Into the House of Old*, 4.

<sup>57</sup> Davies, *Into the House of Old*, 27.

accommodation for the old, ill, disabled, or mothers and children. These residencies were often hidden both physically and culturally.<sup>58</sup> Both phases are reflected in Alberta; for example, many institutions had farms attached so that the young and able could work and gather food later used by the institutions. As many institutions, like the Provincial Training School, did not provide much academic curriculum, the work that the patients would perform would help keep institutional costs down. In addition, institutions such as the Provincial Training School were located in remote areas and were the home to many children, single mothers, and mentally disabled individuals. It is no surprise that there were a number of complaints regarding the treatment of those in old age homes. These grievances ranged from noise complaints, lack of privacy, poor treatment, lack of hygiene, boredom, and overcrowding.<sup>59</sup> Similar complaints are explored in Chapter 3 when looking at the testimonies and narratives of eugenic survivors. Davies' book does not paint the changes to facilities in later years in a positive light; rather, she suggests that changes were merely cosmetic and institutions still harbor traces of the poorhouse of England. Similarly, Claudia Malacrida highlights such a point by including visuals from the Provincial Training School that reflect a sterilized and uncanny environment, including a play ground, cubbies, low grade wards, and the time out room with deadbolts on the face of the door.<sup>60</sup>

The historiography of the eugenics movement, therefore, is voluminous. Yet these four strands of academic inquiry into sterilization initiatives at the international, national, and provincial level are by no means exhaustive in their coverage. Scholarly treatments of the

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<sup>58</sup> Davies, *Into the House of Old*, 57.

<sup>59</sup> Davies, *Into the House of Old*, 126.

<sup>60</sup> Claudia Malacrida, *A Special Hell: Institutional Life in Alberta's Eugenic Years* (Toronto: University of Toronto Press, 2015), 71-72, 90, 113

international development of eugenics frequently ignore important developments taking place simultaneously in Canada, and the detailed history of the Sexual Sterilization Act in Alberta is likewise rarely grounded within the international eugenics literature. Furthermore, the political and biographical approach to explaining the emergence of eugenics programs in Alberta is also hamstrung by the inability to focus on the individuals caught up in the provincial eugenics machinery and to explain the social and economic background that allowed for the sterilization of thousands of Albertans. Finally, the issue of collective memory or public knowledge of Alberta's deep involvement with sterilization programs is by definition hampered by the relatively recent willingness of government officials to acknowledge their responsibility for eugenics programs and the growing availability of archival records and survivor testimonies.

This thesis will attempt to address these gaps in the existing historiography through a comprehensive examination of the existing secondary literature and the use of previously unexamined archival sources. Chapter One will provide a thorough overview of the development of eugenics initiatives in Western countries beginning in the late nineteenth century. Special attention will be paid to the similarities in outlook of the architects of sterilization policies in various national, state, and provincial jurisdictions, the broad reach and impact of these programs, and the popular support that maintained them. Furthermore, the continued enforcement of eugenics legislation after the end of the Second World War will be highlighted. Popular belief that sterilization laws were repealed or not enforced in this period after the horrors of the Holocaust were publicly revealed is largely misguided. In truth, the sterilization apparatus remained intact and actively functioned in many regions, including Alberta, for decades after 1945.

Chapter Two will carefully examine the administration of the Sexual Sterilization Act before the beginning of the Second World War by focusing on previously unreleased individual case studies held in the Provincial Archives of Alberta. Provincial privacy legislation has placed a 75-year restriction on the availability of case histories and administrative records documenting the practice of sterilization in Alberta. This chapter will analyze a range of complete case studies from 1928 to 1939 previously unused by scholars and provide a through account of the background of individuals sterilized under Alberta's eugenics laws and the administrative procedures by which sterilization occurred. Particular emphasis will be placed on the social, cultural, and economic factors prevalent in Depression-era Alberta that allowed primarily socially and economically disadvantaged women to be caught up in the eugenics net.

Chapter Three will provide an overview of the eugenics program in Alberta after the Second World War. Partial archival case studies released through the declassification procedures of provincial privacy legislation will be utilized to determine the basic course of operations carried out under the Sexual Sterilization Act until the Act's repeal in the early 1970s and chart any changes in sterilization policy compared to the pre-1939 period. Furthermore, the issue of collective memory will be addressed by determining the modern public attitude towards Alberta's eugenics past. In particular, the on-line resources of the *Living Archives* project will be utilized in a comprehensive fashion—representing perhaps the first detailed analysis of these records since their public release in October 2014. Survivor testimony and reaction to the project's comprehensive public education initiatives will play an important role in gauging the importance of the Sexual Sterilization Act in the collective memory of Albertans.

In sum, therefore, this thesis will add to the growing literature on the history of the international eugenics movement in its broad outlines and the specific workings of sterilization

policies enacted in Alberta. It will explain the reasons why eugenics took root in Alberta to a greater extent than any other Canadian province and document the actions of bureaucrats and medical professionals who supervised the provincial sterilization processes. The durability of eugenics policies in Alberta in the aftermath of the Second World War will also be examined, as will the reasons behind the eventual repeal of the Sexual Sterilization Act in 1972. Finally, the collective memory of eugenics among Albertans will be ascertained; indeed, perhaps the ultimate goal of this research will be to enhance public knowledge of this unfortunate episode in Canadian history.

## Chapter One: A Look Back

“I take Eugenics very seriously, feeling that its principles ought to become one of the dominant motives in a civilized nation, much as if they were one of its religious tenets.”<sup>1</sup>

— Francis Galton

“Imbecile”, “Retarded”, “Moron”, “Idiot”, “Defective”, and “Feebleminded” are but a few labels thrust upon individuals deemed less than worthy by society throughout the eugenics era. It would be unfair to highlight Alberta’s involvement in eugenics without first looking at the wider scope of eugenics on an international scale. The Sexual Sterilization Act of 1928, in a sense, was a product of a heightened trend enforced by Albertans who identified with common social issues found in other countries.<sup>2</sup> It would appear to Albertans that in the years leading up to 1928, shared social problems being experienced in places such as the United States, England and other European countries resulted in beliefs that eugenic programs worked efficiently to combat issues plaguing communities.

In order to understand the mindset of eugenics supporters in the twentieth century, the origins of eugenics and its international presence must first be examined. Before getting to know Francis Galton, the man considered the father of eugenics, it is paramount to discuss his cousin, Charles Darwin, who played an influential role in the development of Galton’s ideas and theories. Although Darwin was not an advocate of eugenics—he was skeptical about the practice until reading *Hereditary Genius* in 1869—his theories and writing on social evolution played a crucial role in shaping scientific and popular attitudes related to human pedigree.<sup>3</sup> Born into a

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<sup>1</sup> Francis Galton, *Memories of my Life* (London: Methuen, 1909), 322.

<sup>2</sup> Philip Reilly, *The Surgical Solution: A History of Involuntary Sterilization in the United States* (Baltimore: John Hopkins University Press, 1991), 104.

<sup>3</sup> See Richard Lynn, *Eugenics: A Reassessment* (Westport: Praeger Publishers, 2001), 19 and Diane B. Paul and James Moore, “The Darwin Context: Evolution and Inheritance,” in *The*

wealthy and well-connected family in 1809, Darwin initially planned to enter the field of medicine, but dropped out after two years at Edinburgh University. In his *Autobiography*, Darwin describes the instruction at Edinburgh as an altogether dull experience.<sup>4</sup> Pressured by his father to continue his studies, Darwin studied divinity at Cambridge, but held off on declaring his complete belief in all the dogmas of the Church of England. Darwin also found life as a student dull at Cambridge and states that his only pleasure was in collecting beetles.<sup>5</sup> His passion for collecting aided Darwin after his time at Cambridge when he was given the opportunity to work as a naturalist on the voyage of the *Beagle*.<sup>6</sup> Two results came from this five-year voyage: first, it solidified Darwin's place within the scientific community, and, second, it introduced Darwin to finches, which would eventually become the bedrock of Darwin's evolutionary theory.<sup>7</sup>

First published in 1859, *Origin of Species* has become, to some, the most important work of biology ever written. This work introduced the scientific theory that populations throughout time have evolved through a process known as natural selection.<sup>8</sup> Furthermore, this new theory presented evidence that the diversities of life all originated once from a common ancestor, but that only the organisms that could survive under environmental pressures would continue through to the next generation. Whether Darwin's chapter on natural selection purposely avoided referencing man or not, the underlying tones that natural selection could be active amongst

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*Oxford Handbook of the History of Eugenics*, ed. Alison Bashford and Philippa Levin (New York: Oxford University Press, 2010), 28.

<sup>4</sup> Charles Darwin and Francis Darwin, *The Autobiography of Charles Darwin* (London: Bibliolis Books, 2010), 19.

<sup>5</sup> Darwin and Darwin, *The Autobiography of Charles Darwin*, 36.

<sup>6</sup> Darwin and Darwin, *The Autobiography of Charles Darwin*, 31.

<sup>7</sup> Natalie Ball, "Charles Darwin," last modified October 2014, *Living Archives*, <http://eugenicsarchive.ca/discover/players/523377f35c2ec50000000050>

<sup>8</sup> Charles Robert Darwin, *The Origin of Species* (New York: Modern Library, 1998), 5.

humans does not go unnoticed.<sup>9</sup> Instead, Darwin largely focused on the evolution of animals and plants and took as an example a country where changes in conditions, such as climate,<sup>10</sup> led to the extinction of some species and the geographic dispersal of others. When feasible, offspring of some species adapted to the new environment around them. Furthermore, Darwin highlighted that as new generations get further and further from their original ancestor, sharp diversities between breeds appear.

In *The Descent of Man*, Darwin maintained that most human traits are innate.<sup>11</sup> His 1871 work was a response to Galton's *Hereditary Genius*, where Galton presented his findings on the lineage of successful men. In his chapter, he looked at the development of the intellectual during primeval and civilized times, Darwin looked at the environment of his day and saw the role natural selection played. He noted that the racially fit are surrounded by the less fit.<sup>12</sup> Interestingly enough, Darwin makes no suggestion as to how humans can improve themselves. Darwin is an important figure in the narrative of eugenics for crucial reasons. First, his theory of evolution created a foundation of interest for others to come forward and look at evolution from a different perspective, including his cousin, who would go on to examine whether intelligence and talent were hereditary. Second, his theory became solid justification upon which future eugenicists would base their claims.<sup>13</sup> By the late nineteenth century, claims from individuals, such as William Rathbone Greg, who believed natural selection was failing in the case of

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<sup>9</sup> Paul and Moore, "The Darwin Context," 28.

<sup>10</sup> Darwin, *The Origin of Species*, 81.

<sup>11</sup> Paul and Moore, "The Darwin Context," 32.

<sup>12</sup> Charles Darwin, *The Descent of Man and Selection in Relation to Sex* (New York: D. Appleton and Company, 1871), 173.

<sup>13</sup> Ball, "Charles Darwin, <http://eugenicsarchive.ca/discover/players/523377f35c2ec50000000050>

humans,<sup>14</sup> were beginning to spread. And with the theory of evolution already put forth by Darwin, alarm and desperation defended upon the public. Such a situation provided the perfect atmosphere for eugenics ideas to flourish.

Despite not being the first to be worried about the social effects of reproduction on future generations, Francis Galton was the first to coin the term “eugenics” in 1883.<sup>15</sup> Given the information written on his personal life and upbringing, Galton can be classified as a typically privileged English gentleman. Considered a genius, Galton learned to read at two-and-a-half, entered into the profession of medicine by the age of sixteen, and by 1844, at the age of twenty-two, he completed his medical studies and graduated from Trinity College, Cambridge, with a degree in mathematics.<sup>16</sup> Life for Galton before the publication Darwin’s *The Origin of Species* was full of leisure, travel, and no financial worry. Around the time his cousin was having his work published, Galton became interested in human inheritance. Darwin suggested that through the study of evolution information on the origin of man and man’s history could be found, but he cautioned to leave such things alone.<sup>17</sup> However, Galton argued for the importance of evolution in explaining man’s past and controlling man’s future. While Darwin’s work may have accelerated Galton’s interest in human inheritance, some scholars believe there were other factors. For example, Phillip Reilly believes that it was Galton’s infertile marriage and the infertility of several other relatives that sparked curiosity.<sup>18</sup>

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<sup>14</sup> Paul and Moore, “The Darwin Context,” 28.

<sup>15</sup> Terry Chapman, “Early Eugenics Movements in Western Canada,” *Alberta History* 25:4 (1977): 9.

<sup>16</sup> Mark H. Haller, *Eugenics: Hereditarian Attitudes in American Thought* (New Brunswick: Rutgers University Press, 1963), 9.

<sup>17</sup> Haller, *Eugenics*, 9.

<sup>18</sup> Reilly, *The Surgical Solution*, 2.

Galton set out in 1864 to demonstrate that mental abilities of humans were inherited using the lineage of famous and wealthy men such as him. Author Richard Lynn suggests that by using lawyers, statesmen, scientists, scholars, and writers, Galton revealed that prestige in these fields tended to run in families. In addition, it was more likely to find such results when ties between individuals were close, say a father and son, rather than more distant relations between, for example, an adoptive son and his father.<sup>19</sup> A rather big problem that critics of Galton's experiment pointed out was his lack of analysis of the environment. Galton argued that the environment had relatively little impact on the achievements of men and that their ability was largely determined by genetic factors. As a result, Galton's study minimized such factors as the role of family connections and the environment. In 1865 Galton published his findings in *Macmillan's Magazine* in an article titled "Hereditary Talent." Four years later, Galton published his expanded results in a book titled *Hereditary Genius: An Inquiry into Its Laws and Consequences*. It was also in *Hereditary Genius* that Galton stated his bias, which became the foundation of the eugenics movement decades later:

I have no patience with the hypothesis occasionally expressed, and often implied, especially in tales written to teach children to be good, that babies are born pretty much alike, and that the sole agencies in creating differences between boy and boy, and man and man are steady application and moral effort. It is in the most qualified manner that I object to pretensions of natural equality. The experience of the nursery, the school, the university, and of professional careers, are a chain of proofs to the contrary.<sup>20</sup>

What eugenics became in the twentieth century and what Galton first envisioned are two different concepts. Eugenics can be separated into two categories, the first being positive eugenics, in which human breeding is manipulated to produce superior people, and the second

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<sup>19</sup> Lynn, *Eugenics*, 5.

<sup>20</sup> Francis Galton, *Hereditary Genius: An Inquiry into Its Laws and Consequences* (London: Macmillan, 1869), 14.

being negative eugenics, in which people deemed deficient would be excluded or eliminated from the general population in order to better the quality of the human race.<sup>21</sup> Criminals, those mentally and physically disabled, and the poor were considered inferior and dangerous to the growing population. Galton saw positive eugenics as a solution that would solve the issues he believed plagued Britain and other Western nations. Realizing that the cleansing function of natural selection, mentioned in *Origin of Species*, was no longer working in the same way it once had, Galton concluded that nations had begun to weaken, a phenomenon known as dysgenic.<sup>22</sup> In the past, issues such as disease, sickness, poverty, and disabilities aided the process of natural selection. However, the field of medicine was advancing, financial assistance could be sought, and shelters and hospices were established, all of which helped prolong the lives of those who would have once perished due to circumstance. In addition, the rate in which upper class marriages produced children was also declining, while those deemed undesirable continued to have children at alarming rates. Galton found that either talented members of society were marrying late, in which fewer children were conceived, or they did not marry at all in fear that their careers would be put in jeopardy.<sup>23</sup>

Galton preached that the best way to implement eugenics would be to adopt selective breeding techniques similar to those of animals and plant breeders. To motivate more marriages among the elite, Galton suggested several options. First, Galton advocated that men and women go through medical examinations to identify hereditary family qualities such as fertility and intelligence. Once screened, individuals would receive a diploma proving their suitability. Second, Galton believed that dowries be offered by elite families to not only entice suitors but to

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<sup>21</sup> Kevles, "Eugenics and Human Rights," 436.

<sup>22</sup> Lynn, *Eugenics*, 7.

<sup>23</sup> Lynn, *Eugenics*, 8.

also give financial stability in the early years of marriage and promote reproduction.<sup>24</sup> Finally, Galton indicated that honours be awarded to couples producing the most babies. These awards were meant to persuade women to marry earlier and not pursue careers outside the home. Ultimately, these options were intended to achieve a higher purpose. Galton envisioned the acceptance of eugenics by academic communities to secure professional enforcement and implementation on a national and international level. In addition, Galton hoped that eugenics would be introduced into the national conscience, like a new religion.<sup>25</sup> His eugenics ideas spread quickly, and by the 1920s, eugenic movements and programs existed all over the world.<sup>26</sup> However, international participation had to be first publicly accepted. Such a feat slowly became a reality when eugenics became viewed as a solution to the many social problems experienced throughout the world. As a result, the new wave of eugenicists was more inclined to practice negative eugenics to achieve Galton's envisioned utopia.

## **Britain**

Darwin's theories and Galton's actions did not lead directly or inevitably to a eugenics movement in Europe; their ideas were simply precursors to a grander movement. Taking into account the social concerns brought forth by Galton and his presence in British society, it is no surprise that during the 1880s eugenics in Britain became a concrete topic of public discussion.<sup>27</sup> Galton and followers of eugenics, such as William Rathbone Greg, Havelock Ellis, Austin

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<sup>24</sup> Nicholas Wright Gillham, *A Life of Sir Francis Galton: From African Exploration to the Birth of Eugenics* (New York: Oxford University Press, 2001), 327.

<sup>25</sup> Donald MacKenzie, "Eugenics in Britain," *Social Studies of Science* 6:3/4 (1976): 507.

<sup>26</sup> Daniel Wikler, "Can We Learn From Eugenics?" *Journal of Medical Ethics* 25:2 (1991): 183.

<sup>27</sup> MacKenzie, "Eugenics in Britain," 503.

Freeman and Karl Pearson,<sup>28</sup> provided material to the public with the hope that once the principles about heredity and evolution were accepted on a wider scale, appropriate political action would follow. As a devotee and colleague of Galton, Karl Pearson shared his mentor's theory and research in hard heredity and statistics.<sup>29</sup> It is interesting to note, however, that Pearson's militaristic and imperialist views on eugenics were harsher than Galton's to the point where one would argue that his views were influenced by racism. For example, in his 1901 lecture titled "National Life from the Standpoint of Science," Pearson argued that it was the "herd, the tribe, or the nations which forms the fundamental unit in the evolution of man" and not the individual.<sup>30</sup> Pearson goes on to say that it is for this reason that superior and inferior races cannot coexist. Perhaps it is because Pearson so wholeheartedly believed in eugenics that Galton appointed Pearson the first Galton Professor of Eugenics at the University College London, the same place where in 1904 the Eugenics Record Office (later renamed the Eugenics Laboratory) was set up and where the Eugenics Education Society (EES) was founded in 1907.<sup>31</sup>

Both the Eugenics Record Office and the EES, later renamed the Eugenics Society, played influential yet different roles in the shaping of eugenics in Britain. Responsible for the scientific research into eugenics and human genetics, the Laboratory was originally funded by Galton. The main function of the Laboratory was to put out publications, including memoirs, to show the activity of the Laboratory.<sup>32</sup> In addition, the institution gave instructions and aid for

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<sup>28</sup> John Cartwright, *Evolution and Human Behaviour: Darwinian Perspectives on Human Nature* (Massachusetts: MIT Press, 2000), 16-17.

<sup>29</sup> Paul and Moore, "The Darwin Context," 38.

<sup>30</sup> Paul and Moore, "The Darwin Context," 39.

<sup>31</sup> Jeffrey Weeks, *Sex, Politics and Society: The Regulation of Sexuality since 1800* (New York: Pearson Education Limited, 2012), 168-169.

<sup>32</sup> Karl Pearson, *The Life, Letters and Labour of Francis Galton* (New York: Cambridge University Press, 1930), 305.

students and researchers who helped further the study of eugenics. While information on the Laboratory is somewhat limited, there is no shortage of information on the EES. The EES provided a blueprint for the ideal man, which Pearson described as physically, morally, and mentally the product of a long line of superior ancestry.<sup>33</sup> This ideal man was to serve the British nation while also breeding exceptional brains and physiques for national purposes and being able to deal with the demands of modernity and the advancements of the nation.<sup>34</sup> By 1914, the EES had its own review and a membership of 634, which included prominent members of society such as Winston Churchill and individuals from the professional middle class, all of whom were devoted to the education and popularization of eugenics.<sup>35</sup> Surprisingly enough, feminists made up a large portion of members due to the focus on the female reproductive system.

Women formed a majority in the London branch of the EES in the early years and were also part of the visiting lecturers group. Furthermore, women became ideal educators on the need for “responsible motherhood” geared towards the “feckless over-fertile working-class woman, or the selfish, birth-restricting, middle-class woman.”<sup>36</sup> Women also banded around the ideas of sexual sterilization, birth control, and fear of male sexuality throughout the inter-war years. Gradually, the Society became less of a propaganda organization and by the 1930s desperately differentiated itself from the more extreme eugenics practices of Nazi Germany.<sup>37</sup> There are a number of reasons why this disconnect occurred. First, the Society closely aligned itself with

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<sup>33</sup> Gabriel Koureas, “Desiring Skin: Eugenics, Trauma and Acting Out of Masculinities in British Inter-War Visual Culture,” in *Art, Sex and Eugenics: Corpus Delecti*, ed. Fae Brauer and Anthea Callen (USA: Ashgate Publishing Co., 2008), 165.

<sup>34</sup> Koureas, “Desiring Skin,” 166.

<sup>35</sup> Weeks, *Sex, Politics, and Society*, 169.

<sup>36</sup> Lucy Bland and Lesley Hall, “Eugenics in Britain: The View from the Metropole,” in *The Oxford Handbook of the History of Eugenics*, ed. Alison Bashford and Philippa Levin (New York: Oxford University Press, 2010), 215.

<sup>37</sup> Weeks, *Sex, Politics, and Society*, 175.

voluntary sterilization, which secured the support of women concerned with issues of maternity, birth control, and fear of male sexuality. Second, the Labour Party as a whole, along with the Roman Catholic Church, firmly opposed any form of sterilization. Finally, unlike Germany, the British government was still hesitant to touch on the sensitive topic of finding a balance between individual freedom and state planning. Despite Britain never adopting any formal policies regarding eugenics, there were a number of informal policies that did exist, which perhaps kept the idea of eugenics alive.

With two organizations in place and under the direction of Pearson, Britain was that much closer to achieving what Galton referred to as “Kantsaywhere.” Penned before his death and never published, “Kantsaywhere’s” most important passages are published in Pearson’s *Life, Letters, and Labours of Francis Galton*.<sup>38</sup> “Kantsaywhere” was an envisioned island utopia where humans retained qualities of a higher order and were governed by the Eugenic College, which elected a council to carry out legislative and executive functions of government.<sup>39</sup> This oligarchy reflected Galton’s earlier articles by promoting fitness examinations, encouraging early marriage, and deporting or segregating the unfit. The population fully accepts the College and its laws in which “everyone is classed by everybody else according to their estimate or knowledge of his person and faculties.”<sup>40</sup> To become a member of the College depended on availability and examination results. A candidate must first have been tested physically with

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<sup>38</sup> Lynn, *Eugenics*, 14. See also the Special Collections found on the University College London website. To mark the 100<sup>th</sup> Anniversary of Galton’s death, the University College London published all that remains of this novel in 2011. Published in the form of scans, the type written manuscript is available for download. <http://www.ucl.ac.uk/library/exhibitions/francis-galton/>

<sup>39</sup> Alexandra Minna Stern, “Gender and Sexuality” A Global Tour and Compass,” in *The Oxford Handbook of the History of Eugenics*, ed. Alison Bashford and Philippa Levin (New York: Oxford University Press, 2010), 179.

<sup>40</sup> MacKenzie, “Eugenics in Britain,” 508.

tests of strength, reaction time, vision and hearing.<sup>41</sup> Second, applicants had to prove their literary and aesthetics skills through essay writing and singing. Next, medical and health history had to be investigated. Finally, prospective council members had to confirm their superior genealogical lineage through an assessment of the candidate's ancestral accomplishments. In addition to legislative control, the College's main function is to preserve and enhance the genetic quality of the populations. Such actions as issuing licenses for parenthood are some of the ways the College accomplishes such a task. Potential parents were classified into five categories, which permitted couples in category one to have as many children as they wanted, category two allowed three children, category three allowed two children, category four allowed one child, and category five restricted childbearing.<sup>42</sup> Those who had more children than they were allowed would be punished with fines, confinement in segregated labour colonies, or deported. On paper, this ideal world presented by Galton seemed feasible to early eugenicists; however, power lay in the hands of the public.

As the nation with the largest colonial empire, Britain during the first half of the nineteenth century was enjoying immense wealth and material affluence while also experiencing revolutionary growth. Due to these conditions, the British population increased and continued to do so until the social and environmental costs of such rapid change became physically obvious. Anxieties from the middle and upper classes stemmed from migration from overseas and rural areas into cities, where problems of overcrowding, poverty, crime, and a lack of hygiene were evident among the lower class. For this reason, Britain's eugenics ideas came from a unique

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<sup>41</sup> Lynn, *Eugenics*, 14.

<sup>42</sup> Lynn, *Eugenics*, 15.

place based primarily on class differences rather than race.<sup>43</sup> There are a few reasons as to how and why eugenics became considered as an ideal solution to the social problems presented.

The early 1900s, leading up to the First World War, was a time in which eugenics conversation was at its high. Liberal governments, such as those under Prime Minister Sir Henry Campbell-Bannerman and Prime Minister Herbert Henry Asquith, failed to respond efficiently to the growing urban problems and added fuel to the ideas surrounding elevated crime, poverty, and ill health.<sup>44</sup> Such ideas encircling the lower classes resulted in beliefs in the decline in the quality of the nation's stock. It was a common assumption that the Anglo-Saxon race was superior and that the best qualities came from white Europeans.<sup>45</sup> During an EES meeting, Leonard Darwin announced, "what is urgently needed is a thorough scientific study of the mental and physical characteristics of mixed races."<sup>46</sup> Darwin's admission that interbreeding produced inferior stock promoted a "race crossing" project in which anthropologists took measurements involving proportions of the skull, shape of the head, and shape of the nose, ears, and eyes. Results were important in measuring human heredity, but equally important evidence for ground to discriminate. For example, Pearson, with the help of an assistant, took the results of Russian and Polish children in Britain and concluded that these children were inferior to British children.<sup>47</sup> Taking it a step further, Pearson suggested that such evidence be used to turn away future migrants. Eugenicists and their supporters stated that the influx of undesirable migrants contributed to the deterioration of the population and was essentially fatal to the British Empire.

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<sup>43</sup> MacKenzie, "Eugenics in Britain," 501.

<sup>44</sup> Anne Maxwell, *Picture Perfect: Photography and Eugenics 1870-1940* (Portland: Sussex Academic Press: 2008), 79.

<sup>45</sup> Weeks, *Sex, Politics, and Society*, 169.

<sup>46</sup> "Eugenics and Imperial Development," *Eugenics Review* 11:3 (1919): 126.

<sup>47</sup> Bland and Hall, "Eugenics in Britain," 220.

Fear also spread in regards to social control and the fear that Britain would not be able to defend itself against foreign economic competition. Colonial war, or inter-imperialist war due to contaminated stock. With criminals and the poor on the lower end of the spectrum (See Figure 1) and deemed the best suited for negative eugenics, the middle and upper classes feared these groups would turn violent if conditions became unbearable. Having these fears, to the upper class of Britain, were justified due to the memory of the Boer War.<sup>48</sup> During the Boer War it was widely believed that up to sixty percent of the lower class volunteers were rejected for the army due to not meeting the army's minimum standards of physical fitness. Furthermore, eugenicists lobbied for national fitness. They warned that if Britain did not develop a eugenic program the nation would struggle for survival and be unable to compete on any global scales.<sup>49</sup> It would be accurate to state that before the First World War Britain was on the cusp legislative success.

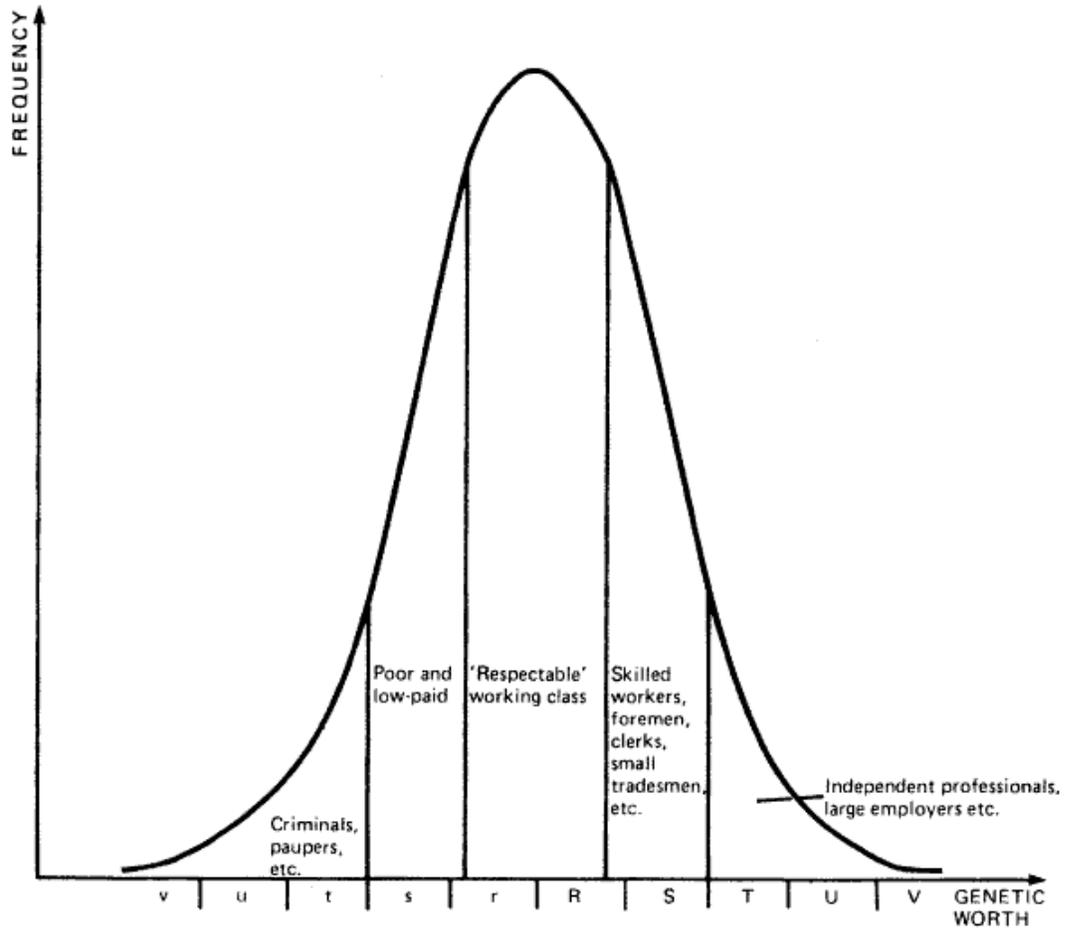
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<sup>48</sup> MacKenzie, "Eugenics in Britain," 515.

<sup>49</sup> MacKenzie, "Eugenics in Britain," 516.

Figure 1: Galton's View on British Social Structure<sup>50</sup>

Figure 1. Galton's view of British social structure



<sup>50</sup> MacKenzie, "Eugenics in Britain," 514.

A slight victory for eugenics supporters came under the administration of Prime Minister Asquith, with the enactment of the Mental Deficiency Act of 1913, which saw people categorized as “feeble-minded” and being forced into institutions to prevent them from passing on their threatening traits to their offspring.<sup>51</sup> While there was never a formal eugenics policy introduced, the 1913 Act did recognize that there were socially unfit people in society ranging from drunks to the mentally ill to those with the inability to learn. Feeble-mindedness at the time had no definite definition. However, eugenicists believed the trait was hereditary, represented moral decay, and contributed to poverty and unemployment.<sup>52</sup> Instead of capitalizing upon this small victory, interest in furthering eugenics as a solution deteriorated due to the First World War. As the war came to an end, the impetus in Britain was simply different. The industrial battles of the 1920s and the Red Clydeside can both be cited as reasons for eugenics not moving forward in Britain. In addition, MacKenzie reveals that unemployment was no longer localized after the war, forcing the ruling class to come up with a political strategy to work out differences with the working class. Such a strategy involved the accommodation of political and industrial leadership of the working class in the Labour Party and trade Unions.<sup>53</sup> By the early 1930s, the conditions of the Great Depression were evident and once again the concerns of eugenicists and supporters reappeared in a more extreme way with the suggestion of voluntary sterilization. Argued to be the cheaper solution, a Departmental Committee Report on Sterilization in 1934 supported the belief that mental deficiency was inherited and recommended the voluntary

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<sup>51</sup> Maxwell, *Picture Perfect*, 107.

<sup>52</sup> Bland and Hall, "Eugenics in Britain," 221.

<sup>53</sup> MacKenzie, "Eugenics in Britain," 518.

sterilization of those with mental and physical disabilities.<sup>54</sup> However, the National government under Prime Minister James Ramsay MacDonald once again refused to act and stated public support was insufficient.

For all the support generated and the “evidence” obtained, Britain never established a true eugenics program. Why? After the First World War, the role of eugenics changed for no other reason than it was no longer a pressing topic within society. Post-war Britain was in shambles. Britain had to learn how to rebuild, had to deal with the mass unemployment problem, and moreover had other drastic social problems that required immediate attention and action. Support, once advocated by the professional middle class, was no longer visible in the same way it once was before 1914. By the late 1930s, along with distancing itself from Nazi programs, eugenics in “the old, strong, sense was identified with fascism.”<sup>55</sup> Ironically, the country in which the father of eugenics nurtured his theory while working tirelessly to achieve a utopia was actually spared from becoming a practicing regime of negative eugenics. Unfortunately, other countries did not follow the British model and saw Galton’s utopia as their ultimate goal, disregarding the price innocent people would pay.

## **The United States**

Like many controversial historical topics in the United States, eugenics had a long and successful legislative lifespan. American adoption of Galton’s theory makes it the first North

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<sup>54</sup> Bland and Hall, "Eugenics in Britain," 221. For more information regarding the Departmental Committee Report on Sterilization. see HANSARD 1803-2005 at [www.parliament.uk](http://www.parliament.uk) under February 28, 1934 for more information regarding the Departmental Committee Report on Sterilization

<http://hansard.millbanksystems.com/commons/1934/feb/28/mental-deficiency>

<sup>55</sup> MacKenzie, "Eugenics in Britain," 519.

American country to have legislative success in implementing negative eugenic practices on unwilling patients. Taking old theories and integrating new social problems mainly rooted in racial tensions, the United States experienced periods of intense support for eugenics laws followed by equally severe periods of decline and the ultimate repeal of this legislation. At one point or another, more than thirty states had enacted some form of statutes for sterilization. Of all the states, approximately fifteen rejected laws for sterilization for one reason or another.<sup>56</sup> Indiana and California not only enacted sterilization laws but also became leading examples from which other states took their cues. Evidently, by the 1960s, and this timeframe is disputed, eugenics practices were labeled inhumane and ceased to exist

In the database of theorists relating to eugenics, two prominent individuals have not yet been mentioned, but their theories are considered a driving force behind the popularization of eugenics in the United States. Until the discovery and understanding of Johann (more commonly known as Gregor) Mendel's ideas in the 1900s, biologists accepted the notion that aristocratic selection was the only way for the fit to survive.<sup>57</sup> Through the selective cross-breeding of pea plants over generations, Mendel clarified that certain traits show up in offspring without any blending of parent characteristics. Mendel's seven pea experiments suggested that characteristics do not blend in the way that scientists had thought, but rather that they are passed on as discrete factors (now known as genes), with some being dominant over others.<sup>58</sup> Such an observation was groundbreaking because the leading theory in biology at the time was that inherited traits

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<sup>56</sup> Alexandra Minna Stern, "From Legislation to Lived Experience: Eugenic Sterilization in California and Indiana, 1907-79," in *A Century of Eugenics in America: From the Indiana Experiment to the Human Genome Era*, ed. Paul A Lombardo (Bloomington: Indiana University Press, 2011), 97.

<sup>57</sup> Donald K. Pickens, *Eugenics and the Progressives* (Nashville: Vanderbilt University Press, 1968), 38.

<sup>58</sup> Pickens, *Eugenics and the Progressives*, 47.

blended from generation to generation.<sup>59</sup> A few years after Galton's death, German cytologist August Weismann proposed the "germ-plasm" theory of heredity. The theory stated that there are two types of cells: germ cells and somatic cells.<sup>60</sup> Germ cells can be found in the gonads, and are responsible for sperm and eggs, whereas somatic cells can be found in other bodily tissues.<sup>61</sup> The two are separated from one another and therefore did not exchange information, leaving the germ cell to produce variation. Famously, Weismann rejected the idea of heritability of acquired characteristics popular in the late 1800s. Weismann himself concluded at one point that no amount of fiddling with the environment, mental, or physical anatomy would improve the hereditary nature of populations. It would only be through selective breeding that the race would improve.

American eugenicists utilized these two theories to explain the existence of the poor, criminals, and the feebleminded. The late 1870s through to the early 1900s brought the introduction of institutions including the Association of Medical Officers of American Institutions for Idiot & Feeble-minded Persons (AMO), the Carnegie Institution of Washington, the Station for Experimental Evolution at Cold Spring Harbour, Long Island, and the Eugenics Record Office (ERO) created by Charles Davenport in 1910.<sup>62</sup> Davenport's office was strictly dedicated to the genetic improvement of humankind. Researchers were recruited and collected genetic histories on families that seemed to carry defective genes.<sup>63</sup> These individuals travelled to homes, prisons, almshouses, and hospitals to gather pedigree information. Publications such as

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<sup>59</sup> Pickens, *Eugenics and the Progressives*, 39.

<sup>60</sup> Paul and Moore, "The Darwin Context," 37.

<sup>61</sup> Rasmus G. Winther, "August Weismann on Germ-Plasm Variation," *Journal of the History of Biology* 34:3 (2001): 531.

<sup>62</sup> Pickens, *Eugenics and the Progressives*, 51.

<sup>63</sup> Reilly, *The Surgical Solution*, 19.

Henry Herbert Goddard's *The Kallikak Family*<sup>64</sup> further reinforced the belief in the heritability of feeble-mindedness. Collecting reliable material on the Kallikak family, which spanned six generations, Goddard realized that Martin Kallikak had fathered one illegitimate son with a feeble-minded woman and later married a respectable Quaker woman and started a legitimate family. Comparing the two families, Goddard found that the illegitimate descendants wound up poor, became criminals, and were mentally deficient. On the other side, legitimate offspring were intelligent, morally upstanding, and successful with careers in law and medicine. With these results, Goddard concluded that such favoured characteristics were hereditary and that efforts should be undertaken to keep the feeble-minded from procreating.

One category of interest to Davenport and eugenicists alike was that of immigration. The influx of immigrants brought major social problems including the cost of feeding the poor and unrest within the labour system between immigrants willing to work for nothing and settlers. There was little federal legislation in this field until 1875, when a law was enacted that prohibited the importation of women for prostitution and past criminals.<sup>65</sup> By 1882 a law excluding lunatics, idiots, and people likely to become a public charge came into effect. Still, more needed to be done according to the argument put forth by President Roosevelt in 1901.<sup>66</sup> Supporters such as the Knights of Labor and the American Federation of Labor all wanted "to not only exclude defectives but also to screen carefully for intelligent capacity to appreciate American Institutions."<sup>67</sup> New laws continued to be introduced, yet laws such as the one prohibiting the marriages of mental defectives were not strongly enforced, something,

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<sup>64</sup> Henry Herbert Goddard, *The Kallikak Family: A Study in the Heredity of Feeble-Mindedness* (Berkshires: Hard Press, 2013).

<sup>65</sup> Reilly, *The Surgical Solution*, 23.

<sup>66</sup> Reilly, *The Surgical Solution*, 24.

<sup>67</sup> Reilly, *The Surgical Solution*, 24.

eugenicists argued had to be done to control the feeble-minded from further destroying the country.

Lenient enforcement such as these, however, were not extended to the black population, where there had always been a superior white versus the inferior black mentality within society. Michael Omi and Howard Winant write “in the wake of civil war and emancipation, and with immigration from Southern and Eastern Europe as well as East Asia running high, the U.S. was particularly fertile ground for notions such as social Darwinism and eugenics.”<sup>68</sup> One of the attractions Americans had towards the evolutionary theory was the view on race relations, which from its birth the United States struggled with racial inequality. The theory of natural selection provided Americans with the rationalization that “Caucasians were superior to Blacks.”<sup>69</sup> Throughout the nineteenth and twentieth centuries, such beliefs were “proven” through the innovation of scientific research that gave proof to the natural basis of racial hierarchy.<sup>70</sup> For example, during the nineteenth century, Dr. Samuel George Morton examined 256 skulls belonging to five major categories: Caucasian, Mongolian, Malay, American, and Ethiopian. Morton concluded that the average capacity of the Caucasian skull was “seven cubic inches greater than that of the Negro skull.”<sup>71</sup> Army results measuring intelligence was also absorbed as factual. Taking five Northern States and eight Southern States, the Army Board presented the result of intelligence between “whites and coloured” (See Figure 2).

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<sup>68</sup> Michael Omi and Howard Winant, “Racial Formation in the United States,” in *The Idea of Race*, ed. Robert Bernasconi and Tommy L. Lott (Indianapolis: Hackett Publishing Company, 2000), 195.

<sup>69</sup> Reilly, *The Surgical Solution*, 5.

<sup>70</sup> Omi and Winant, "Racial Formation in the United States," 194.

<sup>71</sup> Reilly, *The Surgical Solution*, 6.

**Figure 2: White and Negro Intelligence Ratings by the United States Army Board** <sup>72</sup>

**TABLE XXIII.—COMPARATIVE WHITE AND NEGRO INTELLIGENCE RATINGS  
BY UNITED STATES ARMY BOARD<sup>1</sup>**  
(Adapted from Lorimer and Osborn. By permission of The Macmillan  
Company)

	Median Alpha score, white recruits	Median Alpha score, negro recruits	Differ- ence
Five Northern states:			
New York.....	58.3	38.6	20
Pennsylvania.....	62.0	34.7	27
Ohio.....	62.2	45.5	17
Indiana.....	55.9	41.5	14
Illinois.....	61.6	42.2	19
Eight South Central states:			
Kentucky.....	41.5	23.9	17
Tennessee.....	44.0	29.7	14
Alabama.....	41.3	19.9	21
Mississippi.....	37.6	10.2	27
Arkansas.....	35.6	16.1	19
Louisiana.....	36.1	13.4	23
Oklahoma.....	42.9	31.4	11
Texas.....	43.4	12.1	31

<sup>72</sup> L.L. Burlingame, *Heredity and Social Problems* (New York: McGraw-Hill Book Company, 1940), 240.

As anticipated, in each state the black candidates were always less intelligent than their white counterparts. “Evidence” was not always strictly between whites and blacks, as is the case of Dr. Edward Jarvis’ data analysis. Using the 1840 census, Jarvis found that there was a higher extent of insanity among blacks in the North than in the South.<sup>73</sup> These are only three examples, but none the less effective in illustrating the power of racism and the lengths in which individuals would go in order to prove one’s race superiority over another. Ingrained beliefs suggesting people of colour were inferior and less than human were still very much present despite the forty-two years between the abolishment of slavery and the first sterilization law in Indiana.

Sterilization in legislative form was almost an afterthought for Dr. Albert J. Ochsner and Dr. Harry C. Sharp, who began performing vasectomies as early as the 1890s, before any legislative approval had been received.<sup>74</sup> Ochsner argued that the vasectomy offered a socially acceptable method of purging society of criminals, imbeciles, paupers, and inebriates. Likewise, in 1902 Sharp published “The Severing of the Vasa Deferentia and its Relation to the Neuropsychiatric Constitution,” which can be considered a manifesto for a sterilization movement.<sup>75</sup> His paper was important for three reasons. First, Sharp listed the benefits following a vasectomy, which included patients feeling stronger, becoming stronger, and sleeping better. Next, he called for the support of other physicians in favour of sterilization and encouraged them to lobby legislatures to empower the directors of state facilities. Third, Sharp documented the

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<sup>73</sup> Reilly, *The Surgical Solution*, 7.

<sup>74</sup> Elof Axel Carlson, “The Hoosier Connection: Compulsory Sterilization as Moral Hygiene,” in *A Century of Eugenics in America: From the Indiana Experiment to the Human Genome Era*, ed. Paul A Lombardo (Bloomington: Indiana University Press, 2011), 19.

<sup>75</sup> Harry C. Sharp, “The Severing of the Vasa Deferentia and its Relation to the Neuropsychiatric Constitution,” *New York Medical Journal* 75 (1902): 411-414.

world's first episode of mass sterilization of institutionalized individuals.<sup>76</sup> According to Alexandra Stern, Sharp had been sexually sterilizing male patients at the Indiana State Reformatory as a solution to masturbation before the 1907 legalization of sterilization in Indiana.<sup>77</sup> It is estimated that Dr. Sharp began operating on individuals as early as 1899. During the next few years, individual states witnessed physicians and politicians coming together over this issue. As a result, the year was pivotal for the state of Indiana, as it became the first to enact state law supporting the sterilization of feeble-minded individuals.<sup>78</sup> Two years later, California followed a similar path and legalized sterilization programs with the goal of preventing the transmission of insanity.

California's eugenics program differed from other states because of its steady endeavors from conception in 1909 until its repeal in 1964. Stephanie Clayton reveals that prior to 1921 there were 2,558 sterilizations and this rate continued to increase until the 1950s.<sup>79</sup> Furthermore, there was no decrease in operations during the Great Depression. The California program was more "successful," as its overall sterilization numbers represent over a quarter of the nation's total of 63,000 sterilized individuals.<sup>80</sup> Such "success" was mainly because California's law never faced serious legal challenges, while laws in states such as Indiana were constantly being challenged on grounds of being unconstitutional, cruel, and inhumane. For example, Indiana

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<sup>76</sup> Reilly, *The Surgical Solution*, 32

<sup>77</sup> Alexandra Stern, *Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America* (Berkeley: University of California Press, 2008), 98.

<sup>78</sup> Stern, 98.

<sup>79</sup> Stephanie E Clayton, "Propagation of the Fittest: The Endurance and Influence of The Human Betterment Foundation" (Master's Thesis, Department of Sociology, Claremont Graduate University, 2003), 43.

<sup>80</sup> Wendy Kline, "Eugenics in the United States," in *The Oxford Handbook of the History of Eugenics*, ed. Alison Bashford and Philippa Levin (New York: Oxford University Press, 2010), 517.

once had two sterilization laws. The Indiana Supreme Court struck down the first law, enacted in 1907, in 1921 because it was in violation of the Fourteenth Amendment. Indiana did not have to wait long for a new law to be passed because in 1927 legislation was introduced again, which took the Fourteenth Amendment into account.<sup>81</sup> The legislation passed in 1927 was active until 1974, although sterilizations as a whole had already begun to decline.

As mentioned previously, during the eugenics reign in the United States there were periods in which sterilizations laws faded into the background. Between 1918-1922 this is most evidently true. Judges were demanding clear proof that individuals would be helped by such procedures, lawsuits were being filed against the new statutes, and in a few states the language of the proposed legislation was being struck down. For instance, the term castration was considered too brutal and not socially acceptable.<sup>82</sup> Yet, a resurgence of support reappeared in the late 1920s primarily due to the *Buck v. Bell* Supreme Court decision in 1927, which upheld Virginia's sterilization law.<sup>83</sup> Why was this seen as an influential case? This case legitimized sterilization as ethical and greatly increased the pace at which sterilization programs were enacted and implemented. Carrie Buck and her mother were classified as feeble-minded and promiscuous and were committed to the Virginia Colony for Epileptics and Feeble Minded. Carrie also had a child out of wedlock who showed signs of "backwardness."<sup>84</sup> Such observations prompted officials to point out that three generations of imbeciles was enough proof in favour of sterilization. Even throughout the Second World War, sterilizations were widely performed, with California leading with the most procedures. However, it was not feasible for sterilization laws as they were first

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<sup>81</sup> Stern, *Eugenic Nation*, 98.

<sup>82</sup> Reilly, *The Surgical Solution*, 29.

<sup>83</sup> Eugenics Archives, "Buck vs. Bell Trial," Eugenics Archives, <http://www.eugenicsarchive.org/html/eugenics/static/themes/>

<sup>84</sup> Eugenics Archive, "Buck vs. Bell Trial."

enacted to stay the same. It became evident that the following wave of disinterest in eugenics was approaching. In 1934 Davenport retired and ten years later he passed away, leaving behind his beloved Eugenics Record Office which was renamed the Genetic Record Office and largely ended its research.<sup>85</sup> By the 1950s sterilizations decreased substantially due to a dramatic revision of laws. No longer were institutional directors solely in charge of sterilization recommendations and approvals. Some states adopted a clause stating that there must be a unanimous agreement between hospital or prison physicians and two external physicians that there was no other reasonable prognosis for improvement for the individual recommended except for sterilization.<sup>86</sup> Additionally, leaders of the eugenics movement gradually retired from the field or passed away. There was also a shift in how the public viewed mental disabilities. Realizing that outdated avenues, such as the Binet IQ test, were inaccurate testing methods, there was an administrative reorganization of mental health agencies in order to understand and help those facing mental illnesses.<sup>87</sup> Following the decline, in 1969 the American Eugenics Society ended publication of its journal *Eugenic Quarterly* and replaced it with *Social Biology*.<sup>88</sup>

To say that eugenics practices were completely purged in the United States throughout the 1960s and 1970, however, would be inaccurate. Furthermore, to suggest that the American population has always been aware of sterilization practices, past and present, would also be inaccurate.<sup>89</sup> As late as 2014, California had been sterilizing female prisoners without consent. Of the 27 cases reported, the physicians of California Institution for Women or Valley State

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<sup>85</sup> Haller, *Eugenics*, 179.

<sup>86</sup> Lynn, *Eugenics*, 197.

<sup>87</sup> Stern, *Eugenic Nation*, 111.

<sup>88</sup> Lynn, *Eugenics*, 37.

<sup>89</sup> Refer to Ralph Brave and Kathryn Sylva's "Exhibiting Eugenics: Response and Resistance to a Hidden History," *The Public Historian* 29:3 (Summer 2007): 33-34.

Prison for Women either did not receive consent from the patient, which stated that she understood the procedure and its effect, or falsified consent forms.<sup>90</sup> Evidently, the mentality that social problems can be prevented using aggressive methods such as sterilization has not yet been completely left in the past.

## **Germany**

Germany was a latecomer to forced sterilization and, as such, policies had already been enforced and active for years in countries such as the United States, Canada, and Switzerland. Yet, the German eugenics movement is one that is most commonly remembered, despite a lack of understanding about the movement's beginnings. What remains in public memory are the ties eugenics had to Nazi Germany, Adolf Hitler, and his "Final Solution." Images of deprived Holocaust survivors, death camps, mass graves, and survivor testimony add to the notion that Germany's sterilization program had genocidal intentions from the start. Such a notion is simply untrue. Before the National Socialist German Worker's Party came to power, Germany was reluctant to adopt any sterilization laws. It is vital to understand the movement's beginnings before the Nazis' rose to power. For this reason, the practice of eugenics after 1933 will not be touched upon as its history is largely documented.

Eugenics movements typically have a figurehead or torchbearer. For Britain it was Galton and Pearson, for the United States it was Davenport, and in Germany, Alfred Ploetz, Wilhelm Schallmayer, and Fritz Lenz are the recipients of such a title. Born in 1860, Ploetz

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<sup>90</sup> Corey G. Johnson, "California Female inmates sterilized illegally," *USA Today*, 20 June 2014, national edition. <http://www.usatoday.com/story/news/nation-now/2014/06/20/california-female-inmates-sterilized/11037129/>

acquainted himself with the works of Darwin, Plato, and Rousseau from a young age.<sup>91</sup> His interest in the Germanic race and the desire to establish a Germanic utopia was awakened with the idea that he could return Germany to its Teutonic past. Such a notion became evident after a trip to the United States, where he familiarized himself with the social and economic conditions of the country. Appalled by the low intellectual quality of individuals, Ploetz concluded that “For this reason I must direct my efforts not merely toward preserving the race but also toward improving it...My views... immediately led me to the field of medicine—which appeared to be relevant to the biological transformation of human beings.”<sup>92</sup>

Ploetz’s 1895 book, *The Fitness of Our Race and the Protection of the Weak*,<sup>93</sup> initiated interest in eugenics. Yet, it was his following two achievements that set the guidelines for how Germany would achieve a pure race similar to Germany’s Teutonic past. First, in 1904, Ploetz started the periodical, *Archiv für Rassen- und Gesellschaftsbiologie*; it was Germany’s first journal of racial and social biology and took interest in the inheritance of disease and physical traits.<sup>94</sup> Second, and more commonly associated with Ploetz, was the establishment of the world’s first eugenics organization, the Racial Hygiene Society, in 1905, which preached the core message that fitness was a duty to the race. The task of fitness included not only quest for racial purity, but also the promotion of healthy families and the prevention of diseases. Most commonly referred to as “racial poisons,” alcohol, tobacco, sexually transmitted diseases, and

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<sup>91</sup> Sheila Faith Weiss, “The Race Hygiene Movement in Germany 1904-1945,” in *The Wellborn Science: Eugenics in Germany, France, Brazil, and Russia*, ed. Mark B. Adam (New York: Oxford University Press, 1990), 14.

<sup>92</sup> Weiss, “The Race Hygiene Movement in Germany 1904-1945,” 15.

<sup>93</sup> Peter Weingart, “The Thin Line Between Eugenics and Preventive Medicine,” in *Identity and Intolerance: Nationalism, Racism, and Xenophobia in Germany and the United States*, ed. Norbert Finzsch and Dietmar Schirmer (Washington, DC: Cambridge University Press, 1998), 398.

<sup>94</sup> Maxwell, *Picture Perfect*, 8.

tuberculosis were seen as damaging to the individual and future generations.<sup>95</sup> By 1913, the Society had expanded with membership composed of physicians and university academics. It is important to note that mass recruitment was only sought during the Nazi period. Again, it was only during the Nazi period that eugenics became fixated on the “Jewish problem,” at which point anti-Semitic views were at an all-time high. While hatred towards Jews had existed in one form or another for centuries, especially in regards to Jews dominating the country’s banking and financial industry, not everyone necessarily shared the extent of these anti-Semitic views. For example, Ploetz, in his 1895 treatise, ranked Jews with Aryans as one of the world’s two leading races while also claiming that democracy and science would do away with anti-Semitism, which he believed was a useless ploy.<sup>96</sup> Until 1933, the Society was a widely exclusive breeding group requiring possible members to submit to medical examinations to assess their reproductive health. Eugenic ideals of restoring the race to previous racial strength widely attracted people in areas of German settlement in eastern, northern, and southeastern Europe.<sup>97</sup>

Wilhelm Schallmayer’s career and eugenics outlook closely parallels those of Ploetz in most ways except for the fact that Schallmayer never dreamed of creating a Germanic utopia.<sup>98</sup> This is not to say that he did not want to limit the extent of those considered less than genetically desirable for the future German race. For example, Schallmayer outlined a system of public

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<sup>95</sup> Paul Weindling, “German Eugenics and the Wider World: Beyond the Racial State,” in *The Oxford Handbook of the History of Eugenics*, ed. Alison Bashford and Philippa Levin (New York: Oxford University Press, 2010), 315.

<sup>96</sup> Randall Hansen and Desmond King, *Sterilized by the State: Eugenics, Race, and the Population Scare in Twentieth-Century North America* (New York: Cambridge University Press, 2013), 144. See also Weindling, “German Eugenics and the Wider World,” 318-319.

<sup>97</sup> Weindling, “German Eugenics and the Wider World,” 317.

<sup>98</sup> Weiss, “The Race Hygiene Movement in Germany,” 18.

health in which health passports, medical genealogies, and marriage restrictions were put in place. In his 1903 *Inheritance and Selection in the Life of Peoples*, for which Schallmayer won the Krupp Foundation prize, he stated that in order for the survival of the German race, referred to as racial hygiene, it was paramount that women play the leading role in producing healthy children.<sup>99</sup> It is arguable that Schallmayer's time working in psychiatric clinics influenced his desire to somehow find a solution for the society in which mental disturbances, insanity, and mental deficiency were a growing concern. His ideas on eugenics reform were positive as he "refrained from openly supporting state legislation a means to this end."<sup>100</sup> The start of eugenics in Germany, therefore, was intended to be positive, but unforeseeable events and the aftermath of such events derailed such objective.

Germany experienced something much like a domino effect that changed the attitudes of continuing on the path of positive eugenics or making a switch and adopting policies of negative eugenics. For instance, the cost of sustaining facilities for the feeble-minded became more of a reality during the Depression. The Depression forced the government to reexamine the financial status for the continued expansion of the welfare state, the reality was less than satisfactory. While there was a need to trim the budget, the journal *Eugenik* pointed out the increase of crime and the money spent to detain such criminals could be saved if there was a race hygiene policy in place.<sup>101</sup> In the aftermath of the First World War, Germany was in a state of utter despair. Negotiations from the Treaty of Versailles left Germany with high reparation payments, which the country could not hope to ever fully meet. Due to hyperinflation, severe unemployment,

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<sup>99</sup> Maxwell, *Picture Perfect*, 164.

<sup>100</sup> Weiss, "The Race Hygiene Movement in Germany," 21.

<sup>101</sup> Weiss, "The Race Hygiene Movement in Germany," 37.

hunger, territorial loss, and political uncertainty, a shift in focus within Germany began.

Eugenicists saw the state in a life or death situation that it could not afford to lose.

Fertile ground of unease was the perfect environment for eugenicists with nationalist views and race policies that promised to restore strength and power back to Germany. One such individual was Fritz Lenz who worked hard to spell out the importance of eugenics during the Weimar years. Obtaining a seat of influence for Lenz, as a prominent eugenicist, was coincidental. The later Weimar years brought the death of Schallmayer and the distancing of Ploetz from heading the Society, due to the growing support of negative eugenics. As a leading member of the Society, Lenz made it known that, like Galton, he believed in the reality of physical and mental racial traits being hereditary. His main academic research and writings were focused on the transmission of hereditary disease, the inheritance of intelligence and talent, the methodology of genetic research, and the theoretic principles and practical teachings of race hygiene.<sup>102</sup> Furthermore, Lenz's eugenics aim was to preserve his own race from biological extinction, and he saw that eugenics in its negative form was one such way to achieve his goal. Fuelling the already tense atmosphere, anti-Semitism was gaining more vigor, and this time it had far more support.

Lenz's anti-Semitism is arguable. On the one hand, his views on Jews were the same as those shared by conservative German academics. He believed in the reality of racial types, but he also acknowledged that Jews possessed admirable qualities that Nordics did not. Drafting a sterilization law appeared to be the next step for eugenicists, as they believed they had enough support to pass such legislation in 1932.<sup>103</sup> Having monitored the success of sterilization laws

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<sup>102</sup> Weiss, "The Race Hygiene Movement in Germany," 32.

<sup>103</sup> Weiss, "The Race Hygiene Movement in Germany," 39.

passed in the United States, the Germans modeled the draft after American legislation. The proposed draft permitted the voluntary sterilization of certain categories of defective individuals. Medical organizations and physicians showed their support for the draft, but it never became law under the Republic, due to political unrest. As the narrative goes, the once discarded draft did see light once again as it became the basis of what would later be remembered as the Nazi sterilization law passed in 1933.

Eugenics under the swastika was not veiled in secrecy. It was openly reported on and proved to be a model for other European countries. The United States went as far as to praise the German program and characterize it as a sensible plan that was working well.<sup>104</sup> What is significant about the German program, once under the control of the Nazis, is that eugenics was replaced by euthanasia, something that did not happen in other countries. The most notorious example of such activity is that of Aktion T4, a program that took over hospitals and transformed them into killing centers.<sup>105</sup> Due to the lasting impact Germany had on the eugenics movement, it is often the result that other countries, such as Canada, are forgotten as having aggressive sterilization laws, even if they were not the same extent as Germany. Germany's involvement in eugenic practices creates the false idea that other practicing countries ended their programs after learning the extent of German eugenic policies. As future chapters will explain, this was not the case, especially in countries such as Canada, where eugenics legislation continued well into the 1970s.

## **Canada**

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<sup>104</sup> Reilly, *The Surgical Solution*, 108.

<sup>105</sup> Hansen and King, *Sterilized by the State*, 151.

Canada's pursuit of sterilization laws both mirrors and differs from the United States and Europe. For one, eugenic ideas gained a wide variety of support across the ideological and political spectrum.<sup>106</sup> This is not surprising as the idea of having a solution to social problems was appealing on a global level. Canada does differ though in that it only operated within certain provinces. It was never able to achieve a eugenic standard at the federal level. Of the provinces and territories, there were only two, Alberta and British Columbia, which enacted sterilization laws. However, this is not to say that others did not attempt the same thing. For example, Ontario and Manitoba were close to following in the footsteps of Alberta and British Columbia. Ontario began debating sterilization after Alberta and British Columbia enacted their laws. There was enough support in Ontario to form a branch of the Eugenics Society of Canada (ESC). However, the group was not strong enough and was unable to keep the attention of the public when the Second World War broke out. Manitoba's debate on involuntary sterilization almost passed in 1933, but lost by one vote.<sup>107</sup> Unable to enact eugenic programs, the province continued to engage in the heavy segregation of individuals with disabilities.

"We extend regrets for the actions of another government, in another period of time. It's unfortunate. I mean it's, I won't say criminal, it was the law at that particular time. But it was a bad law."<sup>108</sup> These are the words of Premier Ralph Klein of Alberta in 1999 when he apologized to survivors who had been sterilized under Alberta's Sexual Sterilization Act. What brought this apology on? And more importantly, how and why did Canada, specifically Alberta, practice negative eugenics? Widely perceived as a country where human rights are upheld, Canada did

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<sup>106</sup> Hansen and King, *Sterilized by the State*, 95.

<sup>107</sup> Mary Horodyski, "Manitoba" in *Living Archives*.

<sup>108</sup> CBC News. "Klein apologizes for forced sterilizations." *CBC News Canada*. (1999). Retrieved from <http://www.cbc.ca/news/canada/klein-apologizes-for-forced-sterilizations-1.172014>

not escape the crisscrossing global movement that was eugenics. Largely influenced by its close quarters to the United States and an influx of immigrants that could not be managed, Alberta lobbied for and accepted sterilization as a solution to their social problems. Its existence in Alberta spanned forty-three years and was formally repealed in 1972 on the basis that the Eugenics Board had maintained outdated genetic views to make ill-informed decisions while infringing on human rights.<sup>109</sup>

Canada adopted an aggressive pro-immigration policy in the 1890s with the goal to populate the less inhabited parts of the country.<sup>110</sup> Three million immigrants arrived between 1896 and 1914, demonstrating the policy's successful boost of Canada's population.<sup>111</sup> Census statistics from Alberta from 1890s onward showed a steady increase in population. For example, in 1890 there was a population of 98,173, but by 1911 there was an increase and the total population amounted to 374,295.<sup>112</sup> Opening its doors, parts of Canada including Manitoba, Saskatchewan, and Alberta experienced an influx of millions who hoped to better their lives in the new settlements. To paraphrase the words of Prime Minister Sir Wilfrid Laurier, the twentieth-century would belong to Canada as the nineteenth century had belonged to the United States. In terms of population growth and agricultural growth due to a booming wheat economy, Laurier was right. However, some young provinces like Alberta struggled. By the early twentieth

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<sup>109</sup> Dyck, *Facing Eugenics*, 4.

<sup>110</sup> Carolyn Strange and Jennifer A. Stephen, "Eugenics in Canada: A Checkered History 1850s-1990s," in *The Oxford Handbook of the History of Eugenics*, ed. Alison Bashford and Philippa Levin (New York: Oxford University Press, 2010), 528.

<sup>111</sup> Statistics Canada, 1851 to 1976. "Population of Canada, by province, census dates 1851 to 1976" Statistics Canada Catalogue no. A2-14 <http://www.collectionscanada.gc.ca/webarchives/20061104043629/http://www.statcan.ca/english/freepub/11-516-XIE/sectiona/sectiona.htm>

<sup>112</sup> Statistics Canada. 1851 to 1976. "Population of Canada, by province, census dates 1851 to 1976" Statistics Canada Catalogue no. A2-14 [http://www.statcan.gc.ca/pub/11-516-x/sectiona/A2\\_14-eng.csv](http://www.statcan.gc.ca/pub/11-516-x/sectiona/A2_14-eng.csv)

century immigration had exceeded expectations and eugenicists feared that native-born stocks were dwindling compared to foreign-born aliens who were procreating at alarming rates. Carolyn Strange and Jennifer Stephen state it best with their theory of eugenics not being the inventor of racism. Instead, eugenic claims regarding heredity, supported by medical and scientific experts, authorized racism, and paved the way towards tighter immigration restrictions.<sup>113</sup> Dealing with the large intake of immigrants, a variety of approaches were taken. James S. Woodsworth, author of *Strangers Within Our Gates*, saw that early immigrants were more independent compared to new immigrants who were more dependent on social benefits. Woodsworth critiqued Canada's immigration laws as being too relaxed and argued that immigrants should be inspected for defects upon arrival.<sup>114</sup> Such an idea was influenced by Prescott Hall's article "Immigration and Its Effects upon the United States." Furthermore, Woodsworth was concerned for the financial and social costs defective immigrants were bringing upon the newly established country and its provinces. For example, according to Woodsworth, the unrestricted immigration system could quickly be seen manifested in bars, brothels, and opium joints within urban centers.<sup>115</sup> For these reasons, Woodsworth promoted a policy of outright segregation with the suggestion of a sterilization program as a necessity. Even the Bureau of Social Research urged the government to take such actions, but their requests fell on deaf ears, as public opinion would not yet favour sterilization. Segregation, along with attempts of assimilation, remained the method of choice for race and social control until after the First World War.

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<sup>113</sup> Strange and Stephen, "Eugenics in Canada," 528.

<sup>114</sup> Terry L. Chapman, "Early Eugenics Movement in Western Canada," *Alberta History* 25:4 (1977): 12.

<sup>115</sup> Chapman, "Early Eugenics Movement in Western Canada," 13.

A certain social climate had to be available for discussion to turn into action. Alberta provided that social climate after 1918 for the acceptance of a eugenics philosophy. In the aftermath of war, social problems were more readily linked to immigration than ever before. Leading eugenicists such as C.K. Clark viewed war as dysgenic.<sup>116</sup> He feared that the war had stripped the country of its strength and warned that European countries would retain the most fit while deporting undesirables to Canada. As a result, Canada would be left genetically weakened and unable to protect itself. As a direct result of the First World War, public and political support for eugenic reform was rallied through the creation of the Canadian National Committee for Mental Hygiene (CNCMH) in 1918. Its purpose was to survey, investigate, report, and advise on matters of health, mental hygiene, social welfare, and social control.<sup>117</sup> Established by Clarence Hincks, support from lobby groups emerged for strong immigration laws and medical assessments upon arrival. Organizations such as the National Council of Women also lobbied the government for required testing for all prospective immigrants.<sup>118</sup> The CNCMH found its greatest success in the West, specifically Alberta, where post war immigration was the strongest. Albertans sought answers to why such problems as prostitution, overcrowded asylums and prisons, and delinquency were running high, and the CNCMH provided an appealing conclusion: the population of “mental defectives” was flourishing. In addition to the support gathering as a direct result of the CNCMH, individuals and smaller organizations within Alberta itself were stepping forward with their support for sterilization.

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<sup>116</sup> Kathleen Janet Anne McConnachie, "Science and Ideology: the mental hygiene and eugenics movements in the inter-war years, 1919-1939" (PhD Thesis: University of Toronto, 1987), 84.

<sup>117</sup> Park and Radford, "From the Case Files," 319.

<sup>118</sup> McConnachie, "Science and Ideology," 87.

Historically viewed as inferior in almost all aspects, women did play an important role in the passing of the Sexual Sterilization Act. Noteworthy women, such as those belonging to the Famous Five, are considered human rights champions for their advocacy of women's equality. They are not, however, remembered for their elitist and racist views. For example, Emily Murphy became the first female magistrate in the British Empire in 1916.<sup>119</sup> She was also a leading voice for forced sterilization. Like most, Murphy believed that civilization would decline without strict governmental interference. One of Murphy's main concerns was mentally deficient young girls who were susceptible to manipulation, promiscuity, and single motherhood. Published in 1932, Murphy's article "Overpopulation and Birth Control" highlighted such fears and stated that eugenics would ultimately be a means for peace. Murphy's suffragist partner Nellie McClung also shared these views. McClung is described as a maternal feminist who believed that women were required in the political realm because of their natural maternal instincts.<sup>120</sup> Such a statement was meant to influence legislation aimed at ending prostitution, mental deficiency, and alcoholism. Both Murphy and McClung are repeatedly mentioned as leading female figures in the quest to introduce eugenics programs.

These prominent individuals, including the rest of the Famous Five members, along with the Women's Christian Temperance Union and the United Farm Women of Alberta (UFWA), created a strong female presence, which lobbied the United Farmers of Alberta (UFA) government to enact a sterilization law.<sup>121</sup> Established in 1916, and lobbying for sterilization since 1919, the UFWA functioned as advisors to the main UFA party, specifically on issues of

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<sup>119</sup> Sheila Gibbons, "Emily Murphy," *Living Archives*.

<sup>120</sup> Sheila Gibbons, "Nellie McClung," *Living Archives*.

<sup>121</sup> Janna Grekul, "The Right to Consent?: Eugenics in Alberta, 1928-1972," in *A History of Human Rights in Canada: Essential Issues*, ed. Janet Miron (Toronto: Canadian Scholars' Press Inc, 2009,) 137.

women or family. The UFWA considered the social sphere as its primary focus and had goals of “remodeling society through social improvements in the home and school.”<sup>122</sup> Emphasis was put on well-raised and genetically superior children, which they thought were under threat due to inferior immigrant children. There was also a weak Catholic presence in Alberta, which supporters of eugenics embraced as they realized that the chief opponents of eugenics lay within Catholic circles.<sup>123</sup> This allowed ample opportunity for the leaders of the charismatic, yet fundamentalist religious leaders of the Social Credit Party to help garner more to aid the UFWA and pressure the government to act.<sup>124</sup> A result of the economic decline during the Great Depression, Alberta had some special problems. One such problem was debt; personal, mortgage, municipal and provincial debts were particularly difficult to bear due to the high fixed interest rates in a deflationary period.<sup>125</sup> By 1935, the hopelessness of the situation had created a desire for change amongst the Alberta people. On to the scene came the quasi-socialist party, which presented social credit not only as a monetary device but also as an economic theory and social philosophy.<sup>126</sup> Using his skills as a teacher and preacher, William Aberhart presented the public with an uncomplicated view of social credit. Aberhart emphasized the promise of social dividends within the context of safeguards for the sanctity of private property and individual rights. Later this group would win the 1935 election and form the government of Alberta and in

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<sup>122</sup> Grekul, “The Right to Consent?: Eugenics in Alberta, 1928-1972,” 138.

<sup>123</sup> Erika Dyck, “Sterilization and Birth Control in the Shadow of Eugenics: Married, Middle-Class Women in Alberta, 1930-1960s,” *The Canadian Bulletin of Medical History* 31:1 (2014): 7.

<sup>124</sup> Grekul, “The Right to Consent?” 138.

<sup>125</sup> Joseph A. Boudreau, *Alberta, Aberhart, and Social Credit: Canadian History Through the Press Series*, ed. David P. Gagan and Anthony W. Rasporich (Toronto: Holt, Rinehart and Winston of Canada Limited, 1975), 3-4.

<sup>126</sup> C.B. Macpherson, *Democracy in Alberta: Social Credit and the Party System* (Toronto: University of Toronto Press, 1953), 144-145.

turn be responsible for the two amendments to the Sexual Sterilization Act. Charismatic figures such as William Aberhart, also known as “Bible Bill,” preached that sterilization offered a humanitarian response to the expensive reality of what it would cost to institutionalize generations of feeble-minded individuals.<sup>127</sup> At the request of the UFWA to control the number of mental defectives, and the UFA forming a government, Alberta enacted Canada’s first Sexual Sterilization Act on 21 March 1928, with legislation coming into effect in January 1929.<sup>128</sup>

The Sexual Sterilization Act had four key sections. First, the Act required the establishment of a Eugenics Board. Members of the Board rarely changed throughout the Act’s life span and included Dr. Egerton L. Pope, Professor John Malcolm MacEachran, Dr. George Mason, and Mrs. J.W. Field. Following the requirements, the Board consisted of two medical professionals and two non-medical practitioners. While the University of Alberta nominated medical professionals, the Lieutenant Governor nominated the remaining two members. Sections two and three went hand in hand, as the Act specified who was to be sterilized and under what conditions. Typically, patients of mental hospitals and individuals recommended by the Board were sterilized. In some instances, as a requirement upon discharge, patients would be sterilized. Furthermore nurses, social workers, teachers, and superintendents of training schools also played an important role as they were in the best position to refer pupils to the Board. The Board would then have to determine if the candidate was at risk of having children with disabilities. Either consent of the individual or, where not possible, a guardian or representative would have to be

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<sup>127</sup> Dyck, *Facing Eugenics*, 231.

<sup>128</sup> See Amy Samson, “Eugenics in the Community: Gender Professions and Eugenic Sterilization in Alberta, 1928-1972,” *Canadian Bulletin of Medical History* 31:1(2014): 147 and Dyck, *Facing Eugenics*, 68-69.

obtained before the legislation authorized the operation to take place.<sup>129</sup> Finally, the Act protected the physicians, surgeons, and Board members who permitted and performed the sterilization surgeries so that they could not be held criminally liable for their actions.

The Act was amended once in 1937, just after the Social Credit Party took office, and then again in 1942. Both amendments widened the scope of power held by the Board. For example, the 1937 amendments allowed for the use of new terms, such as “mentally defective person” and “psychotic person.”<sup>130</sup> Furthermore, the amendment allowed for the involuntary sterilization of candidates, completely disregarding the terms of the original Act, which required consent and the only safeguard candidates were allotted. The second amendment gave the Board more categories in which to classify potential candidates, including those with epilepsy, those experiencing mental deterioration, and those unresponsive to treatment.<sup>131</sup> From its birth to its repeal, the Act was responsible for the sterilization of 2,832 individuals.<sup>132</sup> The number may seem small compared to estimates from the United States and Germany; however, these are 2,832 individuals who were wrongly labeled, judged, and sterilized, some without consent. As the remaining chapters in this thesis will demonstrate, they were placed back into society after being treated as less than human by individuals who believed they were doing society a public service.

The 1971 election in Alberta saw Peter Lougheed’s Progressive Conservative Party put an end to the long reign of the Social Credit government. Among the promises Lougheed made

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<sup>129</sup> Strange and Stephen, "Eugenics in Canada," 532.

<sup>130</sup> Luke Kersten, “Alberta passes first amendment to the Sexual Sterilization Act,” last modified October 2014, *Living Archives*.

<http://eugenicsarchive.ca/database/documents/517301cceed5c60000000027>

<sup>131</sup> Luke Kersten, “Alberta passes second amendment to the Sexual Sterilization Act.”

<sup>132</sup> Park and Radford, "From the Case Files," 322.

during his campaign were to give Albertans more community centres and senior homes, introduce an Individual Rights Protection Act and a new Mental Health Act, and abolish the Sexual Sterilization Act.<sup>133</sup> One of Lougheed's first acts of business was to repeal the outdated Sexual Sterilization Act:

Her Majesty, by and with the advice and consent of the Legislative Assembly of the Province of Alberta, enacts as follows.

The Sexual Sterilization Act is hereby repealed.

This Act comes into force on the day it receives Royal Assent.<sup>134</sup>

In three short paragraphs and less than fifty words, Lougheed ended what for forty-three years had cast a black cloud over Alberta. While some like the superintendent of the Red Deer Training School for Mental Defectives hoped that the repeal of the Act was “nothing more than a political storm in a tea cup,”<sup>135</sup> others were surprised that compulsory sterilizations were still happening. There is a lack of information between the post Act years and the 1990s. Was the repeal celebrated? Or was the shame that Alberta had continued to sterilize while knowing about German programs too great? Answers are not clear, but in the 1990s there was a resurgence of attention paid to the issue of eugenics when Leilani Muir sued the province of Alberta in 1996 for her wrongful confinement and sterilization. Honourable Madame Joanne B. Veit at one point said: “wrongful stigmatization of Ms. Muir as a moron...has humiliated Ms. Muir every day of her life... the community's, and the court's sense of decency is offended.”<sup>136</sup> With the judgment in her favour, other victims were encouraged to also seek justice and filed suits of their own. Since this initial period of public awareness, Alberta's role in Canada's eugenics past has been

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<sup>133</sup> Jane Harris-Zsovan, *Eugenics and the Firewall: Canada's Nasty Little Secret* (Winnipeg: J. Gordon Shillingford Publishing Inc., 2010), 109.

<sup>134</sup> Statutes of the Province of Alberta 1972.

<sup>135</sup> Strange and Stephen, "Eugenics in Canada," 533.

<sup>136</sup> *Muir v. The Queen in Right of Alberta*, *Dominion Law Reports*, 132 (4th series, 1996), 696.

pushed to the side and for the most part forgotten. There are a number of reasons for why this has happened. Blame could be placed on the lack of media attention after the initial hype. Or maybe blame can be placed on politicians not commemorating the repeal enough. Perhaps not intentionally, but more of a mechanism of self-preservation, the presence of survivors is one main reason why Canadian eugenics is left behind in its greater history. This is not to say that things are changing. More and more academics and survivors are delving into and exposing the narratives of eugenics in Canada. With time, more information will become available, whether through archival access or by other means.

In sum, therefore, the international eugenics movement developed in the late nineteenth century and thrived in many countries during the twentieth century. Britain, although the birthplace of eugenic theories, never established any concrete sterilization laws. With its prejudice based on class differences and with a government hesitant to get involved between individual freedoms and state planning, eugenics focus shifted after the First World War. However, this is not to say that Britain did not contribute anything to the overall eugenics development. For example, the creation of the Eugenic Record Office provided research later examined and used as starting points for other countries. One such country, which was successful in implementing eugenic legislation, was the United States. Based primarily on race, specifically the racial stereotypes between African Americans and Caucasians, the United States passed several laws throughout the country. Of course, there were waves of intense interest followed by decline, specifically before the landmark ruling of *Buck v. Bell* in 1927 that legitimized sterilization as ethical, therefore, increasing operations.

The United States remains an interesting player in eugenics, as there have been reports, as recent as 2014, which state that negative eugenics is still being practiced, specifically in female

prisons. Widely known for its negative practices, Germany's eugenic past is relatively shorter than the rest of the countries mentioned, yet remains the most horrific on a global scale. Alfred Ploetz initiated interest in eugenics and years of anti-Semitism made the concept not only easy to grasp but appealing. Yet, Germany represents an extremist view on how the Nazis used Aktion T4 to try and achieve Galton's "Kantsaywhere" utopia. It is perhaps due to Germany's sickening involvement in eugenics that the prime focus of this project, Canada, and specifically Alberta, is often left out of the historiography of eugenics. While Canada never reached the sterilization numbers of its neighbors to the South, it did enact two sterilization laws in two provinces. In the following chapter the extent of the Eugenics Board's power and the unfortunate circumstances of individuals will be examined and revealed through the use of never before used case files.

## Chapter Two: The Dirty Thirties

“One thing is common to all the stories these survivors tell about why they were sent to the institution: they went because they or their families were told that life inside the institution would be better for them than life outside.”<sup>1</sup>

Worldwide, the Great Depression was a social and economic shock that left millions struggling. Nowhere near as populated as it is today, Canada was small, and had an economy closely linked to the production of raw materials, manufactured goods, and agricultural commodities for export to countries such as Britain and the United States.<sup>2</sup> The success of the Canadian economy was heavily dependent on the demands for raw materials and the freedoms of the world market. The rising tariffs set by the United States and the declining demand for resources were immediately felt in Canada after 1929. Prairie provinces were the hardest hit as farmers experienced falling wheat prices and battled the ongoing effects of severe drought and dust bowl conditions. These conditions forced many farmers into town and cities to find employment and relief. The federal government stepped in in 1932 ready to do something about unemployment. Recommendations were put forward to Prime Minister Bennett on how to somehow lessen the burden citizens now faced. Relief camps, as they became known, were camps for young unemployed men where they were provided with shelter, food, and minimum payment to work on various projects. Other methods of relief came in the form of vouchers, which families would exchange for food and clothing. Moving away from farmlands provided minimum security as conditions in towns and cities were not much better. There was severe

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<sup>1</sup> Malacrida, *A Special Hell*, 46.

<sup>2</sup> A. E. Safarian, *The Canadian Economy in the Great Depression* (Quebec: McGill-Queen's University Press 2009), 75.

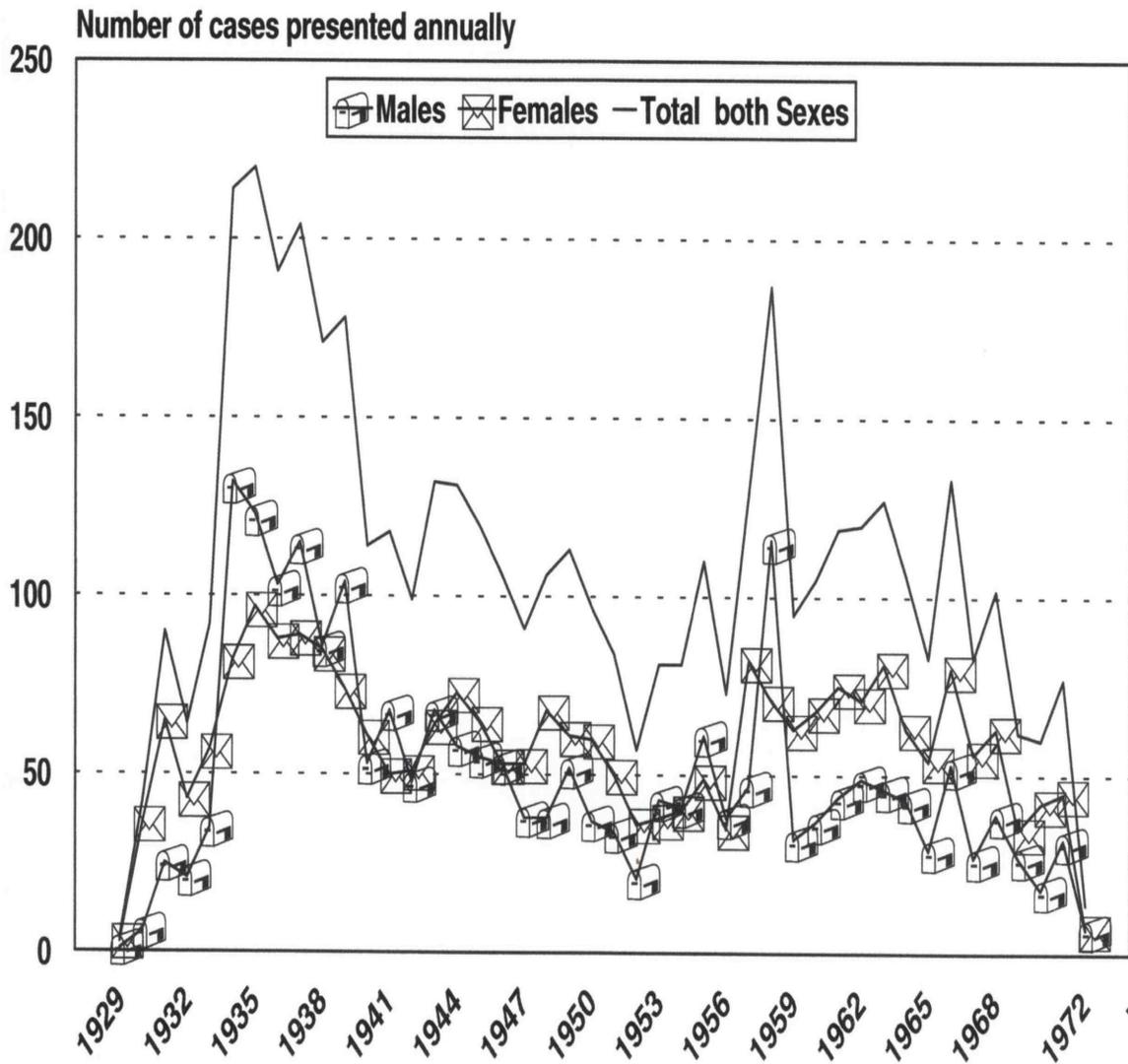
labour unrest as numerous strikes and protests were held, while hunger marches, riots, bankruptcies, and police conflict were also common occurrences.

These circumstances played an influential role in creating an environment in Alberta where ongoing social problems were now being viewed differently by the government and the public. These new views became the fertile soil in which eugenics practices took root and prospered. The Depression encouraged financial caution from both the government and the public. Robert Charles Wallace, President of the University of Alberta, stated that the fertility of the lower class was a burden on the government and viewed eugenics as a progressive solution to a dire economic problem.<sup>3</sup> Other eugenics supporters believed that sterilization would give patients the opportunity to be discharged early, giving them their freedom while also relieving the province of its financial duty to run mental hospitals and asylums. Figure 4 below reveals the number of cases presented annually. For the figure, we can see two major peak points for sterilization, first in the mid-1930s and then again in the late 1950s. During the first peak more than two hundred sterilizations per year were performed. This figure presents rough estimates for the remaining years.

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<sup>3</sup> Dyck, *Facing Eugenics*, 76.

Figure 4: Number of Cases Presented Annually in Alberta <sup>4</sup>



<sup>4</sup> See Grekul, Krahn, and Odynak, "Sterilizing the 'Feeble Minded,'" 371. It is vital to note that from the enactment of the Sexual Sterilization Act until the end of the 1930s, documents reveal two different paces. From its early years until the first amendment in 1937, Eugenics Board minutes are detailed with patient information and discussion. Candidates for sterilization are plentiful and are presented in a table format, but not all are sterilized due to opposition for the individuals themselves or family. However, after the first amendments, and later the second, minutes in the format presented in the early years are difficult to come across. Instead, documents are part of larger case files that lack detail.

This chapter will provide a detailed account of the administration of the Sexual Sterilization Act in Alberta during the 1930s and the impact sterilization had on the lives of those caught up in the machinery of the SSA. Due to the Freedom of Information Act, binding on the Archives of Alberta, details on the victims of the Sexual Sterilization Act are protected under a seventy-five year rule. As a result, individual archival case studies can only be accessed for sterilization victims from the 1930s, and a sample of these case studies will be presented to indicate the circumstances leading to the sterilization of individuals and the long-term effects of sterilization on their lives. Due to the mentality of the writers of these original documents, the distasteful language used in regards to those with disabilities will be used to deliver a complete and accurate account of the mentality surrounding physical, emotional, and socioeconomic factors that could lead to sterilization during this time.

### **The Eugenics Bureaucracy in Alberta**

Easily assessable, the Sexual Sterilization Act, in its full format can be viewed through The Alberta Law Collection associated with the Alberta Heritage Digitization Project.<sup>5</sup> Without the Act's two amendments, it contains a total of eight sections that at first glance appear to be straightforward, but are in fact vague and riddled with discrepancies. Section three introduces the role of the Board and its members who were in charge of administering the province's eugenics program. Consisting of four individuals, Dr. E. Pope, Dr. E.G Mason, Dr. J.M McEachran, and Mrs. Jean H. Field were the original members. At all times the Board had to be made up of two medical practitioners, who were nominated by the Senate of the University of Alberta and the

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<sup>5</sup> Our Future Our Past: The Alberta Heritage Digitization Project, "1928 Chapter 37: The Sexual Sterilization Act of Alberta", Alberta Law Collection, <http://www.ourfutureourpast.ca/law/page.aspx?id=2906151>

Council of the College of Physicians, and two individuals with backgrounds other than medical practitioners were appointed by the Lieutenant Governor in Council. However, the Act failed to provide a timeline for how long members may hold their position. Therefore, it comes as no surprise that some Board members held their positions for extensive periods of time. For example, Dr. J.M. MacEachran, a philosopher at the University of Alberta, held the position of Chair from 1929 until 1965 when he retired. Dr. R.K. Thompson, a doctor of medicine, replaced MacEachran and was Chair of the Board until it was disbanded in 1972. While the program was active for forty-three years, there were only 19 individuals appointed to serve as Board members.<sup>6</sup> With no safeguards in place to monitor Board behavior, sterilization candidates were left vulnerable.

Sections four and five detail a new guideline for patients discharged from mental hospitals. If a release date was proposed, the patient might be subject to an examination in front of the Board. If upon examination, there is a unanimous decision by the Board that

the patient might safely be discharged if the danger of procreation with its attendant risk of multiplication of the evil by transmission of the disability to progeny were eliminated, the board may direct in writing such surgical operation for sexual sterilization of the inmate as may be specified in the written direction and shall appoint some competent surgeon to perform the operation.<sup>7</sup>

Of course, the operation, as section six points out, is contingent on the Board acquiring consent from the patient, spouse, parent, or guardian. As Jana Grekul, Harvey Krahn and Dave Odynak reveal, at least forty percent of the patients passed by the Board were never sterilized.<sup>8</sup> A large percentage of this overall statistic comes from the early years of the Act's operation, as the

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<sup>6</sup> Jana Grekul, Harvey Krahn and Dave Odynak, "Sterilizing the 'Feeble Minded': Eugenics in Alberta, Canada, 1929-1972," *Journal of Historical Sociology* 17:4 (2004): 366.

<sup>7</sup> Province of Alberta, *The Sexual Sterilization Act of Alberta*. Statutes of the Province of Alberta. 1928, 117.

<sup>8</sup> Grekul, Krahn, and Odynak, "Sterilizing the 'Feeble Minded,'" 367.

consent clause was a major roadblock for the Board. Furthermore, section seven protects all individuals involved in the sterilization process, including Board members and surgeons.

Two major issues with the structure of the Act are apparent. First, the language was vague in that it did not explain what type of individuals were “at risk of [multiplying] evil.” With no set guidelines, immigrants, minorities, the poor, those with physical disabilities, and unmarried mothers (to name just a few) all became vulnerable to the effects of the Act. Neither amendment to the Act brought a proper definition to what mental deficiency was, thus extending the power of the Act and its own scope. The second issue that arose is that the Act was originally geared towards patients already institutionalized and on their way to being released from an institution. However, as case files and personal testimony will reveal, many individuals not in this situation were presented to the Board.

Teachers, public health nurses, and social workers all had unique access to individuals within the more populated parts of Alberta and outside city borders. Teachers were in the best position as they were in daily contact with students. Teachers used intelligence tests, meant to identify and segregate those with mental defects, which the Board would later rely on when making decisions.<sup>9</sup> Public health nurses were in a more mobile position and would travel to more remote areas of the province. Again, schools were believed to be the best environment to detect mental defectives. For example, “the Public Health Nursing Branch recorded 315 children, including infants, as “mentally defective,” or some variation of this category between 1922 and 1945. Public health nurses identified 100 of these cases during child welfare clinics, and 215

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<sup>9</sup> Amy Samson, “Eugenics in the Community: Gender Professions and Eugenic Sterilization in Alberta, 1928-1972.” *Canadian Bulletin of Medical History* 31:1 (1992): 143.

during school examinations.”<sup>10</sup> In the 1950s there was a decline in the involvement of public health nurses as the rise of social workers began.<sup>11</sup> Social workers were able to infiltrate the home environment and recommend individuals for sterilization. These recommendations were given to either institutions or mental hygiene clinics, renamed guidance clinics in 1939. These structures became “feeders” to provincial institutions such as the Alberta Hospital (Ponoka), Deehome, and the Provincial Training School, which would later make recommendations to the Board. However, the 1937 amendment cut the process in half by allowing clinics to present cases directly to the Board.<sup>12</sup>

Of these provincial institutions, three are repeatedly mentioned and highlighted throughout the available archival documents. Red Deer Provincial Training School (PTS), later known as the Michener Centre from 1977, the Alberta Mental Hospital in Ponoka, and the Alberta Mental Hospital in Edmonton opened originally with the goals of providing short term stays and specialized learning opportunities for children and young adults. However, as institutionalization became increasingly normative for those deemed mentally deficient, so too did the goals of institutions. Twentieth century institutions became focused on long-term segregation and eugenics practices. Furthermore, the selected case studies give information on the lives of victims before their institutionalization and what occurred to them once discharged. Their stories show that often times their institutional diagnosis did not match their actual capabilities. These individuals were victims of circumstance such as family stigmas and the failure of their communities and environment in an era where immigrants were viewed as

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<sup>10</sup> Samson, “Eugenics in the Community,” 149.

<sup>11</sup> Samson, “Eugenics in the Community,” 158.

<sup>12</sup> Samson, “Eugenics in the Community,” 152.

outsiders, unemployment was high, and the lasting effects of the Great Depression plagued families.

### **The Provincial Training School, Red Deer**

Of the three facilities mentioned above, the Provincial Training School (PTS) is more commonly recognized than other establishments. Such popularity may be the result of the institution's role in the 1996 *Muir v Alberta* case, where an Alberta court ruled that Leilani Muir had been unethically detained. Historians such as Claudia Malacrida use Muir's case to highlight that the institution was the prime location of sterilization operations as the years progressed due to the strong relationship between the Eugenics Board and PTS.<sup>13</sup> Primary documents reveal that the majority of the Eugenics Board meetings convened regularly at PTS, interviews with potential candidates for sterilization were held on PTS grounds, and the ever-changing superintendents at PTS, such as Dr. William J. McAlister and Dr. Leonard J. le Vann, were unofficial members of the Board. Another reason this institution is familiar may be due to the recent conflict surrounding this historical landmark. In 2013 the Minister of Services for Persons with Disabilities, Frank Oberle, announced the closure of the Michener Centre, formally known as the Provincial Training School, over the coming year. Sitting on three hundred acres of land on two separate sites in central and northeast Red Deer with an estimated sixty buildings to maintain, lack of funding was believed to be the main reason for its proposed closure.<sup>14</sup>

However, advocates of the facility have launched protests and petitions on behalf of the 125

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<sup>13</sup> Malacrida, *A Special Hell*, 28.

<sup>14</sup> Randy Fiedler, "Red Deer's Michener Centre to Shut Down," *Red Deer Advocate*, 12 March 2013, national edition.

[http://www.reddeeradvocate.com/news/Red\\_Deers\\_Michener\\_Centre\\_to\\_shut\\_down\\_197028961.html](http://www.reddeeradvocate.com/news/Red_Deers_Michener_Centre_to_shut_down_197028961.html)

adults<sup>15</sup> with developmental disabilities who live at Michener voluntarily. Supporters, many of whom have family members at Michener, argued that disrupting the living environment of disabled Albertans is “inhumane” and that the government is throwing the lives of these individuals and their families into chaos.<sup>16</sup> With the ousting of former Premier Alison Redford, Premier Jim Prentice announced on 19 September 2014 that Michener would in fact remain open and that all former patients would be allowed to return, but that no new residents would be accepted. Whether Michener remains open for years to come or efforts to successfully shut it down prevail, the institution itself will never fully be free of its association with past eugenics practices.

Before officially opening in 1923 as PTS, the structure was built and acted as a women’s college from 1912 to 1918. By March 1918, the Department of Education remodeled the building and it became a home for mentally disabled children between the ages of nine and nineteen and for returning soldiers from the First World War requiring care.<sup>17</sup> The home continued under the Department of Education until 1922, when it was transferred to the Department of Health. In 1923, the Department of Health decided that due to overpopulation of mental defectives in other facilities, patients requiring continued care would be moved to the facility. Due to the rapid increase in population, the facility required more renovations. The primary documents gathered on PTS describe in detail the physical characteristics of PTS, while devoting very little space to

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<sup>15</sup> Josh Wingrove, “Alberta’s Michener Centre Can’t Shake Sordid History,” *The Globe and Mail*, 15 March 2013, <http://www.theglobeandmail.com/news/national/albertas-michener-centre-cant-shake-sordid-history/article9848678/>

<sup>16</sup> Julia Parrish, “Provincial Government Halts Closure of Red Deer’s Michener Centre,” CTV News Edmonton, 19 September 2014, <http://edmonton.ctvnews.ca/provincial-government-halts-closure-of-red-deer-s-michener-centre-1.2015196>

<sup>17</sup> Provincial Archives of Alberta [hereafter PAA], Social Services and Community Health Fonds [hereafter SSCHF], File 83.391 GSE B/G, Report by the Department of Health for the Province of Alberta, Alberta School Hospital, Red Deer, p. 2.

patient care, routine, or experience. For example, the documents state that little construction occurred until 1930, with no construction occurring during the Second World War. However, after the War, the rate of building accelerated as more land was added subsequently. For instance, in 1949 saw the addition of three new dormitories along with a recreation hall.<sup>18</sup> From 1950 to 1964 even more dormitories were added, along with two new wards, a fire hall, staff residency, a new infirmary ward, and two pediatric units. Such heavy construction correlates with the ongoing admission rates and wait list numbers at PTS during this time. As Table 1 illustrates, the years following the first amendment to the Sexual Sterilization Act that the institution saw a continuous increase in admission and transfers.

**Table 1: Red Deer Admission, Discharge & Registrations<sup>19</sup>**

Year	Admission	Discharge	Registered December 31 <sup>st</sup>
1931	25	10	190
1941	62	27	251
1951	73	29	395
1956	62	62	698
1961	124	162	718
1966	163	102	922
1967	133	78	977

<sup>18</sup> PAA, SSCHF, File 83.391 GSE B/G, Report by the Department of Health for the Province of Alberta, Alberta School Hospital, Red Deer, p. 3.

<sup>19</sup> PAA, SSCHF, File 83.391 GSE B/G, Report by the Department of Health for the Province of Alberta, Alberta School Hospital, Red Deer, p. 3.

Dr. William J. McAlister, the first appointed Medical Superintendent of the facility from 1923 to 1931, played a prominent role in how the facility developed into a lucrative institution. McAlister, for several months, studied in the United States, where he learned the methods of administration and training required to run a successful institution. One of the most important techniques he mastered, along with his successors, was how to manipulate parents, guardians, and spouses into believing that their loved ones would benefit from being institutionalized. Often, for young girls or single women considered feeble-minded, the threat of being dominated by a male sexually, physically, mentally, or emotionally was enough reason to have them not only put into an institution, but sterilized as well. Typically, these women were labeled “promiscuous” and their official documents stated a past history of venereal diseases. These accusations, of course, cannot be fully considered as fact, as there are many discrepancies within the official documents, perhaps created to accelerate the rate of decisions.

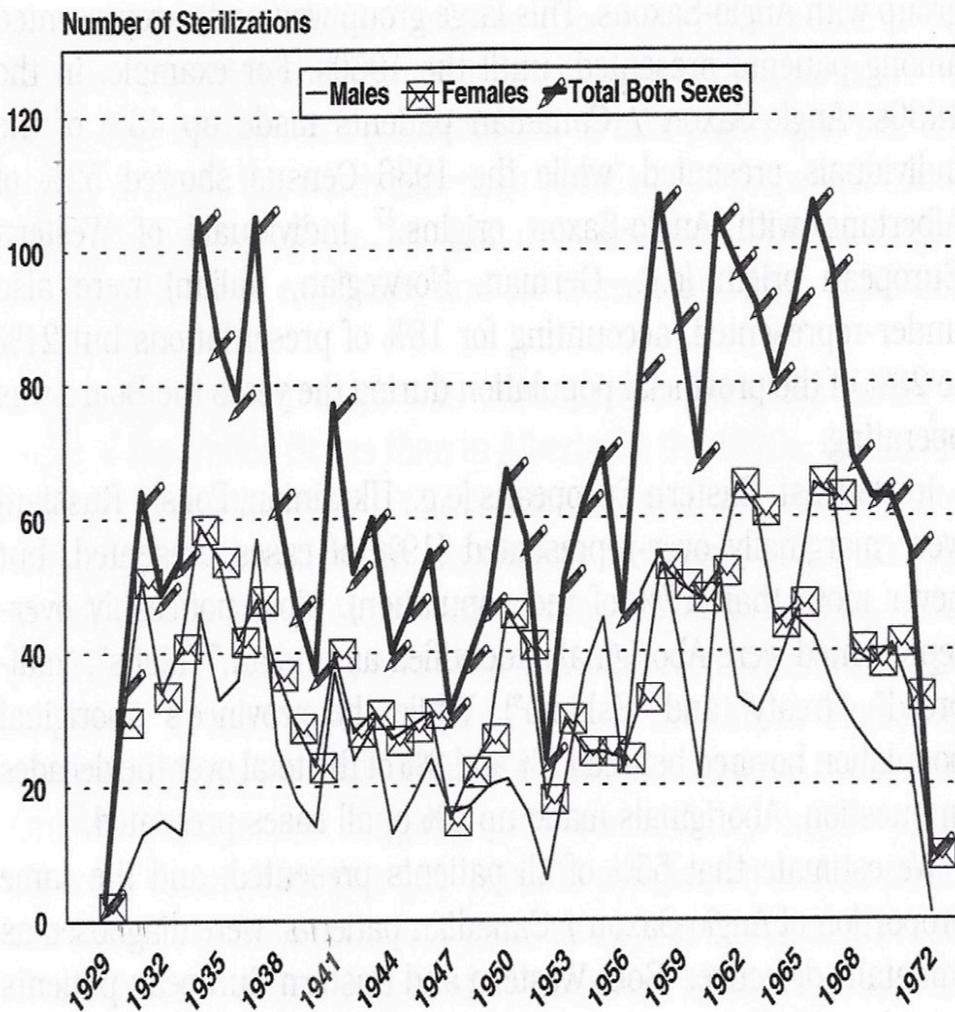
Another method of manipulation was the promise of schooling or some sort of training as the institution assured that even “morons” could be trained, so long as they received the proper conditioning. As survivor testimonies reveal, there was little, if any, education being obtained during their stay at PTS. In fact, PTS provided less than 20% of its patients with any form of academic education.<sup>20</sup> Instead, some patients were chosen to learn skills that would keep institutional costs down. Such labour included housework, making clothing, and repairing shoes for use by patients at PTS. Furthermore, there was also an agricultural program offered to boys, which sought to teach farm procedures and principles. It is probable that the produce grown through this program was later consumed by the patients at PTS.

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<sup>20</sup> Malacrida, *A Special Hell*, 13.

As previously mentioned, it is difficult to separate the number of individuals passed for sterilization, but not sterilized from those who were passed and sterilized as records are lacking. Narrowing the search further, only focusing on one institution, makes the task all the more difficult. We do know that PTS was responsible for presenting more teenagers and young adults to the Board to be sterilized. Rough estimates are available regarding the number of sterilizations performed in given years. For example, Figure 5 provides estimates for both male and female

**Figure 5: Sterilization by Gender, 1929-1972** <sup>21</sup>



<sup>21</sup> Grekul, Krahn, and Odynak, "Sterilizing the 'Feeble Minded,'" 374.

sterilizations. Women, more predominately than men, were presented and sterilized. The following narratives are of three individuals who, due to varying circumstances, fell into the trap of manipulation PTS was offering the public.

Historically, the Canadian government has used laws and policies to control Aboriginal populations with the intent of assimilation. The Sexual Sterilization Act was no different in its intent to control weak and marginalized Aboriginal communities in and around Alberta. While it is difficult to correctly report the number of Aboriginal cases, the *Living Archives* estimates that seventy-four percent of all Aboriginals presented to the Board were eventually sterilized.<sup>22</sup> In comparison, only sixty percent of all other patients presented to the Board were sterilized. Yvonne Boyer's "First Nations, Metis, and Inuit Women's Health" expresses that Aboriginals, women more so than men, were easy targets with regards to being thought of as incapable of intellectual parenthood. Boyer further quotes Jana Grekul's reviewed case files and states

[M]ost noticeably over-represented were Aboriginals (identified as "Indians," "Metis," "half breeds," "treaty" and "Eskimo"). While the province's Aboriginal population hovered between 2% and 3% of the total over the decades in question. Aboriginals made up 6% of all cases represented.

[F]ew exceptions particularly in the 1930's [8%] more women than men appeared before the Board...

We found that people were being referred to the board for reasons related to their social class, gender, and ethnicity, and there were no genetic conditions for them to be considered for sterilization.<sup>23</sup>

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<sup>22</sup> Michael Billinger, "Aboriginal and Indigenous Peoples," *Living Archives*, <http://eugenicsarchive.ca/database/documents/535eea597095aa000000020d>

<sup>23</sup> Yvonne Boyer, "First Nations, Metis, and Inuit Women's Health" In *Discussion Paper Series in Aboriginal Health: Legal Issues*, (Ottawa: National Aboriginal Health Organization, 2006), 15-16.

Referred to as Case No.356, Cecilia Champagne was fifteen years old when she was sexually sterilized on 4 July 1934. Before being voluntarily committed to PTS on 20 September 1931, Cecilia lived with her widowed mother, Maryanna Champagne, and three small siblings.<sup>24</sup> In her “Synopsis of Findings” file, which was collected on every patient subject to sterilization, emphasis on her physical appearance and home conditions was stressed. Described as a thin, yet muscular half-breed with large ill-formed ears, in which she was completely deaf in the left ear and partially deaf in the right, Cecilia from the outset is made to appear irregular to strangers reading her report.<sup>25</sup> Conditions at home only further categorized Cecilia as possessing a low-grade intelligence. Raised in a mixed settlement with an alcoholic father and an illiterate mother, who was once herself a patient at the Ponoka Alberta Hospital, Cecilia often found herself in trouble with authorities. Collectively, Aboriginals are over represented among cases presented to the Board. One statistic suggests that 74% of all Aboriginals who were presented to the Board were eventually sterilized, compared to the 60% of all patients presented.<sup>26</sup> Aboriginal women were regarded with great concern because they would not adopt social norms of behaving as “proper” women should. In addition, there was also concern over their supposed sexual immorality, which brought a social threat when they had relations with men from the settler population.<sup>27</sup> Stote furthers the argument stating that by reducing the ability of Aboriginal

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<sup>24</sup> PAA, Community and Occupational Health Fonds [hereafter COHF], File Champagne, Cecilia 1931-1934, Case Summary by the Eugenics Board on the Sterilization Operation, p. 1.

<sup>25</sup> PAA, COHF, File Champagne, Cecilia 1931-1934, Provincial Training School: Synopsis of Findings, p. 1.

<sup>26</sup> Michael Billinger, “Aboriginal and Indigenous Peoples,” *Living Archives*, <http://eugenicsarchive.ca/database/documents/535eea597095aa000000020d>

<sup>27</sup> Karen Stote, *An Act of Genocide: Colonialism and the Sterilization of Aboriginal Women* (Halifax: Fernwood Publishing, 2015), 15.

women reproducing also reduced federal obligation to its original inhabitants.<sup>28</sup> Reducing the number of individuals able to claim Aboriginal title to land would guarantee less compromise on the part of the government.

There is record of Cecilia being apprehended on two occasions for stealing a watch and a puppy. In addition, Cecilia was ultimately taken from her home after an incident in which she stabbed a reportedly unoffending boy in the wrist with a pocketknife.<sup>29</sup> Furthermore, as with all female cases, Cecilia's report mentions her lack of moral direction. She is described as being "a young actively sexed imbecile" and a "persistent masturbator."<sup>30</sup> Given these factors, Dr. D.L. McCullough, Medical Superintendent at PTS, recommended Cecilia for sterilization on 8 June 1934. Not all Aboriginal women were sterilized in training schools, like PTS, or even in mental hospitals. There is evidence to support the notion that Aboriginal women were also sterilized while in residential schools.<sup>31</sup>

Cecilia's experience before and after her sterilization is unlike many other victims of the SSA because she fought against the sterilizing order. There is record of Cecilia running away on 21 June 1934.<sup>32</sup> This date is significant because at this time Cecilia had already been presented and approved for sterilization by the Eugenics Board on 14 June 1934. Perhaps, Cecilia took notice of those around her disappearing for periods of time and coming back with similar surgical scars. More plausible is the fact Cecilia may have engaged in typical teenage activity of

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<sup>28</sup> Stote, *An Act of Genocide*, 34.

<sup>29</sup> PAA, COHF, File Champagne, Cecilia 1931-1934, Provincial Training School: Synopsis of Findings, p. 1.

<sup>30</sup> PAA, COHF, File Champagne, Cecilia 1931-1934, Provincial Training School: Synopsis of Findings, p. 1.

<sup>31</sup> Stote, *An Act of Genocide*, 78.

<sup>32</sup> PAA, COHF, File Champagne, Cecilia 1931-1934, Emergency Report: Provincial Training School 21 June 1943, p. 1.

socializing and gossiping with other fellow patients. While the report does state that Cecilia was found five hours away in the city of Lacombe by the local R.C.M.P. detachment and committed to the Alberta Hospital in Ponoka for the night,<sup>33</sup> there is no mention of how she was dealt with upon her return to PTS the following day.

Cecilia's strong will did not diminish after her sterilization, as there are two more reported attempts of escape. On the night of 19 October 1934, Rosalie S. Calkins, the night nurse on duty, reported that she had not seen Cecilia since taking the rest of the girls to the gym to watch a show at 7:00 pm.<sup>34</sup> As a whole the report is stagnant and incomplete. Cecilia was returned the following day accompanied by a police constable. No fault is placed on the institution; instead, the Superintendent states "it is impossible for one nurse, alone, to watch individual every one of 83 girls of such varying types as schoolchildren, low grades, and high grades and over such an extended area as IIa, IIb, IIc and Second Floor, and at the same time answer the main P.T.S. door bell and take all incoming telephone calls."<sup>35</sup> Instead, blame was placed on Cecilia's habit of picking locks that got her to the roof, where authorities believed she dropped safely to the ground. In addition, the Superintendent attributes both attempts of escape to "the Indian wanderlust of those seasons."<sup>36</sup> Both excuses, while possible, reflect the inability of PTS to ensure all patients were secure. Instead, individuals such as Cecilia were left alone to their own devices.

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<sup>33</sup> PAA, COHF, File Champagne, Cecilia 1931-1934, Emergency Report: Provincial Training School 21 June 1943, p. 1.

<sup>34</sup> PAA, COHF, File Champagne, Cecilia 1931-1934, Emergency Report: Provincial Training School 19 October 1934, p. 1.

<sup>35</sup> PAA, COHF, File Champagne, Cecilia 1931-1934, Emergency Report: Provincial Training School 19 October 1934, p. 1.

<sup>36</sup> PAA, COHF, File Champagne, Cecilia 1931-1934, Emergency Report: Provincial Training School 19 October 1934, p. 2.

A final attempt to escape was made a few months later on 9 January 1935.<sup>37</sup> Similar to previous attempts, Cecilia disappeared at night and was found the following morning. Police found Cecilia in the backroom of a bunkhouse along the C.N.R. tracks in Red Deer. The report ends on a frustrated note, as the Superintendent reveals his agitation over the fact that Cecilia has the advantage of knowing how to pick a lock to assist in any future escapes. While all three attempts were made within a nine-month timeframe, this is the last time Cecilia is mentioned, as her future at PTS was not documented and there is no release date associated with her name. Of the three reports documenting Cecilia's case, the final one, unfortunately, has the least amount of information, and her disappearance from the archival record is a regrettable example of an Aboriginal child caught up in Alberta's sterilization machinery.

If Cecilia Champagne's case tells us much about the treatment of Aboriginal children at PTS, Ethel Busby, a twenty-five year old woman originally from England, provides a different picture of a PTS inmate subjected to sterilization. Her stay at the institute was fairly brief, and, in the eyes of the Board, Ethel's life following her 26 April 1930 sterilization was considered a success. Ethel's "Synopsis of Findings" file reveals that she had an I.Q. of 66 and that her impoverished family history was a direct link to her poor genetics.<sup>38</sup> Ethel was one of four children who were considered feeble-minded. Such an outcome is blamed on her mother, who was assumed to be subnormal, and her deceased alcoholic father. The fact that Ethel achieved a grade eleven education, could read and write well, and had a history of being employed as a

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<sup>37</sup> PAA, COHF, File Champagne, Cecilia 1931-1934, Emergency Report: Provincial Training School 9 January 1935, p. 1.

<sup>38</sup> PAA, COHF, File Busby, Ethel 1930-1932, Provincial Training School Clinical Records Fields of Inquiry-Synopsis of Findings, p. 1.

domestic, appears to hold no significance, as her sexual history upstaged any positivity achieved previously.

Ethel was committed to PTS some time in February or March 1930 on grounds of promiscuity and having two illegitimate children. An individual could be forced into institutional care for a number of reasons. Sometimes it could be an alternative to serving jail time. Another instance is when families could no longer care for or financially support an individual. Other times, government agencies such as social workers or nurses reported individuals who may be a threat to society, such as mothers with numerous children out of wedlock. Ethel's mother, Mrs. Palmateer, first gave consent for any "necessary operation" on 27 March 1930, as she understood it would be the only way to have her daughter released from PTS.<sup>39</sup> Palmateer's compliance was due to the fact that she needed her daughter released so that Ethel could continue to help her mother in her business "as a confectioner and restaurateur in Edmonton."<sup>40</sup> However, in a private letter between P.G. Thomson to Dr. MacEachran, Chairman of the Eugenics Board, Thomson asked that Palmateer's consent be deleted from Ethel's file.<sup>41</sup> Such a request is peculiar, as it is the first and only instance of this in the available case study files. However, the irregularities do not end there, as there is documentation to prove that Ethel gave consent and understood the terms of sterilization on a consent form signed 10 February 1930.<sup>42</sup> It would not have been out of the ordinary had there been two signed consent forms, as is often the case in the

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<sup>39</sup> PAA, COHF, File Busby, Ethel 1930-1932, Letter to the Minister of Public Health from Mrs. Palmateer 27 March 1930, p. 1.

<sup>40</sup> PAA, COHF, File Busby, Ethel 1930-1932, Letter to the Minister of Public Health from Mrs. Palmateer 27 March 1930, p. 1.

<sup>41</sup> PAA, COHF, File Busby, Ethel 1930-1932, Letter to Dr. MacEachran from P.G. Thomson, K.C 16 April 1930, p. 1.

<sup>42</sup> PAA, COHF, File Busby, Ethel 1930-1932, Consent form by Ethel Busby, 10 February 1930, p. 1.

1930s case files. Before the Sexual Sterilization Act was amended, the Board always tried to receive written consent from the patient. If there were situations where the patient was unable to comprehend the operation, then family members, guardians, or spouses were required to give consent. Another observation that appears in Ethel's case is that she gave her consent to be sterilized months before she was presented and approved by the Board on 15 April 1930. Such information questions if the Board gave Ethel a fair evaluation when she was presented, as they already had her consent in front of them. Furthermore, how did these pre-prepared documents affect the time the Board spent discussing amongst each other and interviewing the patient? Survivor testimonies often recount how fast they believed their Board presentations went. And they would be right in their recollection to believe they were not fairly presented as it has been revealed that on average the Board discussed thirteen cases per meeting, which roughly converts to thirteen minutes of discussion for each recommendation.<sup>43</sup>

With no discharge information, Ethel disappeared for more than a year from the follow up reports. PTS officials recorded meeting with Ethel's mother on 7 December 1931, and Palmateer was unable to report on the whereabouts of her daughter.<sup>44</sup> She stated that her daughter was doing well from the time she was discharged until February 1931 when Ethel became involved with a man named George Greenway, of whom Palmateer did not approve.<sup>45</sup> Perhaps out of spite for abandoning her, Palmateer reported that she suspected Ethel was currently suffering from a venereal infection, was out of work, and no longer together with George. It was only in 1932 when Ethel was finally tracked down. She revealed that she was

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<sup>43</sup> Grekul, Krahn, and Odynak, "Sterilizing the 'Feeble Minded,'" 366.

<sup>44</sup> PAA, COHF, File Busby, Ethel 1930-1932, Follow Up Report: Provincial Training School 7 December 1931, p. 1.

<sup>45</sup> PAA, COHF, File Busby, Ethel 1930-1932, Follow Up Report: Provincial Training School 7 December 1931, p. 1.

feeling well, working steadily with “nearly \$200 in the bank,” and has nothing to do with her mother.<sup>46</sup> When out of work Ethel “keeps house for four men in a small house on 95<sup>th</sup> St. She is especially anxious that Dr. McAlister know she is doing well.”<sup>47</sup> The fact that Ethel was able to pull her life together, so to speak, by maintaining respectable levels of income and no longer keeping unfavorable company, would be considered an achievement in the eyes of eugenics supporters. For in the mind of the Board and their supporters, Ethel was one more woman neither relying on assistance nor procreating to produce more feeble-minded individuals. There is one final report dated December 1932 that documented Ethel’s progress. One piece of information, however, does stand out. Ethel stated that at times she did not feel well and has to stop work for a while.<sup>48</sup> Such a complaint is actually fairly common in many of the follow up reports. Usually such pain is documented during the first follow up report and continuously mentioned in future reports. While a woman may feel sore and weak for days or even weeks after being sterilized, such symptoms are not normally experienced years after the procedure. Despite being repeatedly mentioned, no explanation is ever given for such symptoms.

The third case study from the PTS involves Margaret Kaendler, who had the most comprehensive case file from the Red Deer institution. There is no exact date for when Margaret was admitted to PTS, but it is probable that it was before October 1930, as this is the first date to show up in her file.<sup>49</sup> Margaret’s card information, filled out by the Board, states that she was

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<sup>46</sup> PAA, COHF, File Busby, Ethel 1930-1932, Follow Up Report: Eugenics Board September 1932, p. 1.

<sup>47</sup> PAA, COHF, File Busby, Ethel 1930-1932, Follow Up Report: Eugenics Board September 1932, p. 1.

<sup>48</sup> PAA, COHF, File Busby, Ethel 1930-1932, Follow Up Report: Eugenics Board 9 December 1932, p. 1.

<sup>49</sup> PAA, COHF, File Kaendler, Margaret 1930-1935, Form of Consent 17 October 1930, p. 1. Kaendler’s surname is also listed as Kindler, Kinkler, and Kendler in her case file.

twenty years old when approved for sterilization on 22 October 1930. There are four reasons given as to why Margaret was an ideal candidate for the surgery.

- 1- Mental defective and her hereditary is bad. Any children would likely be below normal.
- 2- Not able to look after herself alone, would never be able to look after children even if she did get married.
- 3- She herself will be a charge on society more of her life as her family cannot look after her, and children would only make the situation more miserable and complicated for all involved
- 4- She is willing to be sterilized, her father also thinks that the operation should be performed.<sup>50</sup>

Accepting these arguments, Margaret was sterilized on 27 October 1930, with the consent of her father Joseph, mother Marie, and herself,<sup>51</sup> Margaret was later discharged from PTS on 9 November 1930.

Follow up reports show that Margaret's life only deteriorated further after her surgery. Released into the care of her mother, nicknamed Big Mary, Margaret lived in unsanitary conditions, with her mother unable to fully accommodate all of Margaret's needs. It is for this reason that Big Mary sought avenues to place her in a full-time home as she often got into trouble.<sup>52</sup> Such a report is worrisome, as Big Mary did not have the financial means to place Margaret in a facility. In addition, many of the reporters commented on how much trouble Margaret's mother was and the questionable way in which she made a living—it is assumed that she was likely a prostitute. For this reason, and not for reasons regarding Margaret's health, authorities promised to keep in contact. Margaret was soon arrested, and sent to the Fort Saskatchewan jail for what she claims was “the jealousy of some woman - coupled with the fact

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<sup>50</sup> PAA, COHF, File Kaendler, Margaret 1930-1935, Synopsis of Findings: Reasons for Sterilization, p. 1.

<sup>51</sup> PAA, COHF, File Kaendler, Margaret 1930-1935, Consent forms Joseph Kaendler, Marie Kaendler, Margaret Kaendler 17, 20 October 1930, pp. 1-3.

<sup>52</sup> PAA, COHF, File Kaendler, Margaret 1930-1935, Kindler or Keandler, Margaret, p. 1.

that she was ‘bad’ because her mother had left her.’<sup>53</sup> It is during her first three-month jail term that Margaret first complained that she did not feel well and that her bowel movements did not function properly. In later documents, she complained of severe abdominal pain and believed that she was pregnant. However, these grievances went unattended, as those interviewing Margaret believed it was due to her plumpness and weight gain that she felt unhealthy.<sup>54</sup> Of the many reports on Margaret there is one that specifically stands out. Dated 14 March 1932, the reporter, most likely social worker Agnes Starkie, writes that the “gaol is not a place for a girl like Margaret.”<sup>55</sup> While Starkie could have been referring to the fact that Margaret, a low-grade moron, would be better off institutionalized, her choice of words reflected something entirely different. Instead of using the word “woman,” Starkie uses the word “girl,” which technically would not properly describe Margaret, as she was almost if not already twenty-two years old. Starkie saw Margaret as a child without a label who was in a place where only adults with serious crimes should be placed. And yet, the reality is that Margaret, along with many young girls, experienced an operation and a life-changing event of which no child should be victim.

Unfortunately for Margaret, life continued to go from bad to worse. More jail time was imposed for a variety of petty crimes and, more surprisingly, as a way to let Margaret heal from numerous episodes of gonorrhoea and syphilis.<sup>56</sup> Crime rates rose in Alberta and in other parts of

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<sup>53</sup> PAA, COHF, File Kaendler, Margaret 1930-1935, Provincial Mental Hygiene Clinic: Eugenics Board Case Follow-Up 20 May 1931, p. 1.

<sup>54</sup> PAA, COHF, File Kaendler, Margaret 1930-1935, Eugenics Board Follow Up Report 12 September 1932, p. 1.

<sup>55</sup> PAA, COHF, File Kaendler, Margaret 1930-1935, Follow Up 14 March 1932, p. 1.

<sup>56</sup> PAA, COHF, File Kaendler, Margaret 1930-1935, Eugenics Board Follow Up Cases February 1933, p. 1.

the Prairies during and after the First World War due to the creation of provincial police forces.<sup>57</sup> Offenses relating to drunkenness and vagrancy prosecution were given more energy because it was easier to gain a conviction, whereas personal or property crimes brought complications, just as the unwillingness of witnesses to give evidence.<sup>58</sup> On numerous occasions, while Margaret was healing, there were arrangements made for her to be readmitted to PTS.<sup>59</sup> However, as the correspondence reveals, each time there was space for Margaret, she would once again be infected and rejected for fear that she would contaminate others. Final documents reveal that Margaret was once again arrested and sentenced to three months imprisonment on 10 January 1935 and released on 15 April 1935 into the care of her mother.<sup>60</sup> Information ends here and it is unclear what happened to this woman who spent years in and out of jail after her sterilization, yet had not seen the inside of a prison before her operation. As jail served more as a recovery center when she was infected, it is possible that Margaret returned to jail or died from not receiving proper treatment for her infections. Whatever her ultimate fate, she represents another example of the failure of the Provincial Training School to protect the physical and emotional well-being of those women who entered the Red Deer facility.

### **The Alberta Mental Hospital, Ponoka**

Considered the first mental hospital in Alberta, the Alberta Hospital in Ponoka opened in 1911 and became the primary mental health institution for the province, with Dr. D.T. Dawson

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<sup>57</sup> Louis A. Knafla and Jonathan Swainger, ed., *Laws and Societies in the Canadian Prairies West, 1670-1940* (Vancouver: UBC Press, 2005), 28.

<sup>58</sup> Knafla and Swainger, *Laws and Societies in the Canadian Prairies West, 1670-1940*, 28.

<sup>59</sup> PAA, COHF, File Kaendler, Margaret 1930-1935, Letter from the Asst. Deputy Attorney General to Dr Baragar, Commissioner of Mental Institutions, 28 March 1935, p. 1.

<sup>60</sup> PAA, COHF, File Kaendler, Margaret 1930-1935, Letter from C.A. Baragar to Dr. M.R Bow, Deputy Minister of Health, 10 May 1935, p. 2.

as Medical Superintendent. Before it opened, those suffering from mental illness were sent to Manitoba for treatment. However, with the growing number of mental defective cases, it became clear that a new institution had to be built within the province. The site chosen for construction was in a rural area so as to fit with the common medical advice that fresh air might help those suffering. The institutional landscape was described as “in a country side with gently rolling hills, on some 1,100 acres of good mixed farm land” which later increased to 2,400 acres, half of which was under cultivation.<sup>61</sup> Primary documents relating to this facility, again, describe the facility in the physical sense rather than what the institution offered at the time to patients. The main building was a three-story brick building, which housed both male and female patients, office space, and some living accommodations for staff. With a growing population, another three-story building was constructed in 1920 for female patients, which was remodeled twice and renamed Lawncrest in 1961, replacing the original designation of the Female Ward.<sup>62</sup> In addition, a Nurses’ Residence was added in the early 1920s and again in 1958-1960, family residences and a recreation hall were created during the 1930s, and a female and staff dining hall was also added along with a new laundry, fire hall, printing plant, a building for occupation therapy, and a carpenter shop.

Offering care to both males and females, the institution was the only one of its type in the province until 1923. Within the first month of opening 164 patients were transferred and the population continued to increase.<sup>63</sup> By 1921, for example, there were 501 male patients and 286

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<sup>61</sup> PAA, SSCHF, File 83.391 GSE B/G, Report by the Department of Health for the Province of Alberta, Alberta Hospital, Ponoka, p. 2.

<sup>62</sup> PAA, SSCHF, File 83.391 GSE B/G, Report by the Department of Health for the Province of Alberta, Alberta Hospital, Ponoka, p. 4.

<sup>63</sup> PAA, SSCHF, File 83.391 GSE B/G, Report by the Department of Health for the Province of Alberta, Alberta Hospital, Ponoka, p. 2.

female patients for a total of 787 in residence.<sup>64</sup> Table 2 below illustrates the number of admissions and discharges for the year and the number registered 31 December for each of the designated years.

**Table 2: Ponoka Admissions, Discharge & On Books** <sup>65</sup>

Year	Admission	Discharges	On Books December 31 <sup>st</sup>
1931	416	314	1,196
1941	557	516	1,637
1946	612	634	1,417
1951	654	594	1,539
1956	685	735	1,572
1961	1,068	929	1,269
1966	1,435	1,483	1,126
1967	1,313	1,412	1,027

It is important to note that the “admissions” category includes both first admission and re-admissions, while “discharges” include transfers and deaths. It is likely that in the first few years of the institution’s existence, there were more transfers than first admissions, as those who once had sent family away to other provinces for treatment were choosing to move these individuals

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<sup>64</sup> PAA, SSCHF, File 83.391 GSE B/G, Report by the Department of Health for the Province of Alberta, Alberta Hospital, Ponoka, p. 3.

<sup>65</sup> PAA, SSCHF, File 83.391 GSE B/G, Report by the Department of Health for the Province of Alberta, Alberta Hospital, Ponoka, p. 3.

closer to their own homes. However, it is much more difficult to examine the later “admission” and “discharge” years. Instead of lumping categories together, it would have been beneficial to include sub-categories highlighting transfers, deaths, and re-admission. Without this extra information, one is left to question if the existing categories are split evenly, or if one section dominates over the other. As the narratives below will illustrate, being re-admitted was sometime the case for those once sterilized, but who still found themselves in trouble once outside of institutional walls. Of the narratives collected, many were re-admitted a second time, but no information is given on when or if they were ever discharged for a second time. Table 3 sheds some light on why finding discharge information in the later years, perhaps after a patient was readmitted is difficult to find.

**Table 3: Percentages of Patients Discharged Based on Time in Hospital**<sup>66</sup>

Year	Under 3 mos.	Under 6 mos.	Under 12 mos.	12 mos. And Over
1956	59%	19%	14%	8%
1961	61%	23%	8%	8%
1966	69%	18%	7%	6%
1967	67%	16%	6%	12%

The table shows the percentages of patients discharged based on time spent at the Alberta Hospital in Ponoka. Clearly, an individual’s best chance of being discharged came within the first three months of his or her stay at the Ponoka Hospital. As more and more time was spent

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<sup>66</sup> PAA, SSCHF, File 83.391 GSE B/G, Report by the Department of Health for the Province of Alberta, Alberta Hospital, Ponoka, p.4.

institutionalized, there was a lower chance that an individual will be released. Such information corresponds to the information found in the individual narratives. If patients were discharged, it occurred within the first few months of their institutionalization or right after they had been sterilized. Such data correlates to survivor testimony found on the *Living Archives* website and the research of many historians, including Claudia Malacrida and Jana Grekul, who provide examples of men and women who were institutionalized young, were sterilized, yet remained in facilities for the majority of their lives. The following case narratives give a glimpse into the lives of three female patients who briefly spent periods of time at the first mental hospital in Alberta.

Katherine Rottenfusser was a thirty-four year old housewife and mother of four when she was sterilized on 25 February 1930, by her own consent.<sup>67</sup> As a former American citizen who now lived in Edmonton, Katherine was committed to Alberta's first mental hospital on two separate occasions. Prior to Katherine's sterilization, she had been committed to Ponoka in 1924. Her first confinement was on the grounds that she had been neglecting her house and children. Katherine also made claims regarding her husband's unfaithful ways and that her lack of financial stability was due to him supporting a second illegitimate family. There is no information on who committed Katherine to Ponoka the first time, but she only stayed at the facility for four months. Upon being readmitted to Ponoka in November 1929, the atmosphere surrounding institutionalization had changed. By now, of course, the Sexual Sterilization Act had been enacted, whereas during Katherine's previous stay in Ponoka it had not yet existed. Reasons for readmission state that Katherine had started having auditory hallucinations, had seen God in visions, thought she was an angel, and believed the world was coming to an end. However, once

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<sup>67</sup> PAA, COHF, File Rottenfusser, Katherine 1930-1932, Eugenics Board Card Information, p. 1.

committed, there is a report made on 22 January 1930, just a month before she was sterilized, that gives insight as to what contributed to the possible mental break down Katherine was experiencing upon readmission.

Reportedly, in 1928 Katherine's husband had left the family for work in Athabasca, and during his time away had only been able to send "home the sum of \$120 for support of his wife and family."<sup>68</sup> While never financially stable, 1929 had been a difficult year and Katherine and her children became partly dependent on the town for support. Eric J. Hanson's *Financial History of Alberta 1905-1950* sheds some light on how the little money the province had to spare, and how difficult it was for families to make ends meet given the economic crisis. The revenues of Alberta and of the individual municipalities were quite inadequate to provide sufficient relief. For example, Alberta and the municipalities spent "more than \$2.2 million on relief in 1930-31... About two-thirds of the amount spent was devoted to relief work, both provincial and municipal; direct relief absorbed almost one-third; and agricultural relief was only 2.5 per cent."<sup>69</sup>

It is evident that Katherine was not alone in her financial struggle; however, families had to rely more heavily on relief outlets when there were children or other family members in institutional care. For example, seven-year old Donna Fowler was institutionalized under the Emotionally Disturbed Children's Program, but her father was unable to pay for her keep.<sup>70</sup> The town council undertook the sponsorship of costs for Donna for an undocumented amount of time. However, the Council later decided that the town could no longer sponsor Donna, leaving a

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<sup>68</sup> PAA, COHF, File Rottenfusser, Katherine 1930-1932, Report of Social Investigation, p. 1.

<sup>69</sup> Eric J. Hanson, *Financial History of Alberta 1905-1950*, ed. Paul Boothe and Heather Edwards (Calgary: University of Calgary Press, 2003), 137.

<sup>70</sup> PAA, SSCHF, File Provincial Training School Red Deer 1960-1961, Letter to Dr. Somerville from the Town of Beaverlodge 25 July 1961, pp. 1-2.

debt of \$62.00, which breaks down to \$2.00 a day for institutional care.<sup>71</sup> One suggestion for those who were unable to pay outstanding balances or whose townships were no longer able to provide supplement was to make these individuals temporary or full time wards of either a City or Provincial Welfare Organization.<sup>72</sup> A news clipping found in the *Bassano Mail* from 11 September 1930 reveals the growing expense institutions incurred. Citing the Canadian National Committee of Mental Hygiene, the article reveals an increase of 1,334 individuals had been committed over the last year.<sup>73</sup> Furthermore, it stated that Canada as a whole spent more on institutional upkeep than that of war pensions and totaled \$16,820,745 a year.<sup>74</sup> This figure does not include the cost of private hospitals.

Stress, lack of nourishment and money, and the idea that she was left alone to care for four children may be a feasible conclusion as to why Katherine broke down. However, the documentation ignored these factors and instead paid more attention to the genetic history of the family she married into rather than her own genetic history. Katherine's brother-in-law, John Rottenfusser Jr., was viewed as "a poor farmer, lazy and shiftless and very careless in his habits."<sup>75</sup> His wife and two daughter were considered low-grade and promiscuous, with both daughters only getting married after the birth of their first children. Likewise, Katherine's husband, Joseph, was also considered low-grade, lazy, shiftless, and a poor provider. On the other hand, Katherine's sister, Mrs. Nolte, was seen as capable, hard-working, and had a good

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<sup>71</sup> PAA, COHF, File Provincial Training School Red Deer 1960-1961, Letter from Dr. L.J. le Vann to Dr. A. Somerville 31 July 1961, p .2.

<sup>72</sup> PAA, COHF, File Provincial Training School Red Deer 1960-1961, Letter from Dr. L.J. le Vann to Dr. A. Somerville 31 July 1961, p .2.

<sup>73</sup> "Great Expense to Country: Number of Mentally Deficient People in Canada Increasing," *Bassano Mail*, 11 September 1930.

<http://peel.library.ualberta.ca/newspapers/BSM/1930/09/11/6/Ar00619.html>

<sup>74</sup> See "Great Expense to Country: Number of Mentally Deficient People in Canada Increasing."

<sup>75</sup> PAA, COHF, File Rottenfusser, Katherine 1930-1932, Report of Social Investigation, pp. 1-2.

reputation. Nothing in Katherine's documents, prior to her issues with her husband, suggests that she had any early symptoms labeling her as mentally defective.

Two years after her sterilization a follow up report was issued and stated that Katherine's mental and financial state had not improved much since her release. Instead, Katherine was "rather worried, takes a belligerent attitude, down on treatment she received at Ponoka and makes it clear that she is."<sup>76</sup> In addition, she was "still on relief, lives in poor circumstances, husband hardly works, [and is currently] living in a one room with husband, girl and boy in the upstairs part of the house on 101 Avenue."<sup>77</sup> Yet, another report, interviewing Katherine's sister, gives contradicting information. Mrs. Nolte revealed that her sister went off with her husband in April 1932 to perform domestic duties for a railway or construction gang her husband was working for.<sup>78</sup> Despite only taking her daughter and leaving the rest of the children with relatives, Katherine appeared cheerful, active, capable, and in good shape. Overall, Nolte believed that she had never seen her sister in better condition and believed her sister was doing well wherever she may be. The issue with these two documents is that one has a date and the other does not. Therefore, it is difficult to determine if both accounts were given within the same year or given years apart. However, due to the fact that entries in Katherine's file end in 1932, and there is no information found for 1931, it is likely that the information comes a few months after the first and only follow-up visit with Katherine. Regardless of this chronology, this case

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<sup>76</sup> PAA, COHF, File Rottenfusser, Katherine 1930-1932, Eugenics Board Follow Up Report 1932, p. 1.

<sup>77</sup> PAA, COHF, File Rottenfusser, Katherine 1930-1932, Eugenics Board Follow Up Report 1932, p. 1.

<sup>78</sup> PAA, COHF, File Rottenfusser, Katherine 1930-1932, Provincial Mental Hospital: Psychiatric Investigation Report, p. 1.

provides an example of the compelling role that socioeconomic status played in the process of institution and sterilization.

Rosalie Kaut, also known as Rose, had a very different narrative than Katherine's, as Rose was not an American immigrant, which the Canadian immigration policy at the time preferred. Instead, Rose was a twenty-five year old immigrant from Poland and had only been living in Canada since 1930, one year before she was sterilized. Accordingly, Rose's native country fell into Canada's "non-preferred" category of countries from which Canada was unwilling to accept immigrants.<sup>79</sup> Rose's documents state that she arrived in Alberta in June 1930 and was committed to Ponoka on 2 August 1930, yet Rose waited until the following February to be approved and sterilized by the Board on 27 February 1931. Such a halt in activity is abnormal in these early files; however, looking over Rose's case file it shows that a larger issue was at play, mainly the issue of deportation.

Rose's case summary reveals that her diagnosis was a psychosis of somatic disease and rheumatic fever.<sup>80</sup> While having rheumatic fever meant that a person may have recently had strep throat, which went untreated, suffering from somatic disease is a different matter altogether. Usually a long term chronic condition, an individual would experience physical symptoms but have no explanation as to where the pain came from. Found often more in women than men, the pain was thought to be related to emotional stress. Yet, pain was dismissed as being all in the individual's mind, which made him or her appear abnormal. Aside from this observation, Rose was a healthy woman with a strong marriage to a normal man and had normal children. Yet, little

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<sup>79</sup> "A hundred years of immigration to Canada 1900-1999: A chronology focusing on refugees and discrimination," last modified May 2000, Canadian Council for Refugees, <http://ccrweb.ca/en/hundred-years-immigration-canada-1900-1999>.

<sup>80</sup> PAA, SSCHF, File Kaut, Rose 1930-1933, Provincial Mental Hospital Case Summary, p. 1.

to no mention is made of the emotional stress Rose experienced leaving family for a new life in North America, or the financial drain and fear unemployment probably brought Rose. There is no history of previous attacks and so immigrating to Canada is the only possible link.

Both Rose and her husband, with the aid of a German translator, agreed to and gave consent for Rose to be sterilized on 27 January 1930, exactly one month before the operation took place.<sup>81</sup> However, it is stated that both Rose and her husband agreed to consent on the grounds that Rose would be allowed to stay in Canada. As both consented, some spoken promise must have been given, as there is nothing physical in her file promising or reassuring Rose of such an understanding. Once sterilized, Rose was released from the facility on 1 March 1931, and there are no follow up reports to give readers an idea as to what happened to Rose and her newly immigrated family. One letter, from the Provincial Mental Hospital to the Eugenics Board dated 21 February 1931, six days before Rose's operation, reveals that the hospital still did not know if the Department of Immigration had made a decision on whether or not Kaut would be deported.<sup>82</sup> A likely reality is that Rose was deported, depending on whether or not her family joined her, she may have gone back to Poland alone.

It is unclear the reason for the next sterilization, as there are many avenues to which an outsider can make assumptions. Maria Wanchulia was a second-generation immigrant of Russian parents who was believed to have an idiot in the family and in a difficult marriage. This description, perhaps not exactly, but very similar is common. Given the imputation of data, Maria most likely was part of the large group of individuals targeted based on their gender, since

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<sup>81</sup> PAA, SSCHF, File Kaut, Rose 1930-1933, Consent Forms by Rosalie Kaut and Christian Kaut, pp. 1-2.

<sup>82</sup> PAA, SSCHF, File Kaut, Rose 1930-1933, Letter from Provincial Mental Hospital to the Eugenics Board 21 February 1931, p. 1.

there is not enough evidence to string an entire narrative. Maria was born and raised in Canada, but with immigrant parents from Russia, a non-preferred country, Maria also gained the attention of the Board and was sterilized at twenty-two years old on 25 February 1931.<sup>83</sup> In Maria's case summary, she is described as being thin, pale looking and exhausted upon being admitted to the facility. Her family history reveals that Maria's one sister died young and the reporter believes that the sister was an idiot or imbecile, yet does not explain or mention any evidence that would lead to such a conclusion.<sup>84</sup> Despite being labeled an extrovert with a normal sex life, the report focuses on Maria's dull nature while she attended school. It looks as though when a woman cannot be labeled promiscuous, summaries tend to focus on the lack of education received, regardless if the individual was in a position to stay and afford to attend school. A troubled marriage appears to be the trigger for Maria's depressed spells. Her husband, a drunk gambler, who stayed out late, was unfaithful, and left Maria with little money to support three kids, and he had deserted Maria before she was admitted to the facility.<sup>85</sup> It appears that the marriage was never a happy one as Maria admitted to depression right away, she had thoughts of suicide and her inability to maintain a healthy weight may be a result of the stress of being trapped in the marriage. There is no mention if Maria experienced violence, but given the description of her husband and the information later given in correspondence, it would not be far-fetched to believe she was abused. There is no hard evidence that Maria should be the one being presented to the Board and labeled as a mental defective. If anything, her husband should have been under

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<sup>83</sup> PAA, SSCHF, File Wanchulia (Wanchulak), Maria 1931-1933, Eugenic Board Card Information, p. 1.

<sup>84</sup> PAA, SSCHF, File Wanchulia (Wanchulak), Maria 1931-1933, Provincial Mental Hospital Case Summary 4 February 1931, p. 1.

<sup>85</sup> PAA, SSCHF, File Wanchulia (Wanchulak), Maria 1931-1933, Provincial Mental Hospital Case Summary 4 February 1931, p. 1.

investigation for the toxic way he lived his life. However, Maria was a woman, and it is widely known that more women than men were targeted and sterilized during this movement.

Maria, her parents, and her sister all gave their consent for Maria to be sterilized, perhaps hoping that her depression would simple vanish.<sup>86</sup> As the patient's consent is technically enough, given the terms of the Sterilization Act, it is surprising that Dr. McCullough would go out of his way to find Maria's husband and also ask for his consent.<sup>87</sup> Mr. Wanchulak's response is not surprising, and almost typical of a man who feels that he is somehow a victim. Responding eleven days before the scheduled operation, Mrs. Wanchulak stated that it was

immaterial to him whether or not the proposed operation is performed.... He neither consents nor objects to the operation being performed.... And perhaps in view of the divorce proceedings which he proposes taking, a neutral attitude on his part is probably most advisable, so as not to make what is already a somewhat complicated affair more involved.<sup>88</sup>

Mr. Wanchulak goes on to say that he has sufficient grounds for divorce and plans to execute such plans once Maria was released from the facility. No mention is made of what his grounds are and in the end the Board disregards his letter and proceeds with the consent of the patient, parents, and sister.

Only one follow-up report is included in Maria's file and dates to almost two years after the sterilization. Maria was not the one interviewed, and instead her sister tells the reporter that Maria has been well since the operation and has not complained of any pain. Maria now lived and worked with her other sister and brother-in-law in Tawatinaw, where her brother-in-law

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<sup>86</sup> PAA, SSCHF, File Wanchulia (Wanchulak), Maria 1931-1933, Forms of Consent, pp. 1-3.

<sup>87</sup> PAA, SSCHF, File Wanchulia (Wanchulak), Maria 1931-1933, Letter to Dr. MacEachran from Dr. McCullough Re: Mary Wanchulak 19 February 1931, p. 1.

<sup>88</sup> PAA, SSCHF, File Wanchulia (Wanchulak), Maria 1931-1933, Letter from Fred B. Pennock, B.A., L.L.B., Barrister, Solicitor, Notary Public to the Acting Medical Superintendent at the Provincial Mental Hospital, Ponoka Alberta, p. 1.

owned a “very fine up to date store.”<sup>89</sup> No mention is made regarding her three children, who is caring for them, and if Mr. Wanchulak went through with his promise of divorce. In the eyes of the Board, Maria’s sterilization would be considered a success; however, there are many unanswered questions. Reports such as these really only sought out to do one thing—validate that sterilizing the feeble-minded only had positive consequences.

### **The Provincial Mental Institute, Edmonton**

The third major facility in Alberta involved in the provincial sterilization program was the Alberta Hospital in Edmonton, which opened on 1 July 1923 as the Provincial Mental Institute.<sup>90</sup> Built on 1,000 acres nine miles north of Edmonton, the majority of the land was farm and was operated by the Department of Agriculture until 1935, when the land was transferred to the Department of Health. Dr. D.L. Dick, the first Medical Superintendent of the hospital, had once been the Superintendent of the Hospital for Returning Soldiers. It is from that hospital that the first patients were transferred to the Provincial Mental Institute in 1923. As time progressed, the Institute admitted more patients on a first time admission basis, and less on requests of transfer.<sup>91</sup> Information collected from the institution illustrated that the Provincial Mental Institute had competitive admission and discharge numbers in Table 4.

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<sup>89</sup> PAA, SSCHF, File Wanchulia (Wanchulak), Maria 1931-1933, Eugenics Board Follow Up Report 19 January 1933, p. 1.

<sup>90</sup> PAA, SSCHF, File 83.391 GSE B/G, Report by the Department of Health for the Province of Alberta, Alberta Hospital Edmonton, p. 1.

<sup>91</sup> PAA, SSCHF, File 83.391 GSE B/G, Report by the Department of Health for the Province of Alberta, Alberta Hospital Edmonton, p. 1.

**Table 4: Edmonton Hospital Admissions, Discharges & On Books**<sup>92</sup>

Year	Admission	Discharges	On Books Dec. 31st
1946	103	112	1,239
1956	794	730	1,641
1961	1,268	1,271	1,613
1966	2,094	2,142	1,470
1967	2,259	2,368	1,361

For the first nineteen years, the facility was strictly devoted to caring for male patients requiring continuing care. Females were only accepted into the institution in 1941; however, the ratio between men and women remained unbalanced as men outnumbered women greatly. Treatments provided at the institution, which these men and women may have experienced, included the following: occupational therapy, electro shock treatments, group therapy, newly discovered tranquilizing drugs, and leucotomies on selected patients.<sup>93</sup> Yet, the Depression years were met with a shortage of staff and so these treatments were offered interchangeably and at varying times.

By 1965, the institution had undergone a name change and became known as the Alberta Hospital, Edmonton,<sup>94</sup> but that was not the only change that the institution had experienced since its original opening. As with all situations where the demand is high, the facility also had to

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<sup>92</sup> PAA, SSCHF, File 83.391 GSE B/G, Report by the Department of Health for the Province of Alberta, Alberta Hospital Edmonton, p. 1.

<sup>93</sup> PAA, SSCHF, File 83.391 GSE B/G, Report by the Department of Health for the Province of Alberta, General Information on Treatment and Services, Alberta Hospitals at Ponoka and Edmonton, pp. 3, 9-10.

<sup>94</sup> PAA, SSCHF, File 83.391 GSE B/G, Report by the Department of Health for the Province of Alberta, Alberta Hospital Edmonton, p. 2.

expand. In the first forty-two years, the facility added new/renovated administrative units, accommodations for staff, a Superintendent's residence, more dormitories, utility and storage buildings. The facility harvested its own vegetables and milk from the surrounding farmland, but the agricultural program was phased out in 1962. In doing so, milk and other necessities were obtained from commercial sources.<sup>95</sup> Similar to PTS and the Alberta Hospital in Ponoka, the Alberta Hospital Edmonton is still an active and functioning facility in 2015.

Referred to as Case no.102 to the Eugenics Board, Cora Schaffer was a thirty-three year old, originally from the United States, when she was sterilized on 16 December 1931.<sup>96</sup> Immigrating twelve years earlier, Cora was married and had two children; one was illegitimate and deceased, and the other was an eighteen-year old girl who had been committed to the Red Deer Training School. Originally, Cora was confined to the institution on 31 August 1931. Her case summary reveals that she had not been living with her husband for some time, due to physical abuse, and it was her decision to leave him. Cora is repeatedly compared to a child, as she is unable to give information coherently and her writing is that of a school girl.<sup>97</sup> It is not

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<sup>95</sup> PAA, SSCHF, File 83.391 GSE B/G, Report by the Department of Health for the Province of Alberta, Alberta Hospital Edmonton, p. 6.

<sup>96</sup> PAA, SSCHF, File Schaffer, Cora 1931-1936, Eugenics Board Card Information, p. 1. Cora Schaffer's case file provides a window into the spectrum of accuracy of administrative bodies, such as the Eugenics Board. While Schaffer's own file states that she was admitted to the Provincial Mental Institute, Edmonton, in 1931 we know that the institution only started accepting women in 1941. Contradictory information such as this is not uncommon and is somewhat expected given the high volume of patients brought before the Board in given years. In the Minutes of the Eugenics Board on June 15 1934, the Minutes acknowledge inaccuracies within documents. In addition, Dr. Baragar, who was in attendance on 21, 22, and 23 September 1933, the Meeting Minutes reveal his confusion over records and how people are numbered. He states the Gideon Schaffer (no none relation to Core Schaffer) was the first case to be dealt with and is recorded as Case No. 100, but later states that record of Case No. 4 and 37 did exist, but are now missing. Such errors reveal the poor record keeping of the Eugenics Board.

<sup>97</sup> PAA, SSCHF, File Schaffer, Cora 1931-1936, Mental Hygiene Clinic: Synopsis of Findings, p. 1.

surprising that Cora was labeled as immoral and promiscuous, which the reporter documents Cora has no shame in admitting. While being interviewed, the reporter boldly stated that while Cora does not understand what the surgery entails, but “probably appreciates what the operation is for, [and] because of low mentality [the reporter] advises the Minister’s consent.”<sup>98</sup> However, there is no signature consenting to Cora’s sterilization. Instead, Cora’s signature appears on two separate consent forms, despite the admission that she did not understand what she was consenting to. And so on 14 December 1931, as Cora stood before the Board and was approved, she had no idea that the papers she had signed on 27 November 1931 sealed her fate.

Life for Cora did not improve after her sterilization; in fact, she was readmitted to a different facility at the request of the R.C.M.P. When discharged the first time, it was at the request of her estranged husband and sister-in-law who were “anxious to have Cora live with [them].”<sup>99</sup> A year after being discharged Cora again found herself institutionalized, this time at the Ponoka facility. On the evening on May 31, 1933, the R.C.M.P. received a report stating that a woman had been wandering the roads north of Oyen and did not know her own name or where she had come from.<sup>100</sup> Cora’s report explicitly states that she was a mentally defective housewife and had been previously institutionalized. With no past criminal record, it is questionable as to why the R.C.M.P. did not take the time to find Cora’s family members or others who might have taken her in. Instead, the R.C.M.P. requested permission to institutionalize Cora and she was placed in the Ponoka facility on 2 June 1933. One follow up report by the Eugenics Board is

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<sup>98</sup> PAA, SSCHF, File Schaffer, Cora 1931-1936, Mental Hygiene Clinic: Synopsis of Findings, p. 1.

<sup>99</sup> PAA, SSCHF, File Schaffer, Cora 1931-1936, Letter from Dr. D.L. McCullough to Dr. C.A. Baragar 29 August 1932, p. 1.

<sup>100</sup> PAA, SSCHF, File Schaffer, Cora 1931-1936, Royal Canadian Mounted Police Division “K” Oyen Detachment 10 June 1933, p. 1.

included in Cora's file. With no exact date and just the year 1933, it is safe to assume that the follow up was conducted soon after readmission.<sup>101</sup> Stating that there was no change in mental state despite no proof of Cora being retested, the reporter expressed his or her displeasure over Cora's failure to adjust outside of the institution. Despite no evidence to back up such a claim, Cora is once again labeled as promiscuous. It is unknown when Cora was released from Ponoka, but she was released because she died in the Eventide Home, Calgary, on 18 October 1936. "Inanition due to insanity"<sup>102</sup> is listed as the cause of death; Cora was thirty-seven years old when she died.

### **The Nature of Eugenics in Depression-Era Alberta**

The cases presented above provide a microcosm of the eugenics process in Alberta in the decade after the passage of the Sexual Sterilization Act. There were other defining factors that triggered the attention and action of the Eugenics Board, and victims were subjected to the unfair and shaky arguments supporting eugenics practices. For example, Sybil Elliot's case file recognized the unfair environment in which she was given the I.Q. test. Yet, the situation is brushed off and the case reporter assumes that Sybil would not have scored any differently had she been given the test in a quieter environment.<sup>103</sup> Furthermore, the Board's use of the term "promiscuous" seems to have encompassed situations of rape. Sybil's file reveals that she had been "overpowered" during her first sexual experience by an older man, deceased at the time of

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<sup>101</sup> PAA, SSCHF, File Schaffer, Cora 1931-1936, Eugenics Board Follow Up Report 1933, p. 1.

<sup>102</sup> PAA, SSCHF, File Schaffer, Cora 1931-1936, Eugenics Board Card Information, p. 1.

<sup>103</sup> PAA, SSCHF, File Elliott, Sybil 1931-1933, Psychopathic Ward University Hospital Case Summary, p. 2.

the report.<sup>104</sup> No blame is placed on the offender; instead, Sybil's weaker sex is blamed and she was sterilized at the age of eighteen as a result. Furthermore, not all cases presented and approved were seen through. It is widely known that the number of approved cases almost doubles the number of operations that actually took place. Lottie Hanson is one such example. As an eighteen-year old girl from Alberta, the Board approved Lottie for sterilization on 25 October 1930, but no operation date is recorded. There is nothing in Lottie's file that would have saved her from the same fate forced upon other women.<sup>105</sup> Lottie was sent to the Mountview Social Home due to her promiscuity and poor home conditions; she was said to have an I.Q. of 65 and the mental age of 10, and had a half-breed mother. So what is different about Lottie's case? Quite simply, her brother strongly objected to her sterilization.<sup>106</sup> Lottie was fortunate that she had someone who rescued her, and even more fortunate that her brother's objection came before any amendments to the Act were made. Had her brother waited a few more years, Lottie's file would have looked much different.

All of these case studies reveal the remarkable complexity of the eugenics environment of Alberta during the 1930s. An array of factors coalesced during the Depression to see hundreds of provincial residents institutionalized and sterilized under the auspices of the Eugenics Board. These narratives add to our understanding of the eugenics program in Alberta by shedding light on the complex circumstances and situations under which an individual would be passed for sterilization. A lot of the time follow-up reports of assessments would reveal clues to a bigger picture that went unrecognized by the Board. For example, Allen Gilbertson, otherwise known as

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<sup>104</sup> PAA, SSCHF, File Elliott, Sybil 1931-1933, Psychopathic Ward University Hospital Case Summary, p. 2.

<sup>105</sup> PAA, SSCHF, File Hanson, Lottie 1930-1937, Eugenics Board Card Information, p. 1.

<sup>106</sup> PAA, SSCHF, File Hanson, Lottie 1930-1937, Calgary Clinic Case Follow-Up Report December 1932, p. 1.

Case No. 406, was sterilized on 27 October 1937.<sup>107</sup> With the limited documentation available, his case summary does not provide any alarms or major reasons as to why this man would be sterilized. The report largely focuses on his unhappy marriage with his domineering wife and his physical appearance, which includes less facial movement on his right side and a slow reaction to light. Towards the end of the report there is a brief mention of a severe head injury three years prior to examination, which changed his mental state.<sup>108</sup> There is no discussion, reflection, or acknowledgement suggesting that the past injury was a direct cause of change. Allen, of course, is not the only patient the Board gave little regard to as they made their final decision to sterilize. Many incomplete files mention promiscuity, with no evidence or lack thereof, as reason enough for sterilization. Traumatic events, such as rape, severe injury, and fear upon immigrating were not fully acknowledged and instead became reasons for labeling these individuals as mental defectives and a threat to society. The Sexual Sterilization Act gave the Board vague guidelines, which they happily interpreted to fit the cases presented to them as they saw fit.

It is difficult to bring new perspectives to a history that is for the most part forgotten or unknown to many. Hearing people say they had no idea that such a history existed in Alberta or that many of these institutions still in operation are under this dark cloud of history is common. Limited primary documents and survivor testimony makes it difficult to bring this reality to the forefront of Canadian history and the public's mind. These individuals, who were robbed, as we will later explore, of their youth and futures were cast aside and forgotten because these were people who were believed to be unable to contribute to society economically or socially.

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<sup>107</sup> PAA, COHF, File Gilbertson, Allan 1932-1935, Provincial Mental Health Hospital Ponoka: Case Summary June 1934, p.1.

<sup>108</sup> PAA, COHF, File Gilbertson, Allan 1932-1935, Provincial Mental Health Hospital Ponoka: Case Summary (No Date), p.2.

Furthermore, this chapter looks at the extent of power held by the Eugenics Board. As a group, these individuals met with each and every sterilization candidate. As the following chapter will explore and often reference, these meetings between patient and Board members consisted of a handful of unassociated questions and were over in minutes. It is shocking to see their disregard for underlying problems and facts presented in specific cases. The Board was more willing to stereotype Aboriginal women, immigrants, critique past ancestry, and place blame on women in instances of rape or abuse, than take the time to analyze each file. Such unwavering belief in these decisions was protected by the Act itself, which gave members legal immunity to any accountability.

### Chapter Three: A Look Ahead

“ There were four people in the room [the Eugenics Board] and they asked me what day it was, what month it was, and how old I was and then deemed cleared, passed, cleared for sterilization- I don't think so. That wasn't fair to anyone of us especially when I knew what was happening. I knew what was happening because I asked questions and found out what was happening. We sat on the grass with paper and a pencil and she drew the picture of a circle and two fallopian tubes on that circle, in that circle, and she put two lines across each of the fallopian tubes and she said “they're cut and tied, simply cut and tied- that's it, that's how you sterilize.” That's not true, because I was slashed like hell.”<sup>1</sup>

Judy Lytton

Judy Lytton, Glenn Sinclair, Ken Nelson, and Roy Skoreyko are four individuals involved with the Living Archives project who have come forward with their experiences on a life negatively impacted by not only the Eugenics Board, but on societal beliefs that “playing God” and controlling reproduction would lead to the betterment of a race. Some survivors recall what they remember their lives to be before being institutionalized, others remember their early days in the institutions, and all remember meeting the Eugenics Board and being approved for something they knew nothing about. Believing that they were simply having their appendix taken out, one of the most common deceptions, these individuals express how they felt learning the truth after years of being left in the dark, and how they have prevailed in living lives “experts” claimed they would never lead.<sup>2</sup> Their stories have been long suppressed, but one must understand how and why the Sexual Sterilization Act was ultimately repealed in order to understand why survivor testimony is difficult to obtain. This final chapter provides an overview of the Sexual Sterilization Act at work after the 1930s until its repeal. In addition, the chapter

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<sup>1</sup> Judy Lytton (Eugenics Survivor) in discussion with the author, September 2013, <http://eugenicsarchive.ca/discover/our-stories/judy>

<sup>2</sup> Colette Leung, Interview with Leilani Muir, *Living Archives: Our Told Stories*, <http://eugenicsarchive.ca/discover/our-stories/leilani>

will explain some reasons why sterilization ended in Alberta and how some of those who were subjected to sterilization have moved on from their past and are now engaging in a project to educate communities and Canadians about an ongoing event which few associate with Canada.

It would be naïve to believe eugenic practices in Alberta ended once the horrors of the Nazi internment camps were revealed. In fact, after the Second World War, the eugenics movement saw one last final wave of sterilizations in Alberta before the Sexual Sterilization Act was repealed in 1972. Much like the beginning of eugenics in Alberta, there was no singular reason for the repeal of the Act. Some of the factors leading to repeal included, but are not limited to, poor publicity, physicians and geneticists who argued that the Act was a violation of human rights, and an increased national focus on human rights as articulated in the *Universal Declaration of Human Rights*, which Canada attempted to enshrine in its own *Canadian Bill of Rights* in 1960.

Eugenics in Alberta continued at a steady pace during the 1940s, 1950s, and 1960s. However, as Jana Grekul points out, one of the main themes that emerged in the 1930s strongly remained in the coming decades—and that was power.<sup>3</sup> The question became who holds power? Who no longer has power? And who is left living in ignorance? The Board, which had always possessed some level of power, grew stronger, and individual Board members grew more powerful. Likewise, surgeons and institutional superintendents also grew more powerful, specifically Dr. Leonard J. le Vann of the Provincial Training School. Figure 6 reinforces the fact that sterilizations continued on at a steady pace until the Act's repeal. The y-axis represents the percentage of probability and the x-axis reflects the years the Sterilization Act was in existence.

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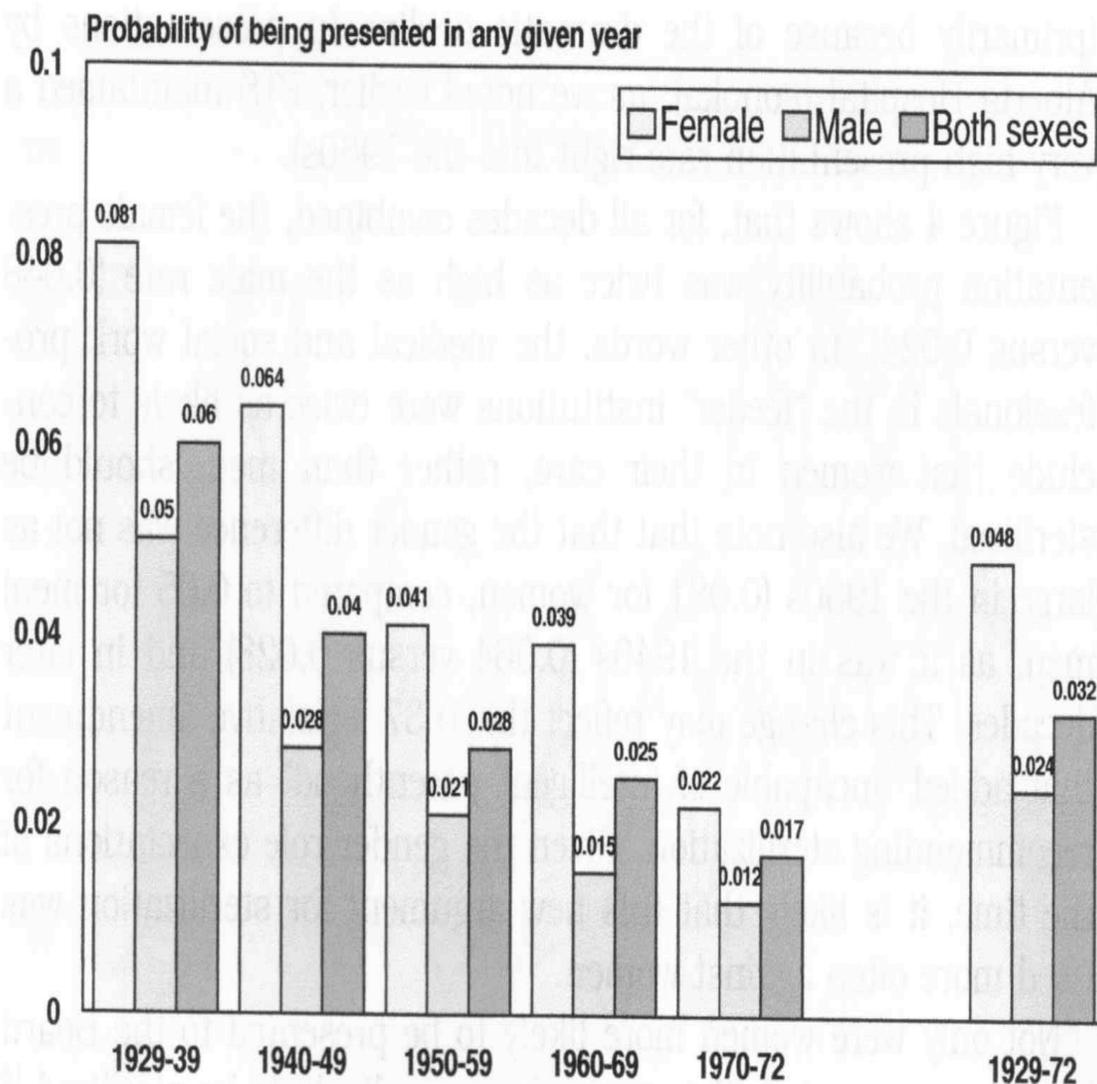
<sup>3</sup> Jana Marie Grekul, "The Social Construction of the Feebleminded Threat: Implementation of the Sexual Sterilization Act in Alberta, 1929-1972" (PhD diss., University of Alberta, 2002), 181.

It is important to note that the number of sterilizations for some years in the late 1950s and early 1960s matched or exceeded the number of sterilizations in the peak years of the 1930s. In addition, it would appear that if an individual appeared before the Board in the 1950s and 1960s, he or she had a greater chance of being sterilized than in the early years. What Figure 6 does not make abundantly clear is that there is a difference between being presented and being sterilized. Not all those presented to the Board were sterilized. Figure 6 reveals that female presentation probability was twice as high as the male rate in all decades combined. For women, there was a higher probability that presentation would lead to sterilization. Sixty-four percent of all women presented were sterilized, whereas only fifty-four percent of men presented were sterilized.<sup>4</sup> Having such a figure is important as it sheds light on why there is an abundance of complete or semi-complete female case files.

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<sup>4</sup> Jana Grekul, Harvey Krahn and Dave Odynak, "Sterilizing the 'Feeble Minded': Eugenics in Alberta, Canada, 1929-1972," *Journal of Historical Sociology* 17:4 (2004): 373.

Figure 6: Probability of Presentation <sup>5</sup>



It is somewhat surprising that the sterilizations are not higher given the level of freedom those in power held. It must be understood that the Eugenics Board continued to go through the same motions in the later decades of the Act that were established for them back in 1928. There were no safeguards in place to control the Board, and so they became more confident in their

<sup>5</sup> Grekul, Krahn and Odynak, "Sterilizing the 'Feeble Minded,'" 372.

convictions about whom they believed should be sterilized.<sup>6</sup> Without preventative measures in place, the Board, in a nonofficial way, extended their powers. Surgeons, for example, were making decisions just before surgeries. With orders of “oophorectomy or hysterectomy at the discretion of the surgeon” they were free to butcher patients who were unaware of what was occurring.<sup>7</sup> Another issue, which occurred in the later years, which was not present in the 1930s was the overwhelming power that Superintendents had, specifically of Dr. le Vann of the Provincial Training School. His name is scattered throughout archival documents relating to sterilizations in Alberta dating from the late 1950s to the early 1960s while he was superintendent from 1949 until 1974 when he resigned. It is difficult to label someone a villain in this narrative because all key figures believed purging society of the feeble-minded through eugenics programs was the right way to proceed. However, Dr. le Vann managed to set himself apart with his focus on children. He believed children were “Indeed the picture of comparison between the normal child and the idiot might almost be a comparison between two separate species. On the one hand, the graceful, intelligently curious, active young homo sapiens, and on the other the gross, retarded, animalistic, early primate type individual.”<sup>8</sup> He went as far as to suggest that children, before they reach the age of adolescence, should be sterilized. Grekul reveals that the Board may have followed Dr. le Vann’s philosophy because of the increase of sterilizations of young people in the 1960s. Grekul states “in the 1930s 21% of all people

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<sup>6</sup> Claudia Malacrida, *A Special Hell: Institutional Life in Alberta’s Eugenic Years* (Toronto: University of Toronto Press, 2015), 208.

<sup>7</sup> Jana Marie Grekul, “The Social Construction of the Feeble-minded Threat: Implementation of the Sexual Sterilization Act in Alberta, 1929-1972” (PhD diss., University of Alberta, 2002), 183.

<sup>8</sup> Natalie Ball, “Leonard J. Le Vann,” *Living Archives*.

presented were under the age of nineteen. In the 1950s, this number was 45% and in the 1960s it was 61%.”<sup>9</sup>

Furthermore, there is extensive evidence that proves he used patients at the Provincial Training School as lab rats for experiments on behavioral control. Large numbers of patients would be forced to participate in experiments involving powerful anti-psychotic drugs, while Down Syndrome males would be subjected to testicular biopsies.<sup>10</sup> It is only in the later decades that there is any mention of medicating patients to this extreme; however, this is not to rule out the possibility that the same thing occurred in the early years of the Act.

Whether parents had any say or power over their children while they were institutionalized is difficult to say. On the one hand, parents could be the driving force behind their child’s institutional confinement. Mrs. Ursula Brandt, for example, is the reason her five-year-old son Siegfried was accepted into the Provincial Training School in August 1960. Diagnosed as a low-grade imbecile with epilepsy and brain damage, Siegfried had been on the waiting list for a year before he was finally admitted due to his mother’s persistence.<sup>11</sup> Children placed on a waiting list had two choices: either they stayed at home until space was available, which often created more strain in the family, or they were made Wards of the Government so that they were placed in a temporary facility until room was available in larger and “better” institutions. Mrs. Brandt was offered the second alternative, but refused because she wanted to retain her own responsibilities, and therefore her own power regarding where her son was

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<sup>9</sup> Grekul, “The Social Construction of the Feebleminded Threat,” 185.

<sup>10</sup> Douglas Wahlsten, “Leilani Muir versus the Philosopher King: Eugenics on trial in Alberta,” *Genetica* (1997): 6.

<sup>11</sup> PAA, Social Services and Community Health Fonds, File Provincial Training school Red Deer 1960, Letter from Dr. L.J. le Vann Medical Superintendent to Dr. A. Somerville Deputy Minister of Health, 8 June 1960, p. 1.

placed.<sup>12</sup> On the other hand, documents reveal that some parents were continuously trying to either see their children or trying to have them released, but with little to no luck at times. For example, Mrs. Helen Johnston, mother to Mary Anne Johnston, wrote the Attorney General's Department on 6 June 1961 asking for permission to bring her daughter home for the holidays.<sup>13</sup> Only on 17 December was there a decision made regarding Mary Anne's holiday plans. Her mother's request was ultimately denied because allowing Mary Anne the chance to go home would stunt any progress already made.<sup>14</sup> The following year, Mrs. Johnston tried to have her daughter released indefinitely from the Provincial Training School. While there is no proof stating if Mary Anne was released or not, it is safe to assume that she was not. A patient since 1 December 1954, Dr. le Vann described the patient as a Métis child with reduced hearing and at best scoring at a six year level each time she was examined.<sup>15</sup> Furthermore, while Dr. le Vann agreed, to an extent, that Mary Anne could be a self-sustaining individual in the community, the threats associated with returning to her home environment would have impeded all progress and would see Mary Anne requiring total disability pensions.<sup>16</sup> Allowing Mary Anne to leave would be a waste of \$9,000,<sup>17</sup> which was the value of her stay at the Provincial Training School. In Mrs.

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<sup>12</sup> PAA, Social Services and Community Health Fonds, File Provincial Training school Red Deer 1960, Letter from Dr. A. Somerville Deputy Minister of Health to Dr. L.J. le Vann 13 June 1960, p. 1.

<sup>13</sup> PAA, SSCH, File Provincial Training School Red Deer 1960-1961, Letter from Mrs Helen Johnston to the Attorney General's Department 6 June 1961, p. 1.

<sup>14</sup> PAA, SSCH, File Provincial Training School Red Deer 1960-1961, Letter from L.W. Mackey Medical Officer of Health to Dr. le Vann 17 December 1960, p. 1.

<sup>15</sup> PAA, SSCH File Provincial Training School Red Deer 1960-1961, Letter from Dr. le Vann Medical Superintendent to Dr. A. Somerville Deputy Minister of Health 16 June 1961, p. 1.

<sup>16</sup> PAA, SSCH, File Provincial Training School Red Deer 1960-1961, Letter from Dr. le Vann Medical Superintendent to Dr. A. Somerville Deputy Minister of Health 16 June 1961, p. 2

<sup>17</sup> PAA, SSCH, File Provincial Training School Red Deer 1960-1961, Letter from Dr. le Vann Medical Superintendent to Dr. A. Somerville Deputy Minister of Health 16 June 1961, p. 2

Johnston's case, she had no power over her daughter's institutionalization; instead, she was at the mercy of those in a position of power.

Then, of course, there were those who became more detached from the issue of sterilization and institutionalization as the decades went on. As the eugenics machine started to slowly run out of steam the public grew less interested and informed on the issue. The phrase "ignorance is bliss" is fitting when reading through Mrs. Rowe's letters to the Department of Public Health and while reading the *Bulletin*, a published pamphlet by the Canadian Association for Retarded Children. As Chairman for the Institutions Committee Mrs. Rowe wrote the Department of Public Health for information on the institutional facilities for Deerholm and the Provincial Training School. She ended her letter asking whether previous patients (she referred to them as students) were ever employed in these facilities once they were released and acquired some sort of training.<sup>18</sup> This seemed to be such an odd question for someone in a position to know the obvious answer. Officials within institutions have never given any positive suggestions for how an individual may live their lives once released. There have always been remarks made about the challenges they most likely would face once back in their environment and the threat of retreating back to their old ways if released too early. Mrs. Rowe did receive an answer on 24 February 1961 from Dr. A. Somerville, Deputy Minister of Health. He states that

these mentally retarded children are never placed in employment at the Training School. Their Training program may involve activities which are of value to the Training School but they are not regarded as employees and are not paid for this work. From the point of

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<sup>18</sup> PAA, Social Services and Community Health Fonds, File Provincial Training School Red Deer 1960-1961, Letter from Mrs. Rowe Chairman of the Institutions Committee for the Alberta Association for Retarded Children to the Department of Public Health 26 September 1960, p. 1

view of the School, this is part of the training program and in some cases is used merely as a means of keeping the child occupied.<sup>19</sup>

Furthermore, as the repeal of the Act unknowingly got closer, a shift was occurring within public attitudes towards those with mental deficiencies and sterilization. One article within the *Bulletin*, reflected on changing outlook surrounding mental deficiency. It acknowledged that advances had occurred in research understanding the nature, causes, and treatment of the many conditions related to mental deficiency.<sup>20</sup> In addition, the pamphlet also advocated new programs for those who required assistance. Creating a cottage community is considered the ultimate goal. Such a community would reflect a home-like atmosphere that was not similar to the institutions already in place.<sup>21</sup> Dr. Gunnar Dybwad of the National Association for Retarded Citizens echoed the idea of cottage living with his criticism of institutions. He believed them to be too large and widely outdated. He believed smaller structures with privacy would allow patients to feel more at home and comfortable, rather than captive. Other suggestions include a more flexible system of evaluation allowing children and other patients to realize that they have potential outside of their classification.<sup>22</sup> What makes this publication important is the fact that not once is sterilization referenced as a means to deal with mental deficiency, nor is sterilization mentioned in passing. The pamphlet is important because it symbolizes how sterilization was no longer considered a

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<sup>19</sup> PAA, SSCH, File Provincial Training School Red Deer 1960-1961, Letter from Dr. A. Somerville Deputy Minister of Health to Mrs. M. Rowe Chairman of the Institutions Committee for the Alberta Association for Retarded Children, 24 February 1961, p. 1.

<sup>20</sup> PAA, Social Services and Community Health Fonds, File Provincial Training School Red Deer 1960-1961, The Bulletin Published Quarterly by the Canadian Association for Retarded Children January 1961, p. 14.

<sup>21</sup> PAA, SSCH, File Provincial Training School Red Deer 1960-1961, The Bulletin Published Quarterly by the Canadian Association for Retarded Children January 1961, p. 16.

<sup>22</sup> PAA, SSCH, File Provincial Training School Red Deer 1960-1961, The Bulletin Published Quarterly by the Canadian Association for Retarded Children January 1961, p. 19-20.

proper method to deal with issues of mental deficiency. The problem, of course, with these proactive suggestions and ideas was that the Sexual Sterilization Act was still in place.

Historians Timothy Christian and Douglas Wahlsten state the first steps towards abolishing eugenics legislation in Alberta began in 1969.<sup>23</sup> For years, those who considered themselves “experts” in the area of reproduction had lobbied for sterilization and used any avenue available to proclaim their perspective. But in the late 1960s, avenues such as the press were turning against these so-called “experts.” In 1969, Dr. James Goodwin gave an interview to the *Edmonton Journal* about the “surprisingly articulate requests” made to him by ten women who had been sterilized when they were between the ages of thirteen and sixteen.<sup>24</sup> Simply put, they asked for their fertility to be restored. While it is unclear whether Dr. Goodwin was able to help them, most likely, as survivors involved with *Living Archives* will state, the damage was far too great to repair. Another interview in the same year, this time with the *Globe and Mail*, reported an Albertan girl being labeled mentally defective and sterilized with the consent of her parents. Such a story sounds routine almost; however, this girl had passed all her grade twelve examinations, but was still deemed incompetent.<sup>25</sup> What is even more intriguing is the reality that people were genuinely shocked to be hearing such headlines. As difficult as it is to believe, many Albertans were not aware that such cruelties were still going on. Many attribute such

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<sup>23</sup> Timothy J. Christian, *The Mentally Ill and Human Rights in Alberta: A Study of the Alberta Sexual Sterilization Act* (Edmonton: University of Alberta, Faculty of Law, 1973), 30.

<sup>24</sup> Wahlsten, “Leilani Muir versus the Philosopher King,” 6.

<sup>25</sup> K.G. McWhirter and J. Weijer, “The Alberta Sterilization Act: A Genetic Critique,” *The University of Toronto Law Journal* 19:3 (Summer 1969): 424.

ignorance to the growing knowledge of what occurred in Germany and convinced themselves that Canada would have ended any program with the slightest connection.<sup>26</sup>

These stories prompted two professors from the University of Alberta to review the Sexual Sterilization Act and the role of the Eugenics Board. What geneticists Kennedy McWhirter and Jan Weijer disclosed was in no way flattering for the Act, the Board, or sterilization supporters. As they examined the science behind the Act, they both concluded, “the present appearance of the act is scientifically illiterate” and added that many of the Act’s provisions were anachronistic.<sup>27</sup> Aside from being outdated, it was also poorly constructed, as terms such as psychotic or mental defective did not define medical syndrome. In addition, McWhirter and Weijer referenced the unreliability and improper use of IQ testing. For example, the Eugenics Board stated that anyone who scored lower than a 70 was considered mentally defective, yet the US Army required a minimum IQ score of only 60.<sup>28</sup> Finally, both referred to up and coming studies in the field of human medical genetics and cytology to restate the reality that the genetic causes of mental retardation were numerous and that the Sexual Sterilization Act did not acknowledge such developments.

Through a social and legal lens, the Act also fell short. Due to the amendments of 1937 and 1942, the Act no longer carried any safeguards, leaving those on the Board to act on their own prejudices. Former Board member Dr. Margaret Thompson validated such a claim by revealing “though theoretically the idea was laudable, the practical difficulties were very great

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<sup>26</sup> Angus McLaren, *Our Own Master Race: Eugenics in Canada, 1885-1945* (Toronto: Oxford University Press, 1990), 148. McLaren acknowledges that while some professionals, who dabbled in eugenics, did distance themselves all together from programs, many did not. Instead, McLaren believes it is unlikely that supporters completely abandoned their beliefs, rather they took their beliefs underground and eugenics was less publicized.

<sup>27</sup> McWhirter and Weijer, “The Alberta Sterilization Act: A Genetic Critique,” 430.

<sup>28</sup> McWhirter and Weijer, “The Alberta Sterilization Act: A Genetic Critique,” 426

because the approach of “early eugenicists” reflected their personal bias as to which characteristics were desirable and which undesirable.”<sup>29</sup> Legally, McWhirter and Weijer highlighted the obvious infraction of human rights by the Eugenics Board with no safeguards in place. This allowed the Board to act inappropriately and their powers were dangerously extensive. This academic critique ended with a suggestion and plea for a politically independent body to come forward and reestablish respect for the rule of law in Alberta.

Bad press is a powerful device in getting influential people to voice their opinions, and in turn change the opinions of others who find strength in numbers. One point of concern for eugenics opponents was the no-consent clause the Act adopted. Such a clause, physicians and geneticists argued, was a violation of human rights. One of the most frequent situations in which this clause was enacted was in regards to individuals diagnosed with Huntington Chorea.<sup>30</sup> Names after George Huntington who was the first to describe the condition in 1872, Huntington’s affects the brain and nervous system. A mutation within the Y chromosome, it can interfere with body movement, awareness, behavioral changes, and cognitive judgment. Typically, these symptoms appear later on in life, but not always. If an individual dies before symptoms develop, relatives will be unaware of the genetic history running in the family. Furthermore, it is also likely that someone carrying this gene reproduces before symptoms occur, passing on the disease. If diagnosed and individuals had the unfortunate luck of appearing before the Board, they were automatically approved for sterilization. Regardless of developments in the field, which revealed that symptoms do not appear until persons were well past their reproductive years, individuals who were believed to carry the genetic condition were passed. At

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<sup>29</sup> J.S. Thompson and M.W. Thompson, *Genetics in Medicine* (Philadelphia: WB Saunders Company, 1966), 260.

<sup>30</sup> McWhirter and Weijer, “The Alberta Sterilization Act: A Genetic Critique,” 429.

this time, attention was also directed towards the protection of individual rights from government intervention with respect for patient rights in medicine.<sup>31</sup> The feminist movement, for example, was fighting for the legal right of women to control their bodies in the use of safe forms of contraception.

Concerns for human rights did not fall on deaf ears; however, that did not cause the immediate repeal of the Act. Commissioned by the Government of Alberta in 1967 and selected by the Premier and the Minister of Health to review the mental health services in Alberta, W.R.N. Blair was faced with the task to determine the future of Alberta's Sterilization Act. The results of the study, released in 1969 and widely referred to as the Blair Report, revealed major problems within the mental health services, which made up 189 recommendations and 12 priority areas. While Blair did agree that the powers of the Board were over extended and the fallible nature of the IQ test was evident, his primary recommendation was to rework the Act and not abolish it. Among the other recommendations was the suggestion that Board Members be more qualified for their position and that Board membership be larger.<sup>32</sup> Furthermore, Blair advocated that complete documentation on patients had to be presented to the Board, and Board members had to give themselves reasonable time to review such documents; this would avoid the practice of some patients being presented and approved by the Board on the same day, with their sterilization following soon after. Finally, Blair recommended that an executive secretary should be appointed to collaborate with the Board to guarantee the flow of information. Despite the report not doing anything other than prolonging the existence of the Act, it can now be seen as a starting point or foundation in which the government saw the end of sterilizations. Despite not

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<sup>31</sup> Jana Grekul, "The Social Construction of the Feebleminded Threat," 239.

<sup>32</sup> W.R.N. Blair, *Mental Health in Alberta: A report on the Alberta Mental Health Study, 1969* (Edmonton: Government of Alberta, 1969), 269.

acting upon recommendations concerning the eugenics program, enough doubt and new understanding of the Act had been planted so that repeal was inevitable and only a matter of time.

Finally, it had become evident that the Sexual Sterilization Act was inconsistent with the increased national and global focus on human rights as articulated in the United Nations *Universal Declaration of Human Rights*, which Canada had attempted to enshrine in its own *Canadian Bill of Rights* in 1960. Critiques of the Sexual Sterilization Act argued that the Act disregarded an individual's right to procreate, to security of the person, and to equality before the law. Looking at the Law Reform Commission of Canada it is evident that such rights were being denied to those being involuntarily sterilized.

Some critics of sterilization maintain that the rights of the mentally handicapped are being not only compromised but denied when sterilization is performed without consent of the individual. Proponents of this argument maintain that such a procedure infringes on the individual's right to procreate, to security of the person, and to equality before the law. Furthermore, such a procedure constitutes unjustified discrimination and the denial of the presumption in favour of the retention of all rights unless specifically taken away.

Although a right to procreate is not expressly recognized in Canadian law, Canada was party to the adoption of international agreements that recognize such a right. The moral and political obligations of such agreements should influence Canadian policy in this area. Two of the international agreements that imply the assurance of procreative rights are the Universal Declaration of Human Rights and the 1968 Proclamation of Teheran. The latter document enunciates a basic human right of parents to determine freely and responsibly the number and spacing of their children. Persuasive English case law has similarly considered reproduction a basic human right. It may be maintained, therefore, that all persons, including the mentally handicapped, have the right to be free from voluntary sterilization as well as the freedom of choice to be voluntarily sterilized

The Canadian Bill Of Rights ensures that all persons shall be treated equally before the law. Validly enacted federal legislation will likely not be in violation of the Bill of Rights if it seeks to achieve a valid federal objective. In consideration of the international obligations and arguments advanced above (section II (2)) [referring to the dangers of non-consensual sterilization], it is arguable that a valid public interest for sterilization of the mentally handicapped could not be proven...

The Canadian Bill of Rights further guarantees security of the person and the right not to be deprived thereof by due process of law. This may be interpreted to mean that

sterilization may not be performed on the mentally handicapped except according to the law of Canada. The Criminal Code presently provides that, at a minimum, physical intervention requires the individual's consent. The whole issue of consent in criminal law, however, has remarkably not been sufficiently studied and capacity to consent is dependent on the common law ability to understand the nature and consequence of an act.<sup>33</sup>

Considered milestone documents, the *Universal Declaration of Human Rights* and the *Canadian Bill of Rights* are both unique and important documents of their time. Drafted and proclaimed after the Second World War the Universal Declaration of Human Rights provided a standard of achievements for all people and all nations and sets out for the first time human rights which were universally protected. Under the leadership of Prime Minister Diefenbaker and influenced by the *Declaration*, the *Canadian Bill of Rights* affirms the dignity and worth of the human person, without discrimination.<sup>34</sup> Some of the same pledges made in the *Bill of Rights* are replicated and enshrined in the *Canadian Charter of Rights and Freedoms*. It was no longer the doctors and academics pointing out the violating aspects of sterilizations; government officials were also finally taking active interest in the issue. Peter Lougheed for example, toured various mental institutions in his early political years. He found institutions to be small, overcrowded, and degrading towards their patients, and he advocated for change.<sup>35</sup> While the focus on repealing the Sexual Sterilization Act in the Lougheed camp is important for this thesis, the Act was not the new government's only priority. The Progressive Conservatives also wanted to focus

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<sup>33</sup> Law Reform Commission of Canada, *Sterilization: Implications for Mentally Retarded and Mentally Ill Persons, Working Paper* (Ottawa: Ministry of Supply and Services, 1979), 52-53. <https://archive.org/stream/sterilizationimp00lawr#page/52/mode/1up>

<sup>34</sup> "Canadian Bill of Rights 1960," last modified 2015-03-05, Correctional Service Canada, <http://www.csc-scc.gc.ca/text/pblct/rht-drt/03-eng.shtml>.

<sup>35</sup> Natalie Ball, "Peter Lougheed" *Living Archives*.

on controlling Alberta's natural resources, economic diversification, and the improvement of health, research, and recreational facilities in the Province.<sup>36</sup>

David King, an assistant to Peter Lougheed, the Progressive Conservative leader who won the 1971 election in Alberta and ultimately ended the Social Credit Party's reign, is credited for his work on the repeal of the Act. In 1971, this goal became one of the Party's platform planks. King examined the Act and realized that as it stood, it was inconsistent with the Party's proposed bill of rights. Aside from the fact that recent scientific research no longer supported Alberta's eugenics program, King found that there were two major problematic avenues: the lack of consent required for sterilization and the exemption from prosecution of all those involved in the sterilization process.<sup>37</sup> The Lougheed government showed a strong commitment to the protection of individual rights. If the proposed provincial bill of rights was accepted, the no-consent clause would be in violation of the right to autonomy and security of the person, while the exemption from liability would be considered unjustifiable.<sup>38</sup> Believing that there was enough support to push ahead with a motion, the new government proposed for repeal and on 31 May 1972 the Act was no longer in force. On the tails of his Party's success Peter Lougheed revealed:

I think the bill in its present form is most offensive with regard to the Bill of Rights, and in fact, that is one of the reasons it was introduced early. It is a very disturbing [sic] bill as far as I am concerned personally, and we feel strongly about it... We feel, as I mentioned, very, very strongly that the bill is offensive and at odds with the proposed Bill of Rights.<sup>39</sup>

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<sup>36</sup> "The Honourable E. Peter Lougheed, CC, AOE, OU, 1971-85," Legislative Assembly of Alberta, <http://www.assembly.ab.ca/lao/library/PREMIERS/lougheed.htm>.

<sup>37</sup> Karen Stote, "An Act of Genocide: Eugenics, Indian policy, and the Sterilization of Aboriginal Women in Canada" (PhD Dissertation, University of New Brunswick, 2012), 200.

<sup>38</sup> Christian, *The Mentally Ill and Human Rights in Alberta*, 33.

<sup>39</sup> Stote, "An Act of Genocide," 202.

Despite its infringement on human rights, not all Albertans embraced the repeal of the Act, as those heavily involved in the process, such as the Board and Superintendents, whole-heartedly believed sterilization was the only way to cleanse the population of the less desirable.

Forty-three years after the repeal of the SSA, the idea of sterilization and the concept of eugenics as a whole is still considered a possible strategy to race betterment. Those who directly follow the race betterment philosophy refer to their view as newgenics or neo-eugenics. However, for those directly affected by the Act, they were all presented with a new course in life. Now that it was publically acknowledged by the Lougheed government that they were done wrong, many courtrooms opened up to hear testimonies from individuals demanding forms of compensation which would never equal what was taken away. With no commemorative monuments, well-known poems, medals, or plaques, the acknowledgment of eugenics in Canada has been nonexistent for the most part. Whatever happened to Case no. 357, Jessie Millar, or Case no. 365, Albert Potter, or Case no. 360, Leo Michaud?<sup>40</sup> The reality is that it is difficult to find out what happened to such individuals, as victims of sterilization are often unwilling to share and revisit such painful experiences. In addition, as an uneducated society on the issue, the correct sensitivity may not be taken into consideration when speaking about such a delicate topic. For example, the word “retarded” is often thrown around, perhaps as an insult, or in other cases in reference to an unfavorable situation. Yet, people such as Judy Lytton, Glenn Sinclair, Ken Nelson, and Roy Skoreyko were sterilized and had their lives severely altered because of such labeling. As the testimony these following individuals illustrates, themes of anger and disregard of what happened are common and ever present among survivors, but so is the sense of

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<sup>40</sup> Provincial Archives of Alberta, Community and Occupational Health Fonds, File Eugenics Board and Minutes (Vol. A) 1929-1934, The Eugenic Board Meeting Minutes 14-15 June 1935, p. 1.

shame attached to the trauma they experienced.<sup>41</sup> An excellent example of survivor shame is revealed by Malacrida, who explains: “all the individuals for whom life stories were written either by a family member or a worker declined to disclose sterilization status.”<sup>42</sup> Such a revelation is in line with how many described feeling after leaving facilities and learning to live outside of the institution while hiding what was done to them.

The most prominent survivor of Alberta’s sterilization regime is Leilani Muir, who was sterilized 19 January 1959.<sup>43</sup> Her story is important because she became the first victim of sterilization to come forward and demand an apology for the wrongdoings of the Alberta government. There are many sources which tell her story in detail, including her personal memoir. Leilani began her journey five years after her request for adoption was rejected and the collapse of her marriage occurred. One of her biggest challenges was finding someone to represent her. Muir was met with rejection after rejection with firms telling her she was attempting the impossible due to the statute of limitations. Finally in 1988 Muir found a lawyer interested in her case; her name was Lenora Harlton of the law firm Price Harlton.<sup>44</sup> With the lawsuit underway, PTS was forced to hand over Muir’s files, which they previously had denied her. One major problem with Muir’s first lawyer was that she was not licensed to practice in Alberta. The case continued on despite changing lawyers and rescheduled trial dates. Finally in 1995, with Sandra Anderson and Jon Faulds by Muir’s side, a court date was set.

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<sup>41</sup> Malacrida, *A Special Hell*, 44.

<sup>42</sup> Malacrida, *A Special Hell*, 45.

<sup>43</sup> Muir, *A Whisper Past*, 58.

<sup>44</sup> Muir, *A Whisper Past*, 103.

“Why are you bringing a retarded person in for discovery?”<sup>45</sup> These were the words Muir heard straight out of the mouth of government lawyers. One can never truly prepare himself or herself completely for a trial, and Muir soon learned that the easy, straightforward trial she expected would be anything but. Her IQ was retested to prove she was misdiagnosed, her current mental state was evaluated, and then Muir did a lot of waiting for her trial date. Muir is very honest and straight forward within her memoir. It is candid and sometimes she brings a little humour but she always brings the reader back to her main focus and that is while the Eugenics Board spent five minutes deciding her fate, she spent seven years fighting for justice. On 12 September 1995 Muir’s trial finally began and she was the first witness. The trial would go on for twenty days (nonconsecutive) with Madame Justice Veit delivering her *Decision and Reasons for Judgment* on 25 January 1996.<sup>46</sup> During a press conference, Muir expressed to the media that “What they did was wrong. They were playing God with the lives of thousands of people. This decision should make it easier for others who were treated like I was to come forward now and begin their own healing. I hope my fight is now over, and I can get on with my life...They called me a moron, so what does that make them?”<sup>47</sup> The compensation that Muir received is in no way a true reflection of what she endured, but then again, there is no dollar amount that can make up for what Muir and thousands of others endured. However, what is important is the public apology she received from an unprepared Premier Ralph Klein on 20 February 1997.<sup>48</sup>

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<sup>45</sup> Muir, *A Whisper Past*, 109.

<sup>46</sup> Muir, *A Whisper Past*, 118.

<sup>47</sup> Muir, *A Whisper Past*, 152.

<sup>48</sup> Muir, *A Whisper Past*, 158. The BBC and Muir both attended a campaign appearance of Klein when Muir walked up to Klein and asked, “Why didn’t you give a personal apology to the

After Muir's trial more victims did come forward with claims and their own experiences, no longer feeling ashamed to speak publically. However, like most things, the media no longer found it relevant and the narratives of sterilized victims grew quiet. Trying to reverse the limitations of victim voices, the *Living Archives on Eugenics in Western Canada* is an incredible project aimed at keeping the narrative of those sterilized alive and not forgotten as it has been in the past. Responsible for hosting public outreach programs, the project has created online resources to engage and educate the public. Recently launched, the website provides timelines, biographies on key figures, information on eugenics on an international platform, and video narrative of survivors who have come forward with their stories, including Judy Lytton, Glen Sinclair, Ken Nelson, and Roy Skoreyko.

Married for thirty-one years, Judy Lytton says that she loves life and provides perhaps the fiercest testimony out of the group, as viewers are unable to ignore the rollercoaster of emotions that she bares towards the camera. Lytton, a member of the Governing Board for the *Living Archives*, was abandoned by her mother soon after she was born and was made a ward of the state. Such an action was common of parents who saw physical deformities in their children and were unprepared or unwilling to take on responsibilities. For example, baby boy Carter, as he is referred to in archival documents from the 1960s, was only months old when both parents consented to leaving their son in hospital and petitioned for him to become a ward of the state due to him being born with a hydrocephalus and meningomyelocele.<sup>49</sup> Their reasoning was that they believed it would be detrimental to associate their handicapped son with their normal

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sterilization victims in Alberta?" Embarrassed for not recognizing her right away Klein turned beet red saying "oh, I'm so sorry dear". Klein later complained to the BBC for setting him up.

<sup>49</sup> Provincial Archives of Alberta, Social Services and Community Health Fonds, File Provincial Training School Red Deer 1960-1961, Letter from the Minister of Health to Dr. L.J. le Van 11 April 1961, p. 1.

seventeen-month-old daughter.<sup>50</sup> Lytton's appearance was not as pronounced; however, because her eyes were so crossed it made her look and act different and she was labeled retarded. Lytton was seven in 1951 when she was admitted to PTS; she remembers playing, but her carefree childhood soon ended when she turned nine and was put to work. Despite violence and abuse being common from staff towards patients, Lytton remembers the nurses always being nice to her.<sup>51</sup> Up until Lytton is asked about her sterilization, she is composed and calm, but her tone, demeanor, and even posture soon changes.

Her most powerful statement —“I was slashed like hell”— is proclaimed with such conviction that a viewer cannot help but realize that this is Lytton's way of finally reprimanding the Board publicly for what they allowed to happen to her.<sup>52</sup> She is adamant when pointing out that she knew what had happened to her, and such a statement makes Lytton's testimony stand out, as many were unaware of what had happened. Discharged in 1960 at the age of sixteen, Lytton had to learn to adapt to a world outside of PTS after spending nine years in the institution. She does not shy away from the anger she felt after she was sterilized and even discusses how she believed her life was over and no longer had anything to live for. Had she been able to have a family, Lytton knows she would have loved them and in return they would have loved her. It was years later before Lytton felt she could reveal her past to a roommate for the first time. Feeling ashamed, she reveals she made her roommate promise not to repeat such information. There is no “aha moment” where a victim suddenly accepts being sterilized; there is always some

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<sup>50</sup> Provincial Archives of Alberta, Social Services and Community Health Fonds, File Provincial Training School Red Deer 1960-1961, Letter from Major Commanding Officer of the Sarcee Barracks to Mr. A. Norrington 13 February 1961, p. 1.

<sup>51</sup> Malacrida, *A Special Hell*, 97.

<sup>52</sup> Judy Lytton (Eugenics Survivor) in discussion with the author, September 2013, <http://eugenicsarchive.ca/discover/our-stories/judy>

lingering feeling of anger, but Lytton explains that she has learned to understand that holding on to such anger does not help her in anyway.

Similar to Lytton, Glen Sinclair was abandoned at an orphanage and left with the Sisters of Atonement at a young age. At the age of seven, he was transferred to PTS and explains how being ordered around and having no free will made him feel like an animal.<sup>53</sup> Sinclair's interview repeatedly highlights his thoughts on feeling less than human, and at one point he states, "you didn't feel human at all, you just feel like you exist."<sup>54</sup> Social and political philosopher Bill Hughes explains that feeling of dehumanization and depersonalization was indeed necessary and intentional in institutions like PTS. First, those in a dominant or in-group position set the standard for actions and behaviors and made known that those who are being dehumanized naturally do not belong in the dominant group's world.<sup>55</sup> For this reason, it is no surprise that patients with severe visible disabilities were made to feel as if their disruptive minds and bodies did not fit into societies of the twentieth century. Hughes argues that this is a modernist obsession<sup>56</sup> because in modernity, order and normalcy is coupled with goodness, while anything different than what is believed to be the norm is correlated as a threat and moral flaw.

Another aspect of dehumanization is justifying the violence and abuse perpetrated by those in the dominant group. There is no shortage of claims of abuse in institutions. Sinclair's interview reveals that if patients tried to escape and were caught, one of two things would happen. The patients would either be put in the "quiet room" and would be left there for long

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<sup>53</sup> Glen Sinclair Interview, *Living Archives*, <http://eugenicsarchive.ca/discover/our-stories/glenn>

<sup>54</sup> Glen Sinclair Interview, *Living Archives*, <http://eugenicsarchive.ca/discover/our-stories/glenn>

<sup>55</sup> Bill Hughes, "Bauman's Strangers: Impairment and the invalidation of disabled people in modern and post-modern cultures," *Disability & Society* 17:5 (2002): 578.

<sup>56</sup> Hughes, "Bauman's Strangers," 573.

stretches of time, or they would receive the strap.<sup>57</sup> There is also evidence of patients being over medicated and neglected in regards to feeding, clothing, and hygiene. In addition, the way in which facilities were built and organized also contributed to dehumanizing patients. PTS, specifically, was built to provide surveillance and control over patients.

Michel Foucault argues that affording staff the ability to monitor and respond to patient transgressions with modern tools, such as charts and patient records, can be a powerful way in which preventative discipline is carried out. The best way to achieve such a goal, Foucault states, is by implementing the Panopticon style of architecture.<sup>58</sup> Jeremy Bentham devised such a style with the image of a prison block in mind. Arranged in a hexagon, the middle would be the central tower, or in this case the nurses' station, with an open view of each cell, in this case dormitories or day rooms at PTS.<sup>59</sup> The point of such a layout would be that patients would not only behave when they were being watched, but also learn to police themselves in case staff members were not watching. Such a tactic refers back to Sinclair's reference to being treated as an animal by being told what to do, when to do it, and having no choice but to comply due to fear of what might happen if patients disobeyed.

Much like Lytton's powerful statement, Sinclair also captures the attention of the viewer by sharing a photo album he put together over the years. Many of the images are of the PTS buildings; the large stretches of land are hard to miss, especially when Sinclair acknowledges his "farm days" and how he was forced to take farm classes to learn about agriculture in order to contribute to the growing demands of PTS. While some pictures may provoke happy memories,

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<sup>57</sup> Glen Sinclair Interview, *Living Archives*, <http://eugenicsarchive.ca/discover/our-stories/glenn>

<sup>58</sup> Michel Foucault, *Discipline and Punish: The Birth of the Prison* (Toronto: Random House of Canada, May 1995), 204.

<sup>59</sup> Foucault, *Discipline and Punish*, 263.

like those of camping at Gull Lake, others offer a harsh truth to the reality patients lived in.<sup>60</sup> For example, pictures show high fences surrounded buildings, the cherry red brick building where the Eugenics Board met, and a group of boys standing outside one building demonstrating how patients were dressed similarly or in uniform. Perhaps one of Sinclair's favorite pictures is that of a cherry red admissions building going up in flames. He refers to this incident as "an act of God."<sup>61</sup>

Lucky is how some would describe Ken Nelson, given his past in an institution. He is the only one out of this group of survivors that has been able to create, what society may consider, a proper family unit. It is perhaps for this reason that Nelson responds how he does when asked how he feels about being sterilized. His response is surprising as he states "It doesn't bother me...it was just one of those things that happened."<sup>62</sup> With his adoptive daughter Crystal by his side, Nelson reveals how he remembers crying a lot because he missed his adoptive family, who no longer wanted to care for him.<sup>63</sup> Like most survivors, Nelson's memories include key moments such as meeting the Board, finding out he had been sterilized by a staff member, and living in overcrowded spaces with little staff assistance. However, Nelson's one memory, where he was forced to clean up accidents left behind by boys labeled low-grade, opens up to the reality that even amongst patients there was a sense of hierarchy.

Once admitted and assessed, individuals received labels of low-grade, idiot, imbecile, and high-grade. These labels would determine how you were treated during your stay in an

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<sup>60</sup> Glen Sinclair Interview, *Living Archives*, <http://eugenicsarchive.ca/discover/our-stories/glenn>

<sup>61</sup> Glen Sinclair Interview, *Living Archives*, <http://eugenicsarchive.ca/discover/our-stories/glenn>

<sup>62</sup> Nicola Fairbrother interview with Ken Nelson, *Living Archives*, <http://eugenicsarchive.ca/discover/our-stories/ken>

<sup>63</sup> Nicola Fairbrother interview with Ken Nelson, *Living Archives*, <http://eugenicsarchive.ca/discover/our-stories/ken>

institution. Low-grades, by far, were at the lower end of the spectrum and experienced the most humiliation. For example, while “real school” was provided for a select few, those considered low-grade but educable were provided sense training. Sense perception training was a development of Edouard Segin, who believed that those with disabilities could be taught to read, write and eventually be socially acceptable.<sup>64</sup> This method involved presenting objects and actions, such as colored blocks and the name of colors on cards. Such education encouraged stimulation and human contact, yet not all patients were given the same opportunities. If you were a low-grade, idiot, or imbecile deemed uneducable, there would be little if any stimulation.

A lack of stimulation could have very negative effects, such as developmental delays, cognitive delays, and antisocial behavior. In regards to living situations, food, and clothing, if considered a low-grade patient, an individual would be subjected to demeaning and humiliating actions. Food was often puréed or fed to low-grade individuals while others were given solid food and allowed to eat without assistance. If a patient was deemed suitable for work or school they would be given appropriate clothing, such as overalls for working on the farm. However, low-grade patients were only allowed to wear institutional clothing.<sup>65</sup> Dormitories of idiots and imbeciles were always overly populated while high-grade residents were afforded a little more privacy with fewer people in one area. Even when it came to showering and personal hygiene there was a difference. A former worker states their experience regarding showers for low-grade individuals:

They'd be standing naked waiting for you. It was awful. Really, I mean all of this is awful... There was like this long room with shower heads coming out of the wall. And

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<sup>64</sup> B.R Gearheart, “The Trainable Mentally Retarded,” in *Education of the exceptional child: History, present practices, and trends*, ed. B.R Gearheart (Lanham, MD: University Press of America, 1972), 17.

<sup>65</sup> Malacrida, *A Special Hell*, 86.

umm, we had, the staff had rubber aprons, we had to get in there and scrub and um (pause) and then, yeah, so they were showered that way and then we hosed them off there as well. I remember that.<sup>66</sup>

Others of course were afforded a little more privacy, such as being allowed to bath themselves and go to the washroom without assistance.

As a child, Crystal had no idea what her father had been through, although she does remember overhearing her parents visiting lawyers frequently. Finding out the truth, she reveals, disgusts her because she cannot understand how the government could approve of such practices. Her adoration and appreciation towards her father is undeniable and perhaps further enhanced by her exposure to those with disabilities. Such awareness she attributes to her parent's involvement and attendance at Administration for Community Living (ACL) conferences. Nelson is not alone in raising awareness and campaigning to change the outsiders' perception on disabilities. Many sterilization victims have created a well-rounded life for themselves by embracing social activism and advocacy for individuals with disabilities. Historian Erika Dyck mentions Doreen Ella Befus as one individual who has embraced such a path.<sup>67</sup> Befus has spent years writing letters to editors and dignitaries in an effort to promote the rights of individuals with disabilities while also motioning for support for those deinstitutionalized and learning how to survive outside such facilities. Individuals such as Nelson and Befus are exceptional human beings who use their sorrows to advocate for the betterment for those who would have suffered the same fate had public attitudes and legislation not changed.

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<sup>66</sup> Malacrida, *A Special Hell*, 75.

<sup>67</sup> Dyck, *Facing Eugenics*, 151.

Hearing the click of the lock and the closing of doors is what Roy Skoreyko remembers most about his institutional days at PTS.<sup>68</sup> The feeling of being locked in is accurate, because patients were in fact locked into the institution, making trips home a great treat and much desired by those who were able to leave. Dropped off at the age of ten by his parents, Skoreyko recalls the violence between patients, lining up and walking naked to the showers, and an all-around tough life growing up in PTS. While his parents were aware of the sterilization, as they gave consent, Skoreyko was told nothing other than that he was going “on a trip.”<sup>69</sup> His parents rationalized their decision as the right thing to do, and only told him years later what had happened. Roy admits that he feels offense and disappointment, but states “there were a lot of things that went on, and you know, shouldn’t have.”<sup>70</sup>

Although on the surface Skoreyko may be referring to the visual, physical, and emotional abuses he not only witnessed but felt, he may also be referring to things that were going on behind the scenes. For example, the use and results of the IQ test was once considered enough to identify and classify anyone who was mentally defective. Today, we know that such classification is highly contentious and riddled with ambiguities because defining mental deficiency continues to differ in definitions, new categories, and science.<sup>71</sup> The results of such a test, the Eugenics Board believed, would give them an accurate assessment on how successful an individual may be in succeeding in society. Of course, we now know that such a test is not an

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<sup>68</sup> Nicola Fairbrother interview with Roy Skoreyko, *Living Archives*, <http://eugenicsarchive.ca/discover/our-stories/roy>

<sup>69</sup> Nicola Fairbrother interview with Roy Skoreyko, *Living Archives*, <http://eugenicsarchive.ca/discover/our-stories/roy>

<sup>70</sup> Nicola Fairbrother interview with Roy Skoreyko, *Living Archives*, <http://eugenicsarchive.ca/discover/our-stories/roy>

<sup>71</sup> J.W. Trent, *Inventing the feeble mind: A history of mental retardation in the United States* (Berkeley, California: University of California Press, 1994), 245.

accurate representation in measuring a person's ability, especially when the test itself is flawed and manipulated to fit the use others.<sup>72</sup> There are several ways in which the inaccurate IQ results were gathered. First, upon admission adults and children were given an IQ test or previous (outdated) results, perhaps obtained by the Mental Hygiene Clinics, were submitted. There are instances where individuals were not tested until later into their stay. If this was the case, there is a high probability that these individuals were heavily medicated when they were examined.<sup>73</sup> If medicated, these individuals were also experiencing forms of abuse from the institution, such as sensory deprivation, humiliation, and no schooling, all of which would affect scores.

Second, those who were administering the examinations were not always qualified. One former worker reveals "Oh yes, I worked as the senior psychologist when I was just recently graduated. I had a bachelor's degree in child psychology... I had never given a WISC-R and I was a senior psychologist. I had seven people working under me. I learned fast."<sup>74</sup> Someone with only a bachelor's degree in psychology would be inadequate for such a position. Sybil Elliot's file, discussed in the previous chapter, acknowledges that she was tested in an unfavorable environment, but the test was deemed "good enough" regardless. Finally, during the last wave of sterilization before the SSA was repealed, the Eugenics Board carelessly approved patients more "on feeling rather than numbers."<sup>75</sup> Such an ethical disregard can only be attributed to the idea that members of the Board were aware of the change in public opinion with regards to involuntary sterilization and that such leeway would soon come to an end. Justice Veit agreed with such claims of negligence and stated that "despite the fact that the Eugenics Board claimed

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<sup>72</sup> S. J. Gould, *The Mismeasure of Man* (New York: Norton and Company, 1996), 386.

<sup>73</sup> *Muir v. Alberta*, 1996.

<sup>74</sup> Malacrida, *A Special Hell*, 203.

<sup>75</sup> Malacrida, *A Special Hell*, 204.

to have an IQ cut-off point of 70, persons above that level were approved for sterilization; some of those persons had conditions such as spinal meningitis, hearing defects, or had been accused of criminal offences.”<sup>76</sup> However, one does not have to look at the files of the 1950s and 1960s to see such inattentive behavior. Almost all the early case files examined for this thesis described women as promiscuous or men as avid masturbators as one, if not the only, reason they were approved for sterilization.

While watching Skoreyko’s interview, it is evident that a parallel exists between how he begins his interview and how he finishes it. Skoreyko recounts how he has overcome the stigma, championed by eugenic supporters, that individuals with disabilities cannot succeed outside of facilities in modern society. Giving a little information on his life after PTS, Skoreyko reveals he found full time employment and worked steadily at the same job until he reached the age of retirement.<sup>77</sup> This disclosure is mirrored in his final remarks when he advocates for the idea that those with disabilities and marginalized by society can live full and meaningful lives outside of institutions. He encourages individuals to always speak up for themselves and their rights, so that similar occurrences and violations do not happen again. In a twenty-first century society the way a person looks or acts is typically the first impression strangers make their assumptions upon. Roy urges people to avoid labeling others, for they are humans first and their disabilities always come second.<sup>78</sup>

Many Canadian associate important plaques, monuments, and artistic structures with paramount individuals or events, which are engrained in the collective memory of Canadians.

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<sup>76</sup> Muir v. Alberta, 38.

<sup>77</sup> Nicola Fairbrother interview with Roy Skoreyko, *Living Archives*, <http://eugenicsarchive.ca/discover/our-stories/roy>

<sup>78</sup> Nicola Fairbrother interview with Roy Skoreyko, *Living Archives*, <http://eugenicsarchive.ca/discover/our-stories/roy>

Acknowledgment of Canada's eugenic past in this form may never happen. However, that may no longer be the goal of those hoping to shed light on eugenics in Canada. The *Living Archives* project is really something to marvel at because it does not just focus at the violations of the past, but also the possible transgressions that people with disabilities fear they may face now in present day. Using a voice generator, Kyle Lilo reveals he was born in Alberta and has lived there all his life. Now an adult, he is an activist in the Disability Rights Movement and founder of his own charity at the GlenRose Hospital in the rehabilitation ward.<sup>79</sup> His motivation to help others stems from his own stay at the hospital. Having come from a strong and loving family, Lilo dreams of one day having the same, but realizes the government would be concerned that he would not be a good husband and father due to his disability. However, unlike the victims of sterilization, Lilo is prepared to fight for his rights and has necessary tools and support agencies at his disposal so that his right to have a family is not compromised and taken away from him unwillingly.

At the beginning of this chapter, sterilization is very much an active reality for many vulnerable individuals who do not fit into the ideal society being created around them. By the end of the chapter, we meet a young man, who like many others in similar positions, are willing to fight for their rights, and yet this is all the same narrative. The narrative, of course, is ongoing and nowhere near done. There is still room for many to come forward and use their stories to not only change the way society views mental illness, but learn from the past. Whether this is by learning from past legislative actions or by listening and reading about the personal experiences of others, the concept of mental illness has changed, but there is still room for more adjustment.

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<sup>79</sup> Nicola Fairbrother interview with Kyle Lilo, *Living Archives*, <http://eugenicsarchive.ca/discover/our-stories/kyle>

## Conclusion

“We’ll never be through with it, I don’t think, until we value individuals, each individual, as different, perhaps, but entirely of the quality and the worth of every other individual.”<sup>1</sup>

- Sandra Anderson

Being different or acting different, regardless of mental capacity, is something that society still has an issue with today. By no means is this something that has only just appeared. Historically, as this thesis demonstrates, societies have come up with different ways to deal with those who are different. One popular notion came from Sir Francis Galton, who was convinced that social and mental traits were inherited. In order to save society from decay, techniques of selective breeding would have to be implemented. Such a “solution” was accepted, not always to the same extent, and put into action around the world. Contested and controversial histories, such as eugenics, are difficult to not only tell but to understand and remember. These histories do not fit neatly in a structured mold, nor are the narratives easily conveyed. As a result, they are often forgotten and left alone until something or someone comes along and pays them a little attention. There are several events, actions, and intolerances in Canada’s history that have experienced such a fate. Canada’s acceptance of negative eugenics theories is one of many controversial histories that have been left out of the collective memory most Canadians possess. The harsh reality though is that most Canadian provinces considered the idea of eugenics, but only two managed to introduce legislation, which survived a little over forty years.

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<sup>1</sup> Andrew Ball, “Sandra Anderson” *Living Archives*.

The goal of this thesis has been to address four key elements within the existing historiography of eugenics. First, eugenics programs in Canada not only existed, but they should have an equal place in histories of international eugenics movements. Typically, histories of eugenics movements deal exclusively with bigger countries such as the United States, Britain, and Germany. Information on eugenics in Canada is more difficult to find, but it really should not be. The atmosphere in which eugenic ideas were nurtured in Canada and the social problems affecting the country at the time were similar to those around the world. High crime rates, prostitution, alcoholism, and mental illness are just some of the few repeatedly referenced social issues found in countries with introduced eugenic programs. After the First World War, provinces like Alberta and British Columbia believed that the aftermath of the war had stripped the country of its strength and what remained was genetically weaker. Politically, Canada attracted the support of influential groups including the Canadian National Committee for Mental Health, the United Farm Women of Alberta, and the United Farmers of Alberta, who all supported sterilization. Recent academic work published within the last five years has begun to include Canada as a major contender in the global phenomenon of eugenics theories, practices, and policies. This includes the work of Carolyn Strange, Jennifer A. Stephens, Erika Dyck, Jana Grekul and Claudia Malacrida. These scholars, and others like them, further disprove the idea that eugenics practices ended after the Second World War. Insight from personal case files, evidence from past institutional employees, and testimonies from survivors prove that such claims are untrue and provide Canada with a better rounded narrative focused on its eugenics past.

Second, an examination of the comprehensive nature of the Sexual Sterilization Act in Alberta before the Second World War using previously unreleased case studies adds an

important new perspective to previous work focusing on the political and social motives of eugenics pioneers in Canada. Due to provincial privacy legislation placing a seventy-five year restriction on the availability of case files and administrative documentation, the 1930s was the only comprehensive decade available for analysis, but personal files enables the narrative of eugenics in Alberta to take on a more life-like existence. The majority of existing secondary sources take a top down approach and focus more on leading figures in the eugenics movement. These individuals include members of the Famous Five, Tommy Douglas William “Bible Bill” Aberhart, Clarence Hincks, and certain Eugenics Board members. The approach taken in this thesis, by contrast, takes more of a bottom-up view, placing the institutions and their patients at the center of the narrative. Furthermore, documents explain how the Great Depression triggered a hostile environment in which eugenic ideas and policies flourished. Such an environment targeted young women, often labeled as promiscuous, immigrants, and the poor who were seen as a financial strain on the government, and ultimately the insane and mental defectives who were viewed as weakening society were also caught up in Alberta’s eugenics machinery.

Approaching Eugenics from the bottom-up allows for new and complex case files to be unearthed. Victims and survivors are not only given names, but their lives and the reasons (however baseless they may be) they were approved by the Board are revealed. The extent of the Board’s power and the lack of details taken into consideration while making life-changing decisions are highlighted. Furthermore, my project adds to the reawakening of the Eugenics topic in Canada which is currently taking place. More and more survivors and agencies are coming forward with their experiences, whether they be through websites, autobiographies, or social media. Eugenics in Canada can no longer be met with a question mark as research such as this

gives a face to eugenics. For this reason, I believe my thesis is an important addition to eugenic historiography.

Third, this project adds to the most vibrant strand of the Canadian eugenics historiography relying heavily on personal testimonies from living sterilization victims to supplement archival case studies that are frequently inaccessible because of privacy legislation. The *Living Archives* website has collected crucial information provided by sterilization patients belonging to the later decades of the Sexual Sterilization Act. Their interviews show a range of emotions and insight including anger, confusion, knowledge, and acceptance. In addition, these interviews demonstrate how many individuals have moved forward in their lives and how some are advocates of eugenics history in Canada. More importantly, this website allows outsiders to put a face to a narrative, not just read facts. Slowly, the topic of eugenics in Canada is reappearing with recent publications such as Erika Dyck's *Facing Eugenics* and Claudia Malacrida's *A Special Hell*, both of which change typical scholarly tactics and take a bottom-up approach to eugenics.

This thesis demonstrates that survivor testimony provides a critical perspective on Alberta's eugenics history, and that the *Living Archives* website can play an essential role in educating the public about a disturbing element of Canada's history. The website organizers themselves are contributing to the mandate to acquaint Canadians with the twentieth century eugenics movement by putting on a yearly event—the Alberta Eugenics Awareness Week (AEAW)—which hosts survivors, guest speakers, and the public to discuss the issue of sexual sterilization. It is through the work of the *Living Archives* community and its founders that a bridge is being built between eugenics and the collective memory of Canadians. Used as a tool of knowledge, individuals can educate themselves on a topic, in large part forgotten and

disregarded. Such ignorance can be attributed to the lack of primary material available to the public. With fewer first-hand accounts, visuals, and testimonies, the eugenic past is less likely to leave any type of lasting mark on the collective memory of Canadians. However, the reality is that it will take many years before all eugenics-related documents are no longer sealed. And so, the *Living Archives* provides an avenue of information that sheds light, in a modern way, on a history that has long been brushed aside. Finally, the website is in touch with the modern age and is presented in an approachable manor. By using popular branches of social media, such as YouTube and Twitter, information is more accessible, which in turn makes it all the more easier for individuals to educate themselves of this topic.

Finally, the historiography of Canada's social history cannot be discarded, as there were many important underlying factors that played key roles in the eventual acceptance of eugenics in Alberta. By examining the Great Depression, one moves away from the generalized hardships of individuals and focuses on the strain and possible break down of the family structure. While Lara Campbell does not go into great detail about the state of dependents, it has to be considered that there were families who had mentally or physically disabled family members during the Depression that made caring for them more difficult.

While splitting the family up or sending a child to institutions was thought desirable at the time, it was possible that record of that child's stay at a facility would later haunt them in life. Case files mentioning former relatives having been admitted to facilities strengthen this statement. Moral reform and the treatment of women prior to the Sexual Sterilization Act go hand and hand. By examining these two avenues it becomes clear why females are highly represented in surviving case files, there were simply more women to be sterilized due to long standing social and racial disadvantages. The Sexual Sterilization Act provided what officials of

Alberta believed to be a permanent solution to promiscuity and female delinquency. However, as illustrated in the follow-up reports of female patients this was not the case. Reports state that many women were still contracting sexual diseases and returning to what the Eugenics Board considered “their old ways.” Lastly, mention of how Canadian society dealt with undesirable sectors of society casts a dark shadow over health and social assistance programs across the country. Survivor testimony is the best assistance to this avenue of historiography because many spent the majority of their lives in institutions set apart from communities. While institutionalized they were vulnerable children in the hands of the Eugenics Board and unfriendly staff, once released these individuals were vulnerable to the society that once rejected them, making rehabilitation into the community daunting.

There are, however, obstacles and limits to this type of research. For one, survivors might be unwilling to come forward and share their experience. They may still feel shame and embarrassment over how they were treated and labeled by society or they might not want to relive the past because it is still too painful. Another obstacle is the limited access to primary documents. There are virtually endless possibilities for eugenics research, but information needs to be made available for that to happen. Aside from the seventy-five year privacy protection enforced by the Provincial Archives of Alberta, there is also the issue of missing documents. Case files were placed in the Provincial Archives after the Eugenics Board was disbanded in 1972. In 1987, the Archives administration recommended that only twenty percent of files be kept. The Public Records Commission approved the recommendation and all but 861 of the original 4785 files were destroyed in 1988.<sup>2</sup> This reality reinforces the work of recent authors

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<sup>2</sup> Jana Grekul, Harvey Krahn and Dave Odynak, “Sterilizing the 'Feeble Minded': Eugenics in Alberta, Canada, 1929-1972,” *Journal of Historical Sociology* 17:4 (2004): 365-366.

and projects such as the *Living Achieves* who try to preserve what has already been lost and what may be lost if action is not taken.

On a personal level, although it has not always been easy or straightforward, this project has changed the way I think, read, and write about history. What I once believed was the general history of eugenics in Canada, specifically Alberta, has been forever changed. The primary and secondary research conducted for this project has revealed so much information that trying to give a general summary would now be close to impossible. The extent of power and the lack of safeguards the Eugenics Board operated under is unimaginable. Case files, while not always complete or straightforward, revealed how many of these individuals were victims of circumstance and could do nothing to save themselves. Being labeled “mentally deficient” not only affected an individual then, but also has lasting effects in the present day. There is no glamour in their survival story, and maybe that is one reason it is often pushed aside for more favorable narratives. If nothing else, my hope is that this project will enhance public knowledge of this unfortunate episode in Canadian history.

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