

# Mexican Americans and Eugenic Sterilization

Resisting Reproductive Injustice in California, 1920–1950

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**ABSTRACT:** *This article explores the racial and gendered dynamics of sterilization in California state institutions from the 1920s to the 1950s, with a focus on the experiences of Mexican-origin patients. A set of recently accessed sterilization authorizations reveals that Mexican-origin patients were sterilized at elevated rates, disproportionate to their share of the state population, under California’s eugenic laws. Mexican-origin patients were pathologized as mentally defective and overly fecund in order to justify sterilization. However, these patients and their families challenged California’s eugenic laws and forced sterilization, and their struggles for reproductive rights are an important facet of the pursuit of racial and reproductive justice by Chicana/o communities. This article sheds light on the overlooked role of race in the implementation of California’s sterilization law and in the policing of men and women who transgressed class and gender norms, deepening our understanding of the historical relationship between medicine, public health, race, and reproduction in the United States.*

In October 1936, when she was sixteen years old, Minelva Orozco’s reproductive capacity became the focus of the medical staff at Pacific Colony.<sup>1</sup> The newer of California’s two homes for the mentally defective, Pacific Colony opened in 1927 in response to concerns about “the menace of the feeble-minded”—the then popular idea that the number of mentally and socially deviant people in the state was growing at a dangerous rate (Trent 1995).<sup>2</sup> Diagnosed as a “high moron,” Minelva arrived at Pacific Colony after having experienced poverty, rape, and venereal disease, factors that marked her as sexually delinquent and socially deviant. During its October clinical meeting, Pacific Colony’s medical staff gathered to review Minelva’s patient file and decide whether or not she should be sterilized.

Minelva was a first-generation daughter of Mexican migrant workers and one of six children. Her life had been fraught by economic uncertainty and family disruption. For much of her adolescence Minelva had been confined at Juvenile Hall and various reformatories, and her persistent attempts to escape were one of the reasons she ended up in a state institution. When she was fifteen Minelva was sent to Pacific Colony by Los Angeles County officials “because it was stated she was a mental defective, sex delinquent, an habitual runaway and her parents were unable to control her” (Sterilization Authorizations, 1944, reel 122).<sup>3</sup> Upholding California’s eugenic sterilization law, Pacific Colony’s medical staff unanimously decided that it was in the best interest of the institution, society, and Minelva herself to terminate her ability to have children.<sup>4</sup> Following the protocol in place at the time, the medical superintendent sought consent from Minelva’s parents, who in turn expressed strong opposition to their daughter’s sterilization.<sup>5</sup> While their disagreement appears to have forestalled the operation for several years, Pacific Colony’s medical staff did not give up easily.

Indeed, nearly four years after the initial 1936 clinical conference, in a letter dated February 12, 1940, Elizabeth B. Hoyt, a surgeon at Pacific Colony, wrote to Thomas F. Joyce, the medical superintendent of Pacific Colony, explaining that the sterilization operation had been discussed with Minelva’s parents multiple times but “they have opposed sterilization on

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religious grounds.” Minelva had managed to escape from the institution the day before the second clinical conference about her case. Undoubtedly concerned that as a “sex delinquent” she would become pregnant outside the institution, officials viewed her sterilization as a matter demanding urgent attention. Unable to convince Minelva’s parents to grant consent, Joyce presented his reasoning to Aaron Rosanoff, the director of the California Department of Institutions, which managed the state hospitals:

We feel under the circumstances [the operation] is very necessary for the future protection of the patient and in the best interest of the institution. This is another case where the parents have refused to cooperate with the authorities in giving permission for this sterilization. . . . No doubt in the near future this girl will be returned to the institution and we would like to have this permission on file.

Four days later, Dr. Rosanoff approved the request to sterilize Minelva against her will and against the wishes of her parents (Sterilization Authorizations, 1944, reel 122).

Although we cannot ascertain from available records whether Minelva’s sterilization was performed, her story illustrates patterns typical of the approximately 20,000 patients sterilized in California institutions under the state’s eugenic sterilization law, which was passed in 1909 and remained in effect until legislative appeal in 1979. Minelva’s experience of poverty and nonnormative sexuality was similar to that of the thousands of young women and men classified as morons or feebleminded and subjected to similar treatment in the first half of the twentieth century (Kline 2001; Odem 1995). Nevertheless, her experience also underscores key aspects of the history of eugenics and Chicana/o history that have been largely overlooked. It urges us to revise some of the conventional wisdom about eugenic sterilization in California and about the scope and focus of Mexican American civil rights struggles in the mid-twentieth century. Our analysis of sterilization requests at Pacific Colony from 1927 to 1951 reveals a discernible racial bias against patients of Mexican origin, who were sterilized at elevated rates. Furthermore, parents of Mexican-origin patients were among the most active in resisting state-sanctioned sterilization, opposing the operations on the grounds of family integrity, reproductive autonomy, and civil rights.

California eugenics profoundly affected Mexican-origin men and women by generating stereotypes of unfitnes and biological inferiority, which continue to circulate to this day. Scholars have written about

eugenics in California, highlighting the state's aggressive sterilization and anti-immigration policies, its influences on racial hygiene in Nazi Germany, and its extensive network of eugenic organizations (Black 2012; Kuhl 2002; Platt 2006). For the most part, studies have not explored in detail how these programs affected Mexican Americans or how Mexican Americans contested eugenics. Yet Minelva's story elucidates the ways in which Mexican-origin patients experienced eugenic sterilization in California institutions and how they and their families sought to prevent the operation. Her story, and thousands like it, suggests that it is impossible to understand the history of eugenics and its enduring legacies in California outside the framework of Chicana/o history.

### **Intersections of Chicana/o History and Eugenics History**

In recent years, apologies and reparations for victims of sterilization programs in states such as Oregon, North Carolina, and Indiana have raised historical awareness of eugenics and compulsory sterilization in the United States in the twentieth century. Notably, in its 2013 legislative cycle North Carolina allocated \$10 million to be distributed as monetary reparations among identified victims of the state's sterilization program. In California, the governor issued an apology for the state's sterilization policy in 2003 in the midst of Senate hearings on ethics, genetics, and state institutions (Senate Resolution No. 20). However, California is unique insofar as there has never been an organized group of victims clamoring for apologies or recognition. It is ironic that in the state that carried out by far the highest number of eugenic sterilizations in the United States—20,000 of the approximately 60,000 total in thirty-two states—so little is known about who was sterilized and the circumstances in which they were forced to surrender their reproductive capacity.

Scholars have examined many dimensions of eugenic sterilization in the United States. For example, Paul Lombardo (2010) has carefully reconstructed the 1927 *Buck v. Bell* decision, when the US Supreme Court upheld the constitutionality of Virginia's sterilization law. This ruling by the highest court in the land galvanized sterilization proponents around the country: more and more states passed laws, and operations increased in institutions. Historians have also produced illuminating studies of the regional and local contexts in which eugenic organizations operated and sterilizations occurred, including in Alabama, Minnesota, Oregon, Indiana, and Washington state (Dorr 2008; Ladd-Taylor 1995; Largent 2008; Stern

2007). In addition, scholars have traced overarching patterns of compulsory sterilization in terms of the law and legislatures, showing that the surgeries continued even as the eugenics movement fell into decline (Hansen and King 2013; Largent 2008). Although steady or increasing rates of sterilization in some cases reflected women's demands for birth control, the lines between voluntary and coerced were often quite blurred (Kluchin 2011).

The history of eugenics in California resonates with that in other states where Progressive-era elites, usually affiliated with scientific, educational, and municipal reform efforts, sought to apply the emerging science of heredity to solve perceived social ills. In order to mold society in the desired image, eugenicists sought to encourage reproduction and population growth among those they deemed fit and to restrict the breeding and growth of those they deemed unfit. Presumptions of who was "fit" and "unfit" correlated strongly with prejudices and negative stereotypes about race, class, and people with disabilities. This kind of eugenic thinking underlay the passage of sterilization laws that authorized operations, almost entirely in public institutions for the feeble-minded, insane, and epileptic, where the "unfit" were subject to long-term segregation. It also led to the passage of antimiscegenation and racial integrity laws aimed at limiting unions between whites and nonwhites, as well as marriage laws that prohibited unions between feeble-minded and "normal" individuals. Eugenics also played a key role in the passage of the 1924 National Origins Act, which placed immigration on a quota system and dramatically reduced the number of slots available to those hailing from regions other than northern Europe (Kraut 1995; Ngai 2005).

Although eugenicists often shared similar goals, they enacted programs and policies in accordance with their regional and local contexts. In Indiana, the eugenics movement arose out of agricultural breeding and an impulse to produce the best babies along with the best corn and livestock. Given Indiana's homogeneous population, approximately 95 percent of which was classified as white, eugenics, whether in the form of better-baby contests or sterilization, functioned primarily to police class boundaries and label poor whites as degenerate and backward (Stern 2007). In North Carolina, eugenics programs also targeted poor rural whites, especially at the outset. Nevertheless, rising concerns among eugenicists and population control adherents about African American single mothers eventually resulted in a decidedly racial bias in the state's sterilization patterns (Kluchin 2011; Schoen 2005). In Puerto Rico, a similar motive of population control fueled high rates of sterilization among women on the island and among Puerto

Rican women living in New York City (Briggs 2002; López 2008). In both Puerto Rico and North Carolina, the eugenic logic of hereditary control that was used to justify sterilization in the 1920s and 1930s gave way to a preoccupation with population control in the 1950s and 1960s. A minority of states, such as Pennsylvania, which never passed a sterilization law, strove to contain the “unfit” through institutional segregation. This approach to social and racial containment was also evident in the contemporaneous placement of Native American children in boarding schools dedicated to forced reeducation and assimilation (Smith 2005).

In California, eugenic sterilization patterns and experiences mirrored those in the other thirty-one states that maintained such programs. However, because of reformers’ intertwined concerns about racial degeneracy and the menace of the feeble-minded—and the existence of at least eight institutions whose superintendents could pursue reproductive surgery with little oversight or fear of legal recriminations—the state quickly became the country’s most zealous sterilizer. This reflected California’s position at the forefront of American eugenics. For the most part, California eugenicists tended to define the “unfit” as people with disabilities and men and women with a background of low income and education. They targeted Mexicans and other Latina/os for deportation and exclusion from welfare programs and encouraged white middle- and upper-class people to procreate and expand their presence in the Golden State. The reach of eugenics in California was wide, influencing patterns of school segregation and tracking, undergirding nativist attempts to restrict immigration from Latin America and Asia, and bolstering stereotypes of Mexicans as lousy, lazy, and overly fecund (E. Gutiérrez 2008; Sánchez 1984; Stern 2005).

Chicana/o studies scholars have recognized some of the significant ways in which eugenics affected Mexican American communities. In general, Chicana/os were either excessively surveilled and harmed by eugenic policies, such as sterilization or forced deportation, or subjected to willful neglect, as in the case of school tracking and segregation. A handful of scholars have shown that eugenics was critical to the racialization of Mexican-origin peoples in California and the Southwest. In his landmark book, *By the Sweat of Their Brow: Mexican Immigrant Labor in the United States, 1900–1940*, Mark Reisler (1976) provided one of the first perceptive analyses of how eugenics buttressed anti-Mexican racism and campaigns for immigration quotas in the early twentieth century. In the 1990s, foundational monographs such as George Sánchez’s *Becoming Mexican American* (1995) and David Gutiérrez’s *Walls and Mirrors* (1995)

discussed how eugenic ideas worked to “other” Mexicans, even contributing to intra-ethnic distinctions between legal and undocumented, richer and poorer. William Devereil (2005) explores the intertwined medicalization and racialization of Mexicans in his study of tuberculosis in Los Angeles in the 1920s. Natalia Molina, Mae Ngai, Leo Chavez, and Jonathan Inda have revealed the insinuation of eugenic stereotypes of Mexicans into immigration laws, political discourse, and popular media in the twentieth and twenty-first centuries (Chavez 2008, 70–96; Inda 2002; Molina 2006; Ngai 2005).

The Mexican-origin population occupied the imaginations of California eugenicists and was regularly identified as the state’s foremost “racial problem.” The Department of Institutions was very concerned about the intelligence and “unsocial conduct” of Mexican-origin people, particularly youth, who were commonly described as delinquent, socially deviant, and more prone to feeble-mindedness than “American children.” A 1920 report by the Department of Institutions captures this sentiment:

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)

The racial bias at the core of California eugenics was intimately linked to discriminatory ideas about Chicana/o sexuality and reproduction. Chicana scholars have illustrated how Mexican-origin women’s fertility and procreation became central to eugenicists as they engaged in debates over immigration and the racial makeup of the nation (E. Gutiérrez 2008; Ruiz 1998). In her path-breaking work on Mexican-origin women in the twentieth century, Vicki Ruiz traces how gendered and racialized stereotypes of Mexican-origin women as promiscuous and overly fertile spread across the nation in tandem with rising anti-Mexican nativism. In addition to being characterized as illiterate and diseased, Mexican-origin women were

portrayed as eugenically inferior and dangerous due to their reckless breeding. Animal metaphors were common. Ruiz quotes one nativist author who complained that Mexican women brought “countless numbers of American citizens into the world with the reckless prodigality of rabbits,” a breeding spiral that inevitably would lead to the “mongrelization of America” (1998, 28). In her pioneering monograph *Fertile Matters*, Elena R. Gutiérrez (2008) follows this history forward, showing how the racial politics of reproduction encouraged depictions of Mexican-origin women as hyper-fertile, which in turn shaped public policy and adversely affected the lives of individual women and ethnic communities. Gutiérrez provides an analysis of social science and demographic research on Mexican-origin women from the 1910s to the 1980s, persuasively arguing that this research both established and contributed to the construction of the stereotype of Mexican-origin women as overly fecund.

These stereotypes hung in the air in facilities like Pacific Colony, where “scientific” racism against Mexicans converged with anxieties about the feeble-minded and about unbridled female sexuality and reproduction. They also fed into the conceit that the feeble-minded were economic burdens who would worsen poverty and pauperism. In 1912 a Massachusetts doctor explained this threat, characterizing the feeble-minded as a “parasitic, predatory class, never capable of self-support or of managing their own affairs. . . . Feeble-minded women are almost invariably immoral, and if at large usually become carriers of venereal disease or give birth to children who are as defective as themselves” (Holmes 1930, 49).

Lessening the economic weight of the mentally defective was a central preoccupation of California eugenicists. For example, in the introduction to their review of eugenic sterilization in California, Ezra S. Gosney and Paul Popenoe (1929), who founded the Pasadena-based Human Betterment Foundation, painted a vivid picture of the financial strain caused by the feeble-minded. Drawing from an Ohio study claiming that the state was spending \$5 million yearly to care for defectives in its public institutions, Gosney and Popenoe estimated that the “civilized world was paying \$5,000,000,000 annually” to care for these deficient individuals (vii–viii). The cost of caring for “defectives” in state institutions was further compounded by the dangers of their future reproduction, as it was thought that a feeble-minded parent could never produce a child that would be a “self-sustaining, respectable citizen” (vii). These children, they argued, “should never be born” because “they are a burden to themselves, a burden to their family, a burden to the state, and a menace to civilization”



(viii). As sociologist Adelaida R. Del Castillo has shown, these attitudes pervaded California's sterilization program. In her research on medical and administrative approaches to sterilization, she found that one physician in the 1930s asserted that "if [the woman] is weak-minded or diseased and is liable to become a public charge, the operation is justifiable. In general, with pauper patients it is our practice to effect sterilization at third (cesarean) section" (Del Castillo 1980, 68).

These arguments paralleled broader nativist beliefs that immigrants, particularly Asian, Mexican, and Eastern European immigrants, were likely to be great social and financial burdens. For instance, when the California Department of Institutions established a deportation office in the early 1920s, Mexican immigrants committed to state institutions quickly became the principal target; by 1928 they made up 47 percent of those repatriated across state borders by the deportation office. According to the state-appointed deportation agent, Charles F. Waymire, "the problem of caring for the defective, delinquent, and destitute of the Mexican race" in Southern California was "most acute" and demanded state action (Department of Institutions 1928, 18).

As the number of sterilizations in California rose in the 1920s and 1930s, the operations increasingly were performed in homes for the feeble-minded rather than in hospitals for the insane. This shift signified intensifying anxieties about the feeble-minded as well as heightened concern about unfit and degenerate women and girls. One manifestation of this dual preoccupation was greater attention to the unique problem of the "moron." Morons fell under the catchall classification of "feeble-minded," a term that included a wide range of persons who deviated from white middle-class notions of intelligence, sexuality, race, and domesticity. In practice, feeble-mindedness was broken down into various grades of mental deficiency (Trent 1995). Once preliminarily labeled as mentally deficient, patients would often undergo a battery of tests to determine their mental capacity. According to the Stanford psychologist Lewis Terman, who helped invent modern intelligence tests, the lowest ranks were occupied by idiots (IQ of 25 and under) and imbeciles (25 to 50). The IQ of morons fell in the 50 to 79 range, while borderline deficiency was pegged at 80 to 90. Normal intelligence was associated with an IQ in the 90 to 110 range (Stern 2005, 93–94, 248). Given that morons ranked slightly above the idiot or imbecile grades, reformers and eugenicists viewed them as especially dangerous since they could potentially "pass" as normal while propagating deleterious genes in the population (Wardell 1944, 6).<sup>6</sup> To prevent the potential

surreptitious defilement of society by morons, California superintendents often made sterilization a condition of release. This strategy became very popular during the Depression years of the 1930s, when state institutions experienced considerable overcrowding.

Gender historians such as Wendy Kline (2001) have shown that fears about feeble-mindedness frequently revolved around preoccupations with white female sexual deviance. On a parallel track, Chicana/o scholars have demonstrated how scientific racism and eugenic stereotypes of Mexicans as lazy and hyper-fertile worked to criminalize and marginalize Mexican American communities in the twentieth century. Our article puts these two literatures in conversation with each other. Exploring eugenic sterilization in Pacific Colony and other California institutions can illuminate the links between eugenics and Chicana/o histories and bring to light an important dimension of early Mexican American civil rights activism.

## **Pacific Colony: Experiences and Patterns of Sterilization**

In discussing projects underway at Pacific Colony, Norman Fenton, then director of the California Bureau of Juvenile Research (also managed by the Department of Institutions), stressed what many eugenicists and institutional leaders saw as the biggest problem among the mentally deficient:

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. (Barber 1935, 48)

In 1917 the Committee on Mental Deficiency presented a report to the California legislature that confirmed the fears of the state's growing network of eugenicists. Morons were increasing in number, causing overcrowding in the state's only institution for the feeble-minded, Sonoma State Home, and disrupting the "normal" wards in other facilities such as state prisons, detention homes, and orphanages (Barber 1935, 1). To address these issues, in 1917 the legislature passed Assembly Bill No. 602, providing for the creation of a second home for the mentally deficient in Southern California, Pacific Colony, which would supplement the work of the overstretched Sonoma State Home.

From its inception, Pacific Colony was planned as a “Moron Colony” designed particularly for the “high-grade moron . . . considered the most dangerous by psychiatrists” (*Los Angeles Times* 1918). Once building plans were approved, Pacific Colony garnered significant attention in the media, where it was described as a “great humanitarian project” that would be “the finest institution of the kind in the world.” In order to set it apart from other feebleminded homes, Pacific Colony was promoted as an institution where “there will be ultimate provisions for 2000 inmates of both sexes” who would be segregated from society and schooled in “the manual arts and domestic science under a purely educational plan which differs materially from the corrective system in vogue in the state reformatories for juvenile delinquents” (*Los Angeles Times* 1919).

Pacific Colony opened briefly in 1921, but due to issues with land and water sources, it closed just a year later. While the project was suspended, in 1923, the California legislature passed a bill repealing portions of the 1917 act, putting the colony’s future in doubt. This incited strong protest from various groups, including the Whittier State School for delinquent boys and the Los Angeles superintendent of schools. In response, Judge Edwin J. Han of the juvenile court explained to the *Los Angeles Times* (1923) why an institution designed for morons was a critical necessity in California:

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

In May 1923 the proposed bill to shelve the Pacific Colony project was defeated, and California’s home for morons opened four years later on May 12, 1927. Once completed, the institution boasted a sizable staff with a medical superintendent, psychologists, social workers, teachers, and medical personnel. Pacific Colony housed nine cottages that segregated inmates according to gender and mental grade. The facility treated inmates on the institution’s property, which included a hospital building complete with fifty beds, a laboratory, surgery facilities, and x-ray equipment (Barber 1935, 8).

In keeping with the promise of an educational, as opposed to correctional, system, Pacific Colony ran a school where inmates were instructed in accordance with their putative IQ level. Embedded in the educational program was an attempt to educate and train certain inmates to become

“useful” citizens outside the institution. A great effort was made to identify inmates who, once adequately trained, could be placed on parole, either at home with their families or on a work assignment program referred to as industrial parole.<sup>7</sup> Inmates eligible for parole were most likely to be diagnosed at the moron level. As Faith Constance Barber observed in her 1935 master’s thesis on Pacific Colony, the administration sought to apply a quota system in which for every ten patients admitted, five would be at the moron level, two at the imbecile level, and one at the idiot level, while two would be epileptics of any level (64). This emphasis on morons was “designed to prevent filling the institution with the purely custodial type of patient and to allow for a higher rate of turnover in the discharge or parole of patients” (64). At Pacific Colony, educational training and sterilization formed a two-pronged strategy that reformers hoped would ensure that morons, once released from the institution, would become productive but nonreproductive citizens unlikely to strain public resources. Recommended and provided for by the 1917 bill that initiated the construction of Pacific Colony, sterilization was integral to the institution’s mission (Barber 1935, 2). In fact, Pacific Colony followed in the steps of the other feebleminded home, Sonoma, by requiring patients eligible for parole to undergo sterilization before being approved for release (Popenoe 1928, 274).<sup>8</sup>

Being classified as feebleminded or tagged as socially or sexually deviant was a crucial first step on the road to legal commitment to a state hospital and possible sterilization (Chávez-García 2012; Lombardo 2010; Odem 1995). Given the racial logic of California eugenics, Mexican-origin youth were prime targets for both institutionalization and sterilization. Miroslava Chávez-García (2012) has calculated that in the early twentieth century, delinquent youth of Mexican origin represented up to 25 percent of all children and adolescents transferred from state reformatories to state hospitals for sterilization. She concludes that youth of Mexican origin “were disproportionately identified as defective delinquents who were in need of permanent care and sterilization in Sonoma or the Pacific Colony” (143).

In her 1935 thesis on Pacific Colony, Barber offered early evidence that Mexican-origin patients were being committed to the institution at disproportionate rates. During an era when the Mexican-origin population of the state reached 6.5 percent at the highest, her survey of the patient population found that 158 of 1,035 recent commitments, or 15.3 percent, were of Mexican origin. Of those 158 Mexican-origin patients, almost 65 percent were female, signaling a significant gender disparity (Barber 1935,

101). Another master's thesis on Pacific Colony, by Arthur Lawrence Palace, was published in 1950, at a moment when sterilizations were starting to decline. He remarked, "It has been observed casually by the staff at this institution that there is an over-representation of the Mexican-white" (6). In his review of the commitment ledgers from June 1947 to June 1949, Palace found that of the 140 boys committed to Pacific Colony, thirty-five, or 25 percent, were Mexican (18). As Barber's and Palace's observations indicate, Mexican-origin youth were frequently committed to Pacific Colony at rates that were higher than their proportion of the state population, which according to the 1910 and 1930 censuses did not exceed 6.5 percent. Furthermore, once committed to Pacific Colony, patients diagnosed as socially delinquent and mentally deficient quickly became candidates for sterilization.

In order to better understand the racial and demographic makeup of sterilized patients, we examined 2,006 sterilization authorizations sent by the medical superintendent at Pacific Colony to the head of the Department of Institutions in Sacramento. These 2,006 orders represent a fraction of the approximately 15,000 orders sent from state institutions to Sacramento in the period from 1922 to 1952. After collecting nonidentifying information from the authorizations, we produced descriptive statistics about the patients' ages, gender, and race. To determine Mexican origin, we first identified all patients with Spanish surnames. After reviewing the patient and family histories provided on the sterilization authorizations we were able to confirm that an overwhelming majority of Spanish-surnamed patients were of Mexican origin, although a small number hailed from Spain, Puerto Rico, and various countries in Latin America (figs. 1, 2).

Our analysis gives a clearer picture of who was targeted for sterilization in California institutions. While the ages of patients approved for sterilization ranged from as young as nine years to as old as fifty-eight, the average age of patients approved for sterilization between 1928 and 1951 was eighteen. This further corroborates that Pacific Colony's eugenic sterilization program largely targeted youth classified as delinquent and defective. The records also offer information on the gender breakdown of inmates targeted for sterilization. Female patients made up 51.7 percent of the authorizations, while male patients represented 48.3 percent. However, when we disaggregate the data by race we see a noticeable difference: among white patients the gender breakdown was 48.7 percent female and 51.3 percent male, but among patients of Mexican origin, females made up 61.3 percent and males 38.7 percent of those sterilized.

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

at \_\_\_\_\_

**PERSONAL HISTORY** Trans from \_\_\_\_\_ Hospital Case No. \_\_\_\_\_  
 on account of running away.  
 Age 15-5 Nativity \_\_\_\_\_ Religion Catholic Education Special Class  
 Marital status Single No. of children None Ages \_\_\_\_\_

**FAMILY HISTORY** (for additional space use reverse side): Mother died of tuberculosis.  
 One half-brother in San Quentin

**CLINICAL HISTORY:**

Date admitted 1-18-35 Present diagnosis Mexican girl in good physical condition  
 Attacks (previous, and diagnosis of each):

**LEGAL PROVISIONS** (compliance with):

A. If patient is an inmate of Sonoma State Home or a State hospital for the insane, and the operation is to be performed under Act 559, Section 1, then fill out the following:

1. Legally signed and prepared commitment papers { are } on file at this Institution.
2. This patient is afflicted:

- With mental disease which may have been inherited and is likely to be transmitted to descendants.
- With epilepsy or feeble-mindedness (specify grade) I.Q. 56 Middle Moron
- With perversion or marked departures from normal mentality or from disease of a syphilitic nature.

After careful consideration in the case of \_\_\_\_\_ by the members of the Medical Staff of this institution, it is the belief that this patient is suffering from a mental disease which is likely to be transmitted to posterity, and recommend that the operation for the purpose of sterilization be performed, in which opinion I have concurred and do hereby request your approval.

Written consent { not given } by \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

under date of January 30, 1935 copy of which is attached hereto.  
 (If consent not given, submit separate letter giving circumstances)

[DATE] Feb. 11, 1935

Approved and authorization for an operation for sterilization granted this 14 day  
 of February 1935

\_\_\_\_\_  
 Director of Institutions

RECEIVED  
 FEB 14 1935  
 INSTITUTION OF CALS

Figure 1. A 1935 sterilization request (Sterilization Authorizations, 1935, reel 119).

Critically, Mexican-origin inmates regardless of gender were sterilized at rates disproportionate to their population in the state, accounting for 23.2 percent of all sterilization authorizations from 1928 to 1951. A year-by-year breakdown reveals that sterilization rates of Mexican-origin patients were consistently high, never dropping below 13.5 percent of the authorizations and usually making up one quarter of the total. In 1939, sterilization authorizations for Mexican-origin inmates peaked at 36

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

[REDACTED]

SN0110111541  
#0 3470  
BCC 22 10/17  
03/13/38

NAME [REDACTED] HOSPITAL CASE NO. [REDACTED]

**PERSONAL HISTORY**  
Age 13 M.A. 6-2 I.Q. 50 Nativity [REDACTED] Religion Methodist  
Education Ungraded Marital status Single No. of children None Age----

**FAMILY HISTORY** (for additional space use reverse side):  
Father said to be alcoholic and to have served time in jail for boot-legging. No information regarding syphilis although Pearl is considered a congenital syphilitic.

**CLINICAL HISTORY** (for additional space use reverse side):  
Mentally deficient, congenital syphilitic child, mother dead and father unable to supervise properly. Committed for care and supervision. Had a gonorrhoeal infection prior to admission. Present diagnosis: Mental deficiency, Low Woron level, congenital syphilis  
Date admitted June 25, 1936

**LEGAL PROVISIONS** (compliance with):  
*This form is submitted in accordance with Section 42 of Act 3690 of the General Laws of the State of California*

1. Legally signed and prepared commitment papers <sup>are</sup> ~~xxxxx~~ on file at this institution.
2. This patient is afflicted:  
With feeble-mindedness (specify grade) I. Q. 50, Low Woron level, syphilis

After careful consideration in the case of [REDACTED] by the members of the Medical Staff and Clinical Psychologist of this institution, it is the belief that this patient is suffering from a mental disease which is likely to be transmitted to posterity, and recommend that the operation for the purpose of sterilization be performed, in which opinion I have concurred and do hereby request your approval.

APR 29 1938  
DEPT. OF INSTITUTIONS

Written consent <sup>is</sup> ~~not~~ given by [REDACTED] Name [REDACTED] Relationship [REDACTED]  
under date of March 29, 1938 copy of which is attached hereto.  
*If consent is not given, submit separate letter giving circumstances*

Approved [REDACTED] M.D. Approved [REDACTED] Ph.D.  
[DATE] April 19, 1938 Approved [REDACTED]  
Medical Director and Superintendent

Approved and authorization for an operation of sterilization granted this 19th day of April 1938  
[REDACTED] Director of Institution

FORM 11-31-37 CALIFORNIA STATE PUBLIC SERVICE

Figure 2. A 1938 sterilization request (Sterilization Authorizations, 1938, reel 120).

percent. The average ages of Mexican-origin women and Mexican-origin men targeted for the operation over the twenty-two-year time span were eighteen and sixteen respectively, with a range of patients as young as ten and as old as forty-five selected for sterilization.

In addition to analyzing the 2,006 sterilization authorizations from Pacific Colony, we reviewed the names printed on monthly sterilization ledgers produced by Pacific Colony, Sonoma State Home, and Patton State Hospital from 1937 to 1948. The ledgers for this eleven-year period, which

encompassed the zenith of California's sterilization program, show that 19 percent of patients sterilized at Sonoma and 20 percent of patients sterilized at Patton had Spanish surnames. These figures are significant given that Sonoma and Patton performed the most operations in California and the country as a whole between 1909 and 1950: 5,430 and 4,584 sterilizations respectively (Wellerstein 2011, 38). During the same period 26 percent of the patients sterilized at Pacific Colony had Spanish surnames. These figures underscore that Mexican-origin patients were targeted for reproductive surgery.

## **Mexican Americans' Incipient Struggles for Reproductive Justice**

If the numbers and patterns from state institutions suggest that Mexican-origin patients, especially women, were particularly targeted, the language contained in Pacific Colony's sterilization authorizations consistently described Mexican-origin women as promiscuous and hyper-fertile. Minelva's case is representative of a majority of the Mexican-origin patients sterilized at Pacific Colony: young, single women with no children who suffered economic and familial hardships and had been committed to the institution due to sexual or social behavior that deviated from white middle-class norms. The aim of sterilization was to prevent the consequences of such supposed sexual improprieties and excessive fecundity. In her sterilization record, for example, eighteen-year-old Manuela Morales is described as a "mentally deficient Mexican girl, incorrigible, sexually delinquent and a social problem as she lacks inhibitions and needs sterilization" (Sterilization Authorizations, 1949, reel 126). Manuela's family was likewise perceived as exhibiting "unsocial" behavior and low intelligence: "Mother is reported alcoholic and of low mentality. Patient is one of eleven children. One brother was an inmate of a California institution for men. Father was born in Mexico; came to US in 1913; occupation laborer—Santa Fe R.R. Family are non-cooperative and lack ability to understand" (Sterilization Authorizations, 1949, reel 126). The solution was sterilization, after which Mexican-origin women could be safely released into the public without worry that they would propagate. As one Mexican-origin patient's file reads, "after sterilization and training this girl should be able to go out on Industrial Parole, earn her own living and make a good adjustment, thus relieving Santa Barbara County and the State of her care" (Sterilization Authorizations, 1944, reel 122).



While many of the Mexican-origin women deemed in need of sterilization at Pacific Colony were young, single, and childless, others were older women who often struggled to care for their families and thus came to the attention of the courts. The sterilization authorizations of these women indicate disdain for the number of children they had, their domestic arrangements, and their personal lives. Rosa Acosta was admitted to Pacific Colony on February 2, 1938, at the age of thirty-five. Her clinical history notes that she was a “Catholic, Mexican woman” admitted from Santa Barbara County because of “mental deficiency, sexual promiscuity, and an inability to adjust herself in the community.” A supplemental letter attached to her file explains that Rosa was married at the age of twenty and had a child with her husband. Three years later she divorced and moved in with her parents, who cared for the child while she worked. Over the next five years Rosa “became pregnant by a Portuguese and gave birth to three illegitimate children by him.” The letter does not provide any further information about her Portuguese partner, but it does state that after Rosa began working on a ranch in order to care for her children she met a “young Swiss-Italian” with whom she had two more children. With six children total, five of whom were considered illegitimate and of mixed heritage, Rosa represented the reckless, hyper-fertile Mexican woman who, due to her promiscuity and reproductive capacity, endangered the racial purity of the nation. With an IQ score of 71, she was classified as a high-grade moron. Rosa thus became an ideal candidate for sterilization and this was unanimously approved by the medical staff at Pacific Colony, which believed that “she should be sterilized for her own protection and for that of the community” (Sterilization Authorizations, 1940, reel 121).

While illegitimacy and nonnormative domestic arrangements were certainly taken as indicators of feeble-mindedness, they were not always necessary for Mexican-origin women to be considered in need of sterilization. Fortuna Valencia, a “half Spanish half Indian” native of California, had eleven children, all of whom were born during bona fide marriages. She had six children with her first husband, and after he died she struggled to care for them. Six years after his death, Fortuna remarried and went on to have five children with her second husband. Despite being married, at some point Fortuna was referred to the welfare department and later sent to the probation department. Her record states that “she proved resistant to supervision,” and ultimately her children were removed from her and declared wards of the court. Interestingly, Fortuna scored relatively high on her IQ test and was considered to be of “borderline” mentality. Despite

this, Pacific Colony officials justified her sterilization because she had “fully demonstrated that she falls in the feeble-minded group when that group is defined by any sort of social orientation.” Thus, Fortuna was sterilized for being a poor Mexican-origin woman with a large family (Sterilization Authorizations, 1945, reel 124).

California was exceptional among states insofar as its sterilization law never faced any serious legal challenge. This was largely due to the fact that California’s law did not require patient or guardian consent to authorize or perform sterilizations in state institutions, nor did it provide mechanisms for any sort of administrative appeal. Although the Department of Institutions asked that superintendents acquire written consent from a parent or guardian to accompany sterilization authorizations, this was merely a pro forma exercise, perhaps performed as a hedge against any potential liability. Patients and relatives essentially were powerless to prevent sterilization if the medical superintendent decided the operation should be done.

These limitations, however, did not deter Mexican-origin patients and their families from challenging compulsory sterilization. In fact, the sterilization authorizations reveal multiple instances in which the parents of Mexican-origin patients resisted sterilization by refusing to sign the consent forms. As Minvela’s file reveals, her parents withheld consent and refused to sign the forms. Many Mexican-origin parents appear to have dissented in a similar fashion, and many went even further in their resistance. For example, in addition to denying permission for the operation, Minvela’s parents, like many Mexicans facing racial discrimination, sought aid from community allies such as the Mexican consul and religious leaders (Balderama 1982; Molina 2006, 116–58; Sánchez 1995). As the Pacific Colony surgeon, Dr. Hoyt, explained to Superintendent Joyce in her letter:

The 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. We have also received correspondence regarding sterilization from a Bernard Perez, reported to be a spiritual advisor. This man’s letter stated that [Minvela’s mother] did not want her daughter to be sterilized and asked that we parole the girl without sterilization. (Sterilization Authorizations, 1944, reel 122)

Minvela’s parents were not alone in contacting the Mexican consulate and officials outside the institution for assistance in preventing sterilization. In 1950 the parents of thirteen-year-old Miguel Hernández, a patient at Pacific Colony, not only enlisted the help of the Mexican consul but

also wrote a letter to Governor Earl Warren, which prompted a review of Miguel's case. In the resulting report, Pacific Colony superintendent George Tarjan explained to the director of the California Department of Mental Hygiene that the Hernández family members "do not seem to acknowledge the boy's limitations" and "feel that the boy has been mistreated by his placement at Pacific Colony." Tarjan noted that there was "correspondence from the Mexican Consul" and that a counselor on Mexican affairs wrote a letter to the governor on the family's behalf. While the overall aim of this report was to justify Miguel's institutionalization and sterilization, it shows that Mexican parents did not hesitate to call on outside officials, including the governor of the state, in order to prevent the sterilization of their children.<sup>9</sup>

Indeed, the parents of Mexican-origin patients went to great lengths to try to prevent the forced sterilization of their children. A Mexican-origin mother filed the only significant legal case against eugenic sterilization in California, *Sara Rosas Garcia v. State Department of Institutions* (Civ. No. 12533). The plaintiff's daughter, Andrea, was a patient at Pacific Colony, having become a ward of the Los Angeles County Juvenile Court one year before her sterilization hearing in 1939. Sara was a widow with nine children who ranged in age from Andrea, nineteen, to Ricardo, two. Notwithstanding the pressures of raising nine children, Sara acquired pro bono legal counsel and filed a writ of prohibition to prevent the Pacific Colony superintendent from performing a salpingectomy (removal of the fallopian tubes) on her eldest daughter. Sara's attorney, David C. Marcus, argued that California's sterilization law violated the Fourteenth Amendment of the US Constitution and the equal protection and due process clauses of the state constitution. He argued that the surgery would be performed against Andrea's "wishes and desires" and that the law gave "no remedy or method of redress" for the "irreparable damage" she would suffer. Although Sara's writ was denied in a two-to-one decision, Judge J. White, who was sympathetic to Marcus's argument, lambasted the existing law in a terse dissent. In White's opinion, a sterilization order, insofar as it deprived a person of the "right of procreation," was consequential enough to merit judicial consideration beyond the purely administrative arena of the Department of Institutions. White wrote,

the grant of such power should be accompanied by requirements of notice and hearing at which the inmate might be afforded an opportunity to defend against the proposed operation. 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 guaranties.

Despite her mother's legal protest, records indicate that Andrea was sterilized at Pacific Colony in 1941.

## **Conclusion**

Mindful of Maylei Blackwell's contention that Chicana history cannot just be additive—"the add-and-stir method is not sufficient"—and that we should be attentive to who has been erased from history and interrogate the process of erasure (Blackwell 2011, 4), we suggest that eugenics, particularly sterilizations performed in state institutions under California law, intersected in significant ways with Chicana/o history. Thousands of Mexican-origin patients were sterilized in California during the long era of state-sponsored sterilization, which stretched from 1909 into the 1960s. Because the records documenting these experiences are difficult to access, requiring an institutional review board application and approval from the California Committee for the Protection of Human Subjects, they are easily ignored. Moreover, in accordance with well-intentioned patient privacy and confidentiality protections, above all federal HIPAA regulations, we can only present stories of patients by using pseudonyms and what is termed "de-identified" information. Despite these limitations, and despite the difficulties of trying to extract people's experiences and voices from bureaucratic, medicalized forms such as sterilization authorizations, we believe it is possible to reconstruct slivers of the lives of Mexican-origin women subjected to institutionalization and sterilization at Pacific Colony. Doing so requires that we be attuned to the multiple ways in which their experiences, and those of other marginalized groups, were elided. Mexican-origin patients did not sign the orders themselves; instead paternal actors, from parents to superintendents, signed for them. Their unique humanity was reduced to a diagnostic category and medico-psychological label. Squirreled away in forgotten file cabinets in offices in Sacramento, these sterilization authorizations, and the stories embedded in them, have been elided from the histories of eugenics and Mexican Americans in California.

Reintegrating Chicanas into the history of eugenics and institutionalization in California shifts understandings of race, reproduction, and power. Our research demonstrates that women and men of color, particularly Mexican-origin patients, were targeted for sterilization at Pacific Colony at rates disproportionate to their presence in the population. This pattern was

replicated in other institutions such as Sonoma and Patton. We suggest that resistance to sterilization enacted by Mexican-origin parents and families should be situated alongside more visible and well-known legal struggles that contested aspects of eugenic racism in California such as the Sleepy Lagoon case (*People v. Zamora*, 1942), the challenge to racial segregation in schools (*Mendez v. Westminster*, 1946), and the case contesting California's antimiscegenation law (*Perez v. Sharp*, 1948). As Catherine Ramírez has astutely noted in her research on pachucas in 1930s and 1940s, these events have been upheld by Chicana/o studies scholars as “moment[s] of origin and/or turning point[s] in Mexican American history” because they exemplify Mexican American engagement in visible antiracist struggles and demands for full citizenship (2009, 13). Expanding Ramírez's argument, we contend that Mexican American experiences of institutionalization, eugenic sterilization, and opposition to sterilization abuse are critical to mapping this formative historical period and illuminate how racial justice and reproductive justice were linked for many Mexican-origin women and families.

In particular, the resistance of Mexican-origin patients, parents, and families constitutes an important thread of the narrative of Mexican American activism during the mid-twentieth century. Even though *Sara Rosas Garcia v. Department of Institutions* was stymied at the appellate level and did not reach the renown of cases such as *People v. Zamora* and *Mendez v. Westminster*, Sara's and Andrea's efforts, along with the efforts of many parents and patients, reveal how the gendered and racial dynamics of eugenic sterilization were contested both inside and outside the walls of state institutions. The intertwining of racial and reproductive justice becomes more visible when one considers that the attorney representing Sara Rosas García, David C. Marcus, who worked for many years with the Mexican consulate, subsequently filed and litigated *Mendez v. Westminster*. From the 1920 to the 1950s, Mexican American parents and families were outspoken and persistent opponents of state-mandated sterilization, appealing orders to superintendents, politicians, consular officials, and the courts. These struggles set the stage for the Mexican-origin plaintiffs who sued Los Angeles County + USC Medical Center in 1978 for nonconsensual postpartum sterilizations (*Madrigal v. Quilligan*). And they provide a sobering backdrop to recent revelations that approximately 150 women were sterilized without proper authorization in two California women's prisons from 2006 to 2010 (Johnson 2013).

Interweaving the complex story of eugenic sterilization in California into Chicana/o history urges us to revise our periodization of Mexican American activism and the Chicana feminist movement. Mexican-origin patients and families waged their struggle for reproductive rights at the height of the eugenics era in California. They confronted a paternalistic state program that sought to bar those deemed “unfit” from procreation, thus depriving them of a basic human right. Long overlooked, this struggle represents a critical facet of the larger pursuit of racial and reproductive justice by Chicana/os in California and the nation.

## Notes

We thank Maria E. Cotera, Miroslava Chávez-García, two anonymous reviewers, and the editors of *Aztlán* for their comments on earlier drafts of this article. This research was conducted in accordance with the California Committee for the Protection of Human Subjects under protocol 12-04-0166 and only pseudonyms and de-identified information have been used.

1. All patient names are pseudonyms. We consulted patient records in accordance with the protocols of the California Committee for the Protection of Human Subjects.

2. The first California institution, the Sonoma Home for the Feeble-minded, was located in Northern California and had experienced chronic overcrowding since the early 1900s. Concern over the state’s ability to segregate and care for people deemed feeble-minded or socially unfit became so severe that in 1917 urgent plans were made to build a second home, Pacific Colony, to supplement the work of the Sonoma Home. Pacific Colony was located in Spadra, a neighborhood in the Southern California community of Pomona.

3. All information about sterilization authorizations discussed in this article comes from “Sterilization Authorizations and Related Documents for Patients Admitted to California State Mental Institutions.” These records of the Department of Mental Hygiene (as it was then known) are held by the California Department of State Hospitals on thirteen 16 mm microfilm reels. The reels contain sterilization requests and related documents from nine California state institutions from the early 1920s to the early 1950s.

4. In 1909 California became the third state in the country to pass a sterilization law allowing state institutions to carry out the procedure on their patients. By 1917 the law had been revised to include explicitly eugenic language. It was made applicable to anyone legally committed to a California state institution who was believed to be “afflicted with 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.”

5. While the California sterilization law did not require state personnel to seek consent before authorizing and performing sterilizations, the Department of Institutions requested that superintendents acquire written consent for the operation from a parent or guardian and send it along with the sterilization request to be approved by the director of institutions in Sacramento (Stern 2007).

6. In her 1944 study of institutional care of the feeble-minded in California, social worker Winifred Ruth Wardell wrote that “the simple factor of feeble-mindedness does not usually involve any outside agency” and that many such persons could continue to live in the community without causing any serious problems (4). Those who needed institutionalization, Wardell explained, were feeble-minded persons who posed threats to society. She identified sexual deviance and delinquency as factors leading to the institutionalization of an individual, who could then become a prime candidate for sterilization. Echoing the beliefs of her peers, Wardell highlights the specific problem of the moron, asserting that the average person cannot identify the worst ones given that feeble-mindedness was “a social concept, and though the usual intelligence tests give a gross idea of the person’s mental equipment, it is by his adjustment to his local environment that his mental status can best be judged” (6).

7. Pacific Colony and Sonoma Home practiced a system of industrial parole whereby certain patients, after being sterilized, were placed outside the institution to work for employers under the supervision of institutional social workers. Men and boys were often placed as agricultural workers, while women and girls were mostly placed as domestics. This practice accorded with the notion that some feeble-minded people did not require permanent segregation and after sterilization and training could become productive citizens through their labor.

8. Paul Popenoe explained that if the parent or relative were to refuse consent for sterilization of a feeble-minded patient, “He or she may be kept there indefinitely in segregation, the interest of the state being thus equally protected. If, however, the relatives want the patient back with them, they must permit sterilization first. The superintendent is of course always able to sterilize with the approval of the directors above mentioned, even though relatives should refuse permission, if he wants to put a patient on parole. The consent of the patient himself is not asked in any case, since, being insane or feeble-minded, he is legally incompetent” (1928, 274).

9. Letters are located in the Inventory of the Earl Warren Papers, 1924–53, Collection F3640, at the California State Archives. The letters are in a folder labeled “State of California Inter Departmental Communications” in the “Pacific Colony” section (F3640:2411).

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