Tomorrow's Children (1934)

Tomorrow's Children is a film that tells the story of Alice Mason, a young woman whom the US government forcibly sterilizes because she comes from a family with a history of alcoholism, mental illnesses, and physical disabilities, traits that they considered biologically determined and inferior. The film, released in 1934, was directed by Crane Wilbur, produced by Bryan Foy, written by Wilbur and Wallace Thurman, and released by Foy Productions Ltd. Tomorrow's Children criticized forced sterilization and the eugenics movement in the United States in addition to protesting film censorship regulations in the early 1900s.

The eugenics movement in the United States originated in the early 1900s. The eugenics movement advocated for what is were claimed to be better, genetically superior families through methods of positive and negative eugenics. Supporters of positive eugenics encouraged those deemed to have superior genes, typically those who were white and wealthy, to have many children. To promote positive eugenics, governmental officials, public health officials, and supporters of eugenics created contests that provided prizes for families who had many children that met certain eugenic criteria, like physical appearance, intelligence, or athleticism. Supporters of negative eugenics advocated for eliminating bad genes from the human population by prohibiting those who they considered biologically inferior or unfit to reproduce. Typically, the people they considered unfit were impoverished, physically disabled, or mentally ill—all traits that they considered to be heritable. In the 1920s and 1930s, the United States passed legislation legalizing forced sterilization in twenty-four states. Forced sterilization, the process of permanently removing a person's ability to reproduce, was a practice of the eugenics movement in the United States during the early 1900s. Supporters of the eugenics movement encouraged those with genes they considered superior, like intelligence and physical attractiveness, to continue reproducing (positive eugenics) Similarly, eugenics supporters discouraged those with genes they considered inferior, including physical and mental disabilities and negative social behaviors, from reproducing with the intentions of removing those bad genes from the human race (negative eugenics). The US primarily used forced sterilization to prevent handicapped, mentally disabled, immigrant families, and the poor from reproducing. Families that were able to afford private care for loved ones with similar disabilities or undesirable traits were able to avoid the practice of sterilization common in public institutions.

The film opens on Alice Mason and her fiancé, Jim Baker. Baker wants to get married, but Mason is hesitant, concerned about the welfare of her unemployed family. Her father drinks excessively and spends most of their money on alcohol, while her mother remains in bed all day, neglecting her children and housework. Mason's mother is characterized as continually producing children with inferior genetic traits Mason's siblings are each physically or mentally disabled or mentally ill. Mason breaks off Baker's marriage proposal, worried that getting married would prevent her from helping her family.

The film next shows the Mason household. In the Mason house, Doctor Brooks, a physician, comes to check in on Mason's mother who had just given birth to a stillborn child. The house is messy, and Mason's brothers are huddled in a corner, playing with broken alcohol bottles. Brooks speaks with Mason's father, who is drinking a glass of liquor. Mason's father does not care about the emotional state of his wife, claiming that she had already been through stillborn before. Brooks offers to help the Masons by requesting welfare checks from the government and promises to check in again. He leaves the house just as Mason returns, and she thanks him for his kindness. Mason enters the house and begins to care for the children and her parents. She gives money to her father so that he can pick up some groceries and tells him twice that the money is for groceries only, not alcohol.

The film continues, and while Mason is at work, a social worker and a public health official come to the house. The social worker acknowledges that for Mason's mother and father to receive government help, they must be sterilized to prevent them from further passing down their genes The social worker also orders that Mason be sterilized, even though Mason is shown to be a good, moral person. The social worker says that because Mason comes from a family with biologically inferior genes, Mason could also pass down those traits if she were to have a family of her own. Mason's parents agree to sterilization because they want the welfare checks, but they worry about the fate of Mason because, the film implies, Mason is not actually their biological daughter. The scene explains why Mason is so unlike the rest of her family.

In the next scene, Mason returns from work the next day and finds the social worker and the public health official waiting in the house. The film indicates that her parents have already been sterilized and that the government officials are waiting for Mason. The social worker and the public health official inform Mason that to receive welfare checks, she must also be sterilized. They wait for her to get her things so that they can take her to the hospital. Mason goes up to her room, disguises herself in masculine clothing, and sneaks out her bedroom window to escape. She eventually makes her way to the train station, but before she can leave, a policeman apprehends her and takes her to the hospital for sterilization.

Mason's ex-fiancé, Baker, hears about Mason's sterilization orders, and he finds Brooks and convinces the doctor to speak on her behalf to the court to reverse the sterilization order. Brooks agrees, and they go to the courtroom. However, because Mason is a woman from a poor family that exhibits biologically inferior genes, the court refuses to listen to Brooks or Baker. The judge quotes US Supreme Court justice Oliver Wendell Holmes and states that three generations of feeble-mindedness, the inability to make intelligent decisions or judgments, is enough. The film references the case of Buck v. Bell, which ruled in 1927 that forced sterilization did not violate US constitutional rights to due process and enabled forced sterilizations to take place across the country. Moreover, the Buck v. Bell case affirmed the eugenic claim that traits like feeblemindedness, mental and physical disabilities, and mental illness were hereditary.

The film shifts to show Mason in the hospital waiting room, and Brooks and Baker are trying to find ways to reverse the sterilization order. Brooks and his fellow physicians discuss the claims of eugenics, questioning who had the right to tell people who could and could not have children. They discuss whether or not the poet Edgar Allen Poe or the scientist Albert Einstein would have existed if governments had forcibly sterilized their parents. The next scene shows Mason anesthetized and wheeled into the surgical room. Mason's mother confesses that Mason is not her biological child but that she was left on the doorstep. Baker and Brooks relay the confession to the hospital surgical room, interrupting the surgery and preventing Mason's sterilization. Mason awakes, and the film ends with Brooks returning to his work and Mason getting married to her fiancé.

Tomorrow's Children did not receive approval from the Production Code Administration, an organization based in Washington, D.C. that reviewed all films to be screened in mainstream theaters and enforced motion picture regulations, because the surgical scenes were considered too graphic, so upon release the film was screened at few theaters. The discussion and criticism of eugenics, in addition to extensive hospital and surgical scenes with graphic discussions about forced sterilization, led many large theaters to ban the film. The regulations and censorship against Tomorrow's Children further limited the film's audience and garnered negative reviews.

In the next subsection, ”Definitions of Birth Defects,” the authors explain how they classified the birth defects as major or minor. Major birth defects caused substantial disability, premature death, or required surgery or extensive medical care. Minor birth defects included all birth defects which did not meet those criteria. The researchers distinguish between major and minor defects to see if there was a correlation between Vietnam War service and either of the groups of defects.

In the last subsection, ”Analysis,” the authors discuss how they analyzed the results of their study by describing the statistical tools that they used to assess the association of the veterans' Vietnam experience with their reproductive outcomes. The primary measure was the odds ratio, which establishes whether a particular outcome is more or less likely to happen in different groups. The authors used odds ratios to determine the likelihood that a veteran would have a certain reproduc-

tive outcome.

After detailing their study methods and participant selection, the authors then move on to the ”Results” section of their report. The ”Results” section has three subsections titled ”Birth Defects,” ”Low Birth Weight-Hospital Birth Records Substudy,” and ”Other Pregnancy and Child Health Outcomes—Interview Study.” In ”Birth Defects,” the authors report the results of their telephone interviews with veterans and the two additional studies on birth defects and cerebrospinal malformations. The researchers found that during the interviews, veterans who served in Vietnam reported significantly more birth defects in their children across all categories of defects compared to veterans who had not served in Vietnam. Those higher occurrences included nervous system anomalies, musculoskeletal deformities, and skin anomalies. However, upon comparing self-reports of birth defects to physician reports, the authors concluded that veterans who served in Vietnam over-inflated the occurrence of birth defects, and that rates were similar between the two groups of veterans.

The authors then report the results of the additional study of cerebrospinal malformations, in which they compared birth records for three types of children: those with reported cerebrospinal malformations, those with reported conditions that suggested a possible cerebrospinal mutation, and those reported as stillborn. They obtained 127 records of Vietnam veterans' eligible children, and 94 records of non-Vietnam veterans' eligible children. Among live-born offspring, there were 21 documented cerebrospinal malformations in children of veterans who served in Vietnam and six in children of veterans who did not. Among reported stillbirths, the rates of documented cerebrospinal malformations were similar between both groups. However, the researchers did not analyze the differences in cerebrospinal malformations between Vietnam veterans and non-Vietnam veterans due to methodological problems with the cerebrospinal malformations study, such as the difference in record retrieval rates between the two cohorts.

The second subsection of the ”Results” section, ”Low Birth Weight-Hospital Birth Records Substudy,” is a short paragraph in which the authors state that rates of low birth weight were similar in the offspring of both groups. Vietnam Experience Study researchers compared rates of low birth weight because low birth weight often indicates that a newborn is not at optimum health due to the possibility of birth defects, infections, or a premature birth. By using the same hospital birth records obtained for their study of total birth defects, the researchers concluded that the experiences of Vietnam veterans in the war did not affect their children's birth weight.

In the final subsection of ”Results,” the authors list the results related to other features of pregnancy and child health, but did not fall under the categories of birth defects or low birth weight. The authors note that veterans who served in Vietnam reported more pregnancies that resulted in miscarriage, compared to those veterans who did not serve in Vietnam. Both groups of veterans also reported other reproductive complications, such as pregnancies ending in induced abortions, stillbirths, and tubal pregnancies, which are pregnancies that fail because the fertilized egg does not attach to the uterus. Those reproductive complications shared similar rates between both groups of veterans.

The last section of the report, titled ”Comment,” summarizes the authors' explanations of the study methods and results. Generally, Vietnam veterans reported more adverse health problems in their children than non-Vietnam veterans during the telephone interview. The authors note that the tendency to over report reproductive problems was consistent with Vietnam veterans' reporting more adverse events in regards to their own health status. When all birth defects were combined, the researchers found no significant differences in the occurrence of birth defects between children of veterans who served in Vietnam and veterans who had not. That finding led researchers to conclude that children of Vietnam veterans were not at an increased risk for birth defects evident at birth.

The researchers note that the study lacked data about the mothers of the children that were studied. Maternal behaviors and exposures during pregnancy to tobacco, alcohol, and drug use, all associated with birth defects, were not available in the hospital birth records. However, the researchers believed that maternal characteristics did not differ between the two cohorts, since the sociodemographic and behavioral characteristics of the fathers did not differ between the two cohorts.

In the final section, the researchers conclude that their findings are consistent with three previous epidemiologic studies of Vietnam service and birth defects in children of male veterans, conducted by the Australian government in 1983, the Centers for Disease Control in 1984, and the US Air Force in 1984. No study, as of 1988, had identified an increased risk of birth defects in children of Vietnam veterans. However, the authors note in their report that the previous studies did not adequately address whether Vietnam veterans, or a subgroup of Vietnam veterans, were at increased risk of fathering infants with specific congenital malformations. Thus, a possible link between service in Vietnam and specific birth defects might exist, but required further investigation.

In the Vietnam Experience Study report "Health Status of Vietnam Veterans III. Reproductive Outcomes and Child Health," CDC researchers found no increased risk for birth defects in children of Vietnam veterans. While the results of the Vietnam Experience Study and previous studies were not conclusive, the US government used the findings to deny an association between Agent Orange exposure in Vietnam and the health problems of US Vietnam veterans and their children.

In 1997, the National Academy of Sciences' Institute of Medicine in Washington, D.C. concluded that there was limited evidence of an association between Vietnam veterans who were exposed to the herbicide and the rate of spina bifida in their children, a type of nervous system birth defect in which the neural tube, which eventually develops into the spinal cord, does not form properly and can result in lower body paralysis. The Institute of Medicine committee made their conclusion based on new information as well as the 1984 CDC study, "Vietnam Veterans' Risks for Fathering Babies with Birth Defects," and the 1988 Vietnam Experience Study. The US Veterans Administration subsequently began to offer compensation to children of Vietnam veterans with spina bifida. Into the early decades of the twenty-first century, the VA compensates and their families for some types of cancers, diseases, nervous system disorders of veterans and for specific birth defects of veterans' children.

Sources

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