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## Teaching Disability Studies in the Era of Trump

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In spring semester of 2017 we (Pam Block and Michele Friedner) co-taught the graduate course “Conceptual Foundations of Disability Studies.” Though the readings were the same as in previous iterations of the course, the emphasis and tone of the class shifted, not just because of the co-teaching but because we were now teaching in a context in which the rights and lives of disabled people are at increased risk. This essay will focus on one class session devoted to a discussion of how disability studies and eugenics are strikingly intertwined in some ways, and why it is salient and important to think about eugenics in the present moment, especially in relation to the current United States presidency.

Eugenics opens up a way to talk about immigration; traits and qualities of and in people; desirability; deservedness; “good” and “bad” science; and the making of facts. Eugenics comes to mind when we think of silencing and containing nasty women and ejecting bad hombres. While we are not arguing that Trump himself advocates eugenics, we argue that a study of the history of eugenics offers an entry point to considering the emergence of past and present norms and normals, especially in relation to perspectives on bodily variation. We also think that a discussion of eugenics affords different ways of conceptualizing what disability studies scholars Snyder and Mitchell (2010) call “able-nationalism,” (riffing off of Puar’s (2007) work on homonationalism). That is, a discussion of eugenics allows for consideration of how disability—and the values attached to it— is mobilized in different time periods, in the service to the nation.

In our first course session of January 27, 2017, we focused on the history of eugenics and subsequent critiques in the United States and internationally, which might seem to be an odd beginning to a course on foundations in disability studies, but we consider eugenics as a disability-relevant social, moral, political, and scientific movement. For this class, we asked students to consider the intersectional focus of the eugenics agenda with a specific focus on managing or eliminating disabled people. Our course meeting happened to be on International Holocaust Remembrance day, and the Trump White House released a statement about the Holocaust that did not mention Jews. It was also less

than 24 hours before Trump's (first) immigrant ban was put in place via executive order.

We assigned a variety of period and reflective readings, including: "The Kallikak Family: A Study in the Heredity of Feeble-Mindedness" by Henry H. Goddard; (1913); "White Trash: Eugenics as Social Ideology" by Nicole Rafter (1988); The Legal Status of Eugenical Sterilization by Henry H. Laughlin (1930); "'Puffy, Ugly, Slothful and Inert' Degeneration in Brazilian Social Thought, 1880-1940" by Dain Borges (1993); The Nazi Doctors: Medical Killing and the Psychology of Genocide by Robert J. Lifton (1986), and three articles by Franz Boas: "Changes in the Bodily Form of Descendants of Immigrants," (1912), "Eugenics (1916), and "New Evidence in Regard to the Instability of Human Types," (1916). We also viewed portions of David Mitchell and Sharon Snyder's film "[World without Bodies](#)" (2001), and Petra Kuppers and Neil Marcus' "[Journey to the Holocaust Memorial](#)" (2011); these latter pieces are available on YouTube (Kuppers and Marcus 2011) and represent a slice of disability studies scholars and activists attempts make sense of and claim a role in the history of the holocaust.

Indeed, degeneracy theories (Borges 1993) and eugenics, defined as the "well-born science" (Bayton 2016, Kevles 1998) are good places to start any foundations course in disability studies. Looked at from a certain angle these theories present a shadow image of disability studies – or perhaps a forms of disability studies all their own – scholarly and policy movements with policy agendas to address intersectional identities of people whose lives encompassed realities of race, gender, sexuality, ethnicity, economic status, addiction, illness and disability in the late 19<sup>th</sup> and early 20<sup>th</sup> centuries. Racialized degeneracy theory was characterized the loss of superior qualities through inter-breeding with inferior types (Gobineau 1853) but there might also be "cumulative hereditary psychiatric decline" even in white families (Moreau 1976). The stages of degeneration were as follows:

1. A nervous or alcoholic individual
2. Passed down the hereditary tendency for illness to the following generation who was "weak" and "epileptic,"
3. Third generation showed signs of insanity
4. The fourth and final generation exhibited imbecility and sterility (Borges 1993)

These perceptions of a family's physical and mental decline often combined, and perhaps provided an explanation for, economic decline.

A distinction has often been made between positive and negative eugenics. In the early 20<sup>th</sup> century United States, for example, promoting

the effort to increase the number of children born to families considered of high quality was considered to be positive eugenics. Negative eugenics, on the other hand, was said to be focused on reducing or eliminating the number of children born to families who were framed as social problems – because of poverty, behavior (or potential behavior) considered socially and sexually transgressive, because they may be immigrants or indigenous people, or of mixed race or ethnicity or because they lived somewhere inconvenient and needed to be moved so that dams could be built or parks established (Rafter 1988). Part of managing these varied inconvenient populations involved the determination that their bodies and minds were inferior. Immigrants were the easiest to manage by drastically reducing the numbers allowed entrance with the immigrant restriction acts of 1921 and 1924 (Pew Research Center 2015). As is happening today, the nativist discourse of the era intersected with eugenics to keep certain populations from entering the United States or targeted them for removal. Early intelligence tests were administered and it was determined that most immigrants were mentally deficient, being unable to adequately answer questions framed outside of their cultural experiences in a language that was largely (or wholly) unfamiliar (Bayton 2016, Kevles 1998). This foreshadows the Trump administration's attempts to portray undocumented people as dangerous criminals that must be removed.

Goddard (1912) was involved in advocating for the wide-scale institutionalization of feebleminded people. In later years he also became deeply involved in the assessment of immigrants' intelligence, but first he was part of a scholarly trend of writing family studies (Rafter, 1988) where lay researchers were sent to people's houses to get family histories and to assess the intelligence and moral character of the story tellers. He told the story of the "Kallikaks" a family who, according to Goddard and his research assistants, descended from the illegitimate children of a man considered of high quality and a "tavern wench" who was assessed to be feebleminded. Though Deborah Kallikak looked appealing (especially in the clean and controlled circumstances of the institution), she could easily have looked like the demonic looking people in the doctored photographs that Goddard provided, of Kallikaks living unfettered in the community. While Deborah Kallikak seemingly passed as normal, there was something ominously wrong with her and she needed to be locked up to keep both her and the general population safe. Deborah's story was used to justify the widespread and large-scale institutionalization of people considered feebleminded across the United States.

When institutionalization became too expensive, people like Henry Laughlin of the Cold Spring Harbor Eugenics Record Office advocated for sterilization. Laughlin's model sterilization law was used as the basis for the sterilization laws passed in two dozen US states and in Nazi Germany. Laughlin's list of 10 types that should be sterilized was broad enough that

almost anyone could be conveniently characterized:

1. feeble-minded;
2. insane (including psychopathic);
3. criminalistic (including the delinquent and wayward);
4. epileptic;
5. inebriate (including drug habituees);
6. diseased (including the tuberculous, the syphilitic, the leprous, and others with chronic, infectious, and legally segregable diseases);
7. blind (including those with seriously impaired vision);
8. deaf (including those with seriously impaired hearing);
9. deformed (including the crippled) and;
10. dependent (including orphans, ne'er-do-wells, the homeless, tramps and paupers), (Laughlin 1930:65).

There was never a consensus in favor of eugenics in the United States, but it was very popular across the political spectrum, embraced not just by conservatives but also by reformers, socialists and other groups on the left. Franz Boas, a US founder of anthropology and an immigrant himself, was an ardent opponent of eugenics (1912, 1916a, 1916b). He and his students provided an evidence base that dismantled the theories of inherent biological superiority (or inferiority) of certain types of people.

As noted earlier Germany was influenced by the US eugenics movement to the extent that it used Laughlin's (1930) model sterilization law as the basis for the German Law. However Germany moved much further along in their eugenics agenda to consider not just sterilization but the actual elimination of living populations, starting with disabled people. As detailed in Lifton's (1986) book doctors and other medical professionals developed mechanisms for implementing this policy goal. Disabled children and adults were killed first via starvation and the implementation of drugs that killed slowly but these methods were too slow and unsavory so technology-based solutions were developed for more efficient killing. As detailed in the Mitchell and Snyder film "[World Without Bodies](#)" (2001) the people were brought to the killing centers in busses with blacked out windows, the people were lined up, stripped, photographed, examined and then marched to the killing chambers. Witnesses looking through a peephole described the writhing bodies and faces gasping for air and the tangled piles of corpses found when the doors were opened. In previous years of teaching, Pam noted that students are openly crying at this point, and to bring the class back into emotional balance we then watch the beautiful [video](#) produced by Koppers and Marcus (2011) where the process of assessing, selecting and directing of disabled bodies is lovingly reimagined as a consensual and communal process involving touch and breath.

How is this relevant to our current times? We have seen people point to genetics research and its potential to shape social policy and individual choices. For example, should people who give birth knowing their child might be disabled have the right to benefits? Should doctors who wrongly tell pregnant mothers that their children are free of the risk of Down syndrome be liable if the child is indeed born with Down? Should men and women choose not to have children or sometimes not even to marry if there is a high risk of an inheritable diagnosis? However we often do not consider such questions and decisions to be eugenics, and [scholars have debated](#) what to call them. Perhaps these processes are influenced by a legacy from the eugenics era but what we prefer to label as eugenics is linked to particular historical period times and places in the early to mid-20<sup>th</sup> century.

As we indicated, we find disability studies and eugenics to be similar in some ways. There is an intertwining of intellectual and activist elements and a desire to document and provide evidence with the goal of influencing policy for perceived positive social change. Of course what was considered positive or progressive for eugenicists was diametrically opposed to the sorts of reforms that disability studies and disabled activists seek. Yet both are distinct from the anti-intellectual components of Trump era politics. Whereas eugenics-era scientists at least attempted to compile a systematic evidence base, in the Trump era a [call-line](#) asking people to report supposed crimes enacted by undocumented people is meant to serve as sufficient evidence. Proposed health care reform during the Trump era requires neither an economic nor a scientific evidence base as justification to be passed by the House of Representatives. Representatives rushed to pass their bill, not waiting for an economic analysis and falsely stated that pre-existing conditions would continue to be covered under the proposed legislation. Also similar to the moral arguments raised during the eugenics era, [one congressman misrepresented the nature of disability and chronic conditions](#) as something that people could control if they “lead good lives they’re healthy, they’ve done the things to keep their bodies healthy,” (Chait 2017). Under this rationale if you get sick or become disabled you apparently deserve it because you are at fault. Whereas eugenics worked well in conjunction with nativism, patriarchy and racism in ways that feel resonant to what is happening today, it was also strongly opposed by many religious forces that currently work in tandem with Trump’s project. Although eugenicists believed firmly in their scientific method and in the transformative power of their research, it has since been revealed to be flawed and conveniently framed to support elite and capitalist priorities (Bayton 2016).

Countless hundreds of thousands in the US – and millions worldwide suffered and died at the hands of eugenics ideologies and practices

(Kevles 1998, Lifton 1986). There is potential for suffering in the current practices of making inconvenient populations disappear, in incarcerating and ejecting on a grand scale, in determining who is and is not entitled to what kinds of health, education and social supports, and in the gutting of the already-thin social safety net. We know that already vulnerable people will die. We know many disabled people are vulnerable. We are already seeing it unfold. Although disabled people are not specifically targeted (at this point anyway) – disability is used as a justification to contain other populations, immigrant populations who are represented as criminals, unstable, and violent. Both targeted immigrant groups, Muslims and those from Central and Latin America, have a history of being pathologized and dehumanized in ways that incorporate disability (Block, Balcazar and Keys 2001, Patel 2014). We can also see a familiar way that gender, sexuality, addiction, mental illness and criminality are brought into play to identify urban black populations as threatening (Ben Moshe et al. 2014). A consistent similarity between eugenics and the Trump era is this deployment of intersectional characteristics and the mobilization of disability as a means of making broader claims to discredit other kinds of differences. Disability functions as what Snyder and Mitchell (2013) call narrative prosthesis – in other words as a prop with no real engagement with material conditions or experiences of disability and disablement. While we saw forms of able-nationalism (Snyder and Mitchell 2010) before, there is something distinct happening under Trump whereby it does not even seem that there is a mask of benevolence: disability has been discredited starting from Trump's actions [mocking a disabled reporter](#) on the campaign trail to [Jeff Sessions'](#) and [Betsy DeVos'](#) comments about disabled children in schools. However, it is possible that the lack of benevolence will provide an opportunity for politics to emerge. Indeed, we have seen the mobilization of disabled voters with [#cripthevote](#) [#lamapreexistingcondition](#) and the January 2017 Women's March, which planners argued [was the largest gathering of disabled people in the United States](#), an interesting claim to consider.

There appears to be a great deal of grass roots activism as well, in school district meetings, in local disability groups forming to lobby local representatives, and on college campuses. We know that we are in for some hard times; we know that people will die and indeed are already dying from the ever-growing holes in the US health system. The largest provider of mental health services in the country is the US prison system and the already active school-to-prison pipeline and for-profit incarceration centers for prisoners of all sorts have ample opportunity for growth in this era (Ben Moshe et al. 2014). We grew up in the age of deinstitutionalization but we are living in a time now in which there are both [vocal calls](#) and quiet structural changes that entrap disabled people in institutions of various sorts. Thus it is our (sad) responsibility as anthropologists and disability studies scholars to direct our students to

study these trends and as activists to prepare to resist them.

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