Sterilization in Alberta, 1928 to 1972: Gender Matters*

JANA GREKUL  University of Alberta

En 1928, la province canadienne de l’Alberta a adopté une loi sur la stérilisation sexuelle et, jusqu’à son abrogation en 1972, plus de 2,800 personnes ont été stérilisées. De ce nombre, les femmes ont été surreprésentées. Cet article examine comment des regards changeants portés sur l’eugénique ont conduit à une transformation subtile d’où a émergé un système à deux volets qui a ciblé des hommes ayant une déficience mentale, souvent un danger pour la société, et des femmes normales du point de vue mental mais anormales moralement qui ont accepté la stérilisation. Le geste s’est avéré un succès en ce qui concerne le type et le nombre de personnes stérilisées, et la pérennité du programme.

Alberta, Canada, passed a Sexual Sterilization Act in 1928 and up until its repeal in 1972, over 2,800 people were sterilized. Women were overrepresented in the number of sterilizations performed. This paper explores how changing understandings of eugenics led to a subtle transformation which resulted in a “two-pronged” system that targeted mentally defective men, often a danger to society, and mentally normal but morally abnormal women who consented to sterilization. The end result was success for the movement in terms of the types and numbers of people sterilized, and in the longevity of the program.

IN 1883 FRANCIS GALTON COINED THE term “eugenics” to refer to “good breeding” (McLaren 1990; Paul 1995). Genetic theory at the time suggested that “like begets like”; social reformers aimed to control the progression of the human race by instituting policies and legislation that would ensure “fit” members of society would procreate (positive eugenics) while those “unfit” for reproduction would not (negative eugenics). In Alberta and other jurisdictions parallels were made with the development of crops and breeding of cattle: if science could determine which crops and domestic

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Jana Grekul, Department of Sociology, University of Alberta, 5-21 HM Tory Building, Edmonton, AB, Canada T6G 2H4. E-mail: jana.grekul@ualberta.ca

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animals were superior, could we not do the same with the human race? Social engineers worldwide worked to pass laws and create policies that would have "feeble-minded" degenerates confined to institutions and eventually sterilized to prevent the propagation of these unfit members of society.

Perhaps the most notorious example of social engineering took place in Germany beginning in 1933. Other jurisdictions, though not as aggressive as the German program, certainly contributed their share to the intended "saving" of the human race. In the United States, over 30 jurisdictions implemented sterilization programs, some active as early as the late 1800s.

ALBERTA'S STERILIZATION HISTORY

In Alberta, beginning in the early twentieth century, individuals and interest groups actively campaigned for the passage of legislation that would require mental health testing before the provision of marriage licenses. Influenced by the international eugenics movement, backed by current genetic theory, promoted by influential, well-respected and educated prominent citizens, and fueled by racist sentiments these initial calls for marriage licensing soon transformed into a movement focused on the passage of sexual sterilization legislation. In March 1928, Alberta’s Sexual Sterilization Act was passed. By 1929, the Eugenics Board of Alberta, a four-member decision-making body, had begun the process of determining which feeble-minded Alberta citizens should be prevented from procreating. The only other Canadian province to pass legislation authorizing involuntary sterilization was British Columbia. This province, however, appears to have had a much less aggressive program than that developed in Alberta. Between 1929 and 1972, over 2,800 Albertans were sterilized, many without their knowledge or consent.

Alberta’s eugenic history is not news. In 1995, media coverage of the legal battle between Leilani Muir, sterilized without her knowledge as a teenager in the Provincial Training School (PTS) in Red Deer, Alberta, and the provincial government exposed many Albertans and Canadians to a dark period in the province’s history. Successful in her battle, Muir received damages close to $1 million and an apology from the province. The issue resurfaced in the media and received public attention again several years later when after a lengthy battle, marred by such antics as Ralph Klein’s short-lived invocation of the Charter’s notwithstanding clause to thwart victims’ attempts for substantial financial compensation, the provincial government and hundreds of plaintiffs agreed to settle out of court. The would-be plaintiffs received over $80 million in damages and the government issued an apology to the victims of the province’s sexual sterilization program.

1. Within 24 hours of making this suggestion, as a result of public outcry, Klein and his Conservatives were forced to rethink their position.
Academic investigations into the eugenics movement in Alberta provide additional insight into this experiment in social engineering. A number of academic studies over the decades, initially laudatory (Baragar et al. 1935; MacLean and Kibblewhite 1937; Frost 1942), turned into scathing commentaries on an apparatus led by politicians and professionals who had the audacity to play God with people’s reproductive rights. A number of studies were produced (McWhirter and Weijer 1969; Christian 1974; Chapman 1977; Caulfield and Robertson 1996; Wahlsten 1997; Park and Radford 1998), which revealed the abuses of the system, the socially constructed nature of diagnoses, and the tendency for the Board to approve sterilizations not necessarily covered under the Sexual Sterilization Act.

In one of the more recent studies Grekul, Krahn, and Odynak (2004) identify several subgroups, including women, Aboriginals, and teenagers and young adults that were overrepresented in cases sterilized by the Eugenics Board and its affiliated mental health institutions. Evidence also points to a bias toward poorer members of society, all indicators of a trend toward targeting marginalized groups in society. While discrimination against the marginalized is not surprising, one of the perplexing issues surrounding Alberta’s sterilization program is why it continued for as long as it did. Grekul et al. (2004) provide a political economy explanation for the over-40-year life span of the Alberta Sexual Sterilization Act and its Eugenics Board, offering suggestions for how and why Albertans were being sterilized long after the horrors of Nazi Germany’s eugenics program were exposed, and after other jurisdictions halted sterilization programs.

This paper explores the role-changing ideas about gender and reproductive responsibility played in the province’s sterilization program. While the indicators of marginality identified earlier (ethnicity, class) certainly played an important role, we suggest that complex interactions between gender norms, changing constructions of eugenics and sterilization, diagnosis, and consent contributed to the longevity of Alberta’s sterilization program and the overrepresentation of women among those sterilized. Patterns in sterilization between the genders differ in significant ways, revealing that women and men were sterilized for different reasons, despite the assumed equal administration of the province’s Sexual Sterilization Act. Two professionals affiliated with the Alberta Eugenics Board, a surgeon and a social worker, expressed the difficulty in convincing men to accept sterilization, because “the operation would be a blow to [their] pride or vanity” (MacLean and Kibblewhite 1937:588). It is this gendered treatment in the process leading up to sterilization and in the justifications for sterilization that are the focus of this paper.

EUGENICS ACTIVISTS AND LEGISLATION IN ALBERTA

In the years leading up to the passage of Alberta’s Sexual Sterilization Act “scientific” links between feeble-mindedness and social problems were
being made by the experts; at the same time media reports contributed to the spreading belief that the province was being overrun by defectives. Noteworthy public figures, many of them female, actively campaigned for such programs during this time. While activists across the country promoted eugenic goals in their provinces (see McLaren 1990 for a detailed history of eugenics in Canada), in Alberta members of the Famous Five, including Nellie McClung, Louise McKinney, and Emily Murphy, heartily endorsed sterilization of society's unfit. Murphy, first female magistrate in the British Empire was quoted in the Lethbridge Herald as reporting that "75 percent of the cause of feeble-mindedness is due to heredity. The other 25 percent may be attributed to alcoholism, social diseases, mental overstrain, training children as mediums, drug addiction, cigarettes, etc." (Cairney 1996:791).

In 1924, the United Farm Women of Alberta (UFWA) actively worked to garner support for sterilization legislation. In her presidential address that year, Mrs. Margaret Gunn encouraged the government to pursue a policy of "racial betterment through the weeding out of undesirable strains" (Christian 1974:9). She "brushed aside civil libertarian opposition by arguing that 'democracy was never intended for degenerates'" (Christian 1974:9). The legislation passed in 1928 and allowed for the sterilization of inmates of mental health institutions who were eligible for discharge. A four-person Eugenics Board was created to determine if sterilization was appropriate for each case considered. In order for sterilization to occur, all four members had to unanimously agree to authorize the sterilization and the patient had to give his/her consent unless mentally incapable, in which case consent from the next of kin had to be obtained.

What some find unsettling is the consistent, energetic, and determined involvement of women in the North American eugenics movement, especially in light of the fact that many of their "sisters" were directly targeted by the segregation and sterilization programs. From today's vantage point, it is perhaps easier to understand women's involvement in the birth control movement during this time because this movement's objectives on the surface at least represent a move toward greater female control of their own bodies. However, birth control advocates did not all share the same objectives and many were also eugenicists. In fact, the relationship between the birth control movement and the eugenics movement was conflicted at best (McLaren 1990; Paul 1995).

Once the Act was passed, women's involvement continued to provide strength to the eugenics movement. Appointed Secretary to the Eugenics Board, Mrs. J. Field was an active and ardent supporter of the sexual sterilization of "misfits" and played an active role in the UFWA's campaign. Social workers, many of whom were female, participated in the presentation of patients to the Board and also provided follow-up reports following sterilization, based on visits to the homes of patients who had been
sterilized. Of the 21 Board members over the years, at least five were women.²

The social and political context of the time suggests that women’s involvement in the movement was largely based in their role as protectors of hearth and home. The cult of domesticity placed responsibility for healthy children and functional homes squarely on the shoulders of middle-class women. It may not be surprising then, that these women actively promoted the sterilization of individuals deemed unfit to reproduce, who would threaten the sanctity of marriage and family life and who ultimately had the potential to “undo” all the hard work and accomplishments of the suffragists, child savers, and other activists. The “sisters” referred to earlier were not really their sisters; most of the feeble-minded came from the lower social ranks of society. The middle-class females who worked tirelessly for social reform perceived a marked divide between themselves and their working class counterparts, as is evidenced in the documents produced by Alberta’s eugenics program.

DATA SOURCES AND EUGENICS PROCEDURE IN ALBERTA

The Eugenics Board and its affiliated mental health institutions maintained individual patient files for the 4,785 people who ever appeared before the Board. From this information, a basic data file was constructed which contains the name, Eugenics Board number,³ birth date, date of presentation and sterilization, and gender of all patients. In addition to this, a more detailed database containing information gleaned from the patient files was built.⁴ Each patient file contained what is termed a presentation summary, a one-page highlight sheet, documenting the diagnosis, family history, sexual history, criminal record, psychometric test scores, education level, economic history, and reason for sterilization for patients. The presentation summary accompanied each patient to the Eugenics Board meeting at which his/her case was presented and discussed. Patient files were stored in the Provincial Archives following disbandment of the Eugenics Board in 1972, but in 1987 a decision was made by the Archives administration to destroy the majority of records, keeping only 20 percent, or what amounts to one out of every five patients.

² This information is based on the minutes of the Eugenics Board. Board members were often identified by initials and last name only. These five women were identified as such based on their identification as “Miss” or “Mrs.,” and the provision in some instances of full first names. It is possible that some of the members identified by initial only were also female, so our count may actually underrepresent the number of female Board members.
³ Numbers in brackets indicate Eugenics Board Numbers assigned to patients by the Board. Each patient received such an identification number. Although we cite real cases, we have modified the original EB numbers using a formula in order to protect the anonymity of patients.
⁴ These databases, constructed on the advice of the legal firms representing the victims of the sterilization program, relies only on the information available in the Muir exhibits, to which we were allowed access by the kind permission of Ms. Muir (Muir v. Her Majesty the Queen).
files. The second database used in this study, comprised of 861 cases, draws on information from this "1 in 5 sample."5

The process for "presenting" a patient for sterilization was developed at the initial meetings of the Eugenics Board of Alberta and changed very little throughout the years of the Board's operation. Patients who fit the criteria for sterilization set out in the Sexual Sterilization Act were presented to the Board upon the advice and selection of the Superintendent of the institution in which they resided. The Board, following a brief interview with the patient would then unanimously reach a decision regarding sterilization: whether the patient should be "passed clear" for sterilization, "passed" with some condition attached (i.e., "patient consent required"), or not passed. In 1937, the Act was amended to permit the sterilization of mental defectives without their consent.

Ultimately, 64 percent of all women ever presented were sterilized while 54 percent of men presented were sterilized. If we look closely at the activities of the Board and its affiliated institutions, as revealed through our analysis of documents and case files, changes in constructions of how eugenics was defined during this time facilitated the endurance of the Alberta eugenics system by directing its activities toward certain individuals.

EXPLAINING THE ROLE OF GENDER IN STERILIZATION

Sterilizations in the province were performed from 1929 until 1972 when the newly elected Conservative government made repeal of the Act their first order of business. A combination of social, economic, professional, and political factors contributed to the continuation of the province's sterilization program in the wake of the revelation of Hitler's program, the horrors of which shamed other jurisdictions into terminating their own eugenics programs. However, Alberta's peak "sterilization years" occurred in the 1950s and 1960s, long after such revelations and stoppages. Why? Likely contributors to the longevity of the Alberta program include a highly conservative authoritarian Social Credit government with little regard for external criticism and a heavy reliance on "expert" opinion; the niche carving of various helping professionals whose mandate was to rid the province of defectives; elected government officials who were also charismatic religious leaders and who mixed their conservative politics with their religious sermons; and an economic boom that distracted Alberta citizens from the goings-on behind closed doors (Grekul et al. 2004). All contribute to a valid, tenable interpretation.

5. A case-by-case examination of the Eugenics Board numbers for these 861 cases indicates they are a reasonably representative "1 in 5" subsample of the basic date base. With the exception of 95 missing cases from 1945, the 861 remaining cases appear to be a systematic sample. Until 1944, one in six cases were kept; starting in 1945, one in five were retained.
However, missing from this analysis is the significant contribution of changing sterilization goals occurring at the time. As Kline (2001) astutely points out, eugenics in the United States did not die following its negative publicity in the 1940s. The kind of eugenics that Hitler practiced was abhorred and flatly rejected. But a different kind of eugenics was much more palatable. The goal was no longer sterilizing the unfit as much as it was encouraging the fit to have children (and through counseling, encouraging the unfit to choose not to procreate). Morphing the emphasis from negative to positive, eugenicists were able to reach more people, more often women, under the auspices of “family planning” and “reproductive morality.” Ultimately, in terms of consequence if not “methodology,” the goal was the same as it was pre-1940s: saving the race from degeneration.

The emphasis became one of “intelligent parenthood,” “marital/prenatal counseling” may convincing individuals into making wise decisions regarding their reproductive potential. Kline (2001) documents this subtle, but significant shift in the eugenics program in the United States. Our data do not support the kind of explicit shift Kline describes. Rather, the data indicate that in the province there emerged over time two categories of negative eugenics: voluntary and involuntary. Both genders were subject to involuntary sterilization, while women were also more likely to submit to voluntary sterilization. Evidence for this “two-pronged” eugenic program, which likely also contributed to the longevity of the Alberta sterilization program, and which sets it apart from its American counterparts, is discussed next.

Probability of Presentation and Sterilization

Women were overrepresented in presentations to the Board, as Grekul et al. (2004) establish by comparing the gender distribution of the Alberta population based on Census data to the number of women presented to the Eugenics Board during this time. They also show that this overrepresentation was not the result of more women being resident in the province’s mental health institutions. While the probability of presentation for men housed in mental health institutions was 0.024, for women it was 0.048; in every decade women faced a higher probability of presentation than their male counterparts. In other words, mental health personnel working in the institutions, making decisions about which patients to present to the Eugenics Board were twice as likely to suggest that women should be sterilized. During the span of operation of the Eugenics Board, approximately 46 percent of the cases presented were male compared with 54 percent

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6 It is possible that additional historical documents may support a parallel emphasis on positive eugenics in the province. However, our data deal directly with the activities of the Eugenics Board and its affiliated mental health institutions, which conducted their activities in accordance with the Sexual Sterilization Act, based in principle on a negative eugenics program.
women. Significantly, 58 percent of the 2,834 individuals sterilized by the Board were women.

But the story is complicated. The province's sterilization activities experienced two peaks, one between 1934 and 1939 and another in the late 1950s (Grekul et al. 2004). A partial explanation for the pattern relates directly to the nature of the "feeder institutions," the institutional populations from which Eugenics Board patients were drawn, in the province. In the early years of the eugenics program, Oliver and Ponoka, both mental health institutions whose wards were primarily adults suffering from mental illness, were the most active presenters. However, by the 1950s, the PTS and later, Deerhome in Red Deer, training schools responsible for children diagnosed mentally defective, replaced Oliver and Ponoka as most prolific in terms of presentations and sterilizations. The emphasis switched from adult defectives to defective children. This is reflected in the overrepresentation of children in the latter decades of the Board's operation.7

Consent and Diagnosis

Consent presents an interesting twist on the activities of the Eugenics Board. Following the amendment to the Sexual Sterilization Act in 1937 consent was no longer required for mental defectives. Children were more often diagnosed as mental defective (Grekul et al. 2004). Following 1937, and allowing for a time lag for practice to follow policy, it should not be surprising to find a preponderance of sterilization cases from the PTS and Deerhome (institutions that primarily housed children and adolescents) in the 1950s and 1960s. In explaining the increased activity of these institutions, the activities of one individual, Dr. LeVann, Superintendent of PTS warrant mention. LeVann actively pushed the Board in the direction of sterilizing children at younger and younger ages (Grekul 2002; Grekul et al. 2004).

While age and consent emerge as correlates of sterilization evidence also exists for a relationship between gender and patient diagnosis. More men than women were diagnosed as mentally defective (60 percent versus 51 percent), yet more women than men were sterilized (58 percent of the people sterilized were women). The men presented were less likely to be legally capable of consenting to their sterilization. The women, however, were more likely to be relatively "normal" in that their consent was legally required. There is also a temporal dimension to this relationship. In the 1930s and 1940s, consent was more likely to be required from a man than a woman before sterilization. For example, in the 1930s, of all cases requiring

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7. As Grekul et al. (2004) illustrate, Ponoka and Oliver, institutions that primarily catered to adult populations, presented approximately 90 percent of patients to the Eugenics Board in the 1930s and 1940s. By the 1960s, the PTS and Deerhome, institutions that housed children, adolescents and young adults, were responsible for presenting almost 60 percent of all patients presented to the Eugenics Board.
consent, 54 percent were men, while 41 percent were women. However, these proportions change dramatically over the next decades. Following the amendment to the Act in 1937, which made consent unnecessary for mental defectives, overall cases requiring patient consent declined. However, in the 1950s, of those cases where patient consent was required, 38 percent were women while 18 percent were men; by the 1970s, the proportion of cases in which patient consent was required dropped to 18 percent for females and 5 percent for males. Despite the overall decrease in cases where consent was required over the decades, women were far more likely than men to have a consent requirement attached to the Eugenic Board’s decision regarding sterilization.

The comparative lack of mental defective diagnoses (and the concomitant ability to consent to sterilization) among women suggests they were perhaps not “abnormal” in a psychiatric sense, but rather in a social sense: they violated the norms of proper feminine behavior and therefore would not be suitable mothers. As Carey (1998) found, American eugenics campaigns focused on male misbehavior considered dangerous to society while female misbehavior was not so much disruptive to public safety as it was to notions of appropriate gender roles and norms. In other words, in order to “warrant” sterilization male behavior had to fall on the extreme end of a continuum of deviant behavior. This was reflected in the tendency to sterilize male criminals, homosexuals, and rapists, all of whom were thought to be a risk to others. Females on the other hand were more likely to be sterilized for normative violations which made them risky to themselves or society’s moral order.

Diagnoses and consent suggest the possibility of a similar pattern in Alberta. Men at the more extreme end of the deviance continuum, who were publicly dangerous (i.e., mental defectives, criminals, homosexuals, molesters), and females who exhibited less publicly dangerous, but more socially dangerous behaviors were presented.

This amounts to a change over time toward a greater emphasis on involuntary sterilization for men and voluntary sterilization that targeted nonmentally defective women. The fact that more women were sterilized in the end indicates that perhaps they, not deemed mentally defective, and therefore capable of making decisions on their own, were persuaded to choose sterilization in the name of reproductive morality, to protect future generations by choosing sterilization. As the bearers of children and primary caregivers, females have a more onerous burden in terms of decision-making responsibility: decisions that would affect family histories and the future of the race were borne on their shoulders.

We find more support for the presentation and sterilization of women who were socially problematic in their documented “family histories,” a section contained in patient presentation summaries where mental health professionals compiled information on the genetic conditions that plagued the families of individuals presented to the Eugenics Board for sterilization.
Family History

From the start, the mental health professionals and Eugenics Board used leniency in interpreting the Sexual Sterilization Act. Figure 1 shows the distribution of “family history” comments for the 861 cases in the “1 in 5” sample. Most noteworthy is the fact that for 326 cases (38 percent of the total), the Eugenics Board was explicitly told by the institutions/individuals presenting the case that there was no history of mental illness in the family. If we include the cases where the patient denied such a history and where no information was available, we account for 47 percent of all cases. And if we add in the comments about alcohol/promiscuity/character defects and comments about health and family problems, we now include almost two-thirds (62 percent) of all the “family history” comments in the “1 in 5” sample. In only a minority of cases (38 percent in total) was the Board presented with evidence of suspicious or problematic family history. As we see below, some of this evidence was not particularly convincing. Even so, the Eugenics Board passed virtually all the cases that were presented to it and typically did so with the explanation that sterilization would ensure that the mental disability would not be passed on to future

* Source: “1 in 5” files; grouped comments about “family history” as recorded on “presentation summary” sheets (N = 861).
generations. In other words, evidence for a eugenics campaign that focused solely on genetic/mental disorder is lacking. So, what did inform the eugenics campaign in Alberta?

Kline (2001) argues that in the post–World War II era, as U.S. eugenics campaigns shifted their emphasis from negative to positive, the focus shifted from genetic to environmental “disorders.” In Alberta also both genders were subject to environmental eugenic expectations. The family history information, originally intended to document instances of hereditary diseases in a person’s family history, was in reality an opportunity to document any hint of family or behavioral dysfunction or a straying from the norms as defined by middle-class society. In other words, the family history section of the presentation summary was a place where sexual misbehavior, alcoholism, poor performance in school, unemployment status, distant relatives’ escapades and a great deal else is recorded. While the family histories of both genders contained information not directly related to genetics, but related to environmentally “dysgenic” influences, the family histories of female patients were characterized by an emphasis on sexually appropriate (or inappropriate) behaviors which far outweigh in emphasis any of the other social dysfunctions in their lives. In other words, despite the overall trend toward environmental as opposed to strictly genetic problems there are also significant differences in the gendered emphases of these documented family history flaws.

Promiscuity in particular appears as a concern pertaining primarily to female patients. During the 1930s, in 8 percent of the female family histories (n = 125), but in only one of 115 male cases (0.8 percent) was mention made of promiscuous behavior on the part of the patient or a family member. Importantly, promiscuous behavior appears to be a catchall for a variety of nonnormative behavioral expectations for women. One patient’s mother was “married three times and weighs over 250lbs” (EB#373). Another patient’s family history includes “six children, each with a different father” (EB#641). A maternal grandmother “had four illegitimate children, of whom the patient’s mother is one...”(EB#912). Another patient’s mother “was running about with various men” (EB#629). Yet another has a mother who “has lived as a common-law wife with several men” (EB#1321). One woman is a “patient with a promiscuous mother whose present whereabouts are unknown” (EB#252). The reason for sterilization for this case is “family history.” These examples reveal an emphasis on the best environment for raising future citizens. This precludes the “promiscuous” environments apparent in the cases cited above, and of many of the female patients who would be primary caregivers to children.

8 In the end, the Eugenics Board of Alberta approved sterilization in 99 percent of cases.
9 This content analysis is based on the 845 presentation summaries which contained family history information.
In addition to the gendering of promiscuity ("promiscuous" behaviors of the kind cited above did not appear in male patient case files), eugenacists were concerned with a variety of other behaviors deemed unsuitable for females. Many comments pertain to women being hysterical, experiencing depression after childbirth, being nervous and worrisome, or otherwise weak. The mother of one patient "had a short mental breakdown, with depression at the menopause" (EB#349). In another family history both of the patient's parents are living and well, "except that the mother is passing through the change of life" (EB#391). Another mother "became mentally ill following childbirth" (EB#707). Thus, "female problems" largely based in women's sexuality and reproductive roles are relevant to family history, again revealing not only hereditary but environmental concerns and gender expectations on the part of the mental health workers constructing these case files.

Perplexing is the inclusion of sexually based behaviors in the "family history" section of the presentation summaries, when in fact a separate section on these summary sheets entitled "Sexual history" existed. Perhaps when it came to female patients sexuality was the overriding concern for the mental health professionals compiling these histories. Records of sexual behavior entered into both sections because the sexuality and reproductive capacity of these women were foremost in the professionals' minds. While alcoholism and crime frequently appeared in the family histories of male cases, female cases were dominated by discussions centering on sexual issues. This is significant to our discussion for two main reasons. First, the family history section was to document instances of hereditary taint; sexual issues were documented elsewhere on the summary. Second, the fact that sexual abnormalities crept into the family history section, for female patients and not their male counterparts is evidence for the strong influence of appropriate sexual behavioral dictates which we suggest influenced the greater likelihood of sterilization for female patients.

**Sexual History**

Sexual history, like family history, is composed of paragraphs written by institutional staff members and recorded on the presentation summaries. Because the Eugenics Board was concerned with the reproduction of "inferior" members of the race, it follows that they would be concerned with sexual behaviors. Second, the Eugenics Board and the institutions, as we have seen so far, were very concerned with moral and deviant behaviors, intricately connected to sexuality, and particularly as they relate to females.

In a significant number of male and female cases presented in the 1930s, there is nothing "wrong" sexually with the patients. In 52 percent of female cases there is either nothing wrong sexually with the patient, the patient's life is "normal" and "marriage is happy," the "children are
normal,” there is “no sex interest,” or there is no information recorded. For males, the number is lower, but still high: 44 percent.

In the remaining sexual histories a majority of the females presented to the Board had some history of “promiscuity.” In fact 32 percent of the 125 female sexual history write-ups in the 1930s make some mention of promiscuous behavior. Female cases from the 1930s read as follows: “History of sex interest and promiscuity. History of two pregnancies. Was admitted previously on account of sex delinquency” (EB#185); “Promiscuous: yes. Has been for sometime” (EB#197); “Apart from her sexual promiscuity, there is no history of immorality and no complaints of other immoral behavior. Patient has had six children, all by different fathers” (EB#259). Another patient “admits sexual indiscretion with four or five different boys” (EB#403). Yet another patient “has no sexual control at all and is a menace wherever she is placed” (EB#409). Gendered expectations include an ability to embody sexual restraint. Failure in this regard was a contributing cause for presentation and possible sterilization.

Promiscuity appears in male cases as well. Mentioned in 29 percent of the 115 male cases from the 1930s, it is reported for example, that one patient “... has been quite sexual, living with prostitutes and other women” (EB#245). However, while rates of promiscuity reporting are similar for both genders, the nature of the promiscuous behaviors differs: for women the issue is multiple sexual partners outside of marriage and often resulting in illegitimate children; for men it includes sex with prostitutes. By the 1950s, there are only three cases of recorded promiscuity for males, while promiscuity emerges as a theme in 26 percent of female cases.

Not only were actual or suspected sexual activities recorded in the sexual histories, but the potential for sexual activity was also included. In many female cases no delinquency was reported. Yet, the Board made sterilization decisions based on the possibility of particular behaviors. This trend began early in the 1930s with case 209: “No special sex interest. No history of sex delinquency. Is quite suggestible, could be easily led into antisocial conduct” (italics added). Another patient is “unmarried and shows no active interest in the opposite sex, but would probably respond passively and rather easily to approaches” (EB#277) (italics added). This potential for sexual behavior or victimization appears in the female cases only in the 1930s: 6 percent of female sexual histories mention this issue. The issue does not appear at all in the male cases.

There is mention of criminal behavior and sexual assault in the sexual histories of the male cases. In comparison with the relative lack of evidence of females being sexual offenders, 6 percent of male cases exhibit such behaviors. For example, one patient “practised elicit sexual offences. Misled other children” (EB#379). Another patient has been accused by his brother of assaulting his niece (EB#445). One patient appears to have been causing problems within the institution: “... became an active masturbator and on several occasions was found in bed tampering with other boys ...”
Another's sexual history is quite telling: "history of immoral conduct since early life, sex interest quite pronounced. He has also exhibited a tendency to sex perversions. Once sent to Portage La Prairie for sex misdemeanours. One or two episodes since admission to PMI [Ponoka Mental Institution]" (EB#725). Still another patient was serving a 25-year sentence for raping a 13-year-old girl (EB#793). Another was "sentenced to 6 months at Ft. Saskatchewan in October 1935 for buggery" (EB#1230). While the concern with female patients was their actual or potential sexual deviance in the form of premarital or extramarital relations and illegitimate births, for males, criminal behavior is the concern.

While gendering of the content of the sexual histories is significant and points to the greater focus on gender-typed norms, the style and format of the sexual histories is also gendered. The frequency of the kind of detail evidenced in the 1930s does not appear with the male sexual histories by the 1950s and 1960s. The majority of the male sexual histories become one-line sentences that read as follows: "patient shows no interest in the opposite sex" or some variation on this general format. In fact, of the 98 male cases presented in the 1950s, 57 cases are of this format. In other words, the majority of write-ups for males for this variable indicate very brief phrases and descriptors compared with female cases. Overall, for the male sexual histories there is either no information, mention of criminal sexual behavior (assault, incest) or institutional misbehavior of a sexual nature (homosexual or heterosexual). 10

The average length for a male write-up in the 1960s is about two or three lines. For females, the average is about eight lines. Female sexual history write-ups include more details about all aspects of the patient's life. All that is female is in some sense sexual, even for the younger female patients. In the female sexual history write-ups we read about ethnicity, religious concerns, abortion, husbands' and fathers' alcoholism, contraceptive use, worry on the part of the patient about becoming pregnant, and abusive husbands, to name a few topics. These types of social concerns are not mentioned in the male write-ups. Another glaring difference is the mention in the female sexual histories, but not in the male histories, of economic situation and occupational status. In this sense, the female histories have not changed much over the years, but the male sexual histories have. Male histories became shorter, documenting only the most extreme cases of sexual deviance.

Related to this, the "potential for sexual behaviour" is still a greater concern for female patient histories. Only three of the write-ups for males (about 3 percent) includes mention of this concern, but for females, close to 10 percent of the write-ups contain reference to this potential. Promiscuity

10 Homosexuality during this time period was a criminal offence in Canada, which may help explain why such behavior was included in the sexual histories.
remains a concern primarily for female patients (23 percent) while it is barely mentioned for males (2 cases out of 77).

THE CHANGING FACE OF EUGENICS?

Grekul et al. (2004) identify several subgroups which were targeted by the eugenics program in Alberta. Women comprised one such group. In this paper we set out to describe some of the processes that contributed to female overrepresentation in both presentations and sterilizations. Female probability of presentation to the Eugenics Board was double the odds of presentation for males; women made up a greater proportion of people eventually sterilized at the hands of the Eugenics Board. Changes in emphases of North American sterilization programs are implicated in our explanation of the gendered results of the Alberta program and in its long life.

Kline describes a transformation from negative to positive eugenics in the United States, post–World War II, which explains the continuation of professional influence on reproductive control in that country. In addition to a political economy-based explanation (Grekul et al. 2004), it is worthwhile to consider, as we have in this paper, the role that changing constructions of both gender and sterilization played in the longevity of Alberta's program. While our data do not support a change from negative to positive eugenics of the type Kline describes, it does seem that the negative eugenics program morphed into a two-pronged approach to reproductive control over marginalized populations. Although women outnumbered men in sterilizations in every decade, consent and diagnosis interacted with gender over time to create a situation where mentally defective males (and females) were sterilized primarily without their consent, while nonmentally defective women consented to sterilization. At the same time, official "reasons for sterilization" as recorded on patient files gradually changed from an emphasis on genetically based reasons to reasons that incorporated notions of "intelligent parenthood," signaling it seems a change in emphasis from genetic to environmental concerns on the part of mental health professionals.

In the original legislation, individuals were to be sterilized if it could be shown that "the patient might safely be discharged if the danger of the procreation with its attendant risk of multiplication of evil by transmission of the disability to progeny were eliminated." Rife with hereditary disease references that would instill fear in the province's citizenry and mental health practitioners this official reason for sterilization is indicative of the eugenic movement's emphasis on negative eugenics.

Part of the 1937 amendment to the Act broadened the reason for sterilization to include cases where "the exercise of the power of procreation by any such psychotic person involves the risk of mental injury, either to such person or to his progeny." This reason for sterilization was most popular
over the years of operation of the Eugenics Board, being cited in 46 percent of the cases presented for sterilization, where reasons for sterilization were provided. The addition of this modification suggests a concern with halting the reproduction of individuals "incapable of intelligent parenthood," another frequently used reason for sterilization (in 24 percent of cases where reasons for sterilization were provided) couching eugenic ideals in terms less fear-inducing, but rather indicating a concern for the potential parents and their offspring. Importantly, "risk of mental injury" can transpire from either genetic or environmental factors.

In plotting the "evolution" of "reasons for sterilization," during the 1930s about 10 percent of reasons made some reference to a family history of mental health problems or feeblemindedness compared with only 2 percent of the 1940s cases. In later decades, the reasons for sterilization never contained this type of genetically based information. Post-1940s, the shift in Alberta was toward an emphasis on environmental factors that would negatively affect children. Further proof of this unstated objective is evidenced in patient family and sexual histories.

We saw above that in the vast majority of cases the "family history" section of the presentation summaries revealed no evidence of genetic disorder. And standards for normalcy were different for men and women. Women's family histories were "marred" by evidence of promiscuity, illegitimacy, flirting, dancing, and the potential for sexual indiscretions. For women, the bar was set much lower in terms of behaviors warranting sterilization. Carey (1998) suggests, and our findings concur, that women's deviance comprised behaviors that would not even register on the mild end of the deviance scale for men. These activities were indicative of the potential for women's reproductive immorality and therefore served as criteria for presentation to the Eugenics Board. Suspicious male family histories were characterized by criminal acts or severe sexual indiscretion. Sex, promiscuity, and reproduction did not bear the same meaning or repercussion for men as it did for women.

The implications of these trends are that women were sterilized for "lesser" reasons, or more aptly, for transgressions that more directly relate to appropriate gender role expectations. The window of deviance was much narrower for women. Importantly, this window remained narrow from the inception of the Act in 1928 until its repeal in 1972. Men were not subject to similar sexual social stricture.

Interestingly, women's sexual histories were remarkably similar to their family histories; the two were conflated. In other words, for females, sexual behaviors defined their existence: to be female was to be sexual. To be feeble-minded was to be sexually deviant. In addition, the women (and men) usually experienced social class problems: they were poor. Class, too, is sexualized. These are poor feeble-minded women who are oversexed. It is poor women who have the most uncontrollable sexual urges. Returning to our discussion earlier of middle-class female social reformers, they likely had
little sympathy for these women: they were not sisters at all. In fact, female eugenics activists contributed significantly to the construction of their reproductively prolific, whorish sisters as responsible for the imminent downfall of the human race.

While the involuntary negative eugenic bent of the Alberta program certainly contributed to the significant number of adolescents and young adults sterilized, particularly in its later years, evidence for a voluntary negative eugenics influence also exists. Gender emerged as a key variable early on in the Alberta eugenics movement. Key activists, campaigning for passage of the Sexual Sterilization Act were women. During a time when women were deemed protectors of hearth and home, the savers of children, the gender that would clean up society by eradicating alcoholism, prostitution and a variety of social problems, it seemed natural that they would also influence the direction of evolution by controlling reproduction. Perhaps it should not be surprising that women who were deemed “normal” by psychiatric standards, were nonetheless brought into the mental health system and encouraged to opt for sterilization. Maybe it is even less surprising that they, burdened with the fate of the race on their shoulders, agreed to the sterilization procedure.

CONCLUSION

The story of eugenics in Alberta is a complicated one. This paper adds to the discussion the importance of changing eugenic constructions and how they contributed to the longevity of the province’s sterilization program. Initially setting out to sterilize individuals marred by hereditary taint, the legislated reasons for sterilization changed to address less obviously hereditary environmental concerns. The end result was a two-pronged eugenic program. Negative eugenics, the original basis for the Act continued through the years largely through the work of individual superintendents of institutions who held onto the belief that mentally defective children required sterilization without consent as did mentally defective adult males and females.

However, interesting is the concomitant second prong of the eugenics program with its emphasis on environmental reasons for sterilization which broadened the scope of the Act and facilitated the sterilization of more people, and in many cases women deemed “normal” by psychiatric standards but whose social background negated their ability to provide a “proper” environment in which to raise children.

Significantly, in the early years of the eugenics program in the province, when the focus was on the danger of passing on genetic disorders to progeny, women’s family histories contained evidence of their sexually inappropriate behavior, as did their sexual histories. As the emphasis toward environmental eugenics occurred, women’s family and sexual histories continued to evince support for their sexually inappropriate behaviors. In others words, whether the eugenic focus was genes or environment it was
women's sexual behavior that was scrutinized. Men's sexual behavior was not similarly scrutinized. In fact, as we saw earlier, by the 1960s, men's sexual histories became brief and relatively inconsequential to their overall personal history. On the other hand, women's sexual histories remained lengthy, detailed accounts of sexual indiscretions that hardly warranted mention in the write-ups of their male counterparts.

There are of course several other issues that warrant mention because they may in part explain some of the disparity in the sterilization program's handling of the genders. Most obvious is the fact that reproductive biology dictates that it is women who have the babies. As a result it makes sense that to some extent women would be overrepresented in sterilization cases. This reality also helps to explain, at least to some extent, the greater focus on sexual history and sexual behavior in the case files of female patients, although it cannot explain the interaction between consent and diagnosis, and the changes that occurred over time. An additional point that merits discussion is the difference between "eugenics" and "sterilization": the two are not identical. Eugenics implies state control over the reproduction of those deemed undesirable. Sterilization on the other hand, refers simply to reproductive control and can be conducted for a variety of reasons including individual birth control, or on a broader level, saving the government money by reducing the number of children born who might require state care or assistance. It is entirely possible that some of the women who were sterilized sought the operations as a form of birth control, willingly and voluntarily.

Another question worth pondering concerns the temporal dimension that interacts with gender, consent, diagnosis, and sterilization. The argument presented in this paper is that over the decades changing gender norms resulted in the presentation and sterilization of mentally normal, but sexually deviant women. How is it possible that gender norms influenced the sterilization of women in the 1960s but not the 1930s? A possible answer to this question may lie in the broader social context of the respective time periods. In the 1930s traditional gender norms dominated: women "knew their place" and acted accordingly. However, with the tumultuous 1960s, the women's movement and the sexual revolution, traditional gender roles were increasingly questioned and challenged. In the politically conservative province of Alberta, run by an authoritarian Social Credit regime for four decades, led by premiers who were also fundamentalist religious leaders it seems plausible that the province's mental health professionals would and could draw on sexual sterilization legislation in an effort to control the mentally normal women who were challenging gender norms and the establishment.\footnote{Grekul et al. (2004) discuss the significance of the authoritarian nature of the Social Credit government. Unresponsive to outside criticism, and heavily reliant on experts, the government was run by charismatic premiers, Aberhart and then Manning, who were also religious leaders in the province. The result was a marked lack of public criticism of government policies and practices, including the sterilization program.}

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Eugenics in Alberta was about many things. It was about power, status, control, deviance, class, immigration, and racial purity. But it was also and significantly about gender. Although we have presented data in this paper that suggest women were more likely to be mentally capable of consenting to their sterilization, further research might explore the dynamics of consent. When pressure exists to conform to familial, social, sexual, and societal norms governing appropriate behavior, it seems that a logical extension of this pressure might appear in the form of pressure to be “reproductively responsible.” How many of the women consented because mental health professionals were able to convince them that they were in fact “incapable of intelligent parenthood” and would be doing society and the race a favor by consenting? In such instances, the line between voluntary and involuntary consent is blurred, as is the line between sterilization and eugenics.

REFERENCES


