

The Return of Race Science and Why It Matters for Family Science

Linda M. Chatters PhD^{1,2,3}, Robert Joseph Taylor PhD MSW^{1,2},
and Amy J. Schulz PhD, MSW³

¹School of Social Work, University of Michigan

²Program for Research on Black Americans, Institute for Social Research, University of
Michigan

³Department of Health Behavior and Health Education, School of Public Health, University of
Michigan

Linda M. Chatters <https://orcid.org/0000-0002-4678-2541>

Robert Joseph Taylor <https://orcid.org/0000-0001-8173-9074>

Amy J. Schulz <https://orcid.org/0000-0003-3580-3906>

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Correspondence concerning this article should be addressed to Linda M. Chatters, Department of Health Behavior & Health Education, School of Public Health, University of Michigan

chatters@umich.edu

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Abstract

Race science attributes differences in human populations to biology and genetics that reflect a hierarchy of human races with whiteness at its pinnacle. This article examining the history of race science and current family scholarship and practice contends that race science matters for family science. We discuss 1) white supremacy, the development of race science, and the eugenics movement in the U.S.; 2) racism, racialized experiences, and oppression of Black families in the U.S.; 3) the construction of whiteness in family science and re-envisioning theories to make racism's impact visible; 4) racial reckonings for professional organizations; and 5) why race science matters for family science and a call to action. Clarity about the meaning of race can ensure that family science addresses white supremacy and racism embedded in scholarship, training, and practice, and promotes work that supports the well-being of families that are most vulnerable and marginalized.

Keywords: Eugenics, White supremacy, Structural Racism, Life Course

Over the course of U.S. history, beliefs and narratives about the characteristics and functioning of racially diverse families have been used to justify practices and policies that actively oppress and negatively impact the welfare and survival of marginalized individuals and families (e.g., BIPOC, citizenship status, and sexual and gender identity minorities). White supremacy is paramount among these ideologies as an economic, political, and cultural system of domination and oppression that operates across institutional and everyday social settings and interactions to ensure those who are White maintain power, control, and imbued superiority (Ansley, 1989; Feagin, 2020; Walsdorf et al., 2020). Major tenets of white supremacy assert that white culture is more advanced than other cultures and those that are white should have dominance over people of other cultural backgrounds. *Race science*, the proposition that there are biologically determined and hierarchically ranked racial groups, with white people at the pinnacle of the racial hierarchy (Ansley, 1989, p. 993; Feagin, 2020), is foundational to the claims of white supremacy.

This article examines the influence of white supremacy and *race science* on family scholarship, practice, and policy, how the mantle of ‘science’ was used to legitimize scholarship and practices that are fundamentally racist, and the negative impacts of White supremacy, racism, and racial discrimination on Black families and individuals. We further explore the concept of whiteness in current scholarship, the impact of racialized identities and experiences on family outcomes, and efforts to “re-envision” traditional family theories and frameworks (Few-Demo, 2018; Gee et al., 2012). Finally, we argue that the legacy of race science still matters for contemporary family science and that the disruption of white supremacy in scholarship, education, and practice is urgently needed for family science to fulfill its goals of enhancing the well-being of all families.

Race Science and Eugenics Timelines

The modern era has a long history of efforts to establish the legitimacy of *race science*, the idea that differences in human populations are due to genetically inherited traits within different racial groups. Race science states that biological race and genetic endowments explain differences between ‘races’ in intelligence (IQ), health, physical abilities, cognitive skills, and behavioral propensities (e.g., criminality). Racial groups are hierarchically ranked, with those of European background and as designated as ‘white’ being superior to other groups. Race Science and Eugenics in the U.S.: Selected Events (Table 1), a selective chronology of the individuals, events, organizations, and laws associated with race science and the eugenics movement, is based on two published timelines. *Eugenics: Its Origin and Development (1883-Present)*, was developed by the National Human Genomic Research Institute (NHGRI, n.d.), while *The Eugenics Archive* (McMahon & The Eugenics Archive Technical Team, n.d.), identifies race science and eugenics activities in the U.S. and Canada from the 1830s to 2018. A recent conference, “The Meaning of Eugenics: Historical and Present-Day Discussions of Eugenics and Scientific Racism” (NHGRI, December 2-3, 2021) is a publicly available resource on this topic.

The historical lineage of beliefs that support present day white supremacy (i.e., “The Great Replacement”) were based in fears about immigration and declining white political power and prompted anti-immigration and pro-eugenic attitudes. *The Passing of the Great Race* by Madison Grant (#12) warned that white America would be overrun by non-white population growth and immigration. Race science and eugenics were instrumental in identifying desirable vs. undesirable immigrants and had a significant impact on immigration laws and policies that restricted non-white immigration during the 1800s (#1) and the early 20th century, including the Chinese Exclusion Act, the Johnson-Reed Act, and the Asian Exclusion Act of 1924 that

restricted the immigration of populations deemed unfit (#20). Court cases focusing on compulsory sterilization established important precedents regarding compulsory sterilization. The Supreme Court's upholding of Virginian sterilization laws in *Buck v. Bell* is credited with encouraging similar laws in other states (#24); Associate Justice Oliver Wendall Holmes' quote, "Three generations of imbeciles are enough," has become emblematic of that decision. *Relf v. Weinberger* (#40) focusing on the coerced sterilization of sisters Minnie Lee (12 years) and Mary Alice Relf (14 years old) uncovered widespread sterilization abuses, established requirements for informed consent, and was instrumental in banning the use of government funds (i.e., Medicaid) for sterilization (Southern Poverty Law Center, n.d.).

Eugenic Thought and Practice in America. Common knowledge about race science and eugenics typically associates these beliefs and practices with Nazi Germany's doctrine of Aryan racial superiority and the atrocity of the systematic extermination of Jews and other "undesirable" groups (Roma/Romani, sexual/gender minorities, disabled). In actuality, during the 1930s U.S. and German scientists actively collaborated on race science and eugenics programs, pursued parallel lines of inquiry, and shared plans (#18) for developing legislation for compulsory sterilization (Black, 2012; Stern, 2015). Laws and policies to control, oppress, and eradicate groups regarded as inferior to whites (Indigenous Peoples, Blacks, Asians, Latinos, Jews, and various European ethnicities) emerged from long-held U.S. racial beliefs and narratives. Race science sought to scientifically confirm accepted narratives of racial hierarchies by promoting pseudoscientific theories and biological and genetic evidence of purported race differences (Farber, 2008).

Eugenic theories and scientific racism held that it was possible to improve the human race (i.e., genetic pool) by increasing the proportion of groups regarded as genetically fit

(increasing reproduction/immigration) and reducing the numbers of those who were physically, mentally, and/or morally unfit (reducing reproduction/ immigration). Being “unfit” or dysgenic included mental disabilities, physical disabilities, and psychological traits. However, being “unfit” also included moral character and behaviors (sexual promiscuity, out of wedlock childbearing), specific groups of Europeans (e.g., Eastern and Southern European), and religious, race, and ethnic groups (those that are Jewish, Black, Indigenous, Latinx, Asian). Eugenic thought and goals reflected an American social milieu characterized by racial bigotry and exclusion that explicitly emphasized a racial hierarchy of white superiority (i.e., white Anglo-Saxon Protestant, Nordic). Eugenics beliefs both embodied and gave license to xenophobia, racism, antisemitism, sexism, colonialism, and imperialism (Black, 2012). Eugenics beliefs regarding the superiority of and threatened demise of the white race were fundamental in justifying discriminatory and exclusionary institutions and practices such as slavery, colonialism (civilizing primitive cultures through white culture, education, and Christianity), restricting immigration to prevent entry of “undesirables”, negative attitudes regarding the poor, and anti-Black sentiment and laws (anti-miscegenation). After World War II and recognition of the horrors of the Nazi regime, eugenics practice and the organizations supporting this work transformed themselves by focusing on the detection of hereditary diseases and genetic counseling (Stern, 2015). Nonetheless, the basic tenets of race science and white supremacy persisted in both popular culture and scientific communities (Saina, 2019; Stern, 2015).

One of the tragic legacies of race science and white supremacy was the eugenic practice of involuntary sterilization of women of color and poor women. Sterilization was ostensibly used as a tool to limit the public cost of welfare associated with the support of unwed mothers and children, a rationale that, in and of itself, reflects a complete disregard for women’s

reproductive autonomy and violations of medical ethics and human rights. Under North Carolina's Eugenics Board, which was abolished in 1974, 7,600 people as young as 10 years of age were sterilized. One of the victims of sterilization in North Carolina was Elaine Riddick, a 14-year-old Black girl who became pregnant after she was kidnapped, assaulted, and raped by a neighbor (Threadcraft, 2016). Fannie Lou Hamer, a prominent civil rights activist subjected to sterilization without consent while undergoing surgery in Mississippi, credited this experience in launching her activism. Involuntary sterilizations were so numerous throughout the South that they were commonly referred to as the "Mississippi Appendectomy." Accounts from victims confirm that involuntary/coerced sterilization reflected prevailing attitudes of extreme racial bias that targeted the reproductive autonomy and well-being of women of color (Threadcraft, 2016; see Volscho, 2010).

Race Science Today. The reemergence of race science and scientific racism over the past several decades (Saina, 2019) revives prior arguments regarding biological/genetic differences (i.e., intelligence, behavioral propensities) associated with racial groups and their relation to differences in social class and educational and occupational achievement (Herrnstein & Murray, 2010; Wade 2014). Contemporary scholars identify race science as a part of larger efforts to establish racial hierarchies as genetic, immutable, and inheritable in the service of White privilege and superiority (Omi & Winant, 2014). Developments in genetic science are the newest technologies used in the search for evidence for biologically distinct races (National Human Genome Research Institute, n.d.). As in previous decades, race scientists cast themselves as non-ideological, objective reporters of scientific facts who are using modern science (genetics) to discover uncomfortable truths and evidence that biological/genetic race is real and why it matters in understanding differences in life outcomes (Wade, 2014).

The mantle of *science* and associated beliefs about objectivity and impartiality represents race science's most formidable asset in a current climate in which new scientific and medical applications of genetic technologies and DNA analysis are being realized. The social policy implications of race science as articulated by its adherents (Herrnstein & Murray, 2010) are that genetic differences between the races are the ultimate fundamental cause of health and social outcomes, whereas life experiences and structural factors have little or minimal impact. Further, given the claimed genetic basis of behaviors and outcomes, social and educational interventions (e.g., Head Start, Affirmative Action) are ineffective and a wasteful use of resources. In the next section, we examine how race ideologies were manifested in different forms of eugenic practices (i.e., positive eugenics, negative eugenics) impacting marginalized families.

Race Ideologies, Eugenics, and Families

The eugenics movement in the U.S. is notable for the breadth of activities and the broad-based support and involvement of academic institutions, scientific and professional communities, corporate and philanthropic bodies, and political and legal institutions (Black, 2012). Race science legitimized claims for the genetic origin of mental and social status and identified genetically superior (e.g., Northern European) vs. inferior racial groups (those that are Asian, Black, Latinx) and European ethnicities (i.e., those that are Jewish, Sicilian) that were mentally and physically inferior and socially unfit (Stern, 2015). Further, because genetics were immutable, efforts to control the reproduction of the unfit included preventing them from marrying, segregating them from society (i.e., institutionalization), and compulsory sterilization.

Ideologies of race and racialism justified the strategies and goals of the eugenics movement, shaped popular rhetoric about race ('white race suicide') and promoted beliefs about the dangers of the unregulated growth of undesirable groups in reducing the 'genetic fitness' of

the population. As ideology and practice, ‘negative eugenics’ including compulsory sterilization, disproportionately targeted groups deemed to be genetically defective (e.g., disabled), vulnerable, socially marginalized, and from non-white racial groups (Feagin & Bennefield, 2014; Novak et al., 2018). Under the authority of the Indian Health Service and Medicaid, Black, Indigenous, Latinx, and poor women experienced disproportion rates of involuntary sterilization (Lawrence, 2000; Stern, 2015). A total of thirty-three states had sterilization laws over the past century (Stern, 2015) and, in some locations, involuntary sterilizations continued into the 1970s and 1980s. Roberts notes (2016) that Black women were sterilized without informed consent or valid medical reason. The pretense for sterilization was that it was used in cases of mental and/or physical disabilities and sexual promiscuity, criteria that coincided with racist beliefs, sexism, and characterizations of the mental capacity of people of color and marginalized women (Threadcraft, 2016; Volscho, 2010).

In contrast to negative eugenics, ‘positive eugenics’ efforts sought to increase fertility among white middle class married couples in efforts to enhance population fitness (Ladd-Taylor, 2001). The messaging for positive eugenics explicitly positioned white middle class families and their fertility and reproduction as important components of ‘race betterment’ efforts such as the Human Betterment League of North Carolina (Pernick, 2002; Severson, 2011; Stern, 2015, 2016). Public competitions and exhibitions (“Better Baby” and “Fitter Family” contests) and media campaigns promoting positive eugenics extolled the superiority and benefits of white reproduction and white families for society’s advancement. Whiteness, other hegemonic social identities (e.g., marriage, traditional gender roles), and mental and physical attributes (e.g., being able-bodied) were synonymous with the ideal family and population health.

Families and Racialized Experiences

Racial ideologies embedded in social customs, laws, and institutional practices shape beliefs about what is appropriate and acceptable regarding family structure and functioning. Racial ideologies also create and legitimize the uniquely racialized experiences and contexts within which BIPOC families live. Families of color living in a racialized social context are exposed to common experiences, practices, and policies that are often inconsistent with their own goals and perspectives and disruptive and incompatible with family and community agency and sovereignty (Anderson, 2019; Franklin & James, 2015). Throughout U.S. history recurrent patterns of state-sponsored endorsements and use of racial ideologies (i.e., white supremacy), have justified inequitable and inhumane treatment designed to oppress, subjugate, and control marginalized individuals and families. Harmful historical policies and practices targeting BIPOC families were devised and implemented as intentional strategies to oppress and destabilize communities and populations by disrupting kinship systems, interpersonal relationships, cultural practices, and community bonds (Roberts & Sangoi, 2018). Examples include the enslavement of persons and families of African descent as property (Franklin & James, 2015), U.S. policies targeting Indigenous populations (Pember, 2019) such as physical and cultural eradication efforts and removals from kin and communities (e.g., American Indian Boarding Schools), racially discriminatory immigration restrictions (e.g., Chinese Exclusion Act, racial quotas in the 1924 Immigration Act), and Black and Indigenous disproportionality in the child welfare system (Roberts & Sangoi, 2018).

Black and other racially diverse families in the U.S. experience racialized contexts where white supremacy, racism, and racial discrimination are systemically embedded in formal institutions, laws, and established practices (Bonilla-Silva, 2006; Feagin, 2020; Feagin & Bennefield, 2014; Reskin, 2012; Walsdorf et al., 2020; D.R. Williams et al., 2019) that

marginalize and oppress racial and ethnic minority communities. Reskin (2012, p.17) notes that racial discrimination functions as a: "... meta-level phenomenon that shapes our culture, cognitions, and institutions, thereby distorting whether and how we perceive and make sense of racial disparities". Racism and racial discrimination operate within and across multiple sectors (e.g., housing, health care, law enforcement and legal systems, education) of society and life domains in a coordinated and mutually reinforcing manner (Walsdorf et al., 2020).

D.T. Williams' (2019) discusses specific ways that ahistorical and acontextual approaches to research on racial inequalities ignore the social construction and lived experiences of racialized groups and obscure how racial domination and oppression create racial inequalities (p. 656). First, in discussions of racial difference, the origins of racial inequalities are not interrogated, and thus reify racial differences as real (Daniels & Schulz, 2006). Racial differences are largely taken as a priori assumptions, without consideration of the ways differences are constructed through policies and laws. Second, racial differences are couched within a framework of personal and/or cultural attributions as explanations for racial inequality and come to be regarded as "natural occurrences and outcomes". Framing racial differences as personal or cultural behaviors obscures the role of structural racism operating within institutions and public and private sectors. Third, racial categories are portrayed as stereotypes and undifferentiated monoliths absent of within-group variability (e.g., socioeconomic status); and with those who are white positioned as the default standard for comparison. Fourth, questions concerning the role of human capital investments (i.e., skills, experience, knowledge) in contributing to individual and family achievements assume that human capital is equally available and valuable in the marketplace and equally advantageous across racial groups (p. 658). However, white supremacy and racism, operating through laws and policies, both limits

access to and devalues the material resources and human capital held by racially marginalized individuals and families. The next section discusses how racial devaluation undermines the positive impact of material resources and human capital for Black families in three key areas of life—wealth, housing, and health.

Racial Barriers: Wealth, Housing, and Health

The concept of “diminished returns on investments” describes how, across socioeconomic position and social class, racially biased practices and policies limit and/or devalue the material resources and human capital of lower-, middle- and upper-class Black families. In practice, equivalent levels of resources and assets generate smaller gains for Black vs. White individuals and families (Perry et al., 2018; D.T. Williams, 2019). Blacks’ diminished returns on investments are especially impactful for those resources (e. g., education, income) that are traditionally important for furthering social mobility. Research on wealth, housing, and health demonstrate how practices, policies, and laws thwart positive “returns on investments” for racially marginalized families.

Barriers to Family Wealth Accumulation. Research on racial wealth disparities has long documented that Black families have lower net worth than their white counterparts. As of 2019, the net worth of Black and Hispanic families was \$24,100 and \$36,100, respectively as compared to \$188,200 for White families (Bhutta et al., 2020). Data from the 2016 Survey of Consumer Finances indicate that Black Americans possess 2.6 percent of the nation’s wealth while constituting 13 percent of the population (Darity & Mullen, 2020). Despite possessing requisite material resources, middle class and upper-class Black families do not accrue comparable financial benefits of similarly positioned white families. Even upper income Black families have significantly less wealth than upper income white families. For instance, among

Americans who are in the top 10 percent income bracket, the median net worth is \$343,160 for Black families as compared to a median net worth of \$1,789,300 for white families. In addition, the median wealth for an upper-middle class white family is more than triple that of upper-middle class black families (Hamilton et al., 2015). Although wealth increases over time for all families, the substantial wealth gaps between White and Black families persist throughout the life cycle (Bhutta et al., 2020).

Viewed in historical perspective, Black-White wealth disparities began with slavery and continued post-Emancipation through restrictive laws, policies, and practices that have produced current racial wealth disparities. Jim Crow laws in the Southern U.S. were instituted in the late 19th and early 20th century as a legalized system of enforced racial segregation in all areas of life. These laws reserved the best jobs, neighborhoods, schools, and hospitals for white people and severely restricted the civil rights and life opportunities of Black Americans. Jim Crow laws persisted for close to 100 years and were not overturned in many states until the 1960s. Gaining and maintaining Black wealth was often subject to hostility and violent opposition. Spanning the late 19th century through the post-WWI period, white-on-black race massacres were responsible for the destruction of Black neighborhoods and communities (Collins, 2021; Messer et al., 2018). Race massacres (e.g., Red Summer of 1919, Tulsa Race Massacre of 1921) as the epitome of racial violence, occurred in cities across the U.S. resulting in death and injury of Black residents and displacement and trauma of survivors. Race massacres often caused systematic and overnight loss of property and wealth through outright destruction and theft by white rioters (Collins, 2021). The loss of material wealth following the destruction of the Black neighborhood of Greenwood in the Tulsa Race Massacre is estimated to be \$200 million (Messer et al., 2018). Finally, key federal programs and laws excluded Blacks which negatively impacted the

economic status of individuals and families. The Social Security Act of 1935, the GI Bill, and landmark labor laws passed during the New Deal and Fair Deal eras of the 1930s and 1940s created the foundations of the modern middle class for those who are white. Social Security provided a safety net for millions of workers, but it specifically excluded agricultural workers and domestic servants, who were predominately African American, Mexican, and Asian. Consequently, low-income workers could not amass or pass their wealth on to their children. Instead, lacking a social safety net, they relied on children and other family supports. The 1935 Wagner Act granted unions collective bargaining and helped millions of workers enter the middle class and gain benefits such as health care, job security, and pensions. However, the Wagner Act permitted unions to exclude non-whites from their ranks.

Higher education has been an important mechanism for social mobility for Black families in achieving middle- and upper-class status. However, even among Black middle- and upper-class families, comparable investments in higher education have yielded lowered benefits in terms of earned income and occupational achievements as compared to whites. As one indicator of the magnitude and persistence of racial wealth disparities, white Americans who dropped out of high school are three times more affluent than Black Americans who graduated college (Hamilton et al., 2015). Black and White families differ in terms of their 'starting points' with respect to the resources required to fund education (i.e., first generation vs. inherited family wealth) and the added debt burdens they experience in seeking higher education as first-generation middle-class families. Given considerably smaller wealth reserves for Black families, Black students often secure loans to finance higher education and are then faced with onerous loan debts that hamper savings. Black college graduates enter the labor market with considerable student loan debt as an additional factor contributing to the racial wealth gap (Perry

et al., 2021). Finally, Black middle- and upper-class families often function as ‘safety nets’ helping other family members who are experiencing financial and social hardship which contributes to their own financial precarity (Darity et al., 2021; McKinley & Brown, 2020).

Although some argue that the Black-White wealth differential is due to factors such as career choices, income, education, or greater savings behavior, these arguments disregard or minimize the impact of structural and institutional racism operating throughout history. This includes the impact of 246 years of chattel slavery, the legacy of Jim Crow laws post-Emancipation, the destruction of Black cities and neighborhoods by white mob violence in the 1920’s, and racially discriminatory federal policies (e.g., housing, health care) that have impacted African Americans. Research on the racial wealth differential, however, is quite clear. Education, increased savings, and other forms of “personal responsibility” indicators did not create the wealth gap, and further, will not eradicate it (Rabouin, 2020). The Black-White wealth gap is the result of centuries of racially discriminatory practices that constitute barriers to the resources and mechanisms necessary for establishing, growing, and transferring wealth to future generations. As such, Black-White wealth gap is much too substantial to be impacted by family resources or individual actions (Rabouin, 2020).

Barriers to Home Ownership. Home ownership is a primary mechanism for developing and transferring wealth across family generations. For most Americans, home equity is the primary source of wealth. Reaping the wealth benefits of home ownership, however, is burdened by a system of racial barriers to first becoming a homeowner and then realizing the true monetary value of owning a home. As noted by Addo and Darity (2021): “Racial wealth inequality in the United States is massive, persistent, and well documented” (p. 173) and reflects a history of federal and state policies operating across diverse arenas (e.g., housing, health care,

employment, education) that systematically deprive Black Americans and other racialized groups of the means to build and maintain wealth (Weller & Roberts, 2021). We focus here on racial residential segregation and restrictions on home ownership as central issues that restrict the wealth generating capacity of Black families, are fundamental to the creation and maintenance of the racial wealth gap, have significant impacts on Black family health and social mobility, and impact Black families across generations (Darity et al., 2021; Weller & Roberts, 2021).

Racial discrimination in federal laws (i.e., redlining) and formal policies and practices in real estate (e.g., real estate steering), banking and financial sectors, have systematically limited home ownership for those who are Black and consigned Black families to racially segregated neighborhoods that have persisted across decades (Rothstein, 2017). The federal government played a major role in the construction of suburban communities including providing mortgage insurance through the Veterans Administration and the Federal Housing Authority. However, these new housing developments and financing options benefited only white families in making the move from urban centers to the suburbs. Black families, in contrast, were prohibited from purchasing homes in the new suburbs and lending institutions were required by the government to insert racially restrictive covenants in deeds for properties they insured (Ware, 2021). Black residents within racially segregated neighborhoods in urban centers are exposed to housing stock of lower quality, as well as underfunded and defunded public goods and services (e.g., infrastructure, schools). Further, these neighborhoods have fewer local businesses, retail outlets, and health resources (e.g., drug stores, hospitals, full-service markets), and higher exposure to adverse environmental conditions (e.g., poor air quality, industrial siting) (Schulz et al., 2020). Federally sponsored interstate highway projects in urban centers were intentionally constructed

through the business districts of Black neighborhoods displacing residents, disrupting community networks and businesses, and further entrenching racial segregation (Ware, 2021).

Racially discriminatory housing practices have created an enduring racial landscape that reproduces the social circumstances that limit the means to develop wealth and to transfer that wealth across generations of Black families (Darity et al., 2021; Rothstein, 2017). Residing in poor, racially segregated neighborhoods have multiple effects in shaping diminished life circumstances and opportunities. Poor neighborhoods have fewer resources and opportunities (e.g., high quality schools, employment prospects) that provide the means and resources for social advancement. As a consequence, generational social mobility is thwarted further, fueling the racial wealth gap for Black and other minoritized families (e.g., Latinx) in the U.S. (Darity et al., 2021; Rothstein, 2017). At the same time, exposure to higher health risks in these areas (e.g., toxic environmental exposures, lack of health promoting resources) creates worse health outcomes (e.g., earlier and higher chronic disease prevalence) for residents. In sum, racial residential segregation contributes to unhealthy conditions (e.g., air and soil pollution, industrial siting and chemical contamination, exposure to lead paint) within local environments in which poor Black families reside (Williams & Collins, 2016). These circumstances have direct impacts on residents' physical and mental health that further restricts educational and occupational participation and efforts toward social mobility (Hicken et al., 2019). Racial residential segregation and discriminatory housing policies and practices represent major contributors to persistent and worsening patterns of racial wealth inequality seen today and have had lasting negative impacts on Black families through their influence life circumstances and opportunities.

Black families continue to face systemic barriers to purchasing a home (Rothstein, 2017; Weller & Roberts, 2021) and the ability to reap the financial benefits of home ownership.

Becoming a homeowner and reaping its wealth benefits is burdened by systemic racial barriers to first becoming a homeowner and then realizing the true monetary value of home ownership.

When able to purchase a home Black families pay more for housing (Perry et al., 2018) than do white families. In terms of returns on investments from home ownership, Black homes are devalued at resale reflecting a racialized ‘home appreciation gap’ (Addo & Darity, 2021; McKinley & Brown, 2020; Perry, 2019) such that “...owner-occupied homes in Black neighborhoods are undervalued by \$48,000 per home on average” (Perry et al., 2018, p.3). The impacts of historical racist practices and policies on Black housing/home ownership and returns on housing investments have long-term social and health consequences for subsequent generations of family members. Racial disparities in home ownership and depressed financial appreciation in home values are another pathway by which racial disparities in family wealth accumulation are created (McCargo & Jung, 2020). The inability to financially benefit from home ownership prevents transfers of wealth to younger generations that support educational and financial goals. Immediate and chronic stressors associated with financial precarity and hardship and residing in poorly resourced neighborhoods negatively affects the health and well-being of individual family members, as well as overall family functioning (McKinley & Brown, 2020).

Finally, challenges to home ownership associated with economic crises have significant impacts on the current status of Black families. The 2008 Great Recession was particularly damaging for Black Americans whose rate of homeownership has been slower than other racial groups to recover (McCargo & Jung, 2020). Data for the first three quarters of 2021 indicate that the homeowner rates for Black Americans was 44% as compared to non-Hispanic white Americans at 74% (McCargo & Jung, 2020). Other work indicates that Black and Latinx households experienced higher home foreclosure rates and disproportionate declines in

homeownership compared to whites, and continued losses of wealth in the post-recession period (Tippett et al. 2014). Racially segregated neighborhoods, barriers to home ownership, and the inability to derive full financial benefit from owning a home, have far reaching repercussions for wealth accumulation, economic mobility, and the social status of Black families. The foundations of racial inequities in home ownership have historical roots that have affected generations of Black families in the U.S.

Barriers to Healthy Lives. Indicators of overall health status, chronic disease profiles, life expectancy, and access to health services reveal numerous racial inequities (Phelan & Link, 2015; D.R. Williams et al., 2019). Harriet Washington's work (2006) documents the systematic exclusion and maltreatment of Black Americans in U.S. health care. Studies of differential medical treatment and outcomes (Feagin & Bennefield, 2014) confirm that Black patients and other marginalized groups are subject to explicit personally mediated discrimination, implicit bias, systemic racism in organizational procedures and rules, and racial bias in health care algorithms (Ledford, 2019). Research on the physical and mental health effects of various forms of environmental exposures, psychosocial stressors, and racial discrimination identifies the role of stress for the dysregulation of physiological functioning associated with cardiovascular diseases, obesity, diabetes, depression, cognitive impairment, and inflammatory and autoimmune disorders. Stress processes produce physiological changes (e.g., allostatic load) that are implicated in accelerated aging (i.e., physical weathering) and disease etiology within Black populations (Geronimus et al., 2006).

Research on the social determinants of health indicates that higher status on indicators of socioeconomic status is positively associated with better health. Essentially, higher levels of material resources, advantageous occupational position, and wealth, protects individuals from

stressful life circumstances and interactions that damage health, as well as provides the resources needed to address problems. However, the positive gradient for SES indicators and health holds true for White Americans, but not for Black Americans. Like the phenomenon of diminished returns on investments in housing and wealth, Black Americans who possess high socioeconomic status have poorer physical health status and outcomes as compared to whites of lower status (Assari, et al., 2018), including worse newborn and maternal health outcomes for Black women of high socioeconomic status (Owens & Fett, 2019).

Continued work is needed to clarify the inter-relationships between race, other social identities (e.g., gender) and social status indicators and health. Ongoing work requires that research on racial disparities in social and health outcomes acknowledge differences in how race is lived in the world, the mechanisms of upward mobility, and historic narratives that have influenced ideas about what race means with respect to health (Feagin & Bennefield, 2014). Within a racialized world, material resources and human capital held by Black individuals and families are not neutral but imbued with racial meaning and value that is tied to shifting conceptions and meanings of race (D.T. Williams, 2019). For Black families, racism and racial oppression have real consequences for life circumstances and opportunities, including middle- and upper-class Black families that possess the greatest advantages. Finally, recent research demonstrates that historic discriminatory lending policies and practices impacts the health of current residents in segregated communities in Baltimore, New York, and Milwaukee. Residents of historically redlined communities are exposed to higher levels of ambient pollution (Lane et al., 2022), have greater risk for preterm birth (Krieger et al., 2020), lower levels of mental and physical health (Lynch et al., 2021), and shorter life expectancy. Historical and contemporary scholarship demonstrates how racism shapes the social and material circumstances of BIPOC

families and its persistent impact across family generations (Gee et al., 2012). Emerging scholarship discussed in the next section examines how the concept of whiteness in family science (i.e., family privilege, the persistence of race constructs, and the absence of studies of within group diversity) continues to distort and misrepresent Black family life.

Constructing Whiteness in Family Science

Published more than 100 years ago W.E.B. Du Bois' epigraph to *The Souls of Black Folks* (Rabaka, 2006): "The problem of the twentieth century is the problem of the color-line..." captured how racism is fundamental to and permeates all aspects of American character and life. Du Bois repudiated the notion of biological race, articulated the concept of socially constructed race, and described the role of power, discrimination, and oppression in upholding racial hierarchies (Rabaka, 2006). Du Bois asserted that whiteness is produced and reproduced within social, political, economic, and legal systems that are structured to systematically advantage those considered White, while obscuring the social structural foundations of white supremacy. His insights remain relevant for assessing how whiteness and its privileges are embedded in family research.

Family Privilege and White Privilege. Scholarship examining how whiteness is constructed in family science explores the social, political, economic, and legal structures that benefit specific family forms and provides them greater access to the resources needed for family well-being (Letiecq, 2019; Russell et al., 2018; Smith, 1993). Smith (1993) describes the standard North American family or SNAF (i.e., legally married couple in a shared household with children and husband as primary wage earner) as an ideological code that frames our discourse about families and the characteristics and individuals that constitute a family (p. 52). The SNAF's embodiment of the nuclear family designates this family form as the normative ideal embraced by U.S. economic, social, political, and legal systems and, as a result, it is the

family form that accrues material and social benefits and privileges from those systems (Letiecq, 2019). African American families (and from other racial/ethnic groups) in contrast are more likely than people who are White to define family as comprising both immediate and extended relatives and to live in multigenerational (e.g., grandparent, grandchild, uncle/aunt, niece/nephew) co-resident extended households (Cross, 2018). Further, because the SNAF is the assumed normative model for family life, families that are organized using different kinship structures and include extended family are viewed as deviations and deficient.

The SNAF's legitimacy in policies, laws, and economic and social systems (Russell et al., 2018) and the positioning of diverse racial and ethnic family forms as deviations from this norm, effectively constitutes a hierarchy of family forms based on white privilege which operates within family science (Letiecq, 2019). Family privilege is associated with other privileged social identities (e.g., heteronormativity, citizenship) that disadvantage families possessing diverse identities and structures (Letiecq, 2019). Scholarship on family privilege and white privilege identifies the SNAF as an idealized family form in popular culture and academic discourse, makes visible its granted privileges in policies and laws, and describes how it characterizes diverse family forms as deviations from this model.

Without question, family structure is one of the most significant areas of scholarship on Black families. The release of Moynihan Report (U.S. Department of Labor, 1965) was significant in its characterization of Black families in especially pejorative and deficit terms (e.g., "a tangle of pathology," "the fundamental source of the weakness of the Negro community"). The Moynihan Report solidified an enduring negative stereotype of Black family life in the public mind and within academic and policy circles. A full consideration of the causes and consequences of variation in Black family structure is beyond the scope of this article. Recent

scholarship focuses on understanding Black family structure and functioning within their specific social contexts and circumstances, in response to structural racism and discrimination, and with awareness of how within group differences are manifested in family phenomena (Cross, 2018; Cross, et al., 2018; McKinley & Brown, 2020; Nguyen et al., 2016; Taylor et al., 2021a, b).

The Persistence of Race. Current research on human genetic lineages acknowledges the vast similarities that humans possess across racial groups, rather than their differences (National Institutes of Health, 2007). As such, academic institutions and professional bodies reject race science's notion of biological race and the attendant belief in white superiority and affirm that race, while socially constructed, is real in its consequences for life opportunities and health and social well-being (Mersha & Beck, 2020). Nonetheless, belief in biological or genetic race differences persists in the public mind, as well as among researchers and scientists (Feagin & Bennefield, 2014; Saina, 2019) despite evidence that racial categories have no biological meaning. Scholarship on racial inequities in social and health outcomes note the paradox of both understanding that race is a social construction and the use race as a social marker and metric to assess progress towards health and social equity (Daniels & Schulz, 2006). These critiques point out that research comparing outcomes for non-White racialized groups and White groups contributes to the social construction of racialized categories and simultaneously reifies the idea of Whiteness as the norm to which groups should be compared (D.T. Williams, 2019).

Daniels and Schulz (2006) note that publication bias against studies that do not find statistically significant differences between groups can also result in an under-reporting of studies finding no differences, contributing to a body of literature that emphasizes racial differences more than similarities. Beyond the risks associated with publication bias, the above paradox also highlights the importance of the theoretical or conceptual frameworks that underlie

the racial constructs themselves as well as the comparisons being made. Implicitly or explicitly, those frameworks guide the research questions that are asked as well as how the findings are interpreted. “Race science” is grounded in assumptions of White genetic and biologic superiority: As such, a finding of racial difference is interpreted as a reflection of immutable difference. This is despite the absence of scientific evidence of such systematic genetic differences by race. Such frameworks locate the cause of racial differences in the bodies (genes) of those affected. This interpretive process obscures the centrality of racism in creating the social, political, and economic foundations of racial categories and their implications for the health and social outcomes of racialized groups. Race science amplifies interpretive frameworks that reify immutable genetic differences between socially constructed racial groups which, in addition to being ahistorical and acontextual, relies upon a conception of Black race that is monolithic, and obscures within group differences.

Diversity within Black Families. Work by D.T. Williams (2019) and others (Taylor et al., 2021a) underscores how conventional data analytic strategies and practices reify the idea of race. When Black race is treated as a singular, undifferentiated category it obscures the presence of distinct ethnic subgroups (e.g., Blacks with origins in the Caribbean region or countries in Africa), as well as the operation of sociodemographic factors that are significant for family structure, function, and outcomes (McKinley & Brown, 2020; Taylor et al., 1997). A significant portion of scholarship on Black families has traditionally focused on impoverished and low-income families and/or has used a deficit focus perspective with regard to family status, structure, and functioning. The inability to acknowledge Black family strengths reflects intentional efforts to reify race as real in all its permutations including racialized portrayals of intellectual, social, and moral shortcomings.

Family research conducted by Black scholars has been distinctive in acknowledging the presence of within group variability in family characteristics and behaviors as a response to stereotypical depictions of Black family life in popular culture and academic discourse (Berkley & Landor, 2020; Franklin & James, 2015; McKinley & Brown, 2020; Taylor et al, 1997; Taylor et al., 2021a, b). Research on social class differences and the family lives of middle- and upper-income families provides information about how families possessing different social positions and material resources organize themselves and function as a family (e.g., kin networks, support exchanges, intrafamily relations and ties), define marital and parental roles and responsibilities, and operate within different life contexts (e.g., residential neighborhoods, schools, occupation). Explorations of middle- and upper-class families reveals how they navigate racism and racial discrimination and whether their higher status and advantages translate into appreciable gains that ensure economic security for succeeding generations (Berkley & Landor, 2020; McKinley & Brown, 2020).

Re-envisioning Family Theory

Theories and frameworks in human development and family science that are based on social ecological frameworks describe how proximal (e.g., interpersonal relationships, sociocultural factors, local neighborhoods) and distal (e.g., major institutions, laws, and policies) contexts comprise coordinated systems that shape the environments that influence family life and outcomes. Nonetheless, race and racism are largely unrecognized for their central and ubiquitous influences on both proximal and distal contexts that shape family development (Walsdorf et al., 2019). Scholarship that “re-envisions” family theories (Few-Demo, 2018) by integrating race, challenges taken-for-granted assumptions about ‘race’ and positions families within dynamic proximal (interpersonal) and distal (socio-historical) contexts and interactions

that exist within broader interconnected systems of racialized institutions, laws, policies, and practices (Reskin, 2012) that impact family process and outcomes across the life course.

Building on the work of Gee et al., (2012) on racism, health, and the life course, Chatters et al. (2021) examine life course theory principles (e.g., sociohistorical events, cumulative advantage/disadvantage, linked lives) in relation to the life experiences of African American older adults. Life course theory recognizes that socio-historical events and disruptions generate both immediate physical and psychological harm to individuals and families, as well as persistent intrapersonal, interpersonal, and cultural traumas that extend across family generations (Fryberg et al., 2018). Significant among these is the *cumulative disadvantage* to families caused by historical (e.g., redlining practices) and contemporary real estate practices and associated public (i.e., education, health care, infrastructure) and private (i.e., business, employment, financial sectors) disinvestments that negatively impact neighborhoods in which families live. As previously described, racially discriminatory real estate practices impact successive family generations because they prevent acquiring family wealth through home ownership. The life course principle of *linked lives* situates human and family development within our interdependent personal and social connections with significant others (family members) and the events and experiences that affect them. The principle of linked lives illustrates the family impact of racial disparities in overall morbidity, mortality, and chronic health conditions within Black populations. Black families experience higher rates of major illness and early and disproportionate deaths in family and kinship networks (Umberson, 2017). Loss of parents due to premature deaths is especially impactful for children's emotional and social development and well-being. Losses due to premature deaths impact family composition, relationships, roles, and

responsibilities (role shifting). Premature family deaths disrupt plans and trajectories for education and employment and are associated with increased family financial precarity.

Developmental relational theory and developmental contextualism (Lerner, 2015) similarly emphasize multiple contexts and relationships for development and behavior, as well as interactions occurring within and across multiple levels (e.g., biology, psychological, sociocultural) and encompassing socio-historical events and progressions. Developmental contextualism promotes positive human development by recognizing cultural, racial, and ethnic diversity, historical (temporal) variation, and takes into account multi-level assessments of contextual relations, trajectories, critical periods, ecological settings, and historical events (Lerner, 2015 p. 170). This approach work promotes positive human development by ensuring social justice and equity in access to resources for human thriving and social policies that support equity in practices across societal sectors and institutions.

Life course theory and developmental contextualism enhance our understanding of how race is represented in traditional family theories (D.T. Williams, 2019; Walsdorf et al., 2019). First, many established family theories typically fail to consider how race is lived and experienced by diverse Black families. Consequently, the relevance of theoretical assumptions, concepts, and processes based on white populations are unquestioned and regarded as fundamental and normative. Second, when Black race is considered, it is often based on essentialized and stereotypic depictions of Black families (e.g., poverty status, family structure). Efforts to re-envision family theories emphasize the importance of examining diversity *within* the Black population as well as intersectional identities and social statuses that constitute nuanced understandings of family phenomena (McNeil Smith & Landor, 2018). Third, ecological models that encompass broader institutional and policy contexts rarely examine how

systemic factors embedded in policies and institutional practices influence family behaviors and the ways that institutional actors operate in concert with one another in producing racial disparities (Reskin, 2012; Walsdorf et al., 2019). Given a strong emphasis in the U.S. on individual responsibility (Chatters et al., 2021; Schulz et al., 2020; D.T. Williams, 2019), interpretations of race differences in family outcomes rely on individual-focused attributions rather than ‘upstream’ structural factors. Fourth, by making race and racism visible in family theory, we pay attention to how principles, concepts, and processes operate differently for members of racialized groups living within racialized contexts (Murry et al., 2018). Examining race and racism, through historical events and life course processes, shifts the focus from identifying “race” differences in family phenomena to uncovering the differences that “race” and white supremacy make for Black families in the racialized context of the United States.

Racial Reckonings

The COVID-19 pandemic and ongoing police violence have underscored long-standing and endemic inequities across U.S. society and calls for racial justice. Academic disciplines and professions are engaged in processes of racial reckoning that acknowledges embedded white supremacy and racism in scholarship, training, and practice that has resulted in historic and continuing oppression and harms for marginalized families. Statements from the American Psychological Association acknowledge its involvement in the eugenics movement and involuntary sterilization. “Apology to People of Color for APA’s Role in Promoting, Perpetuating, and Failing to Challenge Racism, Racial Discrimination, and Human Hierarchy in U.S.” (APA, 2021) recognizes APA’s role in 1) developing and promoting eugenics theories and practices that supported white racial superiority and the inferiority of people of color and 2) using the tools of psychological science to support practices that are consistent with the eugenics

movement including institutionalization and sterilization of those deemed ‘unfit’ and endorsements of anti-miscegenation laws race segregation. Psychology is especially known for the construction, study, and interpretation of racial differences in intelligence and attributions of racial inferiority. The National Association of Social Workers’ report (2021), “Undoing Racism Through Social Work” acknowledges that the profession actively supported the aims and practices of eugenics theories and programs. Social work’s participation in the family removal of Native American children and placement in boarding schools was predicated on beliefs of the intellectual and cultural inferiority of Indigenous People. The involvement North Carolina social workers in selecting individuals who would be sterilized is credited with the disproportionately high numbers of Black women who were sterilized using coercive methods (Price et al., 2020). These official statements articulate renewed commitments to diversity, equity, and inclusion in research, training, and practice, provide guidance on the use and reporting of race and ethnicity in research (Flanagin et al., 2021), and advocate for the adoption of explicit anti-racist principles and actions in organizational policies and practices.

Race Science Matters for Family Science

The past isn't dead. It isn't even past.—Faulkner (1959)

“...I think that the past is all that makes the present coherent, and further, that the past will remain horrible for exactly as long as we refuse to assess it honestly.”

—James Baldwin, *Notes of a Native Son*

We contend that the history of race science matters for present-day family scholars, practitioners, and educators many of whom lack in-depth knowledge of race science and eugenics practices. Scientific, academic, and professional bodies were pivotal in the development and justification of race science and its practical application in eugenics (Ladd-

Taylor, 2001; Stern, 2015). As an example of the popular acceptance of race science and eugenics, eugenicists Huntington Ellsworth and Paul Popenoe were keynote speakers at the inaugural meeting of National Council on Family Relations in 1938 (Coontz, 2015).

Unfortunately, eugenics in the U.S. remains largely unknown even within family science.

Persons subjected to sterilization and the physical and psychological harms they experienced are rendered invisible; only 3 states—Virginia, North Carolina, and California—have established reparations for victims' (Lawrence, 2000; Stern, 2015).

The re-emergence of race science during the late 1970s coincides with two other socio-political developments. The first is the emergence of domestic and global racial ideology movements that use race science to legitimize their message and advance white supremacy and ethnonationalism (Saina, 2019). Recent efforts to advance white supremacy and race science include public promulgation of white supremacy beliefs such as “The Great Replacement” conspiracy theory which is based in part on Madison Grant’s book *The Passing of the Great Race* (Southern Poverty Law Center, May 17 2022). Tragically, this has sparked violent and deadly attacks directed at Asian, Black, Jewish, and Muslim individuals and communities. A second more recent development involves legislative attacks on critical assessments (e.g., Critical Race Theory) of American history, government institutions, and legal systems (Lantz, 2021) that target the history and voices of marginalized groups in the U.S. As of January 2021, a total of 186 bills had been introduced in state legislatures to restrict teaching and training about race and racism in K-12 schools, higher education (Flaherty, 2022; Pettit, 2021), and state agencies and institutions (Greene, 2022; Pen American, 2021; Sachs, 2022). Restrictive measures to suppress important discussions about race are a threat to scholarship and practice that reflects the experiences of racial and ethnic minority families.

A Call to Action for Family Science

The history of race science illustrates the symbolic and manifest power of ‘science’ and the harmful legacies and continued harms of white supremacy. The complicity of academic and professional bodies in promulgating race science and eugenics is profoundly problematic and an egregious violation of human rights (APA, 2021; NASW, 2021). Race science and eugenic history should be required content for family science programs emphasizing human rights, professional ethics and responsibilities, and anti-racism in family theory and practice. Naming racism and not “race” reveals how racism works across diverse areas of society (Feagin & Bennefield, 2014; Reskin, 2012) and identifies how racialized life experiences impact family structure, functions, and outcomes. Explicit consideration of racism and racialized family experiences identifies racism as a fundamental cause of structural and institutional factors that shape family life, requires re-envisioning whether and how racialized life experiences are represented in theoretical models of BIPOC families, and challenges traditional framing of research questions for Black Americans and other racially marginalized groups. Consistent with the issue theme of *Transformative Family Scholarship at the Intersection of Families, Race and Social Justice*, family scholarship, training, and practice must pursue ethical behaviors, policies, and practices that affirm human rights and promote social and health equity for families who are most vulnerable and marginalized.

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Table 1. Race Science and Eugenics in the U.S.: Selected Events

1.	1882	The Chinese Exclusion Act of 1882 was passed by Congress in response to demands from whites about labor and economic competition and concerns about maintaining white racial purity.
2.	1906	American Breeders' Association establishes Committee on Eugenics.
3.	1907	Indiana Legislature passes the first compulsory eugenic human sterilization law.
4.	1908	Louisiana hosts first Better Babies Contest.
5.	1909	California, Washington, and Connecticut pass sterilization laws.
6.	1910	Eugenics Record Office, Cold Spring Harbor Laboratory is established to provide information to promote eugenics research in the U.S.
7.	1911	Iowa passes sterilization law.
8.	1912	New York passes sterilization law.
9.	1913	Michigan enacts forced sterilization law; Wisconsin passes sexual sterilization legislation; Kansas passes first sexual sterilization law.
10.	1915	Nebraska passes sterilization legislation.
11.	1917	South Dakota, Oregon, and New Hampshire pass sexual sterilization legislation.
12.	1917	<i>The Passing of the Great Race: or, The Racial Basis of European History</i> by Madison Grant; touts America as a 'civilization preserve' for the Nordic race.
13.	1918	Idaho passed its first sterilization law.
14.	1919	North Carolina and Alabama pass their first sterilization law.
15.	1921	Pennsylvania passes its first law for the sterilization of "unfit" persons.
16.	1921	Second International Eugenics Congress held in New York.
17.	1922	<i>Eugenical Sterilization in the United States</i> by Harry Laughlin advocated for eugenics as the basis of immigration restriction and compulsory sterilization of the "unfit."
18.	1933	Laughlin's work was a model for Germany's "Law for the Prevention of Hereditarily Diseased Offspring." He was later awarded an honorary doctorate for his work in "race hygiene" from the University of Heidelberg.
19.	1923	Delaware passes sexual sterilization legislation.
20.	1924	Johnson-Reed Act restricts immigration from Southern and Eastern Europe; The Asian Exclusion Act explicitly bars Asian immigration. Eugenics-based immigration restrictions sought to prevent those deemed to be "unfit" and likely to become a "public charge."
21.	1924	Virginia passes the "Eugenical Sterilization Act" "...to provide for the sexual sterilization of inmates of State institutions in certain cases."
22.	1925	Utah, Maine, and Minnesota pass sexual sterilization legislation.

23.	1927	North Dakota passes sexual sterilization legislation.
24.	1927	Buck v. Bell, the United States Supreme Court ruling upheld a Virginia sterilization law for persons assessed as “socially inadequate.” The ruling encouraged sterilization across the U.S.; more than 7,500 people in Virginia were sterilized between 1927 and 1972 when the law was repealed.
25.	1928	Mississippi passes sexual sterilization legislation.
26.	1929	Arizona passes sexual sterilization legislation.
27.	1930s	Illegal mass deportations of Mexicans and Mexican Americans (“repatriation drives”) forcibly removed an estimated 1 million persons, including naturalized and U.S. born citizens, relocating them to Mexico.
28.	1931	Oklahoma and Vermont pass sexual sterilization legislation.
29.	1932	Third International Eugenics Congress held at the American Museum of Natural History in New York.
30.	1933	German government passes the “Law for the Prevention of Hereditarily Diseased Offspring” that was modeled after sterilization laws in California.
31.	1933	Eugenics Board of North Carolina established.
32.	1935	Alabama repeals sexual sterilization legislation. South Carolina passes sterilization legislation. Carnegie Institution review panel determines that work from the Eugenics Research Office lacked scientific merit; funding withdrawn in 1939.
33.	1937	Georgia is the last state to enact sterilization legislation.
34.	1937	The Pioneer Fund founded by Wickliffe Draper pursues: "race betterment" by promoting the genetic stock of those "deemed to be descended predominantly from white persons who settled in the original thirteen states prior to the adoption of the Constitution."
35.	1954	Eisenhower administration devises “Operation Wetback” for targeted “sweeps” of factories, farms, and workplaces to deport undocumented Mexican immigrants and naturalized and U.S. born Mexican Americans.
36.	1959	International Association for the Advancement of Eugenics and Ethnology (IAAEE) founded.
37.	1961	Fannie Lou Hamer (civil rights activist) sterilized without her consent at the age of 44. “Mississippi Appendectomy,” became a common term for the forced sterilization of African American women.
38.	1965	North Dakota repeals its sterilization law.
39.	1970s	Family Planning Services and Population Research Act of 1970 subsidized sterilizations for patients who received health care through the Indian Health Service and Medicaid. An estimated 25% of Native American women of childbearing age were sterilized.
40.	1973	Relf v. Weinberger: Sisters Mary Alice (12) and Minnie (14) Relf who were mentally disabled were sterilized (Montgomery, Alabama) without their knowledge or consent. Investigations found that women receiving Medicaid assistance at childbirth were coerced into sterilization; estimated 100,000 to 150,000 poor women sterilized annually using U.S. government-funds.
41.	1974	The North Carolina Eugenics Board is abolished. Indiana repeals sterilization legislation. Virginia’s “Eugenical Sterilization Act” repealed.

42.	1975	United Nations “Declaration on the Rights of Disabled Persons”
43.	1979	California repeals eugenics laws.
44.	1981	Documented as the last year that a forced sterilization was performed in the U.S. (Oregon).
45.	1983	Oregon repeals sterilization laws.
46.	1986	South Carolina repeals sterilization law.
47.	1988	James Watson, co-discoverer of DNA structure, becomes Director of the Office of Human Genome Research. Watson supports eugenics and select eugenic practices (fetal testing and genetic enhancement).
48.	1990	Human Genome Project (HGP) begins human DNA sequencing.
49.	1994	Herrnstein and Murray publish <i>The Bell Curve</i> arguing a genetic basis for Black-White differences in IQ scores and intelligence and social mobility.
50.	2010	North Carolina Department of Administration establishes The Justice for Sterilization Victims Foundation to pay reparations to surviving victims of the state’s eugenics program. Price et al. analysis of North Carolina’s eugenic sterilization program (1958-1968) indicates intentional racial tailoring in the effort to reduce the Black population.
51.	2013	North Carolina is the first state to compensate persons sterilized under its eugenics program; from 1929 to 1974, 7,600 people were sterilized.
52.	2013	Investigations by the Center for Investigative Reporting (now REVEAL) document pattern of sterilization of women inmates in California prisons.
53.	2015	Virginia is the second state to establish a program to compensate survivors of forcible sterilization.
54.	2018	Novak et al. (2018) analysis of California’s eugenic sterilization program from 1920-1945 reveals disproportionate sterilization recommendations for Latino (vs. non-Latino) patients of mental hospitals.
55.	2020	Documentary <i>Belly of the Beast</i> exposes state-sanctioned sterilizations in California prisons profiles Kelli Dillon who at 21 years of age was forcibly sterilized at the Central California women’s facility in Chowchilla. Between 1997-2014 more than 1,000 women were forcibly sterilized.
56.	2021	Two Day Conference: The Meaning of Eugenics: Historical and Present-Day Discussions of Eugenics and Scientific Racism December 2-3, 2021. National Human Genome Research Institute.
57.	2021	California becomes the third state to establish a program to compensate survivors of state-sponsored sterilization. California sterilized the largest share of individuals (20,000) nationwide who were mostly Black, Latinx, and Indigenous and incarcerated or in state institutions for persons with disabilities.
58.	2013	Investigations by the Center for Investigative Reporting document sterilization of women inmates in California prisons.