Who Makes the Decision to Sterilize Mexican Women? : The Doctor-Patient Debate in *Madrigal v. Quilligan* in the 1970s.

Karina Cardenas

During the summer of 1973, Guadalupe Acosta experienced labor pains and was rushed to the Los Angeles County Hospital where doctors induced delivery by pushing and punching her stomach. Acosta's child was stillborn. Months later, she would find out that doctors had sterilized her.[1] Georgina Hernandez was admitted to the delivery room, and after eight hours of waiting and four hours of intense labor pains, medical staff asked for her consent to sterilization.[2] Hospital staff falsely told Consuelo Hermosillo sterilization was necessary to avoid death, as this was her fourth cesarean section. She signed the consent form immediately before her surgery.[3] These are a few of the cases where doctors forced sterilizations on Mexican women under false pretenses. They suffered emotional stress and lost their reproductive abilities because they allegedly consented. However, the medical staff at Los Angeles County Hospital did not view their actions as criminal. They claimed that they had provided patients with adequate information on the procedure, did not force it onto any patient, and kept the safety of the patient in mind.[4] Transcripts of the resulting 1975 civil suit, *Madrigal v. Quilligan*, starkly demonstrate the tensions between the Mexican women and medical institutions that demonstrate the reasoning behind the medical officials' enforcement of sterilizations.

---

[1] Memorandum in support of return to order to show cause and opposition to injustice other relief, *Madrigal v. Quilligan*, 15 July 1975, 11. Virginia Espino and Renee Tajima-Pena Collection of Sterilization Records (collection currently unavailable for research), 16, UCLA Chicano Studies Research Center, University of California, Los Angeles (hereafter referred to as Espino and Tajima-Pena Collection).

[2] Ibid., 12.

[3] Ibid., 13.

[4] George Flesh, "Letter to the Times: Sterilization Practices at County Hospital," *Los Angeles Times,* 17 December 1974, 6.



11 Latin Women File Suit on Sterilization

Claim They Were Coerced or Deceived Into Having Operation at Medical Center

BY ROBERT RAWITCH

Council Decision on Higher Water Rates Delayed

BY ERWIN BALES

AMONG THE PLAINTIFFS—Gloria Molina, on the left, and Dolores Madrigal at a news conference.

Fig. 1: *Madrigal v. Quilligan* made the front page of the the *Los Angeles Times*.Ben Olander, "11 Latin Women File Suit on Sterilization," *Los Angeles Times*, 19 June, 1975.

The suit accused the Los Angeles County Hospital Medical Center of coercing women of Mexican origin to undergo sterilization after giving birth. Plaintiffs Dolores Madrigal, Maria Hurtado, Jovita Rivera, Maria Figueroa, Helena Orozco, Guadalupe Acosta, Georgina Hernandez, Consuelo Hermosillo, Estela Benavides, and Rebecca Figueroa demanded that someone be held accountable, and sought compensation for their coerced sterilizations. The defendants were the Los Angeles County Hospital's Director of Obstetrics, E.J. Quilligan, Doctor John Doe, executive director Jerry Bosworth, Secretary of Health Mario Obledo, the Welfare Agency of the State of California, the California Department of Health's director, Jerome Lackner, and the Secretary of the US Department of Health, Education, and Welfare, Caspar Weinberger. The defendants strongly upheld all of their actions and denied any involvement from federal and state medical officials' in the case. The plaintiffs resided in East Los Angeles and were admitted to the hospital for pregnancy labor and delivery, but doctors and medical officials pressured them into accepting tubal ligation procedures after having their baby. This was the preferred sterilization procedure for medical centers and considered the safest and quickest method, as it tied and cut the fallopian tubes.

The women claimed that they were misinformed, forcibly pressured to sign consent forms, and not provided time to contemplate the procedure. They sought compensation for the irreversible procedure, wanted assurance that hospitals would comply with federal sterilization guidelines, and demanded that hospitals provide more accessible information. The defendants' legal strategy suggests they were more concerned about their reputation. Medical officials were uneasy about the negative press coverage surrounding the case, but were still confident in their medical decisions. They believed that they had provided the best

care to the Los Angeles community—they argued that sterilizations after a cesarean delivery prevented the "later risk of a second operation" and fatalities.[5] A commitment to uphold the perceived integrity of the officials drove and characterized the strategies of the defense.

Madrigal v. Quilligan includes the testimonies of the ten Mexican plaintiffs and the accused medical professionals. A close reading of the case reveals their opposing views on sterilization. Some scholars have analyzed the arguments of both the plaintiffs and the defendants, but there is no close study of the defense, or analysis of how the court case was won. I argue that in order to evaluate the medical institution's impact on Mexican women's right to procreate, it is crucial to understand the medical discourse used in their defense of the sterilizations. Including the medical establishment's defense into the scholarship of Mexican women's sterilization and reproductive health highlights the subtle racial tenor of the practice and reveals how far removed these doctors were from the city's Mexican community.

The transcript of *Madrigal v. Quilligan* features tensions between Mexican women and doctors that reflect an institutional implementation of sterilizations to marginalized persons in the state, criminal, and medical system as punishment and a tool of control. Sterilization is a permanent and irreversible procedure to prevent reproduction through various operations now available to all women, but most of the women that had these operations were women of color in the United States during the twentieth century.

People with mental disabilities and people of color were disproportionately victims of sterilization because medical institutions deemed them "unfit," a belief rooted in eugenicist thought.[6] Stances on sterilization are related to an individual's ideas of race, gender, class, and sexuality and influence medical professionals like biologists, physicians, and psychologists. In the early to mid-1970s, a rise in sterilizations at hospitals and medical centers nationwide represented a shift from the explicitly forced

---

[5] Flesh, "Letter to the Times," 6.

[6] Miroslava Chavez-Garcia, *States of Delinquency: Race and Science in the Making of California's Juvenile Justice System* (Berkeley: University of California Press, 2012), 62.

sterilizations at criminal and mental institutions.[7] Although the procedures were legal because the patients signed consent forms, various women of color denied consent and claimed that they were threatened or pressured to sterilize. Historians have discussed coercion within a medical setting and examined women's experiences, but few have considered an analysis of the defendants' medical and legal reasoning.[8]

Chicana historians argue that racial stereotypes justified forced sterilizations on Mexican women and people of color. Miroslava Chavez-Garcia's research on the criminalization of youth of color reveals the injustices young men of color faced, including forced sterilizations at state institutions.[9] Elena R. Gutierrez shows that California considered Mexican women a social problem connected to nativist ideals of a "system of racial domination."[10] Alexandra Minna Stern expands the scholarship on sterilizations in relation to California's eugenicist movement of the 1930s, as it was a way to decrease "undesirable" populations.[11] Gender historians' insights also suggest that eugenics influenced views of contraception and linked judgments of sexuality with medical practices.[12] These perspectives on gender and race inform this reading of *Madrigal v. Quilligan* and examines both the Mexican women and the medical professionals.

---

[7] Chavez-Garcia, *States of Delinquency*, 143.

[8] Virginia Espino, "Woman Sterilized as She Gives Birth: Forced Sterilization and Chicana Resistance in the 1970s," *Las Obreras: Chicana Politics of Work and Family* (2000): 78.

[9] Chavez-Garcia, *States of Delinquency*, 133.

[10] Elena R. Gutiérrez, *Fertile Matters: The Politics of Mexican-Origin Women's Reproduction* (Austin: University of Texas Press, 2008), 14, 27.

[11] Alexandra Minna Stern, *Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America* (Berkeley: University of California Press, 2015), 83, 86–87.

[12] Wendy Kline, *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom* (Berkeley: University of California Press, 2001), 120–21; Rebecca M. Kluchin, *Fit to be Tied: Sterilization and Reproductive Rights in America, 1950–1980* (New Brunswick: Rutgers University Press, 2009), 8.

Historians utilized *Madrigal v. Quilligan* as an example of marginalization and to illustrate its intersection with broader gender and racial frameworks. Although it is important to understand sterilization programs' effect on the patients, examining the defense provides another side of the story. While historians have focused on patients subjected to sterilizations, this article will also turn its attention to the medical staff and officials' defense for their actions in order to gain a better understanding as to why they dismissed Mexican women's concerns.

The court case includes plaintiff and defendant positions on these claims through memoranda, affidavits, interrogatories, evidence, and reporter transcripts. *Madrigal v. Quilligan* generated an extensive number of documents that began in 1975 until the court ruled in 1978. The memoranda show the central reasons and arguments, although the case's longevity meant their stances changed over time. The various affidavits and the reporter transcripts express the individuals' experiences largely in their own words. The interrogatories and responses reveal the tensions on both sides in their blunt answers, or their refusal to give one. Although they are commonly-used primary sources, these are the closest documented interactions between the women and doctors. I analyzed these records carefully, looking for subtle tensions and differing interpretations of the legal system.

Past racial stereotyping in early twentieth-century California promoted the belief that Japanese and Chinese women needed to be sterilized. This similarly affected Mexicans in in the 1970s. Racial restrictions and the mark of being categorized as "other" excluded all three groups from white society and citizenship.[13] By the 1930s, Mexicans were synonymous with being disposable, diseased, and deportable, causing detrimental state, legal, and social consequences, much like the Chinese and Japanese were scapegoated before them.[14] Repatriation—which removed Mexicans by the hundreds of thousands from the United States in the 1930s—only reaffirmed the state's portrayal of them as deportable.[15] By the 1940s, the legal procedures and prejudices

[13] Natalia Molina, *Fit to be Citizens?: Public Health and Race in Los Angeles, 1879–1939* (Berkeley: University of California Press, 2006), 9.
[14] Molina, *Fit to be Citizens?*, 139.
[15] Ibid., 137–38.

applied to Japanese and Chinese people also depicted Mexicans as a foreign threat to society. Fears of deportation excluded Mexicans and Mexican-Americans from citizenship and assimilation. As a result, Mexicans lacked equal access to state resources like adequate medical services.

The majority of the women involved in *Madrigal v. Quilligan* resided in East Los Angeles, a community with a majority Latino population.[16] The East L.A. freeway interchange created congestion and displaced residents, a clear example of the city's disregard for the community.[17] In the 1970s, conservative Americans considered these women a social drain that siphoned away state resources, but East Los Angeles suffered from municipal neglect. Civic leaders portrayed low-income areas like East Los Angeles as nests of poverty and crime, yet the city did little to offer basic access to medical and educational resources. City officials denounced Mexican women as burdens and claimed they gave birth in American hospitals to acquire citizenship for their children.[18] This was also a time where women argued for their reproductive rights; second wave feminists advocated for women's access to birth control, abortions, and sterilizations. The Population Reference Bureau and Planned Parenthood, supported by state institutions, worked effectively to supply birth control but also attempted to decrease birth rates for women of color.[19]

Plaintiffs

During the 1970s, sterilization procedures rose among Mexican women at the County Medical Center. Many of these women went to the hospital to deliver their babies, where medical staff often

---

[16] William Deverell and Greg Hise, *A Companion to Los Angeles* (Chichester; Malden: Wiley-Blackwell, 2010), 242–43. Indicated by the 1960 census.

[17] Philip J. Ethington writes that by the 1970s, Nixon's presidency "promoted reactionary fear among those white suburbanites …and gave voice to its militarist, anti-radical, anti-civil liberties conservatism." Ibid., 136.

[18] Gutiérrez, *Fertile Matters*, 53.

[19] Stern, *Eugenic Nation,* 124.

pressured to undergo sterilization. When women scheduled a cesarean delivery, doctors often suggested tubal ligation as a means for sterilization. Most, if not all, of the written and verbal information for the consent to sterilization was in English, and medical staff failed to adequately inform many of the women about its irreversible effects. In order to perform the procedure, medical staff pressured patients to sign consent forms while in labor or under the influence of drugs administered for delivery and did not fully understand the impact of sterilization. All the women went in for deliveries and experienced physical injury and emotional distress that affected their lives after their hospital stay.[20]

Due to the insider information from a hospital resident and those who underwent coerced sterilizations, the women organized to seek amends for the irreversible operation. On June 17, 1975, attorney Antonia Hernandez, from the Los Angeles Center of Law and Justice, took the ten women's claims to court in order to collect compensation but also to prevent future coerced sterilizations. Doctors of Los Angeles County Hospital sterilized the plaintiffs, and only one had resisted the operation, but still faced a similar circumstance. The *Comisión Femenil Mexicana Nacional*, a group centered on the protection of Chicana women from unwanted procedures, were also included.[21] Sterilization was a source of shame because these women strongly connected their right to procreate to their identity as women.[22] Some of the women found it painful to reflect on the traumatic events but others did not know they were sterile until months after the procedure. Although the case was specific to Mexican women in Los

[20] Affidavits of Dolores Madrigal, Maria Hurtado, Jovita Rivera, Maria Figueroa, Helena Orozco, Guadalupe Acosta, Georgina Hernandez, Consuelo Hermosillo, Estela Benavides, Rebecca Figueroa, and Laura Dominguez, *Madrigal v. Quilligan*, 9 December 1975, 2, Espino and Tajima-Pena Collection.

[21] First Amended Complaint, *Madrigal v. Quilligan*, 9 December 1975, 2, Espino and Tajima-Pena Collection.

[22] Gutiérrez, 28–30.

Angeles, it expressed concern towards sterilizations nationwide and how poor women of color often were at risk.[23]

The plaintiffs began their initial memorandums with the 1973 case *Relf v. Weinberger* as a key source of evidence. Fourteen-year-old Minnie Relf, and her sister, twelve-year-old Mary Alice Relf, were sterilized because welfare officials worried that any kind of social interaction would lead to sexual intercourse.[24] Their mother signed consent forms. While her illiteracy made the sterilization legal from the medical perspective, the court ruled it was coercion. Judge Gesell for the *Relf v. Weinberger* case stated that "[P]oor people have been improperly coerced into accepting a sterilization operation under the threat that various federally supported welfare benefits would be withdrawn unless they submitted to irreversible sterilization."[25] These threats violated the rights of minors and the individual's right to procreate. The case sided with the Relf sisters because of the Department of Health, Education, and Welfare's (H.E.W.) failure to ensure the safety of the patient with adequate regulations. It also showed a lack of enforcement from H.E.W. that made patients susceptible to coerced sterilizations, especially the poor, uneducated, and minorities. Similar to *Madrigal v. Quilligan,* both involved minorities and a lack of understanding of the procedure, but no threat to remove federal or state aid by doctors, medical officials, or social worker. However, *Relf v. Weinberger* served as evidence in court to hold Caspar Weinberger, the Secretary of the United States Department of H.E.W., accountable for the revised regulations and how they failed to protect the Mexican women as patients of the hospital.

The memorandum showed that plaintiffs sought the accountability of medical professionals, not only in direct contact with the women, but also to the individuals responsible for the implementation of sterilization guidelines and controlled federal

---

[23] Stern, 68, 84, 151.

[24] Paul Lombardo, *A Century of Eugenics in America: From the Indiana Experiment to the Human Genome Era* (Bloomington: Indiana University Press, 2010), 161–162.

[25] *Relf v. Weinberger,* 372 F. Supp. 1199 (D.D.C. 1974).

funds.[26] Based on *Relf v. Weinberger,* Weinberger needed to "adopt regulations in accordance to the Court Order...with respect to sterilization of individuals under the age of twenty-one or legally incapable of consenting."[27] Hospitals that were state or federally funded had to comply with the sterilization guidelines to prevent coerced operations, but the plaintiffs revealed that the hospital was not following the regulations or were unaware of the revisions. The plaintiffs questioned federal and state authorities' performance and evaluated the efficiency of the federal regulations. Their allegations against the defendants were a strategy to garner national attention, but the medical professionals and authorities found it offensive.

The plaintiffs' initial strategy was to hold federal authorities accountable for inconsistencies in age requirements and poor enforcement of revisions based on H.E.W. guidelines. The defendants argued that they followed state regulations allowing women aged eighteen and older to undergo the procedure, although federal regulations set the minimum age at twenty-one.[28] Prior to the case, the Los Angeles County Medical Center sterilized women under age twenty-one in explicit violation of federal regulations and affected state officials like Obledo and Lackner. Targeting Weinberger was a risk the plaintiffs took, as he was not directly responsible, but had an obligation to enforce the regulation of the guidelines. Although it was difficult to prove his direct fault, it reflects the interest in national changes on sterilizations.

The plaintiffs introduced the case with requests to retrieve documents on the women that received treatment at the hospital

---

[26] Memorandum of Points and Authorities in Support of Motion for Preliminary Injunction, *Madrigal v. Quilligan*, 2, Espino and Tajima-Pena Collection.

[27] Caspar Weinberger, "Restrictions applicable to sterilization procedures in federally assisted family planning projects," Federal Register 1974 April 18; 13872–13873.

[28] List of Questions by Plaintiff, *Madrigal v. Quilligan*, 2, Espino and Tajima-Pena Collection.

and interrogatories to Weinberger, Obledo, and Lackner.[29] The interrogatories included concise questions on the age, ethnicity, and language spoken by the patients to prove Mexican women's risk of being uninformed about the operation. However, they did not solely rely on the Mexican women's vulnerability and also asked questions about the hospitals' enforcement of the federal regulations to determine whether they considered it important to their medical services. The plaintiffs also demanded evidence of federal guideline enforcement, but the consent forms, pamphlets, and other written memoranda did not entail all the requirements of the revised regulations.[30] Although this evidence supports the enforcement of the federal regulations that would affect the plaintiff's chance of success, it also highlighted the inaccessibility of those regulations to a largely Spanish speaking community. The interrogatories and analysis of federal regulations strengthened the plaintiffs' argument because they focused on legalities and questioned the performance of federal authorities.

In addition to the examination of federal authority, the women's individual accounts demonstrated the lack of regulation enforcement as they were allegedly coerced. The plaintiffs stated their experiences at the hospital and their individual affidavits revealed a common narrative.[31] Most of the women were married and emphasized their willingness to have more children. The importance of their role as mothers supports the notion that being able to procreate was crucial to their identity as respectable women. Most did not rely on federal or state aid, contrary to the remarks from physicians that they were burdens to taxpayers, and no factors suggested an interest in sterilization. Claiming the physical and emotional distress the women endured, the plaintiffs stated that they had not been in a position to make a decision about their sterilization. Most could not fully recall their circumstances due to the anesthesia and labor pains. Their experiences reflect the confusion and fear the Mexican women experienced while in labor

[29] Plaintiffs' request for the production of documents, *Madrigal v. Quilligan*, 2, Espino and Tajima-Pena Collection.

[30] Interrogatories to Jerry Bosworth, *Madrigal v. Quilligan*, 3, Espino and Tajima-Pena Collection.

[31] Affidavits of Dolores Madrigal, et al.

and their lack of control while hospitalized.[32] The plaintiffs discussed their dissatisfaction with their hospital stay, and clearly stated their objection to a tubal ligation. Hospital staff interactions with the Mexican women reflected the latter's intolerance for the patients because of their own conservative beliefs. The affidavits highlight the plaintiffs' emotional distress from their operation but especially focus on the pressure from physicians to sign consent forms and wanted compensation for the irreversible damage.

The plaintiff's initial evidence was the American Civil Liberties Union Hospital Survey on Sterilization Policies by both Elisa Krauss and Dr. Bernard Rosenfeld's scholarly research, and Rosenfeld's affidavit provided local and national perspectives on the case. The plaintiffs argued for the accountability of authorities like Quilligan, Lackner, and Weinberger to prevent misuse and ensure the implementation of federal regulations. The surveys revealed that hospitals, both in California and nationwide, failed to enforce regulations and did not provide accurate consent forms required under H.E.W guidelines.[33] This survey also revealed a lack of understanding of what the H.E.W guidelines required, and strongly suggested Weinberger did not enforce and implement the guidelines. Rosenfeld, a resident at the Los Angeles County Hospital, was a strong source of evidence and recalled the doctors' persistence to push pregnant women into sterilizations. Quilligan took no action, and plaintiffs claimed that he failed to protect patients against abusive practices.

By the end of the case, the plaintiffs relied less on federal and state authorities' adherence to regulations, and instead presented evidence supported by medical studies. The court transcripts reveal a change in strategies, as the plaintiffs called Dr. John Sloan to testify. Sloan was a medical doctor and Assistant Professor of Obstetrics and Gynecology, and Director of the Psychosomatic Division at New York Medical College. Sloan could identify whether the tubal ligations were ethical, acknowledged the need

---

[32] Plaintiff Dolores Madrigal's Answers to Defendants Quilligan and Bosworth's First Set of Written Interrogatories, *Madrigal v. Quilligan*, 1976, 55, Espino and Tajima-Pena Collection.

[33] Affidavit of Bernard Rosenfeld, *Madrigal v. Quilligan*, Espino and Tajima-Pena Collection.

to revise past sterilization guidelines and the need for Spanish translations.[34] He understood that "anxiety-provoking situations, which labor constituted, was an inapplicable time…" to give the patient a consent form.[35] Sloan's complete dismissal of the County Hospital doctors' actions put into question the latter's ethics and laid bare their (perhaps willful) ignorance of the stress the women faced. [36] Sloan argued that a tubal ligation "borders on cosmetic surgery" and generally questioned the need for sterilization after cesarean sections.[37] Sloan's criticism of the doctors' actions, combined with Rosenfeld's account, supported the plaintiff's emotional distress. Even with the expert witness' testimony, the plaintiffs' affidavits and responses to interrogatories were far more convincing than professional opinion.

Defendants

The defendants for the case were not as uniform as the plaintiffs, and consisted of various doctors, as well as local, state, and federal health officers. The plaintiffs targeted the doctors who performed the procedure (referred to anonymously as Dr. John Doe) because of their actions, but also other authorities who were responsible for protecting the patients' constitutional rights.[38] Quilligan was responsible for the management of sterilizations and the provision of consultations and information packets; they also included other administrators like Obledo, Lackner, and Weinberger.[39] Each defendant had a role in overseeing medical assistance programs, including the sterilization programs.

---

[34] Reporter's Transcript of Proceedings, Los Angeles California, 5 June 1978, 532, Espino and Tajima-Pena Collection.
[35] Reporter's Transcript, 533.
[36] Ibid., 345.
[37] Ibid., 557.
[38] Doctors that attended or operated the sterilization(s): Roger Freeman, Andrew Rutland, Jerry Neuman, Diane Settlage, J. Schreiber, Michael Kreitzer, Patricia Marshall, Robert Yee, Edward L. Cohen, Joseph A. Mutch, M. Muth, W. Bazler, P. Hershey, and Morie.
[39] Obledo controlled the state's operation of federal medical assistance programs and enforced the federal regulations. Weinberger enforced the revised federal regulations across various medical institutions.

Quilligan, Weinberger, Obledo, and Lackner's failure to enforce federal sterilization guidelines supported the plaintiffs' affidavits and provided a strong case. The defendants responded by examining federal regulations in detail and highlighting the revisions.[40] The defense argued that the plaintiffs lacked sufficient evidence to implicate Weinberger and regarded the allegations moot.[41] They strongly asserted that Weinberger did make revisions but did not discuss the fact that the revisions were not stringently enforced. The regulations were published in 1974—after the women's coerced sterilizations—and proved the lack of care the plaintiffs received while at the Medical Center. Instead, the defendants attempted to not critique the women directly and, focused only on federal guidelines to argued that the case was unsubstantial.

The defendants stated that medical facilities complied with federal sterilization regulations, and the authorities were not directly at fault.[42] They dismissed evidence from a nationwide hospital survey conducted by the American Civil Liberties Union and avoided addressing the coercion allegations. Instead, they emphasized that they received informed consent, and cited the services available to prove that they complied with regulations.

The defendants' statements aimed to discredit the Mexican women's experiences and focused on the accessibility of the hospital's medical information. Their attorneys' interpretation of the law was very straightforward: the plaintiff's demand for pamphlets and consent forms in Spanish was unnecessary because federal guidelines already required translations. The defendants did not address the fact that the translated versions were actually less detailed than the ones in English, and claimed they assumed

---

[40] Memorandum in Support of Return to Order to Show Cause and Opposition to Injunctive or Other Relief, *Madrigal v. Quilligan*, 8–9, Espino and Tajima-Pena Collection.

[41] Ibid., 9.

[42] Ibid. Weinberger submits that relief by this Court is unnecessary in that this requirement is at least implied contained in the stringent federal regulations.

the irreversibility of sterilizations was common knowledge.[43] Nevertheless, Mexican women received few translated versions of medical information, if at all, and what they received was difficult to understand. The defendants did not direct their counter-arguments specifically to the women, similar to the plaintiffs in regard to the doctors, but made guidelines the core issue.

Age was crucial to the defendants' strong denial of racial discrimination, and the defense claimed doctors followed the regulations mandated by law. The defendants' word for word interpretation of the regulations justified sterilizations on women under age twenty-one, because "under the applicable state laws," eighteen years of age was the minimum age.[44] The defendants also stated that the corrections to federal guidelines resulting from the case *Relf v. Weinberger* had been sufficient and there was no need to make further revisions. Weinberger revised the federal regulation after a mandatory court order, which the defense presented as clear example of his responsibility. The defense utilized *Relf v. Weinberger* not to acknowledge similar medical abuses of women, but to illustrate improvements in providing safe reproductive health with better regulations. As had been done *Relf v. Weinberger*, the defendants broadly interpreted the right to privacy ruling from *Roe v. Wade* to include a woman's right to consent to sterilization.[45] This argument faltered, as the defense could not easily disprove the plaintiff's evidence demonstrating the minimal enforcement and misapplication of sterilization guidelines.

Weinberger denied the charges against him but recognized that he wrote the introductory note that the plaintiffs cited. Weinberger's attorney claimed personal damages for his client and alleged Weinberger would suffer irreparable damage from the continuation of the case. From the defendant's perspective, Weinberger's reputation was far more important than the patients'

---

[43] Memorandum in opposition of return to order to show cause, *Madrigal v. Quilligan*, 10, Espino and Tajima-Pena Collection. "...common sense dictates that if the stringent safeguards mandated by these regulations are not carried out in a language understandable to the individual…"

[44] Ibid., 5.

[45] *Roe v. Wade*, 410 U.S. 113 (1973), 726–732.

own discomforts. They argued that these claims were of "no harm to the public interest," only the medical authorities.[46]

Weinberger's revision was an example of how the defendants were lenient with themselves but rigid with plaintiffs over legal interpretation. The defense downplayed evidence that did not support their stance, such as Weinberger's "unfortunate language" in the federal register to discredit the plaintiffs' argument on federal and state regulations.[47] Attorneys claimed that plaintiffs misconstrued language to depict against the sterilizations as non-consensual and stated that the federal register was not law; they continued to repeat this stance throughout the case.[48] Instead of challenging the plaintiffs' strongest argument, defendants harped on inconsistencies in sterilization guidelines. This maneuver revealed a strategy to strongly deny any weaknesses and not acknowledge any flaws that could have affected the autonomy of their patients.

The defendants then attacked the integrity of the plaintiffs themselves. The defense submitted two hundred and one questions about the plaintiffs' educational background, economic status, and other personal information that was not relevant to the procedure. Questions such as net income, marital status prior and post-operation, and, "were you receiving any federal or state aid at the time of your sterilization," are a few of the examples that the defense asked to shape the women's image as irresponsible.[49] The defendants also used the words "incident" and "sterilization" interchangeably in their memoranda to minimize the negative images of the Mexican women's affidavits. Although society tolerated birth control, they simplified the women's concerns and

---

[46] Memorandum in opposition of return to order to show cause, 9.

[47] Points and Authorities in opposition to plaintiffs' motion for preliminary injunction, *Madrigal v. Quilligan*, 1976, 3, Espino and Tajima-Pena Collection.

[48] Points and Authorities in opposition to plaintiffs' motion for preliminary injunction, 3–4.

[49] Plaintiff Georgina Hernandez' Answers to Defendants Quilligan and Bosworth's First Set of Written Interrogatories, *Madrigal v. Quilligan*, 1976, 17-18, Espino and Tajima-Pena Collection.

interpreted the life-changing act for the women as a trivial occurrence.

The defendants' vast number of interrogatories contrasted with the scant and measured responses from the doctors, who kept their answers to a minimum and dismissed questions as intrusive as the ones levied on the plaintiffs as irrelevant.[50] All the doctors who sterilized the Mexican women responded that they had "no independent, present recollection of the surgery in question… medical records reveal[ed] that the defendant [was] listed as the operator performing a bilateral tubal ligation on the plaintiff."[51] The doctors were also asked about the women's medical records and were "unable to admit or deny" certain situations that were memorable to the plaintiffs.[52] The defense claimed that questions about population control and welfare were irrelevant to the case, but made both an issue when they asked the plaintiffs about their economic status or if they received federal or state aid.[53] As some of the women did receive federal or state aid during or after the sterilization, the defendants attempted to portray the women as opportunistic. The defendants' constant focus on legalities and technicalities decentered the narrative from the denial of the right to procreate to a critique of their evidence.

Conclusion

The consent forms and information pamphlets were crucial to evaluating the LAC/USC Medical Center's implementation of the revised federal regulations. The defendants claimed they successfully applied federal regulations into their medical assistance programs, but the consent forms lacked the most crucial

---

[50] Response to Request For Admission Propounded by Plaintiff to Defendant Robert Y. Yee, M.D., *Madrigal v. Quilligan*, 2, Espino and Tajima-Pena Collection.

[51] Points and Authorities in Opposition, *Madrigal v. Quilligan*, 5, Espino and Tajima-Pena Collection.

[52] Answers to first set of interrogatories propounded to defendant Jerry Neuman, M.D. by plaintiff Maria Hurtado, *Madrigal v. Quilligan*, 2, Espino and Tajima-Pena Collection.

[53] Ibid 56.

aspect of the regulations: a notice at the top of the page warning of the permanence of the procedure.[54] They all uniformly agreed to consent forms and a seventy-two hour waiting period prior to sterilization, but some were not aware of the other regulations.[55] Although most of the women signed this consent form, hospital staff did not clearly indicate all aspects of a tubal ligation to patients. Hospitals provided patients with additional information on sterilizations, but the dense content was laden with medical jargon, making it difficult for average people to understand. Obledo and Lackner agreed to revise consent forms and information packets with a mandatory notice that warned of the irreparability of the procedure on the front of the consent form, information written at a sixth-grade level, and made available in Spanish.[56] Although the plaintiffs did not win the suit, they were still able to force a revision of federal regulations.

The judge sided with the defendants and ruled there was insufficient evidence to prove the doctors had violated their patients' right to procreate. That they had signed consent forms was sufficient for the judge. Although he acknowledged the women's emotional and physical distress from the unwanted sterilizations, it was not a case of improper medical practice, simply a lack of effective communication.[57] The judgment in favor of the defendants suggested that the patients were never in a life-threatening situation, although they were dissatisfied and distraught.

The judge also ruled that there was no explicit evidence that the Los Angeles County Medical Center targeted low-income

---

[54] Health Care Services Medical Assistance Program, Title 22 (1266.1). "The document shall display the following legend printed prominently at the top: Notice: Your decision at any time not to be sterilized will not result in the withdrawing of any benefits…" Espino and Tajima-Pena Collection.

[55] Answers to first set of interrogatories propounded to defendant, Andrew Rutland, M.D. by plaintiff Dolores Madrigal, *Madrigal v. Quilligan*, Question 170, 58, Espino and Tajima-Pena Collection.

[56] Consent for Surgical Sterilizations, 20–22, Espino and Tajima-Pena Collection.

[57] Court Opinion, *Madrigal v. Quilligan*, 1978, 19, Espino and Tajima-Pena Collection.

Mexican women. Racial stereotypes affected the women's hospital stay, but no explicit evidence of racist actions occurred according to the judge. The decision illustrates the persistence of racial bias in the 1970s, where racial minorities were considered a social problem. Racial and gendered stereotypes influenced doctors' decisions to sterilize Mexican women, even if they did not explicitly threaten their access to federal aid. The *Madrigal v. Quilligan* case shows that racial discrimination was not considered as a factor for medical malpractice in the 1970s. Plaintiffs understood this disadvantage and strongly relied on the violation of age restrictions as a factor. This led to the revision of consent forms and information packets, but limitations to this argument remained.

Recent scholarship, particularly in Chicana history, argues that we must consider gender and race to understand the coerced sterilizations of Mexican women. It is also important to understand that plaintiffs still challenged the defendants without having to emphasize gender or race. The dismissal of race as a factor in the trial reflects the conservatism of the time and the limitations of civil rights law when it came to protecting people of color. The defendants' arguments reveal how their authoritativeness overrode the patients' claims, and why it is not surprising that they were able to use *Relf v. Weinberger* to their advantage. Looking closely at the strategies employed on both sides reveals the defendant's beliefs, and also highlights the creative approaches the plaintiffs used to seek justice.