Eugenic Sterilization in California State Homes, 1919-1945: Using Sterilization Records and Census Records to Quantify Ethnic Bias in Sterilization

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Short abstract text:

Between 1907 and 1937, thirty-two U.S. states passed eugenic sterilization laws that authorized state institutions for the feebleminded and mentally ill to sterilize residents who had been determined unfit for reproduction. California carried out more sterilizations than any other state, with approximately 20,000 officially recorded cases (of 60,000 recorded nationwide). We analyze new individual-level data on over 18,000 patients recommended for sterilization in nine state homes and hospitals across California between 1919 and 1952. We link sterilization data to decennial U.S. Census microdata (1920-1940) on the total patient population of each institution and use Poisson regression to formally estimate rates of sterilization. We compare rates of sterilization by Hispanic ethnicity (Spanish surname) and evaluate whether ethnic biases in defining and sterilizing the “unfit” varied by gender, age, time, or reported justification for sterilization (mental illness, “feeblemindedness”, or perceived social ills such as sexual delinquency or criminal tendency).

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Extended abstract:

Background

From 1907 to 1937, 32 U.S. states passed eugenic sterilization laws that were used to control the reproduction of vulnerable populations. These laws remained in force for more than six decades, during which time more than 60,000 sterilizations were officially recorded nationwide, principally in state homes and hospitals for the “feebleminded” and mentally ill. Sterilization rates were fairly steady in the 1910s and 1920s as eugenics gained currency, and increased markedly after 1927 when the U.S. Supreme Court upheld the constitutionality of the practice in *Buck v. Bell*, a case that tested Virginia’s 1924 law (Lombardo 2010).

California passed the third eugenic sterilization law in the nation in 1909 and performed 1/3, or 20,000 of all documented sterilizations, the vast majority of these between the 1920s and 1950s (Braslow 1997; Kline 2001; Stern 2005; Wellerstein 2011). California’s eugenic sterilization laws authorized medical superintendents in nine state homes and hospitals to perform sterilizations on patients classified as mentally ill, feebleminded, epileptic, syphilitic, or afflicted with other conditions “likely to be transmitted to descendants.”

Eugenic sterilization programs across the U.S. tended to target racial and ethnic minorities (Begos et al 2012) and California was no exception: previous reports have particularly highlighted the over-sterilization of individuals of Latino/Hispanic origin in California state institutions (Wellerstein 2011; Lira & Stern 2014). However, data has not been available to document the extent of this bias or the ways it varied by sex, age, over time or across institutions. A new source of individual-level data presents the opportunity to examine the workings of ethnic bias in detail. We quantify the degree of over-sterilization of individuals of Hispanic origin (as identified by Spanish surname), and evaluate the extent to which ethnic bias varies by sex, age, across institutions or over time. We also compare ethnic differences in the reported rationales for sterilization, such as mental health diagnosis, assessed degree of “feeblemindedness”, and perceived sexual delinquency or criminal tendencies.

Data

Sterilization records

We use data from over 18,000 sterilization recommendation forms, located in 2007 by PI Alexandra Stern in file cabinets in the main offices of the Department of Mental Health (now Department of State Hospitals) in Sacramento, California. With approval from the California Committee on Human Subjects Protections and the University of Michigan Biomedical IRB, these records, originally stored on 19 microfilm reels, were digitized and separated into individual forms. These forms were abstracted to create a HIPAA-compliant dataset with 212 unique variables per individual.

The sterilization recommendations come from each of the nine state homes and hospitals located throughout California between 1919 and 1953. Although sterilization recommendation documents changed in format throughout the study period, a number of variables were collected consistently throughout the entire period from 1919 to 1953. For the present study, we restrict to
individuals recommended for sterilization between 1919 and 1945, and use the following information: institution, year of sterilization recommendation, age at sterilization recommendation, sex, Hispanic ethnicity (Spanish surname).

We also include reported characteristics that were considered to be heritable and could be used to justify sterilization, including mental health diagnoses, “mental grade” (based on assessed intelligence quotient (IQ)), and other factors assumed to be heritable at the time such as “sexual delinquency” and “criminal tendencies”.

Census data

In order to compare individuals recommended for sterilization to general institution populations, we use the decennial U.S. Census microdata from 1920, 1930, and 1940. We extract data on individuals listed as living in the institution and identified as patients or inmates (not employees) of the institution.

Spanish surname classification

The concept and definition of Latino/Hispanic ethnicity was in flux during this time period and was classified inconsistently, both within institutions and in U.S. Census data. To address this, we use the 1980 U.S. Census list of Spanish surnames to identify individuals of probable Hispanic/Latino origin in both institution and Census records.

Methods

We conduct linear interpolation of Census data between decennial Census years in order to estimate annual rates of sterilization for each institution. Interpolation slopes are created at the institution level using sex, age group, and ethnicity.

Statistical analysis is conducted with Stata 14 (StataCorp, College Station, TX). Significance is defined as a 2-tailed P< .05. The annual rate of sterilization in each institution is estimated by dividing the number of sterilization recommendations by the number of institution residents, according to sex, age group and ethnic category from interpolated US Census data. Rate ratios (RRs) and 95% confidence intervals (CIs) are calculated by using Poisson regression. For Poisson regression models, the dependent variable is the number of sterilization recommendations in each institution for each age group, sex and ethnic category. Independent variables include age group, sex, racial/ethic category, year, and institution. Population denominator offsets are calculated for each combination of age category, sex, ethnic category, institution and year. Because sterilization practice could have been influenced by the preferences of the medical superintendents at each institution, we conduct a sensitivity analysis in which we use multilevel Poisson models with institutions treated as random effects to account for within-institution clustering of risk of sterilization recommendation.

In order to explore variation in ethnic bias over time and across institutions, sex, and age, we also examine 2-way interactions between Hispanic ethnicity and institution, year, sex, and age group. We also examine 2-way interactions between ethnicity and reported justifications for sterilization.
Preliminary findings

Preliminary analysis of sterilization and Census data from a single institution (Pacific Colony, a home for the feebleminded in Los Angeles County, CA) indicates that Hispanic institution residents were sterilized at more than double the rate of non-Hispanic residents (RR [95% CI]=2.41 [1.94, 3.00]). Hispanic institution residents were also more likely to be flagged for perceived social/moral signs of “bad heredity” such as sexual delinquency (34% of Hispanic residents versus 22% of non-Hispanic residents) and petty crime (15% of Hispanic residents versus 8% of non-Hispanic residents). Hispanic residents were also sterilized at higher levels of IQ and at younger ages than non-Hispanic residents.
Works cited


