

**“Of Low Grade Mexican Parentage:” Race, Gender and Eugenic Sterilization in
California, 1928-1952**

by

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DEDICATION

This dissertation is dedicated to all of the Mexican-origin women and men in this study. Thank you for your stories and your constant guidance and inspiration.

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Introduction

On January 2, 1941, during the peak of California's state-sponsored sterilization program, Pacific Colony superintendent Thomas F. Joyce requested approval from the Department of Institutions to sterilize Andrea Garcia, a single, nineteen-year-old Mexican-origin woman diagnosed as being "afflicted with feeble-mindedness." Following a review of her history and family background the clinical staff at Pacific Colony decided that Andrea was a "mentally deficient, sex delinquent girl" from an "unfit home" who required reproductive surgery. The family history section on her sterilization request described Andrea's father as illiterate and her mother as "subnormal" an "alcoholic and immoral." The sterilization request also revealed that Andrea's sister and brother had likewise been diagnosed as "mentally deficient" and that her five other siblings were suspected of being subnormal. In addition to describing her immediate family in this way, Andrea's paternal uncles were painted as criminals and "drug addicts" and a statement in quotes reading "all relatives alcoholic" reaffirmed the assertion made in her clinical history of an "unfit home."¹ (Sterilization Authorizations 1941, Reel 122)

Approved by the California Department of Institutions just one week later, Andrea's sterilization request reflects the interplay of medical and social notions used to legitimize the sterilization of thousands of people committed to state institutions in California during the first half of the twentieth century. As historians of eugenics and

¹ This research was conducted in accordance with the regulations set forth by the California Committee for the Protection of Human Subjects under the protocols 12-04-0166 and 13-08-1310. With the exception of individuals whose cases became public matter, only pseudonyms and de-identified information have been used.

sterilization in the early twentieth century have shown, the clinical diagnosis of feeble-mindedness or mental deficiency was often applied very broadly as a way to pathologize individuals and groups whose social conduct or abilities deviated from white-middle class notions of social and sexual respectability (Chávez-García 2012; Kline 2005; Trent 1995).² In highlighting Andrea's "delinquent" sexuality and asserting a family history of mental deficiency, immorality, and substance abuse, her sterilization request illustrates how institutional authorities called on eugenic notions about the inherent and hereditary quality of intelligence, immorality, sexual deviance, and criminality to construct a rationale and justification for sterilization.

Aside from reflecting eugenicists' broader concerns over immorality and deviant sexuality Andrea's record is also indicative of the racial politics of California's sterilization program. As my research reveals, Andrea was one of thousands of Mexican-origin patients sterilized in California institutions during the first half of the twentieth century. Drawing from a vast archive of sterilization requests, consent forms, institutional publications, and social science studies my research works to uncover the ways in which Mexican-origin women and men were pathologized by scientists, social workers, court officials, and institutional authorities as sexually deviant, inherently criminal, racially inferior, in need of confinement, and ultimately unfit to reproduce, and how this discourse of pathology led to high rates of sterilization in feeble-minded institutions. While Andrea's sterilization record does not make overt mention of her Mexican origin, this research argues that, for eugenicists in California, notions about abnormality, mental capacity, social and sexual deviance, and reproductive fitness were already racialized and

² I use the terms "feeble-mindedness" and "mental deficiency" interchangeably through out this dissertation to refer to the same construction of mental disability. They two terms were used interchangeably in the literature and by psychologists and other "experts" during the first half of the twentieth century.

informed by their experiences and “knowledge” of Mexicans as a race. I place Mexican-origin men and women’s experiences of sterilization in California institutions at the center of this research to show how racial notions of Mexican inferiority and a desire to manage Mexican-origin reproduction shaped the state’s eugenic sterilization program. I argue that from the 1920s to the early 1950s disability tropes deployed through the notion of “feble-mindedness” converged with nativist concerns over unrestricted Mexican immigration to mark certain Mexican-origin women and men as unsuitable for citizenship, threats to the racial health of the nation, and in need of confinement and sterilization at an institution for the feble-minded.

In addition to asserting the importance of race and illustrating the racialized discourse employed during California’s era of eugenic sterilization my research also works to figure the Mexican-origin women and men targeted for sterilization as more than just victims by recovering acts of resistance to state mandated reproductive surgery. While Andrea’s sterilization record obscures any sign of opposition to the surgery, the state’s legal record reveals that Andrea’s mother actively fought against her daughter’s sterilization. Acquiring pro bono legal council, Andrea’s mother waged a significant challenge to California’s sterilization law in *Sara Rosas Garcia v. State Department of Institutions* (1939). While Andrea’s mother lost the case, her attempt in court signifies early efforts to resist sterilization abuse. In Chapter four, I return to Andrea’s case and explore the cases of many other Mexican-origin women and men subjected to institutionalization and sterilization in California in order to document their experiences as central to reproductive politics during the first half of the twentieth century and figure their stories as essential to larger histories of racial and reproductive struggle.

The Historiography of Sterilization Abuse in the United States

The historical literature on sterilization in the United States during the twentieth century reveals the various ways in which state officials, social scientists, and medical professionals sought to use the operation to prevent the reproduction of individuals and communities deemed deviant and undesirable citizens. In their work, scholars of sterilization during the first half of the twentieth century detail how progressives and eugenic reformers across the nation employed sterilization as a tool to prevent racial degeneracy, in an effort to apply the emerging science of heredity to solve perceived social problems of poverty, criminality, mental deficiency, immorality and non-heteronormative sexuality (Black 2012; Odem 1995; Schoen 2005; Stern 2005; Trent 1995). The growing eugenics movement of the early twentieth century provided scientific logic for the idea that the reproductive capacity of certain groups and “types” posed a threat to the health and safety of the nation and that they thus, needed to be identified, managed and their reproduction restricted. However, it was not until after the U.S. Supreme Court upheld the constitutionality of Virginia’s sterilization law during *Buck v. Bell* (1927) that eugenic sterilization became a legitimate and widely practiced social policy (Largent 2011; Lombardo 2010). Following the decision in *Buck v. Bell*, sterilizations rose across the country as thirty-two states passed sterilization laws to further eugenic goals of restricting the breeding and population growth of groups deemed dysgenic. Under these laws, officials of state hospitals and institutions became empowered to authorize and perform reproductive surgery on inmates at their discretion, formalizing eugenic sterilization as part of a larger public health project to combat racial degeneracy (Largent 2011).

Academic scholarship on state-sponsored eugenic sterilizations during the first half of the twentieth century emphasizes the importance of local context illustrating how the implementation of sterilization programs and experiences of sterilization varied from state to state (Black 2003.; Largent 2011; Schoen 2005; Stern 2007). While specific policy and implementation tactics varied, the literature nonetheless reveals that in each context, the implementation of sterilization programs was influenced by presumptions of fitness and degeneracy that correlated strongly with racialized notions of intelligence, proper conduct, social deviance, class prejudices and negative stereotypes of people with disabilities (Black 2012; Chávez-García 2012; Kline 2005; Odem 1995; Rembis 2013; Schoen 2005; Stern 2007; Trent 1995). These correlations are richly illustrated in the research on state institutions that functioned to identify and diagnose dysgenic traits, segregate and treat dysgenic individuals, and held legal authority to prescribe sterilization—namely state run mental institutions and homes for the feeble-minded. The historical literature on these institutions and the sterilizations that took place there overwhelmingly reveal that medical and scientific notions of feeble-mindedness, in particular, were very broad and that, as a medical diagnosis, feeble-mindedness became a “catchall term for any type of behavior considered inappropriate or threatening” (Kline 2005, 25; Rembis 2013; Trent 1995). Indeed, this work shows that by the early 1910s feeble-mindedness became almost synonymous with non-normative sexuality in women—promiscuity and unwed pregnancy—and criminal behavior or non-normative sexuality in men (Chávez-García 2012; Kline 2005; Odem 1995; Rembis 2013; Schoen 2005)

Scholarly works on sterilization during the second half of the century, when many states repealed or amended eugenic sterilization laws has generally focused on the use of

sterilization to address concerns over growing welfare rolls and population control (E. Gutiérrez 2008; Lopez 2008; Kluchin 2011; Schoen 2005). After the 1950s sterilization moved out of state institutions and into county hospitals and community clinics as it became more widely seen as a reproductive service as opposed to merely part of preventative eugenics. Even as reproductive surgery moved into the realm of birth control and worked to extend reproductive control to more women, research on sterilization after 1950 asserts that poor women and women of color rarely accessed sterilization on their own terms (E. Gutiérrez 2008; Lopez 2008; Schoen 2005). For these women, sterilization was a coercive and often abusive experience as they were frequently targeted for reproductive surgery based on assumptions about their (in)ability to mother and provide for their family (E. Gutiérrez 2008; Kluchin 2011; Lopez 2008; Silliman et al. 2004; Schoen 2005). While the literature on sterilization abuse in the second half of the twentieth century marks the continued use of sterilization to restrict the reproduction of poor women and women of color, scholars have also sought to complicate the narrative of victimization, asserting that we cannot assume that these women never desired sterilization or that they were simply victims (E. Gutiérrez 2008; Lopez 2008; Schoen 2001; Schoen 2005).

The historiography of sterilization in the United States during the twentieth century works to emphasize two significant periods. The first period, before 1950, is characterized by the growing popularity of eugenics and hereditary science and its role in the high rates of sterilization in state institutions for the feeble-minded and mentally ill. In her important work on California's Sonoma Home for the Feeble-minded, Wendy Kline details this history, highlighting the importance of gender and sexuality in processes of

institutionalization and decisions over who needed to be sterilized by the state (2005). In particular, Kline asserts that white-female sexuality and white-motherhood were central concerns for eugenicists and institutional leaders. Kline writes “progressive-era eugenicists believed that changes in white female sexuality and reproductive behavior were primarily responsible for racial degeneration,” and that institutional authorities “focused more on female sexuality and reproduction than on specific racial categories” (2005, 58). As a result, Kline’s overall conclusion is that “in institutions such as Sonoma, where the sexual behavior of female patients was a primary focus, the ultimate concern was the preservation of female sexual morality in the white race” (2005, 58). In other words, Kline argues that this period of sterilization abuse in California was concerned with intra-racial degeneration caused by illicit sexuality, poverty, and feeble-mindedness in young white women.³

The second period of sterilization abuse presented in the historiographical literature occurs after the 1950s and is distinguished from the earlier period as being largely concerned with population control efforts. As scholars of sterilization during this period have shown, eugenics and hereditary science began to lose credibility as theories of degeneracy in this era transitioned from a notion of heredity through genes to breeding through culture (Kluchin 2011; Schoen 2005). In her work on sterilization abuse in the 1950s, 1960s and 1970s, Rebecca Kluchin details this shift in ideology (2011). Kluchin importantly highlights the similarities between the two schools of thought—eugenic ideology and the rhetoric of population control—through her notion of “neo-eugenics” and her description of “neo-eugenicists” as believing that culture rather than genes were

³ Kline also mentions that immigration from Southern and Eastern Europe was also a concern but she writes that sexual delinquency among young white working-class citizens was the main concern.

responsible for the transmission of poverty, criminality, illegitimacy and other “defects” (2011, 3). Kluchin decisively concludes that while the two ideologies were different, they both ultimately “centered on the premise that motherhood was a social act to be regulated by experts and laws” (2011, 8).

In her work, Kluchin follows Kline’s assertion that the earlier, eugenic, period of sterilization revolved around concerns over white-female sexuality and white motherhood. In fact, Kluchin highlights this as another distinction between the two periods when she writes that neo-eugenicists associated defective traits and a lack of reproductive fitness with different racial and ethnic groups more often than eugenicists in the pre-1950 era (2011, 3). Kluchin writes that early eugenicists focused mainly on preserving the white race by attempting to manage the reproduction of poor and sexually deviant white women as well as Southern and Eastern European immigrants. However, Kluchin asserts that by the 1950s these Southern and Eastern European immigrants had assimilated and were thus no longer considered threats, and that neo-eugenicists of the post 1950s era began to focus their attention on “new threats,” namely, Black, Latino and Native women (2011, 3).

This second period in the historical literature on sterilization in the United States is also distinguished from the first in its documentation of women’s politicization and activism around sterilization abuse. In this literature, women of color, who were disproportionately affected by coercive sterilization practices across the nation, are figured as participating actively in reproductive politics during the 1960s, 1970s, and early 1980s (E. Gutiérrez 2008; Kluchin 2011; Nelson 2005; Silliman et al. 2004). With their demands for a more expansive reproductive rights agenda that included health care

for the poor, childcare, welfare rights and protection against coercive sterilization, women of color during this period effectively challenged mainstream white middle-class feminists to recognize that abortion was not the only issue they faced (E. Gutiérrez 2008, Kluchin 2011, Nelson 2005, Siliman et al. 2004). As the historical literature of this period reveals, women of color activism during the 1960s, 1970s and early 1980s brought visibility to sterilization abuse in Puerto Rico, New York, North Carolina, California, and on Indian reservations across the nation waging legal and political battles for reproductive justice (E. Gutiérrez 2008; Lopez 2008; Nelson 2005; Schoen 2001; Smith and LaDuke 2005).

While reproductive justice scholars assert that women have *always* sought reproductive control on their own terms, the literature on women's activism around sterilization abuse lacks a discussion of women's struggles in the earlier, pre-1960 period (Silliman et al. 2004; Solinger 2007). Furthermore, while the periodization created by the historiographical literature is important in terms of signaling a shift in ideologies used to legitimize the reproductive constraint of individuals and populations deemed unfit to reproduce (from eugenics to population control) it has ultimately led to the erasure of the histories and experiences of Women of Color. In particular, this historiography suggests that Women of Color were simply not present in sterilizing institutions, were not of concern among eugenicists, and were thus not subjected to coercive sterilization practices before the 1960s. Consequently, women of color have been left out of historical analyses of eugenic sterilization in the early twentieth century, appearing only in later works on sterilization abuse in the 1960s, 1970s, and 1980s.

Research on eugenics during the early twentieth century, however, has established that racialized groups were in fact figured as threats to the racial health of the nation by eugenicists (Black 2012; Chávez-García 2012; Dorr 2008; E. Gutiérrez 2008; Molina 2006a; Molina 2006b; Reisler 1976; Roberts 2009; Sanchez 1995; Stern 2005). Research by Chicana/o and Latina/o Studies scholars, has consistently recognized the ways in which Mexican American communities in particular were targeted by eugenicists and consequently surveilled and harmed by eugenic policies (Chávez-García 2012; E. Gutiérrez 2008; Molina 2006a; Molina 2006b; Reisler 1976; Ruiz 2008; Sanchez 1995; Stern 2005). This work illustrates the ways in which Mexican-origin women's reproduction became a point of concern for eugenicists as they engaged in debates over immigration and the racial makeup of the nation (Chávez-García 2012, E. Gutiérrez 2008, Ruiz 2008, Stern 2005). In her research on Mexican-origin women in the twentieth century, for example, Vicki Ruiz demonstrates how gendered and racialized stereotypes of Mexican-origin women as promiscuous and overly fertile spread across the nation alongside rising anti-Mexican nativism during the first half of the twentieth century (2008). In her discussion of a series of articles urging the restriction of Mexican immigration published by *The Saturday Evening Post* in the late 1920s, Ruiz shows that not only were Mexican-origin women characterized as illiterate and diseased, they were also portrayed as eugenically inferior and dangerous due to their "reckless breeding" (2008). Ruiz highlights one author of that era who complained that Mexican women brought "countless numbers of American citizens into the world with the reckless prodigality of rabbits" (quoted in Ruiz 2008, 28). The denigration of Mexican American

women's fertility often invoked tropes of racial inferiority and declarations that Mexicans were undesirable as citizens.

In her pioneering monograph Fertile Matters: The Politics of Mexican-Origin Women's Reproduction, Elena R. Gutiérrez describes how the racial politics of reproduction during the first half of the twentieth century informed public understandings of Mexican-origin women as hyper-fertile and also shaped public policy, impacting the lives of individual women and entire communities (2008). With her scholarly research, Gutiérrez specifically provides an analysis of social science and demographic research on Mexican-origin women from 1912-1980 arguing that this research established and contributed to the construction of the stereotype of Mexican-origin women as overly fecund (2008, 55-56).

My research builds on the work of these scholars to show that stereotypes of Mexican-origin women and men as inherently deficient, deviant, racially inferior and undesirable citizens pervaded California institutions through out the first half of the twentieth century. Furthermore, I illustrate how these stereotypes came together with emerging concepts of deviance, delinquency and disability and led to the disproportionate institutionalization and sterilization of Mexican-origin women and men in California institutions for the feeble-minded. In California, Mexican-origin men and women were consistently pathologized as dysgenic, institutionalized and targeted for sterilization in California's southern home for the feeble-minded, Pacific Colony, at rates that exceeded their population in the state during the period of 1928 to 1951. While previous work on sterilization in California during this period has sought to make white-female sexuality a central concern by highlighting notions of normalcy, abnormality, deviance and

reproductive fitness, this research shows that, for eugenicists in California, these notions were already racialized. In particular, I assert that these seemingly race neutral notions converged with the construction of Mexican reproduction as a threat to the racial health of the nation and were deployed to justify sterilization. As my research shows, decisions regarding who needed to be committed to an institution for the feebleminded and who needed to be sterilized were shaped by larger discussions about how to address issues of poverty and crime and were influenced by fears over immigration, race suicide, and non-heteronormative sexuality. Moreover, my research argues that decisions to sterilize inmates of Pacific Colony were specifically influenced by debates over what to do about the state's growing "Mexican problem" as well as developing social and scientific notions of Mexicans as an eugenically inferior race, Mexican-origin women as sexually deviant and hyper fertile, and Mexican-origin men as inherently criminal. Finally, this research works to figure Mexican-origin women and men as actively engaging in struggles to maintain autonomy over their reproductive capacity throughout the first half of the twentieth century, long before the period of activism documented and highlighted in the current literature.

Race, Immigration, and Mexicans in California

Examinations of coercive sterilization require attention to the local context in which it occurs. As Johanna Schoen argued in her historical research on birth control, sterilization, and abortion in North Carolina, "location matters. Social policies played out differently in different places. Race and class relations varied, as did the meaning of sex, reproductive control, and motherhood" (2005, xxv). During the period of my study,

which spans from the 1920s to the early 1950s, California was undergoing major demographic shifts, especially with regard to the Mexican population in the state. The early twentieth century brought on an increase in Mexican immigration both due to the Mexican Revolution as well as the nation's need for low wage labor (D. Gutiérrez 1995; Ruiz 2008; Sanchez 1995). By 1928, Los Angeles had become the city with the largest population of Mexicans—both immigrant and American citizens—in the United States (Sanchez 1995, 13). Regardless of citizenship status and despite their legal racial designation as “white,” Mexicans in California often faced racial discrimination in housing, education, and in public spaces. Mexican men and women were segmented into low paying and low status jobs as agricultural workers and in manufacturing, transportation and service sector employment and thus faced economic marginalization (Ruiz 2008; Sanchez 1995). In California, as in much of the Southwest, Mexican-origin youth faced harsh punishment in school for speaking Spanish and were often viewed as less intelligent due to their perceived language and cultural deficiencies.

Since the early twentieth century, Mexican immigration elicited various public reactions ranging from restrictionists who called for repatriation and a closing of the US-Mexico border, to those who pushed for Americanization (Sanchez 1984). The period of the late 1920s into the Great Depression, however, saw growing nativist sentiment in California and across the nation. Congressional testimonies called for increased restriction on immigration from Mexico and Mexicans were increasingly portrayed as dirty, diseased, violent, and hyper-fertile (Ruiz 2008, 28). Mexicans were particularly constructed as racially inferior and, thus, seen as detrimental to the racial health of the nation. These stereotypes went beyond legislative debates and penetrated popular media

and public opinion. In the late 1920s, the widely read magazine the *Saturday Evening Post* ran a series of articles calling for the restriction of Mexican immigration and in one article, author Kenneth Roberts warned against the “race problem” caused by unrestricted Mexican immigration (quoted in Ruiz 2008, 28). In particular, Robert’s series of articles sought to inform the nation of Mexican women’s “reckless” breeding which he warned would result in the “mongrelization of America” if left unaddressed (quoted in Ruiz 2008, 28).

Scholars of immigration during this period have illustrated how immigration legislation, particularly the creation of the Border Patrol and the introduction of national-origin and numerical quotas by the 1924 Johnson Reed Act, remapped understandings of race and citizenship in the United States (Molina 2014; Ngai 2005). The Immigration Act altered racial and ethnic categories, making European “ethnics” into Whites and constructing Mexicans as “illegal aliens,” thus marking all Mexicans—immigrant or American citizen—as foreign (Molina 2014; Ngai 2005). This new “immigration regime,” reflected the predominance of a global racial logic that was theorized in the popular works of American Historian Theodore L. Stoddard and American Lawyer Madison Grant (Molina 2014). In their books The Rising Tide of Color Against White World-Supremacy (1920) and The Passing of the Great Race (1918) the two authors divided the globe into White / superior and Colored / inferior races and argued that their mingling would result in the demise of civilization.⁴ As staunch eugenicists, Stoddard and Grant used their racial theories to argue against unrestricted immigration and for the use

⁴ Both authors took significant time to discuss the particularities of the various colored races which included “yellow,” “black,” “Amerindian,” and “brown” and both also divided the White race into three groups, Nordic, Alpine, and Mediterranean. Grant asserted the superiority of the Nordic race and sought to preserve this particular white “type” but Stoddard was less concerned with which European race was superior to the others and more concerned about the “colored races.”

of race and heredity in the creation of immigration policy. These measures provided a way to maintain progress and civilization in the nation and exclude groups deemed racially inferior.

This racial context foregrounded the practice of coercive sterilization in California institutions for the feeble-minded from 1928 to 1951. In fact, concerns over Mexican immigration and the construction of Mexicans as an inherently inferior *race* were fundamental to the development and implementation of eugenic sterilization practices in California institutions for the Feeble-minded, especially at Pacific Colony. As such, I often refer to Mexicans as a *racialized group* following historian Natalia Molina's assertion that the term emphasizes the constructed nature of the category "Mexican" (2014, 6). Molina writes that while other scholars make distinctions between race, ethnicity, and nationality, racialized groups like Mexicans could often slip in and out of these categories (2014, 6). For example, up until the 1920s the U.S. census classified Mexicans as "White." In 1930, however, they were no longer included in the "White" category and census workers were instructed to classify them as a distinct race—"Mexican" (Dowling 2014). I use the term *racialized group* to highlight this "contested and active process" of racialization (Molina 2014, 6). I also use the term "Mexican-origin" throughout the dissertation, which I adopted from Elena R. Gutiérrez (2008). While the majority of the patients sterilized were actually U.S. citizens, others were Mexican immigrants, and so I use the term Mexican-origin to facilitate a discussion of their experiences as whole. Furthermore, I find that the term best describes the way that Mexican Americans and Mexican immigrants were viewed by the legal and institutional authorities that they encountered. As Elizabeth R. Escobedo has noted in her work on

Mexican-American women's encounters with juvenile authorities and reformers, distinctions in terms of citizenship were rarely made and authorities largely referred to second and third generation Mexican-Americans as "Mexicans" (2007, 133).

Disability Discourse and Race

As a project centered on the sterilization of individuals committed to institutions for the feeble-minded, this dissertation is influenced by the work of various Disability Studies scholars. First and foremost, my analysis of feeble-mindedness and of the experiences of individuals diagnosed as mentally deficient and committed to institutions for that reason, maintains that disability, like race and gender, is a social construction (Baynton 2013; Davis 2013; Rapley 2004; Rembis 2013; Trent 1995). As such, throughout this research, I contend that feeble-mindedness, as a category of impairment, was not a fixed or natural category of being. Instead, I analyze feeble-mindedness, and its various diagnostic grades—Idiot, Imbecile, Moron, and Borderline—as socially and historically situated constructs that were negotiated and contested between subjects (patients/inmates) and “experts” (doctors, psychiatrists, social workers) (Rembis 2013; Rapley 2004). Thus, my project does not engage in discussions about whether people sterilized in institutions like Pacific Colony were in fact mentally impaired or not. Nor do I argue that people committed to institutions for the feeble-minded were not actually engaging in “anti-social” conduct or in need of care due to a cognitive or physical impairment. Many of the youths that were committed to institutions for the feeble-minded *were* acting out and *did* come from poverty stricken families that struggled with violence and substance abuse. Many others were in fact suffering from medical conditions that

proved to be overwhelming for their families, who in turn sought out institutional care, which they viewed as the best option. Instead of attempting to ascertain the “truth” behind the various diagnoses, my argument centers on the use of disability discourse, that is, the notion of feeble-mindedness, to justify institutionalization and reproductive constraint and the ways in which this discourse intersected with existing notions of race and gender.

As many scholars have shown, disability has historically functioned to justify not only inequality for disabled people but also for women and minority groups (Baynton 2013; Carey, Ben-Moshe, and Chapman 2014; Dorr 2008; Gilman 1985; Kline 2005; Molina 2006b). As Baynton put it, “not only has it been considered justifiable to treat disabled people unequally, but the *concept* of disability has been used to justify discrimination against other groups by attributing disability to them” (2013, 17). In his essay, “Disability and the Justification of Inequality in American History,” Baynton shows that disability was a significant factor in efforts to restrict access to citizenship for women, African Americans, and various immigrant groups during the nineteenth and twentieth centuries (2013, 17). That is, disability discourse was prominent in justifications for slavery and inequality between White and Black Americans. As Baynton points out, a central argument was that African Americans “lacked sufficient intelligence to participate or compete on an equal basis in society with white Americans” (Baynton 2013, 20). Similarly, during the Women’s Suffrage Movement it was argued that women were less evolved than white men and therefore could not handle the responsibility of political participation (Baynton 2013, 23). Furthermore, the first major federal immigration law, the Act of 1882, and most immigration acts thereafter, included

language that prohibited the entry of any “lunatic, idiot, or any person unable to take care of himself or herself without becoming a public charge” (quoted in Baynton 2013, 26). Indeed, the concept of disability was a powerful tool in arguments for exclusion and my research shows that it was also a powerful tool in arguments for institutionalization and sterilization.

Disability, therefore, has historically functioned as a way of signifying relationships of power. Quoting historian Joan Scott, Baynton writes that, like gender and race, disability became a “constitutive element of social relationships” (2013, 18). The concept of normality as it developed in the late nineteenth and early twentieth century, was fundamental to constructions of disability as a logic for social inequality (Baynton 2013; Carter 2007; Rembis 2013; Shah 2001). As a product of the developing fields of statistics and the social sciences, the concept of normality was deployed as a means of measuring, categorizing, and managing populations. The concept proved to be flexible and was used to establish “universal” notions of “good” and “right” and worked towards establishing “social hierarchies that justified the denial of legitimacy and certain rights to individuals or groups” (Baynton 2013, 18). Normality, as a scientific construct, arose within the context of a belief in progress and human evolution. Thus, while in a statistical sense, a norm simply denotes what is the “average” or “ordinary,” the concept of normality functioned only to exclude what was below the norm. In other words, the “abnormal signified the *subnormal*,” which was figured as the main cause of degeneration (Baynton 2013, 19).

The concept of normality in the United State was intimately tied to scientific racism as whiteness and heterosexuality became figured as the unquestioned “norm”

during the late nineteenth and early twentieth century (Carter 2007). As Nayan Shah importantly illustrates in his research on public health and race in California, twentieth century notions of progress were wedded to white-middle class norms of gender, sexuality and domesticity (2001, 252). Within the realm of public health, this notion of progress was dependent on a process of identifying and contrasting what or who was considered normal and aberrant in relations to those norms. Race, gender and sexuality were extremely significant in defining who or what qualified as normal or abnormal. Thus, in describing the entanglement of race in modern science and governance Shah writes, “there is a persistent congruence between the public health logic of normal and aberrant and the racial logic of superior and inferior and their reconfiguration over time” (2001, 7). Indeed, Shah argues that in the early twentieth century “scientific medicine and public health discourse had effectively located the differences of race in the body, in social morality, and in living conditions” (2001, 252-53).

As my research shows, differences of race were also located in the mind, through discourses of mental deficiency and categories of normal and abnormal intelligence or mental capacity. In one 1930s syllabus for diagnosing feeble-mindedness, for example, race was figured as a factor under miscellaneous “Medical Criteria” alongside the patient’s level of schooling, number of siblings, and the occupation of the father (See Appendix B). Race was also figured as a factor in another location, under “Psychological Criteria” alongside “Mental Age” and “IQ” (Appendix B). This is because mental capacity was seen as varying along racial lines and as part of human evolution. Thus, as my research shows, Mexicans were seen as inferior in part because they were believed to be inherently less intelligent as a race. Consequently, feeble-mindedness, in a sense,

became a “normal” condition for Mexicans to inhabit. Hilda Mary Holmes explained this further in her study on feeble-mindedness wherein she stated that the field of psychology was actively working to show that “mental defect [was] not abnormal in the sense of being pathological (save in a few clinical varieties), but [was] an example of variation within the variability of the species” (1930, 54). Baynton’s assertion that “race and disability intersected in the concept of the normal both as prescription and description” is instructive here; for Mexicans feeble-mindedness became a “normal” and expected diagnosis (2013, 21). Baynton writes that racial hierarchies were themselves depicted on a continuum of normality: “just as medical textbook illustrations compared the normal body with the abnormal, so Social Science textbooks illustrated the normal race and the abnormal ones” (2013, 21-22). In this way, through constructions of feeble-mindedness, race was not only seen as a biological classification but was also medicalized as a psychological condition.

In the following chapters I show how questions of race, gender and disability were “refracted through each other” in justifications for the institutionalization and sterilization of Mexican-origin women and men, most of whom were young citizens of the United States (Somerville 2000, 5). These justifications were largely based on the attribution of disability, and as such, my argument is not about who was *really* disabled or who did or did not deserve sterilization. Instead, this research seeks to illustrate the use of disability tropes and the intersection of race, gender and disability in efforts to shape citizenship and confer or deny the right to reproduce.

Methods

This research mobilizes an interdisciplinary mix of feminist, critical racial and historical lenses to explore the histories of Mexican-origin women and men sterilized in California Institutions for the feeble-minded. Combining qualitative, quantitative and historical methods, I provide a discursive analysis of thousands of sterilization requests, consent forms, institutional publications, government papers, legal documents, newspaper articles, and social science theses.

My research for this dissertation began when Dr. Alexandra M. Stern asked me to perform a simple count of names that appeared on monthly sterilization ledgers from 1937-1948 kept by three of California's institutions, two institutions for the feeble-minded—the Sonoma State Home and Pacific Colony—and an institution for the mentally ill that had sterilized the most patients during that period, Patton. This initial count revealed that patients with Spanish surnames were sterilized in all three institutions at rates that were disproportionate to their population in the state at the time. Despite the fact that Patton and Sonoma performed more sterilizations in total, Pacific Colony stood out. While it was the institution that performed the least amount of sterilizations compared to the other two (partly because it did not open until at least ten years after the other two began sterilizing patients), Pacific Colony was the institution where Spanish-surnamed patients were consistently sterilized at the highest rates over time. When I searched for further information and research about Pacific Colony I found very little in terms of any institutional history and almost nothing on its practices of sterilization. Thus, I decided to make Pacific Colony the focus of my study. It promised more thorough insights into Mexican-origin men and women's experiences of

institutionalization and sterilization in California and a deeper understanding of the role of race in the practice of eugenic sterilization in the state during the first half of the twentieth century.

Over the course of approximately two years I collected data on race, gender, age, and diagnosis from over 2,000 sterilization requests processed by Pacific Colony between 1928 and 1951—all of the sterilization requests available for that institution on the Sterilization Authorizations reels.⁵ While there was a wealth of data in these records, including information on “nativity,” education, number of children, patient descriptions and consent forms, as one person working with copies of old records printed on microfilm, I was only able to gather basic demographic data (for a blank copy of the standard sterilization request see Appendix A). This research resulted in the data that was used for the first chapter of this dissertation on Pacific Colony, and was used in the article that appears in *Aztlán: A Journal of Chicano Studies* that I co-authored with Dr. Stern titled “Mexican Americans and Eugenic Sterilization: Resisting Reproductive Injustice in California, 1920-1950” (2014).

In 2013 Dr. Stern received a University of Michigan grant to digitize and further analyze the sterilization requests and consent forms. This opened up more opportunities for a deeper analysis of sterilization *and* consent practices in all of the institutions that were represented in the approximately 15,000 sterilization requests available in the archive. As the project manager for the grant I received training from the School of Public Health and developed a detailed set of forms on the web based, electronic data capture software REDCap (Research Electronic Data Capture) that were designed to

⁵ This research was conducted under the approval of the California Committee for the Protection of Human Subjects under IRB number 12-04-0166.

collect all of the data available from the sterilization requests, consent forms, and any supplemental materials that became available in the archive.⁶ These supplemental materials usually consisted of interdepartmental letters that further explained the details of a specific case, but they sometimes included letters written by the patient's family members or by another legal or institutional authority. My previous experience with the records from Pacific Colony shaped the way I approached the construction of these forms and so I was able to make sure that certain information could be collected such as mentions of sexual or criminal delinquency. Once the forms were finalized I trained a group a graduate and undergraduate students on how to use the software and a data team began collecting data from the records.⁷ This research produced descriptive data on the gendered aspects of delinquency at play in Pacific Colony from 1935-1951 and was used in chapters two and three.⁸ It also produced descriptive data on sterilization and consent practices in both Sonoma and Pacific Colony from 1934 to 1944 and that data is used in chapter four.

When this research began we used Spanish surname as an approximation for quantifying race given that our initial count was based solely on names listed on sterilization ledgers. After reviewing thousands of the patient records and family histories I was able to confirm that the large majority of the patients with Spanish surnames were

⁶ REDCap is primarily used for designing clinical and translational research and deemed appropriate for analysis of the medical documents collected.

⁷ This second project was also conducted under the approval of the California Committee for the Protection of Human Subject under IRB number 13-08-1310.

⁸ The team began collecting data from the sterilization records produced in 1935 as opposed to earlier because that is the year that a standard form was introduced across all of the institutions in the state.—both institutions for the feeble-minded and the institutions for the insane. This is the form that appears in the appendix. Sterilization requests before 1935 were largely narrative and varied from institution to institution in terms of format and information. Thus, in order to standardize and speed up the data collection process we began in 1935. Currently, the data team is working on inputting data from the earlier years using the same REDCap forms.

in fact Mexican-origin, although a small number hailed from Spain, Puerto Rico, and various countries in Latin America. While many of the records for Spanish-surnamed patients made mention of Mexican parents many did not and so I continued to use Spanish surnames to gather data about the racialization of inmates deemed in need of sterilization. In most quantitative demographic data collection conducted by social scientists, race is considered an “observed” variable even though, given that race is a social construction, it cannot actually be “observed.”⁹ In reality, race is an inferred variable and is identified and qualified through complex readings and an assemblage of factors including physical features, language, and demeanor among others. Given that the sterilization records varied in terms of the amount of information given for each patient, counting Spanish surnames remained an appropriate way to qualify and measure the racialization of inmates in California institutions for the feeble-minded. However, in order to offer specificity, I distinguish between information that is produced by data based on the measure of Spanish surname and individual cases of patients that were identified as Mexican-origin whenever possible. Accordingly, in the sections that discuss quantitative data I refer mostly to Spanish surname patients but when I discuss specific cases in my qualitative analyses I make clear that I am discussing the experiences of women and men who were identified as Mexican-origin.

Chapter Breakdown

In the first chapter I lay out the historical context for eugenic sterilization in California during the first half of the twentieth century and how sterilization came to be

⁹ In the summer of 2014 I participated in the course “Methodological Issues in Quantitative Research on Race and Ethnicity” offered by the Inter-university Consortium for Political and Social Research where I was able to learn about the various ways social scientists use and measure race in their quantitative studies.

seen as an essential tool for furthering eugenic goals. I focus primarily on what were called feeble-minded institutions, which began outpacing mental institutions in terms of sterilizing inmates by the 1930s. In this chapter I highlight how, in California, concern over “the menace of the feeble-minded” converged with fears over immigration and “race suicide” and the state’s “Mexican problem” in particular. The rest of the chapter provides a case study of Pacific Colony, the feeble-minded institution where Andrea Garcia was sterilized, providing an in depth analysis of the role sterilization played in the institution’s goals. This case study also provides descriptive statistics on the patients sterilized at Pacific Colony between 1928-1951 revealing significant patterns of race, age, and diagnosis. Specifically, this case study confirms that Mexican-origin women and men were targeted for institutionalization and sterilization revealing the racist and racializing qualities of discourses of social deviance and mental deficiency present in the sterilization records.

In the second and third chapters I look more closely at how race and gender intersected in the medical narratives of deviance, delinquency, and mental deficiency presented by the sterilization requests coming out of Pacific Colony. The second chapter argues that the racial construction of Mexican-origin women as inferior and hyper-fertile merged with the figure of the feeble-minded sex delinquent to justify the institutionalization and sterilization of young Mexican-origin women at Pacific Colony, many of whom were citizens. In this chapter I present quantitative data from Pacific Colony sterilization requests processed between 1935 and 1951 that suggests that young Mexican-origin women were more likely than their non-Mexican counterparts to be institutionalized and sterilized under the diagnoses of feeble-mindedness and sexual

delinquency. The third chapter reveals that young Mexican-origin men were also subject to institutionalization and sterilization at Pacific Colony. In this chapter, I argue that racial notions of intelligence and mental capacity worked to criminalize young Mexican-origin men as feeble-minded delinquents, which led to confinement and reproductive surgery. Furthermore, I present quantitative data from Pacific Colony sterilization requests processed between 1935 and 1951 that suggests that Mexican-origin male youths were more likely than their non-Mexican counterparts to be sterilized because of their supposed “criminal tendencies.” Together these two chapters work to expand the gendered scope of the literature on the politics of reproduction beyond its focus on women, and illustrate the ways in which race, gender and disability combined to justify reproductive constraint.

In the fourth chapter I situate the Mexican-origin patients sterilized in California institutions as more than mere victims of the state by discussing the various ways in which patients and their families resisted nonconsensual sterilization including, for example, escaping from the institution, refusing to sign consent forms, and appealing to allies such as the Mexican Consulate and religious leaders. This chapter returns to the *Sara Rosas Garcia v. State Department of Institutions (1939)* case demonstrating that Mexican-origin patients and families were vocal and persistent opponents of state-mandated sterilization.

CHAPTER I

The Pacific Plan: Feeble-mindedness, Race, and Eugenic Sterilization in California

In recent years a social point of view regarding the problem of feeble-mindedness has developed. Society considers that the possible spread of mental defect is a menace to the social group, and is concerned as to its cause, its prevention, and the social and economic relation of the feeble-minded to the community. (Holmes 1930, 16)

The education and training of the moron is, therefore, a social challenge of the highest order. Are we to prepare them for lives of usefulness, however obscure, for contentment, and good citizenship? Or are we to leave them in the hopeless competition with others far above them in learning capacity, leave them to develop the pain and misery of inferiority feeling and the despair consequent upon economic need and social maladjustment? It is to try to meet this challenge that the education program at Pacific Colony has been developed. (Norman Fenton, 1933 quoted in Barber 48)

The quotes that begin this chapter reflect concerns that emerged as feeble-mindedness became figured as a threat to the nation's health. Once identified as a problem, scientific research in Medicine, Physiology, Biology, Psychology and Sociology among other fields offered various theories regarding the cause, transmission, diagnosis, and treatment of mental deficiency (Holmes 1930; Rembis 2013; Trent 1995). The rise of the Eugenics Movement in the early twentieth century greatly influenced theories of cause, transmission and treatment in the United States offering scientific support for the notion that feeble-mindedness was largely hereditary and prevalent among certain groups of people (Holmes 1930; Rembis 2013; Trent 1995). In California,

eugenicists advocated for the use of sterilization in efforts to prevent the transmission of feeble-mindedness and protect society from the threat of mental defect. While these quotes do not explicitly name race or Mexicans as a particularly concerning population, early twentieth century disability discourses of feeble-mindedness were critical in marking Mexican-origin bodies as racially inferior and unfit for citizenship and reproduction in California. The notion that as a race, Mexicans were mentally inferior, more prone to feeble-mindedness and thus immorality, criminality, and economic dependency worked to legitimize calls for immigration restriction, deportation, confinement in state institutions and sterilization. As methods for dealing with the “menace of the feeble-minded” adopted a rehabilitative frame in the late 1920s and 30s, individuals who were deemed social deviants and diagnosed as mentally deficient were targeted for institutionalization, industrial training, and sterilization. Institutional authorities asserted that under this new social program, certain “higher types” such as Morons could be safely released from institutional confinement and become “productive” citizens without reproducing more “defective” children, thus relieving the state from the burden of their care while also furthering the eugenic imperative of preventing racial degeneration. As this chapter reveals, Mexican-origin youth were targeted in this institutional effort to diagnose individuals deemed socially deviant as mentally deficient and transform them into non-reproductive low wage laborers. The establishment and development of Pacific Colony was essential to the state’s effort to address the “problem” caused by feeble-minded Mexican-origin youth. At Pacific Colony, hundreds of young Mexican-origin women and men, most of whom were American citizens, were legally committed, diagnosed as feeble-minded, and subject to the “Pacific Plan” under which they were trained in menial

labor and sterilized in the hope that they would eventually be able to enter the low-wage workforce without the risk that they would reproduce more racially and mentally unfit citizens.

In the early twentieth century, prominent California eugenicists and institutional authorities used tropes of disability to justify the institutionalization and sterilization of individuals who defied white middle-class norms. Reproductive constraint became fundamental to a reformist and purportedly more humanitarian effort to release certain inmates from the institution once they were properly trained and sterilized at Pacific Colony. In this chapter I show how the “menace of the feeble-minded” in California was intimately tied to concerns over the state’s “Mexican problem.” The notion that mental capacity was racially based was widespread among eugenicists and institutional authorities across the state, which led to the perception that Mexicans—immigrants and American citizens alike—were intellectually inferior and thus contributed to ever-increasing rates of sexual and criminal delinquency as well as economic dependency. As a result, California eugenicists bemoaned what was perceived as the exponential growth of the Mexican population in the state and looked to institutions for the feeble-minded for an answer to the problem. As the state’s southern institution for the feeble-minded Pacific Colony was positioned by reformers as integral to addressing this problem and my research on the institution gives insight into the ways in which the “menace of the feeble-minded” and the “Mexican problem” converged. The institution’s implementation of the “Pacific Plan”—an effort to reform purportedly feeble-minded and delinquent youth into self-sustaining citizens who could be safely released from the institution after sterilization and industrial training—set it apart from other state institutions as the plan

was seen as a particularly progressive, scientifically grounded, and humanitarian approach to dealing with young feeble-minded delinquents. Importantly, my analysis of 2,006 sterilization requests processed by Pacific Colony between 1928 and 1951 reveals that young Mexican-origin women and men were disproportionately subjected to the “Pacific Plan” and sterilized by the state.

The Menace of the Feeble-mind

The emergence in the early twentieth century of feeble-mindedness or mental deficiency as a public health concern that required state intervention signaled a Progressive turn to medicine and the science of eugenics in dealing with social issues such as poverty, crime, and immorality (Kline 2005; Lombardo 2010; Rembis 2013; Trent 1995). Influenced by eugenic theories about the inheritability of character traits, the “menace of the feeble-minded,” as it was often called, centered on the notion that certain groups and individuals suffered from mental deficiency and were, therefore, inherently more prone to criminality, immorality, and destitution. The fear was that these populations were growing at rates that were disproportionate to “normal” Americans, which not only increased immorality and crime rates but also lowered the racial stock of the nation. The problem of feeble-mindedness spurred research efforts, reports, and calls for public policy and by the 1910s psychologists, eugenicists, and public care-takers across the country developed a consensus that “degenerates” diagnosed as feeble-minded and a menace to the society should be removed from their communities and segregated in institutions where they could be cared for, studied, and treated following the latest scientific theories (Lombardo 2012, 17; Trent 1995).

As historians have shown, feeble-mindedness quickly became a catchall term used to diagnose various types of deviant social conduct as symptomatic of mental disability (Kline 2005; Lombardo 2010; Stern 2005; Trent 1995). In other words, acts such as theft, promiscuity and even poverty became medicalized and read as evidence of mental defect. We can see how deviant social conduct was tied to mental capacity in Hilda Mary Holmes' 1930 thesis on the notion of feeble-mindedness in which she asserted that mental deficiency was a combination of both "arrested mental development, and that of social incompetence" (29). Holmes cited prominent American psychologist Henry H. Goddard's seminal book on the topic, Feeble-mindedness: Its Causes and Consequences (1914), where he defined the term as, "a state of mental defect existing from birth or from an early age and due to incomplete or abnormal development in consequence of which, the person affected is incapable of performing his duty as a member of society in the position of life to which he was born" (1930, 30). Under this definition, a lack of intelligence or mental development was theorized as playing a causative role in an individual's inability or unwillingness to conform to socially prescribed norms. This social criteria for diagnosing mental deficiency was widely accepted by institutional authorities in California. For example, in his research on mental deficiency, Stanley P. Davies, secretary of the California Board of Charities, delineated the three essential sides to feeble-mindedness: "(1) a marked limitation of intelligence due to (2) a lack of normal development rather than mental disease or deterioration, which shows in (3) social and economic incompetencies" (quoted in Wardell 1942, 4). In practice, feeble-mindedness became more than a measure of intelligence it was a scientific rationale for qualifying actions and classifying

individuals on a scale of normal to abnormal in an attempt to distinguish the “fit” from the “unfit.” As one prominent California eugenicist described it, “feeble-mindedness as the term is used in law and in institutional practice is not a biological concept at all. It is a social concept, and embraces a large number of conditions that, from a biological point of view are quite dissimilar” (Popenoe 1930, 323).

Concern over the social menace of feeble-mindedness led to efforts to further qualify and measure mental deficiency resulting in the development of various intelligence tests and the diagnostic grades Idiot, Imbecile, Moron and Borderline which created a continuum of mental disability with a variety of differences (Trent 1995). Test results and diagnostic grades also informed decisions regarding institutionalization and methods of treatment. Like many states across the country, California established an institution, the Sonoma State Home, where individuals deemed feeble-minded or defective could be further diagnosed, treated, and segregated from society.¹⁰ The practice of confining individuals deemed “defective” in state institutions functioned not only as a way to prevent them from engaging in deviant conduct but was also a way to prevent them from reproducing and tainting the state’s gene pool. This effort was often referred to as “eugenic commitment” (Rembis 2013; Trent 1995). However, as the rubric of feeble-mindedness expanded so did the number of people deemed dangerous and in need of institutional segregation. By 1915, the California legislature passed a bill calling for a comprehensive investigation into the growing problem of feeble-mindedness in the state. The resulting report called for more funding for Sonoma and the establishment of a second institution for the feeble-minded in the southern part of the state—Pacific

¹⁰ The institution was established in 1883 and was first named the California Home for the Care and Training of Feeble Minded Children but expanded beyond a focus on children and by 1909 became the Sonoma State Home.

Colony—where the latest scientific theories and methods of dealing with feeble-mindedness and delinquency could be implemented.

While the expansion of institutions for the feeble-minded was proposed as a means to combat feeble-mindedness, California went beyond eugenic commitment by legalizing the sterilization of individuals committed to state institutions in an effort to prevent the reproduction of defective offspring. In 1909, California became the third state in the country to enact a eugenic sterilization law following Indiana and Connecticut. By 1917 the law had been revised to include explicitly eugenic language and was made applicable to anyone legally committed to a California state institution and who was “afflicted with a mental disease which may have been inherited and is likely to be transmitted to descendants, the various degrees of feeble-mindedness, those suffering perversion or marked departures from normal mentality or from disease of a syphilitic nature” (Stern 2009: 7). Furthermore, the law allowed institutional authorities to conduct the operation without consent protecting them against civil and criminal liability. Across the country, eugenic sterilization was seen as “an aid to protecting the country’s family stocks from deterioration” and in California the majority of institutional authorities supported the sterilization of individuals diagnosed as feeble-minded as a means to prevent the spread of mental defect (Laughlin 1922, vii). As Dr. Fred O. Butler, who served as the medical superintendent at the Sonoma State Home from 1918 to 1949 stated in front of a national meeting of juvenile agencies, “in California we think the law permitting sterilization of the insane and mentally deficient is one of the best things that has been done to prevent the unfit from reproducing their kind” (Department of Institutions 1926, 97).

Eugenic sterilization was legally permitted in both institutions for the “insane” as well as the homes for the feeble-minded but by the 1930s Sonoma and Pacific Colony began outpacing the six other state hospitals in terms of reproductive surgeries.¹¹ This reflected both a growing concern over the feeble-minded population in the state as well as the differing medical constructions of “insanity” as not necessarily hereditary and a disease that could be cured versus “feeble-mindedness,” which was seen as a fixed mental state that was inherent and largely hereditary. In her study of feeble-mindedness, Holmes explained that this finding was the result of studies in the field of psychology and the development of intelligence tests and measures that “have given us the concept that mental defect is not abnormal in the sense of being pathological (save in a few clinical varieties), but it is an example of variation within the variability of the species” (1930, 54). In their study of sterilization in California, prominent California eugenicists and founders of the Pasadena based Human Betterment Foundation Paul Popenoe and Ezra Seymour Gosney wrote that the sterilization of people deemed feeble-minded was advantageous especially when they were sterilized at a young age (Popenoe and Gosney 1938, 31). They explained that this was because feeble-minded individuals were predominantly “handicapped from birth whereas the mentally diseased person may in exceptional cases have held a superior position before his breakdown” (Popenoe and Gosney 1938, 31). Thus, insanity was often figured as a temporary condition that could be cured while feeble-mindedness represented the fixed mental capacity of the individual.

¹¹ The other six institutions were classified as “Hospitals for Insane” and were: Agnews State Hospital, Mendocino State Hospital, Napa State Hospital, Norwalk State Hospital, Patton State Hospital and Stockton State Hospital. The main difference between the institutions for the feeble-minded and the “hospitals for the insane” was their target patient population. Hospitals for the insane such as Patton and Napa targeted patients who had mental disorders such as schizophrenia and manic depression, while institutions for the feeble-minded targeted delinquent youths and individuals with physical or mental handicaps for commitment.

By the 1930s, California decisively led the nation in the number of eugenic sterilizations performed, but even with two large facilities the state's institutions for the feeble-minded faced chronic overcrowding. As a result, in addition to serving eugenic purposes, sterilization also provided a much-needed solution to the problem of overcrowding and became figured as integral to the successful reform of the feeble-minded inmate, especially at Pacific Colony. Realizing the impossibility of confining all individuals deemed mentally deficient, institutional authorities began utilizing sterilization as a means of "safely" releasing some inmates back into the community (Popenoe and Gosney 1938; Holmes 1930). The reasoning being that even if a supposedly feeble-minded person did not properly adjust economically or socially once released from the institution, they were, at the very least, unable to propagate more "unfit" children (Popenoe and Gosney 1938, 35). This institutional practice fell in line with a philosophical shift within the institutions that took place in the 1920s and 1930s, which sought to do away with permanent confinement and move towards rehabilitation for some inmates (Chávez-García 2012; Holmes 1930; Platt 2009; Trent 1995). The theory was that even though feeble-mindedness could not be "cured" certain "higher types"—usually individuals diagnosed as moron or borderline grades—could be trained, sterilized, and released back into society and become "productive" citizens. Once released, more room was created for others in the institution. This was seen as a humanitarian improvement to the practice of "eugenic commitment" as many feeble-minded inmates were being "saved" from life-long segregation and were furthermore given an opportunity to lead lives of "usefulness," "contentment" and "good citizenship" as Dr. Norman Fenton indicated in the quote that begins this chapter.

Pacific Colony in particular sought to realize this vision through what it called the “Pacific Plan.” I describe this plan more thoroughly in the last section of this chapter but I bring it up here to make clear that not all individuals diagnosed as feebleminded were seen as needing institutionalization, training, and sterilization in order to become “good citizens.” Social worker Winifred Wardell pointed this out in his study of institutional care for the feebleminded in California stating, “the simple factor of feeblemindedness does not usually involve any outside agency” (1944, 4). Many, he explained, could in fact continue to live amongst the community without causing any serious problems.¹² People who needed institutionalization were feebleminded individuals who posed marked threats to society. These individuals were usually youths “whose delinquent conduct against society” had “brought them to the attention of the juvenile court, social agencies, and the community at large” (Rouble 1942, 26). Historians of institutions for the feebleminded across the nation have shown that the focus on and construction of juvenile delinquents as mentally deficient and in need of institutionalization, training and sterilization coincided with the development and expansion of the juvenile justice system in the early twentieth century (Chávez-García 2012; Rembis 2013; Trent 1995). They have also shown that the institutionalization and diagnosis of juvenile delinquents as feebleminded was gendered (Chávez-García 2012; Kline 2005; Odem 1995; Rembis 2013). That is, young men were often institutionalized

¹² The eugenic threat of feeblemindedness still existed though, and institutional authorities like Dr. Fred O. Butler often lamented not being able to sterilize people outside of the institution. He once stated it was regrettable that they could not “reach out further—i.e. sterilize those defectives who do not come into the state institution” (Department of Institutions 1926, 97). The sterilization requests processed by Sonoma do indicate that some people, mainly women, were sent to the institution specifically for sterilization and promptly released but it is unknown how frequently this occurred and little is known about the processes that allowed this practice. However, the point in saying that all feebleminded did not require institutional confinement highlights the fact that not all people who would theoretically fall under the rubric of feeblemindedness were engaged in disruptive behavior such as criminality or illicit sex and thus were largely ignored by social workers, police officers and other state agents and authorities.

and diagnosed as mentally deficient for committing petty crimes or other acts labeled “conduct disorder” which included “such forms of behavior as runaway [sic], truancy, petty theft, temper tantrums, cruelty, dangerous and threatening actions, keeping late hours, and mingling with undesirable associates ” (Rouble 1942, 26). Young women, on the other hand, were committed to institutions and diagnosed as feeble-minded mostly under charges of “sexual delinquency” which signaled an engagement in non-heteronormative sex acts such as “promiscuity, prostitution [and], illegitimate children” (Abrams and Curran 2000; Kline 2005; Odem 1995; Rouble 1942, 27). Thus, in most cases, perceived “low mentality” or simple poverty rarely led to institutionalization for training and sterilization.¹³ Instead, as Jewel Minna Rouble stated in her study of feeble-mindedness in California, “some form of overt rebellion against society was necessary to bring the problem of mental deficiency to the attention of interested agencies” (1942, 27). Given that social conduct played such an integral role in the definition and deployment of feeble-mindedness and in determining who needed to be sent to an institution for training and sterilization race, gender, and sexuality intersected in various ways to inform diagnoses of defect and abnormality. In California, fears over race suicide caused by immigration merged with the menace of the feeble-minded to construct Mexican-origin bodies as more prone to mental deficiency, crime, and

¹³ This is not to say that individuals with disabilities who did not engage in “conduct disorder” or “sexual delinquency” were not institutionalized. People with debilitating mental and physical disabilities were institutionalized and often remained in the institution their entire lives. They were often people with epilepsy, downs syndrome, or other serious learning impairments and they were often labeled “custodial” types and diagnosed as Idiot or Imbecile grades. They were often thought of as incapable of full rehabilitation and were thus subject to different treatment than the “higher” types. They were also less likely to be sterilized given the fact that they were expected to stay in the institution their whole lives. I go more into the distinction between the custodial inmates and those subject to industrial training and sterilization in the section on Pacific Colony. What I assert here is that people institutionalized specifically for training and sterilization were often engaged in some form of “conduct disorder” or “sexual delinquency.”

deviance thus marking them as in need of institutionalization, training, and reproductive constraint.

Feeble-mindedness and the Mexican Problem

The “menace of the feeble-minded” both in California and across the nation was not just about concerns over mental deficiency among rebellious white-American youth. It was also intimately tied to fears over race suicide caused by unrestricted immigration. As Douglas C. Baynton illustrates in his research, the concept of disability was a significant factor in concerns over immigration in ways that were tied to notions of white supremacy and racial inferiority. Baynton, “arguments for racial inequality and immigration restrictions invoked supposed tendencies to feeble-mindedness, mental illness, deafness, blindness, and other disabilities in particular races and ethnic groups” (2013, 17). These concerns fueled calls for immigration restriction, especially in the early twentieth century. Between 1903 and 1917, immigration law implemented restrictions banning entry to immigrants judged “likely to be a public charge” or determined to be “mentally or physically defective,” people with “epilepsy,” a “history of insanity,” “constitutional psychopathic inferiority” and “persons with abnormal sex instincts” (Baynton 2013, 28; Luibheid and Cantu 2005). Importantly, in 1907 immigration legislation added “Idiots,” “Imbeciles,” and “Feeble-minded persons” to the list of people to be excluded from the country and immigration inspectors were instructed to exclude immigrants with “any mental abnormality whatever... which justifies the statement that the alien is mentally defective” (quoted in Baynton 2013, 26).¹⁴ In that same year the

¹⁴ Interestingly, Banton notes that Fiorello H. LaGuardia, who worked as an interpreter at Ellis Island wrote that a large percent of deportations based on mental disease were “unjustified” and based on the ignorance

Commissioner General of Immigration asserted that the principle objective of these immigration laws was “the exclusion from this country of the morally, mentally and physically deficient” (quoted in Baynton 2013, 27). As, the language used in these laws reveals the concept of mental disability was a powerful tool for arguments of exclusion and the notion that certain racialized immigrant groups were more prone to mental deficiency was instrumental to their construction as unfit for citizenship.

By the 1920s immigrants of bad “racial stock” also became subjected to the same eugenic policies of institutionalization and sterilization aimed at native-born individuals deemed socially deviant and diagnosed as feebleminded. In prominent eugenicist Harry Hamilton Laughlin’s Eugenical Sterilization in the United States (1922), a significant amount of text is aimed at discussing the perils of unrestricted immigration. In the book’s preface Judge Harry Olson, Chief Justice of the Chicago Municipal Court wrote “America needs to protect herself against indiscriminate immigration, criminal degenerates and race suicide” (1922, v). Judge Olson concluded that in order to do so, segregation and sterilization should be enforced under the notion that “sterilization protects future generations, while segregation safeguards the present as well” (1922, v). The Immigration Act of 1924 reflected these eugenic concerns by cutting the flow of Southern and Eastern European immigrants, but the lack of restriction on the southern border of the country resulted in restrictionist focus on Mexicans (Molina 2006a; Ngai 2005). As historian Natalia Molina writes “brownness came to signify the most important new threat to the racial hegemony of white native-born Americans” (Molina 2006b). As a result, anti-immigrationists in California and across the nation circulated notions of

of the doctors and their inability to understand the immigrants which furthers the notion that arguments about the mental deficiency of immigrants were racially based (Baynton 2013, 26).

Mexicans as racially inferior and medicalized them as inherently more susceptible to disease in order to garner support for restriction (Molina 2006a; Stern 2005). By the time the Depression hit, biologically based negative representations of Mexicans intensified (Molina 2006b, 29). For example, in 1929, medical officials asserted that Mexicans were prone to Tuberculosis, were biologically less able to fight off the disease once infected, and were, therefore, a drain on municipal governments because they filled county hospitals (Molina 2006b, 30). As a result, the California Department of Public Health called for a “shutting off of the tide of [Mexican] immigration” to reduce TB rates and the cost of caring for sickly patients (Molina 2006b, 30).

In addition to being cast as biologically prone to disease, Mexican immigrants in California were also figured as a problem within institutions for the feebleminded. With an eye already on the menace of unregulated immigration the California Department of Institutions established a deportation office in the early 1920s to deport immigrants from state hospitals, relieving the counties of their care. Mexicans quickly became the target of these deportation efforts. In 1928, forty-seven percent of patients deported by the Department of Institutions were Mexicans and sixty-two percent were deported from Southern California, which was where “the problem of caring for the defective, delinquent and destitute of the Mexican race” was seen as “most acute” (Department of Institutions 1928, 18). In 1930, the deportation agent remarked that there was “a material decrease in the number of aliens deported” due to the 1924 Immigration Act but he went on to highlight that “it is of interest to note that about fifty percent of the aliens [deported] are of Mexican nationality, a nation to which the quota law does not apply” (Department of Institutions 1930, 7). The deportation agent, however, was hopeful that a

“tightening up along the Mexican border” would result in a “decided decrease in the number of Mexicans requiring care and treatment in our institutions” (Department of Institutions 1930, 7).

The reports from the Department of Institutions deportation agent reflect a clear concern over the “defective” Mexican immigrants in the state. Even more concerning for institutional authorities, however, were the children of these Mexican immigrants who were figured as more prone to feeble-mindedness than Anglo-Americans and, because they were citizens, could not as easily be deported. In a study conducted by the research staff of the Whittier State School—the leading research center on the subject of juvenile delinquency in the nation—Mexican youths were described as inherently less intelligent than “native-whites.” The study stated,

Children of Mexican and Indian descent constitute one of the most important educational and social problems in Southern California. The exact proportion of these persons in the population is not known, but it is known that delinquency is common among them. The Mexican standards of living, of course, do not accord with ours, but it is more likely that intellectual differences account for most of their unsocial conduct. Mexican children do not learn readily at school, and few of them ever pass above the third grade. Recent studies have indicated that this failure to learn is not because of language difficulties, but is more likely due to low intelligence. Apparently, the average intelligence of Mexican children in Southern California is not greater than three-fourths that of American children. If this is true, nearly one-half of the Mexican children in our schools are feeble-minded according to the standards which we apply to our own people. (Whittier State School 1920)

As this quote reveals, institutional authorities used notions of mental disability to mark Mexican-origin youths as racially inferior and figure their existence in the state as a problem. While the author of the above quote dismissed language as a factor, Mexican-origin youth and their parents often experienced discrimination on the basis of language and were perceived of as less intelligent if they were unable to speak English fluently. Spanish speaking Mexican-origin youth were often segregated from

English speakers in school, prohibited from speaking Spanish, and faced harsh punishment if they were caught doing so (Chávez-García 2007, 222). This greatly affected Mexican-origin youths' educational outcomes, which added fuel to the notion that they were mentally incapable of succeeding in school. Furthermore, the intelligence tests administered to school-aged children, and upon which many assertions regarding the intellectual levels of Mexican-origin youth were made, rarely took into account language barriers or socio-cultural differences (Chávez-García 2007; Chávez-García 2012, 63; Stern 2005)

Ignoring the educational barriers and intelligence testing biases posed by language and racial discrimination, institutional authorities employed the existing notion of feeble-mindedness to assert that inherent mental deficiency caused Mexican-origin youth to engage in “unsocial conduct,” which often led to calls for institutionalization and sterilization. In fact in his 1935 *Los Angeles Times* article on California's sterilization law, Chapin Hall argued that the eugenic sterilization law worked to address the problem of Mexican reproduction in the state, which was consistently figured as excessive and problematic. Hall wrote that while California was leading the nation in population increase “only 69 percent of this increase is produced by native whites, a considerable part of the remainder being an undesirable residue from other states and countries many of whom eventually find their way into homes for the deficient” (Hall 1935). The state needed the eugenic sterilization law to protect itself from this increase and Hall further detailed who this law should target in his statement that “in spite of population increase the only groups that are holding their

own in California by birth are the Mexicans and a few of the minor racial groups” (Hall 1935).

Figured as part of a race that was inherently prone to feeble-mindedness and thus “unsocial conduct” Mexican-origin youths became prime targets for institutionalization and sterilization. In her monograph on Mexican American youths in California Reform schools, Miroslava Chávez-García demonstrates that delinquent youth of Mexican origin represented up to twenty-five percent of all children and adolescents transferred from state reformatories to state hospitals for sterilization, concluding that youths of Mexican-origin “were disproportionately being identified as defective delinquents who were in need of permanent care and sterilization in Sonoma or the Pacific Colony” (2012, 143). In her 1935 study of Pacific Colony, Faith Constance Barber confirmed that Mexican-origin patients were being disproportionately committed to the institution when her survey of the patient population revealed that despite the fact that the Mexican-origin population of the state was only six percent, approximately fifteen percent, or 158 of 1035, of commitments were Mexican-origin (101). As Chávez-García (2012) research and Barber’s (1935) observations indicate, Mexican-origin youth were frequently committed to Pacific Colony at rates that were much higher than their proportion of the population in the state, which according to the 1910 and 1930 census did not exceed 6.5 percent. Once committed to Pacific Colony, youths diagnosed as socially delinquent and mentally deficient easily became candidates for sterilization.

The Pacific Plan

As Norman Fenton's quote at the beginning of this chapter reveals, institutional leaders and California eugenicists perceived "high grade" defectives such as juvenile delinquents diagnosed as Morons, to be particularly problematic. The argument was that given a higher level of intelligence than the Idiot and Imbecile grades, the Moron and Borderline grades were especially dangerous since they could potentially "pass" as normal (Holmes 1930; Gosney and Popenoe 1929; Trent 1995). Since mental defects were "hidden" from view making it more difficult to pinpoint than perhaps a physical or marked mental disability more effort and expertise was required to identify and diagnose Moron and Borderline cases. In the early twentieth century the only state institution capable of managing this threat was the Sonoma State Home, which by the 1910s was already "suffering from conditions of overcrowding" and thus "was inadequate to meet the needs of the entire state" (Barber 1935, 1). Furthermore, in the early twentieth century, research on juvenile delinquency conducted at the Whittier State School—one the state's leading juvenile reform schools—increasingly provided scientific support for the claim that feeble-mindedness and delinquency were intimately tied (Chávez-García 2012). Thus, the need for a new institution for the feeble-minded became directly linked to the safety of the state. In 1915, at the behest of Whittier's director, Fred C. Nelles, the California legislature passed a bill that called for a comprehensive study of the problem of the feeble-minded in the state (Chávez-García 2012, 69; Kohler 1972, 2). During the 1917 legislative session Nelles' ally Lewis M. Terman, a prominent Stanford psychologist, advocate of IQ testing and member of the Human Betterment Foundation, presented the study's findings in a speech titled "The

Menace of the Feeble-minded” in which he pushed for the creation of a new state hospital in the southern part of the state. The study recommended that the legislature form a bill for the creation of a new institution for the feeble-minded and increase facilities for the further research and study of mental defectives. The legislature responded immediately and on June 1, 1917, Bill No. 602 to create Pacific Colony was approved and went into effect on July 17th of the same year (Kohler 1972). Following the passage of the bill, the legislature appropriated \$250,000 to purchase land, erect buildings, and pay employee salaries for the first two years (Kohler 1972, 4). The bill not only established Pacific Colony but evinced the state’s desire to address the perceived problems of feeble-mindedness and delinquency through institutionalization, recognizing mental deficiency as a psychological and social condition that could be measured and treated through science (Chávez-García 2012, 69).

Importantly, when the bill establishing Pacific Colony was passed in 1917, it specifically included a sterilization provision. Section D of the bill stated that “any inmate of Pacific Colony and who is feeble-minded or is afflicted with incurable chronic mania or dementia” was subject to sterilization in the institution. The act further indicated that the state’s motive in establishing this part of the provision was “purely eugenic.” Furthermore, the bill described the process of deciding who would be subjected to sterilization as being at the “discretion of the Commission before release of a person who is feeble-minded” and that the operation would be performed “on the recommendation of the superintendent approved by the clinical psychologist holding degree of Ph.D. and a physician.” (Assembly Bill No. 602, Section b; Kohler 1972)

As section D of the bill to establish Pacific Colony indicated, sterilization was critical to the goal of the institution, which targeted “high grade defectives” for commitment. From its inception, Pacific Colony was planned as a “colony for morons” designed particularly for the “high-grade moron considered the most dangerous by psychiatrists” (*Los Angeles Times* 1918). This focus was significant because it worked to set the colony apart from Sonoma and other institutions for the feeble-minded across the country. Once building plans were approved, Pacific Colony garnered significant media attention and quickly became described as a “great humanitarian project” poised by the state to be “the finest institution of the kind in the world” (*Los Angeles Times* 1918). Initial plans for Pacific Colony were celebrated because they laid out a design that would be able to provide “ultimate provisions for 2000 inmates of both sexes” who would be “schooled primarily in the manual arts and domestic science under a purely educational plan” which included facilities numbering in seventy-five to one hundred buildings (*Los Angeles Times* 1919). The educational plan proposed for Pacific Colony also worked to set it apart from other state institutions. Given that there was a growing distaste for purely correctional or punitive approaches to delinquency and long-term institutionalization was seen as unfeasible for all feeble-minded individuals, the fact that Pacific Colony would provide treatments that included patient reform and education made it appear more progressive and modern. While the size and number of inmates was overestimated initial press on Pacific Colony reflected a clear desire to target a certain class of individuals for institutionalization, industrial training, and sterilization before construction had even begun.

In February of 1920, the state purchased one thousand acres of land in Walnut, a small community about thirty miles from Los Angeles and seven miles West of Pomona. Construction began quickly and by April, Dr. Willard Cole Rappleye, who was considered the “expert to the clinical laboratories at the University of California Berkeley” was elected as the Medical Superintendent (*Los Angeles Times* 1920). On March 20, 1921 Pacific Colony accepted its first patients with a single building and a fifty patient capacity (Kohler 1972, 4). Nineteen male patients were transferred from Sonoma and by May 22nd the population grew to thirty-three patients. However, issues quickly arose with the locale. There was an insufficient water supply and the institution was too far from existing railroad lines, which made it expensive to haul water and other supplies to the site (Kohler 1972, 4). As a result, Pacific Colony closed in January of 1923 and the land and facilities at that site were leased to the Protestant Welfare Association of Los Angeles County to be used as a home for wayward boys called the Pacific Lodge Boys Home in September (Kohler 1972, 6).¹⁵

While initial construction failed, the Pacific Colony project was not forgotten. Institutional and juvenile justice authorities expressed strong protest when the project was put on hold in 1923 and a bill was proposed repealing portions of the 1917 act. Judge Edwin J. Han of the Juvenile Court, for example, told the *Los Angeles Times*

One half of the children who come before my court are of the moron class. If we are to stop the crime wave that is sweeping our country we must give attention to the source of the stream. In other words it is imperative that we should care for our feeble-minded children. Pacific Colony was established for

¹⁵ In August of 1928 the state opened a hospital for narcotic addicts at this old site as a separate entity but due to budget issues it was combined with Pacific Colony under law in 1935. It closed down in June 1941 and the personnel was transferred to Pacific Colony. The land was then taken over by the U.S. Army and it was used as a hospital for rheumatic fever patients. After the war it was sold to the Mont San Antonio Junior College, which is still there now. (Kohler 1972, 8)

this purpose and it would be a distinct misfortune if for any reason this institution is not completed. (1923)

In May 1923 the proposed bill to end the Pacific Colony project was defeated but no appropriations were made. On June 5, 1924, the Psychopathic Association appealed to the governor to move forward with a new site for Pacific Colony arguing that Sonoma was already overcrowded and that the southern part of the state lacked facilities (*Los Angeles Times* 1924). The Association argued that the lack of an institution for the feeble-minded in the southern part of the state resulted in a greater expense to Los Angeles taxpayers who had to finance various reformatories, medical, and welfare institutions to care for these individuals (*Los Angeles Times* 1924). In May of 1925, as a result of public and institutional protest, the legislature approved Bill no. 1099 to “develop an institution for feeble-minded children in the southern part of the state” (*Los Angeles Times* 1925). The construction of Pacific Colony was offered as a contract operation and on February 24, 1926 Louis A Geisler received the contract for the construction of two ward buildings and a powerhouse at \$92,585 and Dr. George Bliss was appointed Superintendent (Kohler 1972, 8).

Pacific Colony finally opened at its location in Spadra on May 12, 1927 with twenty-seven inmates (Dickinson 1934, 5; Kohler 1972). By the end of the year the population increased to 57 boys and 64 girls and through out the first half of the twentieth century the institution experienced a steady increase in population and size (Dickinson 1935, 5; Kohler 1972, 8). During its first year, for example a two-year plan was established for the construction of further dormitories for inmates and employee buildings. In the 1930s, despite the Depression, Pacific Colony expanded significantly. In 1930, the state purchased a forty-one acre tract and built six ward buildings, a

powerhouse, two residence buildings, a commissary unit with a kitchen, dining area, and a store as well as a laundry, auditorium and school building (Kohler 1972, 10). In 1931, Earl E. Jensen, then Director of Institutions, asked for two million dollars for two years worth of expenditures for Pacific Colony (Kohler 1972, 10). The state used five million of its Federal money on state institutions and the appropriation for Pacific Colony was \$652,000 (Kohler 1972, 10). Between 1931 and 1933 expansion of Pacific Colony included the construction of a hospital, an administrative building, two employee quarters, three more ward buildings, a horse barn, and a blacksmith shop (Kohler 1972, 10). In 1934, Dr. Thomas Joyce was appointed the head of Pacific Colony and by this time the total property of the institution was at 640 acres, one hundred of which were under cultivation by the inmates. There were thirteen buildings, five of them were personnel quarters and eight were “cottage-type” residences for inmates each with a capacity of 80 patients—four for boys and four for girls—making the total capacity 720 (Dickinson 1934, 5).

By the mid 1930s Pacific Colony had become quite an impressive institution. Located relatively far from nearby towns, the colony resembled a self-sustaining community. A majority of the staff, including the medical superintendent, lived on institutional property and due to the large tract of land, expansive facilities and the work of employees and inmate’s alike the colony functioned much like a small town with its own farmland, ranch, bakery, and commissary. As such, Pacific Colony became a source of pride for the institutional authorities that worked to establish it and as Barber noted in her study visitors were “impressed by the fact that Pacific Colony [did] not have the customary appearance of an institution. The California style of

architecture chosen for the buildings [was] informal and interesting; there is no suggestion of crowding in the placing of the buildings. With its large expanses of green lawns, many trees and shrubs, Pacific Colony presents a most attractive appearance” (Barber 1935, 10).

While the buildings at Pacific Colony may not have suggested overcrowding, the institution constantly operated beyond its capacity despite rapid expansion and institutional efforts to place patients on parole. In 1936, the patient population was listed at 900 despite the official 720 capacity (Kohler 1972, 12). There was also a very long waiting list (Kohler 1972, 12). In 1937, there was a state appropriation of \$764,750 and a federal WPA allocation of \$524,250 to build five more ward buildings, an administrative building, and an isolation unit to prevent epidemics caused by the cramped conditions (Kohler 1972, 12).¹⁶ Construction was completed in 1940 and actually wound up including a new hospital wing, eight ward buildings, three residence buildings for employees, a mortuary, and buildings for training inmates (Kohler 1972, 12). However, overcrowding persisted and buildings made for eighty patients were actually holding one hundred. Further expansions were stalled because of the war. On January 1941, Dr. Fred O. Butler spoke on behalf of the two Feeble-minded homes regarding the need for legislation to deal with overcrowding warning that “about 5 per cent of the people of America fall within the psychopathic group and California has more than its share” (*Los Angeles Times* 1941).

¹⁶ These monies were granted in part because of panic over the perceived increase in juvenile delinquency and overcrowding in housing for juvenile offenders in Los Angeles. In October 1937 Juvenile Judge Robert H. Scott held a meeting with county and state officials where they decided on four points to deal with this problem of juvenile crime—“deportation of approximately 100 transient offenders by Nov. 1” an expansion of Whittier State School, the construction of new buildings at Preston School of Industry and new quarters to be added to Sonoma and Pacific Colony to care for “feeble-minded and degenerate juveniles” (*Los Angeles Times* 1937).

Expansion was stalled until 1946 when the Director of Institutions revealed that 1500 people were being housed in Pacific Colony, which was only build for 1250 (Kohler 1972, 14). Given that there was a long waiting list, the Department of Institutions called for an increase in space for 1,900 inmates and two ward buildings were built between 1948 and 1949. In 1949 overcrowding persisted and 1,925 patients were being housed in facilities build for 1,512 and there was a reported waitlist with over 600 names (Kohler 1972, 16). In 1950 the state purchased 240 acres of Diamond Bar land and acquired \$4,700,000 to double the institutions facilities and triple school facilities allowing for a fifty percent increase in patients (Kohler 1972, 17). This construction took place over three years and in 1953 Pacific Colony changed its name to Pacific State Hospital due to a law passed by the legislature, which “reflected the changing attitude” that Pacific Colony “was to be designated as a hospital rather than a home or institution” (Kohler 1972, 20).

The constant condition of overcrowding at Pacific Colony reflected the broad scope under which people could be identified as socially deviant, diagnosed as feebleminded, and institutionalized. As the institutional mission in 1928 indicated, Pacific Colony was created “for the unfortunate child born into the world lacking in the mental equipment necessary to develop into a useful citizen” (Department of Institutions 1928, 52). Under this broad definition of feeblemindedness, individuals, usually youths identified as juvenile delinquents, were “committed for training, supervision, and sterilization” (Rouble 1942, 26). That the majority of patients in Pacific Colony were juveniles was due in large part to the fact that patients were committed almost exclusively by the Superior Courts and transmitted to the institution

by county probation officials (Barber 1935, 11; Dickenson 1934, 7). While institutional authorities often cited the existence of long waitlists in their calls for expansion, many remarked that the waitlist held “no meaning” (Wardell 1944, 34). While parents could apply to have their children committed to Pacific Colony “commitments filed by parents or guardians [were] rarely actualized” (Wardell 1944, 34). If space became available, parent filed commitments were sometimes accommodated but this did not occur in the order in which petitions were filed. Instead, admissions were made “on the basis of urgency” and usually because the individual had “become a community problem” (Wardell 1944, 35). Therefore, the population that filled Pacific Colony largely reflected state and institutional authorities’ concerns regarding individuals and groups who were socially deviant and in need of confinement, training, and sterilization.

The early 1930s presented a philosophical shift in the goals of the two state institutions for the feeble-minded. This philosophical shift was reflected in what became known as the “Pacific Plan” which Superintendent James B. Cutter presented at a research conference held at Pacific Colony in 1932 and which worked to set Pacific Colony apart from other institutions for the feeble-minded. The plan had three main parts. The first represented a shift away from “eugenic commitment” and the notion that institutions for the feeble-minded were purely custodial. Instead, authorities at Pacific Colony would focus their attention on rehabilitating patients whenever possible. The second proposal was that the institution would become more of a community in that patients would become responsible for the care of the grounds and work other jobs in the institution during their period of confinement. The third aspect

of the Pacific Plan called for the training of “defectives” so that they could be released back into the community (Barber 1935, 48; Kohler 1972, 10). The Pacific Plan was hailed as a groundbreaking improvement that resulted from scientific progress. As one article stated “age old theories of mental deficiency” were being left behind in favor of a “new, more humanized and scientific program of treatment which [had] opened a broader field for the education of the handicapped by the state of California with the growth and development of the Pacific Colony” (*Los Angeles Times*, 1932). In fact, in 1932 the Pacific Plan was presented at various conferences and at a gathering of notable California psychologists, philanthropists, educators and welfare workers Pacific Colony superintendent Cutter remarked that thanks to the progressive aspects of the plan and the work being done at Pacific Colony, California held “foremost rank in the humanization of State institutions of all kinds” (*Los Angeles Times*, 1932).

While the Pacific Plan as a whole was celebrated, the third aspect of the plan was seen as particularly important. In her study of Pacific Colony, Barber wrote that the aspect of training and “social regeneration” was the “most essential part of the Pacific Colony Plan” (1935, 48). This part of the plan was aimed at “high grade defectives” and Barber asserted that it “demonstrated that members of the Moron group, if given the opportunity for adjustment, may be able, under supervision, to take their place in the community” (1935, 48). Importantly, Barber made clear that this was not just beneficial for the patient but that “society gains ultimately, from the economic standpoint” because these patients would be joining the industrial economy and upon being released, relieve the state from the burden of their care (1935, 48). Thus, the institutionalization of “high grade defectives” such as morons was essential to the goals

of the institution given that if only the “helpless custodial” group was admitted “the facilities of the institution would not be extended to as large a group” (Barber 1935, 48). Individuals diagnosed as high imbeciles, morons or borderline cases, however, could be committed, trained “and then paroled or discharged” in order to make “room for others in need of training” (Barber 1935, 48).

Once the Pacific Plan was set in motion every effort was made to identify inmates who could be trained and safely released, shaping institutional intake procedures. Upon being committed to Pacific Colony, patients were physically examined and given treatments if necessary, the most common of which were treatments for venereal disease and malnourishment (Barber 1935, 12). They were then given a complete psychological study and an analysis of the patient’s “potentialities and personality” was made (Barber 1935, 13). The types of tests that were administered in the mid 1930s included the Stanford and Kuhlmann Revisions of the Binet-Simon Test, The Arthur Performance Scale, The Stanford Achievement Test, and the Gates Reading test among others (Barber 1935, 13). During patient assessments, observations were made regarding behavior and personality reactions and “higher grade patients” were often “interviewed concerning their interests and attitudes” (Barber 1935, 14). This long process of testing and observation resulted in a psychological report that included recommendations for cottage placement, schooling, recreation and the possibility of parole (Barber 1935, 14). Psychological reports for newly admitted patients were presented on Friday afternoons at the staff conference meetings which were attended by the superintendent, the heads of the medical staff, the school, social service and psychology departments (Barber 1935, 11). During these

meetings institutional authorities would made decisions about the course of action for new patients was as well as which patients required sterilization (Barber 1935, 12).

The psychological report usually determined a patient's placement within one of three groups and group placement determined a patients "social program" of treatment (Barber 1935). The first group was the "Custodial Class" or patients determined to be unable to "attend to their own needs" (Barber 1935, 19). Patients within the "custodial class" were given physical care and were sometimes involved in organized "play activities and amusements" (Barber 1935, 19). The second group consisted of "Institutional Workers" who were determined to have a higher level of intelligence than the custodial class but lacked the "qualifications necessary for success on parole" (Barber 1935, 19). While they could never become self-sustaining citizens outside of the institution they could "become useful members of the colony population" by working the grounds and performing various jobs within the institution thus "making their contribution to society by helping in the work of the institution" (Barber 1935, 19). They were sometimes given "appropriate school training" and were allowed to attend recreational and other social activities (Barber 1935, 19). The third group consisted of patients deemed to have "sufficiently high intelligence to render them candidates for industrial parole or eventual discharge" (Barber 1935, 19). In her study, Barber describes this group as "the most promising colony population" because after "intensive vocational training and careful placement" they could eventually "become self-sustaining members of society" (Barber 1935, 20).

A patient's diagnosis greatly influenced the treatment program they were prescribed as well as their day-to-day life at the institution. While all inmates had a

fairly regimented schedule their activities varied. Custodial patients that were physically impaired were often confined to their cottages and aside from the organized play activities described by Barber, they had little interaction with other inmates. Inmates classed as higher types had more scheduled activities and were often assigned to work details.¹⁷ Thus, after breakfast they would be sent to work in their assigned detail, which ranged from doing laundry, cleaning the facilities, cooking, working the land and even helping to care for the custodial patients. Other patients would be sent to the school buildings for classes in addition to working in their assigned details, and inmates deemed to be capable of training and reintegration into the community would be sent to vocational classes and prepared for industrial parole. After working in their details and/or attending scheduled classes patients would eat dinner and then scheduled activities would be available for some of the inmates before all were sent to bed. Occasionally, dances would be held on Fridays and field trips would be planned for certain classes according to their determined physical and mental abilities. (Barber 1935; Wardell 1944)

Overall, institutional authorities sought to create a daily schedule and treatment program that fit the patient's diagnosis and for the "higher grade types" this included training for eventual release on industrial parole. Industrial parole referred to a program implemented in both Sonoma and Pacific Colony in which certain patients

¹⁷ Barber writes that one of the most interesting feature of the program at Pacific Colony was this specific vocational plan whereby "a good deal of the work" in the institution was done by the patients (Barber 1935, 14). She writes that this offered a great financial saving to the institution. She describes the existence of many "details" including a laundry detail and a landscape detail (Barber 1934, 14-15). These jobs were usually divided along gendered lines and young women were assigned laundry, sewing, and cleaning jobs (Barber 1935, 15). They were also assigned to serve as "waitresses and pantry helpers" in the employee dining rooms and were even charged with assisting "in the care of helpless and custodial patients on the low-grade cottages" (Barber 1935, 16). Young men were assigned landscape and farming work (Barber 1935, 15). They were employed in the vegetable gardens, bakery, blacksmith shop, butcher shop and even of driving trucks to transport supplies across institutional grounds (Barber 1935, 16)

were given training in the gender segregated “Vocational School.” In this school young women learned housekeeping skills such as “sweeping, dusting and cleaning; setting the table and waiting on the table; plain cooking and care of food; bed-making; washing dishes and caring for cooking implements; mending and other simple sewing; and laundry work” (Barber 1935, 55-56). Young men on the other hand, were instructed in “Animal Care” where they learned how to care for animals and farming (Barber 1935, 58). The idea behind this schooling was that after a period of training, and when the patient was determined to be emotionally “stabilized,” they could be placed on Industrial Parole in a low wage job outside of the institution (Barber 1935, 17; Wardell 1944). Young women sent out on Industrial Parole were usually placed as domestics or as care givers and Barber noted that “while there is not a large variety of opportunities open for parole placement, the demand, especially in the case of the girls is greater than the supply” (Barber 1935, 18). Young men were often placed on ranches to serve as ranch hands (Barber 1935, 18). Placement was negotiated by the social worker and the employer, and if the situation failed the patient would be sent back to the institution and attempts would be made to place them elsewhere (Barber 1935, 18). Industrial parole was often lauded as the most successful and efficient part of the institutional process in that by placing formerly delinquent juveniles in low wage service positions the idea of transforming “feeble-minded” delinquents into “useful” citizens was realized.

Of course, while industrial parole made it possible to transform defective delinquents into useful citizens no amount of training could “cure” their mental deficiency or erase the hereditary nature of that threat. Thus, sterilization was seen as a

necessary component of the industrial parole process. It was the general policy at Pacific Colony to sterilize all patients prior to placement on parole, which was described as “in the line of preventative medicine” (Rouble 1942, 3 and 55; Barber 1935, 57; Department of Institutions 1924, 90). Therefore, through training *and* sterilization the true goal of Pacific Colony could be realized. That is, the production of productive citizens who could not reproduce their supposed defects.

In addition to being disproportionately targeted for institutionalization at Pacific Colony, Mexican-origin youth were also subject to sterilization at a rate that was disproportionate to their population in the state. I examined 2,006 sterilization requests sent by the Medical Superintendent at Pacific Colony to the head of the Department of Institutions in Sacramento for approval between 1928 and 1951. While the age of patients approved for sterilization could range from as young as nine years old to as old as fifty-eight, a statistical analysis of all the available sterilization requests reveals that the average age for sterilization between 1928 and 1951 was eighteen, reflecting Pacific Colony’s focus on youth classified as delinquent and defective.

In addition to comprising a disproportionate number of commitments, this data also reveals that Mexican-origin youth in particular, were represented in sterilization requests at a rate that was disproportionate to their population in the state. From 1928 to 1951 Spanish-surnamed patients made up approximately twenty-three percent of all of the Pacific Colony sterilization requests processed during this period. While the records reveal that Spanish-surnamed patients as young as ten and as old as forty-five were selected for sterilization, it is clear that Spanish-surnamed youths were targeted as

the average age for Spanish-surnamed patients over the twenty-two-year time span was eighteen for women and sixteen for men. When broken down by year, the review of the sterilization requests reveal that Spanish-surnamed patients consistently represented a high rate of inmates deemed in need of sterilization as they never dropped lower than 13.5 percent of the requests and often made up a quarter of all records, peaking at over a third of the requests at thirty-six percent in 1939. (Figure 1)

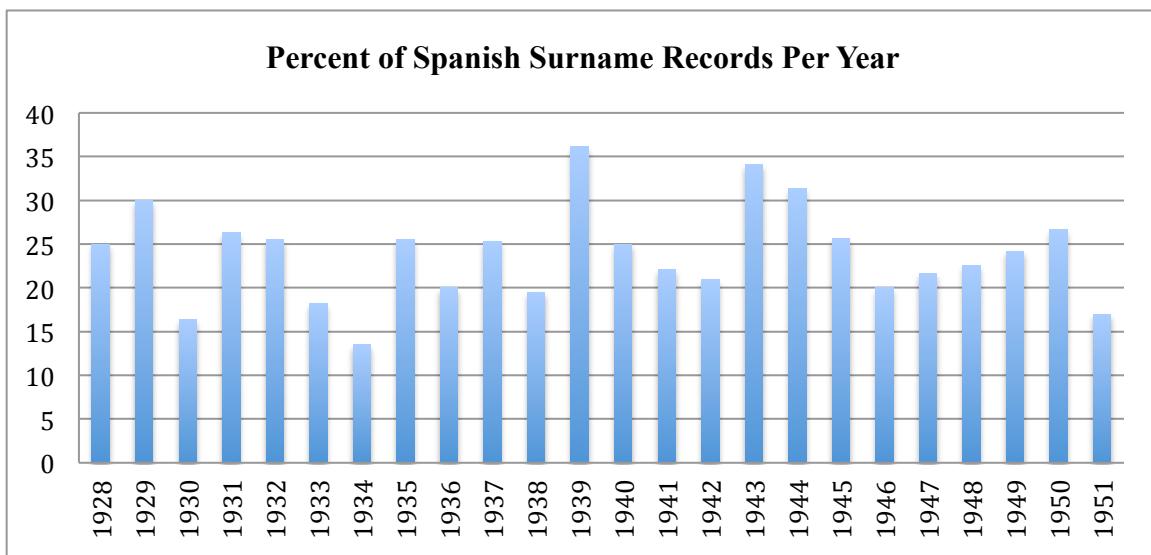


Figure 1. Percent of Spanish surname records processed by Pacific Colony, 1928-1951.

In addition to revealing the disproportionate sterilization of Spanish-surnamed patients, further analysis of the 2,006 Pacific Colony sterilization requests suggests important differences in terms of the gender distribution and mental grade or diagnosis when Spanish-surnamed patient files are compared to non-Spanish-surnamed patient files. When controlled for diagnosis approximately sixty-three percent of Spanish-surnamed patient files revealed a moron diagnosis compared to forty-eight percent of non-Spanish-surnamed patients. When taken as a whole, the sterilization requests

indicate that patients diagnosed as Morons were more likely to be targeted for sterilization—over half of all sterilization records were for patients diagnosed as Morons—when controlled for race, Spanish-surnamed patients were more frequently characterized as Morons while the diagnoses of non-Spanish-surnamed patients were more evenly distributed among the various grades—idiot, imbecile, moron, borderline, etc. (Figure 2)

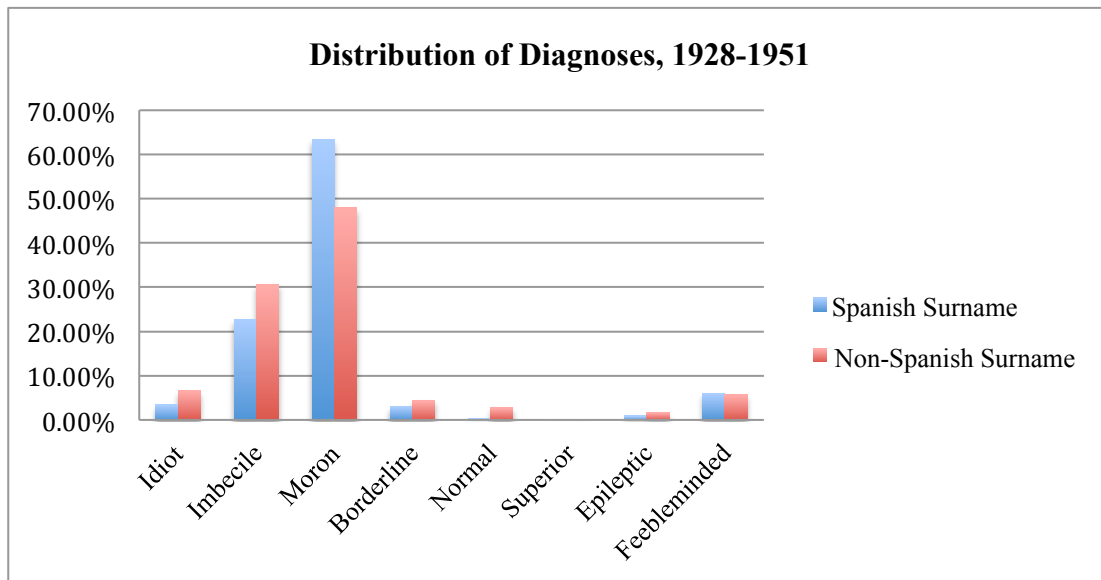


Figure 2. Distribution of diagnoses listed on sterilization requests for Spanish-surnamed and non-Spanish surnamed patients at Pacific Colony, 1928-1951.

Analyzing the set of Pacific Colony sterilization records as a whole, the gendered breakdown is revealed to be relatively even with about fifty-two percent of the requests being for female patients and about forty-eight percent for male patients. When controlled for race, however, we see a slight difference. Non-Spanish surnamed patients maintained a relatively even gendered breakdown with forty-nine percent of records being for female patients and about fifty-one percent for male

patients. Spanish-surnamed patient records, however, yielded a gendered breakdown of sixty-one percent female patients and thirty-nine percent male patients. That Mexican-origin women were deemed in need of sterilization at such high rates reveals much about institutional notions about their fertility. In the next two chapters I further analyze the gendered aspects of sterilization.

CHAPTER II

Sexual Delinquency and the Sterilization of Mexican-origin Women at Pacific Colony

In 1940, sixteen-year-old Ana Lopez was committed to Pacific Colony after she became pregnant and had an “illegitimate child.” While at Pacific Colony Ana was classified as a “sex delinquent” by the clinical staff because she had engaged in sex outside of marriage and had a child as a result. Furthermore, institutional authorities determined that Ana was a “mentally deficient girl” and she was diagnosed as a “low moron, familial type.”¹⁸ Taking into account her social transgressions, her classification as a sexual delinquent, and her diagnosis as a moron the staff at Pacific Colony’s weekly Clinical conference “unanimously decided” that Ana should be sterilized. As this chapter illustrates, Ana’s case reflects that of many other young Mexican-origin women who were sterilized at institutions for the feeble-minded in California. While the historical literature on institutions for the feeble-minded like Pacific Colony has shown that young working-class women who engaged in illicit sex or were otherwise associated with non-normative sexuality were often diagnosed as mentally deficient and deemed in need of institutionalization and sterilization in the name of “racial health,” Mexican-origin women’s experiences of this process of pathologization, confinement, and reproductive

¹⁸ While I could not find a definition of this type of diagnosis, it seems to have been used to mark certain patients as having mental deficiency that was particularly hereditary. Other types of diagnoses I have seen in the records have been “hebephrenic” which refers to schizophrenia and “undifferentiated type” which implies that the symptoms were not specific enough to classify the illness into a subtype.

constraint have been left unexplored. As a result, historical accounts of the social construction of the figure of the feeble-minded sexual delinquent in need of confinement and reproductive control have largely failed to discuss how this medico-social construction affected Mexican-origin women. This erasure is due in large part to the fact that gendered analyses of sterilization in institutions for the feeble-minded have refused to see race as an important analytic lens. While Ana's race was not explicitly cited as a factor that led to her sterilization, this chapter asserts that the racial construction of Mexican-origin women as inferior, hyper-fertile, social burdens and undesirable citizens influenced the decision to sterilize her and, furthermore, influenced decisions made regarding the sterilization of hundreds of other Mexican-origin women at Pacific Colony.

As this chapter illustrates, institutional efforts to prevent "race suicide" by sterilizing "sexual delinquents" did not simply exist parallel to nativist concerns over Mexican-origin women's sexuality and reproduction pervading debates about the Mexican American community in California during the first half of the twentieth century, they were deeply influenced by these ideas. Eugenic sterilization practices at Pacific Colony, in particular, were directly informed by the racial construction of Mexican-origin women as inferior, hyper-fertile, culturally backward and prone to financial dependency.

Drawing from the historical works of Chicana/o Studies scholars I detail the concerns that developed surrounding Mexican-origin women's reproduction and their role as citizens and mothers of potential citizens in the United States and place the Progressive discourse of panic surrounding young working class women's sexuality, the construction

of the feeble-minded sexual delinquent, and the need to institutionalize and sterilize her within this larger context. In doing so, I illustrate the congruence between the racial construction of Mexican-origin women as hyper-fertile and the socio-medical construction of the feeble-minded sexual delinquent woman. This socio-medical diagnosis was not applied exclusively to white working-class women. As this chapter shows, in the 1930s and 1940s young Mexican American women were often being cast as sexual deviants in need of institutionalization and sterilization at Pacific Colony. In fact, my analysis of sterilization requests processed by Pacific Colony reveals that young Mexican-origin women were actually identified and labeled feeble-minded and sex delinquents in need of reproductive constraint more frequently than their non-Mexican counterparts. My analysis of these records illustrates how these diagnoses relied on notions of hyper-fertility, non-normative domesticity, deviant motherhood, nonnormative sexuality, racial degeneracy and dependency to support their claims. Ultimately, these records show how Mexican-origin women's reproduction was figured as a threat to the nation's racial stock and how their role in U.S. society was imagined as marginal and non-reproductive. In effect, Mexican-origin women were often valued for their labor while their reproduction was deemed threatening and in need of constraint.

The Racial Construction of Mexican-origin Women's Reproduction

Historical research on immigration in the United States documents the ways immigrant women have been figured as dangerous in nativist and anti-immigrant rhetoric. This work has shown that discourse over immigrant motherhood as problematic and a threat to the racial and social well being of the country has circulated since at least 1890

(E. Gutiérrez 2008, 5). Indeed, immigrant women's reproductive capacity was seen as a particular racial threat and as historian Martha Gardner's research illustrates, this concern caused conflict in the early twentieth century surrounding the Fourteenth Amendment and its conferral of birthright citizenship to non-white immigrant women's children (2009). Gardner writes that fear over non-white immigrant women's reproduction was so prevalent that "the threat of immigrant women's reproduction" eventually became a "clarion call to those seeking to shore up the nation's defenses against the inassimilable and unwanted" (2009, 157). In California and much of the southwest in general, Mexican immigrant women's reproduction was seen through this racial lens and was further compounded by their description as hyper-fertile, a notion that was tied to Mexican-origin women as early as the 1870s (E. Gutiérrez 2008, 10). Citing historian Antonia Castaneda's research, Gutiérrez asserts that since their early encounters with Mexican origin women, Euro-American pioneers described Mexican-origin women as "remarkably fecund" (2008, 10).

Despite the fact that actual data on the fertility of Mexican-origin women was not compiled until the 1950s, Gutiérrez's research shows that the stereotype of the hyper-fertile Mexican woman shaped early social science scholarship in the 1920s and 1930s (2008, 55-56). For example, Ruth Allen's 1931 ethnography on Mexican-origin women in Texas, the first academic study of its kind, paid particular attention to their reproductive behavior (E. Gutiérrez 2008, 57). In addition to presenting childbearing as Mexican-origin women's central contribution to the family, Allen also argued that Mexican women had children to avoid working. In fact, Allen wrote that, "it is a generally accepted principle, that a woman must either do farm work herself or produce

workers to take her place” (Quoted in E. Gutierrez 2008, 57). Allen’s arguments regarding Mexican women’s reproduction received sustained attention and the study was reprinted under the title “Competitive Breeding” in a book called Race: Individual and Collective Behavior, further validating the notion that Mexican women were not only having too many children but were also lazy (E. Gutiérrez 2008, 57). Later studies of Mexican communities in the United States similarly figured Mexican mothers as prolific breeders. Emory Bogardus’ The Mexican in the United States (1934) and Ruth Tuck’s Not With the Fist: Mexican Americans in a Southwest City (1946), for example, added to social scientific knowledge about Mexican women’s reproduction as problematic (E. Gutiérrez 2008, 58). In her analysis of these early studies, Gutiérrez writes that this body of foundational social scientific research on Mexican-origin women’s reproductive behavior described Mexican women as irrational and pre-modern, and approached their behavior with “distinct modernist condescension” (2008, 58). The research was also centered on assumptions of cultural difference and Mexican inferiority (Gutiérrez 2008, 59). Thus, in addition to creating a racial problem by reproducing racially inferior U.S. citizens, Mexican women’s reproductive behavior was also figured as fundamentally antithetical to the progressive impetus of California state officials and reformers who, influenced by eugenics, sought to rationalize and manage reproduction in more “responsible” ways.

Concerned with the effects that Mexican women’s backward and seemingly irresponsible reproductive behavior might have in California, state officials and reformers often sought to quantify Mexican women’s fertility. In doing so, demographic reports provided scientific “evidence” for the idea of hyper-fertility through statistical data

highlighting the purported gravity of the situation. For example, a 1930 report prepared by the Mexican Fact-finding commission in California stated that Mexican-origin births equaled one-sixth of the total births in the state (E. Gutiérrez 2008, 56)¹⁹. Similarly, a Los Angeles County Health Department report showed that Mexican-origin births had been on the rise, growing from one-twelfth of total childbirths in 1918 to one-fifth in 1927 (E. Gutiérrez, 2008 56).

In her study of Los Angeles County Health Department reports, historian Natalia Molina found that data on the increasing birth rates of Mexicans were cited frequently through the late 1920s and into the 1930s, to shore up alarmist statements about the “tremendous increase” of “Mexican births” (quoted in Molina 2006a, 142).²⁰ While Molina reveals that these reports often gave a false sense that the Mexican-origin population would soon outnumber the white-Anglo population in the state, the focus on Mexican births reflected anxieties among California officials that Mexican women’s reproduction was leading to race suicide in the state (2006a, 142).

In addition to being constructed as hyper-fertile, Mexican immigrant women were also considered more “likely to become a public charge” (Ruiz 2008, 11). Further studies on Mexican communities in Los Angeles asserted that not only were Mexican women having too many children, but that mothers and their children were also more likely to need charity or state assistance. The economic ramifications of the supposed increase in

¹⁹ The commission used State Bureau of Vital Statistics data on Mexican birth to compare levels of Mexican-origin and Anglo-American fertility (E. Gutiérrez 2008, 56).

²⁰ Molina writes that these reports often left the reader with the erroneous impression that the Mexican population was soon going to overpower the white population because they were taken out of context. In reality, Molina writes that there were more Mexican births in certain parts of the county but that was because these areas were composed of more Mexicans. Furthermore she notes that while Mexican births had increased from 1916 to 1930, so had white births and both increased in proportion to the increase in population (Molina 2006a, 142-143). Importantly in thinking about the intersection of discourses of exclusion, Molina (2006a) also talks about how fear over the Mexican birth rates were directly related to worries in the 1910s of over Yellow Peril and the publication of Japanese birth rates (143).

the Mexican birth rate was an issue for several Los Angeles institutions, including the county welfare system where officials often accused Mexican families of abusing the state's resources (Molina 2006a, 144).²¹ The concern over dependency among Mexican families increased in California during the Great Depression and in a 1934 article in the *Los Angeles Times* titled "Aliens Load Relief Roll" the author expressed clear disdain over the number of Mexican families receiving aid. Discussing a report issued by County Superintendent of Charities Earl E. Jensen, the article stated that with 63,000 Mexicans on relief, 23,000 of whom were American citizens, Mexican "aliens" were "placing an extremely heavy burden upon the taxpayers of Los Angeles county" (*Los Angeles Times* 1934). Furthermore, according to Jensen, the support of these "Mexican aliens" added up to a financial burden to Los Angeles taxpayers of \$2,400,000 a year (*Los Angeles Times* 1934). Indeed, the widely accepted notion that Mexican women's reproduction caused racial degeneration was often coupled with assumptions about the financial dependency of Mexican families, influencing approaches to dealing with the "Mexican problem" in the state.

Nativists and anti-immigrant groups often cited Mexican-origin women's reproductive capacity and potential economic dependency in their calls for restrictions on immigration from Mexico in the early twentieth century (Molina 2006a; Ngai 2005; Ruiz 2008; Sanchez 1984). However, more moderate approaches to immigration from Mexico also arose in the 1910s and 1920s on the part of liberal Progressives who subscribed to the ideology of "the melting pot." Initiated by the California Commission on Immigration and Housing, Americanization programs reflected early state efforts to surveil and

²¹ These discussions ultimately paved the way for cultural constructions of Mexican women as hyper fertile "welfare queens" who were prone to living in a "culture of poverty" (Molina 2006a 146; E. Gutierrez 2008)

intervene in Mexican households and communities.²² While they ranged in rhetoric from exclusionary to assimilationist, these efforts nonetheless centered Mexican immigrant women's motherhood in their efforts to "Americanize" Mexican families (Ruiz 2008; Sanchez 1984). As George Sanchez's study of Americanization programs in California during the period of 1915 to 1929 shows, Americanization teachers targeted Mexican mothers in their attempts to educate Mexican families on "appropriate" hygiene and household practices (1984).²³ Entrenched in racial assumptions of assimilation and modernization, these Americanization teachers located the source of Mexican families' struggles with poverty, education, and malnourishment within Mexican cultural practices, thus pathologizing Mexican women and their families as intrinsically deviant, inferior and un-American. Furthermore, Americanization teachers went beyond simply instructing Mexican-origin women in domestic practices, they also sought to change their reproductive behavior (Sanchez 1984, 18). Similar to the concern over "race suicide," reformers involved in Americanization efforts worried that their cultural training would fail unless Mexican women limited their family size.²⁴ They viewed "unrestricted population growth" as largely a product of Mexican women's "old world ways" which

²² The California Commission on Immigration and Housing was the state's governmental body involved with the immigrant population. Progressive Governor Hiram Johnson established it in 1913 to investigate the working and living conditions of immigrants in the state. The Commission also worked to involve immigrants in Americanization programs and according to Sanchez (1984) the commission's involvement made California's Americanization program "the most complete attempt to bring together government, business, and private citizens to deal with 'the problem of the immigrant' in a scientific and rational fashion" (10).

²³ In 1915 California passed the Home Teacher Act which allowed school districts to send teachers to work in the homes of students to instruct children and adults in matters relating to school attendance, instruction in English, household duties and principles of the American system of government. Sanchez writes that this piece of legislation became the centerpiece for Americanization efforts aimed at Mexican families (1984, 11)

²⁴ Sanchez writes that Americanization teachers saw this as a barrier but that they also reported "that Mexican mothers were beginning to exhibit discomfort with large families, occasionally inquiring about birth control measures, and warning other women to delay marriage" these statements by Americanization teachers seem to contradict notions of Mexican women as passive and fatalistic, revealing early efforts to control their reproduction (1984, 19).

needed to be “abandoned in a modern industrial world” and so they sought to encourage Mexican women to limit reproduction (Sanchez 1984, 19).

Importantly, Sanchez’s analysis of Americanization programs during this period also points out that efforts to limit reproduction were part of a desire to fit Mexican women into the larger industrial order (1984, 12). During this period, Mexican-origin women were specifically targeted to fill a growing demand for domestic and service industry workers.²⁵ The idea was that by instructing Mexican immigrant women in proper home and hygiene practices they would not only be able to mother more efficiently; they would also be ready to enter the labor market (Sanchez 1984, 14). According to Sanchez, the strategy was to “use the Mexican woman as a conduit for creating a home environment well-suited for the demands of an industrial economy” (Sanchez 1984, 16). In this way, Mexican women’s value became tied to the “direct benefits American society might gain” from their labor (Sanchez 1984, 12). This conscious effort to funnel Mexican women into low paid and low status jobs such as domestic work and child care implicitly placed value on their potential labor force participation while simultaneously devaluing their reproduction.

Americanization programs were short lived and by 1927 the California Commission on Immigration and Housing sided with restrictionists, citing the “immense social problem” Mexican immigrants caused in their charities, schools and health departments as they called for an end to Mexican immigration (Sanchez 1984, 26).

Sanchez’s study of this program, however, shows how state efforts to deal with the “Mexican problem” in California were influenced by the racial construction of Mexican

²⁵ Sanchez writes that this was an open market for Mexican immigrant women because African American and European immigrant women had not migrated to the American southwest in large enough numbers to fill the demand (1984, 13).

women as hyper-fertile and reflected an effort to derive labor from Mexican bodies while simultaneously seeking to bar them from social services and prevent reproduction. In fact, Sanchez links the end of Americanization efforts in California to the Great Depression, which was when the need for Mexican labor declined along with the U.S. economy (1984, 27). With the appointment of William N. Doak as Secretary of Labor in 1930 the nation began efforts to repatriate Mexican immigrants, a drastic move justified by the nativist assumption that they were illegal aliens who took jobs from native-born citizens, and that they represented a drain on the already strained social welfare system. California followed suit, deporting approximately 400,000 Mexicans, many of whom were United States citizens (Balderrama and Rodríguez 2006). As many scholars have clearly illustrated, these concerns were ultimately about what would become of the nation if the Mexican population in the state continued to grow.

At the same time that concerns over the Mexican population and the reproduction of Mexican-origin women were developing, so too were concerns over the potentially out of bounds sexuality of working class female youth. Indeed, this era also saw the rise of the problem of “sexual delinquency” linked most often to subjects whose illicit sexuality was seen as symptomatic of feeble-mindedness and medicalized through a discourse of disability. The “mental deficiencies” of the “sex delinquent” particularly as they related to reproduction, were figured as contributing to race suicide in much the same ways that Mexican-origin women’s reproductive behavior was constructed as undermining the racial health of the nation, a connection that I explore further in the section that follows.

The Rise of the Feeble-minded Sex Delinquent

Historians of gender and sexuality have illustrated the major shifts in moral reform and regulation that took place at the turn of the twentieth century including the creation of Vice Committees and anti-prostitution campaigns (Odem 1995). These shifts largely reflected a change in the way Americans conceived of and sought to control the sexual behavior of working-class women (Kline 2005; Odem 1995). Replacing the Victorian model of female victimization with a model of female deviance that acknowledged the sexual agency of women, Progressive reformers across the nation sought to identify, diagnose, and reform working-class women who engaged in sexual behavior that was deemed illicit, immoral and dangerous to the future of the nation (Odem 1995).²⁶ As historian Mary Odem reveals in her research, young working-class women were specifically targeted in part because of their increased presence in urban centers and the industrial labor force. Advances in psychology and the rise in theories about adolescence turned a focus onto young women who, according to white middle-class standards, required heightened parental supervision and control over an extended period of time in order to prevent them from being led astray (Odem 1995, ch. 2).²⁷ Working class families, however, often lacked the economic resources to provide support and supervision for such an extensive period. Accused of depriving their children of “safe” and “moral” upbringings, working class families were often pathologized as irresponsible and immoral (Odem 1995, ch. 2). Such theories developed amidst a social

²⁶ Mary Odem writes that instead of blaming evil men for taking advantage of women, a Victorian notion that women that engaged in illicit sex were victims, they began looking at heredity, family and social environment to explain immorality. Odem’s research focuses mostly on white purity activists who launched a national effort to establish age of consent laws in the 1880’s and the development of anti-prostitution campaigns and Vice Committees during the first two decades of the twentieth century. She asserts that during these shifts some women were cast as threats others were seen as victims of “white slavers.” It should be noted that discourses of victimization and deviance were racialized because women of color were often seen as hyper-sexual and thus rarely seen as victims of male lust.

²⁷ Specifically, theories of adolescence formed by G. Stanley Hall.

and economic backdrop of urbanization and industrialization, wherein young working class women began entering the paid labor force in greater numbers, working alongside men, and often leaving their families to live independently and without supervision in cities making them more susceptible to “vice” (Abrams and Curran 2000, 50; Odem 1995). Furthermore, the establishment of juvenile justice systems across the nation ushered in the rise of entire professions and fields of study dedicated to dealing with the purported rise in “moral offenses” committed by young women (Platt 2009; Rembis 2013). Research on juvenile courts during the early twentieth century shows that notions of juvenile delinquency were highly gendered as young women were almost exclusively tried for “moral offenses”—real or suspected illicit sexual behavior (Abrams and Curran 2000, 49). This behavior was largely associated with mental deficiency and the spread of degeneracy. Thus, unregulated female sexuality became figured as a threat to society (Kline 2005; Odem 1995; Rembis 2013, 35).

Progressive reformers used the latest scientific advancements to deal with the menace of unrestrained female sexuality. For many, the answer to the problem of female sexual deviance lay in emergent psychiatric, psychological and eugenic theories that rooted the sexually deviant behavior of women in their “defective” mentality (Kline 2005, Odem 1995, Rembis 2013). By the 1910s scientists, social workers and much of the general public believed that immorality and sexual deviance resulted from low intelligence and a lack of mental development (Kline 2005; Odem 1995; Rembis 2013, 42). Under this logic, sexual activity that occurred outside the bounds of socially sanctioned gender roles was considered symptomatic of feeble-mindedness. Empowered by gendered delinquency discourses and intelligence tests, institutional authorities

actively worked to diagnose women who engaged in illicit sex as feeble-minded and incapable of controlling their sexuality, often leading to institutionalization and reproductive constraint (Kline 2005; Odem 1995; Rembis 2013, 52). A study conducted by prominent psychologist George Ordahl on female juvenile delinquents argued that ninety-five percent of the young women he studied exhibited varying degrees of feeble-mindedness (Rembis 2013, 42).²⁸ In another study, Ordahl asserted that fifty-eight percent of the “immorality” committed by incarcerated women was due to low intelligence (Rembis 2013, 43). Studies like these provided evidence for the notion that mental deficiency played a causative role in sexual deviance among lower class women (Rembis 2013, 43). Furthermore, these studies constructed a distinct classification associated with the various grades of mental deficiency—the sexual delinquent. This label could be applied to any woman who was involved in or suspected of engaging in illicit sexual behavior, ranging from prostitution to sex outside of marriage, unwed motherhood, or even rape. Because feeble-mindedness was largely considered to be hereditary, reformers and institutional leaders argued for the reproductive constraint of sexual delinquents diagnosed as mentally deficient. Eugenic ideology provided the language and logic for linking the sexual and reproductive behavior of feeble-minded women to racial degeneracy, and proposals to use eugenic commitment or eugenic sterilization to address the issue of sexually delinquent women spread across the nation (Kline 2005, Odem 1995, Rembis 2013).²⁹

²⁸ Ordahl began his career in the juvenile system in Illinois but later became a psychologist at the Sonoma State Home in California

²⁹ Eugenic Commitment laws were aimed at segregating the “unfit” from society by committing them to institutions during the reproductive period. See Rembis “Defining Deviance”

Wendy Kline's research on California's Sonoma State Home for the Feeble-minded, shows how "anxiety about working-class female sexuality was channeled into anxiety about the 'menace of the feeble-minded'" (2005, 34). Kline's study reveals the ways in which institutional authorities in California used the broadness of categories of feeble-mindedness such as Moron and Borderline to figure social acts such as unwed motherhood and "promiscuity" as symptoms to be diagnosed and treated (2005, 24). Importantly, under California law, women categorized as sexual delinquents who were diagnosed as feeble-minded and committed to state institutions could be sterilized in the name of public health. In effect, Kline writes, Sonoma "served as a laboratory where strategies for analyzing and controlling female sexual and reproductive behavior" could be tested (2005, 34). In this way, institutional authorities sought to confine young women identified as sexual delinquents and diagnosed as mentally deficient in an effort to reform them if possible and to protect society from the reproduction of the unfit through sterilization.

While this literature reveals the extent to which female sexuality that deviated from middle class norms was pathologized and framed as an index of disability and "unfitness" within legal and public health discourses, it fails to acknowledge the extent to which race too became an index of disability within these discourses. When placed within the larger context of debates over Mexican immigration and the "problem" of Mexican-origin women's reproduction in the state, there is a clear consonance between the racial construction of Mexican-origin women as hyper-fertile and in need of reproductive constraint and the socio-medical diagnosis of the feeble-minded sex delinquent in need of sterilization.

The Racialization of the Feeble-minded Sex Delinquent

In their 1938 study of sterilization in California institutions “Twenty-Eight Years of Sterilization in California,” Paul Popenoe and E.S. Gosney asserted that the sterilization of feeble-minded women, many of whom “had illegitimate children” and were committed “largely because of their promiscuity,” was among the most important and successful components of the state’s sterilization program (35).³⁰ That feeble-minded women who became sex delinquents were dysgenic and unfit for full citizenship in the state was already assumed as their “low intelligence,” struggles with poverty, and “inability to adjust” in the community were taken as symptoms of mental deficiency (Popenoe and Gosney 1938, 23). Popenoe and Gosney’s description of who these women were and the benefits derived from having them sterilized clearly illustrate how this socio-medical construction was congruent with the rationale given for the need to control Mexican-origin women’s reproduction. Firstly, Popenoe and Gosney approached the figure of the feeble-minded sex delinquent woman with the same “modernist condescension” that historically served as the lens through which Mexican-origin women’s reproductive behavior has been viewed, asserting that feeble-minded women’s reproductive behavior was backward and a “challenge to civilization” (E. Gutierrez 2008, 58; Popenoe and Gosney 1934, 23). In accordance with this notion, it was taken as a given that feeble-minded women often came from large families and had more children than “normal women” due to their lack of mental development which purportedly resulted in an inability to control their sexuality and irrationality with respect to family

³⁰ The section on the sterilization of individuals deemed feeble-minded in general was the longest section in the study but the pay considerably more attention to the sterilization of feeble-minded women.

planning and parenting (Rembis 2013, 5). To prove this notion, Popenoe and Gosney wrote that most feebleminded individuals came from families that had a mean size of “five living children” and that furthermore, “statistical calculations indicate that this stock [was] multiplying nearly twice as fast as the native-white population” (1938, 23). Cementing the hyper-fertility of feebleminded women to their dangerous otherness, Popenoe and Gosney cited “evidence” that their “stock” would soon outnumber that of the desired population—“native-whites.” In addition to asserting the hyper-fertility of feebleminded women, Popenoe and Gosney also identified the racial ascriptions of both the “feebleminded menace” and the desired population. Importantly, the statement reveals the way in which the feebleminded sex delinquent woman had become associated with foreignness and a racial identity that was not (or at least aberrantly) white.

Feebleminded women who were labeled sex delinquents were also cast within a frame of poverty, familial pathology, and non-normative domesticity. Social workers who observed the domestic environments of young women charged with sexual delinquency and feeblemindedness often found their home conditions to be lacking (Abrams and Curran 2000; Kennedy 2008). Family history, the conduct of the parents, and the home environment played very important roles as social workers entered the home to make evaluations and recommendations regarding institutionalization and sterilization (Abrams and Curran 2000; Kennedy 2008). In their description, Popenoe and Gosney highlighted the impoverished conditions of feebleminded women’s families noting that most came from “broken homes,” that their mothers were often immoral, and that their fathers were largely unskilled laborers (1938, 24). Evaluations made by social workers and other institutional authorities placed particular emphasis on the role of the

mother, and presumed that inadequate motherhood often resulted in defective children (Kline 2005, 28). As the previous section illustrates, Mexican women and families were similarly evaluated and surveilled by the state and by Americanization instructors who shared the beliefs and rubrics regarding norms of domesticity and family dynamics expressed by social workers (Abrams and Curran 2000).

Furthermore, like Mexicans, feebleminded sex delinquents and their families were also figured as economic burdens. Popenoe and Gosney wrote that they were “in most instances on the borderline of economic self-sufficiency at best” (1938, 31). Sterilization was seen as integral to the successful reformation of inmates diagnosed as feebleminded and according to Popenoe and Gosney this was especially true for sexually delinquent women. They write that ninety percent of feebleminded inmates sterilized were “satisfactorily employed” once released from the institution noting particular success among the feebleminded women, who were placed in jobs in canneries, factories, or as domestic workers (1938, 30). Popenoe and Gosney pointed out that most of the women adjusted well in the community and most importantly, they were not “producing children who [would] be a burden to society and to posterity” (1938, 31). As in the case of Mexican women who were encouraged to limit reproduction in order to enter the low wage labor market, social value was conferred to the productive economic labor of women who were identified as sexual delinquents and diagnosed as feebleminded while their biological reproduction was figured as undesirable and a strain on the economy.

Many similarities existed between the racial construction of Mexican-origin women’s reproduction as problematic and the socio-medical construction of the sexually delinquent feebleminded woman in need of sterilization. Both were figured as dysgenic,

hyper-fertile, and plagued by familial pathology. Both were seen as potential economic burdens whose social value depended on their ability to engage in productive but not reproductive labor. The connection between the two, however, was not confined to the parallel discursive logics of reproductive constraint that shaped their relationship to the State. It is important to note that the diagnosis of sexual delinquency was not imposed exclusively upon lower-class white female youths engaged in illicit sex by white-middle class reformers as has been suggested by the preponderance of scholarship. Historical research on social workers and the policing of women of color's sexuality during the Progressive era shows that white middle class reformers were just as concerned with the sexual conduct of young women of color as well as that of young immigrant women (Carby 1992; Kennedy 2008). While the literature on second-generation Mexican American women's experiences as youth during this period is sparse, studies by Chicana scholars show that they often sought to assert their sexual and social autonomy even against a background of persistent discrimination (Ruiz 2008, 53-71).³¹ In her historical research on young Mexican women during the twentieth century Vicki Ruiz found that young Mexican women who departed from notions of ladyhood and challenged gender norms were often cast as sexually deviant and were subject to policing, institutionalization and in some cases sterilization, especially in the 1930s and 1940s (2008, 71).

Historical and Cultural Studies scholarship on young Mexican American women in California during the 1940s reveals that their efforts to establish sexual autonomy and independence were seen as threatening to the racial and social order by juvenile justice

³¹ Ruiz writes that while the sons of Mexican immigrants have received significant scholarly attention, largely because of interest in the figure of the Pachuco, Mexican American daughters have not (2008, 53).

and institutional authorities (Escobedo 2013; Ramírez 2009). In her effort to reinsert women into narratives of World War II, Catherine S. Ramírez argues that young Mexican American pachucas played a significant role in the articulation of U.S. nationalism as well as normative gender and sexuality by virtue of their status as self-styled cultural outsiders (2009, 9). Ramírez writes that Pachucas symbolized “aberrant femininity and sexuality” as national magazines identified them as “loose” and prone to engaging in illicit sex (2009, 36). For example, an article written by Psychiatrist Ralph S. Banay in 1944 titled *A Psychiatrist Looks at the Zoot Suit*, asserted that “zooter girls were just as wild and promiscuous as their male counterparts” and claimed that they engaged in “drunken mass sexual releases” (Cited in Ramírez 2009, 70). In addition to being characterized as sexually deviant, pachucas were further maligned for being “dangerously masculine” due to their adoption of the Zoot Suit style. While some young Mexican American women were able to avoid being pathologized as hypersexual and dangerous by taking up appropriate roles as laborers in the U.S. defense industries that opened up during World War II and thereby becoming respectable young ladies associated with the war effort, young women who defied sexual and gendered norms, such as those labeled pachucas, were perceived as “a perverse and destructive force, wreaking havoc on the wartime social body” (Escobedo 2007, 142). Furthermore, as women of color, young Mexican American women’s expressions of unbridled sexuality also triggered fears of miscegenation (Escobedo 2007, 143). These transgressions concerned juvenile authorities in the state and often led to policing and calls for punishment and social control. Young Mexican American women, especially pachucas, received significant attention from juvenile authorities who, influenced by developing theories around the notion of sexual

delinquency, sought to discipline and control their rebellious conduct (Escobedo 2007; Ramírez 2009). Indeed, Ramírez writes that the figure of the Pachuca emerged in California “at a moment when juvenile authorities, academics, police officers, and civic leaders worried about juvenile delinquency in general and ‘sex delinquency’ in particular” (2009, 69). This had serious implications for rebellious Mexican American adolescents who were often apprehended by the police and sent to juvenile detention centers (Escobedo 2007; Ramírez 2009).

In fact, in her retelling of the history of the international scandal that came from the Sleepy Lagoon trial, Ramírez details the little known stories of the numerous girls who were picked up by the authorities in connection with the murder. At least five of these young women were sentenced to the Ventura School for Girls—a Youth Authority correctional facility known for its “draconian disciplinary measures”—without ever being tried or convicted of any crime, but for simply “having consorted with bad company” (Alice Greenfield McGrath quoted in Ramírez 2009, 31).³² While some of these women were confined until the age of twenty-one, others were released but remained wards of the court, such as Juanita Gonzalez who was sent to Ventura when she was fifteen, released a year later, and remained a ward of the court until she turned twenty-one in 1948—four years after the young men convicted during the Sleepy Lagoon trial were released (Ramírez 2009, 31).³³ This history reveals that young Mexican American women were

³² While the young men who were convicted in the case benefited from legal help of the Sleepy Lagoon Defense Committee, the young women sent to Ventura could not be assisted because their parents has “consented” to their placement at the reform school. However, in her interview with Sleepy Lagoon Defense Committee executive secretary Alice Greenfield McGrath, Ramirez quotes her as saying “once consent is given—and it isn’t informed consent, its a really contrived, manipulated event. but once the parent has given consent, it is very hard to do anything about it” (quoted in Ramirez 2009, 36).

³³ Ramirez writes that while some of the young women involved in the Sleepy Lagoon trial were cast as juvenile delinquents, others became mobilized by the events such as Mexican American activist Josefina

not only being cast as sexually deviant, but they were also being policed and institutionalized as delinquents. I will now turn to the Pacific Colony records to illuminate the ways in which this linkage between sexual deviance and delinquency played out in the specific context of institutions where Mexican-origin women were not only being cast as sex delinquents but were also being diagnosed as mentally deficient. Constituted as “threats” to the racial (and social) health of the nation, these young women, most of whom were citizens of the United States, were subject to institutionalization and sterilization in numbers far disproportionate to their numbers in the population.

By the Numbers: Reading the Data on Sexual Delinquency and the Sterilization of Mexican-origin Women at Pacific Colony

A quantitative analysis of the sterilization requests and related documents confirms that notions of sexual delinquency played a significant role in determining which inmates needed to be sterilized at Pacific Colony. Almost a third, or thirty-two percent of all patients targeted for sterilizations were characterized as sexually delinquent either by directly being diagnosed as a “sex delinquent” or being described as involved in sexually deviant acts.³⁴ That the diagnosis of sexual delinquency was associated with female sexuality that deviated from white-middle class norms of sexual propriety is also supported by the data as seventy-three percent of individuals described as sex delinquents

Fierro de Bright and Lupe Leyvas, who was actively organizing against the charges brought against her brother who was one of the main defendants in the case (Ramirez 2009, 31)

³⁴ Most inmates included in this figure were explicitly diagnosed as “sexual delinquent” either in the Clinical History or Diagnosis section of their sterilization request. In some cases they were labeled sex delinquents in supplemental letters regarding their need for sterilization. Also included in this figure were inmates that had references to sexual delinquency. That is, if they were described as “promiscuous,” “sexually aggressive,” “immoral,” engaging in “prostitution”, or having “illegitimate children,” they were included in the count of inmates diagnosed as sexually delinquent.

were women. Concerns over extra-marital sex and birth outside of marriage is also reflected in the records, as ninety-two percent of individuals described as sex delinquents were single and twenty-five percent of these inmates had at least one child (versus only ten percent of inmates who had children but had no mention of sexual delinquency in their record). There is also a correlation between sexual delinquency and the various grades of feeble-mindedness in the data, with approximately seventy-three percent of individuals described as sex delinquents also being diagnosed as Morons or Borderline cases while only fifty-seven percent of cases without mentions of sexual deviancy were diagnosed as Moron or Borderline.

Analysis of descriptive data from Pacific Colony generally supports the historical research that has established the gendered dynamics of the medicalization of the notion of sexual delinquency and the factors that led to the institutionalization and sterilization of young marginalized women. It reveals that the majority of individuals classified as sex delinquents were single adolescent women who were diagnosed as mentally deficient using the ambiguous diagnoses of Moron and Borderline and who engaged in sex or became pregnant outside of marriage. When the records of Spanish-surnamed patients are compared to the records of inmates without Spanish surnames, however, we get a sense of the racial dynamics inherent in the notions of sexual delinquency at play in Pacific Colony and how they marked Spanish-surnamed patients as in need of reproductive constraint. In fact, the data reveals that Spanish-surnamed patients were classified as sexual delinquents more frequently than other inmates with forty-one percent of their records mentioning sexual deviance compared to twenty-nine percent for non-Spanish-surnamed patients (Figure 3). Spanish-surnamed women, in particular, were more likely

to have sterilization requests that marked them as sexual delinquents with fifty-eight percent of their records mentioning sexual deviance as opposed to forty percent of non-Spanish-surnamed women. Non-marital sexuality was also a factor in the sexual delinquency of Spanish surname inmates given that ninety percent of these cases were single — but reproductive capacity seems to have been a more significant factor. A larger proportion of “sexual delinquents” with Spanish surnames had children; twenty percent of these women had given birth at least once and twenty-two percent had more than one child. Furthermore, approximately thirty-six percent of Spanish surname women that were characterized as sex delinquents have a mention of “illegitimacy” in their sterilization request. Spanish-surnamed women who were identified as sex delinquents were also largely diagnosed as either moron or borderline with seventy-eight percent of these cases falling within this mental grade. The deviant sexuality of family members also seems to appear more frequently in the sterilization records of Spanish-surnamed patients. When assessing the data derived from the family history section of the sterilization requests, twelve percent of the records of Spanish-surnamed patients make a mention of “illegitimacy” compared to five percent of non-Spanish-surnamed patients. Furthermore, thirteen percent of Spanish-surnamed patient records mention “sexual immorality” in the family history section compared to approximately six percent of non-Spanish-surnamed patient records.

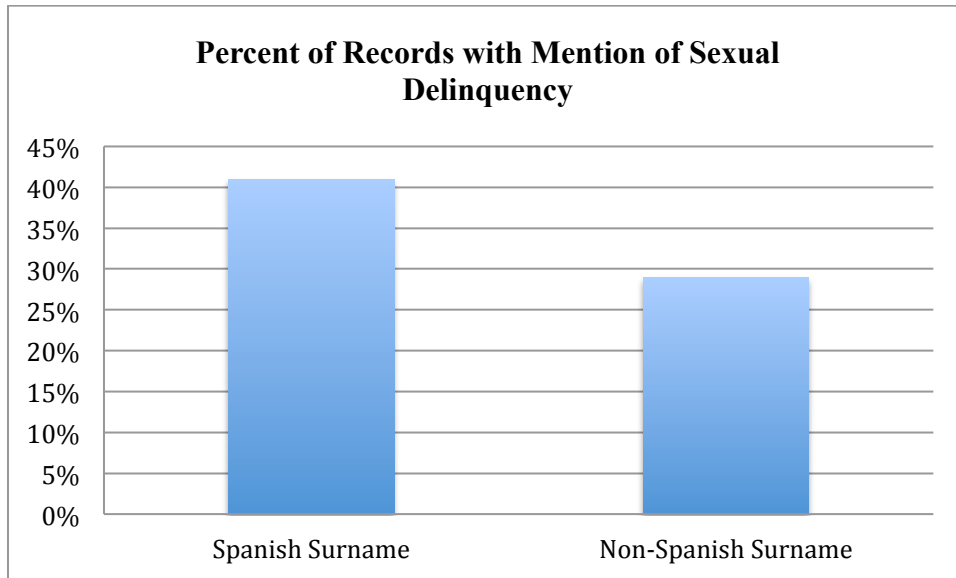


Figure 3. Percent of patient sterilization requests that contained a mention of sexual delinquency, 1935-1951.

While the majority of sterilization requests that cited sexual delinquency as evidence of a need for reproductive constraint were for women, twenty-seven percent were for the cases of male inmates. When we analyze the data derived from the records of these young men we see interesting patterns. Approximately eighty percent of these cases were for non-Spanish-surnamed males. In fact, Spanish-surnamed males were slightly less likely to be characterized as sex delinquents as fifteen percent of their requests mentioned sexual deviance while almost nineteen percent of requests for non-Spanish-surnamed patients mention sexual deviance. In his comparative study of “Anglo-white” versus “Mexican-white” male patients at Pacific Colony, Arthur Lawrence Palace observed that most male inmates were institutionalized after committing numerous offenses and that for white male inmates the acts that immediately preceded institutionalization were “largely manifested in miscellaneous sex acts and incorrigibility” (1950, 23). Mexican male youth, on the other hand, were more likely to

be committed following a criminal act such as theft (Palace 1950, 23). I discuss the institutionalization and sterilization of young Mexican-origin men and their construction as inherently criminal further in the following chapter, but this data suggests that more work needs to be done in terms of analyzing how race, gender and sexuality intersected in institutional discourses on “delinquency” and “feble-mindedness.”

Importantly, of the 341 Spanish-surnamed patients sterilized at Pacific Colony from 1935 to 1951, 316 were born in the United States (92.7 percent) while only twenty-five were born in Mexico (7.3 percent). The majority, over seventy percent, were born in California.³⁵ This data suggests connections between rationales for sterilization and overarching concerns regarding the reproduction of these young racialized citizens. It also points to the persistent construction of Mexican Americans as foreign and to efforts to constrict their rights as full citizens of the United States.

As the quantitative data indicates, over half of the Mexican-origin women sterilized at Pacific Colony were single adolescents without children who were described as sexual delinquents or potential sex delinquents. Their sterilization requests were often short and straight to the point. For example, seventeen-year-old Lilia Lara, who was committed to Pacific Colony in 1940, was diagnosed as a “High Moron, Familial Type” and her clinical history simply described her as a “mentally deficient girl, habitual truant, sex delinquent” and a “behavior problem” (Sterilization Authorizations, 1941, Reel 123). As Odem (1995), Kline (2005) and Rembis (2013) have shown, the sexual agency of young women was a concern for reformers and was often read as evidence of mental deficiency. In her research, Catherine Ramirez shows how concern over the sexuality of

³⁵ Seven percent were born in Arizona, five percent were born in New Mexico, and six percent were born in Texas. The rest were born in other states of the country.

young Mexican American women in California centered on the figure of the Pachuca who was the epitome of unbridled sexuality during the early 1940s (2009). Thus, in addition to being simply described as sex delinquents, many young Mexican-origin women's sterilization records call on their willingness to engage in non-marital sex acts to "prove" their deviance and mental deficiency. This was reflected in statements that describe Mexican-origin women's sexual agency such as nineteen-year-old Gabriella, who was diagnosed as a "Borderline" case because of her high IQ score, and was described as engaging in "voluntary acts of sexual intercourse" (Sterilization Requests, 1940, Reel 122).³⁶ The sexual agency of young Mexican-origin women was also used as evidence of mental deficiency in the sterilization records at Sonoma, where out of the 371 Spanish surname women deemed in need of sterilization between 1935-1944 forty-seven percent were explicitly described as sexual delinquents.³⁷ While the sterilization records at Pacific Colony cited the sexual transgressions of Mexican-origin women as evidence of their need for sterilization more frequently, the Sonoma requests additionally reveal that young Mexican-origin women were also sterilized there for admitting to "illicit relations" and being "aggressive sexually" (Sterilization Requests, 1944, Reel 123; 1940, Reel 122).

The sterilization records processed by Sonoma show that young Mexican-origin women were also diagnosed as sexual delinquents and sterilized for engaging in same-sex affairs. In her sterilization request, twenty-one-year-old Maria Sanchez is described as being "promiscuous with men" and also "showing signs of having homosexual

³⁶ A note next to her diagnosis reads "does not function up to this level." Which reveals the weakness of these diagnoses.

³⁷ In this section I draw mostly from the cases of Pacific Colony where Mexican-origin men and women were sterilized at the highest rates, but I also bring in some cases from Sonoma to show how these practices pervaded the institutions and to be able to talk about the cases of non-heteronormative sexuality.

tendencies.” This led institutional authorities to conclude that she was “a definite menace to society” and should be sterilized (Sterilization Authorizations, 1940, Reel 122).

Similarly, in her sterilization request, Lucy was said to have “developed homo-sexual [sic] tendencies” which marked her as “a definite sex menace” making sterilization necessary (Sterilization Authorizations 1944, Reel 124). All of these cases illustrate the ways in which young Mexican-origin women’s engagement in non-procreative sex not only worked to mark them as defective but also marked them as threats to white heteronormative families and communities, hence justifying a need for reproductive constraint (Ramirez 2009, 20).

For young Mexican-origin women, engaging in non-heteronormative sex acts outside of marriage was reason enough to earn classification as a feeble-minded “menace” and a “sex delinquent” in need of sterilization. However, unwed motherhood was also frequently pointed to as evidence of sexual deviance and mental deficiency by the Pacific Colony medical staff. Sixteen-year-old Inez Moreno was previously housed in a boarding home before being committed to Pacific Colony in 1939. Her sterilization request indicated that she had become pregnant at the boarding home “following relations with two gardeners” who were employed there.³⁸ The gardeners “admitted intercourse” with Inez and as a result she was sent to Pacific Colony where she was diagnosed as a Moron of “familial type,” a “sex delinquent,” and a “behavior problem.” Being diagnosed as mentally deficient and having “one illegitimate child” marked Inez’s reproduction as out of control and threatening, leading institutional authorities to conclude that the

³⁸ While her record does describe Inez’s sexual relations with the gardeners at the boarding home as rape it is also not described as willing on her part. As Rembis (2013) writes, many of the young women committed to feeble-minded institutions were victims of sexual assault but they were rarely cast as victims. Even when their experiences were recognized as rape they were still defined as sexual delinquents. (Rembis 2013, 34)

“operation should be done for the girl’s protection and that of the community” (Sterilization Authorizations, 1940, Reel 122). Rafaela Sanchez’s sterilization request provides even more evidence that young Mexican-origin women who had children outside of marriage were read as mentally deficient and targeted for sterilization. Single and in her twenties, Rafaela was admitted to Pacific Colony on December 5, 1939 where she was diagnosed as a “high moron.” In addition to having “three illegitimate children” Rafaela had also contracted gonorrhoea and syphilis, which was taken as further evidence of her sexual deviance and feeble-mindedness. The Clinical History section of her sterilization request reads “committed for sterilization” and on December 7, 1939, just two days after she was admitted to the institution, her sterilization was approved by the California Department of Institutions. Despite the fact that her Family History notes that she was “apparently negative for nervous and mental diseases” Rafaela was still viewed as dysgenic and her reproduction was cast as a threat largely because her sexual history was taken as symptomatic of mental defect (Sterilization Authorizations 1939, Reel 121).

While most of the Mexican-origin women sterilized at Pacific Colony were young and single, others were older women who struggled to care for their children and thus came to the attention of the authorities. For example, Monica Alvarez, a “Catholic, Mexican woman,” married when she was twenty and had a baby with her husband. A few years later she divorced and moved back in with her parents who provided Monica with childcare while she worked outside of the home. Over the years she had a relationship with “a Portuguese” and had three children with him. Her records stated that after that relationship ended she had a child with a “swiss-italian” and gave birth to “another illegitimate child” after that. With six children, five of whom were considered

illegitimate, Monica was labeled “sexually promiscuous.” By the time she was admitted to Pacific Colony, Monica was thirty-six and had been doing “housekeeping on ranches” to support her family. Her sterilization record stated that the “socio-economic state of the family” was “low” and that her family had “received intermittent relief,” calling on the desolate conditions of Monica’s family life to figure her and her family as social burdens. In recounting her sexual experiences, reproductive past, and struggles with poverty the sterilization records cast Monica as the embodiment of the stereotypical Mexican woman—a reckless breeder who not only created an economic burden on society but who’s promiscuity crossed racial lines and thus threatened the racial purity of the nation. Medicalizing her past, Monica was diagnosed as a “High Moron” and her “Sterilization was unanimously approved” at the Clinical Conference at Pacific Colony on March 4, 1938. Her sterilization request stated that “because of this woman’s past difficulties” she should be sterilized. (Sterilization Authorizations, 1940, Reel 121).

At thirty-nine years old, Laura Ramirez’s sexual history, family size, and economic struggles were also cited as evidence of mental deficiency, sexual delinquency and a need for reproductive constraint. When she was admitted to Pacific Colony in January of 1940, Laura was the single mother of thirteen children, four by her first husband and nine by her second partner who her record indicated had “deserted” her and their children. Diagnosed as a “High Moron” Laura’s Clinical History described her as a “mentally deficient woman,” who had “neglected her home and children,” and who could not “adjust.” In addition to being figured as feeble-minded and an irresponsible mother, Laura was also diagnosed with gonorrhea, described as “promiscuous,” and painted as an overall “community menace.” The staff at the clinical conference at Pacific Colony

“unanimously recommended” sterilization in February 1940, a month after Laura was committed. However, since Laura’s parents had passed away and her most recent partner was no longer involved in her life it was determined by hospital officials that no one was available to sign her consent form. Having been legally committed to Pacific Colony, Laura was determined to have “no legal guardian other than the state” and so her case was presented to the Department of Institutions “for consideration of sterilization without consent of relatives” because it was determined that the “operation should be done for her own protection and that of the community.” Like, Monica, Laura’s reproductive history and her experience with a sexually transmitted disease were presented as evidence of her sexual and reproductive deviance and her struggles to provide for her family were cited as evidence of irresponsibility and an inability to “adjust” to her circumstances—all of these factors were read as symptoms of feeble-mindedness and a need for sterilization. Furthermore, Laura’s case illustrates the way in which after identifying her as a social threat, institutional authorities were able to diagnose her as feeble-minded, have her committed to a state institution and effectively render her powerless, diminishing her right to reproductive autonomy (Sterilization Authorizations 1940, Reel 122)

While many of these women were sterilized because of their diagnosis as “sexually delinquent,” others were sterilized because of their association with delinquency. That is, they were not found to be engaging in sexually illicit conduct but their familial circumstances were figured as so negative that they should be sterilized anyway. As literature on the development of the Social Work method of collecting family histories to support the commitment of sexually delinquent girls reveals, descriptions of mental and social deviance among parents, siblings and even extended family worked to

mark young girls as feeble-minded and in need of institutionalization and sterilization (Abrams and Curran 2000; Kennedy 2008). This was often the case for young Mexican-origin women. Alicia, for example, was committed to Pacific Colony in June of 1940 when she was fifteen. Her sterilization request simply described her as a “mentally deficient girl” whose mother had abandoned her when she was an infant. Her Family History section, however, described her father as an “alcoholic” and a “dope addict” with a “long criminal record” who had not been married to Alicia’s mother, thus marking her as an “illegitimate child.” The Family History section went on to describe her mother as an “alcoholic” and a “prostitute” with a “long record of arrests for prostitution.” This section of her sterilization request also noted that her half-brother was a ward of the court and that both of her parents had gonorrhea at the time of her conception. Other than the fact that Alicia had become a ward of the court due to being abandoned by her parents, no other description was given about her conduct that might justify a need for sterilization. She was not described as delinquent in anyway. Regardless of the fact that the request did not describe Alicia as engaging in deviant conduct other than being a “High Moron, Familial Type” her requests stated that the clinical committee deemed that sterilization was “advisable for her” and the operation was approved on June 15, 1942. (Sterilization Authorizations 1922, Reel 123)

Similarly, Julia Cortez was committed to Pacific Colony when she was fifteen in February of 1939 because of “mental deficiency” and because she was “showing increasing aggressiveness.” Her records described her mother as “incompetent” and stated that because of this Julia had been unable to make a “normal adjustment in the community.” In addition to describing her mother as incompetent, Julia’s records stated

that her father was born in Mexico and was not a citizen, had never been married to her mother and was “said to be alcoholic.” A statement from a parole officer involved in Julia’s case read that her entire family had “consistently contributed to all jails and courts in the county, as well as to almost every state institution in California.” It was further noted that her mother was also committed to Pacific Colony following the “unsuccessful attempts of several social agencies to make proper adjustments within the home.” Following her mother’s commitment to Pacific Colony, Julia became a ward of the court and, as such, the state was further empowered to make decisions regarding her reproductive capacity. Indeed, her sterilization was approved in March of 1940 without the consent of either of her parents. As Julia’s case reveals, the state continued to enter the homes of Mexican families in attempts to make “proper adjustments” long after Americanization programs ended. In this case, as in others, however, the social agencies were empowered to classify Mexican homes as “unfit” because of “deplorable conditions,” as Julia’s home environment was described. Social service authorities were also empowered take action on these classifications and in Julia’s case this included the institutionalization of her and her mother. The deviance of her family was seen as reason enough to sterilize Julia, which reveals the power of the racialization of Mexicans as inferior, socially unfit, and undesirable citizens. (Sterilization Authorizations 1940, Reel 122)

While Julia was deemed in need of sterilization, her records described her as “doing quite nice work under supervision,” referring to her participation in Pacific Colony’s efforts to make the institution more like a “community” by assigning patients various jobs (Sterilization Authorizations 1940, Reel 122). Although her record does not

specify what her “work” was, given the gendered division of labor described in the previous chapter, she was likely assigned to work in one of the laundry details, a detail in charge of preparing or serving food or in one of the details in charge of caring for the “custodial cases” (Barber 1935, 55-56). Regardless, her labor was deemed acceptable and thus institutional authorities concluded that “after sterilization and training this girl should be able to go out on Industrial Parole and earn her own living, and make a good adjustment, thus relieving [her county] and the state of her care” (Sterilization Authorizations 1940, Reel 122). Statements like these appear in many other cases, such as that of Cynthia Rios whose record stated that it was recommended that she be “sterilized before she leaves the institution” (Sterilization Authorizations 1942, Reel 123). Tania Murillo’s record, which described her as a sex delinquent, stated that the hospital’s superintendent was seeking authorization for sterilization so that they could plan for her “future extramural placement” (Sterilization Authorizations 1942, Reel 123). These statements further reveal the ways in which Mexican-origin women’s reproduction was devalued while their labor was figured as acceptable and even desirable. Thus, it was only as “productive” citizens that these young Mexican-origin women could be seen as “properly” adjusting in society but this was always contingent on the prevention of their reproduction.

The formation of notions of sexual deviance and feeble-mindedness emerged in California through a discourse that was already informed by the racialization of Mexican bodies and the notion that they were unfit for citizenship or social membership in the state. This racialization involved a decidedly gendered racial project in which Mexican-origin women were constructed as hyper-fertile and their sexual behaviors and

reproductive capacities were figured as problematic and even threatening to the health of the nation-state. This chapter has illustrated the ways in which scientific racism converged with anxieties about feeble-mindedness, unbridled female sexuality and reproduction in the implementation of eugenic sterilization practices at Pacific Colony. Indeed, sterilization records show that practices that were aimed at preventing the reproduction of women deemed sexually delinquent and mentally deficient at Pacific Colony were particularly informed by the racialization of Mexican-origin women as hyper-fertile, unfit mothers, and effecting the mongrelization of the race. Furthermore, the racialization in the 1940s of young Mexican-origin women as sexual deviants through the figure of the pachuca also worked to mark them as in need of institutionalization and sterilization. In the next chapter I explore young Mexican-origin men's experiences of sterilization at Pacific Colony during this same period, illustrating how notions of criminal delinquency and feeble-mindedness were racialized in a way that figured young Mexican-origin men as in need of institutionalization and sterilization at rates that were almost proportionate to the sterilization of Mexican-origin women.

CHAPTER III

“Strong Criminal Tendencies:” The Sterilization of Mexican-Origin Male Youth

In October of 1942, fifteen-year-old Mauricio Martinez had his first encounter with the police when he was arrested for being “intoxicated in one of the local pool halls.” After his arrest, Mauricio was released to his father but managed to run away before his court hearing. While away, Mauricio was apprehended a second time after he became “involved in a knife fight.” Before the end of that year, juvenile authorities determined that Mauricio was mentally deficient and on December 11, 1942, the local probation department had him committed to an institution for the feeble-minded where he scored a seventy-five on an IQ test and was diagnosed as a borderline case. A few months later, on March 18, 1943, institutional authorities processed paperwork requesting permission from the Director of the Department of Institutions to have Mauricio sterilized. Because Mauricio’s father refused to grant written consent for the operation, the Medical Superintendent wrote a letter to the Director of Institutions explaining the need for sterilization despite his father’s protest. The superintendent’s letter began by recounting Mauricio’s two arrests and claimed that he was “involved with a local gang of marauding Mexicans.” Mauricio’s father was painted as feeble-minded and described as “a constant alcoholic who failed to provide for his family.” In addition to implying the intellectual and economic inadequacy of his father, the superintendent’s letter made a point of the fact that Mauricio’s mother had given birth to fourteen children although

only eleven were living at the time. All of Mauricio's siblings were labeled "borderline or feeble-minded" and the letter stated that two of his sisters had been sent to St. Vincent's, a Catholic reform school. After describing his two arrests and setting forth the demeaning description of his family, the superintendent made clear that he and the rest of clinical staff believed that Mauricio should be sterilized despite his fathers' refusal to consent "on account of his being a mental defective with strong criminal tendencies." Siding with the medical superintendent, the California Department of Institutions approved Mauricio's sterilization on March 22, 1943. (Sterilization Authorizations, 1943, Reel 124)

Within a span of six months fifteen-year-old Mauricio became entangled in the juvenile court system, was committed to an institution, diagnosed as mentally deficient and deemed in need of reproductive constraint because of his "criminal tendencies." Indeed, the description of Mauricio's family as subnormal, his father as an alcoholic and his mother as hyper-fertile, worked to further substantiate the notion that he carried dysgenic traits and should not be allowed to reproduce. The timeline of Mauricio's case coincided with the nationally recognized murder of Jose Diaz, who was killed on August 2, 1942 at Sleepy Lagoon, two months before Mauricio's first encounter with the police. The Mexican American boys involved in *People v. Zammora* (1942) were charged with murder in January of 1943, also two months before Mauricio's sterilization request was processed and approved. Given the extent to which the "Sleepy Lagoon" trial and subsequent Zoot Suit Riots embedded the figure of the Mexican American gangster in the national consciousness, it is easy to see how Mauricio's description as a Mexican-origin youth with criminal tendencies involved with a "marauding gang of Mexicans" implicitly

connected him to powerful notions of Mexican American criminality. As Edward J. Escobar writes, following the “Sleepy Lagoon” trial, “the youth ‘gang’ became the metaphor through which much of white society viewed Mexican Americans” (1999, 10). This chapter traces the formation of the racial logic that justified Mauricio’s sterilization on the basis of his criminal acts. As with the women who were sterilized at Pacific Colony and other California institutions, this racial logic sutured notions of race, delinquency and feble-mindedness that were developed by Progressives and eugenicists decades before the events at Sleepy Lagoon. Scholarship on the trial and subsequent riots has already shown that Mexican-origin male youths, as a group, were pathologized as criminal and targeted for incarceration. This chapter shows that in addition to being sent to reform schools, jails, and prisons Mexican-origin male youths were also targeted for confinement in institutions for the feble-minded, such as Pacific Colony, where their criminality was medicalized and where their reproductive capacities were curtailed via sterilization. This chapter further demonstrates that, since the early twentieth century and for at least twenty-five years before the Zoot Suit Riots Mexican youth, boys in particular, were constructed as feble-minded and criminal leading them to not only be entrapped in the state’s emerging juvenile justice system and penal institutions but to also be subject to confinement in institutions for the mentally deficient, where they could be sterilized under the state’s eugenic sterilization law.

The majority of scholarship on eugenic sterilization in California and across the nation has focused almost exclusively on the experiences of lower class adolescent white women. While in other states like North Carolina young women were targeted for reproductive constraint more often than men (Lombardo 2010; Schoen 2005), at Pacific

Colony, forty-eight percent of all of the sterilization requests processed between 1935 and 1951 were for young men. In other words, the sterilization rates at Pacific Colony were almost equal for both men and women. Furthermore, of all of the young men deemed in need of sterilization at Pacific Colony during this period, almost twenty-two percent were Mexican-origin male youths. As we have already seen, the notion of feeble-mindedness was deployed in ways that were gendered, working, for example, to rationalize the institutionalization and sterilization of young women mostly for committing acts of “sexual delinquency.” In this chapter I further the gendered analysis of feeble-mindedness to include the experiences of male youths by showing the ways in which the notion of criminality as symptomatic of mental deficiency worked to figure some male juvenile delinquents as in need of confinement, training and sterilization in institutions for the feeble-minded like Pacific Colony. Furthermore, I argue that this gendered construction of the “menace of the feeble-minded” as linked to criminality intersected with the already existent racial construction of Mexicans as intellectually inferior resulting in the disproportionate institutionalization and sterilization of Mexican-origin male youths at Pacific Colony. Thus, in addition to illustrating the racial and gendered dynamics of the disability discourse of feeble-mindedness, I also assert that the reproductive capacity of Mexican-origin male youths was perceived as a threat to the racial composition of California. In accordance with institutional practice at Pacific Colony at the time, once that particular reproductive threat was eliminated through reproductive surgery, Mexican-origin male youths were deemed eligible for reinstatement into the community as low-wage workers. As this chapter shows, institutional authorities at Pacific Colony called on racial and gendered notions of mental deficiency and

criminality to figure Mexican-origin male youths as feeble-minded delinquents who required sterilization in order to become productive citizens.

The Medicalization of Crime

During the early twentieth century, California became a national leader in research on delinquency due in large part to the efforts of Whittier State School superintendent Fred C. Nelles. Like many state officials and reform school administrators in California at the time, Nelles became very interested in the research that was being conducted by Charles Davenport and Harry Laughlin at the Eugenics Records Office (ERO) in Cold Springs Harbor, New York (Chávez-García 2012, 86).³⁹ In an attempt to modernize and transform Whittier into more than just a youth “house of correction” Nelles sought to establish a research center similar to the ERO in California (Chávez-García 2012, 62). In 1915, Nelles succeeded in his efforts and the legislature passed a bill establishing the Department of Research at Whittier, which later became the California Bureau of Juvenile Research (CBJR). At the time, Nelles worked closely with Stanford Psychologist Lewis M. Terman, a leader in the intellectual testing movement in the United States and advocate of eugenics, who sent his graduate student, J. Harold Williams, to Whittier to conduct research on the inmates there (Chávez-García 2012, 63). By 1916 the CBJR had become a major research hub for leading theories on the subject of delinquency. Often referred to as the “West Coast representative of the ERO” the CBJR began publishing the *Journal of Delinquency* in order to meet the increased interest in juvenile delinquency and the desire for scientific research on the subject (Chávez-

³⁹ Established by Davenport in 1910 the Eugenics Records Office was the foremost eugenics research, publication, and advocacy center in the nation.

García 2012, 6).⁴⁰ In the introduction to its first publication in March 1916, Terman decried the high social and financial cost of crime in the United States writing that its cost was greater than the cost of public education, asserting that “the prevention of any great proportion of this waste can only be brought about by nation-wide and many-sided researches into the causes which operate to produce it” (Terman 1916). These two issues, the cause of delinquency and the development of methods to prevent it, became primary concerns of the publication. Despite claims of objectivity the journal maintained a eugenic frame and a survey of its articles from the 1910s and early 1920s shows that theories of criminality as symptomatic of mental deficiency and low intelligence predominated as crime and its causes became medicalized.

In the late nineteenth century, theories of Social Darwinism and eugenics greatly influenced the promulgation of deterministic views regarding crime (Platt 2009; Rafter 1998). European criminologists such as Herbert Spencer and Cesare Lombroso impacted American intellectuals with their emphasis on biological notions of human behavior, influencing theories about the “intractability of human nature and the innate moral defects of lower classes” (Platt 2009, 18). These theories shaped the medicalization of crime in the United States as criminology developed largely out of the medical fields (Platt 2009, 19). Early pioneers in American criminology were physicians such as

⁴⁰ The *Journal of Juvenile Delinquency* was created so that research on the topic of delinquency could be read together and not split among the different research journals (psychology, education, etc.). In the first issue, Terman expressed an investment in objectivity and the scientific method writing that the journal held “no pet theories to promulgate, and [was] committed to no preconceived ideas as to needed social reforms” (Terman 1916). Instead, it was to be a purely scientific journal “devoted entirely to the results of investigations and to discussions pertinent thereto.” While Terman claimed objectivity, he expressed clear enthusiasm for hereditary theories of delinquency and mental deficiency writing that “recent and epoch-making developments in individual psychology as well as notable advances in the study of heredity, would seem to justify the hope that we are on the eve of discoveries which will throw important light on the causes and prevention of delinquency.” In fact, while criminality as a strictly hereditary trait had been discredited by the early twentieth century, the journal continuously published articles that drew connections between delinquency and heredity by linking crime to mental capacity. (Terman 1916)

Benjamin Rush and Issac Ray, who used notions of pathology, infection, immunization and treatment to address issues of crime and delinquency (Platt 2009, 19). By the 1920s the *Journal of Delinquency* wrote against the strict inheritance of criminality but maintained a biological reasoning by linking criminal acts to intelligence and mental deficiency which *were* seen as traits that were inherent, hereditary, and racially linked.⁴¹ For example, in a 1920 article on juvenile delinquency and mental deficiency, the authors assert that “the belief that crime and delinquency are inherited characteristics is not borne out by the most careful investigations,” stating that assessments of family histories “show no tendency to inherit criminality or delinquency” (*Journal Of Delinquency* 1920, 188). However, the authors proceeded to write that studies did show “the inheritance of traits which are closely related to delinquency and crime, and which, if expressed in the children are likely to make normal social adjustments difficult” (*Journal Of Delinquency* 1920, 188). The authors went on to list what they viewed as the principle inheritable characteristics naming “feeble-mindedness, psychopathic constitution, excitability, nomadism and weakened inhibitory mechanism with reference to several different forms of self-control” as the chief sources of criminality (*Journal Of Delinquency* 1920, 188). This slight difference in the argument—that crime and delinquency were not inherited but that characteristics that led to crime and delinquency *were* inherited—was taken up by the journal to bolster research into these specific characteristics, especially low intelligence and feeble-mindedness.

While delinquency researchers argued that criminality was caused by various inheritable characteristics, a clear emphasis was placed on feeble-mindedness (Rafter

⁴¹ Platt (2009) writes that the shift away from pure biological determinism occurred in tandem with “the rise of a professional class of correctional administrators and social servants who promoted a medical model of deviant behavior and suggested techniques of remedying ‘natural’ imperfections.” (36)

1998). In the first issue of the journal J. Harold Williams, Terman's former graduate student, published an article on the intelligence levels of juvenile delinquents in which he situated feeble-mindedness as the most important single cause of delinquency stating,

It cannot be over-emphasized that the average intelligence among our delinquent and criminal classes is considerably lower than in the general population [...] delinquents are not, as a rule, merely ordinary normal children who have accidentally become victims of an environment which would similarly affect any person. Low intelligence, in many cases of delinquency, would alone account for the offenses committed. (Williams 1916, 35–6)

Williams conceded that there were delinquents of “normal” and even “superior mentality.” In fact, he suggested that for these cases, delinquency was caused by both hereditary and environmental factors. Ultimately, however, he maintained that those same environmental causes contributed more to the delinquency of children who had not “developed normally” (1916, 36). Importantly, the implication of this argument was that while environmental factors (what we might think of today as social context) had a decisive role in an individual’s decision to commit a crime, physiological factors predominated and were simply compounded by environmental factors.

Increasingly throughout the journal, criminal and socially deviant acts were figured as early symptoms of feeble-mindedness. In their research, published in the journal, L.W. Crafts and E. A. Doll wrote that the “feeble-minded [were] undoubtedly more prone to commit crime than are the average normals” (1917, 126). Crafts and Doll went on to write “one of the most conspicuous evidences of the intellectual and social characteristics of feeble-minded children is their habitual and often serious delinquency” (1917, 123). They also argued that inherent moral, physical, intellectual defects and “mental weakness” led to delinquency warning that “feeble-minded juveniles everywhere represent[ed] either actual or potential delinquents” (1917,123). This line of thinking led

researchers to conclude that the proportion of feeble-minded youths among juvenile delinquents was excessive and the 1920 volume of the journal asserted that at least one-third of all delinquent children were feeble-minded (*Journal of Delinquency* 1920, 188).

Once identified as the main source of delinquency and a threat to social safety, the journal set out to further investigate mental deficiency publishing studies on the different grades of mental deficiency among juvenile delinquents and the differences between crime among female and male feeble-minded delinquents. In their study of mental deficiency among juvenile delinquents, Crafts and Doll noted that it was “generally conceded that the majority of feeble-minded juvenile delinquents are moron” (1917, 141). In doing so they attempted to establish a particular association between “high grade mental defectives” and criminality. They also asserted the “well established fact” that the different sexes were inclined to different types of crime (1917, 141). A 1920 article elucidated this point further arguing that for young girls, delinquency was “confined almost entirely to one kind of offense [immorality] while for boys it include[d] almost every kind of waywardness” (*Journal Of Delinquency* 1920, 186). These observations reflect the ways in which the diagnosis of the mentally deficient “sex delinquent” was a gendered and racialized construct. In addition to proposing that certain levels of feeble-mindedness led to crime and qualifying delinquency along gendered lines, researchers of juvenile delinquency also called on the notion that intelligence levels among the races were fundamentally different. In fact, as I demonstrate below, issues of immigration and racial difference pervaded discussions of delinquency in general and juvenile delinquency in particular.

Race, Crime, and Feeble-mindedness

The medicalization of crime as a symptom of mental deficiency developed against a backdrop of concerns over a perceived increase in crime rates among racialized groups and was compounded by the notion that racialized groups were inherently less intelligent than whites. As historians of delinquency have shown, many progressive reformers blamed poverty and crime in urban centers on the migration and immigration of racialized groups (Escobar 1999; Martinez and Valenzuela 2006; Platt 2009). In California, the CBJR gave researchers of delinquency direct access to youths of color who were confined to various state institutions and thus became subjects in studies on the connections between race, crime, and feeble-mindedness (Chávez-García 2012, 81).⁴² Many of these studies were published in the CBJR's *Journal of Delinquency* providing "evidence" for the notion that certain races and "nationalities" were more likely to be feeble-minded which purportedly led to widespread delinquency among certain racialized groups. For example, in their 1917 study of mental deficiency among juvenile delinquents, Crafts and Doll wrote, "nationality is of decided importance in this country" given that "a considerable proportion of our juvenile delinquents are foreigners or the children of foreigners" (138). Addressing criminality among African Americans they added that a considerable proportion were also "Negros" but that "in the Southwest many Mexicans and Indians become inmates of reform schools" (138). Citing Jeremiah W. Jenks and W. Jett Lauck's 1913 book The Immigration Problem Crafts and Doll included in a footnote that there was an "inclination apparently shown by certain nationalities to

⁴² While the CBJR was located at the Whittier State School, Fred C. Nelles and J. Harold Williams established branches and appointed resident psychologists at the other state institutions. In addition to creating a broader scope of research options this organizational structure allowed for direct access to subjects "on which to experiment, conduct research, and deepen understandings of intelligence, delinquency, race, and eugenics" (Chávez-García 2012, 86).

commit certain classes of crime” adding that this was “a tendency which is, indeed a matter of common observation” (138). While Crafts and Doll did not argue this outright, they opportunistically cited Peter Roberts’ 1912 book The New Immigration in which he makes the claim that: “he (the son of the foreign-born) is three times more criminal than the sons of the native-born” (138).

In the second part of their study, Crafts and Doll continued to assert the inferior intelligence levels of African Americans and Mexicans. The two researchers wrote that many investigations had already proven the lower “natural intelligence” of “the negro compared to the white” (203).⁴³ They once again cited Jenks and Lauck who contended that, “the intelligence of Mexicans is decidedly less than average when taken as a group” (203). To substantiate this claim Crafts and Doll called on the work of Williams and Terman who, in a 1914 psychological survey of inmates at Whittier State School, concluded that notwithstanding Mexicans’ official classification as “White” (an official classification guaranteed to them by the terms of the Treaty of Guadalupe Hidalgo) they should be distinguished from Anglo-Saxon whites “on account of intelligence differences probably due to the intermingling of Indian blood” (Crafts and Doll 1917, 204). Also cited was a 1915 study of 150 delinquent boys by Williams which “found racial differences in the proportion of mental defectives among juvenile delinquents; 6 per cent of the whites proved feeble-minded, while 48 per cent of the colored, and 60 per cent of the Mexican and Indian group were feeble-minded” (Crafts and Doll 1917, 204). Backed by the evidence offered by these studies Crafts and Doll concluded that there was a “serious racial factor in intelligence differences themselves” which made it possible to

⁴³ Citing a study performed by Byron A Philips they write “the colored children are retarded to a much greater extent both pedagogically and psychologically than the white children” (Crafts and Doll 1917, 203)

bridge a connection with the high crime rate “casually observed” among youths of color (1917, 204).

The notion that Mexicans were more prone to feeble-mindedness and thus more prone to commit delinquent acts was also reflected in a statistical study on truancy, which was characterized as “the kindergarten of crime” by Willis W. Clark, a field worker at Whittier (1918, 214).⁴⁴ Clark’s 1918 study found that while only 1/4 of white boys were feeble-minded, half of the “Colored and Mexican-Indian boys were definitely feeble-minded” (232). Furthermore, Clark extended his study into the home of the boys working to pathologize their families as he concluded that the families displayed “a large amount of mental defect” (1918, 232). While only ten percent of the white families were feeble-minded, Clark found that “37 per cent of the Negroes, and 47.4 per cent of the Mexican-Indians were feeble-minded” (1918, 232). Clark further detailed what feeble-mindedness among these boy’s families entailed, writing that many of the families exhibited “unfavorable or unsocial traits or characteristics,” principle among them were “delinquency, alcoholism, excitability, sexual immorality, nomadism, tuberculosis, criminalism, and insanity” (1918, 232).⁴⁵ This led Clark to suggest that familial and home conditions were important factors contributing to the delinquency of these boys. Ultimately, though, Clark concluded that “the factors of intelligence, school retardation, and heredity have also had a vital influence” (1918, 233).

The studies published in the *Journal of Delinquency* show how instead of relying on a black-white binary, researchers of juvenile delinquency formulated complex

⁴⁴ In his study, Clark splits his subjects into groups according to race revealing the particular racialization of Mexicans in California as he writes that he split “the truants according to race as White, Colored, or Mexican-Indians (I.e., Mexicans having Indian blood)” (214).

⁴⁵ He also writes that 68.6 percent of the homes had “abnormal parental conditions, one or both parents being dead, or divorced, separated or deserted” (Clark 1918, 232).

understandings of intelligence and racial difference wherein certain white races were cast as superior while Mexican, Indian, African Americans and many immigrant groups were cast as inferior. This logic made sense of the perceived increase in crime rates among youths that came from racialized groups. As crime became medicalized and seen as fitting within the purview of psychologists and state institutions, these racial and gendered theories served to legitimize the institutionalization of youths of color in feeble-minded homes where they could be sterilized. While many of the studies cited above were conducted on inmates of the Whittier and other reform schools inmates of the two institutions for the feeble-minded were directly effected by the theories of delinquency being produced. The two types of institutions—reform schools and homes for the feeble-minded—were closely tied. Indeed, at the same time that Nelles was arguing for the establishment of the CBJR at Whittier in 1915 he was also an active proponent of the creation of Pacific Colony as a place for mentally deficient delinquents (Chávez-García 2012, 69). Thus, the theories of delinquency and feeble-mindedness produced by the CBJR and published in the *Journal of Delinquency* were often integrated and applied in the institutional setting at Sonoma and Pacific Colony. In fact, institutional authorities at the feeble-minded homes also published their studies in the *Journal of Delinquency*. For example, George Ordahl, the Sonoma State Home psychologist, published a study of youths in the San Jose Juvenile Court in the study of youths in the 1917 issue of the journal. In that study Ordahl asserted that of the youths he found to be mentally deficient, approximately half were foreign born or children of foreign-born parents. Importantly, in his section on suggested methods for the care and prevention of

feeble-mindedness, Ordahl recommended sterilization and segregation (1917).⁴⁶ As I illustrate in the following section, the research conducted at the CBJR and published in the *Journal of Delinquency* worked to make connections between race, mental deficiency and delinquency that facilitated the funneling of delinquent youths of color into institutions for the feeble-minded.

Juvenile Justice and the Path to Institutionalization

Medicalized and racialized theories of crime and mental deficiency directly affected the workings of developing systems of juvenile justice in the early twentieth century. Concern over rising crime and delinquency rates in the United States can be traced to the nineteenth century but it was not until the twentieth century that crime among youths, or what became known as juvenile delinquency, became an issue for some reformers (Chávez-García 2012; Platt 2009). Progressive reformers interested in delinquency among youths, or as Anthony Platt (2009) labeled them “Child Savers,” viewed their efforts in benevolent and humanitarian terms as they sought to pull children and youths out of jails and prisons and funnel them into institutions that were designed to assess and meet the needs of delinquent youth using modern scientific theories.⁴⁷ Believing that some youths could be rehabilitated and saved from a future of crime, these reformers pushed for the establishment of a separate Juvenile Court, “a tribunal that promised efficiency and scientific expertise in dealing with delinquency” (Chávez-García in Platt

⁴⁶ By which Ordahl (1917) meant confinement in an institution.

⁴⁷ Platt defines the Child Savers as a term “used to characterize a group of ‘disinterested’ reformers who regarded their cause as a matter of conscience and morality, serving no particular class or political interests. the child savers viewed themselves as altruists and humanitarians dedicated to rescuing those who were less fortunately placed in the social order (2009, 3).

2009, xxiv).⁴⁸ These courts spurred the development of new, more specialized, institutions and methods of social control with the intent to classify different types of criminals and implement different types of treatments accordingly (Platt 2009). In California this resulted in the expansion of juvenile justice courts, reform schools, and institutions, like Pacific Colony, where juvenile delinquents who were deemed feeble-minded could be sent (Chávez-García 2012; Platt 2009). These judicial apparatuses and institutions worked together to identify, apprehend, diagnose, manage, and deploy treatments upon delinquent youth.

Juvenile courts were empowered by the legal doctrine of *Parents Patriae*, which gave the state control over a minor if their parents were deemed unfit. As a result, delinquent youths were increasingly committed to state institutions under the logic that it was in their best interest to be removed from their “immoral” parents and environment (Platt 2009, 145). Influenced by scientific research in the field, juvenile court judges approached their work in “medical-therapeutic terms” (Platt 2009, 145). While they often saw criminals as inherently defective, science and reform institutions offered the possibility that they could be identified, diagnosed, segregated, rehabilitated and controlled. Scholars of these juvenile courts, however, have shown that their practices often reflected the racial ideologies of the region. In the south, for example, the courts reflected racial discrimination and segregation characteristic of the Jim Crow era (Trost 2005; Ward 2012).

In California, where reform schools such as the Whittier State School and institutions for the feeble-minded played important roles in efforts to address juvenile delinquency,

⁴⁸ The first Juvenile tribunal was established in Chicago in 1899. By 1917 legislation establishing Juvenile courts had been passed in all states with the exception of three. by 1932 there were over 600 juvenile courts in the United States. this was widely regarded as an advance in child welfare (Platt 2009, 10).

Mexican-origin male youths were disproportionately identified as delinquent and in need of institutionalization in either reform schools or institutions for the feeble-minded (Escobar 1999; Chávez-García 2012). Racial theories of intelligence and delinquency shaped the way youths of color were treated in the developing juvenile court system as well as how they were classified and diagnosed—whether they would be sent to a reform school or committed to an institution—and played a role in the type of treatment they were subjected to. The goal of many progressive reformers and researchers was to be able to accurately “classify, sort, and segregate state wards along a continuum of normalcy to degeneracy” (Chávez-García 2012, 4). In California this often meant committing juvenile delinquents who were identified as feeble-minded to the Sonoma State Home or Pacific Colony where they could be further diagnosed, treated, and sterilized. In 1921, Nelles argued that the removal of feeble-minded inmates from the state schools was essential to the proper development of “normal” juvenile delinquents and he lamented that “the proportion of feeble-minded at the three state schools range[d] from 30 to 40 percent” (Nelles 1921, 408). During this process of classification and segregation, a disproportionate number of Mexican-origin youths were identified as mentally deficient with criminal tendencies that could be attributed to the low mental capacity found in their “racial stock” and thus sent to one of the state’s institutions for the feeble-minded. In her research on Nelles and Whittier, Miroslava Chávez-García wrote that the population of Mexican-origin boys in the reform school in the 1910s caught Nelles’ attention and in 1915 he stated that Mexican-origin boys made up forty percent of the school’s population (2012, 118). While Chávez-García writes that this was an exaggerated figure, it nonetheless reflected his concern over this particular group of delinquent youths.

Once committed to an institution for the feeble-minded, Mexican-origin male youths became subject to sterilization, which was seen as an appropriate step in preventing the spread of crime. In identifying feeble-mindedness as an inheritable trait that led to criminality, research on delinquency gave more fuel to eugenicist's efforts to prevent the reproduction of individuals diagnosed as mentally deficient for the benefit of society. In the beginning of the second issue of the *Journal of Delinquency* J. Harold Williams (1916) asserted, "the perpetuation of feeble-mindedness through the hereditary transmission of weakened stock means further increase in delinquency and crime" (101). In another issue of the *Journal of Delinquency* it was argued that "if feeble-minded persons were prevented from producing children, juvenile delinquency would be reduced at least one-third and there would be reason to expect a proportionate decrease in crime and other social evils" (*Journal Of Delinquency* 1920, 188). Reflecting these beliefs, the California Department of Institutions supported the sterilization of both male *and* female inmates. In fact in one of the reports published by the Department of Institutions the author wrote that the "sterilization of both sexes" was advocated as "common practice" (Department of Institutions 1926, 96).

As the studies published in the *Journal of Delinquency*, statements from institutional authorities, and historical research on juvenile courts suggest, Mexican-origin male youths were viewed as a "criminally inclined group that needed to be dealt with harshly" (Escobar 1999, 7). The problem of delinquency among Mexican-origin male youths, however, was not just about crime; it was also cast as a reproductive issue that threatened the nation with racial degeneration. Crafts and Doll identified "low intelligence" among the various non-Anglo races as a pressing issue given "the mingling

of the Caucasian nationalities as well as to the presence of large numbers of Negroes, Indians, Mexicans and Orientals in various sections of the country” (1917, 203). This concern about the “mingling” of the races illuminates the outsized fear among early twentieth century eugenicists of miscegenation and the potential “mongrelization” of the white race caused by Mexican reproduction (Escobar 1999; Pagan 2003; Ruiz 2008). In his study of race and policing in Los Angeles during the first half of the twentieth century, Edward Escobar cites Vanderbilt University economist Roy Garis who stated that Mexicans in the Southwest were creating a race problem that would result in “the practical destruction, at least for centuries, of all that is worthwhile in our white civilization” (cited in Escobar 1999, 9). Significantly, for Escobar’s study and the research presented here, Garis supported his argument with criminological studies asserting the inherent criminality of Mexicans (1999, 9). The result of these notions was that Mexican-origin male youths were more likely to be identified as criminal delinquents, diagnosed as feeble-minded and characterized as needing institutionalization and sterilization in order to protect both the safety of the public as well as the racial stock of the nation.

Sterilizing Mexican-origin Male Youths at Pacific Colony

As the move to medicalize criminality in the early twentieth century proceeded, newly established juvenile courts worked with various state reform schools and institutions to classify and segregate youths according to their perceived needs. Indeed, as Nelles, noted in an article in the *Journal of Delinquency* the establishment of Pacific Colony by the 1917 legislature was “a recognition of the need for segregation” of feeble-minded juvenile delinquents that were housed in juvenile reform schools across the

state (Nelles 1921, 408). This segregation meant commitment to an institution for the feeble-minded. In her analysis of Whittier State School case files, Chávez-García found that Mexican-origin male youths made up twenty-five percent of all children and adolescents transferred from state reformatories to state hospitals for the feeble-minded where they could be subject to sterilization (2012, 142). Writing at a time when sterilizations were still occurring yet on the decline, Arthur Lawrence Palace, in his 1950 masters thesis on Pacific Colony for the University of Southern California's School of Social Work, remarked "it has be observed casually by the staff at this institution that there is an over-representation of the Mexican-white" (6). The main purpose of Palace's study was to compare the cases of "Mexican-white" and "Anglo-white" boys committed to Pacific Colony in order to glean similarities and differences between the two groups. In his review of the commitment ledgers from June 1947 to June 1949, Palace found that twenty-five percent of the 140 boys committed to Pacific Colony, were "Mexican-white" boys (1950, 18).⁴⁹ Taken together these two analyses of commitment practices suggests that Mexican-origin male youths were segregated in Pacific Colony at rates that were disproportionate to their population in the state.

Whether transferred from reform schools such as Whittier or committed directly by court order, the fact that Mexican-origin male youths were targeted by the police and juvenile justice officials played a significant role in their disproportionate commitment to Pacific Colony (Chávez-García 2012; Escobar 1999; Pagan 2003). In his study, Palace wrote that of the twenty-one Mexican-origin boys he observed, sixteen had been

⁴⁹ Palace's terminology reflects the persistent racialization of Mexican-American youths as foreign. In the note on his use of the term "Mexican-white" Palace wrote that the term was "conceived as applying to those second or third generation of Mexican Americans whose home background is Mexican in culture" (Palace 1950, 6). Thus, he highlights family background as an important reason for distinguishing these young men from the others even if they were second or third generation American citizens.

committed to Pacific Colony as a result of a parole officer's recommendation and three others were committed by referral from the California Youth Authority (1950, 69).⁵⁰ One was recommended for placement in a boarding home but that facility had no room and he was thus sent to Pacific Colony, and the final young man was recommended for placement in a private institution but was not eligible for admission because he was Mexican (Palace 1950, 69-70). All of these young men were, therefore, committed to Pacific Colony through a juvenile justice agency, and none of the Mexican-origin male youths Palace observed had been committed by a parent. This was in stark contrast to the "Anglo-white" cases he observed of which nine were committed by parental petitions (1950, 70).⁵¹ This observation suggests that Mexican-origin male youths were likely removed from their families and committed Pacific Colony against the wishes of their parents.

In addition to differences in the proportion and routes of commitment I mentioned above, Palace also made a telling conclusion regarding the distribution of diagnoses between the two groups. Focusing in on boys diagnosed as morons, Palace noticed a decline in Anglo-white patients among the moron group and a "predominant distribution in the moron range" of the Mexican-white group (1950, 17). Palace noted that this difference was even more significant when he divided the moron group into "high-moron" patients, qualified with a higher range IQ score between 60 and 69, and "low moron" patients, qualified with a lower range IQ score between 50 and 59 (1950, 17).

⁵⁰ The California Youth Authority was the name of the state agency in charge of juvenile justice in California. In 2005 it was renamed the Division of Juvenile Justice.

⁵¹ Later on in his study Palace makes an interesting statement regarding the role of educators in the commitment process. He writes that because a higher proportion of the Mexican-origin male youths he observed were "behavior and truancy problems, despite better progress scholastically" the educators opinion in commitment to a state institution was a decisive factor (1950, 84 and 91). This comment suggests that further research should be done regarding the role of schools and teachers in identifying "defective delinquents" for admission to state institutions for the feebleminded.

When he separated the groups in this way Palace found that the Mexican-origin boys represented forty-seven percent of all of the high-moron cases and thirty-five percent of the moron group as a whole (1950, 19). The implication of Mexican-origin male youths having higher overall intelligence scores, Palace asserted, was that anti-social behavior and delinquency was a more important factor in the institutionalization of these “Mexican-white” boys (1950, 19). In other words, Mexican-origin male youths committed more acts of delinquency than their white counterparts and thus required commitment at higher rates, even if their intelligence levels were relatively high. Palace made this argument based on his previous understanding of commitment practices at Pacific Colony, writing that institutionalization because of “intellectual impairment” was rare and more often the result of “emotional maladjustment manifested in asocial behavior” (1950, 19). Thus, instead of concluding that Mexican-origin male youths faced racial bias within the legal system, which resulted in higher rates of institutionalization, Palace concluded that mentally deficient Mexican-origin youths were more prone to delinquency and “emotional maladjustment” than white youths who were similarly diagnosed. This belief was further expressed in his characterization of the Mexican-origin male youths that he observed in which he described them as more aggressive, more likely to “act out” and more likely to engage in “anti-social” acts such as stealing, running away, and intoxication (1950, 23). Palace also wrote that many of the Mexican-origin boys whose cases he analyzed committed acts of delinquency in concert with other youths, which he concluded was evidence of an inability to think independently (1950, 36-37).

In addition to describing the Mexican-origin male youths at Pacific Colony as more prone to criminality despite their higher levels of intelligence, Palace depicted their family environment as a further source of pathology. Assessing both the families of the “Mexican-white” and the “Anglo-white” groups, Palace found that while half of the Anglo-white boys had “good housing” only one of the Mexican-origin boys’ housing met that standard (1950, 62). He also noted that the Mexican-white boys had “larger families” which according to him predisposed Mexican-origin boys to “a greater amount of parental incompetence” (1950, 63). Furthermore, Palace investigated the family history of delinquency for the two groups and found that the Mexican families also had three times as many acts of delinquency than the white families (1950, 67). Thus, he asserted that the need to commit Mexican-origin male youths to Pacific Colony did not merely stem from their propensity to commit delinquent acts, but was also brought on by “behavior problems, which developed in the family constellation” (1950, 19).

Palace’s construction of Mexican-origin boys institutionalized at Pacific Colony as criminally defective and hailing from similarly defective and delinquent families is reflected repeatedly in the sterilization requests processed by Pacific Colony. As Palace stated at the beginning of his thesis, the main goal of Pacific Colony was to turn delinquent youths into “useful citizens” and for many of the inmates, part of this process included reproductive surgery (1950, 5). A quantitative analysis of 1,308 sterilization requests processed by Pacific Colony between 1935 and 1951 reveals the ways in which these ideas were used to justify the sterilizations of Mexican-origin male youths. Of the 1,308 requests analyzed, approximately twelve percent explicitly mention the criminal

character of the inmate in question (153 out of 1308).⁵² As the previous chapter established, young women were more likely to be institutionalized and sterilized for being “sexual delinquents.” This is reflected in the gendered breakdown of the requests as only about two percent of women were described as criminal delinquents. A gendered analysis of the requests that explicitly mention criminality show that about sixteen percent of those requests were for women, while the remaining eighty-four percent were for young men.

When this data is tested for race and mentions of criminality it reveals that seventeen percent of all of the Spanish-surnamed patient records contain a mention of criminality compared to ten percent of non-Spanish-surnamed patient records. When we combine race, gender, and mentions of criminality, the data reveals that thirty-seven percent, over a third, of all Spanish-surnamed male patient records mention criminality compared to only sixteen percent of non-Spanish-surnamed male patient records (Figure 4). That is, the likelihood that a sterilization request would make a mention of the criminal acts of the patient more than doubled for Spanish-surnamed male patients at Pacific Colony. In fact Spanish-surnamed males made up thirty-three percent of *all* of the records containing mentions of criminality and almost forty percent of all the male patient records that mention the criminality of the individual. When information was given regarding the type of crime that was committed by the patient, thirty-six percent of

⁵² This figure represents all records that made any mention of the criminality of the patient. For example, if the request mentioned acts such as theft, burglary, or referred to the “criminal tendencies” of the patient in question, then the request was marked as having made mention of criminality and was included in this count. Because this data is dependent exclusively on the information typed into the sterilization record, which varied widely from case to case, it is likely that this figure is a lot smaller than the actual number of cases in which patients characterized as having “criminal tendencies” were requested to be sterilized.

the Spanish-surnamed male patient records described petty crimes (theft, destruction of property, etc.) while none of their records mention violent crimes.

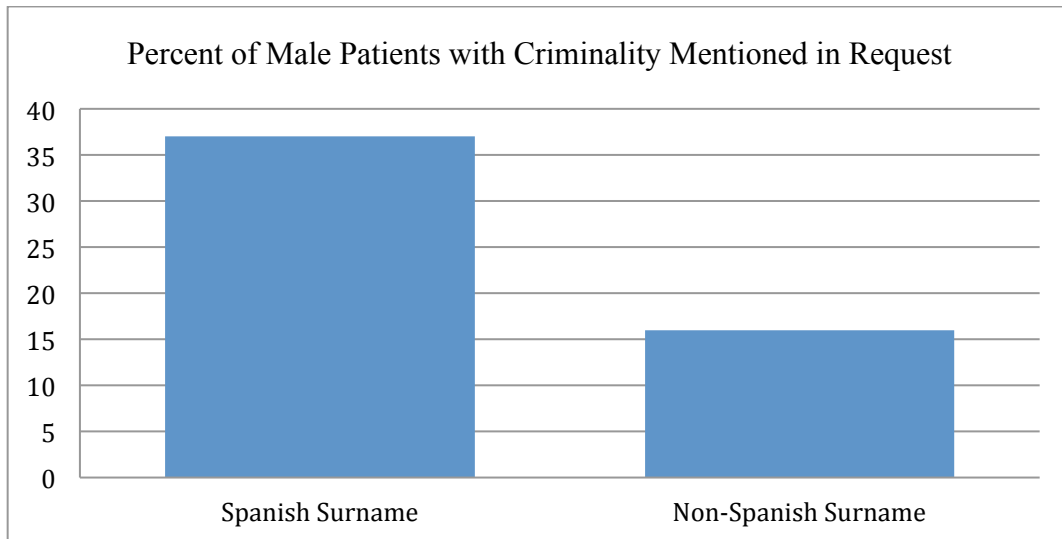


Figure 4. Percent of male patient sterilization requests that mention criminality, 1935-1951.

Data regarding age and diagnosis was also collected. Analysis of that data reveals that on average, Spanish-surnamed male patients were sterilized at a younger age than their female counterparts—at sixteen-years-old as opposed to eighteen-years-old. The reason for this may be explained by a remark made by Popenoe and Gosney in their 1938 study on the sterilization of feeble-minded patients. In their study they write that feeble-minded boys become “community problems” earlier than girls and thus come to the attention of juvenile authorities before young women (Popenoe and Gosney 1938, 24). Clearly, more research needs to be done in order to better understand this age gap in sterilization practices. Finally, an analysis of diagnosis patterns confirms Palace’s observation regarding the discrepancies in levels of intelligence between Mexican-origin and white male youths. This data reveals that seventy-four percent of Spanish-surnamed

male patients were diagnosed as either moron or borderline cases compared to fifty-four percent of non-Spanish-surnamed male patients. This data suggests that Mexican-origin male youths were more likely to be diagnosed as moron or borderline cases while non-Spanish-surnamed male patients were diagnosed along a wider spectrum on the scale of feeble-mindedness.

“Criminal Tendencies” and “Bad Racial Stock:” Justifying Sterilization

The quantitative data derived from the sterilization records from Pacific Colony from 1935-1951 suggests that Mexican-origin male youths subject to sterilization were cast as pathological criminals more frequently than other inmates. A qualitative analysis of the sterilization requests gives us a better sense of how delinquency discourse, specifically language about criminality, worked alongside ideas about mental deficiency and the “bad racial stock” of Mexicans to make a case for sterilization. Many of the sterilization records of Mexican-origin male youths listed out their criminal offenses, which served as a way to evince their criminal tendencies. For example, fifteen-year-old Miguel Lopez was admitted in April 1939 and because he scored above the cut off for the moron mental grade was diagnosed as a borderline case with a “language difficulty and poor background.” Miguel’s record explained that he was committed on the petition of a probation officer as went on to list all of his offenses describing him as “an habitual truant, run-away and has been guilty of repeated burglary, shop-lifting, etc [sic].” With this information the record proceeded to request that Miguel’s sterilization be authorized “on account of his history of delinquency.” (Sterilization Authorizations 1939, Reel 122)

That the quantitative data suggests that the deviant acts leading up to the commitment of Mexican-origin male youths were largely petty crimes is further

illustrated in the sterilization requests as well. For example, seventeen year-old Rodrigo Quintanilla's sterilization request revealed that he was committed on the petition of a probation officer after being held in jail when he was arrested for stealing \$87.75 worth of property from a home "with two other Mexican boys" (Sterilization Authorizations 1939, Reel 121). Rodrigo was diagnosed as a moron and two months after he was committed the hospital superintendent submitted a request for his sterilization (Sterilization authorizations 1939, Reel 121). In his sterilization request, fourteen-year-old Antonio Duran was painted as a criminal by both a probation officer and his school. His record indicated that he came to the attention of the court on charges of burglary and petty theft after having "entered a residence and taken several articles of small value" (Sterilization Authorizations 1939, Reel 121). Antonio's record went on to state that, in addition to this act of petty theft, his school "reported him as high tempered, unreliable, an habitual truant and a bully" (Sterilization Authorizations 1939, Reel 121). While these charges seem minor, in the records they were compounded by diagnoses of feeble-mindedness. Furthermore, the repeated mention of minor offenses such as petty theft, truancy, and running away reveals the way these boys were constructed as deficient delinquents. When placed alongside lower than "normal" IQ scores and diagnoses such as borderline and moron these seemingly minor criminal acts became seen as symptoms of mental deficiency and inherent pathology rationalizing the need for sterilization.

In addition to listing offenses alongside diagnoses of feeble-mindedness the sterilization requests of these Mexican-origin male youths often commented on their inferior "racial stock." Antonio's record, for example, described his parents as "of low grade Mexican Mentality" (Sterilization Authorizations 1939, Reel 121). In addition to

listing eighteen-year-old Jose Leon's "various offenses" which included burglary, grand theft, and "incurability" his sterilization record made note of the fact that both his mother and father, who was deceased, were "native of Mexico" elaborating further that "they came from a racial stock of Mexicans and Indians" (Sterilization Authorizations 1936, Reel 120). After commenting on the Jose's racial background, his record reads that owing to the fact that he was diagnosed as a Moron "he should have the operation, taking into consideration his criminal tendencies" (Sterilization Authorizations 1936, Reel 120). Similarly, fourteen-year-old Saul Suarez's record—who was committed after having served a year in Whittier "on a charge of petty theft and burglary"—also made the claim that "his parents [were] low grade Mexicans" (Sterilization Authorizations 1938, Reel 121). In Jose and Saul's records their criminality is made into a factor alongside these comments regarding their race, which infer their biological inferiority. While the connections are not made explicitly, mentioning the racial background of these boys was significant as it called upon an existing racial logic that assumed the intellectual inferiority of Mexicans and their inherent propensity toward crime.

In addition to referencing Saul's bad "racial stock" his record also commented on the supposed low intelligence of his family as it stated that eight of his siblings were "said to be subnormal" (Sterilization Authorizations 1938, Reel 121). Characterizing the families of these Mexican-origin male youth as feeble-minded or otherwise deviant also worked to legitimize the request for sterilization. Fifteen-year-old Francisco Mendoza's sterilization records also worked to paint his family in a negative light (Sterilization Authorizations 1943, Reel 124). After describing Francisco as a "behavior problem at home and in school" his record explained that he was committed after being "picked up

by the Sheriffs office for entering a house and stealing jewelry and money.” Following the description of his criminality, his record stated that his “father deserted the family and it is reported that the mother’s morals are questionable and that the boy would speak readily of the ‘father we have now’” (Sterilization Authorizations 1943, Reel 124). In describing his parents this way, the request painted a picture of familial deficiency. In addition to suggesting that his mother was immoral, the record also noted that Francisco’s paternal grandfather died of tuberculosis, signaling the notion of Mexicans as diseased (Sterilization Authorizations 1943, Reel 124). In his sterilization request, eighteen-year-old David Morales’ family was also disparaged. Like in many other cases, Morales had been previously institutionalized at Whittier because of a charge of petty theft and then was transferred to Preston where it was decided that he “was not a fit subject for Preston but should be confined in an institution for the feebleminded” (Sterilization Authorizations 1943, Reel 124). After describing his institutional history, which suggested a history of criminality and incorrigibility, David’s records revealed that he was one of twelve children and that his older brother was also institutionalized for mental deficiency (Sterilization Authorizations 1943, Reel 124). Taking his history of criminality, family size, and the suggestion that other family members were also mentally deficient, David’s record reasoned that he should be sterilized “on account of his low intelligence, criminal tendencies and poor family background” (Sterilization Authorizations 1943, Reel 124).

Many of these records also reveal the ways in which sterilization was used as a way to reform Mexican-origin male youths into productive but not reproductive members of society. Fifteen-year-old Freddy Cortez, for example, was committed by a probation

officer for stealing just after his father passed away (Sterilization Authorizations 1940, Reel 122). Freddy was diagnosed as a moron and weeks after he was admitted the staff at the institution's clinical conference unanimously decided "he should be sterilized and placed on industrial parole after a period of training" (Sterilization Authorizations 1940, Reel 122). That is, within days of being admitted, the medical staff at the institution decided that Freddy was only fit for a role in society that would be limited to work as a low-wage laborer as opposed a future that included having children and being a parent (Sterilization Authorizations 1940, Reel 122). Similarly, Hector Rios who was diagnosed as a high moron and who was described as having a "very poor family background" was deemed in need of sterilization "before being placed on parole" (Sterilization Authorizations 1938, Reel 120). Luis Chavez and his sister were committed to Pacific Colony in 1929 when he was nine-years-old, after his father was "killed in a brawl" (Sterilization Authorizations 1944, 124). His mother had also passed away, but his record made no mention of how. Luis was diagnosed as a middle moron and in 1944, thirteen years later, institutional authorities requested permission form the Department of Institutions to sterilize him when he was twenty-two (Sterilization Authorizations 1944, 124). After having spent most of his life confined at Pacific Colony, it was decided that "following sterilization he would be suitable for consideration of an industrial parole placement" (Sterilization Authorizations 1944, 124). In the cases of Freddy, Hector, and Luis we see how Mexican-origin men's reproduction was deemed threatening but their role as low-wage laborers worked to figure them as potentially productive citizens within the economic sector, thus making them eligible for reinstatement in society.

While descriptions of the Mexican-origin male youths sterilized at Pacific Colony were often brief they were specifically chosen to fit a particular racialized medical narrative of Mexican deviance and threat in order to justify sterilization. The descriptions relied on a particular racial understanding of intelligence and criminality that was developed in the early twentieth century, and the need to constrain the reproduction of certain feeble-minded delinquents in order to preserve the racial health of the nation. As many of the cases that I discuss in this and previous chapters have revealed, sterilizations conducted on the bodies of Mexican-origin men and women at Pacific Colony were often performed without the consent of their parents or relatives. In the next chapter I will explore the practices of consent set forth by the California Department of Institutions and the ways in which Mexican-origin patients and their families sought to resist state mandated reproductive constraint.

CHAPTER IV

Recovering acts of Resistance to Eugenic Sterilization

On April 5, 1938, seventeen-year-old Andrea Garcia became a ward of the state upon the petition of the Los Angeles Supreme Court. After being assigned to her case for about a year and a half, Andrea's probation officer, Karl Holton, determined that she was feeble-minded and needed to be legally committed to a state institution. Following through on his assessment, Holton filed a petition in the Los Angeles Court to have Andrea, "an alleged Feeble-minded person who [was] not insane," removed from her home and committed to Pacific Colony (*Garcia v. State Dept. of Institutions* 1939, 2). On December 11, 1939, three days after Holton filed his petition, Andrea and her mother, Sara, appeared before Judge W. Turney Fox of the Los Angeles Superior Court for a hearing regarding Andrea's case. During the hearing on that Monday afternoon, "oral and documentary evidence" was presented in support of Holton's allegations of mental deficiency and an order of commitment from Judge Fox was filed that described Andrea as "a feeble-minded person subject to admission to Pacific Colony" (*Garcia v. State Dept. of Institutions* 1939, 3). Before the end of that week, Andrea was committed to California's southernmost home for the feeble-minded and a request was made to have her sterilized. Sara, a widow and mother of nine other children, strongly disagreed with both the commitment and sterilization of her daughter and within a week managed to obtain pro-bono legal assistance from the Mexican Consulate. With this legal aid, Sara filed for a writ of prohibition against the sterilization of her eldest daughter. As the writ reveals,

Sara believed that it was “the intent, purpose and desire” of Holton and the superintendent of Pacific Colony to commit, confine and restrain Andrea at the institution and “cause to be performed at said institution a sterilization upon the body and person of said minor child” which would be done “against [their] wishes and desires” and “without their permission or consent” (Garcia v. State Dept. of Institutions 1939, 4).

In addition to expressing strong opposition to Andrea’s commitment and sterilization, the writ of prohibition filed by Sara’s attorney, David C. Marcus, also waged an attack on the statute that made the sterilization of individuals committed to state institutions legal.⁵³ Challenging the constitutionality of the California statute, Sara Garcia and David C. Marcus argued that the sterilization law was a contravention of the Fourteenth Amendment in that it violated Andrea’s right to life, liberty and the pursuit of happiness by preventing her from having children. They also charged that the law infringed upon the Equal Protection Clause of the Federal Constitution because it gave institutional authorities the power to use their discretion in deciding which inmates would be subject to sterilization. Furthermore, the petition waged a critique of the legal power institutional authorities held in recommending and performing sterilizations without consent. Marcus argued that the statute violated the due process of law by failing to provide for a hearing, notice, or appeals process and, in effect, granting full discretion to institutional authorities who, as he noted were not part of the judicial body (Garcia v. State Dept. of Institutions 1939, 5-6).⁵⁴ After making a case for the unconstitutionality of

⁵³ At the time, David C. Marcus was working for the Mexican Consulate as the Consular Attorney in Los Angeles. He later went on to file and litigate *Mendez v. Westminster* (1946) (Carpio 2011).

⁵⁴ Sara Garcia and David Marcus were specifically arguing against Section 6224 of the Welfare and Institutional Code of the State of California as enacted in 1937, which was the version of California’s Sterilization law that was being used at the time. It provided for the sterilization of any person legally committed to any one of California’s institutions for the feebleminded or mentally ill. They presented five reasons why the statute was void: 1. It is “a contravention of the XIV Amendment [...] that it violates the

the sterilization statute, Marcus stressed the importance of the petition as it involved Andrea's "God given right of procreation" and her right to be heard by a judicial body on the authority of institutional workers to sterilize her. Importantly, Marcus and Andrea's mother also pointed out the fact that if the operation occurred there would be no remedy, thus causing "great and irreparable damage" (*Garcia v. State Dept. of Institutions* 1939, 7).

Despite Marcus' strong arguments against the validity of California's sterilization statute, the writ of prohibition was denied in a two to one decision on December 18, 1939, the same day it was filed. As the only dissenting Judge, Judge White argued that because the sterilization order deprived a person of the right of procreation it merited judicial consideration beyond the administrative arena of the California Department of Institutions. Judge White asserted that the power held by the Department of Institutions should have been tempered by requirements such as a formal notice and a hearing wherein the inmate could be given an opportunity to argue against the operation. In fact, Judge White wrote, "to clothe legislative agencies with this plenary power, withholding as it does any opportunity for a hearing or any opportunity for recourse to the courts, to my mind partakes of the essence of slavery and outrages constitutional guarantees."

Institutional records reveal that despite her mother's efforts and notwithstanding Marcus'

fundamental and inalienable right of said minor, Andrea Garcia, to life, liberty and the pursuit of happiness and therefore exceeds the police power of the State of California to perform said sterilization operation." 2. "Violation of the equal protection clause [...] in that only inmates of the institution mentioned in said statute shall be sterilized, and only those whom the officers and employees of said institution may in their discretion cause to be sterilized." 3. "Violation of the due process of law [...] in that no appeal or hearing is provided from the discretion vested in the employees and officers of said institution which officers and employees are a non-judicial body." 4. Void and in violation of the state constitution in that "said statute does not provide for a hearing, notice or appeal from the discretion vested in the non-judicial body or persons contemplating said sterilization." 5. In violation of state constitution "because it is discriminatory, denies equal protection of the law and due process of the law." (*Garcia v. State Dept. of Institutions* 1939, 5-6)

and Judge White's critique of the state's sterilization law, Andrea was sterilized at Pacific Colony in 1941. (Garcia v. State Dept. of Institutions 1939)

The writ of prohibition filed by Sara Garcia and David C. Marcus against Andrea Garcia's sterilization at Pacific Colony along with Judge White's dissent outline the ways in which Andrea and the other inmates committed to California's institutions for the feeble-minded were stripped of their reproductive rights by the state's eugenic sterilization law. Under this law, institutional authorities were legally granted the power to sterilize inmates at their discretion and without consent or a hearing as long as a hospital superintendent or medical official deemed the operation necessary. Furthermore, institutional authorities provided no formal appeals process for patients or family members seeking to prevent reproductive surgery. While the writ was denied and California institutions continued to enforce the eugenic sterilization law unobstructed, Andrea Garcia's case represents one of the many ways that Mexican-origin families sought to resist and prevent sterilization abuse during the first half of the twentieth century. As I will illustrate, Andrea and her mother were not the first and would not be the last to actively oppose state mandated sterilization.

While California law allowed for the sterilization of inmates committed to institutions for the feeble-minded without consent, institutional authorities nevertheless implemented a practice of obtaining signed consent forms from the patients' closest relative whenever possible. This practice resulted in the production of thousands of sterilization consent forms and interdepartmental letters regarding consent for the operation. At first glance the presence of consent forms seems to indicate that patients and family members approved and agreed with institutional requests for sterilization.

However, this practice of obtaining written consent was, for the most part, an attempt to further protect institutional figures from litigation. In the first part of this chapter, I engage with prominent eugenicist Paul Popenoe's studies of patient and parents' reactions to sterilization in order to reveal the ways in which practices of consent reflected an institutional logic that framed inmates and their family members as incapable of making decisions about their bodies. In his studies on attitudes toward the operation, Popenoe interprets the high proportion of sterilizations performed with written consent as positive reactions to sterilization on the part of patients and their families. A close reading of sterilization requests, consent forms, and interdepartmental letters processed by Pacific Colony and Sonoma from 1935-1944, however, demonstrates that "consent" was a much more contested process than Popenoe cared to admit. I argue that these materials offer us a counternarrative regarding the meaning of consent forms from state institutions during this time, one that details the coercive nature of the consent process, revealing startling discrepancies among consent forms. Crucially, and related to the argument in the previous chapters, statistical data indicates that Mexican-origin patients were more likely than others to be sterilized without a consent form. In fact, there were a number of sterilization cases that were approved without written consent, an analysis of which illustrates the complex process of coercion and consent at play in California's institutions for the feeble-minded.

In this chapter, I hope to demonstrate not only how institutional consent practices within Pacific Colony and the Sonoma State Home masked the overwhelmingly oppressive nature of state mandated sterilization, but also that Mexican-origin men and women were active agents with regard to their reproductive rights, as opposed to simply

victims of forced sterilization. Indeed, institutional records such as sterilization requests and interdepartmental letters show how Mexican-origin patients and their families resisted state mandated sterilization in various ways such as refusing to sign consent forms, appealing to community allies such as religious leaders and the Mexican Consulate, and even escaping from the institution. Following the lead of reproductive justice scholars who document the historical resistance of women and men to systems of reproductive constraint, I argue that even in the face of extremely limited options, Mexican-origin women and men as well as their families and allies, sought out creative ways to resist sterilization, revealing various levels of agency and defiance.

Institutional Logics of Consent

Funded by wealthy philanthropist and founder of the Human Betterment Foundation Ezra S. Gosney, Paul Popenoe conducted a series of studies on California's sterilization law assessing the roughly 6,000 sterilizations that had been performed in state institutions during the first twenty years of its implementation. In an attempt to promote eugenic policies and uphold the efficiency and success of the sterilization work being done in California, Gosney and Popenoe published a number of works including their co-authored pro-sterilization treatise *Sterilization for Human Betterment: A Summary of Results of 6,000 Operations in California, 1909-1929* (1929). In addition to outlining who was targeted for sterilization and how the operation benefited both the individual and society, Popenoe published articles that worked to shed light on the legal dynamics and the reactions of both patients and their relatives to the operation. These articles, published in the *Journal of Social Hygiene*, point to the fact that the law, as well as the institutional practice of consent, were primarily aimed at protecting institutional

authorities against litigation.

Popenoe's 1928 article "Attitude of Patient's Relatives Toward the Operation," a survey of the reactions of relatives of patients sterilized in institutions, began by detailing the process of determining who would be sterilized writing,

sterilization of an insane or feebleminded patient in one of the state hospitals is compulsory if the judgment of (1) the medical superintendent, that it should be performed, is ratified by (2) the director of the State Department of Institutions and (3) the director of the State Department of Public Health, the three constituting what might be called a state Board of Eugenics. (271)

As Popenoe's explanation indicated, power to determine and carry out compulsory sterilization resided entirely in the hands of institutional authorities. Despite holding this legal power, medical superintendents sought out the written consent of the nearest relative whenever possible. Far from being a courtesy or an attempt to find out whether patients or their families actually wanted the operation or agreed with the request, the consent process was largely aimed at protecting the law and institutions from legal liability for unwanted sterilizations. As Popenoe explained,

The primary purpose of this policy was to protect the law by avoiding possibility of litigation. It was felt preferable to discharge a few patients unsterilized, even though the operation would have been appropriate in the case, if it appeared that compulsory sterilization might provoke a lawsuit or hostile criticism which might temporarily jeopardize the usefulness of the whole law. (1928a, 271)

Historical research on consent processes in the Sonoma State Home in particular, further corroborate the fact that the purpose of these consent forms was to protect institutions by providing extra insurance in case of litigation (Chávez-García 2012; Stern 2005; Wellerstein 2011).⁵⁵

⁵⁵ Chávez-García writes that for Sonoma Superintendent Fred O. Butler, familial consent was "pro forma because he knew that he—and his staff, who rarely opposed him—had the state's backing and ultimate authority to order and carry out the medical procedure" (2012) She also writes that John R. Haynes, a member of the California State Board of Charities and Corrections and one of the biggest proponents of the

In his study of relatives' reactions to sterilization Popenoe presented data that indicated that 3/4 of sterilizations were performed with written consent from a relative (1928a). Popenoe interpreted this high percentage of written consent forms as a positive reaction from relatives concluding that "the relatives of sterilized patients [were] in every case pleased" (1928a, 279). He explained the lack of consent in the other 1/4 of sterilizations as cases in which no relatives existed or were not "accessible" for consent listing, for example, "foundlings and orphans, among the feeble-minded; the homeless wanderer and unidentified individuals among the insane; and cases in which all the known near relatives are in foreign countries, or are themselves feeble-minded or insane, or can not be reached" (1928a, 272). Another portion, Popenoe explained, reflected "careless omissions," implying that consent was given but simply not documented or that "the operation was performed without written permission of relatives" which he wrote "was sometimes done when the kinfolk were ignorant and illiterate," thus figuring the consent of some relatives as unnecessary and irrelevant (1928a, 272). At the end of his analysis of this data, Popenoe recognized the existence of cases in which relatives objected outright to the operation and refused to grant written consent. As opposed to engaging with these cases or listing reasons for which patients and relatives might legitimately object to and want to prevent sterilization Popenoe instead reiterated that if the superintendent felt that the sterilization was necessary for the "interest of the patient or of the state or both" he could and did use "his legal prerogative to operate" (1928a, 273). Perhaps anticipating the outrage some readers may have felt upon learning that inmates were being sterilized against their will and against the wishes of their relatives, Popenoe

establishment of Pacific Colony, raised thousands of dollars to build a fund to protect medical superintendents from prosecutions.

concluded this section by reassuring the reader that “not more than one operation in 10 and perhaps not more than one operation in 20” fell in this last category (1928a, 273).

Following his presentation of the data, which strongly suggested that relatives overwhelmingly approved of the sterilization of their institutionalized family members and thus looked favorably upon California’s sterilization law and its implementation in state hospitals, Popenoe attempted to further represent relatives’ attitude toward the operation. Instead of questioning relatives of sterilized patients directly, however, Popenoe depended on a survey distributed to social workers, probation officers, and parole officers reasoning that since they were often the ones in charge of committing patients, explaining the operation, and obtaining written consent, they were best qualified to speak on any “unfavorable reactions” (1928a, 275).⁵⁶ As an aside, Popenoe mentioned that the survey was also given to “a few individuals who had been particularly active in opposing the California sterilization law” (1928a, 276). However, he failed to explain who they were and furthermore, did not include their responses in his analysis stating that none of them “was able to cite a single case in which there had been any unfavorable sequel to the operation” (1928a, 276). Omitting and discrediting the opinions of sterilization law opponents, Popenoe based his analysis on responses obtained from just twenty-two “useful replies” from social workers. As might be expected, when discussing the final question of the survey “what is your general impression (favorable or unfavorable) of the California Sterilization law in principle? And in application?” twenty out of the twenty-two responded “favorable in principle,” nineteen replied that their opinion of the law was “favorable in application,” two failed to answer on the principle of the law, two failed to answer on the application of the law and only one answered

⁵⁶ He argues that he did not want to “invade their privacy” (1928a, 278).

“doubtful in application” (1928a, 278). Presenting this data in his study, Popenoe clearly aimed to portray a sense of consensus regarding the favorable reaction to sterilization.

Commenting on the almost unanimous favorable reply to this question on the survey

Popenoe addressed the issue of bias,

It might be thought, therefore, that their opinions are biased. One might equally assume, on the other hand, that they expressed themselves as favorable to the law, because their experience with it was satisfactory. In this case, there would be no reason to fear a packed jury. The latter explanation seems the more probable. (1928a, 278)

Far from discrediting potential accusations of bias (as he did with those who expressed support for sterilization), Popenoe’s approach to assessing and qualifying how relatives of institutionalized individuals might have felt about the implementation of California’s sterilization law reveals the paternalistic and circular logic used to legally and ideologically support state mandated sterilization. For example, at the very end of his study, Popenoe conceded that not all relatives of sterilized patients were pleased stating, “sometimes they are sentimentally regretful; occasionally indignant” (1928a, 279). Instead of legitimizing these sentiments, however, Popenoe went on to pathologize negative reactions to the compulsory sterilization of their loved ones writing “this would be expected particularly when one remembers that many of the relatives of the insane and feeble-minded are themselves abnormal mentally” (1928a, 279). Popenoe and the medical superintendents that I discuss later in this chapter often used paternalistic and infantilizing language to further pathologize and discredit dissenting individuals describing them as ignorant, subnormal, and unable to understand the benefit of sterilization if they refused to sign consent forms. As Popenoe’s statement reveals, dissenting opinions were often figured as simply another symptom of mental deficiency,

which in turn served to further discredit resistance to sterilization.⁵⁷ More often than not, though, dissenting opinions were explicitly omitted from Popenoe's study and institutional records as well. The statements of authority figures like social workers and law enforcement officials who, as scholars have shown, shared the same views on eugenic sterilization and on what populations should be sterilized as Popenoe and institutional leaders, on the other hand, were presented as holding legitimate and informed opinions and were, therefore, used to shape the outcome of Popenoe's studies (Abrams and Curran 2000; Kennedy 2008; Odem 1995; Platt 2009; Rembis 2013).⁵⁸ While Popenoe portrays his 1928 study as an inquiry into the reactions of relatives, their actual voices and opinions were completely erased. Much like the practice of obtaining written consent and the sterilization law itself, Popenoe's study ultimately rendered relatives' opinions of the sterilization of their loved ones as important and useful if positive but irrelevant if negative.

While their consent was ultimately meaningless in face of the sterilization law, consulting with relatives regarding the sterilization of their family members was necessary in order to obtain consent form signatures. Inmates of institutions for the feeble-minded, on the other hand, were rarely asked their opinions or if they consented to the operation. This was due, in part, to the fact that being legally committed to the institution marked them as mentally incompetent and incapable of granting consent. In a second article, Popenoe wrote his only assessment of how individuals who were actually

⁵⁷ There is a larger history of medicalizing dissent and resistance as pathological and often as a mental illness. For example, in 1851 the physician Samuel A. Cartwright constructed the diagnosis "drapetomania" as a mental disease that caused black slaves to escape from their slaveholders (Baynton 2013, 20). In the 1960s and 1970s many civil rights leaders, including Malcolm X, were diagnosed as schizophrenic (Metzl 2011).

⁵⁸ In their work, Platt and Odem show how Social Workers, who were mostly white middle-class women, shared the views of eugenicists when it came to who should be sterilized and why.

subjected to state mandated sterilization felt about the operation. Tellingly, in this second article Popenoe only included the responses of patients sterilized in institutions for the insane, explaining “we made no attempt to get direct expressions of opinion from those sterilized at the state home for the feeble-minded, believing that their testimony would not be valuable, in view of their mental levels” (1928b, 283). Relying on the medical notion that individuals diagnosed as “insane” could be treated and cured of their mental afflictions while individuals diagnosed as “feeble-minded” were inherently and permanently mentally deficient, Popenoe chose to only survey patients sterilized at state institutions for the insane under the assumption that they could give more rational and reliable responses. Significantly, sterilization was *not* a condition for release from institutions for the insane as it often was in the state homes for the feeble-minded, and the rates of sterilization in the hospitals for the insane were much lower than at the two institutions for the feeble-minded. While this study did not include the opinions of individuals sterilized in institutions for the feeble-minded, the analysis of patients that responded disapprovingly reiterates how self-serving Popenoe’s methodology was, reflecting a general tendency in both the legal apparatus and the institutional approach to sterilization to discredit dissenting opinions based on supposed mental capacity. Popenoe concluded sweepingly, “none of those who disapproved gave a rational or cogent reason for disapproving of the operation, except one instance where a woman stated she was already past menopause and hence the operation was unnecessary” (1928b, 282). Popenoe’s analysis of dissenting opinions indicated that within this context the only reason the sterilization of a person committed to a state institution could legitimately be read as inappropriate or unjustified would be if that person was already unable to

reproduce. Even more revealing is that this study also indicated that patients were often not even notified that they were going to be sterilized. Nor were they informed of the fact that they would no longer be able to reproduce after surgery. Popenoe remarked, “several [patients] state that the letter of inquiry was the first knowledge they had, of the fact that they had been sterilized at the hospital” (1928b, 282). Thus, not only were inmates legally stripped of their ability to protest sterilization, they were also often not even notified that they had undergone a reproductive surgery.

Given the blatant disregard for patient and relatives’ opinion about the sterilizations being performed, it is not surprising that some were subjected to the operation without their knowledge.⁵⁹ Indeed, inmates who were deemed in need of sterilization in California’s institutions for the feeble-minded were legally stripped of their reproductive and bodily autonomy as California law granted institutional authorities full power to perform the operation at their discretion and without consent. Despite the fact that it was unnecessary under the law, California institutions maintained a practice of requesting written consent from the patient’s relatives. Popenoe noted in “Attitude of Patient’s Relatives Toward the Operation,” that this was an attempt to further protect the interests of the institution and the law by preventing litigation. The California law and Popenoe’s studies of patient and relatives’ attitudes show that both legally and in practice, patients and their loved ones were rarely, if ever, figured as full agents capable of making decisions about their health or their bodies (1928a, 1928b). Their responses to sterilization were only valuable insofar as they were complimentary, indicated compliance, and could be used to justify the operation and the law. Dissent and

⁵⁹ This foreshadows the Mexican-origin women’s testimony in *Madrigal v. Quilligan* that they were sterilized without their knowledge (E. Gutiérrez 2008).

opposition on the part of patients or their family members was not legally recognized as valid and often medically discredited as symptomatic of feeble-mindedness. In fact, Popenoe's 1928 studies reveal that individuals that disapproved of or resisted sterilization were quite often characterized as ignorant and pathologized as subnormal. Popenoe's one-sided analyses of patients' and relatives' attitudes regarding sterilization gives us a more accurate picture of institutional attitudes about consent than it does of how relatives and patients felt about the operation. Turning to the institutional documentation of consent procedures in Sonoma and Pacific Colony reveals a different story, one that ironically offers a counternarrative to Popenoe's celebratory analyses of patient and relatives' reactions to sterilization and its implementation in institutions for the feeble-minded.

Coercion and Consent

Historical research on California institutions for the feeble-minded has previously read the existence of signed consent forms as evidence of parental power and the importance of family negotiation in sterilizing rebellious or sexually deviant youth (Kline 2005, 58). While some relatives certainly gave written consent willingly and may have even agreed with the request, I argue against reading the fact that over 3/4 of the sterilization requests were accompanied by relatives' signatures as evidence of full parental power in the decision making process. Given the coercive nature of parole and release practices in Pacific Colony and Sonoma I assert that in most cases full parental or patient consent was not possible. Consent policy and implementation at Sonoma and Pacific Colony was not always strictly about a negotiation of power between institutional authorities and parents or legal guardians. This is largely because, given the law, there

already existed a large power imbalance. Furthermore, negotiations were leveraged by institutional authorities and their ability to make final decisions regarding the treatment, length of confinement, and release of inmates. As mentioned in multiple studies and statements by institutional authorities, sterilization was often mandatory for release from the two institutions for the feeble-minded (Chávez-García 2012, 2985; Popenoe 1928a, 271; Rouble 1930, 3). Thus, following institutional guidelines, relatives who sought the release of their institutionalized family member were required to sign off on the sterilization first. This practice produced a coercive system in which family members were not able to oppose the sterilization of their loved ones if they wanted to have them released. The “choice” to give consent for sterilization or not was greatly impacted by the fact that the inmate’s freedom was often contingent on agreeing with the medical superintendent’s request. The fact that superintendents and other institutional authorities frequently called upon this power over patients and their (non)consenting family members was evident in the sterilization requests. In many cases I observed in which parents expressly refused to consent, the interdepartmental letter written by the superintendent explaining the case would indicate that the parent was told that the patient would not be released unless sterilized. Furthermore, sterilization was an integral part of the industrial parole program as well as any other release plans. Thus, patients who hoped to leave the institution either through a work program or supervised parole would often have to undergo sterilization first. In one case from the Sonoma State Home, for example, Dr. Butler wrote to then director of the Department of the Institutions Aaron Rosanoff explaining that Josephina Rivera’s “father [had] refused consent for the operation, without which she cannot be placed on industrial parole, which it was our plan to do”

(Sterilization Authorizations 1936, Reel 121). However, Dr. Butler wrote that “her case was brought before conference for further procedure and it was the unanimous opinion of the Staff, taking into consideration her poor family background and the fact that she has already given birth to two illegitimate children, that she should be sterilized notwithstanding the father’s refusal” (Sterilization Authorizations 1936, Reel 121). The sterilization request was approved by the Department of Institutions and in this case we see the ways in which the operation was presented as necessary for release and how plans outlined by institutional authorities were figured as more important than the desires of the patients and their parents.

In addition to the coercive nature of consent practices that were related to the release and parole of patients, language appearing in consent forms, of which there were many versions over the years, also seems misleading. Many of these documents included ambiguous statements such as “I approve of any necessary operation” or “permission is hereby given for the operation of sterilization and appendectomy and such other surgical work as may be considered advisable.” These statements create doubts about whether the parent or relative knew what they were consenting to. Furthermore, a closer look at the dates on consent forms shows that many were signed upon admission, which suggests that the relative may have signed the form in case an operation was necessary but not specifically as a mark of consent for reproductive surgery. Moreover, many sterilization forms were either signed with an “X” or had typed names as opposed to hand written signatures suggesting that these parents and relatives may have been unable to read or write. This calls into question their ability to comprehend the documents they were signing. Comprehension of the consent forms on the part of Spanish speaking parents and

relatives was especially questionable given the fact that all of the forms were in English.
(Sterilization Authorizations)

In addition to the inconsistencies and problematic format of the consent forms themselves, many of the witness signatures on the signed forms came from parole officers or judges, which suggests that family members may have been pressured or even forced into signing consent forms under legal duress. In fact, Andrea Garcia's sterilization records include a consent form that was signed by her mother with a witness signature from a Los Angeles Police official. Her medical records make no mention of the writ of prohibition, obscuring her mother's objection and attempt to prevent the sterilization. When taken together, all of these facts cast considerable doubt that informed consent was given freely even if a signed consent form was present.

While the consent forms do not represent full and informed consent, they nevertheless resulted in the production of thousands of documents and interdepartmental letters that offer further insight into inmate's and their families' reactions to sterilization requests. Analysis of the available sterilization requests, consent forms, and additional interdepartmental communication letters from both feebleminded homes from 1935 to 1944—the height of California's sterilization program and a period that covers sterilization request made about five years after when Popenoe's studies were published—results in data that is strikingly similar to Popenoe's study, showing that feebleminded institutions were indeed able to acquire signatures from relatives for the majority of sterilization requests. In fact, these figures are almost identical to those presented in Popenoe's article; out of the 3,013 sterilization requests sent out over the ten year period 2,338 or about seventy-seven percent of the requests were accompanied by

consent forms signed by family members for the sterilization of their institutionalized relative, while 674 or twenty-two percent of the requests indicated that written consent from a relative was not obtained.⁶⁰ In almost all of these cases, if written consent was obtained, a separate consent form accompanied the request form providing the dated signature of the relative and often the signature of a witness. In most cases if written consent was *not* obtained, an interdepartmental letter from the medical superintendent to the director of the Department of Institutions explaining the case and often the reason why consent was not obtained was sent along with the sterilization request form. The purpose of these interdepartmental letters was to request permission to perform the operation without written consent. In cases where no written consent was obtained, dated signatures from the Director of the Department of Institutions on the bottom of the request forms reveal that the sterilization request was approved despite the lack of written consent.⁶¹ This was the case in all of the requests I observed. When read together, these documents give us a more detailed understanding of the consent process and how institutions created an illusion of consent in order justify operating on inmates and to uphold and protect the state's sterilization law. While these documents were originally produced in an effort to justify sterilization and create an aura of approval and compliance, the records also help uncover some of the dissent and opposition hidden from Popenoe's 1928 studies. When we look closely at the consent patterns revealed by looking at Spanish-surnamed patients, most of whom were Mexican-origin, we also get a better understanding of ways in which the lines between consent and non-consent were blurred within the institution.

⁶⁰ For one of the records, it was unclear whether consent was given or not.

⁶¹ This data is based on a count of the section printed on all 3,008 forms that indicates whether written consent was "given" or "not given."

Of the 3,013 sterilization performed at Pacific Colony and Sonoma between 1935 and 1944, 711 or about twenty-three percent were Spanish-surnamed inmates. Being the larger of the two homes for the feeble-minded, Sonoma performed over half of the sterilizations with 2,008 requests made over the ten-year period. Twenty-one percent or 419 of these operations were conducted on patients with Spanish surnames. While Pacific Colony performed a smaller number of operations at 1,005, the institution nonetheless targeted Spanish-surnamed patients at a higher rate than Sonoma with 292 or about thirty percent of the sterilizations being performed on patients with Spanish surnames. In addition to being targeted for sterilization in both homes for the feeble-minded, Spanish-surnamed patients were also sterilized more often without written consent. Of the 711 Spanish-surnamed patients ordered to be sterilized thirty percent had requests that indicated that written consent was not obtained for the operation compared to approximately twenty percent of patients without Spanish surnames (Figure 5). In fact, Spanish-surnamed patients made up approximately one-third of all of the requests that were processed without written consent forms (216 out of 674).

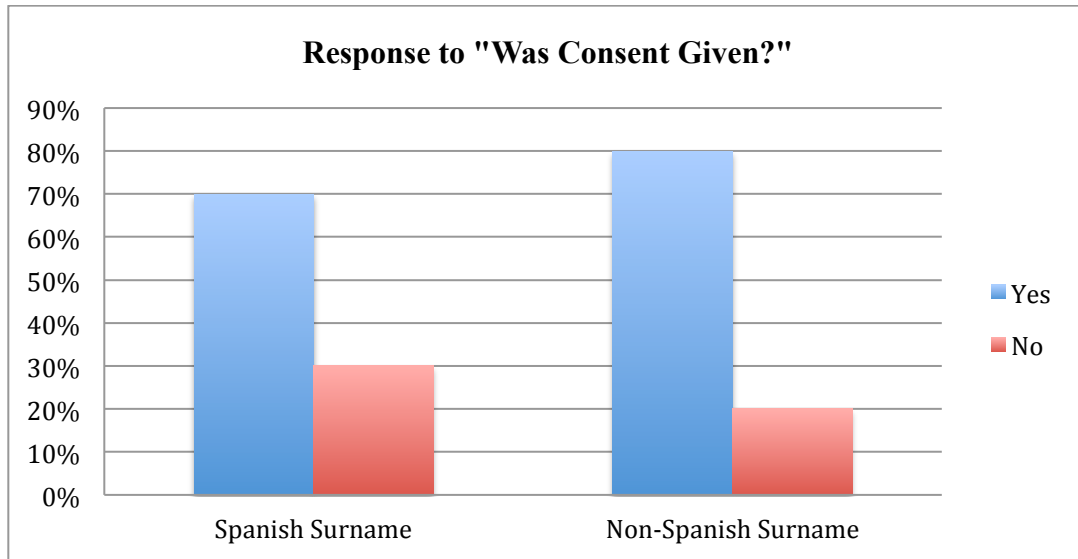


Figure 5. Response to the question printed on all sterilization requests, “Was Consent Given?” for records processed by both Pacific Colony and the Sonoma State Home, 1935-1944.

When broken down by institution, we see stark differences between Sonoma and Pacific Colony. For Pacific Colony, the majority of the sterilization requests were accompanied by signed consent forms (approximately ninety-five percent) whereas only about five percent of requests were processed without written consent. In stark contrast, Sonoma’s figures are more in line with what Popenoe described with roughly seventy percent of requests having written consent while thirty-one percent were processed without consent (1928a). While it is unclear why the figures are so different between the two institutions, given Pacific Colony’s focus on the juvenile delinquents and youths diagnosed as “morons” it is possible that institutional authorities may have been able to work more closely with juvenile authorities to pressure parents to sign consent forms. More research clearly needs to be done in order to better understand the stark differences between the two institutions when it came to acquiring consent form signatures.

Even though the rates of consent and non-consent are drastically different between the two institutions, when controlled for race, similar patterns emerge. In

Sonoma forty-six percent of Spanish-surnamed patients' sterilization requests were processed without written consent while only twenty-seven percent of non-Spanish-surnamed patients' requests lacked written consent. Likewise, at Pacific Colony, only about four percent of non-Spanish-surnamed requests were processed without consent, while over seven percent of Spanish-surnamed requests had no written consent. That is, in both institutions the number of Spanish-surnamed sterilization requests processed and approved *without* written consent was nearly double that of non-Spanish-surnamed patients.

In order to further understand the patterns of non-consent I reviewed all 216 of the Spanish-surnamed patient records that were approved without written consent. These cases revealed that reasons for non-consent generally fell into four categories. The highest number, forty-one percent, represented non-consent cases that claimed no consent available. Like in Popenoe's description, many of these inmates were orphans or youths declared to be wards of the state (1928a). Others, however, were youths whose parents were institutionalized or otherwise deemed feeble-minded and therefore deemed incapable of giving consent. Like acts of criminal or sexual delinquency, the act of refusing to sign a consent form for sterilization was often figured as evidence of mental deficiency. Thus, authorities could and did nullify the need for consent from a parent, relative or guardian simply by describing the non-consenting party as feeble-minded, subnormal, or simply incapable of comprehending the need and importance of the operation. Once they had been categorized in such a fashion their approval was deemed unnecessary.

The second largest category, thirty-three percent of the records, was made up of

cases that claimed “no response” or cases in which the institution sent consent forms through the mail and received no reply. In many of these cases, the parents or guardians were described as indifferent about the operation or as intentionally ignoring the request for consent. While sometimes a second or third letter was sent out no visit or any other action was taken on the part of the institution to contact the parents. Thus, citing proof of intent to obtain consent, the medical superintendent and the director of the Department of Institutions justified approving and conducting the sterilization without written consent. About 1/4 or twenty-four percent of Spanish surname patients’ sterilizations processed without written consent represented cases in which parents objected to the operation. This third category consisted of mothers and fathers that explicitly and adamantly refused to sign the consent form and who often went beyond simply not signing in order to prevent the sterilization. I talk more about these cases later in the chapter.

The final category represents only two percent of the total number of non-consent cases but these five cases give us insight into the complex processes of coercion and consent at play in the institutions. While four of these women could have been categorized as cases in which no consent was available, I chose to separate them because in these instances the women are described as desiring of and anxious to have the operation for various reasons. In one such case a woman is described as desiring the operation so that she could return to her children. In another case a woman is described as wanting sterilization because she hoped to be released on parole. Given that, legally, their consent was not necessary, it is clear that institutional authorities included a mention of these women’s’ opinions because they fell in line with the superintendent’s request. However, these cases also give some insight into the desires of these Spanish-surnamed

women as they can be read as assertions of agency within a context of extremely limited options. Importantly, cases like these remind us that some women may have desired sterilization. In her work on eugenic sterilization in North Carolina, Johanna Schoen discusses the existence of cases in which women would apply for “voluntary sterilizations” even though this meant that they would be diagnosed as feebleminded, which indicates that women sometimes actively tried to secure sterilization as a form of birth control (2005). This was not unique to North Carolina and in California women who sought out sterilizations were undoubtedly asserting their reproductive agency within a context of limited alternatives for reproductive control. As my analysis indicates, these women were in the minority and their possible use of eugenic sterilization does not change the coercive nature of the program.

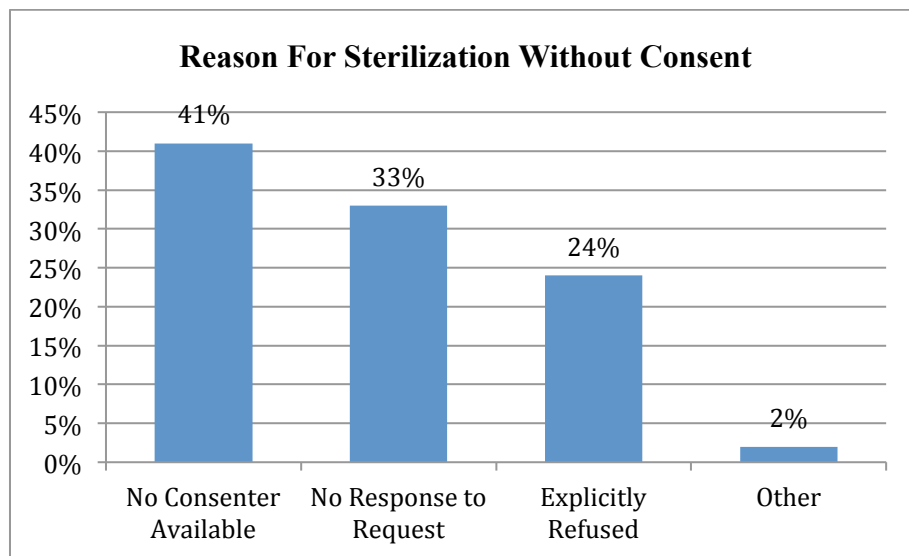


Figure 6. Reasons given for proceeding with sterilization without consent in Spanish-surnamed patient records processed by Pacific Colony and Sonoma State Home, 1935-1944.

While responses to sterilization requests varied, the outcome of sterilization requests were ultimately shaped by the restrictive legal process of state mandated

sterilization programs. That said, as might be expected, Mexican-origin patients and their families did not acquiesce to state control of their reproductive agency. Instead, they pursued various avenues of resistance in their attempts to oppose coerced sterilization.

Refusing Consent

While signed consent forms accompanied a majority of requests many sterilization records show signs of protest, revealing how sterilization was resisted, even in the face of great pressure that many parents, relatives and guardians undoubtedly felt when asked to agree to the sterilization of their loved ones in order to secure their release. In all of the cases I observed the Director of Institutions sided with the hospital superintendent and ended up approving the operation above and beyond the wishes of the patient, family members, and/or guardian. Although the act of refusing to sign consent for sterilization ultimately carried little weight, it was the first immediate option most inmates and their family members had in attempting to resist state mandated sterilization. In her work on the Sonoma State Home and the juvenile reform school Whittier State School, Miroslava Chávez-García found that while the number of refusals to consent was relatively low, Mexican-origin patients were more likely than others to expressly refuse to sign the sterilization paperwork (2012, 145). My analysis of the sterilization requests for the sterilization of Spanish-surnamed patients and the interdepartmental letters that resulted in cases where written consent was not obtained support Chávez-García's assertion and reveal Mexican-origin parents' unequivocal protest against their children's sterilization.

In August 1936, sixteen-year-old Emilia Cortez was committed to Sonoma on the petition of a parole officer and was diagnosed as a "middle moron" because she was

“unable to adjust in the home or in society” (Sterilization Authorizations 1936, Reel 120). When institutional authorities requested approval for Emilia’s sterilization in November of the same year, her parents refused (Sterilization Authorizations 1936, Reel 120). In the interdepartmental letter explaining her case, Dr. F. O. Butler mentions Emilia’s parents’ objection to the operation but proceeds to pathologize them describing both as “low grade Mexicans,” and further explaining that the father was “not a citizen of the U.S. And efforts [had] been made to deport him” (Sterilization Authorizations 1936, Reel 120). Butler goes on to describe the mother as being involved in a “series of marital relationships” that resulted in multiple children (Sterilization Authorizations 1936, Reel 120). Calling upon notions about the racial inferiority of Mexicans, Butler points to Emilia’s family as proof of her need for sterilization writing “in view of the above family background we respectfully ask your approval direct for the sterilization of this girl as the parents refuse consent and it was our decision at staff meeting today that the operation should be performed over and above the parents consent [sic]” (Sterilization Authorizations 1936, Reel 120). In 1936, Adriana Lopez was committed on the petition of a parole officer after she was found to be both “guilty of theft” and “a decided sex problem” (Sterilization Authorizations 1938, Reel 121). When her mother was approached about consenting for Adriana’s sterilization in 1938 she “persistently refused to give her consent” (Sterilization Authorizations 1938, Reel 121). Despite her mother’s persistent refusal, though, the staff decided, “she should be sterilized without delay” (Sterilization Authorizations 1938, Reel 121). Here we see how Adriana’s sexual and criminal delinquency was used to legitimize the need for her sterilization despite her mother’s wishes.

Parents also objected outright to the sterilizations of their sons. In 1938, for example, institutional authorities sought the written consent for the sterilization of fourteen-year-old Gerardo Sosa who was committed on petition of a parole officer on charges of “petty theft and burglary” and diagnosed as a borderline case (Sterilization Authorizations 1938, Reel 121). Gerardo’s records reveal that his father refused to sign consent for the operation on three separate occasions (Sterilization Authorizations 1938, Reel 121). However, as in Emilia’s case, Gerardo’s parents were described as “low grade Mexicans” and a letter explaining the lack of written consent and the need for sterilization stated that Gerardo’s eight siblings were “said to be subnormal” (Sterilization Authorizations 1938, Reel 121). Thus, in a rhetorical move that was repeated through out the records, the interdepartmental letter stated, “in view of the above family history and the boy’s bad record before admission we request your authorization to sterilize him over and above the father’s refusal” (Sterilization Authorizations 1938, Reel 121). As illustrated in earlier chapters, Medical Superintendents at Pacific Colony deployed racial notions of Mexicans’ deviance (invoking the racial discourse of Mexican familial pathology) to justify sterilizing Mexican origin youths without written consent and against the protests of parents. Despite this, the cases of Emilia, Adriana and Gerardo reveal that Mexican-origin parents often refused to sign off on the sterilization of their daughters and sons and did so explicitly and repeatedly.

Aside from revealing cases in which Mexican-origin parents refused to sign consent forms, often on multiple occasions, these interdepartmental letters also give insight into other creative ways that Mexican-origin inmates and their loved ones sought to prevent sterilization including reaching out to allies. Not surprisingly, some Mexican-

origin parents protested the sterilization of their daughters and sons on religious grounds. In sixteen-year-old George Cortez's sterilization request, for example, his father is described as "objecting on a religious basis" (Sterilization Authorizations 1936, 120). In some cases family members acted on these religious objections and involved religious leaders in their struggle to prevent the sterilization of their daughters and sons. In various records, I found instances in which families reached out to religious leaders who in turn wrote letters to hospital superintendents on the family's behalf. One such letter from Pacific Colony surgeon Dr. Hoyt stated, "we have also received correspondence regarding sterilization from a Bernard Perez, reported to be a spiritual advisor. This man's letter stated that [the patient's mother] did not want her daughter to be sterilized and asked that we parole the girl without sterilization" (Sterilization Authorizations 1944, Reel 122). In his record, fifteen-year-old Marco Mendoza's father also called on the family priest to help prevent the operation and the interdepartmental letter regarding his case stated, "we received a refusal through the priest, the refusal being on a religious basis" (Sterilization Authorizations 1943, Reel 124). Thus, motivated by their faith, some Mexican-origin parents sought to leverage the power wielded by institutional authorities by asking religious leaders to advocate on their children's behalf.

While these cases suggest that religious allies played a role in assisting Mexican-origin patients and their relatives, other, more secular avenues of support were pursued as well. The Los Angeles Mexican Consul, for example, was also involved in efforts to prevent sterilization in the California institutions for the feebleminded. A number of cases suggest that the Mexican Consulate served as a prominent source of support and in addition to writing letters of protest the consulate also offered legal resources. This, in

large part, reflected the historical role of the consulate as a source of support for the Mexican-origin community in California (Balderrama 1982). Established in 1885, the Los Angeles Consulate came about as a response to the social needs of Mexicanos in the colonias (Balderrama 1982). While the foreign ministry staff argued that Los Angeles merchants were not engaged in major trade operations in Mexico and thus did not need a consul of their own (that the San Diego Consul was enough in southern California), Mexican government emissary Mauricio Wollheim argued for the establishment of a separate consulate on the basis of the economic and social struggles he observed among the large Mexican population (Balderrama 1982, 4). Established to protect a largely working-class group of compatriots, the Los Angeles consulate's charge to "protect the interests and rights of Mexican Nationals" resulted in the provision of a whole host of services including organizing informationals and conferences on United States laws, assisting workers in labor disputes and work related accidents, intervening in civil and criminal cases and investigating deaths and disappearances. While Consular regulations officially forbade granting assistance to U.S. citizens, this directive was difficult to enforce in practice. As Francisco E. Balderrama notes in his study of the Los Angeles consulate "neither consular agents nor colonia residents drew strict distinctions between Mexican and Mexican Americans, because strong cultural, linguistic, and familial ties bound the groups" (1982, 7). Furthermore, dual citizenship—often the result of birthright or *jus soli* citizenship from the United States and *jus sanguinis* citizenship from Mexico— allowed the Consulate to intervene on issues involving Mexican Americans (Balderrama 8). Assistance from the Los Angeles Consulate figured prominently in a number of Mexican-origin patients' attempts to prevent sterilization at California

feeble-minded institutions. In one such case the sterilization record of a young girl committed to Pacific Colony reads, “[T]he Mexican consul in Los Angeles has written to us verifying the parents’ objection to sterilization and stating that the consul had taken the liberty of informing the mother that such operation would not take place without her consent” (Sterilization Authorizations 1944, Reel 122).⁶²

Miguel Hernandez’s parents also sought assistance from the Mexican Consulate in Los Angeles to prevent the sterilization of their thirteen-year-old son who had been committed to Pacific Colony in June of 1949. When officials at Pacific Colony refused to work with the consulate on the case, then counselor on Mexican Affairs Raymond E. Young went beyond the institution and wrote a letter to California Governor Earl Warren alleging mistreatment. This correspondence resulted in an investigation of Miguel’s case and prompted an explanation from Pacific Colony Superintendent and Medical Director George Tarjan. In his letter to the Governor, Tarjan described Miguel as a case of “mental deficiency, moron grade” and explained that he “came to the attention of the juvenile authorities because he used profane and indecent language in the presence of women on a public street and because he had maliciously thrown rocks at women walking on the street.” After describing Miguel’s case, Tarjan also noted that Miguel’s parents were Mexican citizens, that his father worked as a fruit picker and that “neither of the parents [spoke] English.” Furthermore, Tarjan wrote that Miguel’s family did “not seem to acknowledge the boy’s limitation” and that they felt “the boy [had] been mistreated by his placement at Pacific Colony.” Noting the role of the Consulate, Tarjan continued, stating that he had engaged in “correspondence [with] the Mexican consul

⁶² While the consulate official may have said this, they did not have the legal authority to intervene in regards to institutional decisions.

[...] who according to Miguel, wrote the letter to the Governor” and who were involved in the correspondence requesting consent for sterilization “which was denied by the parents.” In addition to implying Miguel’s parent’s ignorance about their son’s mental condition and highlighting them as foreigners, at the end of the letter to the Governor, Tarjan writes about “a little incident noted in the Probation Officer’s report” which stated that part his the family lived in “Old Mexico” and that two of his older brothers were there, “supposedly having fled the United States during the war in order to avoid the draft.” In suggesting the unpatriotic character of Miguel’s brothers, Tarjan continued to work to discredit the complaints of the Consulate and Miguel’s parents. While the result of this investigation or if Miguel was in fact sterilized is unknown, it is clear that his parents sought the assistance of the Mexican Consulate in preventing the sterilization of their son. In an attempt to help the Hernandez family, the Mexican Consulate went beyond the institution, with the hope that Governor Warren would intervene in the matter. (Earl Warren Papers, Administrative Files 1950, F3640: 2764)

In 1935, the Mexican Consulate also offered assistance in the case of Maria Tellez—a young girl whose father sought the assistance of the juvenile authorities in her care. As the *Informe* on her case details, the juvenile authorities arrested Maria after a disagreement she had with her father.⁶³ Upon being detained, Maria was subjected to mental and physical exams that ultimately led the juvenile officials to deem her in need of sterilization. After Maria’s father complained to the Los Angeles consulate they took up the case proposing to take whatever measures necessary to prevent such an “unjust

⁶³ In an attempt to further investigate the role the Los Angeles consulate played in protesting sterilizations I also reviewed the “informe de proteccion” held by the Secretaria de Relaciones Exteriores in Mexico City. These “informes de proteccion” consisted of short summaries of all of the services rendered by the Los Angeles consulate during that year including offering assistance to compatriots in hospitals, in prisons, county jails, and those facing immigration, and work related struggles, to name a few.

decision” to be carried out

Esta niña tuvo ciertas dificultades con su padre, Señor Alberto Tellez, quien se vio obligado a pedir un consejo de las autoridades juveniles. Estas se tomaron la atribución de arrestar a la niña Tellez y después de someterla a ciertos exámenes físicos y mentales la condenaron a ser esterilizada. El señor Tellez se quejó con el Consulado y desde luego se tomaron las medidas necesarias para evitar que se lleve a cabo tan injusta decisión y se interpuso con la ayuda del Abogado Consultor, señor John Oliver, un amparo en la Suprema Corte de Justicia del Estado. (Informe de Protección correspondiente al mes de Mayo de 1935)

This young girl had certain difficulties with her father, Mr. Alberto Tellez, who felt obligated to seek advice from the Juvenile authorities. These authorities took it upon themselves to arrest the young Tellez girl and after subjecting her to certain physical and mental exams condemned her to be sterilized. Mr. Tellez complained to the Consulate and since then they took the measures necessary to prevent such an unjust decision with the help of the consular lawyer, Mr. John Oliver, filed a claim in the Supreme Court. (Informe de Protección correspondiente al mes de Mayo de 1935)

The assistance offered by the consulate consisted largely of appointing then consular attorney, John Oliver to the case. Further information on Maria Tellez’s case is unknown but we do know that this would not be the last time the Los Angeles Consulate would offer legal assistance to prevent the sterilization of a Mexican-origin youth.⁶⁴ In fact, it was Consulate attorney David C. Marcus who brought Sara Rosas Garcia’s case against the State Department of Institutions in 1939.

While these two women and their families sought to prevent institutions from following through on the operation, Mexican-origin women also sought assistance from the Mexican consulate and filed charges against the state *after* they had been sterilized. In 1930, sixteen-year-old Concepción Ruiz, a third-generation Mexican American young woman, filed a complaint at the Mexican consulate in San Francisco because she had

⁶⁴ Consulate attorneys were U.S. Citizens and members of the state bar association. They typically “prepared legal briefs, defended Mexican nationals who lacked funds, submitted petitions for pardons or paroles for Mexicans serving jail sentences, reviewed requests of victims of criminal offenses, and presented claims from industrial accidents to appropriate authorities” (Balderrama1982, 10)

been sterilized against her will (Molina 2006a, 149). With their assistance, she filed a suit in the United State District Court against eleven Los Angeles County and state officials after being “subjected to an operation which deprived[d] her of the ability to bear children” (*Los Angeles Times* 1930). Ruiz asserted that the sterilization, performed at Sonoma, was done against her wishes and despite her protest. She charged that the sterilization was a violation of the Fourteenth Amendment and sought \$150,000 in damages for the operation that striped her of her reproductive capacity (*Los Angeles Times* 1930).

While records indicate that Andrea was sterilized and the fates of Maria and Concepción are unknown, the fact that these three young women and their parents openly and actively resisted state mandated sterilization is clear. Furthermore, these cases show that the Mexican consulate served as a major ally in trying to protect the reproductive capacity of these young women.

Escaping the Institution

Refusing to sign consent forms, seeking assistance from allies and filing legal charges all represent clearly documented instances in which Mexican-origin parents sought to resist the sterilization of their children. Given that legally and in practice inmates of Sonoma and Pacific Colony were denied decision-making power in issues concerning their confinement, diagnosis, treatment and reproductive future, their voices are largely absent from the institutional requests and letters. This absence makes it difficult to know how they felt, what they wanted, and how they reacted to being deemed in need of sterilization. In order to counter the lack of patients’ voices I read escapes from Pacific Colony and Sonoma as assertions of agency made by Mexican-origin women and

men who faced confinement and sterilization in feeble-minded homes. In her 2006 article “Youth, Evidence, and Agency” Miroslava Chávez-García drew from the case files of Whittier State School, California’s leading juvenile reform school, to “examine the possibilities of gleaning the historical agency of Mexican and Mexican American youth who found themselves confined to an institution that granted them little, if any, decision making power” (56). Following the lead of Chávez-García, I also examine escapes and attempted escapes from Sonoma and Pacific Colony as evidence of agency—as both “symbolic and real moments of individual and, sometimes, collective resistance” (2006, 64). While escapes and attempted escapes may not have been direct responses to sterilization requests, they were nonetheless real acts of defiance to the repudiation of inmates’ bodily autonomy.

In 1943 the *Los Angeles Times* reported on what it called “an epidemic of escapes by juvenile prisoners” when inmates from various reform and feeble-minded homes managed to escape around the same time (*Los Angeles Times* 1943). *Los Angeles Times* articles and institutional records reveal that escapes were just as common in feeble-minded homes as they were in the reform schools that Chávez-García discusses in her article (2006). Indeed, up to that point in 1943, the *Los Angeles Times* had reported on at least thirty escapes from Pacific Colony alone since the beginning of the decade. While escapes from homes for the feeble-minded seemed rampant at the time, decisions to escape were most likely not taken lightly. The isolated location of Pacific Colony and Sonoma along with locked quarters and guarded grounds made it necessary for escapes to be planned in order to be successful. Furthermore, inmates undoubtedly knew that they would not simply be left alone if they managed to escape. In fact, institutional authorities

sought the immediate return of escaped inmates. In addition to soliciting the help of juvenile authorities and law enforcement, institutional authorities would often publish the names of escaped inmates in the local newspaper, seeking the aid of the public in returning escapees to the institution. In 1930, for example, the *Los Angeles Times* published an article aimed at the city of Visalia asking for

Aid in the search for Felix Sanchez, 15 years of age and Blanche Estrada 14, who are said to have escaped from the Pacific Colony school at Spadra, last July, and who are thought to be living in this vicinity. Sanchez, although only a boy, is said to be a heavy user of marihuana, and is reported to be dangerous while under the influence of the narcotic. (*Colony Children Sought* 1930)

As the above quote reveals, in addition to publishing their names, institutional authorities also made an effort to emphasize the danger that escaped inmates posed to the public by describing them as criminals and drug addicts. Doing so worked to persuade community members to assist authorities in apprehending escapees, increasing the likelihood that they would be returned to the institution.

Being apprehended and returned to the institution were not the only consequences of absconding. In fact, escaping from the institution was regarded as a serious infraction and returned inmates were punished accordingly. Like in the reform schools that Chávez-García discusses in her 2006 article, escapees could expect to receive corporeal and psychological punishment in the form of solitary confinement should they be caught and, as I will discuss shortly, an expedited road to sterilization.

Despite these consequences, young Mexican-origin women and men took the risks to escape these institutions on multiple occasions, often in groups and in some cases colluding with other inmates of color. In October of 1930, for example two fifteen-year-old boys, William Martinez and Corinthian Green—who was described as “colored”—

escaped Pacific Colony after having been committed to the institution by the Los Angeles Juvenile authorities (*Los Angeles Times* 1930, *Boys Flee Spadra Colony*). In one instance in 1942, a group of twenty-one young men between the ages of sixteen and twenty-one escaped from Cottage fifteen in Pacific Colony after severely beating two guards (*Los Angeles Times* 1942, *Pacific Colony Youths Escape*). According to the Los Angeles times report, the attendants were “issuing the daily quota of tobacco to the older boys in the group” when one of the attendants was “knocked unconscious with a chair” and the other “flooded” (*Los Angeles Times* 1942, *Pacific Colony Youths Escape*). The youths then took the keys from the attendants, unlocked the door and climbed over the thirteen-foot steel wire fence to escape. This prompted the dispatch of “several carloads of deputy sheriffs” and attendants to search the hills surrounding the Colony (*Los Angeles Times* 1942, *Pacific Colony Youths Escape*). The next day, nine of the escaped youths were found along the Union Pacific Railroad and returned to the institution (*Los Angeles Times* 1942, *Nine of Delinquents Escaping*). In a statement made by Carl E. Applegate, Deputy Director of the Institutions, he explained the mass escape by pointing to the institution’s legal duty to house “ordinary mental defectives” with “delinquents who happen to be either defective or psychopathic types” which he reasoned created conditions that made “occasional mishaps” inevitable (*Los Angeles Times* 1942, *Nine of Delinquents Escaping*). Mass escapes continued into the late 1940s and a 1946 *Los Angeles Times* piece sought aid in locating eight other escaped youths—thirteen and fourteen year old boys from Whittier State School and six youths from Pacific Colony: “Florine fry, 18; Trinidad Fuentes, 21; Rebecca Sivella, 20; Sam B. Teros, 17; Albino Ramirez, 17, and Frank Kratt, 17” adding that “the Sivella girl once before escaped from the institution”

(Los Angeles Times 1946, Eight Escaped Youths Sought). As reporting on escapes from feeble-minded homes reveal, Mexican-origin youths, young men *and* women, took great risks to work together and across racial lines to defy state mandated confinement. This reporting also reveals the ways in which their attempts to assert bodily autonomy were used to further pathologize them as deviant and delinquent, justifying their need for institutionalization.

Within the institution escapes attempts were often figured as additional evidence of deviant mentality and a further need for reproductive constraint in the sterilization records of young Mexican-origin women and men. While we cannot know for sure if escapes from Sonoma and Pacific Colony were motivated by requests for sterilization, the connection between escapes and sterilization is outlined in multiple interdepartmental letters. In twenty-three-year-old Fernando Ramos' sterilization request, for example, Sonoma superintendent Fred Butler "urge [d] sterilization for fear of the danger of escape again and without the operation [he] would be a great menace to others" (Sterilization Authorizations 1935, Reel 119). In Fernando's case we see how escape attempts were figured as a sign that sterilization was urgent and even more necessary. In his sterilization records, twenty-year-old Frank Gomez is described as a "habitual run-away and a thief" (Sterilization Authorizations 1937, Reel 120). Even though Frank's father refused to consent to his son's sterilization, Frank's record stated that "as the boy is likely to escape from the institution and is a menace to society, we ask your authorization to sterilize him over and above the fathers objection" (Sterilization Authorizations, 1937, Reel 120). Fifteen-year-old Miguel Perez, who was committed by a parole officer and diagnosed as a borderline case, was also described as a habitual runaway having "two elopements

against him” (Sterilization Authorizations 1941, Reel 122). Despite the fact that his parents refused to consent to the operation twice, “it was the unanimous opinion of the staff” to “proceed direct to Sacramento for authorization to sterilize” Miguel because of his “history of delinquency and the likelihood of his escaping again and getting into trouble” (Sterilization Authorizations, 1941, Reel 122). In the case files of these young Mexican-origin men, we see how their attempts to defy the institution were read as further justification for sterilization despite the wishes of their parents.

Los Angeles Times reporting and the sterilization records reveal multiple instances in which young Mexican-origin women were also willing to risk the repercussions of escaping the institution in order to assert their bodily autonomy. Sixteen-year-old Rafaela Aguilar, for example, was described as a “habitual run-away” because she had managed to escape from three different institutions before being committed by a parole officer to Pacific Colony (Sterilization Authorizations 1937, Reel 120). In 1942, fifteen-year-old Erica Sanchez was institutionalized for “getting into sexual difficulties” (Sterilization Authorizations 1943, Reel 124). After her father refused to sign the sterilization consent form, hospital authorities wrote to the Department of Institutions requesting authorization “to sterilize this girl, who has already tried to escape and is a menace to those with whom she comes in contact” (Sterilization Authorizations 1943, Reel 124). Similarly, after being diagnosed as a high moron, seventeen-year-old Beatrice Belen was deemed in need of sterilization and when her father refused to consent to the operation it was “unanimously agreed by the conference [that the operation] should be done without further delay on account of her history of running away” (Sterilization Authorizations 1939, Reel 121). Like the Mexican-origin male youth’s cases discussed

above, resistance to confinement on the part of Mexican-origin women was also read as further evidence of the need for sterilization.

While escape may have worked to figure some Mexican-origin men and women as dangerous and *especially* in need of sterilization by institutional authorities I read these acts of defiance as attempts to assert agency and bodily autonomy within a context of extreme control and limited options. Far from being passive or docile in the face of institutional and legal authorities' attempts to discipline and control their bodies, these Mexican-origin youths took great risks to assert control over their lives.

As this chapter illustrates, Mexican-origin women and men alongside with their families and allies often sought out creative ways to resist sterilization and confinement in California's two institutions for the feeble-minded. Their acts of defiance, while shaped by limited agency created by institutional and legal structures, ranged from refusing to consent and involving allies, to waging legal battles and even escaping from the institution. While it is important to note that these choices were not necessarily made with political motives in mind, they do demonstrate efforts to challenge the institutional and legal authorities and structures that sought to control their (reproductive) lives. In the cases of Mexican-origin youths that chose to escape from the institutions, these acts also demonstrate a willingness to face negative consequences in pursuit of bodily autonomy. These largely overlooked stories represent an important part of a long history of reproductive and racial struggles in California.

CONCLUSION

In this dissertation I have sought to address the erasure of Mexican-origin women and men from the historical literature on eugenic sterilization, delinquency, and disability in California during the 1920s, 1930s, and 1940s. While histories of eugenic sterilization, delinquency, and the institutionalization of people deemed “feeble-minded” have been written from many perspectives and have offered important insights regarding the ways in which gender, class, and even immigration intersect to shape these dominant discourses, these studies have failed to include the experiences of Mexican-origin women and men largely because they have refused to see race, or in some cases, have only understood race within a narrow black-white binary. Bringing Mexican-origin women and men’s experiences of eugenic sterilization to the fore requires a mix of methods and (re)readings of literatures that lay bare the dynamic and flexible nature of race and the ways it intersects with other axes of power including constructions of gender and disability, to mark Mexican bodies as unfit for citizenship, dangerous, in need of confinement, and reproductive constraint.

The availability of medical records, namely the thousands of sterilization requests, consent forms, and interdepartmental letters contained in the Sterilization Authorizations archive, played a decisive role in making this intervention possible. Quantitative methods including systematic data collection and the production of descriptive statistics produced the first concrete “evidence” of the targeting of Mexican-origin women and men. While this process of data collection and analysis may seem straightforward, it was

very much affected by the elusiveness and flexibility of racial categories. As the blank sterilization request in Appendix A reveals, race was not something that was systematically recorded in the medical records. Instead, one must “find” race by turning to “Spanish surname” as a kind of approximation—a sign that indicates how race can remain at play, even when Mexican-origin subjects are officially considered “White.” In the end, a review of the records revealed that Spanish surnames worked relatively well in this attempt to measure race and understand Mexican-origin women and men’s experiences of sterilization. However, what is most revealing about this process is the ways in which collecting quantitative data for race proved to be affected by the process of racial construction itself. As I worked to identify “reliable” racial markers I became engaged in a process of race making. In deciding what I was looking for (signs of “Mexicanness”) I was also engaging in a process of determining the scope and meaning of race. The experience made the constructedness of race very real. Although there was no “race” variable on the sterilization forms a variable that *was* systematically collected was “nativity” which signaled race in a different way and points to a concern over race without saying so. While I do not engage with the data collected on this variable much in this dissertation, it is a racializing category that deserves further analysis in the future.

This first phase of data collection and analysis produced compelling statistics but I often wonder what would have happened if the results did not point to the disproportionate sterilization of Mexican-origin patients. What if the figures were just proportionate? Or, what if the figures were “statistically insignificant”? Would that mean that the experiences did not matter? At times, counting names, analyzing diagnoses, and making arguments based on numeric patterns often left me feeling like Popenoe and

Gosney or any of the many other race scientists looking for proof for their arguments. Social statistics methods developed in large part from a desire to measure, classify, and manage racialized groups, and at times what I was doing felt very similar. In the end I came to a realization that the numbers were just a part of the story that I wanted to tell and that like any other piece of evidence, the data was subject to interpretation and that was okay. Ultimately, working with the quantitative data I learned first hand that it is not so much about the numbers but about how we read the numbers and make meaning out of the patterns that they suggest. The last chapter in particular makes this point clear. My data mirrored what Popenoe found and yet we derived different conclusions from that data and, not surprisingly, made drastically different arguments based on its meanings. This process revealed that quantitative data, though widely associated with objectivity, is very much like any other type of evidence. Numbers are not objective, we give them meaning and consequence. This dissertation reflects my interpretation of the data. It also brings up questions about the usefulness of quantitative methods in studies on race and ethnicity that exist outside of the social sciences. What it shows, I think, is that quantitative methods are useful but they cannot stand alone.

The sterilization requests I analyzed were important but due to their institutional nature and my particular reading of them, the narrative produced as a result of my analysis of this data has necessarily left a lot out. As historian Michel-Rolph Trouillot writes “any historical narrative is a particular bundle of silences” and in this project, these silences were produced both by the sources (the information deemed important by the institutional authorities who wrote the sterilization requests and described the cases) and by my focus Mexican-origin women and men (1997, 27). For example, while they were

institutionalized and sterilized in Sonoma and Pacific Colony in smaller numbers Japanese, Chinese, Native America and African Americans youths were also present in the records. Just because their numbers were smaller does not make their stories insignificant. As many scholars of race and ethnicity have shown, racial construction is relational, thus their stories are necessary in order to glean a better understanding of how race determined and was constructed as a result of the institutionalization of racialized subjects (including “whites”) (Molina 2006; Molina 2014; Ngai 2005). My research also leaves out the “custodial cases” who often remained confined in the institution their entire lives. Because they were considered to be permanent patients ineligible for release, they were rarely sterilized and thus their experiences of institutionalization and reproductive constraint (while they were not sterilized they were segregated from society and prevented from reproducing) are silenced in these records. I also leave out Mexican-origin families who may have sought institutionalization for their children and family members, and aside from a short section in the last chapter a full discussion of women who may have desired sterilization is lacking. Thus, while this project has sought to address some silences, it invariably creates others that should also be discussed.

Simply filling in the gaps left by these silences, however, is not enough. As Maylei Blackwell has written about Chicana history, “the add-and-stir method is not sufficient” (2011, 4). Instead, we need to interrogate the process of erasure. Part of this erasure was about interpretations of “evidence” and the refusal to see race in purportedly race neutral terms such as “feble-minded,” “delinquent,” and “(ab)normal.” Another process of erasure at work has to do with the construction of the women and men I discuss in this dissertation as deviants. In their historical research Elizabeth Escobedo

(2013) and Eduardo O. Pagan (2003) illustrate the ways in which, during the 1940s, Mexicans in California were racialized differently depending on their class status and their ability or willingness to perform white-middle-class respectability. Therefore, it is important to note that not *all* Mexican-origin youths in California were equally affected by racial constructions of feeble-mindedness, sexual deviance, and delinquency.

As the title of this dissertation asserts, it was largely the children of individuals considered to be “low grade Mexicans” that wound up in state institutions like Pacific Colony. These youths were considered “deviant” and “delinquent” and were likely seen as such by the “respectable” members of their communities as well. Many Black and Chicana feminists have argued that we must also pay attention to power within our communities (Cohen 2004; Ramirez 2009). They assert that in addition to making visible those who have been excluded and silenced in the past, we must also understand how power works within our communities to construct and disseminate the notion of the deviant within. In her work Catherine Ramirez notes that while defiant male youths of the 1940s were celebrated within Chicano Cultural Nationalism through the figure of the Pachuco as symbolic of community resistance, pachucas were maligned and their defiance resulted in exclusion from “la familia de la raza” (2009). I see similarities with the stories of the youths discussed in this dissertation. The field of Chicana/o Studies has produced research on delinquency, racial prejudice, repatriation, and even policing in California during this era and yet the stories of these “deviant” Mexican-origin youths remains obscured in the literature.

In her essay “Deviance as Resistance: A New Research Agenda for the Study of Black Politics” Cathy Cohen illustrates the importance of focusing on “those previously

understood as deviant” (2004, 41). She writes that questioning notions of deviance pushes us to engage with the normative assumptions that structure the lives of marginalized communities and interrogate “whose rule breaking will be labeled deviant, altering significantly their political, social and economic standing” (2004, 40). Like Blackwell, Cohen writes that while a focus on deviance should lead to the “inclusion of previously silenced and absent members of our communities” we must also work to reconstruct boundaries of membership and identity, keeping in mind that normative categories of “respectable” and “deviant” have significant political and social consequences (2004, 42). As Cohen instructively argues, scholars must take up the charge to interrogate notions of deviance as well as the “agency of those on the outside,” those who are not willing to conform and who, like the young men and women who attempted to escape confinement in chapter four, choose to challenge established norms and rules (2004, 42). While Cohen recognizes that these acts are conducted given limited agency and constrained choices she asserts that the cumulative impact of these choices may be the creation of space or counter publics where lived opposition and autonomy is chosen on a daily basis (2004, 42). Furthermore, Cohen concludes that a focus on deviance and the agency of those considered deviant may reveal spaces where “seemingly deviant, unconnected behavior might evolve into conscious acts of resistance that serve as the basis for a mobilized politics of deviance” (2004, 42).

Cohen’s framework of deviance as resistance resonates with this dissertation in many ways. Aside from informing how I approached the last chapter, the discourses of deviance analyzed through out the dissertation speak to current issues facing “deviant” populations and highlighted by the Prison Abolition and Reproductive Justice movements

today. In my research, I found that Pacific Colony functioned in ways that were similar to modern day prisons. The institution sought to keep “threats” segregated from society. Inmates were charged with sustaining the institution through their labor and the financial growth of the institution was based on a purported need for expansion to house more and more “delinquents.” These similarities are not coincidental. A graduate student Nicole Novak, working on our grant gathered data that illustrates the direct correlation between the closing of mental institutions in the 1960s and the rise in incarceration rates. In their introduction to the anthology Disability Incarcerated: Imprisonment and Disability in the United States and Canada Alison C. Carey, Liat Ben-Moshe, and Chris Chapman reveal how disability as a concept has shaped the development and workings of carceral systems (2014). Furthermore, they write that resistance to sterilization came about alongside and intersected with Disability Rights and Prisoners Rights movements. As this dissertation has shown, discourses of exclusion intersect as a way to deny access to full citizenship and legitimize unequal treatment. A recent op-ed in the *Los Angeles Times* called for California to follow the lead of North Carolina and Virginia and pay reparations to victims of state-sponsored sterilization (2014). While I agree that individuals who were forcibly sterilized in state institutions in California deserve to be compensated, I doubt that this move will have any effect on current abuses such as those discovered in California’s State prisons where dozens of women were recently subject to sterilization abuse. Instead, I find that organized opposition, such as efforts taking place within the Reproductive Justice and Prison Abolition Movement to be transformative in that these movements view intersectionality as key, and identify discourses of exclusion as they work through race, gender, disability and immigration status as fundamental to the way

that power functions. I hope that this and future research will further illustrate the ways in which these discourses of exclusion work to construct notions of deviance and serve to inform a developing politics of deviance.

APPENDICES

APPENDIX A

Blank Sterilization Request Form

FORM 787

*Recommendation and Approval for Vasectomy and Salpingectomy
for the Purpose of Sterilization*

Name _____
 Institution _____

PERSONAL HISTORY HOSPITAL CASE NO. _____
 Age _____ Nativity _____ Religion _____ Education _____
 Marital status _____ Sex _____ No. of children _____ Ages _____

FAMILY HISTORY (for additional space use reverse side): unknown

CLINICAL HISTORY (for additional space use reverse side):
 Date admitted _____ Present diagnosis _____
 Attacks (previous, and diagnosis of each):

LEGAL PROVISIONS (compliance with):
 This form is submitted in accordance with section 6624 of the Welfare and Institutions Code of the State of California.

- Legally signed and prepared commitment papers { ^{are} / _{are not} } on file at this institution.
- This patient is afflicted with:
 - Mental disease which may have been inherited and is likely to be transmitted to descendants.
 - Feeble-mindedness, in any of its various grades (specify grade) _____
 - Perversion or marked departures from normal mentality.
 - Disease of a syphilitic nature.

Written consent { ^{not given} / _{given} } by _____
Name Relationship

under date of _____ copy of which is attached hereto.
(If consent not given, submit separate letter giving circumstances)

After careful consideration of the case of _____
 by the members of the Medical Staff of this institution, it is their belief that this patient is suffering from the affliction above noted and it is their recommendation that the operation for the purpose of sterilization be performed, with which opinion and recommendation I concur and do hereby request your approval.

[DATE] _____
Medical Director and Superintendent

Approved and authorization for an operation for sterilization granted this _____ day
 of _____ 194____
Director of Institutions

91279 9-40 18 890

APPENDIX B

Clinical Syllabus for the Examination of Feeble-Minded Suspects

The following is a recreation of a typical clinical syllabus used to diagnose someone as feeble-minded. It was created by Mervin Durea from the Psychological Clinic of the Ohio State University and was printed in Hilda Mary Holmes' (1930) study of feeble-mindedness in California (32-35).

- I. **Specific Problem.**
 - a. **Is the subject feeble-minded or not feeble-minded?**
- II. **The following criteria of feeble-minded conditions may be given:**
 - a. **Social-economic criteria, e.g. lack of self control, and of industrial capacity.**
 - b. **Pedagogical criteria, e.g., lack of learning capacity.**
 - c. **Medical Criteria, e.g., physical and physiological traits.**
 - d. **Psychological criteria, e.g., intellectual, emotional and volitional deficiencies.**
 - e. **Genetic criteria, e.g., growth and development, (Physical, mental, social).**
- III. **Symptoms identified with these various criteria are:**
 - a. **Social-economic criteria.**
 - i. **Overt delinquency, as sex offender, stealing, etc.**
 - ii. **Minor delinquency, as incorrigibility and other conduct disorders.**
 - iii. **Interests are of "queer" sort, below that of one of his age**
 - iv. **In dependent cases, unable to get along under placement**
 - v. **Unable to hold job, needs over-normal supervision, etc.**
 - b. **Pedagogical criteria.**
 - i. **Overageness for grade**
 - ii. **Special ineptitude for abstract subjects, e.g. arithmetic.**
 - iii. **Fluctuating attitude in relation to school subjects and general school activities.**
 - iv. **General lack in learning ability**
 - v. **Generally poor concentration, energy and initiative.**
 - vi. **Concrete vs., abstract learning.**
 - vii. **Achievement status**
 - c. **Medical criteria**

- i. Hypoplasia or general physical under-development, as height, weight, etc.
 - ii. Stigmata of degeneracy, as cranial, facial malformations, etc.
 - iii. Etiology, as heredity, disease, trauma, etc.
 - iv. Constitutional carries with it certain psychiatric connotations. Usually refers to such anomalies as emotions, judgment, reasoning, etc. however, the procedure for obtaining these anomalies is for the most part psychologic.
 - v. Miscellaneous, as nationality, race, schooling of sibs, occupation of father, etc.
- d. Psychological criteria.
- i. Mental age.
 - ii. I.Q.
 - iii. Race or color.
 - iv. Mental type.
 - v. Stability.
 - vi. Activity.
 - vii. Emotions.
 - viii. Skill.
 - ix. Morality.
 - x. Aptitudes.
 - xi. Attitudes.
 - xii. Trends.
- e. Genetic Criteria
- i. Involves a study of the developmental life of the individual as, age of locomotion, periods when certain interests develop, development of social and antisocial traits, etc.

The following diagnostic classification is also suggested:

- f. Diagnostic Classification.
- i. By degree.
 - 1. Idiot.
 - 2. Imbecile.
 - 3. Moron.
 - 4. Potentially F. M.
 - 5. Borderline
 - 6. Doubtful
 - 7. Backward (temporary retardation)
 - ii. By type.
 - 1. Verbal.
 - 2. Manual.
 - 3. Social.

With special (specified) talent or disability.
 - iii. By behavior.
 - 1. Stable-unstable.
 - 2. Passive-active

- 3. **Conformable-delinquent**
- 4. **Energetic-apatetic.**
- 5. **Amenable-antagonistic.**
- 6. **Infantile-mature**
- 7. **Industrious-inactive**
- iv. **By physical traits.**
 - 1. **Retarded.**
 - 2. **Precocious.**
 - 3. **Mongolian**
 - 4. **Hydrocephalic**
 - 5. **Microcephalic**
 - 6. **Paralytic**
- v. **By pathology.**
 - 1. **Cretin.**
 - 2. **Epileptic.**
 - 3. **Psychopathic.**
 - 4. **Syphilitic.**
- vi. **By etiology.**
 - 1. **Hereditary.**
 - 2. **Traumatic.**
 - 3. **Disease.**
 - 4. **Deprivation.**
- vii. **By treatment.**
 - 1. **Educable-non-educable.**
 - 2. **Trainable-hopeless.**
 - 3. **Parolable-custodial.**
 - 4. **Peranent-amenliorable**

Durea, Mervin A. "Clinical syllabus for the Examination of Feeble-Minded Suspects. From the Psychological Clinic of the Ohio State University." *The Training School Bulletin*. Vol. XXII. No. 3. May 1925. 34-40.

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- . 1930c. "Colony Children Sought," October 27.
- . 1930d. "Four Addresses Listened to by Eugenic Group," November 11.
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