Kluchin’s *Fit to Be Tied* explores the neo-eugenic debate about sterilization in the United States in the second half of the twentieth century. Kluchin ably interweaves constructions of race, gender, and class into these debates. She finds that male doctors determined white middle-class women to be reproducitively fit, leading to expectations of near-perfect birth control and demands for access to voluntary medical sterilization. These same doctors and other neo-eugenic advocates, however, questioned the reproductive fitness of poor and minority women, leading to forced sterilization. Using sources as varied as magazines and court cases, Kluchin sets up a battle between fit and unfit women, along with their respective advocates. Also, this conflict occurred at the same time as debates over Civil Rights and reproductive rights. Although she is successful at tying her work to the Civil Rights movement, Kluchin’s detour into reproductive rights is a distraction from the main thrust of her work. At its core, this text works best when discussing the intersection of neo-eugenics, concepts of fit and unfit women, and sterilization.

Kluchin’s text can be broken into two parts. The first and last chapters present a broad swath on the neo-eugenics movement. While the first half of the twentieth century may have been the golden age of eugenics, Kluchin suggests that neo-eugenic advocates of the second half of the century were responding to wide-ranging changes, such as the Civil Rights movement and the Cold War. She uses the Association for Voluntary Sterilization (AVS) campaigns to demonstrate that neo-eugenic advocates aided fit women’s demand for increased access to sterilization to legitimize the procedure for unfit women. The AVS also pushed the idea of sterilization as public policy. While Kluchin argues that one of concerns of the neo-eugenic advocates was the preservation of the white middle class, she also ties the concept of fitness to a perception that America needed to be fit to fight communism. Her short final chapter brings this neo-eugenics discussion to the modern day, including coverage of discriminatory fetal protection policies in hazardous industries, Norplant implants for welfare recipients, and a contrast...
between white middle-class women given reproductive responsibility with the Pill compared to minority women prescribed intrauterine devices that only a doctor can remove.

The second part represents the bulk of Kluchin’s book, and uses contrasting portrayals of fit and unfit women to further her argument about neo-eugenics and sterilization. Chapters two and three examine how fit women’s fight for contraceptive choices helped hide a rise in involuntary sterilizations of unfit women. Kluchin suggests that the work of the AVS, coupled with newfound expectations of reliable contraception and advances in laparoscopy, combined to make sterilization a popular method of contraception. Kluchin’s use of media sources, including Good Housekeeping, Redbook, and Mademoiselle, are convincing evidence for the spread of knowledge about sterilization as reliable contraception. This increasing liberalization of sterilization, however, hid a surge in coerced or involuntary sterilizations of women deemed reproductively unfit. This included poor African-Americans in the South in the late 1950s and early 1960s, and later expanded to other minorities throughout the country.

Continuing the contrasting portrayals of fit and unfit women, Kluchin’s chapters four and five use court cases to examine how fit women fought for their right to voluntary sterilization while unfit women fought for acknowledgment and compensation for their involuntary sterilizations. The remaining barriers to sterilizations for fit women were hospital requirements on age and parity. The AVS partnered with local chapters of the American Civil Liberties Union to campaign for the removal of these barriers to sterilization. The legal success of white middle-class women, however, contrasted against the failure of the legal system to protect poor and minority women against forced sterilizations. Kluchin argues that these women fought for access to medical services free from intimidation and for financial compensation for those already sterilized. Most of these lawsuits, however, were not successful.

In chapter six, Kluchin brings fit and unfit women into conflict in the late 1970s and examines the differing sterilization goals of these two groups and their supporters. Succinctly, fit women wanted immediate access to sterilization, while unfit women wanted standardized protections, including wait times and informed consent. She uses New York City as a case study, with the community-based Committee to End Sterilization Abuse (CESA) pushing for new sterilization guidelines, while the AVS and the national leadership of the National Organization for Women actively fought against these new requirements. This conflict went national with the debate over new Housing, Education, and Welfare (HEW) guidelines. Kluchin notes that “reports of forced sterilization and in forced sterilization litigation suggests that the practice declined in the mid-to-late 1970s (208).” She does not, however, know whether this drop was a result of the new HEW guidelines or of community organization by CESA and other groups.

Kluchin’s Fit to Be Tied effectively examines how neo-eugenic debates about sterilization interweaved with American constructions of race, gender, and class.
Using sources from the popular media and court cases, she sets up a conflict between fit and unfit women. At the same time, movements for Civil Rights and reproductive rights provided a pertinent backdrop. She effectively ties the sterilization debate to Civil Rights, especially in her sixth chapter. She is, however, less successful connecting her argument to reproductive rights. While the sterilization court cases she presents do use *Griswold v Connecticut* (1965), *Eisenstadt v. Baird* (1972), and *Roe v. Wade* (1973), she does not show that it was the abortion case that was the most important precedent in supporting a woman’s right to sterilization. Even if *Roe v. Wade* was the case that the judges and juries relied on, this does not prove her contention “that sterilization, not abortion, topped many women’s lists of reproductive concerns (9).” This issue notwithstanding, Kluchin’s presents a convincing narrative about the intersection of race, gender, and class in the neo-eugenic sterilization debate.

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