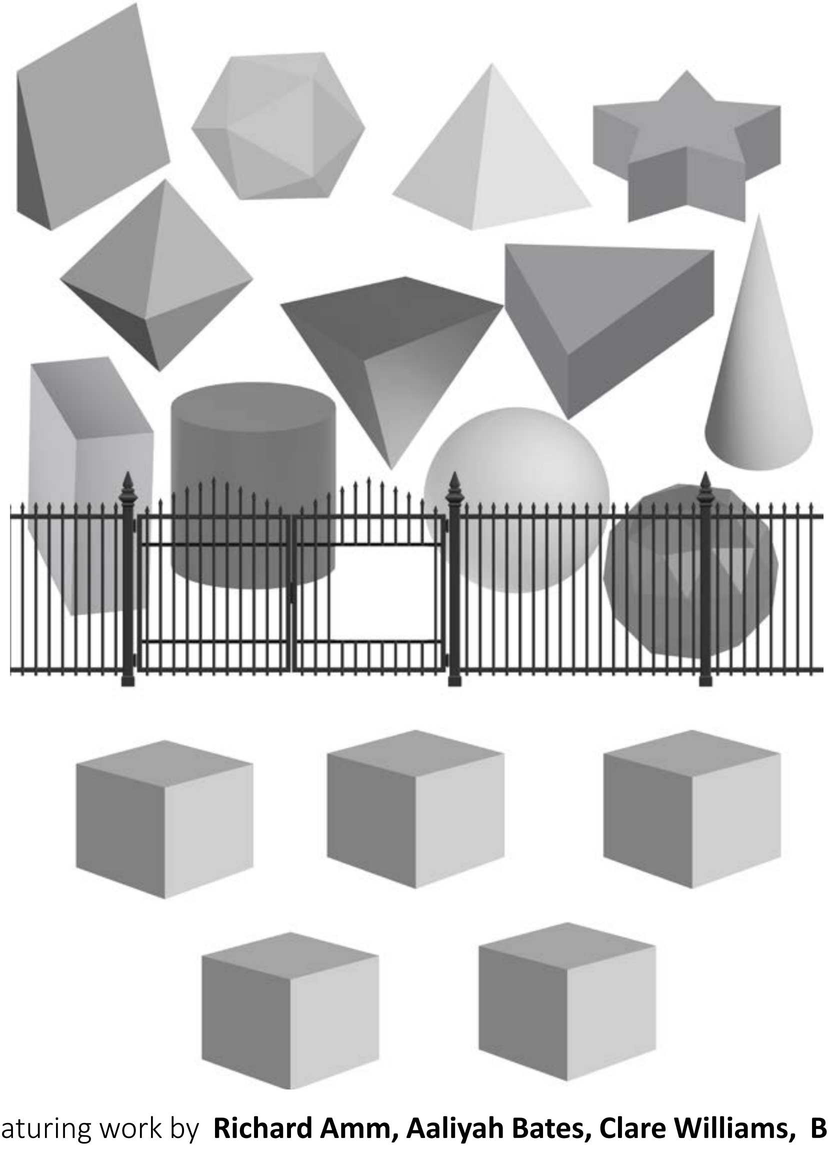
EUGENICS?!

Disability Action Research Kollective



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Introduction

This zine is a collection of thoughts on eugenics by a variety of disabled people and their allies. Eugenics is a set of largely discredited beliefs and practices that supposedly aimed to improve the genetic quality of a human population. In practice this often involved mass murder & forced sterilisation of marginalised ethnic groups. While the actions of the Nazis are the ones that most people think of in relation to eugenics, many practices continue in the modern day. It shapes everything from our laws to how we think about our neighbors. This zine can only include a small number of topics but eugenics is far more widespread than can be adequately represented here. Content warning for Infanticide, murder, bureaucratic violence, eugenics, Nazis, etc.

Early eugenics

Killing Disabled Babies in Ancient Times? by Dr. Alexandra Morris

It is widely believed in society today that in ancient Greece, particularly in ancient Sparta, disability constituted automatic grounds for the routine killing or exposure of disabled infants. This however has been disproven by the research of Debby Sneed. The often cited ancient Greek literary passages of Plato, Aristotle, and Plutarch, which allude to this practice do not realistically depict ancient Greek life, but instead were either representations of an “ideal” society based in philosophical theorems or were an account of the mythical Spartan lawgiver Lykourgos, which was written 700 years after he supposedly lived. Archaeological evidence for the practice is nonexistent, and as Sneed states, archaeological evidence of feeding bottles suggest that ancient Greeks actually crafted specific vessels to feed infants with disabilities that caused difficulty with breastfeeding. These feeding bottles suggest an ancient society actively invested in the societal care of disabled children who would grow up to be disabled adults. Additionally, even Sparta itself had kings such as Agesilaus II who were born with a physical impairment, and whose physical impairment was seen as less disqualifying to becoming king than his nephew who was disqualified for potentially being a bastard. This myth of ancient infanticide rooted in eugenics becomes dangerous in today’s society as it allows modern eugenics movements to justify themselves, both stating that it is a fundamental acceptable point of human nature and point to an “origin” in the ancient past. It also allows for a historical narrative that perpetuates the survival and inclusion of disabled people in society as a modern invention, only possible because of modern medicine and modern economic conditions, which allows for disabled people to be reframed economically as “burdens” on society. Disabled people are expected to be grateful for being allowed to live because the past was supposedly significantly more brutal, but in fact many ancient societies were extremely inclusive of disabled people. These inclusive societies ranged from prehistoric hunter gatherer societies to advanced civilisations like ancient Egypt that lasted for thousands of years.

Francis Galton – The Father of Eugenics by Aaliyah Bates & Ambrose McMonagle - The Origin of Species was put forth by Charles Darwin in 1859. This developed and disrupted conventional beliefs regarding humans, animals, and God; the identification of humans as a species of animal, and of the process of evolution, lead to the renegotiation of immorality and deviance, which had long been understood as punishment from God, or the work of the devil. Darwin’s cousin, Francis Galton, drew on this newfound scientific and technological knowledge to propose that social behaviours deemed ‘undesirable’ were caused by traits that humanity inherited from animals. Galton proposed eugenics in 1883, as systematic and selective reproduction that he believed could ‘improve’ humanity. He advocated for classifying and categorising humans based on those traits deemed to be useful for evolution, and those deemed counter to that goal. These traits, it was believed, were transferred through genetics, and so were inheritable.

To enforce this, a two-fold approach was advocated: positive and negative. Positive eugenics identified people with desirable traits, encouraging them to reproduce. Negative eugenics focused on those people deemed to have undesirable traits, and took a coercive and controlling approach to ensuring they were prevented from reproduction. This relied on sterilisation; segregation; institutionalisation; controls on marriage, and immigration; and, at its most extreme, such as in Nazi Germany, the mass extermination of people. Britain was the birthplace of eugenics and it grew into a movement there. Proponents of the movement were not just limited to scientists, and included prominent politicians, economists and social scientists, and writers also. Through these groups, eugenics was marketed as a form of social hygiene that would protect society’s elites from the perceived threat that undesirable populations were expanding. Those deemed a threat constituted people of colour, disabled people, poor people, and criminals. Their associated traits would be removed, so as to ensure ‘more desirable’ traits associated with healthy, fit, white, men and women could grow.

The First International Eugenics Congress by Murphy King
The development of the Eugenics Committee of the American Breeders Association (ABA) in 1906 at the request of Harvard biologist Charles Davenport and the founding of the UK Eugenics Society in 1907 kicked off, in part, the formal development of eugenics internationally, purported to improve the race and the nations. Both organizations named feeblemindedness as the first priority. Eugenics in the United States had exploded–eight state sterilization laws were on the books by July 1912, and the Eugenics Record Office at Cold Spring Harbor Laboratory was investigating feeblemindedness. Informed by and executed through colonial framings of racial betterment and rooting out the ‘non-normal’ and the ‘sub-normal’, eugenics reflected state ideologies of supremacy, ableism, and sexism. The First International Eugenics Congress, held in July, 1912, hosted 836 attendees in what was deemed by American biologist Raymond Pearl a “great success”, with the New York Times reporting considerable public attention. British Eugenics Education Society President Major Leonard Darwin, son of biologist Charles Darwin, presided over the Congress seeking to clarify the views of eugenicists globally. Held at the University of London, an air of academic prestige was lent to the “baby science”, which was accelerated by the enthusiastic participation of heads of state and ambassadors. ABA Representative Bleeker Van Wagenen wrote that this Congress would have been impossible prior, and a permanent international body must be created to facilitate cross-continent development. “As I am told, I am afraid..the number of the

feeble-minded is greatly increasing”, announced former British Prime Minister Balfour on the first day of the Congress. Biological and somatic definitions of feeblemindedness made by the Congress are incomplete, inconsistent, and amorphous, revealing its utility for making lofty ableist policy suggestions and claims of heredity. The American delegation presented almost entirely a legislative agenda focused on sterilization. The British delegation more forcefully defended “indefinite detention” and state monitoring. The Congress was held with materials in four languages and dozens of international representatives, demonstrating a public turning point in international collaboration on eugenics that would only grow over the coming decades.

Nazi eugenics and Aktion T4

Grafeneck and the Forgotten Beginning of the Holocaust by Ise Pinka

When discussing the Holocaust, public memory often focuses on Auschwitz and the genocide of European Jews. However, it is less well known that the systematic mass murder by the Nazi regime began in Grafeneck, a remote estate in Baden-Württemberg. In 1940, Grafeneck Castle became the first killing center of “Aktion T4,” the code name for the Nazi regime’s secret euthanasia program. The site was converted into an efficient center of death, complete with a gas chamber and crematorium. Over 10,000 disabled and chronically ill people were murdered here in less than a year. People with disabilities were selected who were labeled “unproductive” or “unworthy of life.” They arrived in plain sight, transported in distinctive gray buses that became symbols of silent terror. The perpetrators of these crimes maintained contact with people from the surrounding area, whether through affairs or through the local car dealer who kept the buses in working order. Even after the murders had ceased, the threat lingered in the community. For some time, children were still warned, “if you don’t behave, the gray buses will come for you”. Grafeneck served as a model for later extermination camps and the logistical syùstems of selection, transport, organization and killing. Several of the key figures involved in Grafeneck later took on leading roles in the campaign in which millions of Jews were murdered. Nevertheless, Aktion T4 is often treated as only a footnote in the history of the Holocaust. But this systematic killing of people with disabilities marked the transition from discrimination to industrialized murder and proved that large-scale killings could be carried out with bureaucracy, secrecy and public silence. Even after the war, only a very small number of those responsible were ever punished. Grafeneck reflects how eugenic thinking, widespread at the beginning of the 20th century, found its most radical and deadly expression in Nazi policy. Today, there is a memorial at Grafeneck. But even in Germany, many people do not know what began there. To fully understand eugenics and the Holocaust, we must remember its first victims: Those who lived in bodies and minds that were considered undesirable.

The Origins of the Holocaust in Aktion T4 by David T. Mitchell

Unlike the killing of 5.6 million Jewish people in the Holocaust, Hitler told his lead physician, Gerhard Wagner, as early as 1935, "when there is a war there will be a euthanasia". Euthanasia was the Third Reich's euphemism for the medical mass murder of disabled people in psychiatric institutions (codenamed: Aktion T4). The Nazi party originally planned to deport all Jewish people to the hinterlands of Europe and Asia (the island of Madagascar, Siberia, Lublin, etc.), but upon word spreading of the successful gassing and cremation of 93,000 patients deemed incapable of performing useful work in 1941, the Nazis shifted their deportation plans for Jews to mass murder by gas. Thus, disability-based medical mass murder began the process by which nearly 6 million Jews were killed. By the end of 1945, 300,000+ disabled people had been killed by gas, bullets, and starvation at the hands of Nazi physicians, nurses, and therapists.

The disability killings first began in Posnan, Poland and followed the German army nearly everywhere it traveled. In Posnan the killings were conducted in a converted armory storage building and the corpses were buried in mass graves in the nearby forest of Roznowickie. In Brandenburg on the Hovel a test killing was held for Hitler's luminaries (in December 1940 or January 1941) who sought the most effective way to kill many disabled patients by comparing a group of 20 infused with lethal injections and 20 who died in the barn that housed the first gas chamber. When a number of patients who received lethal injections were still struggling for life they followed the first group into the gas chamber once the first group had been cleared out. In the town of Grafeneck in southwestern Germany, the ashes of those incinerated in the crematoria were spread out over the surrounding fields to make them grow better. Bernburg was the one killing center which continued to operate a psychiatric institution while also killing many of their patients. In Pirna-Sonnenstein the burners dumped wheel barrels filled with the ashes of the dead over a hill behind the gas chamber. At Hadamar a 10,000th killing party was held by the staff and physicians as the hedonism of death infiltrated every institution. Richard Jenner, a psychiatric patient at Eichburg died long after the formal surrender of Germany in May 1945, even while the institution was surrounded by US military who didn't bother to look inside. Today each killing center has been turned into a memorial for the disabled dead and are largely kept alive by grassroots organizations not associated with the psychiatric hospital. The final memorial to psychiatric killing of Aktion T4 was the last to be opened in 2011. There is a moving grey bus memorial that is a life-size replica in concrete which must be moved at great expense by the administrators and townspeople where it is displayed. It has now been on the move for more than 20 years. A feature-length documentary, "Disposable Humanity", now makes its way across the international film circuits created by Cameron S. Mitchell (2025).

Aktion T4 program by Richard Amm

The first public policy the Nazis passed when getting into power enabled the forced sterilisation of 400,000 disabled people. Roughly the same number of people were then murdered within psychiatric institutions. Physicians changed their perspective from healing individuals to healing society as a whole, which then saw disabled individuals as cancers on the social body of the people, to be cured through the deaths of disabled people.The T4 program killing centres at psychiatric hospitals laid the foundations and developed ideas, mechanics and procedures that would be used against other groups, especially Jewish, Roma and queer people. Equipment, materials and many of the same staff were transferred from the T4 program to the concentration camps to oversee the mass murders. The killing of disabled people continued for a year after the Nazi defeat while Germany was under Allied occupation. The ashes of murdered disabled people were not interned with any funeral ceremony but disposed of in mass graves. The medical personnel who participated in the mass murder were there by choice and faced no reprisal for leaving or refusing to be involved in the murders. None of the doctors involved in the killings were tried as war criminals and none were convicted of any crime, as they claimed health problems or mental incapacity to avoid prosecution.

The Eugenicist Roots of the Diagnosis of Asperger's Syndrome by Red Hamilton Russell - Psychiatrists played a key role in the Nazi regime and implemented the ideology of racial purity in the Reich. Hans Asperger, a child psychiatrist at the Am Spiegelgrund clinic, who rose swiftly in the institution due to the mass dismissal of Jewish and women doctors by the Nazi regime, promoted the idea of "general inferiority of the nervous system" as a cause for childhood developmental differences. Asperger never joined the Nazi Party, but did belong to multiple Nazi institutions. He developed the diagnosis of "autistic psychopathy" for children based on a racial idea related to the Nazi idea of Herrenvolk, the "Aryan master race"; Gemüt, a concept of the kind of personality open to community social and psychological pressure that these Nazi psychiatrists could use to mould "acceptable" children into members of this Herrenvolk. The children he diagnosed with "autistic psychopathy" were children who he and others regarded as not open to this moulding via social pressure, who were regarded as an internal threat to the Reich. He later refined this diagnosis into those "autistic psychopaths" who could be "redeemed for the Reich" via extensive behavioural therapy - habitually those who were verbal and without co-occurring learning disability - and those he considered "too damaged" - habitually people who were nonspeaking and/or had co-occurring learning disability - who he had sent to psychiatric institutions where they were later murdered by their caregivers under the Aktion T4 programme. It is notable that this division remained in international psychiatric understanding of autism after the Nazi defeat, with those autistic people Asperger would have considered "redeemable for the

Reich" diagnosed in many countries with "Asperger's Syndrome" and those he would have sent to institutions where they would have been murdered as "autistic". His ideas remain sadly influential within the medical and psychiatric community today, as does the extensive use of behavioural therapy to condition autistic children into behaving more in line with neurotypical expectations no matter how stressful or difficult this is for them, although the rise of autistic self-advocacy has, luckily, challenged many of them.

Disabled People's Resistance to Nazi Eugenics by Jessica B

Too often, resistance to Aktion T4 and Nazi Eugenics is credited purely to Catholic movements. This is both untrue and likely perpetuated because disabled people's forms of resistance were undermined by dehumanising language and labelling as irrational or challenging behaviours - a trend that continues today. Though there are no eye-witness accounts, one of the greatest reported acts of resistance by disabled people took place in Absberg. Months before the Catholic sermon publicly opposing Aktion T4, disabled people showed defiance by refusing to board the transports to euthanasia centres after a priest told them they would be sent to their deaths. They had to be taken by force as they fought back, and the resistance was such that it drew the attention of townsfolk and a local Nazi leader. In Kirchof's report on the situation, later being evidence in the Medical case of the Nuremberg Military Tribunals, he described the victims' resistance as being 'stirred up like animals'. Instead of buying into erasure and dehumanisation, this community in Absberg should be recognised for their courage to fight for their own lives despite having no one to help them.

The Nazi Disability Killing Centres by Paul Darke

I recently visited Hadamar (Germany), Hartheim Castle and the Am Spiegelgrund Clinic (Austria) and I was neither emotionally overwhelmed nor 'triggered' due to a certain familiarity as each centre bore a striking resemblance to the special residential schools I attended in England: beautiful, semi-rural areas, in elegant historical buildings that symbolise bourgeoise idea(l)s of care and civility - one of my former schools is now a luxury wedding venue. Aktion T4 was officially halted in 1941 but the killings continued ‘unofficially’. Hadamar continued operations, employing the same concealment tactics - falsifying records, obscuring causes of death - to avoid scrutiny or familial interference. Hadamar is unique in that it retained its post-1941 records. The process was efficient: individuals were registered, led to the gas chamber, and incinerated in a few hours. The architectural layout of the site remains and its staff – ‘transferable skills’ - were utilised at the other extermination camps. The Memorial’s archive documents how families exploited the system to accelerate inheritance from disabled relatives. Even disabled veterans were not spared (so much for the noble warrior). A newly installed life-sized concrete replica of the transport bus used has met resistance: artistically striking - like many memorials it is more a work of art for tourists than reflective.What struck me most was how closely these places paralleled my, our, own lived experiences in contemporary settings: schools, units, hospitals and special facilities. With only the thinnest veil of legality or moral justification, we, as disabled people, know that such institutions could easily pivoted from ‘care’ to killing: disabled individuals live daily in proximity to the structures that once (and will again) enabled such normalised genocide. They were beautiful places to be killed in; I visited the brightly lit dark tunnel of the past whilst having spent a lifetime waiting for us to re-enter it, hoping upon hope that it would be later rather than sooner. As Helen Atherton wrote: ‘The idea that some lives are less worthy of life than others remains, if better disguised than it was in the past’. I left these memorials not haunted by the past but reminded of the present.

Forced sterilisation and reproductive control

The Fabians, The Labour Party and Eugenics by David S.
Eugenics is often associated with the far-right and totalitarianism, but it was first developed by those claiming to work for democracy, equality and progress. Inspired by Sir Francis Galton, who first used the term, economists, scientists, writers and politicians soon formed the British Eugenics Society and the Fabian Society. The Fabians, influenced by Christian, liberal and Marxist theories, aimed to replace radical and

revolutionary politics with an ideology of gradual reform. To achieve these reforms, elite intellectuals would be charged with leading England towards what the Fabian eugenicist H.G. Wells called a ‘A Modern Utopia’. Membership of the early Fabian and Eugenics Society was often interchangeable. While views varied, they shared a belief that society is in danger from those seen as inherently and genetically ‘unproductive’ and ‘unfit’. Then, those classified as ‘degenerate’, ‘defective’ or ‘feeble-minded’, would be controlled, segregated or sterilized. While the Fabians influenced both Conservative and Liberal politicians including Churchill, under Beatrice and Sydney Webb they became a driving force behind the formation of the UK Labour Party. Sydney Webb, author of Labour’s founding ‘Clause IV’ statement, wrote of the ‘‘breeding of degenerate hordes of a demoralized ‘residuum’ unfit for social life’’. Concerned that allowing a ‘residuum’ of Disabled people, migrants, and homeless people to prosper would lead to ‘‘race suicide’’, the Webbs proposed that ‘good’ working class families should be encouraged, while the ‘unfit’ should be segregated.

Some years later, the Liberal politician William Beveridge, a eugenicist associate of the Webbs, developed these ideas into what is known as the ‘welfare state.’ Following the horror of the Nazi’s adoption of eugenic ideas in The Holocaust, the Fabians and others distanced themselves from these ideas. However, the ideology that demands some of us must be ‘improved’ or ‘removed’ was already deeply embedded in governments both of the ‘left’ and the right. The early Fabian vision of a eugenic and technocratic future would soon resurface. Through legislative reform, and outsourcing to corporations and charities, the welfare state has become a technological system of control. Autonomy over our own bodies and lives is policed through the care, education, health, housing and legal systems. Meanwhile those with power and privilege are protected through complex and opaque economic policies. Eugenics may have changed its clothes, but it never went away.

Eugenics in Canada by Blair Maddock-Ferrie

From the early 1900s to the late 1970s, Ontario participated in a state-sanctioned eugenics campaign that disproportionately targeted Indigenous peoples, disabled individuals, single mothers, the poor, and others deemed “unfit” by prevailing Anglo-Saxon, middle-class standards. While Alberta and British Columbia formalized sterilization through legislation, Ontario’s campaign operated informally, shrouded in medical authority and bureaucratic indifference.

Framed as a scientific pursuit for social improvement, eugenics in Ontario relied heavily on institutionalization, involuntary sterilization, and systemic neglect. Institutions like the Oxford Regional Centre were less about care and more about containment. Residents—including children—were often forced into labour, denied basic necessities, and subjected to unsanitary and cruel conditions. Institutional death was common. Around 40% of deaths were due to diseases that were preventable at the time, such as tuberculosis and pneumonia, pointing to deliberate neglect rather than accidental oversight. The victims of Ontario’s eugenics program were overwhelmingly marginalized.

Indigenous peoples made up an estimated 30% of those affected, with another 25% comprising neurodivergent and disabled individuals. These populations were often institutionalized without consent, and sterilized without due process. Oversight was nearly nonexistent until the 1960s, and the system remained largely unchallenged due to public apathy and elite support. Unlike Alberta, where eugenics ended under scrutiny, Ontario’s program faded not from moral reckoning, but from bureaucratic obsolescence. Cost-cutting, medical modernization, and the rise of universal healthcare contributed to its decline. Yet no formal apology, compensation, or justice has been delivered to survivors. Officials faced no accountability, and the story remains obscured in Canadian public memory.This silence is perhaps the most damning legacy of Ontario’s eugenics regime. The history remains vital not just for recognition but for its contemporary implications. The same mechanisms of exclusion—justified by economic efficiency or medical framing—continue to threaten the dignity and autonomy of vulnerable populations today. Understanding this past is not about placing blame but about ensuring that the quiet machinery of systemic violence is never allowed to run unchallenged again.

Forced sterilisation: racism, sexism and ableism by Pollyanna Chamberlain - Forced sterilisation is when a person is sterilised without consent, knowledge or opportunity to refuse. Internationally, victims of forced sterilisation are disproportionately disabled and indigenous women. It is an act of violence and a form of social control. Human rights law expressly forbids forced sterilization under any circumstances, but this does not mean that it has not and does not still occur. In the mid-twentieth century, Sexual Sterilisation Acts were passed in Alberta and British Columbia and would not be repealed until the 1970s. The acts permitted the sterilisation of institutionalised patients who it was believed would bear children who ‘by reason of inheritance would have a tendency to serious mental disease or mental deficiency’. Concerns regarding the birth of babies who were considered to be ‘mentally deficient’ is nothing less than a eugenicists’ approach to population manufacturing. What’s more, this ‘mental deficiency’ one can almost be certain had a tenuous, varied and politically-motivated meaning. Tied up with concerns of ‘mental deficiency’ would inherently be racism, sexism and ableism.

Even more recently, in 2017, a lawsuit was filed in Saskatchewan from over 100 Indigenous women who reported themselves as victims of forced or coerced sterilisation, one of whom had been sterilised (most recently) in 2010. These women had been coerced by a racist healthcare system, which sought to prevent further births on grounds that were posed as medical. Alisa Lombard, who filed the statement of claim, referred to the UN’s convention on the prevention and punishment of genocide, which includes measures aimed at preventing births within a group. The forced or coerced sterilisation of disabled women across the world comes from both a eugenicist’s phobia of inheritable disorders and a denial of sexuality and the parental desires of disabled individuals. Forced sterilisation of disabled people is often posed as acting in their best interests, just as it was to the Indigenous women in Saskatchewan. Parents and healthcare professionals alike worry about rape, naivety regarding sexual experiences, and ‘ability’ needed to be a parent. One might wonder, however, if these were real concerns whether energy might be better spent providing more accessible sex education, contraception and personal assistance and support. Instead, the sexuality and agency of disabled people is denied in favour of a lazy, quick but permanent, and eugenicsy solution to supposed health and social worries.

Modern Eugenics by Claudia Rose Walder
Modern eugenics: Iceland and Down Syndrome, charities like Autism Speaks, KRISPR. In British govt policy: can't choose deaf embryos for implantation in IVF, two child benefit cap? Modern eugenics represents both the blatant and subtle ways society prevents or avoids the manifestation of disability and other traits considered undesirable. Disability is often used as a cautionary tale to deter people from certain behaviours, such as drug taking, and encourage safety precautions like wearing a helmet. Vaccinations are also preventative interventions against disability. As author Eli Clare writes, "Certainly these actions are about avoiding death, but our avoidance quickly mashes into the un-choosing of disability." One of the clearest forms of un-choosing disability in modern times is through prenatal screenings and gene-editing technologies. From sperm banks to adoptive agencies, the selection or deselection of disabled traits or futures is normalised. Non-invasive Prenatal Testing (NIPT) was first introduced in 1988 and is now a common practice in national and private healthcare facilities worldwide. Alongside ultrasound and blood testing, NIPT analysis of cell-free foetal DNA can detect chromosomal differences and other foetal anomalies. These tests, designed to improve maternal and foetal healthcare, have also opened the door to sex-selective and disability-selective abortion around the world. In the UK, abortion on the grounds of disability is legal up to birth. Prenatal screenings can lead to parental rejection and promote a cultural reluctance towards disabled outcomes.

Alongside prenatal screening and diagnosis technology, we have genomic technologies such as germline gene editing (editing sperm, egg, or embryo cells) and somatic gene editing (non-reproductive cells such as organs), which have the potential to target and permanently alter genetic information in utero and in adults. Since 2012, the emerging and predominant technology used in gene-editing therapy is CRISPR. CRISPR is a bacterial immune system that can precisely target and cut DNA in human cells. The wide application of CRISPR holds promise for treating cancers and other common diseases. It may also be able to disable viral genes, such as those related to HIV infection. Germline editing, however, is widely considered unethical, due to its eugenic potential, leading to a “designer baby” culture. The terminology used by the scientific community in advocacy of these treatments, such as to “correct”, “fix” or “eradicate”, leans towards eugenic ideology, and often assumes suffering and misery as the default state of a disabled embryo and of those around them. Most recently, Japanese scientists have used CRISPR to remove extra chromosomes and “restore cell function” in cells from individuals with Down syndrome. There is currently an international call for a 10-year ban on heritable human genome editing, citing “unproven medical need and safety as well as the ethical ramifications of editing not just one person’s genome but the genomes of all their future descendants.”

How the telephone relates to eugenics: Alexander Graham Bell and his views on d/Deafness by Pollyanna Chamberlain

Alexander Graham Bell is best known for the invention of the telephone, an instrument of communication for hearing people. What is less known about him, is his role as a d/Deaf educator. His father, also a d/Deaf educator, invented a method of communicating and teaching for the Deaf community, called ‘Visible Speech’, which involved the use of symbols to aid people in speaking language when they had never heard it. Alexander Graham Bell was an enormous advocate for the use of oral communication for the d/Deaf community to the point where he openly discouraged sign language. Bell claimed that sign language was isolating and that the use of speech could do a much better job at integrating d/Deaf people into a hearing society. The use of sign language was much contested at the time and after the Milan Conference in 1880, oral education was declared to be the best for d/Deaf people, resulting in a suppression of sign language by hearing educators.

Like many thinkers and educators on the ‘left’ at the time, Bell’s ideas and solutions to what he considered to be social ills was a eugenicist approach. In 1883, Bell presented his ‘Memoir Upon the Formation of a Deaf Variety of the Human Race’ to the National Academy of Sciences in which he proposed to reduce the number of d/Deaf people in the population, by preventing the intermarriage of d/Deaf people. To him, oral education and a prevention of sign language would integrate d/Deaf people into the hearing world and thus reduce chances of intermarriages between d/Deaf people and increase the possibility of d/Deaf people meeting and marrying hearing people. So, Bell’s supposed advocacy of integrating d/Deaf people into a hearing society did not come from a rhetoric of inclusion, but one of societal ‘cleansing’. Sign language posed a threat to the ideal, hearing world, as it produces an identity for d/Deaf people, just how any language of any oppressed peoples does. Bell’s instrument of communication, the telephone, could only really be used by hearing people. Whilst he did not wish to exclude d/Deaf people from the hearing world, encouraging deaf education and communication, he did not wish to empower a telephone of their own – sign language.

Assisted Dying

Assisted Dying in the UK by Richard Amm

In 2025, the UK government attempted to cut financial support for disabled people by 90%. Even people who were unable to dress themselves or use the toilet without assistance would have been classified as non-disabled and lost support. This was done at the same time as assisted dying legislation was pushed through the legislative process. Initially it was promised to have the most robust set of protections of any assisted dying program. However, almost immediately its scope was expanded and protections significantly reduced. It went from needing a high court judge, several doctors and a psychologist to sign off on the protest, to just being any random medical professional or trainee, like a dentist. Some of the protections which were voted down included being mentally competent and having capacity to make sure patients understand the choice they are making.

Safeguards including accessible information and advocacy support for patients with autism or learning disabilities were rejected. The requirement to provide proof that the patient was not being coerced was rejected, as was the requirement to undergo mental health screening for depression or impaired judgement. Originally the law was pitched to help terminal patients near the end of life to access death but this was broadly expanded to be for almost any reason or age. The broad exclusion for euthanasia which were removed included being motivated by feeling like a burden, mental illness (including depression), disability, financial hardship, lack of treatment access, or suicidal ideation.

MAiD in Canada by Blair Maddock-Ferrie

Medical Assistance in Dying (MAiD) was introduced in Canada to offer dignity in death to those in unbearable suffering from terminal conditions. Once it was introduced, eligibility criteria was rapidly expanded to include those with physical illness and non-terminal mental health issues. Reports emerged of veterans seeking trauma therapy being offered death instead. Christine Gauthier, a Paralympian, had been requesting a stairlift for over five years. Instead of receiving the assistance she needed to remain safely in her home, she received an official letter from VAC offering MAiD. Now, even children as young as 14 have been considered for MAiD in cases of mental illness—despite lacking the legal capacity to consent to sex or vote. And increasingly, disabled people are being offered, or subtly encouraged, to consider MAiD as a solution to their poverty, isolation, or lack of access to services. These aren’t isolated incidents, they are systemic indicators of a state that finds it cheaper to help people die than to help them live. The justification is framed in language of autonomy, but the subtext is abandonment. The logic is clear: offer MAiD not just as compassion, but as cost-saving. It was never meant to become a substitute for social care, housing, or trauma therapy. But today, Canada is sliding down a path where death is easier to access than help, and vulnerable populations are paying the price.

Structural Marginalisation by Terry-Lee

The medical model of disability, long contested by international disability organizations and disabled and consumer/survivor and mad activists, upholds euthanasia as a treatment and access to care issue in Canada. It suppresses established multilayered structural discrimination and cherry-picks from the spectrum of human rights. It is contradictory to frame death as a freely chosen and promoting dignity for disabled people not at the end of life, given established medical and social disparities. Legally to qualify for Track 2 MAiD [or medical assistance in dying], a person must have a grievous and irremediable medical condition causing unbearable suffering." However, singling out disabled people, especially not at the end of life, ignores that disability and related poverty fall along racial and gender lines, together with sexual orientation. Yet, a body of research supports that living in deep poverty contributes to a cycle of gender violence, trauma, and disability. Contrary to the views of international lobbyists promoting assisted dying and euthanasia as rational treatment, marginalized disabled people and others historically exposed to colonialism and eugenics reject framing new end-of-life care as a matter of access to treatment and choice. As a sobering reminder, euthanasia was endorsed by racial hygienists claiming that disability causes irredeemable suffering in Nazi Germany. Physicians rationalized euthanizing and sterilizing disabled people, dehumanized as an economic burden in eugenic social planning. As disabled and Indigenous women survivors of ongoing eugenic sterilization in Canada can attest, women's health, autonomy, and dignity continue to be systematically undermined. Claims that medically assisted death promotes dignity ring hollow. It would be a final fatal assault on the personhood of all disabled citizens.

General topics

Eugenics and Capitalism by Clare Williams

Capitalism, as a way of ordering social relations, comes in many shapes and sizes. Nevertheless, preferences for privatisation, deregulation and competition, and a general assumption that the market is best placed to allocate goods and services throughout society can be identified.

Late-stage capitalism has seen an erosion of the welfare state and state sovereignty, needed to uphold rights, in the light of vast and complex global supply chains that feed transnational corporations. These supply chains are based on the labour of those who, not owning the means of production,are forced to sell their labour to survive, often at ever decreasing rates of return. But to sell your labour, someone else must buy it. And as Karl Marx and then later Marta Russell show us, only those who will generate the largest profit for employers are likely to be employed. That means having a ‘standard’ body and mind; those who diverge from this standard cost money in the form of adaptations and accommodations, not only to workplace infrastructure, but to the underlying logics of capitalism itself. Consequently, ‘non-standard’ workers are pushed to the peripheries of the labour market and society, where gig and precarious employment leaves them with lower pay and fewer legal protections, if they gain access to the labour market at all. In short, the logics of the market dictate that disabled people face a struggle for mere subsistence at greater rates than other groups, and we need only look at the seemingly intractable disability employment and pay gaps to support this assertion, with disabled people in the UK being one-third less likely to be in employment and with non-disabled people in the US being twice as likely as their disabled counterparts to be employed. As other posts have demonstrated, the costs of ‘letting die’ are outweighed by the costs of ‘letting live’, and those not fit enough to generate surplus value are facing the choice: sell your labour or get out of the way. It should be no surprise that assisted dying debates have gained traction at a time when capitalism in the global North is, itself, facing existential threats.

Eugenics and Borders: Migration and the Long Tail of Eugenicist Thinking by Clare Williams - When BBC foreign correspondent Katy Watson relocated to Australia for her job, she thought the usual bureaucracy of moving continents was going to be her biggest battle. What surprised her, and what she has written about since, was the visa and immigration process. She writes “One of the questions I was asked for Otis’ [her son’s] visa was, do you have a physical or intellectual disability that stops you being fully independent and taking a full-time job?". "I wrote back saying 'No, in all honesty, because I'm expecting him to be independent'. The biggest barrier to his independence is the fact that he's two." According to Australian immigration however, Otis' age was less of an issue than his Down Syndrome. Those applying for a permanent visa in Australia must pass a 'health requirement', which places blanket costs on impairments depending on projected social and care support that the migrant might need in the future. In Australia, if you are likely to cost the state over AUD86,000, you fail the health requirement and while not automatically denied a visa, must therefore appeal to the Minister directly for an exemption on compassionate grounds. Notably, Australia's Migration Act is exempt from the Disability Discrimination Act. Yet Australia is not alone. Canada can refuse entry to those who may place 'an excessive demand' on health or social services. In the UK, where the Medical Inspector finds that an applicant is undesirable based on medical grounds, the applicant will be refused unless there are 'strong compassionate reasons' to justify admission. A fundamental principle of state sovereignty is that states can decide who to admit and who to reject. However, disability remains a fast-track route to rejection from many states around the world, echoing both eugenicist principles of protecting the population from defective genes as well as capitalist logics of only admitting the most efficient, productive workers to the economy. Pro-immigration narratives of the 'contribution' a migrant might make further perpetuate ableist stereotypes. Indeed, Australia allows for the deportation of an entire family if one of them has an impairment. National borders not only protect the market from potential 'drains' on welfare, but 'disable and debilitate'.

Eugenics and Racism by Jessica B

Early eugenics and scientific racism in the US is increasingly considered to be linked to slavery. This is in how scientific racism was both used to justify slavery and later evolved into the broader eugenics movement. Particularly , it could be argued that eugenics arose as a method of control emerging from pathologisation of black protest and resistance to slavery. For example, physician and Confederate loyalist Samuel Cartwright argued that the high rates of physical and mental illness amongst black populations was due to supposed inferiority of the ‘black race’. He also wrote of a supposed mental illness he termed ‘Drapetomania’ which he claimed caused people to attempt to escape their enslavement. Even after emancipation, educated white people attributed poorer health amongst the black population to the idea that those emancipated were somehow not physically capable of living freely. Though perhaps more subtle in some circles, ideas of eugenics and pathologisation as a response to black resistance to racism, systemic inequality and white supremacy continue to show. From de-legitimasing black protest as ‘idiocy’ to the history of forced sterilisation of disabled black women; eugenics is not only a product of racism but is reinforced by systems that seek to control and suppress dissent instead of supporting people.

Modern Faces of Eugenics by LeslieExp

TESCREAL (Transhumanism, Extropianism, Singularitarianism, Cosmism, Rationalist ideology, Effective Altruism, and Longtermism) is an acronym coined to describe a collection of belief systems that comprise what is essentially a eugenic doomsday religion among tech bros. Elon Musk, Peter Thiel, Sam Altman, Vitalik Buterin, Sam Bankman-Fried, and Marc Andreessen are notable TESCREALists.

The origins of transhumanism can be traced directly to eugenicist Julian Huxley, who is identified as having written the first book on the subject. However the core tenants of the other belief systems like EA have roots in utilitarianism, particularly the philosophy of Peter Singer, a staunch supporter of selective abortion and euthanasia. TESCREALists believe: 1) we can quantify the value of human life 2) we are morally obligated to act in ways that reduce or eliminate net suffering and increase net happiness, including future happiness and 3) we must use technology (e.g. AI, gene editing, and space colonization) in order to augment human abilities, avoid extinction, and/or achieve utopia.

These utopian visions explicitly do not include disabled people as we are considered to be either acausal (i.e. not able to contribute to TESCREAL goals as efficiently as an able bodied person) or considered to be a greater source of “suffering” than able-bodied people and therefore should be reduced or, ideally, eliminated.

There are foundational issues within these communities of defining value in Western, white, protestant, eugenic, and capitalist terms. Proponents typically share Francis Galton's enthusiasm for IQ tests. It's not uncommon for TESCREALists to express white supremacist beliefs. One off-branch of these totalist utilitarian ideologies is natalism, which posits that we have a moral imperative to bring as many people into existence as possible in order to increase the net happiness of the world. Pushing natalism further is the belief that, one day, we ought to create as much "digital life" as possible rather than biological life because we could theoretically fit far more digital life into less space, thus further increasing net happiness. TESCREAList beliefs are about treating human life and ethics as a game of economics, not about materially helping real living people.

Metaeugenics by Rua M Williams "Metaeugenics are the undercurrent of cultural norms, ideals, values, and demands that warp and twist deviant bodies into conformity via a desperate drive for survival and future. Metaeugenics are deployed in the justification of curative, normalizing therapies for sexual, gender, and behavioral 'deviance.' Once overt eugenics have failed, or have been deemed unpalatable, metaeugenics take over to ensure the purity and propriety of the hegemony. Racialized, queer, disabled, or otherwise unsightly, unruly, uncanny bodies are cataloged, captured, quarantined, incarcerated, sanitized, and rehabilitated (or not). Bodies that escape sequestration and cure do so by internalizing metaeugenic demands for conformity, respectability, and exceptionalism. An institution of one." (Metaeugenics and Metaresistance, Rua Mae Williams 2019)

Metaeugenics differs conceptually from Necro and Biopolitics in that it describes an internalized collection of beliefs. Such beliefs have become embedded in the public consciousness such that necro and biopolitical consequences can seem natural, inevitable, and even good. Most importantly, metaeugenic thought is something that you can do to yourself – when the project of eugenics has become so embedded and entangled within the concept of rationality and reason that you can fervently believe in the rightness of your own destruction.

When your relationship to yourself is driven by metaeugenic thought, and a conviction of your own inferiority, you will reach out to any technological promise which claims to grant you those traits of efficiency, productivity, intelligence, and superiority you have been convinced are essential to be worthy of life. The metaeugenic logics that devalue disabled life, and the necropolitical policies that would extinguish it, are not bound by legible and concrete boundaries between disabled and non-disabled. The category of disability is fluid, malleable, and deployable at will. We must work together to disrupt the unconscious acceptance of metaeugenics embedded in our relationships to ourselves and others. Disabled people are not immune to metaeugenic thought. In fact, metaeugenic thought is a primary source of disabled oppression, being the font of bias and stigma from others and a pernicious logic of self-loathing and acceptance of that oppression.

Eugenic propaganda in film.

Screening Eugenics: The Influence of Eugenics on Cinema by Aaliyah Bates - Cinema is a powerful way to play out eugenicist fantasies; it can visualise eugenic desires, and normalise them by incorporating them as key plot devices in casual entertainment. Eugenics in cinema reflects changing cultural attitudes and ethics, as well as developments in science and technology - such as the use of eugenicist ideas in science fiction and horror narratives. For example, the early Frankenstein films diverged from the original book by making The Monster behave destructively because he had the brain of a criminal, instead of the ‘good’ brain that Dr Frankenstein wanted to use. By playing with eugenicist themes, cinema can be used to support eugenic conceptions of the ‘perfect’ human. Critiques of eugenics offered by films tend to be perfunctory, implicitly supporting the dehumanisation of people who ‘fail’ to meet standards of ‘perfection’. Throughout cinema’s history, disabled people have been depicted in dehumanising ways, and with the advent of eugenics, this has significantly influenced disability representation on screen.

Eugenic Propaganda by Richard Amm

The Black Stork (1917) may be one of the most evil films ever made, as it directly promoted the murder of disabled children, racism and the pseudoscience of eugenics. In real life, Dr Haiselden decided to withdraw treatment from a disabled newborn who took five days to die. He then went on to make the film “The Black Stork”, also known as “Are You Fit To Marry?”. The core message of the film is that it is better to be dead than to have a disability and that it iss God’s will for disabled children to be killed. The film was made to discourage promiscuity and “race-mixing”, which at the time were believed to cause disabilities in children. The story within the film is that a couple have a disabled baby that, after being repeatedly socially excluded and discriminated against, becomes a violent, thieving, rapist who also murders a doctor for not euthanising him and therefore condemning him to a life of being disabled.

The film casts a long shadow to the present day, having influenced everything from medical protocols and immigration controls to disability representation in cinema. While legalised infanticide is still practiced in places like Belgium, it is thankfully rare. Prenatal testing and abortion is currently done for Down Syndrome, spina bifida and autism, even though people with those conditions can grow up to live fulfilling and happy lives. In the UK, it is legal to abort a disabled foetus up to the day of birth, regardless of the nature of the disability or if it is a danger to the life of the mother. In many countries like the USA and EU, it is legal to sterilise disabled people without their consent.

Eugenics was mainstream at the birth of cinema and so deeply influenced how disabled people were thought of and represented on screen in ways that have yet to meaningfully change. Films showing disabled people being parents are extremely rare while them being killed is common, especially their deaths being considered a happy ending. Tropes of connecting disability to violence, sin, evil, criminality and sexual abnormality are also exceedingly common.

Acts of Love: Euthanasia in Cinema by Lez Moon
Million Dollar Baby was a 2004 boxing drama that ended with a paralysed woman being euthanised. And that's the happier ending, according to the movie. Allegedly based on the life of boxer Katie Dallam, who received brain damage in a boxing match, whose life story deviated in one key way. She didn't choose to die after being disabled. Instead, she became an artist. So why do movies keep insisting that disabled people should be killed, and why do audiences keep empathising with the characters who kill them?

A significant hurdle for eugenicists is the fundamental human fact that people don't want to kill disabled people they love, but eugenic propaganda had an inventive way to reframe this inhuman act. It frames the killing of disabled people not as an act of hate, but of love. One of the most iconic examples is the death of Lenny in Of Mice and Men. Protagonist George is friends with Lenny, a mentally disabled man, and George decides the best way to save him from the threat of death is to… kill him. The framing here aims to characterise the murder of Lenny as an act of mercy, saving him from a marginally worse fate. That's still murder, just with a little less suffering.

As audiences are expected to empathise with the protagonist, shown their perspective and motivations, they are drawn into an emotional context in which the killing of disabled people is not just acceptable, but necessary. Narrative elements such as plot, character, metaphor are all bent towards justifying it, often awkwardly so.

Films released in just the last couple of years still feature this trope, from The Creator to 28 Years Later, continuing the long tradition of killing disabled characters while motivated by love. The disabled community finds itself waiting for disabled characters to be depicted with empathy and compassion, using disability for its dramatic and thematic potential without resorting to regressive tropes, and of course, making their way to the end of a movie neither dead nor cured. But if current trends continue, we might find ourselves waiting a long time.

Disability is a Part of the Human Life Cycle by Jay Woodruff

Since Darwin's cousin popularized eugenics on the back of Darwin's theory, the idea that people who were unable to fit an undefined and subjective 'perfect' has emboldened every type of hatred. Eugenics has become the root of modern society, and all hatred blooms from it, fed by ableism. Racism is the belief that other races are unABLE to meet the subjective standard, sexism is the concept that non-males are unABLE to be as strong as males, homophobia/lesbaphobia/transphobia and other forms of hate based on sexual or gender identity is the idea that members of these communities are unABLE to conform. Religion, the original eugenics, has shed blood for centuries, based on the ideology that those who do not believe in what you do are unABLE to be worthy of life. There is no such thing as perfect in nature (or religion for that matter), so eugenics has always been able to be deployed as a weapon against anyone and everyone. The first weapon deployed in war is eugenics, and we have become a world where ableism is socially acceptable, so we see little pushback against eugenics. It is rarely named, even though it exists in every society, banking, education, healthcare... Every aspect of life is affected. Every economic and governance system is built on a eugenic foundation, we have become a suicidal species that ignores the fact that under eugenics, we are all expendable as no lifeform meets perfection.This has led us to believe that medical assistance in dying offers people dignity, while we refuse to allow those same people to live with dignity. Eugenics is often called scientific racism, which fails to encompass the full scope of its hatred, eugenics is scientific extinction, as disability is a part of the human life cycle and exists in all of nature.

Would you like to know more?

FILMS

How to Die in Oregon (2011) by Peter Richardson.
Better off Dead? (2024) by Liz Carr.
Life After (2025) directed by Reid Davenport.
A Dangerous Idea-The History of Eugenics in America (2016) Stephanie Welch.

BOOKS

Hideous Progeny: Disability, Eugenics, and Classic Horror Cinema by Angela Smith

Cinematically Transmitted Disease: Eugenics and Film in Weimar and Nazi Germany by Barbara Hales

The Black Stork, Eugenics and the Death of `Defective’ Babies in American Medicine and Motion Pictures since 1915 by Martin S. Pernick

Capitalism & Disability: Selected Writings by Marta Russell (2019, Chapters 18 & 19)

Empire of Normality: Neurodiversity and Capitalism by Robert Chapman (2023)

Brilliant Imperfection: Grappling with Cure by Eli Clare

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MEDIA

Lecture: A Dangerous Idea: The History of Eugenics in America
(https://www.youtube.com/watch?v=3rt1YWvV1fA)
Song about Involuntary sterilisation: All for the Best - Karen Sheader Band
(https://soundcloud.com/user3356865/2-all-for-the-best?)

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