

StreamBox

EuEugenics in California and the World: Race, Class,
Gender/Sexuality, and Disability

June 5, 2021

Miro: Welcome everyone. Today is the second day. My pronouns are she/her/hers. My partner is Susan Schweik. A few housekeeping notes. ASL and live captioners have been provided today. Before we begin, we'll turn it over to Susan and Cynthia.

Susan: Welcome. We planned to dedicate it to Ms. Martinez who is a leader for so many struggles in fighting eugenics in all its forms. We will turn it over to Cynthia to honor her legacy.

Cynthia: Thank you for asking me to do this to honor Theresa in this way. I'll try to get through this without crying. I met Theresa in my childhood. I was a baby lawyer. I was looking for leaders to lead a new way of activism among people in prison after it had been squashed down to push down racial issues in the 70s. I tried to find powerful women in prison wherever they were. People over and over again said I had to meet Theresa Martinez. I wrote to her, no response. Finally she agreed to meet with me.

She was one of the most democratic leaders I would ever know. She believed in building power with people, not over people. She was constantly seeking information to share it with anyone at any stage of life or walk of life. She was humble, generous and both street smart plus book brilliant. She had a vision of people in prison being able to create their own research. I helped her meet Robin Leiby [sp?] they developed the first equal rights project in the world. They worked on a curriculum to train over 400 people in California women's prisons on law and documentation in prison. Almost immediately they started looking at genocide and eugenics. They looked at the right to family and how

they are ripped apart and fragmented.

Because of her work researching, we were able to document sterilization abuse going on. Theresa went to prison when she was 15. While addicted to drugs, she never missed an appointment. She was wasn't able to get out of prison until later through activism. She wanted to go to the UN in Europe and speak about human rights issues.

She applied to go, she got picked and called me. I told her she had to get a passport. She thought it was in NY. She hadn't realized she was creating her bucket list. She was asked to come back 3 times to the UN. She built herself up to be an internationally acclaimed speaker on racial justice, reproductive justice.

It's tragic that someone who could lead her life, challenged eugenics, would die in the way that she did. In early May, Theresa got kidney failure, the EMS was dealing with an overwhelmed system. They were acting beyond their licensure. They looked at her prison tattoos, laughed at her without taking her vitals. They assumed she was high. The paramedics threatened her husband with deportation.

The paramedics left and came back. She had lost too much oxygen by that time and died. Her husband was forced to bring a certificate to prove that he was her husband. They failed to put him down as next of kin in the chart. They failed to call him and her family's wishes weren't honored and she died alone.

We are at this pivotal moment in history where people are looking for equality. So much work is needed to ensure people's lives are valued. I know that Theresa would want us to mark her successes and cheer and do more. It's an honor to be part of this community.

I'm going to go take a shower, blow my nose and come back later.

Susan: Thank you Cynthia. We're going to move right away on the work of sterilization and social justice. I know how much she would value what we are about to hear.

Natalie: Thank you Cynthia. That was a moving story and I hope we can take that spirit with us through the rest of the day. I will share some slides. My colleague, Nicole, will share other slides. We have other panelists who will be sharing different slides.

I want to thank the symposium. I am an assistant professor in Illinois. I've spent several years researching eugenics and

sterilization in California. In one state institution called Pacific Colony. I'm proud to say that part of that work spurred from sterilization and social justice lab.

Outline [On screen.] We'll hear the research by 3 research associates of the lab, Marie Kanieki, Juan Gudino, Kate O'Connor. After that, we'll discuss some of the ethical and legal dynamics we encounter as well as contemporary legacies.

There is an image at www.ssmlab.org. We are a research lab made up of public health scholars, epidemiologists, etc. to study sterilization abuse in the US. Our approach is interdisciplinary.

On this slide [On screen.] which states passed eugenics sterilization laws by 1935. You'll hear more detailed histories in the presenters that follow.

Eugenics sterilizations was very violent. They felt it was a legitimate policy to prevent large social issues such as poverty, crime, etc. State practices worked along with inpatient hospitals. Women who were gender nonconforming, mental health issues, poverty. 32 states passed eugenic sterilization laws and approximately 65,000 people were sterilized in the 1970s.

Here's a chart to show sterilizations by state [On screen.]

This is an approximation. Our lab started examining California where approximately 20,000 of the 60,000 took place. A group of the lab's core members created a comprehensive database that derived information from these requests. My colleague Nicole, will talk about that.

Thanks for a grant, we've been expanding our research beyond California, for NC, MI and Utah. Once our work is complete, it will have a much broader statistics. We want to expand beyond historical narratives that will show this injustice in the past, narratives that can verify defect, deviance, etc. and can erase the experiences of people with color and disability.

Guiding principles [On screen.]

We draw from histories of racialisation and critical disability studies. Our work is interdisciplinary, we have a large membership of researchers in the lab. Our work is grounded in team-based research.

Images of several meetings in 2020 [On screen.] The most recent was a group of folks in the Iowa archives. It allows us to engage in a research process that is informed by

historical research, the expertise of our faculty, etc. We draw from history to inform and test hypotheses and it will point us to new historical questions.

Power and positionality [On screen.] These are labels that came from the laws that were passed in each state. It makes us question power, how state workers set up system to legitimize sterilizations. For all of the states, we ask questions about which groups were targeted, how and why, the way neutral categories were made, how these labels drew from already existing racists, sexist, homophobic stereotypes and systems.

In addition to these labels, how people resisted. As our other panelists will show, we have a robust analysis of racialisation. I want to end with a brief overview of the archives we work with. Each state had a different format for recommending an approving sterilizations.

Starting with California [On screen.] Only people confirmed to state institutions could be sterilized under the law.

This image depicts the meeting notes for the state eugenic board. [On screen.] Like NC, a state board was in charge of making decisions. Here this image is a photograph of some of the archival material we used.

Here we have Michigan, it has a lot of folders of information. That's what Kate has been using. [On screen.] I will pass the mic over to Nicole, who will talk about methods and how we turn archival material into data.

Nicole: Thank you Natalie. I'm going to share our approach as a lab. We're interdisciplinary. We use a lot of epidemiology. I'll share the ways we're drawing on the tool kit and the expertise and insight in ethical studies.

This is an overwhelming slide [On screen.] On the right side, there's each of the 5 states we look at. CA, NC, IO, MI and UT. We need to be systematic and as consistent as possible in the information we have. We list the number of records we have from 800 in UT to over 20,000 in CA. We'll talk more about the permissions for the state records.

We start to think about our variables. You want to be clear what you're measuring. We try to be consistent across the states with age, gender, birthplace, race, ethnicity, diagnosis, consent, relationship of the patient who gave consent, whether the sterilization was approved. A lot of those are socially categorized. We tried to use classifications according to the way they played out back then.

The last section talks about the qualitative information from the sterilization records. We're trying to get a scope of patterns. We don't want to lose sight of the people and their families. With all the challenges of bringing people to life from records, we try to document qualitative information. We try to show the person's life, attempt to refuse sterilization, etc. We gather records of those wanting sterilization as birth control as well.

I'll walk you through the process of how we turn this into databases. This began when 19 microfilm reels containing 20,000 sterilization recommendation forms were found. You'll see an image of file cabinets in an archive.

[On screen.] These are standard forms for sterilization forms. It lists a lot of the information, the patient name, institution, sociodemographic information, etc. This form lends itself to data quite well. Information is collected the same way for each person.

[On screen.] Here is REDCap, used for clinical trials or medical research. Natalie and Kate both really took the lead in developing a form that all this info could be put into. There are 212 variables for the state of California and 20,000 records were entered.

In Iowa, the records could not be digitized because of policies. We recruited a large team to do this. Mostly undergraduates. This was right before one of our long days of data entry. It was a really eye opening and motivating experience.

We couldn't take images of the records. The students entered the information into the computer. You can see the students talking to one another while entering data. These are traumatizing histories. We took breaks on and off to check in. The students learned a lot and had a set of tools to process this history.

A lot of them developed their own interests. For me in public health, people have good intentions.

This slide is integrating census data [On screen.] I believe this one is from 1930. You can see these were handwritten records to document all the people were institutionalized there. We use that data to populate by age, sex, race, etc. You see cases of how we use this.

Here's our first paper. [On screen.]

Latino men were 23% more likely to be sterilized. Latina women had about 59% more than non-Latina women.

We used life table methods to estimate how many people sterilized might still be alive today. We applied those probabilities and estimated there were 831 living survivors. We continued to update it each year. The maximum now would be about 380 survivors.

I'm going to hand it over to other panelists. Thank you.

Female Speaker: Our next panelist was unable to be here in person. We have a recording of her talk. I'll share that now.

Video [On screen.]

With that I will pass it to Juan.

Juan: Sounds great. I'm a research associate in Iowa.

Immigration and sterilization in California.

I first joined in 2019 at the Iowa state archives. I was in the beginning of grad school. The picture on the left is my family. To the right is an Iowa cornfield. To me, understanding this history shows me the roots we stand on and how might the contemporary experiences today tie to the past.

Various forms of immigration have been seen as a threat.

Harry Loughlin testified at hearings.

For the past year, I've been exploring all these experiences.

How does region of birth compare to US born individuals.

I'm going to pause for a minute to check the chat.

Aim 1 [On screen.] [Reading screen]

We consulted with a wide variety of consultants. Here are the regions. [On screen.] Once we matched countries, states and regions, we could categorize it.

How can we see if disproportionate rates may have existed in different regions of the world? [On screen.]

[Reading screen]

This is a program disproportionately impacted. [On screen.]

For men and boys [On screen.]

Significance [On screen.] [Reading screen]

This is an ongoing analysis that depicts one part of the story. We hope to conduct a sensitivity analysis and add time intervals. The orange butterfly is a symbol of migration.

Here are my references. [On screen.]

Kate: I am going to give a very abbreviated version of my talk. The whole version is on the link I posted in the chat.

I am doing research on Michigan sterilization records. We were the first state to propose a law, it was denied. The new law was passed in 1923 and ended up being the one most

were sterilized under. [On screen.] It was left up to probate officers and heads of institutions. We only have about 1000 records.

[Reading screen.]

Michigan becomes a place of unauthorized migration which causes xenophobic backlash. The immigrants coming over the Detroit/Windsor border was very high.

This is data from 437 records I analyzed. [On screen.] I used ethnicity listed in the chart or I classified their surname. It's a rough way to do ethnicity, but it gives a snapshot.

Lapeer, the home for the feeble minded was as big area of sterilization. Most of the patients here were young and women. The ethnicity was broken down here [On screen.]

In context [On screen.]

This reflected the racial thinking at the time. [On screen.]

Mental health records in Michigan are protected indefinitely. The privacy laws are very strict. A lot of categories require consolidation. Most of the patient records have been lost on sterilization.

I will turn it over to Q&A.

Miro: Thank you for this wonderful discussion today. There's so much information provided. We have a few minutes to ask a few questions. What do you think is the most effective way to share the qualitative information?

Nicole: I would welcome insight from the audience. The lab has 2 projects. There's a portion Alex and Jackie of Dartmouth have a digital archive that makes these people visible. When presenting to audiences in public health or medicine, we're intention about giving people's stories. We get more questions quantitatively. Our next is a mixed methods approach where we will interweave stories to why these patterns were emerging.

Susan: We had a question from Mllton in the chat. What other questions have come up in your studies?

Nicole: I think the analysis that Marie presented kind of shows an answer to that question. The particular pathways to sterilization led to an archival type process to understand the ways that community was affected.

I don't think there's anything so far that we didn't expect. Anything else you would add, Juan or Natalie?

Natalie: Doing this research and trying to document these histories of racialization point to the racial categories. The Asian nativity category comes from a part of the sterilization

form. One of the results of that category was that there were higher proportions of Asian immigrants being sterilized in the mental ill rather than feeble minded. We have to think critically about the categories we're using because of how difficult it is to get a precise measure and that's okay.

Milo: It's so amazing to see the work you have done. I've used those records. It was overwhelming to think it could be calculated in such a productive way. I think the qualitative adds that. That context is so important, knowing why the numbers were going down.

I think the work you're doing is amazing.

Susan: We had a question from Ella. I wonder if you want to ask it yourself.

Ella: That was wonderful and really interesting work. I'm fascinated. I really didn't understand the interplay. What people or resources did you find useful for American Indian? Was there any bandwidth to focus on that?

Kate: From Michigan, I haven't yet because haven't come across many native Americans.

Ella: I know that family and they had a lot of litigation. Thank you so much.

Natalie: There were a few cases in California that talked about the difficulty in working around the state institutions and who was going to pay for things. There are histories written about Hiawatha, which was a federally established institution for American Indian folks in the early 20th century. I think there's still a lot of work that needs to be done across the states because people were labeled as Indian.

Susan: Let's take a break. We'll come back at 11:00.

[Break].

Miro: Welcome back everyone. We have our third panel on ableism and racism. We have Ella, Aimee, Carlos and Nabe. I will post the closed captioning link in our chat.

Ella: Everybody see the slides okay? We appreciate the opportunity to participate.

We're going to be talking about the termination of parental rights. Child welfare is something people think of as benevolent. [On screen.]

I'll break this into a few sections. Talk about the parenting, law, issues occurring now.

Era 1 [On screen.] [Reading screen]

By the 1930s, we have eugenics laws. The goal is achieved right there, to deny Parenthood to those unfit. You see the Indian asylums. [On screen.]

Era 2 [On screen.] We're looking at policing parenting. [reading screen]

I have a picture of women protesting sterilizations and violation of the UN charters. [reading screen]

Era 3 [On screen.] [reading screen]

In 1997, the adoption and safe family act doubles down by making strict guidelines to free children for adoption. It notes that in sexual abuse, authority states have the discretion to dispense with due process unification.

Parenting is sacrosanct. [On screen.]

These are quotations on how important the family relationship is. [On screen.]

Child welfare system and termination [On screen.]

Disabled parents. [On screen.] [reading screen]

Rates of involvement and custody loss [On screen.] [reading screen]

Disparate impact by race [On screen.] [reading screen]

Why is parenting not sacrosanct for these people? [On screen.] [reading screen]

Era 4. Protecting parenting. We have 6 items notable here. [On screen.] [reading screen]

There are tons of things that need to be done. I can't read all of them.

I'm going to move to Nate now.

Nate: Thank you. I want to give a quick image description. In 2007, my staff Sergeant told me I had PTSD. I felt guilt, shame, confusion, etc. Later I shrugged it off. My last appointment in Iraq left long-term effects. I now require a chair/scooter to get around. Not because my body didn't work, but how frustrating policies are. A lot of people are not comfortable around me.

This is myself, with my youngest son and my service dog. When I go to my kids school, I'm automatically stared at. When I'm with my kids, people want to call CPS until my partner comes around the corner. Someone else thought a parent should be considered unfit because they're disabled. I often won't post pictures of myself in my chair online for fear of someone reporting me to CPS. As a disabled parent, I'll show you my pictures.

A few weeks ago I went to Sam's Club. I walked in with my

service dog. I needed oil for my vehicle. Someone says "he ain't blind he's faking it." Then he walks up to me, gets in my face and tells me I'm not blind. I'm confused and frustrated. I said "you're right, this is not a guide dog." After correcting this guy, he wanted to fight me. He was kicked out of the store.

This is my youngest son. He is playing a xylophone. My family and I went to [unclear] You're not seeing all the children curious about my service dog and chair. They were curious. I was happy to talk about my disability, my dog, etc. One approached me. Their parents shooed them away. With a sigh, I went on and checked out the rest of the exhibits. Your child is not going to catch my disability. You're seeing my partner, Lisa and my son doing the Titanic. I couldn't access the boat though. The accessibility got worse. There were a lot of parts I couldn't access. I eventually found a quiet place to wait for my family.

This is Starlin, my service dog. We went for mother's day to the UC Berkeley botanical gardens. It's gotta be accessible. We had a grand old time. This is where I had to wait for my family because a lot of the pathways were not accessible. My family and I were separated. They went on some stairs I couldn't follow. I tried to go up this grade, my scooter battery died, my chair tipped over and I couldn't get up. It says the garden is accessible to ALL who visit, however, the layout may be difficult. Certain paths may be steep or rough. This place was not accessible.

The hardest thing about being a disabled parent is how it affects my kids. They look at me like I'm a homeless person. We see this. Kids are curious, they pick up on this. When I have to find a place to sit out because it's not accessible, I say I'm tired.

Here is my family at Oakland Coliseum. I'm happy here because I'm at the Raiders game but I can participate. It's built with ramps. I don't want to just tell a problem with no solution.

Can policy, construction, course curriculum around disability folks, we can change this.

Nothing about us without us.

Susan: Thank you for that testimony. We'll shift gears now. Aimee and Carlos.

Carlos: I'm honored to be here today. Many thanks to everyone for organizing this symposium. We want to talk

about the repair project, addressing anti-black racism in science, medicine and healthcare.

Aimee: Hi everyone. I'm at UCSF. I work with Carlos.

Carlos: REParations and Anti-INstitution Racism. Our project emerged out of racial inequalities, systemic racism, etc.

Steering committee members [On screen.] This started from the George Floyd death. We're joined by members from many universities as listed here.

Our conceptual understanding [On screen.] [reading screen] We're thinking about structural changes necessary to address ongoing and past harm.

This quotation captures why we think it's important to think of anti-blackness. Despite differences people may have, we take this idea seriously that anti-blackness is its own structure.

Aimee: I want to talk about the repair project and how we ended up here. We had a talk by Dr. Lira and made contact with this consortium and their synergy. We'd like to add that we want to suggest and talk more about how anti-blackness affects eugenics.

We want to provide some evidence. You've probably seen this eugenics tree before. Many of these are scientific and many are medical. If we had a bigger view, perhaps we would also see the deeper roots at play and the foundation being anti-black relationship.

Medicine is in part responsible for white supremacy as it categorized communications [unclear]

We see the ways in which both the conference and the study are products of this time period in the US. The tree is a symbol of the era of racial terrorism where there is extensive lynchism happening.

Anti-blackness in plantations, prisons, labs, etc. White supremacy is defined through anti-black racism. These are spaces where black bodies are exploited for gains.

[On screen.]

Race suicide is more of a mass media campaign, it's infused with medicine in the fight to bolster the white race.

[On screen.] We see the ways in which eugenics still affects medical technology. It makes the start to be seen as scandalous stories. Certain elements of medicine become seen as surprises. Oximeters received a lot of racial bias which became sensationalized. They were tested on white skin mostly.

Another example is we see reports of how genetics has been focused on collecting data to understand the human genome. Many populations were left out of these pools. It catches the attention of scholars.

There was a headline about how the NFL has no longer used race on retired players who could receive benefits. In the news, there was emphasis on this happening in the first place.

The repair project is trying to develop these projects to make community expert knowledge, working on research and development of curriculum and events.

Carlos: Those photos were some of the people who got together to work on the repair project.

Abolition medicine [On screen.] [reading screen]

We really invite people to visit our website.

Aimee: I will put the website in the chat.

Milo: Were there any questions? What can we do to support disability rights for parents and their families? How has the UCSF campus responded to your work?

Ella: you noted maybe you were looking in the wrong place.

Eugenics was a mechanism of control. It's there to remove those deemed unfit. None of the causation of that can be attributed to you. These people have disappeared. There was no screening to identify these people. Raising this profile, including it as you have, is one approach. Let's talk more about lobbying legislature. In places like CA and NY, they are inundated with requests. Sometimes moving things in smaller states is where it's at.

The data points fall off, they get erased. I'm trying to bring them forward.

Milo: How are things at UCSF?

Aimee: It's been pretty well received. We've tried to get published in medical journals. That's a closed door to non-MDs. Within UCSF, many people have reached out to us saying they wanted to address racism, but didn't know how. We've heard people who have been trying to fight the fight. There's a larger effort on campus about truth and reconciliation about medical school. Carlos has an interesting vantage point also.

Carlos: I think it's been exciting to see the response from medical students who haven't had access to this kind of information. It's been an exciting niche we found ourselves in. We have the unique ability to engage in the work

scholars have been doing. People want to move beyond some of the ways adversity and anti-racism is being discussed.

The political moment we're in is what's motivating things as well.

Susan: We have a question. If there's time, how does the issue of disabled parents affect child custody cases?

Ella: Absolutely. I have a full area of information and issues around the non-state sponsored custody matters handled in court. In every state, for the family code, every single state considers disability. Their mandate is to look at the welfare of the child. Family court judges are the wall the mud gets thrown against. There is less opportunity to show the parent is safe to care for the child.

In my own work we saw many more physically disabled fathers. We had fathers who were blind, shot, etc., but the mothers make up the majority of what we see. There's a third court, guardianship court, where relatives come in as well.

Susan: Have there been efforts. . . . reading question in chat

Aimee: I posted a new link about an initiative at UCSF. I'm part of the team looking at an approach for the school of medicine. There are other health professional schools included. We currently have 8 weeks dedicated in the foundational year that uses a social justice lens for addressing social determinates of health, better understanding the harms that were done, etc. I had a lecture that focused on eugenics and white supremacy in medicine. Social humility, cultural humility, etc. and how to treat individuals. There isn't a consensus in medicine.

Susan: Other questions?

Milo: We are recording and it's live-streaming as well. Those will be available.

Susan: I have a response and an invitation of ongoing thinking. I appreciate the reference to Covid. Covid triage has been completely underpinned by eugenic principles. I wanted to give a link to [unclear] discussion of this. I think we could have a whole panel on.

Etta: For the community I've been involved in, there's a lot of natives who are disabled. These dyings were based on diabetes and covid. I think it's a doubling of disappearing of people. I felt in California with Latina people as well, they carried half of the deaths.

Aimee: This is how we move forward in white supremacy. Hearing your daughter is abnormal fits into that paradigm. It's interesting the multilayers about how the repair project has been received. When it comes to vaccination distribution, there's the local entities trying to correct these practices. There was a phone line put in place for covid related issues. Then the federal government wanted nothing to do with the phone line.

Carlos: The way covid has been used to enforce anti-immigrant policies with the use of the CDCs policy which has basically created a way for immigration officials to expel asylum seekers before they're allowed to seek asylum. This is to stop the spread of covid.

Susan: We have some questions in the chat, but I don't think they can get answered in time. Look at them, copy them and come back after lunch.

Milo: Thank you everyone for being here.
[Lunch break.]