

Disability History Association Podcast
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Interview with Natalie Lira

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Caroline Lieffers: Hello and welcome to another episode of the Disability History Association podcast. My name is Caroline Lieffers and today it's my pleasure to be interviewing Dr. Natalie Lira. Natalie is an Assistant Professor in Latina and Latino Studies at the University of Illinois, and she also has an appointment in Gender and Women's Studies. Natalie, thank you so much for taking the time to join me today.

Natalie Lira: Thank you for having me.

Caroline: So, Natalie, a lot of your work over the last few years has been about California's massive sterilization program, which largely took place in the first half of the 20th century. So can you just kind of start by telling me how you got into this project in the first place?

Natalie: Sure. So I actually started researching California's sterilization program over a decade ago as a graduate student in American Culture at the University of Michigan. So I came into that program already really interested in race and reproductive politics. My research interest was in histories of racial and reproductive justice and how they intersect. So I was already very inspired and continue to be inspired by the work of reproductive justice scholars like Elena Gutiérrez, who writes about the politics of Mexican-origin women's reproduction, and of course, like Dorothy Roberts and her work in *Killing the Black Body*, and so I was already thinking a lot about histories of reproductive oppression and the ways that women of color and communities of color have historically struggled to achieve reproductive autonomy.

So my first year in grad school I started working with Dr. Alexandra Minna Stern who is the author of *Eugenic Nation* and who at the time was looking for a research assistant to help her go through this really huge archive of sterilization requests that she acquired when she was doing research for *Eugenic Nation*. And at the time the requests were on microfilm reels so I think there were about 13 microfilm reels and these were sterilization requests for about twenty thousand individuals who were sterilized in 11 different state institutions in California between the 1920s and the early 1950s. And so when I started working with her, we started with just a very simple question about the racial demographics of people who were being sterilized in these institutions. And so she had already done some research on sterilization in California. Several scholars had kind of already imagined that perhaps Mexican-origin women were being targeted, but nobody really had the access to the records, right? So nobody had actually looked at records on the people that were sterilized during this time.

Early on I started going through the requests one by one, but we quickly realized that that was just going to take way too long. I mean, the microfilm machine that we were using was finicky, and so as I was going through the reels I found these monthly ledgers, basically lists of names of people that were sterilized that month, that different institutions would send to the Department of Institutions in Sacramento. And so we started with looking at those ledgers for a specific period of time, and started looking at the names, since only the names were available, and we were using

Spanish surname as kind of a proxy for race. So for, like, Latinidad. Later on I wound up focusing on one institution, Pacific Colony, which was an institution for people diagnosed as feeble-minded in Southern California. And that institution processed around 2000 sterilization requests, so it was a much smaller kind of case study. And after doing that initial analysis of the monthly ledgers I saw that, you know, Pacific Colony specifically was sterilizing these Spanish-surname inmates at a rate that was disproportionate to their population in the state. And so I started looking at those sterilization requests. In particular I looked at all 2006 requests that were available and then I, so that's the, kind of the work that I did in grad school. And then over the past couple years I've been doing much more extensive archival research on Pacific Colony, like, just the institution in general, you know, looking at institutional archives and records beyond the sterilization requests and other state archives.

So that's the work that I've been doing, but also later on we wound up getting funding to actually digitize the microfilm reels with all of the sterilization requests, and we were able to also hire a team of grad students and undergrad students to build this just huge data set based on the sterilization requests for all twenty thousand individuals. So that was also a side project that looks at sterilization not just at Pacific Colony but at all eleven state institutions.

Caroline: Wow, this is a massive effort and I'm really looking forward to kind of exploring some different dimensions of it over the course of our conversation. So thank you so much for that overview. Why don't we start with just, sort of, the, the basic history of what happened, for people who maybe aren't so familiar with this context. So what are kind of the broad contours of California's sterilization program -- like when was it established, roughly how long did it last, and who was affected by it, like that sort of thing?

Natalie: Sure. So California was the third state in the nation to pass a eugenic law, a eugenic sterilization law. It passed in 1909; the first state was Indiana. And so California's sterilization law gave the superintendents of state institutions basically decision-making power over who should be sterilized, so anyone that was committed to a state institution could be sterilized at the discretion of the, that specific institution's superintendent. Over the years the law was amended a little bit and was expanded to include explicit eugenic language, so allowing superintendents to sterilize anyone who they determined to be afflicted with a mental disease that they thought might have been inherited or that could be passed to any descendants, anyone with epilepsy, anyone who was diagnosed as feeble-minded, anyone who they considered to be socially deviant, not normal mentally or physically. So it really kind of gave them a lot of decision-making power over the people that were committed to their institutions.

The eugenic law was on the books in California until 1979, which is when the state repealed the law. But the majority of the sterilizations occurred between the early 1920s and the 1950s. And really the 1950s is when a lot of the state institutions were, you know, superintendents of institutions were starting to really re-evaluate their practices and this was in large part due to public outcry over, like, the conditions in these institutions and what they were doing. A lot of institutions decided to, like, name themselves hospitals and stop thinking of themselves as custodial institutions and so that was part of it. But the rates of sterilizations declined sharply in the early 1950s.

As for who was sterilized, almost half of all of the approximately 20,000 sterilizations occurred in the two institutions for people that were diagnosed as feeble minded. So

that was Pacific Colony and Sonoma. The other institutions were namely for people who were diagnosed with mental illnesses, and so that was kind of the division between the two types of institutions. And really, yeah, Sonoma and Pacific Colony performed almost 9000 of the sterilizations, and that's two out of eleven institutions that had the legal backing to sterilize people.

And so part of the reason for that was again like, you know, different superintendents believed in the legitimacy and power of sterilization. So in Sonoma the Superintendent Fred Butler was a huge proponent of sterilization. And he was the superintendent there for a very long time. I think probably like 30 years or something like that. And so he was an ardent supporter of the sterilization law and he just tried to sterilize as many people as he could. So that was part of it but another part was about the ways that mental illness and diagnoses of feeble-mindedness were thought of. So people believed that, you know, mental illness could be, it was treatable, it's not necessarily a permanent condition, whereas this diagnosis of feeble-mindedness signaled for people this inherent biological and mental inferiority. And that was connected to social inferiority, and it was seen as a much more permanent condition and was tied more to heredity. And so that was also part of the reason.

In our preliminary analysis of those monthly ledgers that I was talking about earlier, we saw right away that, you know, Spanish-surname people were sterilized at a rate that was disproportionate to their population in the state. And then when I looked at the Pacific Colony requests I found that a quarter of all of the requests were for Mexican-origin women and men. I was able to, kind of, find other sources that allowed me to confirm that this use of Spanish surname correlated with Mexican origin. And these were mostly in Pacific Colony and in Sonoma to Mexican-American youth, women and men, which was something that I wasn't expecting. I mean, usually when we think about the history of sterilization we think about women. But really it was almost, they were sterilized at almost equal rates. I mean, women were sterilized, the, a greater proportion of the sterilization requests were for women, but young men were being sterilized at high rates as well. And then recently a colleague who is a demographer, Dr. Nicole Novak, was able to compare the sterilization request data that we have for the eleven California state institutions to census tables for those institutions. And she looked at that data from the 1920s to 1945 and was able to give us a more accurate description of who was targeted, and that showed that, you know, Latino men were 23 percent, at 23 percent greater risk of sterilization than non-Latino men, and that Latinas were at a 59 percent greater risk for sterilization. So there was definitely this racial component. And of course, like, the use of the disability label was kind of the, the main way that people, that this program was justified, right? And so, yeah, that's kind of the, the broad contours, yeah.

Caroline: Yeah, so both racism and ableism are at play there, yeah. Absolutely. Without wanting to spend too much time on the administrators, your research does touch on a particular eugenicist named Lewis Terman. So, can you explain, kind of, who he was and why he's particularly important or illustrative?

Natalie: Yes. Yes. So Lewis Terman was a psychologist from the Midwest who was very interested in this concept of intelligence, so he was, he spent his college and doctoral work, all of it revolved around finding the most accurate way to measure and define intelligence. He believed that sorting and ranking humans into hierarchies of intelligence was useful for society. He was very influenced by the eugenics movement at the time and so he believed that intelligence was inherent, that it was biological, that it was heredity, hereditary. And he also believed that intelligence was tied to social value. So, you know, he subscribed to that idea that people with low

intelligence were not only defective but that they were in fact dangerous and burdensome to society. Alternately, he believed that people with high intelligence were, you know, inherently meant to be the leaders of society. And so he moved to Southern California in the early 20th century and he became, originally, a professor at the L.A. Normal School, which was a school for teachers, so he was teaching teachers. And then in 1910 he became a professor at Stanford, and at Stanford he developed some of the things that he is most well known for. So he developed the Stanford-Binet intelligence test, which was an IQ test that he used to determine people's levels of intelligence and to categorize people into hierarchies of intelligence. He also worked with the Army Alpha and Beta testing of soldiers during World War I. And he is often, kind of, cited as one of the most important researchers of intelligence in terms of his studies. He did like, this longitudinal study of people that he classified as geniuses. So his genius studies are often, kind of, like what, what people know him by.

But what my research into his work shows that while he was at Stanford he and his grad, his graduate students also worked with state officials in doing studies of the intelligence of people that were already in state custody. So they did studies of, they used his Stanford-Binet and other kind of IQ tests to determine the intelligence levels of youth that were confined in juvenile institutions, or orphans, or unwed single mothers, prisoners. And then they, these studies always of course determined that these populations had low levels of intelligence, which allowed them to argue that that's why they were in these institutions. And their research really served as the basis for arguments around, like, who could benefit from public schooling and who should be surveilled by the state and who should be confined, and who needed to be sterilized. So he was an important figure in all of this because as a professor at Stanford his research was used to legitimize a lot of ideas that people already held, right? The idea that it was possible to classify and rank people by intelligence, the idea that this process of classifying and ranking people was not only possible but necessary and was in the best interest of the state and was necessary for progress. The work was also used to promote certain policies, so he was a proponent of institutionalization, institutionalizing people who were, who didn't, you know, score high enough on his tests and for making sure that those people didn't reproduce, right? So yeah. His work really laid the foundation for, for this practice, the practice of sterilization but also the practice of confinement in California.

Caroline: Right, right. So, thank you for that. How would a person kind of get caught up in this sterilization dragnet, if you will? I mean, if you're comfortable, like, could you walk me through a few examples that you came across, especially perhaps in your work with, with Pacific Colony and those 2006 cases that you so, like, doggedly [Natalie laughs] worked through, you know, to really get a sense of what the experience was like for people who were quote unquote ostensibly diagnosed as feeble-minded.

Natalie: Yeah. So there honestly were, there were many routes, I think that the kind of - so the majority of the people that were committed to Pacific Colony and Sonoma were committed through the court system. So although parents certainly could and would take the first step to commit their children, and this was often at the suggestion of doctors or some other state authorities, so like social workers, parole officers, educators would often recommend and tell, you know, parents that they should try to commit their children if, you know, they were having problems or if their child was diagnosed with a disability or something like that. But from my research on Pacific Colony I know that these parent-initiated commitments were not the majority of the commitments. So, you know, Pacific Colony and Sonoma had these long wait lists. I mean it was a, you know, a chronic issue of overcrowding in both of these institutions.

They just didn't have room for all of the people that they were trying to commit and this wasn't because so many parents were initiating commitments; it was because a lot of the people would come into the institution through the court system. And so the juvenile legal system was a huge, it played a huge role. So a lot of local juvenile facilities engage in the practice of performing IQ tests on youth that were apprehended. So once, you know, a youth would be apprehended if they were given an IQ test at the suggestion of a parole officer or something like that, they became tagged as someone who, you know, would, they would become a candidate for institutionalization. It might not happen right away but if they, you know, became were apprehended multiple times or were identified as kind of a menace in the community or something like that, and if they had this IQ test on file, they could easily be committed to the institution and sterilized.

Another point of contact was just through accessing social services. So if a social worker entered a home to evaluate conditions they could also recommend IQ tests or just, like, simply make their own evaluations. Also sadly, a lot of young people who became wards of the state, either because their parents died or because they had some other issue at home, if they were, you know, if they became a ward of the state and then were at a boarding home or some other state facility and were, and, you know, just became like a troublemaker or were acting out they could then be transferred to Sonoma or Pacific colony.

So it was really, kind of, through like, a disparate but very connected web of state actors that people arrived into the institution. And then once someone was institutionalized they could be sterilized, again at the discretion of the superintendent. So the California law did not require consent, but fairly quickly the institutions realized that if they got signatures from a parental figure or a legal authority then they had a, they could protect the legal basis for sterilization. So there was a practice of seeking consent, but it was not at all like what we would think of as consent, because once you are in this institution especially Sonoma and Pacific Colony, sterilization became, like, a precondition for release. So if the parent of a child wanted to have their child discharged, the superintendent would say, like, yeah sure we'll discharge your child but first you have to agree to this. Or, as I was going through the records and looking at these consent forms, a lot of them wouldn't even say sterilization and a lot of them were signed before, before the date of commitment, so would say like, I agree to any operation deemed necessary, and so they would use that.

So yeah, so once someone was in the institution and especially if there was a fear that this person would be outside of the institution, so if they were going to be released, or if a person was known for running away and escaping the institution, or if this person was going to be charged on or discharged on what was known as industrial parole, so they would often place youth in, in work positions as domestics or as ranch hands, and so if they became eligible for this parole system they would first have to be sterilized. And so, so actually, like, you know, the people that were committed and who were deemed eligible for release were the ones that were most likely to be sterilized.

Caroline: There's a lot to unpack there. [**Natalie:** Yeah] and I hope you can help us do that. One of the things that really jumps out to me is this, you know, using the diagnosis of feeble-minded or having the diagnosis of feeble-minded kind of dovetail with larger societal fears about things like juvenile delinquency, crime, promiscuity, sexual control, and do you think that in California in this period, you know, it was Latino and Latina people who were, like, disproportionately associated with those, those kind of menacing characteristics?

Natalie: Yes absolutely. Yeah, so ideas around feeble-mindedness, mental capacity, this, the meaning of intelligence. All of that was tied to ideas about crime and immorality. So it wasn't merely about, kind of, being able to understand abstract concepts. I think people think of like IQ tests as something that, like, you know was about that right. The studies that were performed by people like Terman, like Lewis Terman, were used, you know, specifically to make claims about delinquency, poverty, sexual immorality, and so those things, right, those behaviors were seen as symptoms of low intelligence or mental deficiency.

And so, again, you know, they were successful because they fit in with already existing notions about poor people, and about people with disabilities, and about people who defied sexual and social norms, and different racialized groups, right? So like middle and upper class white elites, people like Lewis Terman, they already believe that these people were inferior and unfit to reproduce. So when they were engaging in this research and using these very biased, like, IQ tests it confirmed what they believed, right? That these people were biologically and mentally inferior and that's why they were poor, right? And that's why they, you know, unwed mothers and women who were having sex outside of marriage, that they were engaging in these behaviors not because they didn't believe in middle-class norms of marriage or because they, you know, had sexual desires and decided to act on them. It was that they were not mentally capable of behaving correctly, right? And so Terman's studies and the studies of his graduate students, the studies that they did on these populations that were already kind of under the surveillance and in confinement in state institutions, they repeatedly showed that feeble-mindedness and thus, you know, criminality, poverty, sexual deviance, that these behaviors were prevalent among Mexican-origin youth in Southern California, and that they were prevalent among these youth because they were inherently biologically inferior, right? And so it was like they were confirming the ideas that they already had about this population, right? Because ideas about the sexual promiscuity of young Latinas or the delinquency of young Mexican-American men, like that, those ideas already existed. And so what was happening during this period is that those, those ideas became legitimized by this science around mental deficiency and disability and intelligence.

Caroline: Mmhmm. Did anybody try to fight this process?

Natalie: Oh yes, absolutely. Yeah. Yes of course. I mean, there were all different types of ways that people tried to fight. Parents tried to prevent having their children committed to the institution in the first place. So, I did some research and the, so when I was looking at the sterilization requests I noticed that a lot of of the requests for Mexican youth would mention, like, contact with the Mexican consulate. And so I wound up doing some research in the archives for the Mexican consulate and found that like a lot of parents would come to the Mexican consulate and ask for help in preventing commitment and preventing sterilization. So parents would write letters to the Governor about, you know, wanting to get their children out and not being able to or wanting to prevent sterilization.

The people that were committed themselves tried to fight the process all the time. I mean, people escaped the institution in groups or by themselves they would stage, like uprisings in the institution. The newspaper archive is filled with reports of people, like, you know violently breaking out of the confines of the institution and, you know, they would try to find them and get them back in. And this was at great cost. Like, the punishment for running away was solitary confinement.

There were people who sought legal recourse. So, this woman Sara García filed a suit against the, several California authorities to prevent her daughter Andrea García from being sterilized at Pacific Colony. A woman, Concepción Ruíz, after being sterilized, sued several state authorities for being sterilized at Sonoma. I, you know, have come across descriptions of people, like, in the operating room trying to prevent sterilization. So yes, I mean, definitely people tried to fight the process at every, every step of the way.

Caroline: Were the García and Ruíz cases successful, do you know at all?

Natalie: No, no they weren't. So, yeah, Sara García's case, she wasn't able to prevent her daughter from being sterilized, and actually, like Andrea García's sterilization request doesn't even make any mention of her mother's lawsuit. But interestingly it shows that her mother wound up signing a consent form, but the witness was someone at the courthouse. So, I mean, you can just imagine, kind of, the type of coercion and pressure that must have happened there. So yeah, they weren't successful, and I think the fact that they weren't successful has honestly just kind of challenged me in thinking about the ways that, as a historian I write about, kind of, defiance and resistance and how we think about like, you know, the legal avenue or the legal realm as kind of one of the primary ways that we can achieve justice, and the ways that, like, that doesn't work for everyone. So yeah.

Caroline: That's a really thoughtful and insightful point. This might be kind of a difficult question to answer, but something I've always wondered when I've looked at the history of eugenics is was California's program so big? I mean, it accounted for about one third, roughly, you know, of the country's total sterilization cases. And I'm just wondering, like what, what was going on in California that would have created the conditions for that kind of large-scale violence? Was it the way the institutions are structured, is it a larger context of white supremacy that existed in California? I mean, how do you read this?

Natalie: Well, yeah, I think it's a little bit of all of that and also, yeah, I think, I think a big part of it too is the way that the sterilization law gave all this power to the institution, institutional authorities. So, though every state, so thirty-two states had sterilization laws on the book but they all, they were all different in terms of the procedure, or the, the bureaucratic procedure. So for example, North Carolina, they had a eugenics board that would meet every so often to kind of discuss these sterilization requests and they would kind of review all of the cases, and there was an opportunity for the person who was to be sterilized to kind of comment and submit documentation of their own. They asked, you know, the opinion of various people. And so there were, kind of, more opportunities in that process to prevent sterilization, or it was just kind of a more lengthy process too, like it required the meeting of a board, and all of these additional steps.

On the other hand, in North Carolina it meant that, you know, people who, you know, were not institutionalized could be sterilized too. And so, I mean that's not to say that that didn't happen in California. It absolutely did, and I think, you know, we don't even know how many people were really sterilized because all we have, you know all we're working from is records from state institutions. But, you know, I know that county hospitals performed sterilizations as well. But, so, yeah, so part of it I think is that the process was easier and quicker in California. I mean in California, you know, you could, well first of all there were all of these institutions. There are eleven institutions that have this power. And they met weekly, like the, the institutions would have a weekly meeting and they would say, you know, these are people who we think

should be sterilized. The superintendent would sign off on the requests. They would send it to the Director of Institutions in Sacramento. And I've never seen a case where the Director of Institutions said no or disagreed with the superintendent. So I think that the fact that the process was a lot quicker and gave more power to these institutional authorities is a big reason why they were able to sterilize so many people, because then you have people like Fred Butler who was enthusiastic about sterilizations and he had all, he had all the power, like he and his colleagues didn't, didn't check him, you know. And so yeah, I think that played a big role. And a lot of other states, I mean it was completely different. They had, you know, a more, a longer process.

Caroline: So yeah absolutely the system in California is set up to make the default, you know, to allow sterilization, rather than requiring a really high standard of sort of proof for necessity or something like that before it can happen. [**Natalie:** Right]. Yeah, yeah, I see exactly what you're saying. You and your colleague and co-author Alexandra Minna Stern – who's written other works on eugenics, which I recommend; they're really excellent – you two have also, in your work, brought up the ways that sterilization also dovetails with issues of reproductive justice, so not just the denying of, you know, the autonomy to make one's own reproductive decisions, but you also have more interesting readings of reproductive justice in this context. Can you walk us through some of that a little bit?

Natalie: Yeah. So, you know I think the framework of reproductive justice is so important for really understanding the complexity of the history of sterilization abuse in the nation. Like, you know, the three central points of group the reproductive justice framework are the ability to not have children, so to have access to contraception, birth control, the ability to have children if you want them, and the ability to parent in safe environments free from individual and state violence. And so, and we see how all of that, all of those principles are denied in this history. So if we think of, like, the historical context in terms of the fight for birth control we see that, you know, access to birth control was extremely limited. And even though this is not the majority of the cases we did see that some women wanted sterilization and that they talked with social workers who agreed that they should access it and being committed to the institution for a few weeks to get the operation was one of the only ways that they could access birth control.

And so, you know, some people read that differently. I think that, that context is complicated because it shows, yes some agency, but also shows, like, how constricted the options were that a person would have to commit themselves to an institution and, in order to access birth control, right? The ability, of course, the ability to have children, right? I mean the state was making decisions about who should and shouldn't have children and, you know, forcibly sterilizing people based on their beliefs of who was unfit to parent. And also, of course, you know parenting people in safe environments free from individual and state violence, I mean, like that, you know entire families were committed to institutions. Parents had to deal with the fact that the state was literally taking their children and putting them in institutions and sterilizing them.

So, so yeah I think the reproductive justice framework helps us see not only, kind of, this history of reproductive oppression but also, like forces us to contend with the ways that people like contested and responded to like all of these things as well, like. So, like I was talking about earlier that parents contested this practice. People escaped institutions, so, so kind of thinking about it in that way as well. So not only, you know, were people victimized but people asserted their rights as well. And

whether or not they were successful is, you know, like, that's a different point. But that, you know, that the reproductive justice framework really helps us think through all of these layers.

Caroline: Yeah, I absolutely agree. It really helps see things from multiple perspectives and see what the stakes were in different ways for different people, you know, that's really important. You mentioned this a little bit when you were kind of giving us an overview of the project but I'm really interested in just kind of these records that you were working with. I mean questions of, like, how does one even gain access to those kinds of records, you know? Did you have to fight with -- you or your co-researchers -- have to fight with bureaucracies to get access to those? And then once you do have access to them, what do you see as sort of your responsibilities in terms of honoring those people's histories but also perhaps protecting their privacy? I mean, can you just sort of talk us through some of the, the process of working with these sorts of sources.

Natalie: Yeah. So interestingly the sterilization requests, from what I understand Dr. Stern was able, I mean was able to, just she found them in like a cabinet. So she did have to go through the California board of human subjects protection to copy them. She wound up copying the microfilm reels and, and having access to them, and then I also went through the same process when I started working on the project. But, I mean, to be honest, like, it wasn't that difficult. And I think part of it is because people just, like, didn't, don't really care. You know like, there, there wasn't really much worry about, I mean, yes, there was worry, like we definitely had to go through the, the human subject protection process and have, you know, we had to, you know, we keep the records in a, in a safe place and we had to use lock and key when they were microfilm reels, and once we got them digitized we could only have them on a hard drive, and if we wanted to save them they had to be on a secure server and all of that, of course. But it wasn't really like a fight.

And in fact when we went, when we were going through the process of getting them digitized we wanted to have the original microfilm reels digitized and they couldn't find them. So, like, there wasn't really much effort, at least when the reels were in the Department of Health, around like protecting them or keeping an eye on them. Luckily we had a copy of them and after they got, they were digitized we gave them back and now the reels are at the California State Archives where they are being, you know, cared for and you have to go through a process to look at them there. But they are available. When we were creating the data set of course we went through IRB and we don't use any identifying, well we don't use identifying information when we write about it. We do have names in the dataset but the program that we use to create the dataset is, it's called REDCap, it's a digital platform that people use for clinical trials, so it's HIPPA-compliant and allows us to protect identifying information and to separate data from identifying information, so we definitely do that. So, of course, like they are classified as medical records, we had to go through, you know, the appropriate research boards to use them but I wouldn't say that it was a very difficult process. And now they, I believe are classified as historical records in the state archives.

And as for using pseudonyms, so legally according to HIPPA I think we could use real names for any records that are older than 72 years, I believe is the rule. I think it's 72 or 75 years. We don't, I don't use people's names because, I think that often people will say like it's important to use names, people's real names to like humanize people, but I think that there, that we can still tell people's stories without using their real names. And unless we have permission or unless a case is public knowledge like the

Andrea Garcia case or the Concepcion Ruiz case, I don't use real names. For me, like just doing this research, it, it has made me realize the ways that these people, you know, people who were institutionalized people who were sterilized were already enlisted in this kind of experiment and research by state authorities. In fact, like at Pacific Colony, Pacific Colony had a partial partnership with the Claremont Colleges, I mean, grad students would go there and like do their studies, their education studies or their master's in social work. I use a lot of their studies in my own work, so I see that, like, you know people that were confined to institutions became research subjects and, like, it just, doing this research makes it very clear that these people were already being used by state authorities and researchers without their permission, right? It's not like they signed up for this. And so for me it feels like another kind of violation to just assume that I can put their names and their stories out there without even asking them, right? Again, people say, like there has to be a real name, if not, people are not moved by these stories. But I don't know. For me it's like, if you're, if you need to know someone's real name in order to be moved by what happened to them then that's like a whole different problem. [**Caroline:** Yeah] So yeah, I mean that's kind of how I've, I've dealt with the name aspect like, I think it's important to use the names if they're already part of public record. We've had actually family members of people who know that their aunt or grandfather or grandmother or some other family member was committed to an institution and sterilized, so, like if we can help them locate family histories we, we do that but, but, yeah, my general rule of thumb is to use pseudonyms and protect people's privacy unless they say otherwise.

Caroline: Yeah. I wonder if you can talk a little bit more about this digitization of the microfilm and then, is it available online for people to consult, like if they do think they might have a family member who was at one of these institutions? I don't know if this is your project per se, but can you point people kind of in the right direction for this?

Natalie: Yeah, so those of us that have been working with the sterilization requests for a long time and people who have joined the project recently have kind of formed what we call the Sterilization and Social Justice Lab, and it's kind of housed at the University of Michigan, but me and colleagues at the University of Iowa and elsewhere are affiliated with it. And so, there we have, kind of, some more digitized and multi-media projects that are drawing from the dataset. And there are some, there's a, one, part of it is about kind of exploring the history of Sonoma specifically, and so there are like images and there are a couple examples of digitized sterilization requests although the names are blacked out in a lot of them. So the website has resources like that. The actual dataset is not publicly available yet, although we often have conversations around how, like, great it would be to make this data available and I think that it should be. I think we need to figure out if we're going to make the names available. But, I mean, that's an ongoing conversation. People can contact us there, so, so we have like an email that's connected to that site. And, and that's one of the ways that people can get in touch with us if they, you know, have a family member and want to see if that family member is in the dataset. In the past we've, kind of, people have reached out to us just by kind of like hearing about the research and, and Googling us, but now that site is, is up and I can send you the link, or people can just Google Sterilization and Social Justice Lab.

Caroline: Absolutely, and I'll, I'll put the, the link to that site in your biography on the Disability History Association website in the Podcast section so that people can also access it there. Thank you. That's really good to know that this is basically being made, kind of, more available to the public, you know, whether it's researchers,

whether it's people teaching the history of California or the history of people with disabilities, or whether it's family members, you know, it's, it's great that these resources are out there for people.

So I wanted to ask about whether a formal apology has been issued. I mean, to bring this into the present day, like what has been done to atone for this program?

Natalie: Yes. So, yeah actually, in 2003 there was a formal apology made by the California state legislature. But yeah, beyond that, I mean, that, that's pretty much it.

Caroline: You've also been involved in advocating for reparations, right, for people who went through sterilization? What's that process been like?

Natalie: Yeah, so Dr. Alex Stern has actually been one of the, someone who's just like, been amazing at like keeping that going, actually. So I think she started in, with that effort, I want to say maybe three or four years ago, and she's been working with attorneys and advocates at the Disability Rights and Education Defense Fund in California and also California Latinas for Reproductive Justice and has also involved, like the family members that have reached out to us and we've used our data to create some informational packets and briefs to get California legislators involved in kind of proposing a bill for reparations and so actually in May, California assembly member Wendy Carrillo I believe is her name, she worked with everyone on a bill for reparations.

The issue is of course that it's hard to get funding for monetary reparations. I think that's the biggest barrier right now. But yeah, I mean that's something that's ongoing and, and we're hoping, you know, I mean it's, it's time, like North Carolina was able to successfully pass a bill for reparations and they've made some payments, although it was problematic in, in how people were able to kind of make claims around those funds, but -- I believe Virginia also. And, yeah, California was the state that performed the most sterilizations. So it's time. Like, they need to, you know, do this and, and do it soon, because the number of people that were subject to eugenic sterilization in particular is declining every year.

Caroline: Yeah, of course they're passing away, right, [**Natalie:** Yeah] as they're getting older? Yeah. And I, I mean one of the things that I've found particularly interesting about this project and the way you and your co-researchers have talked about it in various interviews you've done and whatnot, is that this was not just, you know, this eugenics program that existed in the first half of the twentieth century. This is part of a longer history that extends even into the twenty-first century, of denying people control over their reproductive rights in, particularly in California, and especially members of the Latinx community. I mean, there was a notorious case with prisons in California, can you talk about that a little bit?

Natalie: Yeah, of course. I mean and even before, like, we get to the prison sterilizations we have *Madrigal v. Quilligan* in the late 70s, you know, a case where a group of Mexican-origin women sued the USC County Hospital because they were sterilized in the midst of giving birth, you know. And, and then of course you know in between 2006 and 2010 this reporting that came out that about a hundred and fifty women were sterilized in California prisons and it's, it's just kind of, you know, it really, it really highlights the ways that the state will invest in, in denying people the right to reproduce but won't, you know, for example fund abortions, right? Like we have the Hyde Amendment, federal funds can't be used to pay for abortions and yet we have federal funds being used to pay for sterilizing women in prisons. And these

are distinct cases of course, right? The eugenic sterilizations happened in the context of institutions. The *Madrigal v. Quilligan* case and the sterilizations there happened in county hospitals, but they're not that dissimilar, right? Like, we definitely need to pay attention to the context and the time period. But we also need to realize that a lot of the same logics around race, around dependency, and criminality are at play in all of these. So, so yeah I mean we just we see how the same practices are being, are repeated and at the hand of the state, right?

Caroline: And racialization is always part of that conversation, of course. In that spirit, I mean, what do you think it will actually take to achieve justice here? Is it about financial reparations? Is it about education? Is it about a larger national conversation about race, reproduction, and disability? How do you think justice can finally be, kind of achieved here?

Natalie: Yeah, yeah I mean, yeah that's kind of how, that's kind of the thing that we're also trying to figure out, right? And something that I've thought about a lot too. And something that I think is important, right, like it's not just about documenting and understanding how and why these, like, terrible things happen but also how we, how we can create a different world, right? And I think I think all of those things that you mentioned are important. So, like the California reparations bill is about reparations for the people that were sterilized but also is about education. So educating people about what happened but, but doing it in a way that doesn't just paint this as, you know, a mistake that happened long ago but something that was crucial to, like, the, the way that the state was imagining itself and something that continues to happen. Like, I think, I think financial reparations are important but we also need to think about like structural change in general. You know, I think, you know, it's so clear that the vast majority of the people that are being sterilized, were sterilized in these institutions. The women that were sterilized at USC County Hospital, the women that were sterilized in the prisons are, you know, the majority of them are poor women, right? So we need to think about, like, the economic conditions. Yes, education, a shift in ideology, right? The idea that reproduction and bodily autonomy, it's not something that can be adequately addressed in the current language that we have around choice and privacy, like some, you know, some people's choices are drastically different given their economic and material conditions. Or privacy, I mean, some people, people who access public services are not given privacy. I think that we need to reckon with the ways that ideas about race, class, disability, and citizenship have been historically and continue to be at the core of reproductive politics in this nation. And really, unless we become really clear about that we're going to continue reproducing the same practices, right? It might be in a different place, but it's the same systems of oppression are going to continue. So yeah, I mean it's a big, you know, it's a big question and I think that the issues need to be addressed. You know, it's not a single issue problem.

Caroline: Yeah, and I mean, this being the Disability History Association, with particular attention to the fact that categories of disability and labels of disability, or just simply being disabled, are not an excuse for the denial of the kind of reproductive autonomy that you've been talking about. [**Natalie:** Exactly] I mean, that's a huge part of it as well, and I mean, not to mention race, economics, what constitutes the appropriate role of the government, these are important national conversations, yeah.

Natalie: Absolutely, yeah, and what are the conditions that we need to, to enable people to access and to take control of their bodies and their lives? Like what are the conditions that we need so that people can do that?

Caroline: Yeah, it's a really important conversation. So just to pivot to one final question, which is what, what are you working on right now? I mean you've just walked us through this incredible project. And what's your current focus? What's coming next for you? Tell me about that.

Natalie: Well, the other project that I'm working on right now is actually another collaborative project on eugenic sterilization. So we recently got NIH funding to look at the practices of sterilization in other states and to build a similar data set to the one that we have on California, but for North Carolina, Iowa, and also Michigan. And so, yeah, it's a three year project where we are collecting the sterilization data that's available for those states and trying to create comparable data sets so that we can really see, like, what was happening in these other states, get more clarity on some of the questions that you had earlier about why was California so successful, or so able to perform all of these sterilizations, and why other states, you know, performed less and, and what were the procedural aspects in each state, and what were the population dynamics there.

So yes, so that's the other, the other project that I'm spending a lot of time working on.

Caroline: Excellent. Well we'll have to stay tuned for the results of that because it sounds like a very important piece of work. Absolutely.

Natalie, thank you so much for taking the time to do this interview. I mean, the stories you're telling are just extraordinary and extraordinarily important, and I really appreciate you sharing them with us.

Natalie: Thank you for having me.

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Caroline: Thanks to everyone out there for listening or reading the transcript. Please join us again next time. Bye bye!