The Coercive Sterilization of Native American Women by the Indian Health Services (1970-1974)

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This article examines the coercive sterilization of Native American women by the Indian Health Service (IHS) in the United States between 1970 and 1974. It analyzes the sterilizations in the context of the wider availability of funding and legal acceptance for birth control and the Native American civil rights movement of the 1970s. The article discusses the methods and motivations of the IHS physicians who carried out the sterilization procedures and the effects that the sterilizations had on the victims and their communities. Additionally, this article examines a wider trend of unethical medical practice in the late 1960s and early 1970s. Furthermore, the article endeavors to demonstrate that medical professionals can hold and act on harmful social and political beliefs.

In the early 1970s, Native American women of different tribes and different regions came forward with stories of forced sterilization at Indian Health Service (IHS) facilities. The department of the federal Public Health Service sterilized some without their knowledge and consent, with the sterilization procedure being added onto other surgical procedures, while some gave their consent under misinformation, threats, and coercion. As more and more of these women began to speak out and share their stories, Native American leaders and publications began to call attention to the situation, leading to several studies and investigations. These widespread, systematic abuses occurred and continued for some time before the public caught wind of them. The IHS engaged in actions deemed illegal and inhumane by various national and international standards. The IHS's sterilization abuses of the 1970s that came on the heels of new federal support for family planning and coincided with other medical abuses against minority groups, were likely eugenically motivated, and were harmful in many ways to the victims and their communities.

The data of studies on the sterilization abuses show that between 1970 and 1976, IHS personnel and contract physicians coercively sterilized at least twenty-five percent and possibly up to fifty percent of Native American women.[1] An official investigation later conducted by the Government Accounting Office revealed that the IHS used dishonest consent forms and other forms of misinformation to sterilize 3,406 Native American women, many of whom were less than twenty-one years old.[2] While these numbers look small when compared proportionally to women of other ethnicities and examined in light of tribal populations, they gain significance. Bioethicist Gregory W. Rutecki, M.D., writes that "per capita, the figure was equivalent to sterilizing 452,000

[1] Jane Lawrence, "The Indian Health Service and the Sterilization of Native American Women," *American Indian Quarterly* 24, no. 3 (Summer 2000): 400, 410.
[2] Comptroller General of the United States, *Investigation of Allegations Concerning Indian Health Services*, Washington, D.C.: GPO, November 4, 1976, 4.

non-Native American women within the same time-frame."[3] An independent study conducted in the early 1970s estimated that such a large figure would reduce births of Native American children by as much as fifty percent.[4] A drastic reduction in the estimated 100,000 Native American women of childbearing age (between the ages of fifteen and forty-four) could have extremely harmful effects on the gene pools of individual tribes and on the Native American population as a whole.[5] Also, it is important to note that the numbers probably far exceed those reported. Complicating factors include the reluctance of some women to admit to sterilization and the fact that an unknown number of women may have been sterilized as early as the 1950s.[6]

In order to understand the eugenic profiling of the IHS's victims, it is necessary to briefly define the term and examine the origin and ideas of the eugenics movement. Essentially, eugenics is a pseudoscience focused on better breeding of humans. Rebecca M. Kluchin, a historian and professor at California State University, writes that eugenics centered on the idea that some individuals were "fit" to breed and should be encouraged to do so, while "unfit" individuals should be stopped from breeding.[7] English scientist Francis Galton conceptualized the idea in 1883, arguing that behavior, like health and biology, possessed a hereditary nature.[8] Galton and later eugenicists would all push the ideas that children genetically inherit their parent's morality and socio- economic standing, and that this directly contributed to an individual's fitness for breeding. Typically, middle and upper class whites of Northern European extraction held the designation of fit, while the unfit consisted of poor whites, often women, those who suffered from mental and physical disabilities, criminals, and "sexual deviants" such as homosexuals and promiscuous individuals.[9] Although its proponents held racial and class biases, it is important to note that at this stage in its history the eugenics movement at large focused on improvement of the white race. Eugenicists wanted to strengthen and purify the white race and were not as concerned with other races.[10]

The eugenics movement gained popularity in the United States from 1905- 1930.[11] American physicians inflicted "eugenically-directed harm" as early as the 1890s by surgically sterilizing individuals they deemed unfit.[12] In the late nineteenth and early twentieth centuries,

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[3] Gregory W. Rutecki, "Forced Sterilizations of Native Americans: Later Twentieth Century Physician Cooperation with National Eugenic Policies?" *Ethics and Medicine: An International Journal of Bioethics* 27, no. 1 (Spring 2011): 34.
[4] S.J. Torpy, "Endangered Species: Native American Women's Struggle for Their Reproductive Rights and Racial Identity: 1970's-1990's," Master's Thesis, University of Nebraska at Omaha.
[5] Bruce E. Johansen, "Reprise/ Forced Sterilizations: Native Americans and the "Last Gasp of Eugenics," *Native Americas* 15, no. 4 (December 1998): 49.
[6] Myla Vicenti Carpio, "The Lost Generation: Indian Women and Sterilization Abuse," *Social Justice* 31, no. 4 (2004): 40, 41.
[7] Rebecca M. Kluchin, *Fit to be Tied: Sterilization and Reproductive Rights in America, 1950-1980* (New Jersey: Rutgers University Press, 2009), 11.
[8] Ibid., 11.
[9] Kenneth M. Ludmerer, *Genetics and American Society* (Baltimore: Johns Hopkins University Press, 1972), 7.
[10] Kluchin, *Fit to be Tied*, 13.
[11] Ludmerer, 2.
[12] Rutecki, 36.

eugenicists began to more aggressively enact what is called negative eugenics, described by historian Kenneth M. Ludmerer as "the elimination of undesired traits in the population by discouraging "unworthy" parenthood."[13] Legislation, such as marriage restriction, incarceration or institutionalization of the unfit, and sterilization represented the most common methods of discouragement.[14] This shift in focus precipitated the implementation of sterilization laws. At the movement's height, thirty states passed laws legalizing the sterilization of unfit individuals. The movement would largely die out after World War II when it became associated with Nazi atrocities, but its ideas would continue to influence individuals.

While the fallout from association with the Nazi atrocities had mostly crippled the early twentieth century movement, the ideology lived on. The new movement, called neo-eugenics, differed from the earlier movement in two key ways. First, the neo-eugenics movement had a much less formal and organized structure. It essentially consisted of physicians, social workers, politicians, and government personnel who worked to advance their shared ideology.[15] Along with being much more subtle and anonymous than the original popular movement, neo-eugenicists changed their victimology in accordance with the times .[16] Kluchin writes that they formulated their ideology mostly in response to newfound pressure from minority groups, such as the burgeoning civil rights movement and increase in Hispanic immigration.[17] Their race-based targeting may also have been a reaction to population growth concerns and the financial burdens of the new welfare programs.[18] The neo-eugenicists continued to victimize the poor, but shifted the focus in terms of race.

Some of the roots of the abuses during the 1970s can be found in the legislative background of the 1960s. They occurred in an era in which reliable methods of contraception first became readily available, beginning in the 1960s under President Lyndon B. Johnson's War on Poverty, and continuing to grow under President Richard Nixon. According to professor and research economist Martha Bailey, the federal government's newfound interest in providing funding for family planning methods was benevolent (ostensibly at least). They sought to make birth control readily available so as to give women more personal and economic independence, to help them out of poverty, and to ease the burden of welfare on the state.[19] Consider Richard Nixon's 1969 statement regarding family planning:

> Unwanted or untimely childbearing is one of several forces which are driving many families into poverty or keeping them in that condition…. And finally, of course, it

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[13] Ludmerer, 7.
[14] Ludmerer, 7.
[15] Kluchin, *Fit to be* Tied, 21.
[16] Rutecki, 36.
[17] Rebecca M. Kluchin, "Locating the Voices of the Sterilized," *The Public Historian* No. 3 (Summer 2007): 133.
[18] Ibid., 133.
[19] Martha J. Bailey, "Reexamining the Impact of Family Planning Programs on US Fertility: Evidence from the War on Poverty and the Early Years of Title X," *American Economics Journal: Applied Economics* 4, no. 2, (April 2012): 1.

> needlessly adds to the burdens placed on all our resources by increasing population.[20]

However, that does not accurately describe the full motivations of the federal government at the time. The United States government expressed a marked interest in reducing its burgeoning population, which it saw as an economic concern.[21]

Legislatively, the first major step forward came under President Johnson's 1964 Economic Opportunity Act (EOA). While the EOA did not sanction federal funding for contraception outright, it provided a framework for it, specifically, the EOA's Community Action Program clause. Loosely defined, a Community Action Program (CAP) is any program that may help to eliminate poverty or its causes and provide opportunity for economic advancement. This put methods of contraception under the legal umbrella of the act. It provided a means for women to potentially escape poverty and go to work. Another aspect of CAPs is the accessibility they provided for the new money, as any local organization could request funding for contraception. The next significant step of federal patronage of family planning occurred with the EOA's amendment in 1967. Under the 1967 amendment, contraception programs received "national emphasis" status, increasing federal funding for family planning by 1,300 percent. Another addition to the now burgeoning family planning program came with Title X of Richard Nixon's Public Health Service Act. This act made it even easier to obtain federal family planning funds by allowing the Department of Health, Education, and Welfare to make grants directly to organizations without having to go through a CAP.[22]

New views on the legality of sterilization as a birth control method joined the surge of funding and access to birth control methods. The case of *Jessin v. County of Shasta* (1969), brought suit against a county hospital for sterilizing a woman who had given her consent for the procedure. The judge ruled in favor of the hospital, emboldening doctors to view sterilization as a legal method of contraception.[23] A District of Columbia District Court handed down another important ruling in 1974 in the combined case of *Relf et al. v. Weinberger et al.* and *National Welfare Rights Organization v. Weinberger et al.* This joint case's importance stems from its effects on the sterilization policy of the Department of Health, Education, and Welfare (HEW), the parent organization of the Indian Health Service. The judge ruled that "federally assisted family planning sterilizations are permissible only with the voluntary, knowing, and uncoerced consent of individuals competent to give such consent" and that "individuals seeking sterilization be orally

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[20] Richard M. Nixon, "Special Message to the Congress on Problems of Population Growth," July 18, 1969, Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*, http://www.presidency.ucsb.edu/ws/?pid=2132 (accessed February 7, 2014).
[21] Johansen, 47.
[22] Bailey, 3, 4; Barbara Caress, "Sterilization," *Health/Pac Bulletin* 62(1975): 1-6.
[23] Jessin v. County of Shasta, 274 Cal. App. 2d 737 (1969).

informed at the very outset that no federal benefits can be withdrawn because of a failure to accept sterilization." [24]

As detailed in the above cases and HEW regulations published in the Federal Register, and expounded on by Jane Lawrence, regulations regarding sterilization of individuals were as follows: the individual must give informed consent and observe a proper waiting period (seventy-two hours) between the delivery of consent and the occurrence of the procedure. Informed consent can only be given if the physician has fully explained the extent, purpose, chances of success, and potential risks of the procedure. A consenting individual must be mentally competent and at least twenty-one years old, and must not have been coerced or threatened into consenting in any way. Its status as a HEW department bound the IHS to the same statutes and permitted it to provide family planning for Native Americans as early as 1965.[25]

With those clear regulations, abuses such as those committed by the IHS should have been preemptively curtailed. One vehicle through which IHS perpetrated its abuses was the exploitation of its patients' dependency. Most Native American women had no other choice for healthcare than the IHS due to poverty and location on reservations. They formed a sort of captive clientele, easy to take advantage of and dependent on the very institution that victimized them.[26]

The lack of easily accessible alternatives coupled with IHS physicians' use of deception and threats as methods of coercion. Many of the consent forms used fell short of HEW regulations and did not provide adequate information about the procedure.[27] Some physicians piggy-backed sterilization consent onto forms for another procedure, and the required verbal explanations were often inadequate.[28] Physicians purposely misinformed patients about the purpose and permanence of the procedure or simply did not offer explanations. Additionally, some of the perpetrators exploited language gaps between themselves and their patients. Often, the victims did not speak English very well and the physicians did not speak the tribal language of the patient. In communicative breakdowns like these, physicians did not offer explanations in the native language of the patient and left them essentially uninformed about what they had consented to.[29]

Also, IHS physicians would obtain consent under duress. They convinced some women to sign consent forms during labor or under anesthesia. Later, these women could not remember even signing the forms. For example, IHS physicians in Minnesota sterilized a woman who had signed a consent form while in labor and under the impression that she had signed for a painkiller.[30] Beyond the issue of obtaining consent through illegal means, some women simply went uninformed, or had the sterilization procedure carried out in conjunction with another operation.[31]

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[24] Lawrence, 405.
[25] Ibid., 405-406; US Department of Health, Education, and Welfare, Office of the Secretary, "Sterilization Guidelines," *Federal Register 39* (September 21, 1973), 26459-61.
[26] Johansen, 48.
[27] Comptroller General, 25-26.
[28] Lawrence, 408.
[29] Carpio, 48.
[30] Lawrence, 414.
[31] Carpio, 45-46.

The case of Barbara Moore, Lakota, illustrates the above situation. Personnel at an IHS facility sterilized Moore without her knowledge or consent while she was unconscious following a cesarean section.[32] In some instances IHS physicians lied about the type of procedure they were performing to gain the women's consent. This can be seen in the case of one woman who IHS physicians pressured to consent to sterilization to alleviate headaches that her doctor blamed on "fear of pregnancy," and the case of two fifteen-year-old Cheyenne girls who thought they received tonsillectomies only to find that they had their ovaries removed.[33]

The angles used by the IHS to exploit and coerce their victims provide an interesting look at the ways in which the women could be victimized. The victims, mostly poor and often younger than twenty-one, found themselves easily susceptible to patronization by the IHS. As stated above, the IHS' targets depended on federal institutions for their livelihood and well-being and had little means of resistance due to their poverty. IHS physicians used this dynamic to threaten and deceive victims, and exploited cultural differences to take advantage of the women.

The victims' lack of opportunities for redress created another factor that aided the IHS in perpetuating its abuses. As Carpio writes, most of the victims simply could not resist due to their poor financial position. Suing an IHS doctor for malpractice would have taken a significant sum of money, one that women using the IHS for healthcare would be very unlikely to have in the first place. Carpio also points out that physicians employed by the IHS as federal employees had access to vast legal resources provided by the United States Department of Justice. For anyone, especially marginalized groups, fighting back against a large federal department would be daunting. This intimidation did a lot to silence the abused women.[34]

The characteristics of the physicians employed by the IHS also helped to foster an environment in which abuses like this could occur. IHS physicians had large workloads, with more than 1,200 patients per physician and an average work week of sixty hours, all on a meager federal salary of $17,000 to $20,000 a year, well below the average $45,000 per year earned by privately employed physicians, and were not reimbursed on a per procedure basis.[35] Adjusted for inflation, these represent roughly $90,000 and $236,000 today, respectively. An important implication of the small salaries and lack of per procedure reimbursement of IHS physicians is that it would provide no motivation to perform large numbers of surgeries, as these lacked an increase of income. However, the physicians contracted by the IHS may have had some financial incentive for the sterilizations. Rutecki writes that they operated under "a contract model with reimbursement in full for an unlimited number of sterilizations."[36] These physicians stood to gain financially by performing large numbers of surgeries. He goes on to point out that the contract

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[32] Ibid., 45.
[33] Carpio 46; Johansen 48.
[34] Carpio, 49.
[35] C.L. Hostetter and J.D. Felsen, "Multiple Variable Motivators Involved in the Recruitment of Physicians for the Indian Health Service" *Rural Health* 90 (1975): 320; Catherine E. Ross and Janet Lauritsen, "Public Opinion About Doctor's Pay," *American Journal of Public Health* 75, no. 6 (June 1985), 668.
[36] Rutecki, 39.

model creates an ethical chasm between technique and considerations of right and wrong by rewarding performance no matter what.[37]

Beyond financial and professional motivations, studies and surveys conducted on physicians at the time show that many of them held eugenic views, especially in regards to their personal and racial benefit. Rutecki writes that "knowingly limiting births in a targeted population had been emblematic of eugenic policy in the early to mid-twentieth century."[38] So, at the very least, IHS physicians were echoing the actions of their earlier counterparts. One study asked physicians about what situations they would recommend sterilization as birth control in. In the case of a white woman, only 6% percent said they would, but that number doubled in the case of a minority or poor woman, and increased to 97% if the woman was receiving welfare and had three children.[39] Many of them viewed this as helpful to the government, themselves, and even their victims by easing economic burdens on all parties.[40] Connie Pinkerton-Uri, a Native American physician working for the IHS said of her colleagues in 1974 that they thought "the solution to poverty is not to allow people to be born" and "a poor woman with children was better off sterilized."[41] A 1976 medical bulletin on sterilization revealed that some physicians used medicine as "an instrument of social control" and let their personal politics influence their actions.[42] Additionally, some of the physicians doubted the intelligence of their victims and did not believe they would be able to reliably use other forms of birth control.[43] They used their power over their victims and the readily available federal funding for sterilizations to enforce their own political and social beliefs.

Despite these roadblocks, information about the sterilizations found its way to the public through a variety of means. This era represented the zenith of the Native Americans' civil rights movement, also called the Red Power movement, which would be instrumental in exposing the IHS' abuses. The American Indian Movement (AIM) had its inception in 1968 and quickly demonstrated a propensity for bold protest with its nineteen-month occupation of Alcatraz Island in 1969, 1972 occupation of the Bureau of Indian Affairs'(BIA) Washington, D.C. headquarters, and the clash at Wounded Knee in 1973.[44] Interestingly, Native American women took a very active role in the Red Power movement. For example, Mary Jane Wilson, an Anishinabe, helped found AIM.[45] Others like Pullayup Ramona Bennett and Tulalip Janet McCloud participated at nearly every major AIM demonstration.[46] These three and other women like them joined in Native

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[37] Ibid., 39.
[38] Ibid., 33.
[39] Ibid., 37.
[40] Lawrence, 410.
[41] Ibid., 412.
[42] Caress, 1-6.
[43] Lawrence, 410.
[44] Joane Nagel, "American Indian Ethnic Renewal: Politics and the Resurgence of Identity," *American Sociological Review* 60, no. 6 (December, 1995): 956.
[45] Donna Langston, "American Indian Women and Acitivism," *Native American Times*, April 28, 2006, 7.
[46] Ibid., 6-7.

American activism often challenged male leaders of the movement and filled leadership positions themselves.

While Jane Lawrence holds that AIM's radical activism may have contributed to the IHS's abuses, AIM's occupation of the BIA offices played a pivotal role in the publicizing of the IHS's actions.[47] When AIM demonstrators left the BIA headquarters, they took 1.5 tons of documents, some of which revealed sterilization abuses against Native American women.[48] Until 1973, evidence of the abuses had been sparse and scattered geographically so that mainstream America was not aware of them.[49] After this, writes Johansen, "wherever Native activists gathered during the Red Power years of the 1970s—conversation turned inevitably to the number of women whose tubes were tied or ovaries removed by the Indian Health Service."[50] This activist network of communication helped spread the revelations of the BIA documents, and in response, Janet McCloud and others formed Women of All Red Nations in 1973 to focus on the issue and bring attention to it.[51] This mounting wave of attention and evidence brought the issue to the surface.

When the various pieces of evidence detailing these abuses came to light, the International Indian Treaty Council petitioned Senator James Abourezk, a Democrat of South Dakota, to look into the issue. The senator then commissioned the 1976 Government Accounting Office Report (GAO).[52] Although the ensuing investigation revealed some abuses, it did not reveal any evidence of forcible sterilization and failed to thoroughly investigate the matter. Out of twelve IHS operation areas, the GAO only investigated four. The numbers that it turned up in only one-third of the IHS' facilities likely do not begin to cover the actual number of victims. Similarly, out of 3,406 consent forms on record, only 113 were reviewed for procedural integrity by the GAO. Furthermore, the GAO investigation did not cover physicians contracted by the IHS, again likely missing significant figures.[53] The investigation failed to place any blame on IHS personnel, reflecting it to mistakes caused by weaknesses in the consent forms.[54]

Even more disconcerting is the fact that the investigators failed to interview any of the victims. This denial of voice to those who actually suffered prevented a potentially powerful factor from entering the investigation.[55] The investigators only viewed IHS documents and completely disregarded those affected. The GAO made a set of recommendations for the IHS to follow and instructed the organization to make sure that its employees and contractors knew to follow them, and took no punitive action against those physicians who broke regulations.[56] While the HEW

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[47] Lawrence, 410.
[48] Langston, 8.
[49] Johansen, 47.
[50] Ibid., 44-45.
[51] Ibid., 45; Langston, 9-10.
[52] Johansen, 47.
[53] Comptroller General, 18-19, 23-24.
[54] Ibid., 25.
[55] Carpio, 43.
[56] Ibid., 48; Comptroller General, 26.

released tighter regulations on sterilization in 1976, the IHS still does not undergo full audits.[57] The potential for abuse remains now.

The IHS's practices proved to be harmful in many ways. Along with the obvious effect of being permanently unable to bear children, many women suffered from depression, feelings of anger and fear, and substance abuse due to shame they felt.[58] For many Native American groups, childbearing and rearing is a woman's sacred duty. Additionally, motherhood empowered women in some Native American nations.[59] Without the physical capacity to attain that status boost, sterilized women lost opportunities to participate in tribal leadership. Furthermore, women who could not bear children were often passed over for marriage or divorced if already married, and could also be excluded from certain tribal ceremonies.[60] The effects on tribal community also included the men of the tribe. Just as a sterile woman could not fulfill her traditional role, a man who failed to protect his wife from harm was frowned upon.[61] The authority and standing of a tribe that could not protect its women from harm would be similarly undermined.[62]

Perhaps the most significant effects lay in examination of the population as a whole. According to data from the Censuses of 1970 and 1980, the birth rate among Native American women dropped from an average of 3.79 children per woman to 1.80. Note that the figure of a 1.99 reduction is an average, and some groups, such as the Apaches, saw reductions of almost three children per woman.[63] Many Native American authors who have written on this subject lament what was essentially a missing generation of Native American children as the most terrible consequence of the IHS's sterilization abuses.[64]

The IHS's sterilization abuses were part of a larger pattern of medical misconduct that occurred in this period. The organization also used Native American children in federally administrated boarding schools for medical experimentation from 1967- 1968 and again from 1972-1973.[65] Since the IHS served as the children's' legal guardians at these schools, it did not deem it necessary to obtain parental consent for participation in the studies.[66] These studies consisted of research involving medications, vaccines, and procedures.[67] In addition to the IHS's actions, other medical abuses occurred. Physicians in the United States also coercively sterilized many African American, Latin American, and poor white women in much the same manner as Native American women.[68] Furthermore, certain US federally funded agencies operating

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[57] Lawrence, 415.
[58] Lawrence, 413-414.
[59] Langston, 8.
[60] Carpio, 50; Lawrence, 410.
[61] Greg Turosak, "Charting a Path for the Future," *Bismarck Tribune*, Oct. 23, 1981, pg. 49.
[62] Ibid., 49.
[63] U.S. Department of Commerce, Bureau of the Census, *1970 Census of the Population Subject Report: American Indians.* and *1980 Census of the Population Subject Report: American Indians by Tribes and Selected Areas* (Washington, DC: Bureau of the Census, June 1971): 141-147.
[64] Carpio, 51.
[65] Comptroller General, 3.
[66] Ibid., 3.
[67] Ibid., 2-16.
[68] Kluchin, "Locating the Voices of the Sterilized," 133.

internationally sterilized both men and women in the developing countries of Central and South America and Africa.[69] The 1942-1972 Tuskegee experiments on syphilis represent another concurrent medical controversy. These experiments, conducted by the Public Health Service, involved 400 poor, rural African American men who suffered from syphilis.[70] The physicians deceived the men by telling them that they were being treated for "bad blood."[71] In reality, their syphilis was being allowed to run its course. When this came to light in 1972, the experiment was labeled by some sources as genocide, a moniker that some would later apply to the sterilization abuses inflicted by the IHS.[72] All of these instances represent similar ejections of ethics in the American medical community.

IHS physicians' actions have troubling implications. They, and others, forsook the creed, "Do no harm," in favor of closely held personal motivations. Instead of the neutrality and benevolence often attributed to physicians, many of them held subversive beliefs and chose to enact these on their patients. Rutecki notes that some of these underlying motivations are still alive in the medical field's recent zeal for genetics and the continuance of "rich monetary rewards dedicated solely to technique."[73] Indeed, American physicians have twice proven—once in the first half of the twentieth century and again in the second—that they can fall prey to a malevolent and harmful scientific or social zeitgeist.

Without a doubt, the actions of the IHS were unethical and inhumane. The physicians, who held self-professed eugenic beliefs, took advantage of their patients' dependency on them and new federal funding to coercively sterilize Native American women. The IHS did little to rectify the situation, leaving the abuses unpunished while the victims went on to deal with a host of emotional and social problems. The IHS's abuses of the seventies represented one part of a wider trend of unethical medical activity, perpetrated against victims reminiscent of those targeted by the original American eugenics movement. The continued oversight of the IHS remains a concern for Native Americans, and as long as the organization is largely left to its own devices, sterilization abuse remains a very real fear for Native Americans.

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[69] Carpio, 40.
[70] Susan M. Reverby, "More than Fact and Fiction: Cultural Memory and the Tuskegee Syphilis Study," *The Hastings Center Report* 31, no. 5 (September- October, 2001): 30.
[71] Ibid., 30.
[72] Arthur L. Caplan, "When Evil Intrudes," *The Hastings Center Report* 22, no. 6 (November- December, 1992): 29.
[73] Rutecki, 35, 40.

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