

Governor's Eugenics Compensation Task Force
Public Hearing for Victims of North Carolina Eugenics Board
June 22, 2011

FEEDBACK FORM FOR VICTIMS

Instructions: In an effort by the Governor's Eugenics Compensation Task Force to voluntarily receive input from sterilization victims of the North Carolina Eugenics Board, descendants and/or representatives of victims, please provide feedback for Task Force members below and return to **NCJSVF, 1330 Mail Service Center, Raleigh NC 27699-1330** by Friday, June 17, 2011. The information you provide anonymously will be discussed at the June 22 public hearing of the Task Force. Please do not add your name if you wish to remain anonymous.

GENDER - CHECK ONE: MALE FEMALE

RACE/ETHNICITY - CHECK ONE:

___ BLACK/AFRICAN AMERICAN

___ WHITE/CAUCASIAN

___ AMERICAN INDIAN/NATIVE AMERICAN (TRIBE: _____)

___ OTHER: _____

AGE WHEN STERILIZED? _____ YEARS OLD

WHERE DID THE STERILIZATION OCCUR? _____

IN WHAT COUNTY DID THE STERILIZATION OCCUR? _____

WERE YOU TOLD THAT YOUR STERILIZATION PROCEDURE WAS PERMANENT? YES NO

DID YOU UNDERSTAND THAT YOU WOULD NOT BE ABLE TO HAVE CHILDREN AFTER THE STERILIZATION?

YES NO

WERE OTHER PEOPLE IN YOUR FAMILY STERILIZED? YES NO

WHAT TYPE OF STERILIZATION PROCEDURE WAS PERFORMED ON YOU?

FALLOPIAN TUBE CUT/TIED

OVARY REMOVED

UTERUS REMOVED

CASTRATION

VASECTOMY

OTHER: _____

EXPLAIN THE REASON THAT YOU WERE TOLD YOU WERE STERILIZED, IF KNOWN:

PLEASE TELL THE TASK FORCE ABOUT ANY PHYSICAL OR HEALTH-RELATED IMPACTS OF BEING STERILIZED?

PLEASE TELL THE TASK FORCE ABOUT ANY EMOTIONAL IMPACT OF BEING STERILIZED?

THE GOVERNOR'S EUGENICS COMPENSATION TASK FORCE WILL SHARE RECOMMENDATIONS WITH THE GOVERNOR ABOUT COMPENSATION FOR VICTIMS OF THE STERILIZATION PROGRAM. PLEASE TELL THE TASK FORCE WHAT WOULD BE HELPFUL TO YOU.

CHECK ANY OF THE FOLLOWING POSSIBLE RECOMMENDATIONS IF YOU BELIEVE THEY WOULD BE HELPFUL TO YOU

___ COMPENSATION WHAT AMOUNT? \$ _____

___ HEALTH INSURANCE OR COVERAGE

___ MENTAL HEALTH COUNSELING OR THERAPY

___ EDUCATION BENEFITS

___ BURIAL ASSISTANCE

___ OTHER 1: _____

___ OTHER 2: _____

___ OTHER 3: _____

OF THE RECOMMENDATIONS LISTED ABOVE, WHICH WOULD BE THE MOST HELPFUL TO YOU?

HAVE YOU BEEN VERIFIED AS A VICTIM OF THE STATE EUGENICS PROGRAM OF NORTH CAROLINA?

YES NO

OTHER COMMENTS: