Journal of Intercultural Management and Ethics

JIME

ISSN 2601 - 5749, ISSN-L 2601 - 5749

published by

Center for Socio-Economic Studies and Multiculturalism
Iasi, Romania
www.csesm.org

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CURRENT ETHICAL IMPLICATIONS OF RUSSIAN/SOVIET POSITIVE EUGENICS

Sana Loue
Case Western Reserve University School of Medicine,
Cleveland, Ohio, USA
E-mail: Sana.Loue@case.edu

Abstract

Eugenic theory was premised on a belief in genetic/biological determinism and promised the "self direction of human evolution." Many Western nations, including the United States, utilized what have been called both negative and positive eugenic measures, seeking to eliminate "negative traits" from the populace through strategies that included restrictions on immigration, involuntary sterilizations of those deemed to be unfit, and segregation, while utilizing "positive" measures such as better baby contests, fitter family contests to encourage selective reproduction. In contrast, eugenicists in late Imperial Russia and the early Soviet period focused their efforts on positive eugenic strategies in an effort to halt what was seen as the growing degeneracy of the population and encourage the proliferation of desirable traits. An examination of the underlying basis for the "positive" approach and the reasons for its cessation raise important ethical issues for consideration today.

Keywords: Eugenics, Russia, genetic screening, Soviet Union

Introduction

The term "eugenics," derived from the Greek roots for "good" and "origin," has been attributed to Francis Galton, who used the word in 1883 to define the science of breeding a better race (Weindling, 2021). Galton (1908) was concerned that individuals who were "degenerate," so labeled based on their social characteristics and mental abilities, maintained a higher rate of reproduction compared with fit and healthy persons, who were restricting their reproduction. The science of eugenics would correct this perceived imbalance.

Accordingly, eugenic theory was premised on a belief in genetic/biological determinism (Selden, 2005) and promised the "self direction of human evolution." Eugenic proponents linked a perceived decline in population quality to inherited qualities and differential birthrate, often blaming targeted groups for recurrent social problems (Allen, 1997). Biological metaphors were utilized to shape social policies, including those relating to immigration, segregation, and sterilization (see Ellis, 1912).

The transnational eugenics movement that flourished in Western countries from 1900 through 1940 was driven by a variety of factors. There was widespread economic and social instability, due in part to increasing industrialization. Medicine was seen as a national resource and scientists were viewed and viewed themselves as a special class of concerned experts (Leonard, 2003). The surgeon and eugenicist J. Ewing Mears (1909) proclaimed, "The members of our profession are not only the conservators of the public health, but are, or should be, in every sense the promoters of the public good." Rivalries erupted between eugenicists and practitioners of various health sciences with respect to the appropriateness of their touted interventions to prevent and treat disease, with professional power and ownership of the relevant terrain in play (Pernick, 1997). Rational scientific planning offered the possibility and the hope that human resources could be preserved for the benefit of future generations and enhance efficiency.

The implementation of eugenic theory assumed a variety of forms across countries. In the United States, the lines between genetic research and eugenics were quite blurred, a situation exemplified by the dual roles held by Charles Davenport, both a leading biological scientist and the head of two organizations that funded eugenic research (Duster, 2003). Eugenic efforts frequently utilized two approaches. What has been referred to as "negative eugenics" focused on eliminating what have been characterized as "negative traits." These strategies were designed to decrease reproduction in families deemed to have inferior hereditary qualities, e.g., through the involuntary and often unknowing sterilization of individuals deemed to be "feeble-minded" or "imbeciles", eugenic marriage laws that prohibited the marriage of individuals with sexually transmitted infections, and the passage of anti-miscegenation laws to enforce racial segregation. Restrictive immigration laws would serve to prohibit the new addition of such persons into the country (Dorr, 2008; Ellis, 1912; Okrent, 2020; Reilly, 2015). The burden of these negative measures fell predominantly on immigrants, the poor, and minority persons (see Leonard, 2003).

The second approach employed so-called "positive" eugenic measures. These measures sought to encourage the proliferation of better health and higher intelligence across the population by promoting reproduction among those deemed to be healthy and fit and by recognizing and rewarding those who were believed to best exemplify positive traits. In the United States, positive eugenic strategies often assumed the form of "better baby" and "fitter family" contests, frequently accompanied by government-supported propaganda intended to influence individuals' reproductive decisions (Pernick, 2002; Selden, 2005). These measures, the positive and the negative, would act together to control the ability of those deemed undesirable to reproduce.

The use of "negative" eugenic measures to reshape social policy and society was carried to its extreme under the Nazi regime. Borrowing from the U.S. models for anti-miscegenation and involuntary sterilization (Bergin, 2016; David, Fleischhacker, & Höhn, 1988), the Nazi government instituted gradually escalating measures designed to improve what was conceived of as the Aryan race and eliminate those deemed to be inferior: the segregation and stigmatization of groups, involuntary sterilization, euthanasia and, finally, an effort to completely exterminate disfavored groups from within the population (Bergin, 2016). Those deemed to be defective would not only be prevented from reproducing, but were to be themselves eliminated.

In contrast to the emphasis in the United States and Nazi Germany on "negative" eugenic approaches, the eugenics movement in late Imperial Russia and the early Soviet Union emphasized "positive" eugenic measures. This article explores the eugenics movement during these periods, describing salient similarities and differences between the eugenic movements in the US and Russia. The article then discusses aspects of the Russian positive eugenics movement and its cessation that have relevance for ethical dimensions of medical research and practice today.

Eugenics in Late Imperial Russia

The issue of eugenics was first raised in Vasilii Markovich Florinskii's 1865 publication of *The Perfection and Degeneration of the Human Race.* He suggested that ideal people could be fashioned through an emphasis on and the cultivation of good health and wellness, beauty, moral excellence, absence of chronic disease, and absence of psychopathology. These goals could be effectuation through rational marriage, embraced at a population level (Krementsov, 2014).

Russian eugenicists became familiar with the writings of eugenicists in Western countries during the period from 1900 through 1917 following the translation of their works

into Russian. Russian eugenicists borrowed ideas selectively from other countries, including the French, British, and American models, calling their movement *antropoteknika*.

The First International Eugenics Congress was held in London in 1912. Although it was not attend by any Russian eugenicists, it was attended by the philosopher Petr Kropotkin and the journalist Isaak Shklovski. Both disagreed with Western countries' conceptualization of eugenics and their proposed implementation strategies. Specifically, Kropotkin criticized the class bias of the Congress and opposed proposals to sterilize "the unfit," referring to this approach as a "beastly philosophy" (Kropotkin, 1912; Problems in Eugenics, 1913). Shlovksi contested Western eugenicists' notion of a hierarchy of higher and lower races (Krementsov, 2010).

Later, Russian jurists and criminologists rejected the Western idea of inborn criminality and involuntary sterilization of prisoners, and Russian psychologists and educators rejected idea of "feeblemindedness." In contrast, they contended that children deemed to be defective could be trained to be normal members of society. Unlike the focus of the Americans, British, and Germans on race and class, the Russian eugenicists emphasized the use of "positive" measures to propagate "good" heredity (Krementsov, 2011, 2015), advocating the systematic intervention in human reproduction and heredity and development on a population basis. They suggested that it was the scientific belief in the negligible role of environment on heredity that was responsible for the development of "questionable ideas," e.g., racial superiority, sterilization, segregation, euthanasia (Iudin, 1914).

Various factors underlay the growth of and enthusiastic adoption of the eugenics movement during this period of time. Physicians and public health personnel eagerly embraced eugenic theory, which had invigorated science and medicine with new excitement. This new science of eugenics provided physicians, who were generally not viewed high on the social ladder (Frieden, 1981; Hutchinson, 1996), with both greater recognition and a platform from which they could claim autonomy and authority vis-à-vis the Russian state (Krementsov, 2011). Eugenics offered new possibilities for research related to medical family histories, twin studies, and alcoholism and heredity. And, not unlike eugenicists and politicians in the United States (Roosevelt, 1907; Walker, 1989), Russian physicians, scientists, and politicians voiced considerable anxiety about what was seen as the increasing degeneracy of Russian populations. Russia did not, however, experience a number of conditions that fueled the eugenics movement in the United States, Great Britain, and Germany: declining rates of fertility, high rates of immigration, and increasing industrialization (Leonard, 2003).

Eugenics in the Early Soviet Union

The eugenics movement continued during the early years of the Soviet Union, fueled by a number of factors. Regular medical care and social programs were generally absent (Khen, 2006). The new government sought to create and propagate the image of the "New Soviet Man," who would be "psychologically, physically, and culturally at home in the radically different society" (Howell, 2006). Accordingly, the eugenics movement focused on improving man physically and changing human nature (Bardziński, 2013).

Nikolai Koltsov, a biologist and pioneer of modern genetics in Russia, argued, however, that efforts to control natural selection were unwise because the cessation of selection would lead to degeneration and suggested that a focus on gene engineering without first solving social problems was destructive. He postulated that eugenics was comprised of three elements:

- Pure science (anthropogenetics), i.e., the gathering knowledge of human genetics and principles of inheritance of human traits;

- Applied science (anthropotechnique), meaning the application of knowledge of anthropogenetics to find appropriate measures to improve future generations, e.g., social policies, modification of individual behaviors; and
- Eugenic religion, the espousal of an ideal that would give meaning to life and motivate people to sacrifices and self-limitations (Krementsov, 2010).

The years of the Bolshevik eugenics movement saw an increased emphasis on public health, the protection of maternity and infancy, and opposition to abortion in both professional circles and in public forums. During the years 1920 through 1925, eugenicists provided lectures to both professional and lay audiences, facilitated public discussions, and organized exhibits touting the benefits of eugenics. Eugenics was integrated into curricula of biology courses in secondary schools and universities and even became the focus of plays and fictional works. Eugenic theory was implemented via a focus on the investigation of hereditary diseases and the institution of legal prohibitions, e.g., marriage registration and the establishment of a minimum age for marriage. In a striking contrast to their Western counterparts, the Soviet eugenicists of this period paid no attention to race, did not conduct research on those who might have been considered "unfit," focused their research on understanding those with creative talents, and rejected the sterilization or isolation of "defective" persons, advocating instead their "re-education." The focus on maternal health elevated the status of gynecologists, providing them with a path to advancement in medicine, while the broader dissemination of materials relating to eugenics led to increase in membership of Russian Eugenics Society.

By the mid- to late-1920s, however, eugenics was attacked as a bourgeois science that was incompatible with the egalitarianism of Bolshevism. Eugenicists were accused of ignoring social and environmental conditions, raising the debate about phenotype and genotype. By 1930, eugenics became associated with racist policies of Nazis and was dismantled as fascist science (Krementsov, 2011). Under Stalin, research on human genetics was portrayed as vital for socialist reconstruction and the field of eugenics was transformed into a focus on Soviet medical genetics.

Current Ethical Implications of "Positive" Eugenics

Despite the demise of programs both in the U.S. and Russia that promoted positive eugenics, lessons can be gleaned from the nature and approaches adopted by this movement. The increase in medicalization as both a facilitator and a consequence of positive eugenics allowed the state—meaning the relevant governmental organ—to exert ever-increasing control of their populations through, first, moral training and the establishment of mechanisms within existing public health structures to reward those deemed to be fit and, therefore, desirable, and, second, by regulating reproduction, such as by imposing restrictions on the ability to marry (Rose, 2001). Research agendas, rhetoric, and social policies were adapted and adopted to fit the political, economic, and ideological contexts. An underlying belief in the ability of science to fuel progress propelled the movement forward.

Some of these same conditions are present today, in the U.S. and elsewhere. New biotechnologies have been embraced for their ability to identify the potential for genetic disorders, leading to a "growing acceptance of the notion that 'defective' babies can be prevented" (Duster, 2003, p. xii) and the ability to identify and associate specific genetic disorders with specific racial and ethnic groups (Duster, 2003). Although apparent consensus exists that neonatal testing is morally justified in situations in which a disease causes harm or where early intervention confers a benefit, there is an absence of needed broad debate or consensus regarding the boundary between difference and defect, what exactly constitutes a defect, and what should be prevented, even if preventable.

Consider as an example the following hypothetical situation. Genetic testing may be conducted at any of six points in time: (1) during the neonatal period; (2) prenatally, between implantation and birth; (3) during the preimplantation stage of embryonic development, following in vitro fertilization; (4) during the pre-fertilization stage, before in vitro fertilization; (5) when couples are considering whether to reproduce; or (6) when a person recognizes a higher-than-average risk of developing a particular disease later in life (American Medical Association, 2021). Suppose that it becomes possible to assess the probability of giving birth to homosexual offspring through genetic testing or, even if it is not, that people come to believe that a genetic test could, indeed, apprise them of the likelihood of giving birth to a baby who would later display same-sex attraction. Indeed, despite research findings and scientists' advisories that genetics alone cannot predict an individual's sexual orientation (Ganna et al., 2019; Lambert, 2019), apps are now available that ostensibly can provide consumers with a same-sex attraction score based on an analysis of their DNA (Kwon, 2019). Either scenario could lead to the imposition or adoption of "positive" eugenic measures, e.g., discouragement, whether legally or through social pressure, to reduce the number of unions that could lead to such births and/or decisions by couples not to have children based on their belief that individuals with same-sex attraction are more likely to face discrimination and experience unhappiness. This scenario also raises the question as to whether a potential ability to modify sexual orientation in utero could be considered an enhancement to improve an individual's functioning, and therefore a "positive" strategy, or an informal effort to eliminate persons with a specific characteristic (see Thomas & Rothman, 2016 and their discussion of Down syndrome).

The scenario is not as farfetched as it may seem initially. There have been numerous efforts to identify the biological and genetic influences that determine sexual preference among males (Hamer et al., 1993; LeVay, 1991), as well as calls to proactively eliminate homosexuality through genetic testing, should it become possible to identify those genetic factors primarily responsible for same-sex orientation (see Yoder, 2019). It is not that long ago that homosexuality was considered to be a mental disease or disorder (Burton, 2015), reflective of a psychopathic personality (Schmeiser, 2008). Indeed, some mental health professionals continue to portray same-sex attraction as a pathological disturbance in need of a cure (Friedman, 1988; Socarides, 1995; Vider & Byers, 2015). Research conducted by individuals within a homophobic framework, whether due to personal bias or societal hostility, may produce biased research findings and/or jeopardize the safety of research participants (see, e.g., Dörner, 1989).

While this hypothetical situation is possibly an extreme example of the risks of more subtle forms of positive eugenics, it amply demonstrates the dangers associated with a too-eager embrace and acceptance of scientific ways of knowing in the absence of an adequate exploration of and attunement to the larger social and political contexts (Kwon, 2019; Maxmen, 2019). This imagined scenario underscores as well the ease with which already-stigmatized groups may be further stigmatized as the result of a failure to consider the messaging implicit in approaches that rest on positive eugenics.

Conclusion

As the above discussion demonstrates, even strategies associated with positive eugenics may lead to adverse consequences. The Soviet Union recognized relatively early during the course of its eugenics program that positive eugenics was incompatible with an ideology that emphasized egalitarianism (Merricks, 2010). We can consider Rawls' observation relating to justice:

> Each person possesses an inviolability founded on justice that even the welfare of society as a whole cannot override. For this reason justice denies that the

> loss of freedom for some is made right by a greater good shared by others. It does not allow that the sacrifices imposed on a few are outweighed by the larger sum of advantages enjoyed by the any. Therefore in a just society the liberties of equal citizenship are taken as settled; the rights secured by justice are not subject to political bargaining or to the calculus of social interests (Rawls, 1971, pp. 3-4).

Accordingly, we learn from positive eugenics that the imposition of strategies designed to benefit the larger society and/or the state may disadvantage and even harm the individual. It is not only that such practices contravened what was the Soviet ideology of egalitarianism. It is also that such measures have the potential to harm individuals and families through the implicit and explicit denigration of targeted qualities and characteristics.

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