Today, I am here to acknowledge a great wrong done to more than 2,600 Oregonians over a period of about 60 years—forced sterilization in accordance with a doctrine called eugenics. Most of these Oregonians were patients in state-run institutions. The majority of them suffered from mental disorders and disabilities. Others were criminal offenders, sufferers of epilepsy or other conditions that required institutional care. Many were children. Virtually all of them were vulnerable, helpless citizens entrusted to the care of the State of Oregon by their families or by courts.

In a few minutes, I will also issue a proclamation that designates December 10 as Human Rights Day in Oregon, a day on which Oregonians will hereafter celebrate our state’s commitment to human decency and personal freedom.

1. Background.

During the early decades of the last century, the doctrine of eugenics gained widespread support in scientific circles, philosophy and government. First expressed by a British scientist named Francis Galton in the 1800’s, the doctrine sought to improve the human condition by simply breeding better human beings. The method was to encourage reproduction by people with “good” genes, while discouraging reproduction by those with “bad” genes. At various times, supporters of eugenics urged passage of laws to keep ethnic groups separate from one another, to restrict immigration to America by people from eastern and southern Europe, and to impose sterilization on those considered “unfit.”

Between 1900 and 1925, Oregon was one of 33 states that enacted laws to provide forced sterilization. The Oregon law established a state Board of Eugenics, later to become the Board of Social Protection, which included the superintendents of the state institutions. The Board’s job was to decide which people should undergo involuntary sterilization in the interest of promoting a higher quality of human beings in succeeding generations.

2. Abolishment of the Board of Social Protection and other reforms.
In 1983, I was a young state senator from Roseburg. I served on the subcommittee that gained the abolishment of the Board of Social Protection. That important legislation was not the final word, however, in reforming the policies and procedures that govern the treatment of people under the state’s care—particularly those with developmental disabilities and mental disorders. Since the late 1970’s, Oregon has undergone a steady sea-change in policies that affect care, therapy and protection of rights for people who have such conditions. These changes reflect the growing awareness of the need to safeguard human dignity and to ensure that the state relegates no one to second-class citizenship because of illness or affliction. They include:

Compensation of residents in institutions. Before the late 1970’s, peonage was a common practice in our institutions—a practice that denied compensation to patients and residents for their work. We’ve ended that practice. For the past quarter-century, the state has compensated residents for the common labor tasks they perform.

Physical restraints, drugs and isolation. Until the mid-1980’s, staff in the institutions commonly used inhumane devices to restrain and control patients—devices such as leather cuffs, helmets, straightjackets, and inappropriately high dosage of sedatives and psychotropic medications. Isolation for long periods was also common. Advances in professional knowledge and new legal requirements have dramatically reduced or eliminated such practices in Oregon.

Patients’ privacy. Oregon has discontinued the practice of housing institutional residents in large, open dormitories, in favor of smaller, more personal quarters that protect individual privacy. The state also ensures protection of their personal mail, their personal possessions, and access to telephones on a regular basis.

Transition to community care. Like the rest of the nation, Oregon has sought to maximize the benefits of integrating vulnerable Oregonians into the community and the family, rather than warehouse them in institutions. In the past ten years, the state has progressed to a point at which we actually devote more resources to community care than to institutions—which illustrates how far we’ve come. We have replaced the traditional old rambling institutions with smaller facilities and a vast array of options for community housing and employment for those who suffer mental disorders and disabilities. In the past 25 years, we’ve closed the Columbia Park Hospital in the Dalles, Eastern Oregon Hospital in Pendleton, Dammash in Wilsonville, and Fairview in Salem, meaning that the patients who lived in those institutions now live in the friendlier, more therapeutic environments of our communities.

Conclusion. Oregon has made remarkable progress in treating citizens who suffer mental illness or disabilities. But even as we celebrate the progress we’ve made, we must also acknowledge the realities that darken the history of our state institutions. The time has come to apologize for misdeeds that resulted from widespread misconceptions, ignorance and bigotry. It’s the right thing to do, the just thing to do. The time has come to apologize for public policies that labeled people as “defective” simply because they were ill, and declared them unworthy to have children of their own.

To those who suffered, I say, The people of Oregon are sorry. Our hearts are heavy for the pain you endured. And, it is in honor of you that I declare December 10 hereafter to be Human Rights
Day in Oregon—a day on which we will affirm our commitment to the value of every human being in Oregon. On this day, we will renew our determination to protect the rights of all people, regardless of their color, their religious or philosophical beliefs, their sexual preference, their economic status, their illnesses or disabilities. We value them all, for they are our brothers and sisters. Thank you.