

The Myrdals' Eugenicist Roots

Kris i Befolkningsfrågen

Alva Myrdal and Gunnar Myrdal

Stockholm: Albert Bonniers Förlag, 1934

It was the summer of 1934 when Gunnar Myrdal and his wife Alva published *Kris i Befolkningsfrågen* (The crisis in the population question, hereafter *KiB*), just as Gunnar, then thirty-five years old, was assuming a seat as a Social Democratic member of the Swedish Parliament.¹ As a salvo from the *enfant terrible* of the Swedish economic establishment, the book was not merely analytical in intent but intended as a political strategy and policy manifesto for the Social Democratic Party. Long viewed as the founding intellectual document of the Swedish welfare state, *KiB* is also a book that in recent years has achieved a certain notoriety, since among its many policy suggestions was a proposal for the sterilization of the “unfit”—a proposal that in fact became policy, leading to the sterilization of nearly 63,000 Swedes in the four decades after the book’s publication. Appreciating the significance of this text requires careful consideration of both the Swedish national and international eugenics movement at the time, for which it was an important work.

Demographic Crisis

The context for this book was a widespread sense of demographic crisis in contemporary Sweden.² Swedish birth rates had been in continuous decline since the late nineteenth century and by 1933, exacerbated by the economic conditions of the Depression, had fallen to what was then an all-time low of 13.7 per 1,000 people.³ Even with death rates also in decline, a linear extrapolation of demographic trends suggested that the Swedish fertility rate was on the verge of falling below replacement levels within a few of years. This in turn provoked a variety of alarmist discussions that Sweden faced the prospect of slow-motion “race suicide”—ergo, the sense of “crisis” named in the title of the Myrdals’ book.⁴

Most of *KiB* concerned itself with the social conditions within Sweden that the Myrdals believed were responsible for the decline in the birth rate. Like most coeval analysts (as well as most historical demographers today), they attributed the decline in birth rates largely to the social aspects of the transition from a largely agricultural to a largely industrial society.⁵ Whereas children in an agricultural society were an asset who could quickly be put to useful labor and who also provided a measure of insurance against poverty in old age, in an industrial society children were essentially cost-centers until whatever point they departed the household altogether. On a pure cost-benefit basis, therefore, it was all but inevitable that birth rates would decline as

a society industrialized and urbanized. Declining childhood mortality as a result of improved hygiene and medicine also reduced the need to have many children in order to ensure the survival of heirs. The ability to make this fertility transition, the Myrdals also pointed out, had been significantly aided by the growing effectiveness and availability of birth control technologies.

During the 1930s, population policy in Sweden as in most of the North Atlantic world was, broadly speaking, the realm of eugenics. As has been widely discussed, eugenic interventions can be broadly divided along two distinct axes. The first axis concerns the difference between “positive” forms of eugenics aimed at encouraging the reproduction of the “fit,” and “negative” forms geared toward discouraging the reproduction of the “unfit.”⁶ The second axis concerns the difference between “biological” and “social” eugenics, with the former proposing specifically biomedical forms of intervention, whereas the latter involves changes to institutions and policy incentives, often referred to as “social engineering.” In practice, most eugenicists during the first part of the twentieth century tended to promote both biological and social interventions, in both positive and negative forms, in various permutations. The important thing to understand about the argument that the Myrdals made in *KiB* is that while they ended up advocating for both positive and negative and both biological and social eugenics policies, the great majority of their proposals were focused on making the strongest possible case for welfare state institutions—in other words, for a program of positive, social eugenics.

One can only understand the Myrdals’ argument in *KiB* by situating it in relationship to other political positions on offer in Depression-era Sweden. For social conservatives, which included both traditionalists like the General Electoral League as well as various farmers’ parties, the real cause of the decline in Swedish birth rates was the rise of birth control, particularly among the educated classes. For example, Nils Wohlin, professor of statistics at Uppsala who served as minister of commerce and minister of finance in the 1920s as a member of the Agrarian Party, had been a major force behind the 1910 anticontraception law that made it illegal to provide information about contraceptive techniques or to sell contraceptives “intended for immoral use or to prevent the results of sexual intercourse.”⁷ To conservatives of eugenicist bent, this meant that the “superiors” of society were failing to breed, while the lower orders continued to do so, thus decreasing the overall “quality” of the population. For Herman Lundborg, director of the State Institute for Racial Biology (founded in 1922 in Uppsala as the world’s first government-funded eugenics institute), the existing Swedish social elite was also a biological elite.⁸ To those sympathetic to this perspective, the solution to the decline in birth rates was thus to restrict access to birth control, which would induce upper-class women to breed more, while actually decreasing social welfare measures in the hope of encouraging lower-class women to breed less—while using the threat of sterilization to control the birth rates of lower-class women who refused to accede to such “rational” inducements.

The Myrdals rejected virtually every element of this analysis. First, they marshaled evidence both that birth control was widespread among all social classes and also that declines in birth rates were not confined to the upper classes. They also explicitly rejected the notion that the upper classes were somehow biologically superior to the

lower classes. And finally, they rejected the illiberal idea of withholding birth control in order, in effect, to obligate upper-class women to breed more.

Rather than force women who did not wish to have more children by withholding birth control, they proposed instead that the state ought to adopt a set of social policies designed to lower the barriers to reproduction that would make reasonable women avoid having more than a child or two. Specifically, they argued that in order to decrease the burdens of motherhood, the state should provide free public day care centers, after-school centers, and summer holiday camps; that taxes on industrial workers should be lowered, so they could afford more children, while taxes on the rich should be increased, since they could afford it; that the state should offer preventive health care (including dental care) free of charge; that the state should invest heavily in public and subsidized housing so that cramped apartments would not discourage having additional children; that the state should subsidize children's consumption of nutritious foods such as meat, milk, cream, butter, and eggs, as well as provide free school lunches. In sum, the Myrdals argued that the most effective pronatalist policy would be for the state to guarantee the "standard of living" (*levnadsstandard*) of the population.⁹ These ideas would form the intellectual foundation of Social Democratic minister of social affairs Gustav Möller's policies from the late 1930s forward. In a very real sense, therefore, the Myrdals' proposals represented the blueprint for the modern Swedish welfare state.¹⁰ Unlike other European welfare states, which often followed the Marx-inspired desire to control the means of production through the nationalization of industries, the Swedish welfare state never did so and to this day continues to reflect the Myrdals' focus on policies designed to help working families directly.

It is also worth noting that the Myrdals' reorientation of the debate essentially removed the question of "biology" from the eugenics debate within Sweden. Whereas discussions of "race hygiene" in 1920s Sweden—as in 1920s Germany and England—contained a clear if usually implicit racialist dimension, the Myrdals' framing of the eugenics question essentially evacuated the question of race from the population hygiene question.¹¹ In Nazi Germany at this same moment, by contrast, the direction of change for social engineering was toward a *greater* emphasis on biology and a vast investment in Germanic racial supremacism. In fact, the example of the Nazis' use of biological racial arguments was instrumental in pushing Gunnar Myrdal away from a mere indifference toward racial biology toward the epochal antiracism he would express a decade after *KiB* in *An American Dilemma*.

The Sterilization Question

As with so much of the Myrdals' writing throughout their career, *KiB* was simultaneously a high-quality piece of empirical social science and a piece of policy advocacy exquisitely aware of the opportunities available in its political moment. While in retrospect the development of the Swedish welfare state may seem a foregone conclusion, there was at the time considerable political resistance to these policy proposals. Perhaps the most compelling of these arguments concerned how to prevent what conservatives regarded as freeloading. It should be noted that the Myrdals, believing that most people were inclined to work if given the opportunity, were generally unsympathetic

to the concept of the “undeserving poor” that conservatives in many countries have long used to argue against the welfare state. However, I believe that how the Myrdals chose to address the question of sterilization only makes sense in the context of their desire to neutralize the conservative economic argument against the welfare state.¹² Alva Myrdal made the point explicitly in 1941, arguing that “generous social reforms may facilitate home-making and childrearing more than before among groups less desirable as well as more desirable parents . . . The fact that community aid is accompanied by increased fertility in some groups hereditarily defective or in other ways deficient and also that infant mortality among the deficient is decreasing demands some corresponding corrective.”¹³ In other words, at least for Alva Myrdal, the sterilization of a few “deficients” was the political price for enabling “community aid” for all. As we will see, the Myrdals’ advocacy of sterilization seems to have been less a matter of political or scientific commitment than a political expediency.

Whatever the political motives, the policy itself was promulgated through two laws. The first law, supported by both Myrdals in *KiB*, was passed in 1934 and focused specifically on the sterilization of “feeble-minded persons,” as well as people with heritable diseases such as epilepsy or Huntington’s chorea. The second law, passed in 1941, broadened the category of those eligible for sterilization to include the “asocial” and removed the requirement of consent. Alva lobbied publicly for this law as well, though Gunnar did not, as he was in the United States working on what would become *An American Dilemma*, at the time of the main debate over the law. The results were stark: between 1935 and 1975, 62,888 people were sterilized in Sweden, of which 93 percent were women.¹⁴ In other words, nearly 1 percent of the entire female population of Sweden during these years was sterilized under the population hygiene laws. A Swedish government report issued in 2000 concluded that about one-third of these sterilizations were “involuntary,” that is, either coerced or otherwise performed without the patient’s consent.¹⁵

The ideas behind the Swedish sterilization laws were original neither to the Myrdals nor to Sweden. As Daniel Kevles observed, during the first third of the twentieth century, “eugenics belonged to the wave of progressive social reform that swept through Western Europe and North America . . . Progressives and conservatives found common ground in attributing phenomena such as crime, slums, prostitution, and alcoholism primarily to biology.”¹⁶ The United States in particular was a leader in eugenic theory and practice. Not only were many eugenic research programs around the world supported financially by American philanthropic NGOs such as the Carnegie Corporation and the Rockefeller Foundation but the first sterilization laws were also passed in the United States, with California leading the way in 1909.¹⁷ (In fact, the first Swedish sterilization law, passed twenty-five years later, closely emulated the California law.) In 1927, the U.S. Supreme Court in *Buck v. Bell* declared involuntary sterilization constitutional, with Oliver Wendell Holmes Jr. writing on behalf of the majority that “three generations of imbeciles is enough”—setting the stage for more than 60,000 sterilizations in the United States over the next few decades.¹⁸ Major sterilization programs were also enacted in the 1930s in social democratic Denmark, Norway, and Finland, as well as of course in Nazi Germany. The critical

point is that in the 1930s sterilization was a widely condoned form of eugenic intervention, institutionalized in many places throughout the interwar world.¹⁹

Though eugenic sterilization was a global campaign, who was targeted for the knife varied widely from country to country, informed by local political contexts.²⁰ While the targets have been extensively documented in the case of the Nazi eugenics laws, as well as for the California case, there exists no detailed study of who, exactly, was the target of this campaign in Sweden.²¹ From the beginning of the Swedish debate over sterilization, however, economic questions were central, as the institutional care of the intellectually disabled and mentally ill was deemed to place a heavy burden on society. Special emphasis was also placed on the supposed inability of the feeble-minded to properly raise children. Indeed, one of the three main ways to become a candidate for sterilization in Sweden was to be declared “incapable of caring for children” (the so-called social indication) or if, due to defective genes, one was likely to “transmit mental illness or feeble-mindedness” to his or her children (the “eugenic indication”).²² Given extant patriarchal assumptions about child-rearing responsibilities, the legal emphasis on child-rearing requirements as a justification for sterilization also helps to explain why the practice overwhelmingly targeted women rather than men. The 1941 version of the law broadened the categories of people subject to sterilization in two ways: first, it broadened the social indication to include “an anti-social way of life” as well as mental illness or disability; second, it created a new category, the “medical indication,” whose primary purpose, it seems, was to allow “exhausted” or “weak” mothers to avoid repeated pregnancies. The connection to conventional Swedish morality was made more explicit in the 1941 law, which expanded the category of those eligible for sterilization to include anyone who “due to an asocial way of life, is for the future obviously unsuitable to have custody of children”—with “asocial” referring to such behaviors as vagabondery, alcoholism, or merely slovenliness (*ovårdad*). Spektorowski argues, “In practice, individuals who were targeted for sterilization displayed various forms of social misbehavior and were, therefore, marked by the state as unable to take care of children. Thus, the policy was clearly aimed at the weaker segments of society, the social marginals.”²³ As mentioned earlier, the 1941 law also dropped the requirement of consent, a provision Alva Myrdal defended by pointing out that the idea of the feeble-minded providing well-informed consent was something of a contradiction in terms.

Though the Myrdals both supported the 1941 sterilization law, by that time Gunnar, at least, was beginning to have his doubts, spurred by the changing transnational political context around eugenics and in particular the murderous rise of the Nazis. In 1933, when the Myrdals were beginning to compose *KiB*, the Nazis had only just come to power. Indeed, a key episode in the history of eugenics was the 1934 International Federation of Eugenics Organizations conference in Zurich, which witnessed the annexation of the German eugenics movement to the ambitions of the Nazis.²⁴ Prior to 1934, the transnational eugenics movement had been relatively diverse and inclusive, with those arguing for more social versus biological, or more positive or more negative, or more and less racist versions coexisting with one another. Differences among eugenicists were seen as part of normal scientific debate within an

evolving field. As Spektorowski has observed, “Until 1933, not even Aryan sympathizers considered the preservation or purification of Nordic racial characteristics the focus of their attention [but] the Nazi seizure of power eliminated the possibility of a ‘non-racist’ racial hygiene.”²⁵ Though the Nazis also promoted positive and social forms of eugenics, their championing of a draconian negative-biological form of eugenics did more than anything else to change transnational perceptions of eugenics as a legitimate scientific basis for social and medical policies. The Nazi embrace served not only to discredit biological eugenics (especially negative biological eugenics) but also would drive those promoting social eugenics programs to rebrand their policy proposals in terms other than “eugenic.”²⁶

Like any other significant intellectual evolution, however, this change did not take place overnight, and it was only after the war, as the full horrors of the Holocaust and the associated Nazi medical experiments became apparent, that a transnational consensus against eugenics would consolidate. Still, even before the war, the Nazi embrace of eugenics policies was major problem for those seeking to promote similar programs in other countries. In 1938 Gunnar Myrdal commented privately that he was beginning to feel that the Swedish Population Commission (which oversaw the implementation of the sterilization policy, and which Gunnar was a member of) had “a smell of Nazism.”²⁷ More publicly that same year, in an English-language article on Swedish population policies for the *Annals of the American Academy of Political and Social Science*, he carefully rehearsed all of the “positive eugenic” arguments in support of welfare state policies but conspicuously avoided any mention of sterilization, despite the active debates taking place in Sweden at the time, and the fact that sterilization was also politically acceptable in the United States. “It has been of considerable and far-reaching importance,” he explained, “that the population question in Scandinavia has been taken up by the political left and that the initiative has been entirely in the hands of persons who would never think of compromising the ideals of an enlightened social democracy . . . The news of the population policy of Germany and Italy has only awakened in Sweden an utter distaste for the mere idea of having a positive interest in population questions.” What made Swedish population policy “a liberal instead of a reactionary system of political thinking,” Myrdal argued, was that it represented “a powerful argument for women’s right to work” rather than an argument for confining women to traditional gender roles in the home.²⁸

Right Living and Wrong

This, then, is the crucial context for appreciating why the Myrdals would have favored sterilization: because it seemed, within the context of 1930s Swedish political and social life, to be part of the progressive, humanitarian solution to the problem of lack of social welfare. Supporting sterilization effectively neutralized conservative political opposition to the development of welfare state institutions that the Myrdals believed (correctly) would drastically improve life conditions for the large majority of the Swedish working-class population. That the Myrdals after 1941 dropped all public references to sterilization (either pro or con) also supports the thesis that their arguments in the 1930s in favor of sterilization were more about political tactics than about deeply held principles.²⁹ Unlike some other liberal eugenicists, such as Julian Huxley,

the Myrdals did not continue to try after the war to recuperate some version of eugenics from the Nazi taint.³⁰

Furthermore, whatever we make the Swedish experiment with coerced sterilization, it was obviously not a genocidal or even a racist program, as were so many contemporaneous human-triaging exercises. Indeed, the fact that Swedish sterilization program continued unabated before and after the war supports the thesis that the motive in the Swedish case was primarily economic rather than biological per se. It was about improving the social hygiene of the country, rather than about eliminating whole categories of biological undesirables. While the annual rate of total sterilizations remained quite stable over the forty years the policy was in force, the justifications shifted in the mid-1940s from mainly “eugenic” indications to mainly “medical” indications, reflecting that at least in theory the sterilization policy was becoming a less coercive process.

From today’s point of view, perhaps the most jarring aspect of the Swedish sterilization policy was that its supporters also framed it as a humanitarian intervention on behalf the sterilized themselves. Whereas the regnant policy for dealing with the procreatively incontinent was confinement in what amounted to asylums, sterilization was seen as a way to allow them to be “safely” released back into the general population. That such an argument seemed remotely plausible underscores another key point: while the policy of sterilization was clearly a violation of human rights norms as we understand them today, few in the middle decades of the twentieth century regarded reproductive self-determination as an individual human or political right.³¹ Conversely, it is probably not a coincidence that Sweden’s ultimate abandonment of its sterilization program coincided with the rise of the individualist global human rights program in the 1970s.³²

For much of the last century, the lodestone concept of the Swedish welfare state has been the idea of “the People’s Home” (*Folkhemmet*), a term coined in 1928 by Per Albin Hansson, then the chair of the Swedish Social Democrats.³³ For advocates of the People’s Home, improving the “quality” of the Swedish population was a central concern, but the mechanism for doing so was technocratic and utilitarian, rather than racist or romantic. The Myrdals recognized the presence of xenophobic and socially repressive elements within Swedish society and were willing to appease these elements politically. But this is a very different claim from saying that they themselves endorsed or believed in these aspects of Swedish political and social life. Indeed, surveying their career makes it clear that they never offered any such endorsement. While the People’s Home certainly had an ethnocultural aspect (it was recognized as a Sweden-specific quality), under Social Democratic direction membership in the community had more to do with the productive quality of the individual than with racial qualities per se. From this perspective, the Myrdals can be credited with ensuring that eugenics in Sweden took a positive “social turn” as opposed to the racist and xenophobic alternative direction the Nazis were pioneering at the very same moment.

NOTES

1. Alva Myrdal and Gunnar Myrdal, *Kris i Befolkningsfrågan* (Stockholm: Albert Bonniers Förlag, 1934).
2. See Allan C. Carlson, *The Swedish Experiment in Family Politics: The Myrdals and the Interwar Population Crisis* (New Brunswick, N.J.: Transaction Publishers, 1990). A sense of domestic demographic crisis was hardly unique to Sweden; in France such fears had begun early in the nineteenth century, which explains why France emerged as the center of demographic science. See Michael S. Teitelbaum and Jay M. Winter, *The Fear of Population Decline* (Orlando, FL: Academic Press, 1985). In post–World War I Europe, eugenicist discourses of demographic decline were deeply intertwined with concerns about “overpopulation” abroad, especially in Asia; together, these created the frightening prospect of mass migration, thus threatening the post-Wilsonian ideal of ethnically homogenous nation-states and explaining why immigration restriction laws were “one of the era’s defining transnational phenomena”: Alison Bashford, “Nation, Empire, Globe: The Spaces of Population Debate in the Interwar Years,” *Comparative Studies in Society and History* 49, no. 1 (January 2007): 184. In the United States, eugenicist arguments were explicitly invoked to justify the 1924 National Origins Act: Kenneth M. Ludmerer, “Genetics, Eugenics, and the Immigration Restriction Act of 1924,” *Bulletin of the History of Medicine* 46, no. 1 (1972): 59–81.
3. Swedish demographic data available at Statistiska centralbyrån, <http://www.scb.se/> (accessed October 19, 2016).
4. On the relationship between the “race suicide” concept and socialism in Sweden during the first third of the twentieth century, see Håkan Blomqvist, *Nation, Ras och Civilisation i Svensk Arbetarrörelse Före Nazismen* (Stockholm: Carlsson, 2006). As elsewhere in the North Atlantic world at the time, the sense of crisis in Sweden produced a strong sense that something “radical” needed to be done, for example perhaps permitting immigration—a prospect that (then as now) provoked a range of more and less unpleasant forms of xenophobic reaction. The Myrdals themselves, making a point crucial for understanding the transition from *KiB* to *An American Dilemma*, dismissed immigration as a solution to the population crisis, since they believed that the Swedish people would not be able to accept foreigners into their highly homogenous society. As Gunnar Myrdal put it in 1938, “Immigration to an old country with a well-organized labor market and a rather highly developed structure of social welfare is something which probably does not occur without international friction”: Gunnar Myrdal, “Population Problems and Policies,” *The Annals of the American Academy of Political and Social Science* 197 (May 1938): 203. This was less an endorsement of xenophobia than a form of political realism in the face of it; in this respect it resonates with political rationale behind the Myrdals’ endorsement of sterilization.
5. Gunnar Andersson, “Childbearing Trends in Sweden, 1961–1997,” *European Journal of Population/Revue Européenne de Démographie* 15, no. 1 (March 1999): 1–24.
6. Daniel J. Kevles, *In the Name of Eugenics: Genetics and the Uses of Human Heredity* (Cambridge, Mass.: Harvard University Press, 1985).
7. See Kelly S. Ragan, “Sex and the Single Girl: The Role of Culture in Contraception Demand” (Stockholm School of Economics, August 8, 2011).
8. Maria Björkman and Sven Widmalm, “Selling Eugenics: The Case of Sweden,” *Notes and Records of the Royal Society* 60, no. 4 (December 2010): 379–400.
9. In 1934 the concept of “the standard of living” referred to what was considered the irreducible minimum income required for workers to reproduce themselves. This is the sense the

Myrdals are using the term. It is only after the war that the concept begins to refer to an inexorably increasing consumerism. See Serge LaTouche, “The Standard of Living,” in *The Development Dictionary: A Guide to Knowledge as Power*, ed. Wolfgang Sachs (London: Zed Books, 1992), 280–81.

10. Urban Klas and Klas Åmark, “Social Rights and Social Security: The Swedish Welfare State, 1900–2000,” *Scandinavian Journal of History* 26, no. 3 (September 2001): 157–76; Herbert Tingsten, *Socialdemokratins Idéutveckling* (1941; Stockholm: Bonniers, 1967). As Myrdal’s biographer William J. Barber put it, “The centerpiece of this strategy was state intervention that would tend to equalize consumption across social classes and income groups. Put slightly differently, the program’s aim would be to eliminate—through governmental action—the incremental expense burdens associated with childbearing and child-rearing by poorer families”: Barber, *Gunnar Myrdal: An Intellectual Biography* (New York: Palgrave Macmillan, 2008), 57. As Myrdal himself put it, explaining why his new program should be seen as a program of general welfare, rather than as a program of outdoor relief: “As the quantitative population argument is for a general equalization of the economic burden of bringing up children, there is all the more reason to abolish the ‘means test’ as far as possible, and to look upon social assistance not only as relief of the poor but more generally as a democratic and cooperative arrangement of certain parts of the consumption of the nation, motivated by reasons of economic rationality and efficiency and of collective solidarity for the growing generation of the people.” Gunnar Myrdal, “Population Problems and Policies,” 208.

11. “They did not care in the least for Teutonic race mysticism. Invariably they saw the population less as a biological entity than a mathematical or physical quality . . . Hence Gunnar Myrdal was a primary source of inspiration for the art of social engineering in Sweden, but also, as a consequence, an agent for the removal of biology from the debate in the 1930s.” Gunnar Broberg and Mattias Tydén, “Eugenics in Sweden: Efficient Care,” in *Eugenics and the Welfare State: Norway, Sweden, Denmark, and Finland*, ed. Gunnar Broberg and Nils Roll-Hansen (1995; East Lansing: Michigan State University Press, 2005), 97.

12. Myrdal made the point obliquely in 1940, arguing, “Actualization of the population problem turns political opinions away from conservatism and toward radicalism . . . The Population problem is utilized, as the conservative Swedish economist bitterly complains as a ‘crow-bar for social reforms.’” Gunnar Myrdal, *Population: A Problem for Democracy* (Cambridge, Mass.: Harvard University Press, 1940), 96.

13. Alva Myrdal, *Nation and Family: The Swedish Experiment in Democratic Family and Population Policy* (1941; Cambridge, Mass.: MIT Press, 1968), 215.

14. Broberg and Tydén, “Eugenics in Sweden: Efficient Care,” 109–10.

15. “Steriliseringsfrågan i Sverige, 1935–1975,” accessed June 3, 2016, <http://www.regeringen.se/content/1/c4/28/64/212fc81a.pdf>.

16. Daniel Kevles, “Eugenics and Human Rights,” *BMJ: British Medical Journal* 319, no. 7207 (1999): 435–36.

17. Edwin Black, *War against the Weak: Eugenics and America’s Campaign to Create a Master Race* (New York: Dial Press, 2012); Stefan Kühl, *Nazi Connection: Eugenics, American Racism, and German National Socialism* (New York: Oxford University Press, 1994).

18. Paul A. Lombardo, *Three Generations, No Imbeciles: Eugenics, the Supreme Court, and Buck v. Bell* (Baltimore: Johns Hopkins University Press, 2008); Adam Cohen, *Imbeciles: The Supreme*

Court, American Eugenics, and the Sterilization of Carrie Buck (New York: Penguin Press HC, 2016).

19. The major exceptions were predominantly Catholic countries, for which “pro-life” sentiments trumped population concerns; the Soviet Union, where Marxist ideology rejected the biologism of eugenics; and Britain, where traditions of individual liberty may have negated arguments for collective improvement. See Alberto Spektorowski, “The Eugenic Temptation in Socialism: Sweden, Germany, and the Soviet Union,” *Comparative Studies in Society and History* 46, no. 1 (January 2004): 84–106.

20. Frank Dikötter, “Race Culture: Recent Perspectives on the History of Eugenics,” *American Historical Review* 103, no. 2 (April 1998): 467–78.

21. There is a large bibliography on Nazi eugenic laws, but a good starting point is Robert Jay Lifton, *The Nazi Doctors* (New York: Basic Books, 1986). See also Joachim-Ernst Meyer, “The Fate of the Mentally Ill in Germany during the Third Reich,” *Psychological Medicine* 18, no. 3 (August 1988): 575–81; André N. Sofair and Lauris C. Kaldjian, “Eugenic Sterilization and a Qualified Nazi Analogy: The United States and Germany, 1930–1945,” *Annals of Internal Medicine* 132, no. 4 (February 15, 2000): 312–19; E. Fuller Torrey and Robert H. Yolken, “Psychiatric Genocide: Nazi Attempts to Eradicate Schizophrenia,” *Schizophrenia Bulletin* 36, no. 1 (2010): 26–32. For the California case, see Wendy Kline, *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom* (Berkeley: University of California Press, 2001), chap. 2.

22. Broberg and Tydén, “Eugenics in Sweden: Efficient Care.”

23. Spektorowski, “The Eugenic Temptation in Socialism,” 96.

24. Stefan Kuhl, “The Relationship between Eugenics and the so-called ‘Euthanasia Action’ in Nazi Germany: A Eugenically Motivated Peace Policy and the Killing of the Mentally Handicapped during the Second World War,” in *Science in the Third Reich*, ed. Margit Szollosi-Janze (New York: Berg Publishers, 2001).

25. Spektorowski, “The Eugenic Temptation in Socialism,” 100, relying heavily on Sheila Faith Weiss, “The Race Hygiene Movement in Germany, 1904–1945,” in *The Wellborn Science: Eugenics in Germany, France, Brazil, and Russia*, ed. Mark Adams (New York: Oxford University Press, 1990). Spektorowski continues: “After 1933, race hygiene combined the ideas of racial and genetic care. While the latter was in the tradition of the non-racist eugenics of the meritocracy, concerned with the management of the mental and physical traits of the population, the idea of race care was new . . . Before the [German] sterilization law enacted in 1933, many scientists exhibited no racist orientation, but this law set the source for a racist eugenics implemented by the Nazis.”

26. Elazar Barkan, *The Retreat of Scientific Racism: Changing Concepts of Race in Britain and the United States between the Two World Wars* (Cambridge: Cambridge University Press, 1993), suggests that the decline in scientific racism actually began before the Nazis, especially as a result of Franz Boas’s work. That is true at the level of the eugenic ideas. As a matter of eugenic politics and policy, however, the revulsion to Nazism was decisive.

27. Quoted in Broberg and Hansen, *Eugenics and the Welfare State*, 105.

28. Gunnar Myrdal, “Population Problems and Policies,” 211.

29. I have not found any references to sterilization in their published work after 1941, though whether their private papers contain any such references I have yet to research. One theory is that Alva was a greater proponent of sterilization than Gunnar and/or conversely that Gunnar may have begun to harbor doubts sooner than Alva. This is the proposition of Hedvig Ekerwald, “The

Modernist Manifesto of Alva and Gunnar Myrdal: Modernization of Sweden in the Thirties and the Question of Sterilization,” *International Journal of Politics, Culture, and Society* 14, no. 3 (Spring 2001): 539–61.

30. On Huxley’s continued support for eugenics after the war, see Glenda Sluga, “UNESCO and the (One) World of Julian Huxley,” *Journal of World History* 21, no. 3 (September 2010): 393–418.

31. Even now there remain crucial bioethical debates about how far this right actually goes: should sex-selective abortion be legal? Should individuals be allowed to use CRISPR-Cas9 technology to alter their offspring’s germ line? Etc. It would be hubristic to assume that the early twenty-first-century ethics of reproduction will hold up any better to the norms of the year 2100 than the bioethical and biopolitical norms of the 1930s hold up today.

32. Jan Eckel and Samuel Moyn, eds., *The Breakthrough: Human Rights in the 1970s* (Philadelphia: University of Pennsylvania Press, 2013).

33. Bo Stråth, “The Normative Foundations of the Scandinavian Welfare States in Historical Perspective,” in *Normative Foundations of the Welfare State: The Nordic Experience*, ed. Nanna Kildal and Stein Kuhnle (London: Routledge, 2005), 34–52.