

AUDIO Clip 1 [Claudia]

Understanding the impetus and context behind the original Alberta sexual sterilization act requires us to go back to the broader question of eugenics and its popularity in the late 18th and early 19th century. In 1865, Francis Galton, Charles Darwin's Cousin, came up with this term. He, as a member of a wealthy and successful family, noticed that men of eminent social standing were often related to one another. He devised the science of statistics to study men's families, producing what he called "pedigree studies." He argued that, biology, rather than wealth or social privilege caused these men's successes. And he believed humanity could be improved through two processes: Positive eugenics (which would be things like encouraging people to have children who were deemed to be fit) and negative eugenics (which meant the discouragement of breeding by unfit people). Galton's ideas were supported strongly by people who were involved in biology and agriculture, drawing on the work of Gregor Mendel, who was a monk in the 1820s and had used selective breeding to develop strains of peas with specific traits, eugenicists argued that selective breeding could also produce positive outcomes amongst humans. They seriously overestimated the effects of genes on most human qualities, and conversely they ignored the effects of poverty, discrimination, and lack of opportunity in reproducing poor social outcomes. At the time that these ideas were circulating, there was a strong fear of race degeneration, which was based on the idea that people of good stock were not replacing themselves, while people with tainted stock were believed to be over breeding. In Alberta, these ideas were added to, in terms of panics over immigration. Canada at the turn of the last century really characterized itself outside of Quebec as an English country and indeed was part of the British Empire, and, the immigration of non-British groups did raise certain moral panics that got reflected in terms of who ended up being sterilized against their will under the Alberta Act. In addition, Alberta, because of its strong agricultural roots, had a particular interest in keeping the eugenic idea going. The first party in power in Alberta was actually called the "united farmers of Alberta" and they were actually fairly supportive of women in politics and had a branch through the united farmwomen of Alberta, many of the members of which were active in the Alberta eugenic movement. In particular, Irene Parlby, who was president of the UFWA at one point, became nominated as the first minister in the new UFA government, and her portfolio was the family, and as a result, she came into contact with people whose lives were often fragmented, impoverished or under significant pressure. And she became convinced that it would be really in the interest of those families if women could limit their family sizes and hence reduce poverty. So, some of the impetus of the Eugenics Act was actually compassionate rather, necessarily, than restrictive alone.

I should mention, in addition to the negative and positive eugenics that a concomitant development in terms of eugenics in western Canada at the very least was the use of passive eugenics, and by this I mean the development of a system of institutions. So, we see Michener centre, which at the time was known as the Provincial Training School for Mental Defectives opening in 1923. And we see Ponoka, which at the time was called Alberta Mental Hospital, and it opens also in the mid 1920s.

And there's this strong relationship developed between the institutional directors and the Eugenics Board with hearings being held on the grounds of the institutions, and superintendents of the institutions actually sitting as continuing members of the Eugenics Board. So, this development, I

believe, leads to the targeting particularly of people with intellectual disabilities and mental health issues.

Audio Clip 5 [Claudia]

In terms of what these historical documents are, who wrote them and to what end, it's intriguing how bureaucratic and routine these documents are. Intriguingly, only after 1972 do the documents become very brief and very lacking in detail. But the richness of these documents, the annual reports, and the eugenic reports, I think indicates the lack of concern about whether or not anything was happening appropriately that's embedded in the documents. These are routine annual reports, proudly stated, outlining the accomplishments of staff and the successes of the institution, the numbers of people moved, it's highly bureaucratic and I think as a sociologist, I'm interested in that because the notion of bureaucratic violence is something that we see frequently in modern times, from Nazism to this kind of document, where we have lists of how much population there is, how many people were moved, how many people were admitted or discharged, what kinds of people they were, what categories they fit into, what kinds of operations and surgeries were performed, what kinds of food was grown, what kinds of money was earned through vocational rehabilitation programs, what kinds of diseases and disorders and dental work were done. It's an absolutely mundane document in so many ways. On the other hand, it's terrifying and horrifying document, when one stops to really consider the kinds of experiences and violences that are embedded in these simple numbers.

I suppose it's fair to also say that these documents were produced by the institution as part of a routine and regular reporting process that would have permitted the institution to justify its budget, for example, and they could request for additional space or additional staffing or additional funding. Although in many of the years that Michener Centre operated, that Ponoka operated, individuals in those institutions would have actually paid for their own care. There still was a need to produce buildings, and house the people who were there, so the good work would be reported in such a way as to justify the continued existence of the institution as a necessity and also to justify its expansion. These are in many ways, documents that represent the ambitions of the superintendents as much as anything else."

Audio Clip 6 [Claudia]

How the sterilization law worked was quite complicated in some ways, and very elegant and simple in others. People came before the eugenics board primarily through institutions, but also through what were called, guidance clinics, that operated in fixed locations in Edmonton and Calgary and that also operated in traveling clinics that visited smaller communities and set up business for a short period of time. The people who worked at the guidance clinics were appointed by the Provincial government and they [beep] would announce their arrival at a location and would then schedule cases that were referred by local professionals such as social workers, a lot of family physicians and probation, or sorry, truancy officers and school boards as well. There were also were rare cases where a pastor or a religious leader in the community would suggest a name for hearing at the guidance clinics and forwarding forward to the eugenics boards. That said, the vast majority of the cases came from within institutions, and this has to do with the structure of the legislation itself, which had this provision in it that if an individual had Huntington's Chorea or were in a state of psychosis or was deemed to be mentally defective (i.e. had an IQ a score below 70) then the requirement for their consent was relaxed and they could be put forward by the board itself. As well as I mentioned before, the inter--relationship between the eugenics board and the leadership of the institutions of the province was quite tight. Meetings were held in the institutions and Levin, for example, who was the superintendent of provincial training school/Michener centre sat on the eugenics board for many many years.

So, when an individual was put forward to the board, it was a fairly routinized way of viewing files. Janet Greukel, who is a professor at the university of Alberta, did a study for her dissertation actually, on the Eugenic Board procedures and she estimated that each case over the duration of the hearings lasted an average of eleven minutes. So, there was not a great deal of attention paid in the actual hearings, and it's fair to say that it would be very very rare – in fact, almost unheard of – for a case to be put forward and not approved. Now, that doesn't mean that a case would be put forward and an operation would occur. So, if you look, for example, at the annual report from 1968, which presents cumulative data from 1929 forward, you'll see that there are a number of cases that are presented and passed, but that that number is significantly higher at 4526 than the number of operations which were at 2641 by the end of 1968. The difference between those two tallies represents the difference between consent and non--consent. Those cases that would have been deemed to be suitable for eugenic sterilization were not always people who were within the institutions, not always people who were deemed psychotic, not always people who were deemed to be mentally defective. And those cases required consent. So, even if the board approved you as someone who ought to be sterilized, (i.e. cases "presented and passed") there was a characterization on the forms called "passed clear", so we can read on page 166 of the eugenics board report that the board considered a total of 103 cases, 96 were passed, so a very high percentage were seen as suitable. 6 were deferred because they didn't have appropriate documentation or they didn't fit. And one case actually had somebody show up and defend it. So, mostly they were passed without any kind of real hearing at all. Of the 96 cases that were passed by the board, 36 were males, 60 were female. 18 were passed subject to their own consent. And then the balance of them were cases that were passed without a requirement for consent. [28:46]. So you

can see that there was a little gap there and that the most vulnerable people to eugenic sterilization were those who were already institutionalized.

Audio clip 7 [Claudia]

I've had the opportunity also to interview people who lived at Michener Centre/Provincial training school and who experienced Eugenic sterilization first-hand. There seems to have been a fairly common understanding at Michener that once you hit puberty, this was an operation that was fairly routinely going to occur to you. People referred to it in the interviews as "getting snipped" or "being cut" and that this was something that people kind of smirkingly had knowledge of within the institution. When an individual hit puberty, they were very often told that they were going to go in front of a panel, they were going to have their appendix removed, they were given a physical examination, and I have interviewed one person who could describe the hearing he actually did represent himself at a eugenic board hearing as a young man. He describes having a physical examination from a female doctor, which at sixteen years of age he found completely embarrassing. It was not explained to him why that procedure was going to occur or being done. He then described several months later being taken to the administrative offices and sitting in front of a panel of people who asked him a number of questions and these questions had to do with things like caring for children and keeping track of household expenses and the idea seems to have been that the questions were really focused on whether or not... determining whether or not ...this individual could manage a home and raise a child responsibly. Of course, in the case of Michener centre, this was a really unreasonable question to ask of anyone because those inmates were often interned in very early childhood and lived through to adulthood without any opportunities until they were discharged of learning how to run a chequing account or manage a household or do dishes or, you know, buy groceries or any of those kinds of things. Their institutional skills were extremely limited, so asking them how they would manage a family and then determining their reproductive future on that basis was a really unreasonable practice. I should also note ironically that a number of people who I interviewed who lived at Michener centre and who had been sterilized, a number of women, excuse me, had ironically worked in the community as part of their vocational training as nannies and babysitters and housekeepers to families in Red Deer. So, while they were not seen as suitable to having their own children, there seems to have been little problem with them raising and caring for other's people's children. [32:43]

[32:50ish]One of the things that I have learned in interviewing people who survived at Michener and who others have told me probably were sterilized is that a significant amount of shame attached to the overall question of shame attached to whether or not one had had this happen to them. Not everyone participated in class-action suits against the government, for example, and I recently interviewed a woman who was sterilized at Michener who did work as a Nanny for many families in the Red Deer area over her 39 years of incarceration, who did not participate in the lawsuit because she said "I wanted to put that behind me." So, the notion of secrecy, and silence, and slyness about sterilization has left a legacy of shame with some survivors at the very least.