

Producing the Ideal Family: “Positive Eugenics” and the Quest for the Perfect Family

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The eugenic movement of the early twentieth century has garnered significant scholarly attention in recent years. Forced incarcerations in ‘eugenic colonies’ and involuntary sterilizations have been roundly condemned from both the cultural right and left as an example of the need for limits on government intrusion into matters more properly left to individuals or their families. One aspect of the eugenic movement that has received comparably less attention is the seemingly benign attempt to promote the “Fit Family.” State eugenic offices sponsored contests in magazines and at state or county fairs to pit so-called Fit Families against one another in a contest to live up to a social and medical idealization of the perfect family. While the eugenic movement was largely discredited after World War II, medical advances in the last 30 years have opened new avenues in the quest for a genetically ideal family. This paper examines both the similarities and differences between contemporary efforts and those of earlier eugenic advocates. Ultimately, I argue that these contemporary efforts, though more scientifically advanced than their earlier counterparts, can be destructive to established social norms that surround the family.

“Should I have been killed at birth?” That is the somewhat jarring question posed by attorney and disability rights advocate Harriet McBryde Johnson in her conversation with noted Princeton bioethicist and philosopher Peter Singer. Johnson, disabled due to a neuromuscular disease, eventually rejected the brace that would have held her body erect and, in her own words, “let [her] spine reshape itself into a deep twisty S-curve.” In her later years she described herself as “Karen Carpenter thin, flesh mostly vanished, a jumble of bones in a floppy bag of skin.” Mentally acute and highly accomplished as a lecturer, attorney, and activist, Johnson was a leader in Not Dead Yet, an organization that campaigns for recognizing and improving the quality of life for disabled persons. Singer, on the other hand, is a frequent target for criticism and publicly aggressive social protests by Not Dead Yet and similar groups because of his views on giving parents the option of killing children born with conditions like Johnson’s. His critics have called for a boycott of his work and agitated enough that some venues have cancelled his lectures. The civility with which Singer and Johnson debated the issues was an affront to some,

but, as Johnson pointed out, it was made possible by the academic nature of the conversation. She was already an adult, and while Singer's views on euthanasia and the prerogatives advanced societies should have in their efforts to alleviate certain kinds of suffering may be equally odious to her and others, he did not advocate the forceful ending of Johnson's life. In fact, she acknowledged a certain cohesion and perhaps even intuitive appeal in his framework.¹ What Singer favors is choice unencumbered by dogma, assertion, or the influence of external authority. His stated goal is to give Johnson's parents and doctors more options at her birth when the likely ramifications of her disability were more apparent than they had been in the womb.

But choice is a slippery construct. The advances in modern medicine that have alleviated significant suffering have also rendered many of the factors in medical decision-making all but incomprehensible to most laymen. In this context patient choice may be more illusory than real, influenced as it is by factors ranging from resource limitations to the input of paid "genetic counselors" or other professionals.² All of this is made even more problematic when one considers that no agreed upon framework exists for how to deal with one of the root issues, namely, how to assess the quality of life, potential or realized, of another individual. Unanimity in opinion will not be easily generated as patients, or in many cases their families, may perceive their interests in very different terms than do doctors or ethicists.³

¹ Harriet McBryde Johnson, "Unspeakable Conversations," *The New York Times Magazine*, February 16, 2003, <http://www.nytimes.com/2003/02/16/magazine/16DISABLED.html> (accessed November 24, 2014). Johnson died in 2008. Singer's corpus is extensive, ranging from issues of abortion and euthanasia to the case for animal rights. The author of dozens of books, articles, and essays, Singer's views are difficult to characterize and easy to over-simplify. The summary here is based on Johnson's interpretation of their conversation.

² The commercialization of the genome has given rise to a multi-million dollar industry ranging from experts with advanced degrees to mail-in services that promise to give you, and a potential mate, a peek at your potential offspring's genetic future. Some will even make recommendations for what kind of partner one should look for given one's own genetic profile.

³ This, in fact, is the basis for one of the main disability-rights critiques of assisted suicide: that able-bodied persons perceive the lives of the disabled as inherently of less value. How else to explain the default position that society should prevent most suicides, but legitimate, even facilitate, suicides for disabled persons or those facing certain kinds of illness? Studies show that both the public and healthcare providers often assess the quality of life for disabled persons in more negative ways than do the disabled themselves, a fact that Johnson argues undergirds a

Eugenics in America

The spectre of experts passing judgment on the potential quality of life enjoyed by people deemed less capable, or less valuable, is not without precedent in America. Influenced by social Darwinist thought in the last decades of the 19th century, the eugenics movement in America forcibly restrained some Americans by placing them in colonies or, in literally thousands of cases, subjecting them to forced sterilizations. Eugenicists believed that our understanding of biology and hereditary had progressed such that we could improve the species overall by tracking genetic lines of undesirable traits and pruning them out of the gene pool. Thus, they favored segregation, and in many cases, sterilization for those deemed unfit. The determination of one's fitness was the responsibility of institutions such as the Eugenics Record Office in Cold Spring Harbor, New York, which claimed to be able to identify and even predict traits such as 'feeble-mindedness' and 'deafmutism.' Eugenic leaders such as Dr. Harry Laughlin⁴ designed research protocols that tracked the frequency of undesirable traits within a family tree. Often operating with a rather crude understanding of cause and effect, and basing many of their judgments on incomplete family histories, eugenic field officers determined that 'imbecility' and other maladies could be pinched off in one or two generations. What they called "degenerate hereditary qualities" may not have been curable, but they believed it could be prohibited. Eugenic thinking was enormously influential in the opening decades of the 20th century, coinciding as it did with several progressive movements aimed at social reform and the promotion of human well-being. Some 30 states eventually passed measures allowing for the forcible sterilization of private citizens, with Indiana leading the way in 1907. The laws remained

"vener of beneficence" on the part of modern medicine that nevertheless is really about nondisabled persons telling the disabled that they know better.

⁴ Laughlin died in 1943. A prolific author in his own right, his work served as the model for Germany's 1933 sterilization laws; he was a leading public figure in the eugenics and related movements though his credentials in the scientific community were much less influential, and indeed, his methodology was heavily criticized.

somewhat unused for several years such that by the middle of the 1920s more than 80% of sterilizations that occurred took place in one state—California. Though the laws varied from state to state (Some allowed only for the sterilization of convicted criminals, etc.), they stayed on the books in some places until the 1970s. By that time, more than 60,000 Americans had, quite literally, come under the knife in the name of purging society from their burdensome offspring.

Eugenic programs are often abhorrent to twenty-first century ears, but less than a century ago they were openly defended by established, mainstream voices. The United States Supreme Court, for instance, upheld the constitutionality of such laws in its now infamous 1927 decision, *Buck v. Bell*. The Commonwealth of Virginia sought to sterilize Carrie Buck, an unwed victim of sexual assault impregnated by the nephew of her foster parents, John and Alice Dobbs. Both Buck and her mother were diagnosed as “feeble-minded,” and that fact coupled with her supposed lack of morality (a charge laid against many unwed mothers in those years) warranted her commitment to the nearby eugenic colony in Lynchburg. Further cementing Buck’s fate, a nurse with only a passing familiarity with her daughter, Vivian, attested that something was not quite right with the young girl. Writing for the Court, Justice Oliver Wendell Holmes held that the state’s interest in promoting the health of its citizens was sufficient to justify Buck’s sterilization even against her wishes:

We have seen more than once that the public welfare may call upon the best citizens for their lives. It would be strange if it could not call upon those who already sap the strength of the State for these lesser sacrifices, often not felt to be such by those concerned, in order to prevent our being swamped with incompetence. It is better for all the world, if instead of waiting to execute degenerate offspring for crime, or to let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their kind. The principle that sustains compulsory vaccination is broad enough to cover cutting the Fallopian tubes.⁵

⁵ See http://www.oyez.org/cases/1901-1939/1926/1926_292 for the full text of Holme’s decision. For more on this case and the Buck family more broadly, see Paul Lombardo, *Three Generations, No Imbeciles: Eugenics, the Supreme Court, and Buck v. Bell*. (Baltimore: John Hopkins University Press, 2008). On the eugenics movement

Considering Buck's lineage, Holmes, evidencing how common eugenic assumptions were at the time, concluded that "three generations of imbeciles is enough."

Support for eugenic programs was widespread, but the movement was not without critics. Many scientists, especially geneticists, held that the record-keeping of the various eugenic offices was sloppy and insufficient, given the decisions being made, and furthermore, that the entire eugenic framework assumed a greater understanding of heredity and the influence of environment than was possible at the time. Eugenic science, they claimed, was not really science at all. Religious voices were scattered and inconsistent when it came to the moral and ethical implications of eugenic practices. Many progressive religious voices found in eugenics another tool for the betterment of social conditions and the alleviation of suffering. Dean Walter Sumner of Chicago's Episcopal Cathedral of Saints Peter and Paul wanted to require couples seeking marriage to have a certificate of health from a medical professional before the ceremony could be performed. The American Eugenic Society's [AES] Committee on Cooperation with Clergymen sponsored sermon contests, stressing the common ground between their aims and those of the churches, namely, promoting a higher quality of life. Harry Emerson Fosdick, one of the most notable progressive religious leaders of the era, served on the Society's advisory council, as did Father John Cooper of Catholic University in America. The influential Father John A. Ryan, one-time head of the NCWC [National Catholic Welfare Council] Department of Social Action, also served on the AES committee. He was critical of the eugenic project's tendency to evaluate the worth of individuals in narrow, largely, hereditary terms, but his advocacy of broad social reform coincided with some aspects of the eugenic vision for society. Both men resigned from the council after Pope Pius XI condemned sterilization in 1930. On the

more broadly, see Harry Bruinius, *Better for All the World: The Secret History of Forced Sterilization and America's Quest for Racial Purity* (New York: Knopf, 2006).

other hand, G. K. Chesterton was perhaps the most celebrated critic of eugenics, identifying it as a social evil based on bad science bent on appropriating the power of the state to violate the most basic rights of the individual.⁶

Fitter Family Contests

We normally think of the eugenic movement as a restrictive or prohibitive movement, that is, as a series of attempts to prevent certain people from reproducing, etc. But those Justice Holmes identified as the best citizens had their role to play as well, and not just as benevolent bystanders. Influenced by “baby saving” efforts aimed at lowering infant mortality in the United States, some progressive reformers sponsored “Better Babies” contests in state and county fairs around the country. Infants and small children were showcased right alongside agricultural and livestock examples of how selective breeding could produce the best offspring and in time enhance the overall quality of a species. Descriptives such as “robust,” “thriving,” and “sturdy” were attached to some infants, and by extension, the family as a whole. In fact, the prestige attached to an entire family that produced a prize-winning infant no doubt was part of the motivation for families to enter such contests in the first place. The publicity flyers and bulletins for the contests convey a sense of eager optimism and local pride that was associated with the competitions, with social recognition and status bestowed on the winner. The Louisiana State Congress of Mothers, for example, reported in 1909 that Master Walter Terry Colquitt of Hadley was a “prize entry” at that year’s baby show, and included press clippings for when his mother took him to town for display. The 1913 State Fair awarded calligraphy-laden certificates that assessed babies an overall quality percentage, signed by various representatives from the Fair,

⁶ For more on American religion and eugenics, see Christine Rosen, *Preaching Eugenics: Religious Leaders and the American Eugenics Movement*, (New York: Oxford University Press, 2004).

including the “Chief of Medical Staff.”⁷ (See Appendix A for a collection of images, including Master Colquitt’s picture.)

It was not a far leap to get from these competitions to the “Fitter Families” contests that emerged only a few years later and that were more closely identified with eugenic initiatives. Advocates founded the “Fitter Families for Future Firesides Competition” in the early 1920s, calling on families to line up against their peers for who could best embody the idealized version of the healthy family. The primary personality behind the “Fitter Families” contests was Dr. Florence Sherborn, an employee of the Children’s Bureau, originally hired to investigate the health of children reared in rural midwestern communities. Sherborn, a graduate of the University of Iowa’s medical school, had run a sanitarium until personal circumstances forced her to sell the business and go to work for the Bureau. She had been an active promoter of “Better Baby” contests in Iowa since the turn of the 20th century and wanted to expand the project throughout the region. The growing fascination with heredity, itself inseparable from the eugenics movement, prompted a shift in focus away from babies to the family lines from which they came. Sherborn and her contemporaries were progressive reformers to be sure, but they were also shrewd strategists when it came to advancing their goals. While they believed that rural communities provided superior environments for child-rearing, they also recognized that “farm-folk” might resist the imposition of “big-city” methods aimed at promoting healthcare, preferring their own long experience with obstetrics and women’s health issues. Reformers like Sherborn seized on county and state fairs as a means of attracting rural families and appealing to something they already prided themselves in, namely, the evaluation of livestock. Unlike other strict hereditarians in the eugenics movement, Sherborn left room for nurture in the promotion of

⁷ See the Eugenics Archive online at Eugenics Archive Web site, http://www.eugenicsarchive.org/eugenics/list_topics.pl?theme=8.

children's health, but this too resonated with rural community's emphasis on vigilant care and a healthy environment.

Starting in the 1920s, Sherborn's Fitter Families Contests pitted both the realized and potential "good stock" of competing families against one another. Competitors answered questions detailing their family history and submitted to a battery of medical tests, some well-established (blood tests, basic physicals, etc.) and some the merit of which was less agreed upon by the scientific community. Contestants were entered in different categories depending on family size, and the 'records' used in and produced by the contests gave the whole enterprise the air of legitimate, objective science.⁸ (See Appendix A) Judging panels often included members of various eugenic organizations, medical professionals, elected officials, and occasionally people of local celebrity. The criteria for judgment often assumed a rather un-nuanced view of the relationship between nature and nurture, mixing as it did physical characteristics such as myopia or baldness with civic activities and religious commitment. Contest officials were often all but blind to issues of social class as well, interpreting lower status as evidence of degeneracy and the result of poor genetic material.⁹ These and other shortcomings did not dampen public enthusiasm for the contests, however, and winners were announced at the fairs, written up in local papers, and often received a medal inscribed with a verse from the 16th Psalm: "Yea, I have a goodly heritage."¹⁰

Fitter Families contests grew considerably through the 1920s. By the time America entered World War II more than 40 state fairs held these or similar contests, with notable public

⁸ See Appendix A for the score card and picture of the "Average Size" winner at the Eastern States Exposition of 1925.

⁹ The relationship between the targets of eugenic efforts and socio-economic status is unmistakable. People who lived on the proverbial "wrong side of the tracks" had their socio-economic conditions taken as evidence of their inferiority, especially if multiple generations lived under similar circumstances.

¹⁰ On Sherborn, see Laura Lovett, *Conceiving the Future: Pronatalism, Reproduction, and the Family in the United States 1890-1938* (Chapel Hill: University of North Carolina Press, 2007).

personalities, such as basketball inventor Dr. James Naismith and industry captain William Kellogg providing various levels of endorsement and outright sponsorship for these contests.¹¹ There was an educational component to the contests as well, purporting to teach the public about heredity and social reform. Instructional displays set up at Fitter Family booths included a family of white, black, and brown guinea pigs, the color patterns of which illustrated how hereditary characteristics are passed from one generation to the next (Most rural families probably had long experience with this already even if they were unfamiliar with the scientific terminology.). Beyond the level of individuals and their families, other displays made explicit the supposed connections between heredity and social welfare. For example, another common display consisted of a series of flashing lights set on different timers. Each light represented a different event, such as the birth of either a healthy baby or one deemed less fit in the United States. Incarceration rates were also frequently represented in the light display along with the assurance that fit children rarely ended up in jail. The display included the label, “Some people are born to be a burden on the rest.”

American abhorrence for all things Nazi led to the discrediting of much of the eugenic platform even if the laws remained on the books for several decades. More recently issues of informed consent, which was usually lacking in places like the discredited Lynchburg Colony, and the ever-more robust understandings of personal autonomy in America have prompted many moderns to label eugenics a thing of the past. The majority of my students have never even heard of America’s eugenic history, much less were they aware of its extent. But that does not mean that eugenic practices have altogether ceased in this country. *Time* magazine drew the public’s attention to these issues in 2013 when they reported on sterilization practices in some California

¹¹ A Kellogg-like character is lampooned along with the entire Fit Family mentality in the 1994 movie *The Road to Wellville*, starring Anthony Hopkins, John Cusack, Matthew Broderick and Bridget Fonda.

prisons, and a small group of judges have made headlines for proposing sterilization as a means to prevent deadbeat dads from further procreation.¹²

While clearly part of the eugenic movement in America, the Fitter Families contests are not usually lumped into the same moral category as forced sterilization or compulsory abortion as they were practiced in the United States. Nevertheless, most Americans today would find something troubling about judging families the way one judges livestock and awarding medals and certificates that seem to label some families as superior and others as inferior. But in other respects certain aspects of the Fitter Families contests are still with us. As I write this, the headlines are full of reports about an Australian couple's rejection of a surrogate son born with Down's Syndrome, even though they accepted his healthy twin sister. Public rhetoric has generated more heat than light on the particulars of this case, but the couple, who claim they did not reject the boy, have acknowledged being angry that they were not informed of the boys' condition in time to secure an abortion. Critics have pointed out that regardless of their motivation or contractual issues about full disclosure, etc., the end result is eugenic in consequence if not design.

The Future of Genetic Manipulation

For twentieth-century eugenicists heredity was largely a fixed construct. Your genetic inheritance simply was your biography, thus their attempts to manipulate the future of the gene pool as a whole. The concept of actually manipulating a particular individual's genetic profile would hardly have occurred to them, save in the realm of fantasy. While it is true that we are not yet at the point of being able to endow embryos with super-human strength or vastly superior intelligence, ethicists such as Maxwell Mehlman have noted that the unlocking of the human

¹² Paul Campos, "Eugenics Are Alive and Well In the United States," *Time*, July 10, 2013, <http://ideas.time.com/2013/07/10/eugenics-are-alive-and-well-in-the-united-states/> (accessed September 3, 2014).

genome has opened up dramatic and perhaps terrifying new possibilities.¹³ Characterizing the last 30 years of scientific research in this area as a series of revolutions, Mehlman argues that we may be on the verge of significant breakthroughs in genetic enhancement, the possibilities of which raise some very challenging questions. Assuming for the moment that we can overcome the scientific and technical hurdles (and that is by no means certain), are there moral boundaries to tampering with nature, and if so what are they? How can we adjudicate between different visions of responsible medical care? On a social or political level how will these advantages be distributed in society? Will only the already rich have access to genetic enhancements, and if so, what will that mean for concerns about inequality in society? In recent years those societies that organized around the assumption that one group of people is genetically superior to another group of people have been held in scorn, out of step as they are with contemporary assumptions about equality, dignity, and basic human rights. Nevertheless, we may be moving in the direction of making inequality at the genetic level a reality. The fact that we have done this to ourselves in the name of freedom and progress will be small comfort to the losers in the genetic arms race.¹⁴

There are significant implications for families as well. Genetic manipulation at the embryonic level could have serious ramifications for assumptions our society makes about the responsibilities of parenthood. Most parents have a natural and socially helpful desire to see their children succeed. This is part of the motivation for education, enrichment opportunities, and the general level of care we expect of parents. If and when medical science permits anxious parents

¹³ Maxwell Mehlman, *Wondergenes: Genetic Enhancement and the Future of Society*, (Bloomington: University of Indiana Press, 2003).

¹⁴ One of the less commented on aspects of this whole issue is the way in which one understanding of the person has essentially trumped all others. Thinking of persons in such a materialist way (we “are” our genetic inheritance) is, ultimately, a reductionist approach to how we should think about ourselves. The ascendancy of this view may pose real challenges to moral, spiritual, and philosophical understandings of the person, many of which incorporate frailty and the desire to overcome our limitations as part of what it means to be human. These issues will be still more complex if it becomes possible to endow future generations not just with physical characteristics, but with particular inclinations as well.

to increase their children's height, muscle mass, or intellectual aptitude through genetic manipulation, many parents may be willing to do so in an effort to give their child a competitive edge over others. But if their neighbor's children are also enhanced, we set in motion a potentially never-ending race to the top of the genetic pyramid. Aside from pragmatic difficulties associated with this potential turn of events (the emergence of an underground market, etc.), this could impose nearly impossible burdens on some parents to keep up with the wealthiest of their counterparts. Additionally, while all parents hope for the best for their children before and after they are born, there is, in having children, an openness to the vagaries of chance. As Harvard political theorist Michael Sandel has noted, the norm of unconditional parental love is in part a response to the fact that our children may not always be what we want them to be. The expectations surrounding genetic enhancement may undermine that norm if a child is not all the geneticist promised, leaving parents to grapple with a new level of frustration and disappointment.¹⁵ Some children may have to live with the realization that their parents are disappointed in them at the most fundamental level, that of their genes. Or consider the plight of the adolescent whose parents gave her every athletically-oriented enhancement available, but she simply does not enjoy competitive sports. This predicament could exacerbate the already psychologically difficult period of adolescence when children begin to assert their own independence. Seen in another light, the ability to shape a child's abilities and inclinations at the genetic level may undermine the very concept of responsible independence identified by our society as the goal of socialization in the first place. All parents look for and try to nurture their children's abilities and interests, but it is another thing altogether to manipulate these things beforehand in accordance with the parents' own desires and interests.

¹⁵ Sandel, Michael. *The Case Against the Perfection: Ethics in the Age of Genetic Engineering*, (Cambridge: Harvard University Press, 2007).

There is another dimension to the kind of treatments Sandel has in mind that could also potentially reshape the responsibilities of parenthood. Living in the information age guarantees one access to a wealth of knowledge, but it also can bring with it a sense of overload. The tendency for patients to obsess over rare disorders they have read about online and the ill-informed self-diagnosis many patients bring with them to their doctors have even been given a name: cyberchondria. The anxiety associated with expectant parenthood has only multiplied with the revolution in how we access information, and has given rise to a cottage industry looking to empower (or exploit, depending on one's perspective) parental insecurities. Commercial testing kits, downloadable apps that track family history to suggest susceptibility to certain conditions, and genetic counseling are all publicly available and only loosely regulated. Many of these services are accompanied by warnings about the rise of various disorders or genetic defects. All parents worry about the health of their children, both before and after birth, and, when indicated by ultrasound or PGD [preimplantation genetic diagnosis] technologies, no doubt early intervention is a form of relief. But it is also true that the information age has exploded the number of things parents worry about and that the pressure to know and control every potential risk factor their child may face has brought new stresses to family life.

These issues came into sharp relief in January of 2009 when doctors in London delivered the first "cancer-free" baby known to be born in Britain. Nine months earlier an embryo had been screened for the BRCA-1 gene, known to be linked to breast and ovarian cancer. The Medical Director of the Assisted Conception Unit, Dr. Paul Serhal, perhaps inadvertently gave rise to a set of policy considerations that have yet to be fully understood, much less explored: "The parents will have been spared the risk of *inflicting* (emphasis added) this disease on their daughter. The lasting legacy is the eradication of the transmission of this form of cancer that has

blighted these families for generations.”¹⁶ By this reasoning, parents who could have screened and treated an embryo to avoid an illness but did not do so for whatever reason have “inflicted” a disease on their children. In the legal realm, this failure to act could be considered by some as a form of child abuse, as many state statutes include penalties for parents that fail to act if such failure places the child in imminent risk. Experimenting with unproven genetic enhancements at the potential expense of the well-being of the child would surely qualify as a form of abuse, but with the line between enhancement and therapy less clear than ever before, it is easy to imagine a situation in which failure to intervene could be considered a potential form of child abuse. The law already defines withholding medical treatment from children as potentially criminal. Normally associated with things like refusing blood transfusions for religious reasons, the withholding of medically indicated treatment that could prevent manifestation of a disease later in life could in itself be seen as a form of neglect or abuse.¹⁷ Noted public intellectual Richard Dawkins pointed in this direction when, in a Twitter exchange with one of his followers, he argued that it might be immoral to bring a child with Trisomy 21 into the world (in light of the suffering it could cause) if one had the ability to avoid it through early abortion. Dawkins later publicly regretted using the limited forum of Twitter to explain his views since all he was able to say in that venue was “Abort it and try again. It would be immoral to bring it into the world if you have the choice.”¹⁸ At present both public policy and research guidelines for how to assess issues of parental responsibility for the future health of their unborn offspring are inadequate, but

¹⁶ CNN.com Web site, http://www.cnn.com/2009/HEALTH/01/09/uk.cancerfree.baby/index.html?eref=rss_latest.

¹⁷ I have explored this topic in more depth in “Nature v. Nurture: Limiting the Rights of Parents in Genetic Enhancement,” *Grove City College Journal of Law and Public Policy*, 3:1 (2012).

¹⁸ Richard Dawkins, “Abortion and Down Syndrome: An Apology for Letting Slip the Dogs of Twitterwar,” *Richard Dawkins Weblog*, entry posted August 21, 2014, <https://richarddawkins.net/2014/08/abortion-down-syndrome-an-apology-for-letting-slip-the-dogs-of-twitterwar/> (accessed September 3, 2014).

in the absence of a policy framework some practitioners will no doubt continue to move the science forward.¹⁹

There are also privacy concerns related to genetic manipulation. Hospitals have subjected newborns to a battery of health tests for years, but the advances in organizing and storing medical information about individuals coupled with the ability to generate a complete genetic profile for relatively low costs is worrisome to advocates of family privacy. Genetic traits are, after all, issues of family lineage; thus, a complete profile of one member of the family can provide a fairly substantive peek at their parents, etc. State laws are mixed when it comes to the gathering and storing of genetic information, with opt-out provisions on the rise. In opt-out settings, the parents must purposefully reject a service. In the absence of that rejection, the testing will go forward as a matter of policy. Both Minnesota and Texas have had to destroy previously gathered samples because of privacy concerns and inadequate efforts to provide meaningful, informed consent to parents. Plaintiffs in the Texas case successfully argued that the genetic profile of their children had been gathered and stored without their consent, making their children subject to law enforcement groups or insurance companies that might gain access to the data.²⁰

Conclusion

The technological breakthroughs necessary to fully realize the potential of genetic manipulation may not happen, but if and when they do, the challenges they pose will be significant and unrelenting. While “enhanced” humans may seem like science fiction, the efforts

¹⁹ For a discussion of the current situation, see Rebecca Dresser, “Genetic Manipulation of Preimplantation Embryos: Toward Adequate Human Research Policies.” *Milbank Quarterly* (March, 2004), <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2690208/>.

²⁰ Alison Diana, “When Big Data and Infants’ Privacy Collide,” <http://www.geneticsandsociety.org/article.php?id=8031>.

to produce them arise from an old quest well known to students of human nature and history. We all want to improve the outlook for ourselves and our offspring, but some of the possibilities under exploration now may have profound implications for how we think about the norms of family life. Of particular concern are the duties that parents owe their children. Western liberal democracies, and other nations for that matter, operate on the assumption that parents will provide certain things for their children. These include love, support, and a measure of independence. While genetic enhancement does not do away with these aspects of the parent/child relationship, it may change them in unforeseen ways.

In some ways a measure of those goals is reached with each new medical treatment, but mixing these efforts with coercion and a lack of humility before nature has produced moral, social, and individual tragedy in the past. The Fitter Families contests themselves probably did little objective harm to participants, even those that did not score as highly as they might have liked. But they surely reinforced certain prejudices, and contributed to an environment in which gross violations of basic human rights for thousands of Americans were a matter of state policy. At the very least this history should serve as a cautionary note for our future.

Appendix A
Score sheet and picture of the winning family (average size) of the 1925 Eastern States
Exposition held in Springfield, MA



American Philosophical Society. Noncommercial, educational use only.

FITTER FAMILIES EXAMINATION
Eugenics Society of the United States of America

Family name: _____ Address: Mass Tel. No. 7-0 RE 1925 502 (1)
 See also RE #1926-1 Place: _____ Date: _____ Entry No. _____
 Family Score: _____ Family Summary: _____

| Eugenic History of members of family not seen <small>Enter in following order F.F., F.M., F.Sibs., M.F., M.M., M.Sibs.</small> | Consanguinity | Present Age | Age at Death | Cause of Death | Serious Illnesses | Place of Birth | Extent of Education | Leading Occupation | Physical, mental or temperamental defects | Special talents, gifts, tastes, or superior qualities | | | | | | | | | | | |
|---|---------------|-------------|--------------|----------------|-------------------|----------------|---------------------|--------------------|---|---|---|---|---|---|---|---|---|---|---|----|----|
| | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| | | 52 | | | | Quebec | H.S., D. Cleveland | myopia | | Literary, literary | | | | | | | | | | | |
| | | 80 | | | | P. St. John's | H.S., D. Cleveland | myopia | | Church work - active | | | | | | | | | | | |
| | | 52 | | | | " | 2nd Col. Sgt. at | | | Math. | | | | | | | | | | | |
| | | 50 | | | | " | A.B. teacher | | | Languages, literary | | | | | | | | | | | |
| | | 47 | | | | " | H.S. business | | | does well as salesman | | | | | | | | | | | |
| | | 22 TB | | | | " | H.S. | | | musical | | | | | | | | | | | |
| | | 70 | | | | " | H.S. paper mfg. | | | T.B. | | | | | | | | | | | |
| | | 53 | | | | " | H.S. housewife | | | myopia | | | | | | | | | | | |
| | | | | | | " | H.S. at home | | | astigmatism | | | | | | | | | | | |
| | | | | | | " | A.B. housewife | | | math. self managing | | | | | | | | | | | |
| | | | | | | " | H.S. at home | | | female trouble | | | | | | | | | | | |
| | | | | | | " | A.B. housewife | | | heredity | | | | | | | | | | | |

| Father's Eugenic Score | | | Mother's Eugenic Score | | | | | | | | | | Children's (Family) Eugenic Score | |
|---|---------------------------|--------|------------------------|-------------|------------|---------|------------|--------|----------------|---------------|--------------------|-------------|--|--|
| Individual scores of those examined <small>Enter in order of age</small> | Eugenic | Social | Psychometric | Psychiatric | Structural | Medical | Laboratory | Dental | Special Senses | Health Habits | Total Ind. Score | Ind. Awards | Summary of leading strong points and weak points with advice | |
| 1 | B+ | A | A- | | A | A | A | B | A | A | A | X | | |
| 2 | B+ | A | B+ | | A | A | A | A | B | A | A- | X | | |
| 3 | B+ | A | A | | A | A+ | A | A+ | B | A | A | X | | |
| 4 | B+ | A | A | | A | A | A | A | A | A | A | X | | |
| 5 | B+ | B+ | A | | A | A+ | - | B | B+ | A | B+ | X | | |
| 6 | B+ | A | A | | A | A+ | - | B+ | B | A | A- | X | | |
| 7 | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | | |
| Family Score | Family Trophies or Awards | | | | | | | | | | Average Family Cup | | | |



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Master Terry Colquitt of Hadley, Louisiana

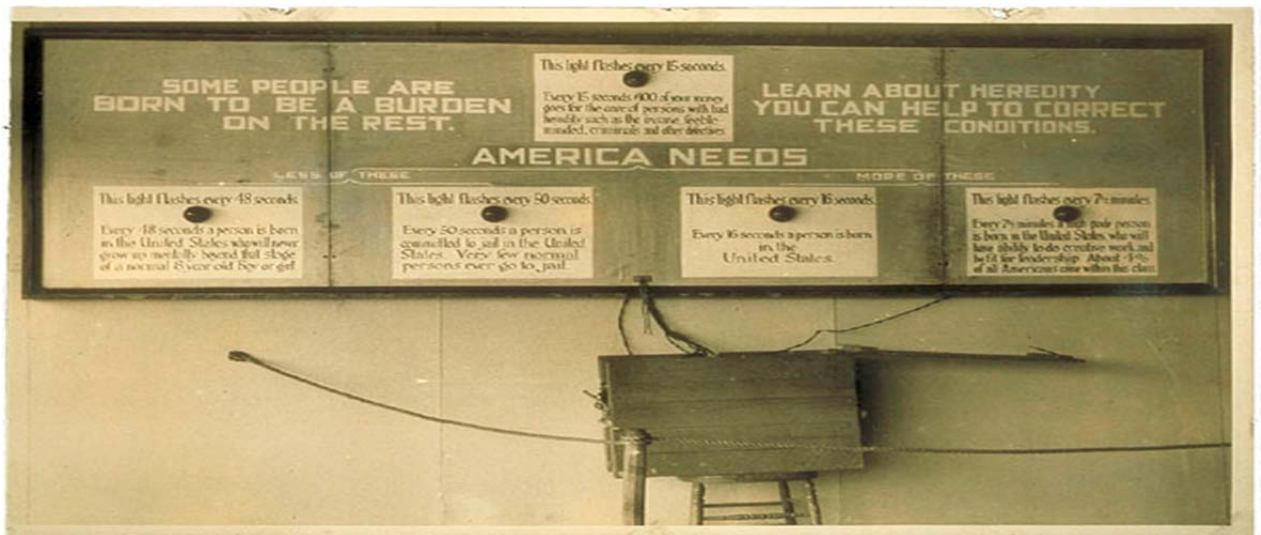
Better Babies Contest Certificate

Louisiana State Fair 1913



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Light display at Fitter Families Booth



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