From the Politics of Fertility to Liberal Eugenics: What lessons can we learn from the Case of Twentieth-Century Germany?

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PLEASE NOTE: This is a draft paper and a work in progress. It is a prose version of something that was presented from lecture notes at the Munk Centre. It should be understood as a thought piece. In other words, it is not as carefully footnoted as something meant for publication or even written distribution. My goal in presenting this paper was to garner feedback on ways of linking my historical research to current debates. In the process of turning my dissertation ("The Politics of Fertility: Population Politics and Health Care in Berlin, 1919-1972") into a book, I have been struggling with ways of bridging the historical gap between the mid- and late-twentieth-century history of reproductive politics in Germany. It was my hope that the interdisciplinary environment of the Comparative Program on Health and Society would provide a suitable venue for a first stab at untangling some of the ethical problems involved in connecting current discussions directly to the legacy of the Nazi past. The discussion which followed delivery of this paper was, in fact, very helpful in this regard. Readers should be warned that the version of my actual research presented here is extremely brief. Anyone interested in further information can refer to my dissertation and other written work available at: www.notlob.org/annette.
Early in 2001, German newspapers were flooded with discussions about political initiatives to increase *Kindergeld* – government subsidies paid to families with children. Social Democratic Finance Minister Hans Eichel promised an increase, despite the general federal fiscal crisis, and Edmund Stoiber, leader of the CSU (the Bavarian-based coalition partner to the conservative opposition, the Christian Democrats) explicitly called for a new population policy – *Bevölkerungspolitik*. The mere use of this word prompted an immediate response in the German press; there was a flurry of articles and editorials debating the question of whether or not *any* policies that explicitly aimed to increase the birth rate should be considered ethically unacceptable, particularly in a nation still scarred by the legacy of National Socialist racial policies and the murderous consequences of the quest for international supremacy and racial purity. Despite these misgivings about a return to explicit population policies, by January 2001, even the alternative commentators in the *TAZ* (the Berlin *Tageszeitung*) were arguing that the impending dangers of a greying population should prompt a re-thinking of social policy: half a century after the collapse of the Third Reich, and in face of the economic realities, the *TAZ* author argued, *Bevölkerungspolitik* could no longer be taboo.¹

These issues were, of course, intertwined with concurrent discussions about labour shortages and increasing immigration to Germany that filled newspapers for the entire year 2001. But they were also part of a larger post-1989 development: German politicians have become increasingly emboldened to shed the albatross of Nazi history in their policy making and rhetoric. The Third Reich and its crimes are still a lurking presence, but policy makers are increasingly weary of taking this past into consideration

in their pronouncements and plans for the future. This new attitude to history is particularly apparent in Chancellor Gerhard Schroeder’s support for stem cell research. On the other hand, Schroeder’s position has been extremely controversial, and social commentary on the ethical dilemmas of new reproductive technologies, both within and outside of Germany, still regularly alludes to the Nazi past. It is fair to say that one rarely reads a newspaper article about the ethics of new genetic research (stem cell procedures, pre-diagnostic implantation, cloning, etc.) that does not contain a reference to the Nazi past. For instance, a January 31, 2002 article on the stem-cell research debate in the European edition of the *Wall Street Journal* includes the following description:

> As in other countries, calls for lifting Germany’s restrictions on stem-cell research have been met with fears that doing so could lead to the creation of human embryos simply for research and human cloning. But those fears have resonated particularly in Germany, where memories of the Nazis’ horrific experiments in eugenics are etched in the public’s conscience.  

This is only one example of how the spectre of Nazi eugenics is still extremely present in debates over what role governments should play in the reproductive and health care decisions of citizens. The omnipresence of the Nazi shadow in these discussions calls for contextualization. The goal of this short think-piece is to make a plea for a more nuanced approach to the question of how far we still need to take the Nazi past into consideration in the debate over new reproductive technologies. Writing consciously from the perspective of the lone historian in an interdisciplinary group that is concentrating its focus on the social impact of health policies, I would like to argue that we need to move beyond making superficial links back to the past if we are to press

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history into service in the interests of solving current ethical conundrums. What follows is the very beginnings of my own effort to connect my historical research to current debates.

Historians of Germany are faced with a dilemma when it comes to answering the question of the relevance of the Nazi past in current debates about genetic advances. On the one hand, the Nazi case is constantly but very superficially raised: simply mentioning the Third Reich has become a shorthand for the universal warning of evil potential lurking in all schemes to “enhance” the human race. On the other hand, we know that the development of Nazi eugenics and the course of genocide in mid-twentieth-century Germany was an historically specific phenomenon. Many social, cultural and political conditions that led to the extremes of National Socialism are simply no longer relevant to today’s discussion. However, the spectre of the Nazi past refuses to go away, and Germans do feel themselves called upon to remind the rest of the world of the continued relevance of these historical lessons. When Germany’s president, Johannes Rau, recently took a position on the debate about genetic research (particularly pre-implantation diagnosis for embryos), he argued that it was not just Germans who should keep the excesses of the Nazi past in mind while making decisions about eugenics, euthanasia and selection. He argued: “If we regard something as unethical and immoral then it is because it is always unethical and immoral everywhere.” ³ The historical experience of Nazism was unique, but there seems to be a general consensus that the lessons of Nazi crimes are universal. Nevertheless, my goal here is to demonstrate that simple allusions to the Nazi past are

³ [http://www.bundespraesident.de](http://www.bundespraesident.de)
not enough and that they can, in fact, be extremely misleading. If we want to put this past to productive use in current debates, then we have to adopt a truly interdisciplinary approach: we have to establish a true conversation between historians and the researchers in many fields dealing with these issues today. The challenge, of course, is to find a common language – to find useful categories and explanatory modes to make one another’s work relevant and the discussion fruitful. This means avoiding superficial cross-citation and working towards mutually respectful dialogue.

What follows is very much a work in progress. The links between the historical events and conditions that are the stuff of my research and the present trajectories in reproductive health policy are in some ways obvious, yet also extremely complex. Although the fundamental policy question remains the same – the degree to which governments have the right and the responsibility to influence or even intervene in individual reproductive and sexual decisions – the conditions of the debate have been radically transformed by new political and social contracts and particularly by new technological possibilities. Objective analysis may well prove that the impact of these changes is so great that the historical lessons gleaned from the Nazi past are actually less relevant than most people think. Even historians, who have a stake in claiming the importance of historical knowledge, must remain open to this possibility. While I am not now prepared to make this argument, the underlying motivation for much of what follows is a nagging discomfort with the way that Nazi eugenics is used as a superficial rhetorical weapon on all sides of current debates over new reproductive technologies. Popularized, superficial history, I would argue, can do more to obfuscate than to clarify the moral issues at stake. Since references to the historical “lessons” of eugenics and
euthanasia are absolutely inevitable, it behooves historians to engage in the debate on the basis of their own specific historical research, but with an eye to the specific points of contact to current discussions.

In this spirit, I will begin with a brief explication of my own research – the specific historical knowledge that colours my interpretation of current debates. The summary of my research and my historical findings provided here is necessarily extremely brief, and only some connections to current debates will be immediately apparent to you. [NOTE: The group discussion after this paper was presented elaborated on some of these connections. I will refrain from reproducing these discussions here.] Sacrificing historical detail for the sake of brevity and clarity, I will concentrate on the attempt to find a common language to link some of these historical concerns to current debates. I rely on a recent colloquium paper by Jürgen Habermas – “On the way to liberal eugenics? The dispute over the ethical self-understanding of the species.” While it may seem strange to uphold Habermas as a representative for clarity of language, I would argue that his intervention into the current debate is more cogent, convincing and disinterested (in other words, his own career and reputation are not at stake in the outcome of debates over whether certain types of research or medical provision should be allowed) than most other commentators.

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4 See: http://www.law.nyu.edu/clppt/program2001/readings/habermas102501/HabermasGeneticsKorrGesamt2.pdf

5 See David Shenk, “Biocapitalism: What Price the Genetic Revolution,” Harper’s Magazine, December 1997 (or http://www.technorealism.org/Biocapitalism.html). Shenk refers to “bioethicists, who, because of the Human Genome Project, are flush with thinking-cap money.” He continues: “Five percent of the project’s funds (roughly $100 million over fifteen years) is being dedicated to social and ethical exploration, an allotment that prompted Arthur Caplan, director of the University of Pennsylvania’s Center for Bioethics, to celebrate the HGP as the “full-employment act for bioethicists.”
SUMMARY OF MY RESEARCH

The general subject of my research is the history of Population Politics (Bevölkerungspolitik) in twentieth-century Germany. Specifically I look at efforts to increase the birth rate and protect fertility as they were implemented locally in Berlin marriage counselling and venereal disease clinics from the period just after WWI to the 1960s, with an epilogue up to 1989. By marriage counselling I do not mean the relationship counselling we are familiar with today, though the post-WWII period saw a gradual transition to this psychological approach. Marriage counselling in my period took place in municipally run or church-sponsored clinics and generally consisted of various strategies to encourage healthy couples to have more children and to discourage the “unhealthy” or those considered “racially unfit” from reproducing. Along with efforts to control venereal diseases (which in an era before penicillin caused infertility and congenital defects) marriage counselling thus represented a “politics of fertility” – an effort to direct the population’s sexual behaviour towards the goal of increasing the birth rate and encouraging eugenically defined health. “The politics of fertility” is my term for one component of the larger spectrum of population policies.

By the early twentieth century, the term Bevölkerungspolitik had taken on a very specific meaning in Germany. A concern about the birth rate and population growth was directed at what were commonly called the Volkskrankheiten (national, or “people’s” diseases), chronic, endemic diseases like TB, alcoholism and venereal disease. The fear was that these illnesses not only weakened the individual, but the nation as a whole. They were considered a threat to the quantity and quality of the next generation.
Bevölkerungspolitik involved a wide variety of experts, doctors, social hygienists, but also welfare advocates, churches, and social policy makers. Various health policies were based on the conviction that health, and particularly reproductive health, was vital to the survival of the nation. Conversations on this general theme took place across the disciplines and between various government ministries. Chronic disease and declining birth rates were considered particularly dangerous, because they represented threats to the nation’s military strength. In this regard, venereal disease control was an important component of Bevölkerungspolitik. These diseases had always been considered a threat to the fighting strength of soldiers, but since they destroyed fertility and led to congenital illnesses, it was feared that they would diminish both the quality and the quantity of future children – future soldiers. The specific definitions of “quality” used to justify population policies varied from regime to regime and within the different disciplines. By the middle of the century, the category of “quality” had become increasingly racialized, eventually justifying the extremes of racial hygiene in the Third Reich.

My research covers the following specific policy areas. In the sphere of marriage, I look at efforts to encourage or force the exchange of pre-marital health certificates meant primarily to prove the absence of VD or genetic illness to a potential marriage partner. I explore various restrictions on marriage for eugenic or racial reasons, eugenic counselling, birth control services provided for eugenic reasons, and sexual counselling (with the goal of improving and saving marriages so as to increase the birth rate). I also mention the various financial incentives provided by German governments to encourage people to have more children, for example baby cheques, tax breaks, cash prizes, and
marriage loans. In the Third Reich, marriage policies took a particularly coercive turn, so that bans on birth control and abortion, forced sterilization and forced abortion must also be explored.

Policies directed at the control of venereal disease, though less obviously linked to today’s discussion of fertility, were also intimately connected to the desire of various twentieth-century German governments to preserve and increase the birth rate. There were laws preventing the infected from knowingly passing on their disease, clinics to educate VD patients, and various surveillance strategies – including raids on “morally dubious” bars & cafés followed by forced examination and treatment. These measures were implemented to force the sufferers of VD to avoid threatening the public health with irresponsible sexual behaviour. In the Third Reich, control of venereal disease was subordinated to military and racial goals. The regime wanted to reward soldiers by providing them with access to sexual gratification (prostitutes) and to make sure that “racially fit” individuals reproduced inside or outside of marriage, so the emphasis on measures to control promiscuity diminished.

The Third Reich established particularly stark distinctions between insiders and outsiders, between belonging and not belonging, deserving and not deserving, between the racially fit and the Untermensch. This system of inclusion and exclusion stood in contrast to social welfare attitudes in the Weimar Republic, and both post-WWII German states, where efforts were made to re-integrate individuals seen as having endangered society through their irresponsible sexual behaviour. Still, all four states (referring only to the early years of West Germany) conceptualized the relationship between the individual and the state in starkly nationalistic terms. Citizenship was defined not in
terms of rights, but in terms of service to the state. Two common elements in all four regimes are evident in the sphere of reproductive policies: 1) the eugenic idea unified otherwise very disparate social actors around the shared cause of finding ways of reestablishing order in sexual realm, and 2) while the degree of individual choice varied, a consensus on the need to harness, rationalize and re-direct otherwise dangerous sexual energy was shared by policy makers in each period. There was, in other words, an authoritarian/totalitarian impulse – a desire to control the private sphere for collective (nationalistic) purposes. My two sites of the implementation of population policy were important testing grounds for these efforts. The goal was to exercise state control over reproductive and sexual choice through means of health surveillance, restrictions or conditional stipulations on marriage, and also through the provision of certain kinds of health care, structured to further the state’s ultimate goals. My findings indicate that a thread of population political thinking ran straight through the five twentieth-century German regimes. Eugenic thinking and the impulse to actively, rather than persuasively control individual reproductive decisions certainly gains new intensity in combination with racial ideology in the Third Reich. But there is no simple trajectory towards this, nor is there a complete erasure of this kind of thinking in either East or West Germany after WWII. I also argue that this collection of policies had extremely ambivalent results in terms of their actual effects on access to care for the individual. On the one hand, they created huge possibilities for governmental abuse. On the other hand, there were also possibilities for individual manipulation of the services on offer to implement decisions that had already been made.
LINKING THE PAST TO THE PRESENT: CAN HABERMAS HELP US FIND A COMMON LANGUAGE?

The preceding extremely brief summary will have to suffice to provide some background to the search for a common language, to which I now turn my attention. My goal here is to find something that might link these historical examples of the state attempting to control reproductive and sexual choices to today’s debate over the need to set boundaries on technological intervention into procreation. Jürgen Habermas’s paper on the turn to liberal eugenics provides, I think, some important insights into how one might make these links. First of all, I think it is useful to think of the historically specific policies I have outlined as efforts to establish a regime of what Habermas calls (in a different context) collaborative procreation: state policies create conditions for doctors and welfare workers to attempt various forms of collaboration with the procreative couple in the reproductive process. Today’s technologies make this collaboration much more direct – it now occurs even on the cellular level – and the goals and decision-making process has changed. But the ethical question at the center of both my historical examples and today’s more technologically advanced reproductive technologies is related: how far should sexual choice and the reproductive process generally be controlled/directed/influenced by third parties?

The abstraction of the current debate can lead us to forget how quickly we have left behind a society in which reproduction and sexuality were inextricably linked. In the past, to control the product (the production of a baby) you had to control what happened in the bedroom. In other words, laws and policies were directed at controlling individual sexual behaviour, and debates about the ethical, ideological or moral justifiability of
such policies were very clearly situated within the social realm. Since the introduction of penicillin after WWII and the birth control pill in the 1960s, (relatively reliable “cures” for venereal disease and unwanted pregnancy) the situation has been dramatically transformed. To a much greater degree, individuals had gained the power to separate their sexual behaviour from their reproductive choices and their future reproductive health. Very soon thereafter, dramatic advances in reproductive technologies began allowing doctors to make reproductive decisions in the laboratory (which embryo to implant, for instance, or which sperm and egg to use for artificial insemination), and the larger significance of the social/sexual behaviour of the reproductive couple began to recede as an area of ethical, social and political concern. With every increase in the individual’s ability to prevent unwanted pregnancies and other unpleasant side-effects of sexual activity, government’s justification for intervening into sexual behaviour decreased, while the new technologies also seemed directed towards increasing individual reproductive choice. Particularly in the era before the more recent flurry of debate over the ethics of new genetic knowledge, new developments in reproductive technologies seemed to stand in stark contrast to the eugenic models of the past. Rather than being focused on controlling choice from above, they seemed to offer new possibilities for individual reproductive freedom. Future parents could now rely on doctors and scientists to make ever more precise decisions about their reproductive futures. As the ethical debate about reproductive choice moves away from the realm of social behaviour and towards the cellular level – from choices about sexual activity to choices about who has the power over cells – it thus becomes necessary to make much
more refined arguments about why even these personal, private decisions are a matter of social and political concern.

Habermas, I think, gets to the heart of the matter. He asks whether new technologies, particularly pre-implantation diagnosis and the possibilities now being discussed for genetic engineering, require new laws to prevent a system of normalized “liberal eugenics” that would remove the contingency and naturalness from procreation, thus changing our self-definition as a species. Our value system is currently based, he argues, on the line between chance and choice: between how we are born and how we deal with the bodies that we and others are born with. The ability to create “designer humans,” he argues, may well allow for the optimization of the species and may mean increased autonomy for the individual, but it may also “undermine our normative self-understanding as persons leading their own lives and showing one another equal respect.” In other words, it could well destroy the important fictional ideal that we are born equal and should therefore treat each other as equals.

Returning to my specific historical case, I would like to suggest a few ways in which this way of viewing the debate helps us to find a common language. First of all, both the current debate and my historical case address the question of what boundaries society should or shouldn’t set on reproductive decisions. What role, in other words, does the state have in reproductive choice? As was apparent in my outline of population policy in Germany, modern states have taken quite an active role in attempting to guide the sexual and reproductive choices of their citizens, directing vast resources to this purpose. Marriage counselling in Germany for the first half of the twentieth century was (at least in theory) almost exclusively concentrated on the goal of influencing
reproductive choice. Today the boundaries of these choices have moved to a different venue, determining what decisions can be made about embryos in a laboratory and in a doctor’s office. But the ethical problem still stems from the presence of a third party, outside of the reproductive couple, in the decision-making process. This leads to a related set of questions regarding how far an individual should be prevented from doing things that might damage future progeny. In my historical case study the key venue for this debate was venereal disease control. The goal of VD policies was to control sexual choices so as to prevent the spread of congenital diseases and infertility – threats to national vitality. In the past as today policy makers have questioned how much freedom individuals (particularly pregnant women) can be granted if these freedoms damage the health and survival of future children. Aside from the damage that can be done in utero (for instance through alcohol and drug abuse), debates in this area also have and will centre on the question of parents’ right or duty to produce healthy children. Should they be forced to undergo genetic testing or some kind of screening process, even when (as was certainly the case in the Third Reich, but is also still somewhat true today) medical knowledge about genetic illnesses is imperfect and unreliable? Should they, alternatively, be allowed to “improve” their babies through genetic engineering? Damage to future children, after all, could just as easily be done in the process of trying to “improve” the genetic inheritance of an embryo. The focus of concern has shifted mostly to the actions of individuals, but the issue of state involvement is no less pressing, since the state – as lawmaker – will still need to take a role.

A third question that arises out of the need for society to set boundaries on reproductive decisions is a more general one: what role should the state play in
attempting to influence or even increase the birth rate? This question is more relevant to my historical case than to current discussions, but it could well become more relevant again. As I mentioned at the beginning of this paper, declining birth rates continue to prompt political discussion in industrialized and particularly in European countries. As politicians and social commentators begin to speculate about increasing the state’s role in influencing decisions about how many children citizens will have, older historical experiences will likely resurface. Questions of quantity are not entirely separable from questions of quality, but we will leave this possible turn towards quantitative population policy aside for the moment.

My point is that although the outlines of the politics of fertility in twentieth-century Germany are superficially different from equivalent discussions today, the fundamental ethical questions remain the same. Even more significant is the fact that the Nazi case is used as a rhetorical weapon by both sides of the debate about new reproductive technologies. Those advocating virtually unlimited parental choice (in other words, unlimited access to genetic technologies to improve future children) argue that the Third Reich is an example of the extreme curtailment of reproductive choice. Forced sterilization and similar crimes are viewed as evidence of what happens when the state takes reproductive decisions out of the hands of citizens. On the other side, those who advocate caution point to Nazi forms of euthanasia (a spectrum of policies that included the murder of “useless eaters” and “lives unworthy of living” along with racially motivated genocide) and argue that interpretations of which lives are worthy of living and which are not will always be ideological, subjective, and subject to abuse. Both sides, in other words, focus on the crimes and extremes of the Nazi period to make their
case. My research into the practical implementation of eugenic ideas over a long period of time suggests that this focus on the crimes is not actually the only, or perhaps even the most useful lesson. The lesson of this historical case is not simply one of the “misuse” of science for evil ends. We have to remember that the science of racial hygiene was extremely flawed. Today’s scientists could argue, with some justification, that their science is better. It is also more than just a matter of the Nazis having curtailed individual freedoms in the reproductive sphere. The attempt to do this was, after all, by no means unique to the Third Reich. Even there the process was not seamless: eugenic controls were extremely difficult to implement, they required an immense bureaucracy, and they relied on very subjective decision-making that led to uneven, sometimes even random implementation of policy and application of standards.

For the “insiders” of Nazi society, sexual and reproductive freedoms often increased. Baby bonuses, marriage loans, access to prenatal care improved the options open to those “racially desirable” couples who wanted to have children. A less well known, but equally significant fact is that sexual activity between “racially desirable” individuals was encouraged in the Third Reich, even outside of marriage. Sex, in the form of access to prostitutes, was offered as a reward for military service, and babies outside of wedlock were welcomed by the regime as long as they fulfilled the criteria of racial health set out in Nazi ideology. While the crimes of the Nazis are obviously more morally troubling than these policies, the most significant aspect of this historical case for future debates on reproductive health is the fact that the goal of racial hygiene was to directly intervene in the evolutionary process – in Habermas’s terms, to tinker with human self-definition – in an effort to create a master race.
Habermas refers to this totalitarian goal as the instrumentalization of the creation of human life for collectivist purposes. It may well be true that the role of the state has now changed: Nazi eugenics focused on the goal of creating a superior society, while modern, some would argue “benign” eugenics wants to create the perfect child. But it is not clear that these two things are morally much different. To use Habermas’s language again, both are an instrumentalization of the reproductive process – one for nationalistic purposes and the other to fulfill individual subjective desires.

But if all eugenics is an instrumentalization of reproductive health, for whatever purpose, is it then always morally wrong? Are there some kinds of eugenics that are allowable and some that aren’t? It is easy to state the efforts to “improve” babies will today be free of nationalistic/ideological impulses, but can we really be sure of this when these impulses still do creep into discussions of education, immigration and even the birth rate? It is common to examine the ethical problems inherent in eugenics by distinguishing between different kinds of eugenic practices. Historians generally divide eugenic ideas and practices into positive versus negative eugenics, or population versus individual eugenics.

A classic definition of positive versus negative eugenics as practices in twentieth-century Europe was provided by Daniel Kevles in his 1985 book, *In the Name of Eugenics: Genetics and the Uses of Human Heredity*. Negative eugenics, Kevles writes, was the attempt to eliminate undesirable genes or congenital or genetic illnesses. Examples of negative eugenics include prohibitions on sexual relations, restrictions on marriage, sterilization or killing. The goal here is to remove a negative threat to the genetic stock and to avoid extra costs to the health and welfare system associated with
“damaged” or sick children. Positive eugenics, on the other hand, are measures to encourage those considered “fit” and healthy to have more children. Examples of positive eugenics include improved access to pre-natal and post-natal care, baby bonuses, tax breaks, marriage loans, housing subsidies and the like. These definitions, it should be noted, are an effort to describe historically specific practices. Although some of the historical actors used similar ways of describing eugenics policies, they did not themselves divide up the various practices into such neat categories.

Nevertheless, the positive versus negative eugenics categorization is widely used by historians and other commentators. For instance, bio-ethicist Arthur Caplan, director of the Center for Bioethics at the University of Pennsylvania, relies on it when he makes a case that individual positive eugenics (parents making free choices) are acceptable, while population eugenics (the state making the decisions – i.e. mostly negative eugenics) are not:

While force and coercion, compulsion and threat have no place in procreative choice, it is not so clear that it is any less ethical to allow a parent to pick the eye color of their child or to try and create a fetus with a propensity for mathematics then [sic!] it is to permit them to teach their children the values of a particular religion, try to inculcate a love of sports by taking them to games and exhibitions or to require them to play the piano in order that they have a talent... . In so far as coercion and force are absent and individual choice is allowed to hold sway, then presuming fairness in the access to the means of enhancing our offspring it is hard to see what exactly is wrong with trying to create perfect babies.\(^6\)

Aside from the obvious objections that fairness in access is highly unlikely given free-market mechanisms and class differences, and the idea of a “perfect baby” is entirely subjective, this neat compartmentalization between morally acceptable and coercive eugenics simply makes no sense. In practice, it is not so easy to separate parents’

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“justified” desires for healthy children from the state’s “unjustified” ideologically motivated eugenic policies. Historical research has shown that the Nazis forced certain types of reproductive decisions on German citizens (for example, sterilization) for eugenic and racial reasons. But my findings also point to a flip side: individuals were also likely to try to manipulate services on offer to implement reproductive decisions that they had already made. The line between individual choice and state-directed goals or ideological persuasion is simply not as easy to draw as Caplan suggests.

Habermas’s definition of positive versus negative eugenics is more useful, though it is more general and less historical. He writes that negative eugenics is therapeutic: it attempts to remove or prevent an illness. Positive eugenics, on the other hand, seeks the enhancement of human beings and/or the genetic stock. Negative eugenics, using this simpler definition, is actually more acceptable, since the goal is therapeutic: to cure or prevent conditions that are generally accepted to be pathological. (Habermas, it should be noted, assumes the absence of state coercion and racially biased or ideologically motivated determinations of illness.) In contrast, positive eugenics aims at enhancing the genetic stock. The big difference between the two, Habermas argues, is that negative eugenics, unlike positive eugenics can rely on informed or justifiably presumed consent. He writes: “As long as medical intervention is guided by the clinical goal of healing a disease or of taking provisions for a healthy life, the person carrying out the treatment may assume that he has the consent of the patient preventively treated.” Since negative eugenics attempts to fix a generally accepted pathology, we can assume that the child/embryo and later adult would not have objected to the treatment.
Habermas does not mention things like coercive sterilization or state-run euthanasia when he defines negative eugenics. He assumes that the protections of the German constitution – the Basic Law – and other similar safeguards in other countries make such abuses impossible. Authoritarian eugenics (as opposed to the liberal eugenics that might result from genetic manipulation) took the individual as “mere exemplars of the species.” This, Habermas rightly points out, is now morally and legally prohibited. He argues that negative eugenics implemented through medical therapeutics falls under the “logic of healing” and is thus different from the ideal of genetic programming, which would be based on subjective criteria and the preferences of the parents. The positive eugenics of tomorrow, as currently being advocated and researched, he argues, would mean direct genetic intervention that was no longer governed by the “logic of healing” because it would go beyond the “prevention of evils which one may assume to be subject to general consent.”

Habermas’s argument about eugenics actually turns the tables on previous discussions. In some ways he is extremely sensitive to the Nazi past, but he also implies that we must move beyond this negative example to make sense of current ethical debates. Rather than allow the very definition of eugenics to be absolutely wedded to previous practices, we must now discuss the essential core of the ethical issue, with an understanding of the laws that will protect us from certain abuses and the future laws that will have to be implemented to curtail excesses. He does not say this directly, but I infer from his argument that concentrating on the crimes of Nazism (primarily in the realm of negative eugenics) is not the most fruitful approach when we are seeking historical lessons. The true danger lies in the goals of positive eugenics.
This trajectory, his argument implicitly suggests, is more relevant to our current ethical quandaries.

I sympathize with this argument, because my historical findings suggest that positive eugenics was part of an aggressively militaristic logic. Since it seems wise to reject this logic (in face of the horrendous crimes and massive suffering it caused), the goal of enhancing the genetic stock must be questioned from an ethical point of view. Habermas argues that the call of current and future liberal eugenics to radically extend reproductive freedoms “...is compatible with political liberalism only if [the] enhancing genetic interventions neither limit the opportunities to lead an autonomous life for the person genetically treated, nor constrain the conditions for her to interact with other persons on an egalitarian basis. If high ethical standards are to be met then parents’ eugenic freedom cannot “enter into collision with the ethical freedom of their children.”

The self-perception of the child is key. Unlike the impact of environmental factors on childhood development, genetic manipulation does not allow children the “opportunity to take a revisionary stand” in fighting their parents’ vision of what they should be and become. Making subjective genetic choices for a child means that parents are acting “as if disposing of an object,” without seeking explicit or even justifiably implicit agreement from the future person they are designing. It is here that I think Habermas gets to the heart of the ethical problem in positive eugenic policies: it is the treatment of other human beings as if they were interchangeable representatives of a species or race – as objects of nationalistic or parental desires.
CONCLUDING WITH ANOTHER LOOK BACK

The extremes of Nazi eugenics cannot be ignored, nor should their moral lessons be underemphasized. But we should not get misled into assuming that the moral spectrum apparent in Nazi policies on reproduction is easily translatable to present-day circumstances. The worst crimes in the Third Reich were perpetrated under the banner of negative eugenics. But the most chilling precedents were set in the realm of positive eugenics, even when the implementation was severely limited by medical knowledge and political constraints.

I close with a specific example drawn from the history of Himmler’s Lebensborn program, a network of homes for women having babies fathered by SS officers and other racially desirable men. One must note at the outset that, contrary to popular belief and several Hollywood movies, Lebensborn was not a breeding program. The women were pregnant before they sought help at what were essentially maternity homes. Nevertheless, the goal of racial breeding was certainly a motivation for this program, and Himmler fantasized about the future implementation of active match-making and breeding efforts. Even more important for our purposes, though, were the effects of the actually implemented program on the children involved. After birth, these children were adopted out to carefully chosen, ideologically vetted German families. Today, many of them are frantically looking for their biological roots and are trying to determine the

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7 For an authoritative account of the Lebensborn program, see: Georg Lilienthal, *Der “Lebensborn e.V.”: ein Instrument nationalsozialistischer Rassenpolitik* (Stuttgart, 1985). For a short but useful summary in English, see Hans Peter Bleuel, *Sex and Society in Nazi Germany*, ed. and with introduction by Heinrich Fraenkel. Translated from the German by J. Maxwell Brownjohn (New York, 1996 [1973]).
exact circumstances of their birth. This is an extremely emotional and troubling quest for most of them, since it is bound to raise doubts about the emotional connection to adopted parents who were chosen (and who perhaps chose to adopt children) on the basis of racial characteristics. While not a breeding program, the goal of human enhancement determined the outlines of the Lebensborn program. It would be interesting to ask the products of this program – the children adopted out to Nazi families – how they feel about this type of decision having been made about their lives. How might they feel about the fact that their life stories were determined, at least to some degree, by genetics rather than by family ties, by ideology rather than by love?

Today we have to question whether it makes sense to argue for free choice and self-determination in the context of a discussion about the rights of parents to pre-determine their children’s genetic inheritance through genetic manipulation. The freedom of choice being discussed here, after all, essentially amounts to parents making decisions on behalf of and without the consent (implied or explicitly) of the individuals whose lives will be irrevocably altered. Freedom of choice is not truly protected if one individual’s choice infringes upon the freedom of another.