

Introduction

LIFE, LABOR, AND REPRODUCTION AT THE INTERSECTIONS OF RACE, GENDER, AND DISABILITY

They never told me that they were going to do that surgery to me. They said they were going to remove my appendix and then they did that other. They should have explained to me. . . . After they did that surgery to me, I cried. . . . I still don't know why they did that surgery to me. The sterilization wasn't for punishment, was it? Was it because there was something wrong with my mind?

—Unnamed eugenic sterilization survivor

They shouldn't do that to people just because they are in that hospital. They never ask you! They just tell you after it's done.

—Unnamed eugenic sterilization survivor

Reflecting on their painful experiences, the two unnamed survivors quoted above underscore the violence, deceit, and disregard that pervaded practices of confinement and sterilization in California during the first half of the twentieth century. The two survivors were sterilized at Pacific Colony—the Southern California institution at the center of this book—at some point between 1931 and 1951. Their statements, collected as part of a study published in the 1960s in *Eugenics Quarterly*, were printed without their names. The authors of the study omitted all other information about the lives and experiences of the two survivors, but their statements speak

volumes about what happened to them at the institution. The sterilizations were not wanted, officials did not ask permission, no one explained the operation to them, and in at least one case institutional authorities lied outright about the nature of the surgery. These statements point to the survivors' stance on the legitimacy of what Pacific Colony clinicians did to them while they were confined to the institution. Being committed to an institution did not, in their eyes, justify the operation. And if we extrapolate from the second survivor's quote, having a disability label—which was both the legal and medical basis for confinement and sterilization in Pacific Colony—did not amount to a sufficient justification to strip a person of their reproductive capacity.

In this book I examine the experiences of people who, like the unnamed survivors, were marked with a disability label, committed to Pacific Colony, and forcibly sterilized between the late 1920s, when the institution opened, and the early 1950s. Combining insights from feminist scholarship on the politics of reproduction and Critical Disability Studies, I analyze a vast range of archival materials to answer questions like those of the first quoted survivor: Why were people committed to Pacific Colony? Why were they sterilized? Were these practices punishment or treatment? This book also seeks to answer broader questions: How did Pacific Colony come to be? What motivated practices of institutionalization and sterilization? How did state workers and institutional authorities justify these practices? How did disability labels organize power in this historical context? And what roles did race, class, and gender play in state practices of confinement and reproductive oppression?

Although the authors of the study published in *Eugenics Quarterly* did not include the racial or ethnic identity of the quoted survivors, this book centers the experiences of young working-class Mexican-origin women and men who were confined and sterilized at Pacific Colony at rates that were disproportionate to their population in the state at the time. When possible, I trace their experiences across sterilization requests, consent forms, admission ledgers, newspaper articles, and any other available documents in order to glean a sense of what their experiences of institutionalization and reproductive constraint were like. In most cases, Mexican-origin youths were confined to Pacific Colony for several years, forced into unpaid labor in the institution, and sterilized before being discharged. My

research examines the principal disability label used to commit youths to Pacific Colony: feeble-mindedness. I analyze institutional publications, legislative documents, surveys, master's theses, research journals, and various state department archives to situate feeble-mindedness as a medico-social and historically constructed disability label and to understand how state authorities—including physicians, psychologists, educators, social workers, and juvenile court officials—used the diagnosis in the early twentieth century to establish Pacific Colony. I also detail the ways state authorities applied the label to facilitate and justify the confinement and sterilization of Mexican-origin youth. Excavating the history of Pacific Colony illustrates how state authorities combined ideologies of race, gender, and disability to render working-class Mexican-origin youth “mentally deficient,” how the racial and gendered valences of feeble-minded diagnoses were used by state authorities to justify punitive interventions, and the ways that residents of Pacific Colony confronted and contested these practices.

The book elaborates two arguments. The first is an empirical argument, based on both archival evidence and data analysis, about the discriminatory application of state practices of institutionalization and sterilization. I assert that state workers targeted Mexican-origin youth in Southern California in practices of disability labeling, decisions about who needed to be committed to Pacific Colony, and determinations about which Pacific Colony residents needed to be sterilized. The second is an epistemic argument about the roles that racism, sexism, and classism played in the development of theories of intelligence and feeble-mindedness. I assert that scientific research on feeble-mindedness conducted and circulated by California professionals in fields like psychology and juvenile delinquency established “mental defect” as a constitutive component of Mexican racial difference in ways that were gendered. This production of knowledge about Mexican mental inferiority added scientific validity to existing notions of Mexicans as sexually deviant, hyperfertile, criminally inclined, and economically dependent, naturalizing these stereotypes as inherent traits. This knowledge legitimized violent state efforts to manage the lives and reproduction of young Mexican-origin women and men.

During the first half of the twentieth century, California led the nation in eugenics-inspired efforts to prevent people deemed physically, men-

tally, or socially unfit from reproducing, sterilizing approximately twenty thousand people who were committed to state institutions. Performing about one-third of the sixty thousand sterilizations that took place under eugenic laws in thirty-two states across the country, California's sterilization program has received important attention from scholars over the years.¹ Historical analyses of California's sterilization practices have rightly focused on the eugenic aspects of the state's sterilization statute and the role that gender played in efforts to institutionalize and sterilize working-class women. The existing scholarship on this dark episode of California history offers crucial insights about the roles of gender and eugenic ideology; however, little is known about the demographics of who was sterilized. Scholarly research on institutions for the feeble-minded in the East Coast, Midwest, and South outlines the ways that this diagnosis was applied in different regions of the country.² This analysis of Pacific Colony broadens that research, illustrating how race, disability, and gender converged to justify institutionalization and sterilization in ways that disproportionately affected working-class, disabled, and racialized people in Southern California, Mexican-origin youth in particular

Pacific Colony was one of two institutions for the so-called feeble-minded in California. It was not the first nor did it sterilize the most people. Those distinctions go to the Sonoma State Home, which opened in 1891 and was located in Northern California. Sonoma State Home authorities sterilized more than five thousand people between the 1910s and the early 1950s. Pacific Colony, located near present-day Pomona in Southern California, was the second state institution built to confine, manage, and sterilize people labeled "feeble-minded." Pacific Colony did not open until 1927, but white middle-class professionals who often identified as progressive social reformers commissioned studies and compiled research starting in the mid-1910s on what they viewed as a concerning population of nonwhite, defective, delinquent, and dependent people in the southern part of the state. They used this research to garner support for building Pacific Colony, which came to represent California social reformers' best thinking on how to manage populations they deemed undeserving of the rights and privileges of citizenship, including freedom and the right to reproduce.

Various state department officials from the juvenile courts, the Public

Health Department, and the Department of Social Welfare worked in tandem with Pacific Colony administrators, targeting Mexican-origin youth for commitment to the institution and sterilization. Between 1928 and 1952, Pacific Colony processed 2,090 sterilization requests and 533 of those—approximately 25 percent—were for people with Spanish surnames. Over the years the number of sterilization requests for Spanish-surnamed residents never dropped below 13.5 percent and peaked at 36 percent in 1939.³ To be clear, Spanish-surnamed residents were disproportionately sterilized across the state. Analysis that compares data from sterilization requests processed by all institutions between 1920 and 1945 to U.S. census data on people living in individual institutions shows that institutionalized Latinas/os were at higher risk of sterilization than non-Latinas/os. Latino men were at a 23 percent higher risk of being recommended for sterilization than non-Latino men living in institutions, and Latinas were at a 59 percent greater risk of being recommended for sterilization than non-Latinas living in institutions.⁴ While Latinas/os, most of whom were Mexican-origin, faced higher rates of sterilization across the state, Mexican-origin people faced the highest proportion of sterilization at Pacific Colony—especially Mexican-origin youth. Thus Pacific Colony represents an important case study on how race, disability, and gender were co-constructed in eugenic practices of population control during the first half of the twentieth century.

Honing in on this one institution, I highlight how professionals in various fields, including psychology, education, and social work, produced entire bodies of research that constructed Mexican-origin youth as inherently defective and prone to deviant behavior and economic dependence. I illustrate how this research was translated into state policies of confinement and reproductive constraint, and how officials collaborated across state departments to implement these policies. A vast web of powerful actors came together to convince the California State legislature to invest millions of dollars in Pacific Colony over several decades, and they worked together to identify, label, manage, and sterilize people who often already faced extreme social and economic marginalization. Examining the institution from the late 1920s to the early 1950s, this book shows that, in the face of overcrowding, allegations of abuse, and persistent rebellion on the part of residents, experts and state workers consistently argued that popu-

lation control measures (segregation, confinement, and sterilization) were the most scientific and humanitarian approaches to large social issues like poverty and crime.

By analyzing the history of Pacific Colony and the experiences of Mexican-origin youth that lived there, we gain important insights on how social hierarchies are built and justified through notions of race, gender, disability, and class. We also see how these notions become embodied in violent and harmful ways. However, as my research illustrates, the power of the state in the lives of these Mexican-origin youth was not absolute. As the two survivors quoted at the beginning of this introduction make clear, Pacific Colony residents had strong views about institutional authorities' right to limit their reproduction. Many young people at Pacific Colony acted on their views, taking great risks to challenge, defy, and resist efforts to manage their lives, labor, and reproductive capacity.

"FEEBLEMINDEDNESS" AND THE CONSTRUCTION OF MEXICAN RACIAL INFERIORITY

From the late nineteenth and well into the middle of the twentieth century, psychiatrists, educators, social workers, and juvenile court authorities across the country relied consistently on one specific medical diagnosis to justify the institutionalization and sterilization of young people: feeble-mindedness.⁵ This practice rested on a body of research that emerged in the late nineteenth century and proliferated in the era of eugenics. According to eugenicists and researchers in the fields of psychology, education, and juvenile delinquency, "feeble-mindedness" was a hereditary condition of individual mental defect that gave way to a host of social issues including poverty, immorality, and crime.

Given the social and reproductive implications of this medical condition, researchers argued that individuals with this diagnosis required management, confinement, and reproductive constraint in order to stave off the negative social implications of their supposed defect. Historians have demonstrated the ways that, as a medical diagnosis, feeble-mindedness was not the accurate, scientific, or objective measure of mental capacity that clinicians portrayed it to be.⁶ Instead, as with other cat-

egories of disability, “feeble-mindedness” was a socially and historically situated construct that was far more indicative of relationships of power than of inherent intelligence or any fixed condition of the mind. As this book demonstrates, ideologies of race, gender, and class were embedded in the formulation of this disability label and thus shaped the way feeble-mindedness was determined, who would be marked with this label, and who would have to endure the most invasive forms of “treatment.” In California, researchers repeatedly concluded that Mexican-origin people were more prone to feeble-mindedness. As a result, state authorities often approached the behaviors of Mexican-origin youth through this lens of disability, labeling them feeble-minded and targeting them for confinement and sterilization.

The idea of feeble-mindedness was wedded to ideas about intelligence and its role in determining who was capable and deserving of full citizenship in the United States. When psychologists like Lewis Terman, whose work I examine in chapter 1, claimed to be able to measure a person’s inherent level of intelligence, they did so in ways that tied a person’s mental capacity to their role and value in society. In fact, in his book on the Stanford-Binet intelligence test, Terman wrote explicitly about the ways that the IQ score—a numeric representation of someone’s intelligence—could be used to determine both who was a likely social menace and who had the capacity to be a valuable and productive citizen.⁷ According to Terman, intelligence tests should be used in educational settings, to identify “delinquents” and determine “vocational fitness.”⁸ When used in schools, IQ scores could determine which youths would benefit from education and which youths should be excluded. When used in juvenile courts, IQ scores could determine which youths had the potential to be reformed and which were born criminals. When applied to industry, IQ scores could determine which individuals were fit for managerial and administrative roles and who should be relegated to low-status and low-wage labor. According to those who subscribed to this line of thinking, intelligence became a seemingly natural, logical, and even scientific way to organize society. People of normal or superior intelligence were the natural and most capable beneficiaries of rights, freedom, and economic success. People on the lower end of the intelligence spectrum, however, were a burden at best and a social menace at worst.⁹

To be sure, diagnoses of feeble-mindedness relied on more than IQ scores, and people in charge of testing and labeling drew heavily from social data, family histories, and interactions with youth that were marked by unequal power dynamics. Thus diagnoses of feeble-mindedness largely resulted from a combination of IQ scores and subjective assessments of social location and behavior. As psychologist Mark Rapley has described, clinicians formed diagnoses of mental deficiency through a “symptom complex” or an understanding of a group of symptoms that, when occurring together, characterize a certain biological defect.¹⁰ The main components of this symptom complex were most often low IQ scores; poverty, which psychologists and other state workers interpreted as a manifestation of “economic incompetence”; and socially disruptive or “deviant” behavior such as sexual promiscuity and criminality, which state workers read as symptomatic of low intelligence. In an attempt to add more specificity to their evaluative practices, psychologists created a rank list of diagnostic grades to go with their assessments of intelligence. The diagnostic grades purportedly represented a hierarchy of intelligence with the “idiot” at the very bottom, followed by “imbecile,” “moron,” “borderline,” and “dull normal.”

Clinicians often used IQ scores to assign a specific mental grade, but behavior and social location could also move a person higher or lower on the intelligence spectrum. In practice, general diagnoses like “feeble-mindedness” and specific classifications like “idiot” or “moron” were applied as if they were distinct categories of personhood. For clinicians and state workers these diagnoses became a powerful “resource” or “way of talking” about people they identified as requiring management.¹¹ They had social meanings and became shorthand for how a person might or might not fit into society, and what type of bodily and reproductive interventions should be applied to that person. Clinicians and state workers involved in diagnosing feeble-mindedness worked from a set of beliefs and standards that were premised on the superiority of white middle-class heterosexual norms and behaviors. That is, diagnostic judgments about mental capacity were made in comparison to an idealized American subject or “normal person” who, as Rapley writes, “just happens to bear a striking similarity to an upper-middle-class psy professional.”¹²

In the late nineteenth and early twentieth century, American reformers

and researchers in fields ranging from public health to juvenile delinquency established concepts of “normality” and “defect” to naturalize difference and inequality in ways that both legitimized and replicated existing racial, gendered, and class hierarchies.¹³ Disability labels like feeble-mindedness obscured the social and economic causes of issues like crime and poverty and, instead, made them outcomes of individual defect. Researchers and reformers sought to prove this point through statistics, surveys, and other scientific methods.¹⁴ Doing so justified such interventions as institutionalization and reproductive constraint, which were framed as “treatment” and “prevention.” At the same time, the emergence of compulsory education, state boards of charities, juvenile court systems, and institutions for the confinement of people labeled feeble-minded created opportunities for a host of professionals to build careers, illustrate their expertise, and convince both the public and state legislatures that they had the knowledge and the technologies to ameliorate the social ills caused by defective individuals.¹⁵ In the process, psychologists, social workers, educators, and juvenile court authorities engaged in the consolidation of categories of difference and the application of violent state interventions.

Laboratory of Deficiency examines how this process played out in California from the late nineteenth century and into the 1950s, with a focus on Pacific Colony and the various researchers and state workers connected to the institution. I contend that although Pacific Colony advocates couched their arguments for confinement and sterilization in science and humanitarianism, their efforts were largely about the management and control of certain derided populations and the production of laboring bodies in the name of economic progress and white racial fitness and superiority.¹⁶ From its inception in a legislative bill in the 1910s and through the late 1950s, advocates of the institution asserted that the state needed to fund practices of labeling, confinement, and reproductive constraint as a way to manage people deemed feeble-minded for the public good. Ideologies of race and gender were central to the definition and application of feeble-mindedness and, as my work shows, researchers in California used Mexican-origin youth as subjects in their studies on intelligence and mental defect, thereby influencing the ways that state workers applied the label in their practices of policing, confinement, and sterilization.

Tracing the ways state workers used the label of feeble-mindedness to mark Mexican-origin youth as defective and in need of management highlights the ways disability worked during the first half of the twentieth century to signify relationships of power and justify inequality for disabled people and other marginalized groups not traditionally understood as disabled.¹⁷ In historical analyses of feeble-mindedness and the institutions established to confine and manage people with that label, scholars often point out that people targeted for institutionalization in the past would likely not be considered disabled today. In this book I do not engage in arguments about whether or not the people discussed herein were actually cognitively impaired. My position is that intellectual or cognitive ability are not valid measures of social value, and disability is not a justifiable reason for restricting rights, bodily autonomy, or reproductive capacity. Instead, I assert that disability in the form of feeble-mindedness legitimized subjective judgments about Mexican-origin youth as racially and socially inferior, and justified violating their bodily and reproductive autonomy.

As a concept, disability in the United States, and the exclusionary and oppressive work that this concept has historically performed, functions through ableism and notions of normality that are premised on the superiority of white middle-class able-bodied male heteronormativity.¹⁸ In his classic essay “Disability and the Justification of Inequality in American History,” the historian Douglas Baynton writes: “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.”¹⁹ This book shows how disability became the central rationalizing tool in decisions regarding institutional confinement and sterilization. That is, once a diagnosis of disability was applied, a host of interventions became available as rational options in the name of treatment.

DISABILITY AND THE MATRIX OF REPRODUCTIVE OPPRESSION

My analysis of Pacific Colony and the broader process of disability labeling, management, and justifications of violent state interventions draws exten-

sively from the theoretical and methodological insights of Critical Disability Studies and feminist scholarship in the movement for Reproductive Justice. Scholars in both of these fields insist on an intersectional approach to power and the body that is essential for understanding how and why the reproductive and bodily autonomy of the young Mexican-origin women and men discussed herein was so easily violated by the state. A central facet of both the politics of reproduction and the politics of disability in the United States is the power to decide the meaning, value, and consequence of bodily difference (race, sex, disability) and (reproductive) capacity.²⁰ As historians of both reproduction and disability have illustrated, the meanings, values, and consequences ascribed to bodily difference and capacity have largely been shaped by historical context and subject position.²¹ While differences in human biology and neurological function certainly exist, their social meanings and consequences have changed over time. Moreover, ideas about gender, race, class, sexuality, age, nationality, and ability play a fundamental role in this broader meaning-making process. I apply these insights to understand the ways that one disability label (feeble-mindedness) was deployed in determining the meanings and values of certain bodies—and the harmful consequences of this practice.

Reproductive Justice is both an organizing framework and an analytical lens for examining reproductive oppression. In the 1990s a group of Black women and Women of Color developed the organizing framework of Reproductive Justice in response to the narrow focus of the mainstream reproductive rights movement on abortion. Keenly aware of the broader issues Women of Color have faced in living out the basic right to have children, the founders of Reproductive Justice asserted that any movement for reproductive freedom must go beyond the right to choose abortion. Reproductive Justice thus represented a paradigm shift that applied principles of social justice and human rights to reproductive politics. The Reproductive Justice paradigm is built on three principles: (1) the right to not have children using the method of one's choice; (2) the right to have children in safe conditions; and (3) the right to parent in safe environments. With these three principles the founders of Reproductive Justice underscored the bodily and reproductive autonomy of all people and families as fundamental to any transformative movement for freedom and justice.²²

Activists and scholars have adapted this organizing framework as an analytical lens through which to examine and understand systems and experiences of reproductive oppression in the United States.²³ Reproductive oppression in the United States, to paraphrase activist and scholar Loretta Ross, refers to the management and exploitation of bodies, sexuality, labor, and fertility in order to maintain and legitimize unequal social and economic power within a broader system of white supremacy.²⁴ Instead of examining reproduction as a singularly gendered experience, a Reproductive Justice lens demands a broad and multifaceted analysis of the ways that power, historical context, and subject position shape people's experiences of sex, sexuality, reproduction, family, and labor differently and in relation to economic systems.²⁵ In practice, a Reproductive Justice lens analyzes how power works through intersecting ideologies of race, gender, class, ability, and sexuality to create and naturalize hierarchies of reproduction that legitimize and sustain a "complex matrix of reproductive oppression."²⁶ As *Laboratory of Deficiency* illustrates, ideologies of disability, race, gender, and class came together to construct both the feeble-minded subject (disabled, dependent, racially inferior) in contrast to the ideal citizen subject (abled, middle- and upper-class, white). These constructs were mapped onto the bodies of people in different ways and structured the value and consequences of their lives, families, labor, and reproduction.

Adopting Reproductive Justice as an analytical lens, I offer a broad examination of what constitutes reproductive oppression during the period of this study. Certainly, forced sterilization was the most explicit expression of oppression in this context. But my analysis also considers confinement, the forced unpaid labor of residents in Pacific Colony, the process of labeling, the surveillance and policing of state workers, and the legal diminishment of parental authority by juvenile courts—which occurred when a young person was committed to Pacific Colony—as integral aspects of this matrix of reproductive oppression. I analyze this matrix in light of intersecting, structural, and individual relationships of power. Granted authority by the state, psychiatrists, social workers, and juvenile authorities were enlisted to engage in practices of surveillance and labeling to implement institutionalization and sterilization on people deemed inferior and unfit. They held decision-making power over both