

# Constructing Race through Visual Culture: Medicalized Representations of Mexican Communities in Early- Twentieth-Century Los Angeles

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In the early twentieth century, national debates on immigration focused mainly on Eastern and Southern Europeans. These debates culminated in the 1924 Immigration Act, which barred these two groups from immigrating to the United States. In the Southwest, however, the public was less preoccupied with European immigration; instead, they expressed concern over Mexican immigration. Although lobbying by agricultural employers helped prevent the inclusion of Mexican immigration in the 1924 act, anxieties around Mexicans' position in the U.S. body politic remained high. Much of the discussion centered on their race. In many ways, Mexicans occupied a middle ground because of their *mestizaje*, their racial mixture of Indian and white ancestry. While some considered them culturally assimilable, others proclaimed Mexicans a half-breed that would never evolve.

Many of the debates and policy decisions concerning Mexicans took place in Los Angeles because it served as the largest receiving city for Mexican immigrants. Los Angeles attracted Mexicans in large part because of its promise of employment: by the 1910s it was rapidly growing and industrializing city that also maintained a strong agricultural sector. Business and agricultural leaders depended on cheap Mexican labor to build railroads (since the Chinese Exclusion Act had restricted Chinese labor) and gather produce. But while employers welcomed Mexicans for their cheap labor, others continued to question how they would fit culturally, socially, and politically into U.S. society.

This article examines the contribution of public health officials to conversations regarding the place of Mexicans in U.S. society. While health officials contributed in various ways, I will focus on how they informed the public as to what it meant to be "Mexican" through cultural representations of Mexicans and their homes. These photographs and public exhibits drew

upon the larger racial discourses of the day, some of which were rooted in scientific practices.

Probably the most obvious example of a field fusing racial discourses and scientific practice is eugenics. In the early 1900s, eugenics was a known practice and discourse whose stated purpose was to improve society. Eugenicists embraced hereditarian beliefs that advocated reproduction for some, but not for others, in order to improve society. This article is not about eugenics but about how race suicide and race betterment discourses, which grew out of eugenics, influenced everyday public health programs. Race suicide and race betterment, as interdependent theories, both posited that white women's birth rates were dropping while immigrant women reproduced in large numbers. Race suicide proponents insisted that white women must increase their reproduction to strengthen the racial stock of the nation through white births. Conversely, adherents of race-betterment promoted negative eugenics, that is, a decrease in birth rates, for immigrants and African Americans.

New works on eugenics demonstrate that the practice was much more widespread than previously thought and substantially influenced discourses of race in the American West. Much of what has been written about eugenics in the United States focuses on African Americans and poor whites on the East Coast and in the South. But two current works, Wendy Kline's *Building a Better Race* (2001) and Alexandra Stern's forthcoming *Eugenics Beyond Borders*, show that California progressives also promoted eugenics programs. They advocated such procedures as forced sterilization of the "mentally inferior" and also embraced positive eugenics, imploring white women to procreate so that other races would not overpopulate. But what is most interesting about these works is the evidence they set forth that eugenics influenced medical arenas. The majority of public health officials distanced themselves from the most extreme eugenicist policies. But just as the foundation of eugenics thought rested on belief in a racial hierarchy, many public health programs extended to immigrants in the early twentieth century also incorporated a theory of racial hierarchy (Pernick 1997). The point is not to expose public health officials as eugenicists, but to show that racial betterment and race suicide discourses influenced their practices and how they represented Mexicans to the wider

public.

Representations of Mexicans sometimes had less to do with advancing a racial agenda than with promoting the city. For example, in his insightful article “Plague in Los Angeles, 1924,” William Deverell examines the overlapping agendas of health officials and city promoters (or boosters as they were known locally) during the 1924 outbreak of bubonic plague, which chiefly impacted Mexican residents of Los Angeles. Deverell argues that the need to preserve the city’s image as one characterized by sunshine and health molded the agendas of health officials and boosters alike. They depicted Mexicans as outside the normative community of Los Angeles so that potential tourists, investors, and residents of Los Angeles would associate the plague with Mexicans and not with the city as a whole (Deverell 1999).

The photographs and exhibits circulated by health officials provide insight into the everyday politics of public health programs. Health officials did not set forth these representations to mediate a crisis or as a preventative strategy, but to help construct normative images of Mexicans. For example, health officials portrayed Mexicans as deviant in their hygienic, child rearing, domestic, and bodily practices. Such depictions of Mexicans not only affected how fellow Angelenos viewed them, but had serious consequences at the municipal, state, and national levels in terms of the formation of policies directed at Mexican immigrants as well as residents. Of particular interest is how public health officials constructed cultural representations of Mexicans in the areas of housing and maternity and child rearing programs.

Health officials contributed to public perceptions of Mexicans as inferior by depicting their housing as violating standards of public health and safety. Health officials featured pictures of Mexican “house courts” (home courtyards) in their reports to other health officials and to social agencies. They also presented them to the broader public at events such as Baby Week and Health Week, sponsored by various organizations including the Chamber of Commerce (fig. 1). These exhibits resembled those displayed at national and international fairs and exhibits, which sometimes explicitly stated how they wished to shape the public’s view on race. For

example, at the 1915 San Francisco Panama Pacific Exposition, the Race Betterment Foundation exhibit warned the public not to underestimate the dangerous slide toward race degeneracy (Kline 2001).

According to housing and public health officials, the exhibits displayed “exact miniatures of Mexican home-made shack[s] and a typical Mexican house-court.” The models, which supposedly depicted the “average style of architecture of the Mexican home,” emphasized the inferior living conditions both inside and outside the houses. In written descriptions, health officials implied that the homes not only were inferior by public health standards but also could foster moral decay because their inadequate size did not provide enough room for “family privacy.” Such concerns referred to beliefs that overcrowding contributed to the immorality of a family and were very much based on a middle-class notion of domesticity. The poor housing conditions, it was suggested, not only affected Mexican families but defaced the otherwise presumably unmarred landscape of Los Angeles with the “ugly surroundings” of the house-courts (LACHD 1916, 106). Thus it was argued that Mexican housing problems could not be contained solely within the Mexican community, but affected the larger community, as well as the very image of Los Angeles.

Progressive reformers advocated new housing laws and better housing conditions for city residents, and along with housing and public health inspectors they pointed to the squalid living conditions of Mexicans. According to these officials, however, the poor housing stood as evidence of the inferior standards of Mexicans; it failed to prompt any clarion cry against the state of housing in the city. While housing and public health officials critiqued the inequalities that contributed to inferior housing for other groups in the city, including for white ethnics, they pointed to Mexican housing as evidence of the problems associated with immigration. Progressive reformers and city health officials often depicted Mexicans in direct opposition to the modern direction in which they intended Los Angeles to grow.

By characterizing Mexican housing as a reflection of the occupants’ inferiority, progressives left Mexicans out of their reform agenda. Of course, reformers created Americanization

programs to teach English to Mexicans and instruct them in the advantages of white bread over tortillas. But, for the most part, Americanization programs strove to minimize ethnic differences, not promote social mobility.

The models of the Mexican homes stood in stark contrast to the iconic California bungalow and “craftsman,” the archetype of normative housing in Los Angeles (fig. 2). Displayed in conjunction with the models of the average Mexican home was a “model of a practical, up-to-date three room frame house within the financial reach of the average working-man” (LACHD 1916, 106). The class reference reassured the viewer that a proper home was within the means of the middling laborer, thereby ignoring economic explanations as to why Mexicans lived in less than adequate conditions.

Clearly, the viewer was supposed to observe the stark contrasts between the Mexican home and the home of the average workingman. The Mexican home, with “defective screens, broken windows, and improper disposal of garbage and refuse,” would be seen as disorderly in comparison to the “practical” home of the average worker. And unlike the crowded, potentially immoral Mexican home, the workingman’s home had three modern rooms.

Placed within the larger racial discourses of the time, it was not just the homes that were being displayed and judged. The models of the homes spoke to *who* lived there as well. The description of the “average working-man” served as a trope for the average white man. The conditions of the homes and those who lived in them were conflated within the representation of the displays, which compared not only Mexican homes to white homes, but also Mexicans themselves to white Angelenos. The models thus reaffirmed racial hierarchies for the viewer by depicting Mexican homes, and by extension Mexicans, as inferior to white homes and their residents.<sup>1</sup>

The poor living conditions of Mexicans came to be regarded as so typical that pictures of conditions in their homes often were not even accompanied by a caption or report. None was needed, as images of substandard Mexican housing were already established as normative within Anglo racial imaginary. The segregated nature of Los Angeles prevented most non-

Mexicans from having firsthand knowledge of Mexicans' housing conditions; thus the photographs and exhibits, offered as accurate representations, served as a vehicle through which whites could "know" Mexicans. These images, however, were steeped in the prevailing racial discourses of the time.<sup>2</sup>

Well-baby clinics and maternity programs were two other important public health programs shaped by the racial politics of the day. The health department provided the baby clinics, following a national public health trend. Mothers brought their infants through the age of two years to neighborhood clinics, where doctors weighed, examined, and checked the height of the children while mothers received parenting lessons.

According to the health department's own racial lexicon, the programs served mainly Mexicans, but also various European nationals, American whites, and a minority of Asians. White Americans were 11 percent of the clientele, while Mexicans made up the largest share at 40 percent. The city health department noted that it printed prenatal instructions in several languages, "the most popular ones being English and Spanish" (LACHD 1918, 4). The rest of the clientele was very diverse, including Jewish, Italian, Russian, African American, Syrian, Armenian, Spanish, Japanese, German, Polish, Scotch, Austrian, Finnish, Irish, and French clients (LACHD 1915, 104). Health officials lauded their own achievements in these programs in public forums such as newsletters, newspapers, and exhibits, in which they mainly focused on Mexicans and again reproduced one-dimensional images of Mexican communities.

Within this racially diverse group of clients, health officials treated Mexicans more readily than other ethnic groups. I do not mean to suggest that health officials extended the notion of Americanization and its accompanying civil rights fully to Mexicans: they envisioned that Mexicans would adopt American practices, not necessarily that they would become American. Nonetheless, even this tempered vision of Americanization was not extended to Asians.<sup>3</sup> During 1915, for example, the well-baby clinics served 173 Mexican children, but only five Japanese children and no Chinese children (LACHD 1915, 104). While the lack of Chinese attendance at the clinics can be explained by the fact that Chinese did not account for even 1 percent of the

births in Los Angeles, this was not the case for Japanese, who accounted for 15 percent of the births that year. By contrast, only 7 percent of the births in the city were to Mexicans (LACHD 1916, 6).

The department's own representation of who was served in the well-baby clinics was misleading. Its annual report one year displayed a photo collage of twelve children of different ethnic backgrounds, some in identifiably ethnic clothing (fig. 4). While an Asian baby's picture was placed prominently in the middle of the collage, it is clear from the health department's own records that Asian children were on the margins, rather than at the center of their health care agenda.

City health officials proudly boasted of the many nationalities they served in their baby clinics, which were supposed to provide proper care to the city's "littlest citizens." Yet departmental publications and public relations propaganda only featured white babies in their external publications. Though almost 90 percent of their clientele were ethnic children, health officials regularly chose white babies and children to represent the achievements of the department.

Such representations strikingly evoked the Better Baby contests held at state fairs across the nation, originated by the American Eugenics Society. These contests featured only white babies whose light hair and eyes and red cheeks on pale skin spoke to their racial purity. Though health officials did not expressly state that they chose white children to exalt their racial purity, they did use them to represent the health department, and by extension the city of Los Angeles. In the 1920s and 1930s, as the department gained national recognition for its accomplishments, officials also used pictures of white babies in cover stories. To attract future visitors, residents, and investors, health officials (like boosters) promoted Los Angeles, and the *future* of the city, as racially pure. Not surprisingly, the health department photographs of white children also resembled those promoted by L.A. boosters such as Charles Fletcher Lummis, who regularly featured pictures of cherub-like white babies in his propaganda magazine, *Out West*.<sup>4</sup>

Health officials did print pictures of Mexican children in their department publications, which they circulated to the wider medical community. At first glance, one might have a positive reaction to the photographs: children smile and the photos are taken outside under sunny skies. The captions corresponding to the photographs do not negatively stereotype Mexicans either. Yet in almost all the photographs, Mexican children appear unkempt and unclean and are shown in disheveled conditions, emphasizing their poverty. They are usually photographed on a dirt road or lot. Their smiles seem to indicate their ease with their surroundings. The photographs thus send an implicitly racialized message that normalizes the association between dirt, poverty, and Mexicans—the *real* dirt, rather than a mark of class, translates to racial and moral impurity.

The placement of the photographs in the health department publications is disconcerting in that they seem random. The photos serve no purpose, as they do not highlight any of the issues discussed and in fact often do not have anything to do with the reports. Photographs of Mexican children were placed in reports on rabies, infectious diseases of livestock, and fruit and vegetable inspections (see figs. 5 and 6) .

By contrast, a photograph of a jolly, plumpish white baby does not convey a similar negative message, although it too is placed out of context in a section on inspection of schools. In this report, health officials described the challenges they considered immigrant communities to pose. Health officials used special precautions to guard against disease in areas with large representations of “foreign elements” in their inspection of schools. Because of an outbreak of typhus fever in Mexico, public health workers monitored not only the schools Mexican children attended, but their homes as well (LACHD 1916, 2).

While health officials regarded foreign children, and specifically Mexican children, as populations that needed to be treated with certain discretion and monitored more vigilantly, the caption under the photograph of the white baby may give insight into how they regarded this population. The caption reads, “Nothing Wrong Here” (fig. 7). Indeed, nothing looks wrong; the grinning baby appears to be the picture of health. The photograph stands in contrast to the

images of beggared Mexican children, as well as to the conditions in Mexican communities described in the text that accompanies the picture.

In addition to the well-baby clinics, the Los Angeles Health Department provided prenatal and postnatal care through maternity clinics and home visits.<sup>5</sup> In the initial home visit, a nurse was dispatched to take an expectant mother's case history and provide prenatal advice. The nurse then referred the woman to the nearest maternity clinic where a doctor could see her (LACHD 1917, 6, 1-4). In some cases, a visiting nurse and doctor made home visits to a woman who had not initiated contact with the clinic. The program records indicate that such visits were initiated when, because of "fear, ignorance, or for other reasons," a patient could not or would not visit the clinic. It is not clear how these patients came to the attention of the visiting program (LACHD 1916, 9).<sup>6</sup> Nor is it clear what the patients feared. Many Mexican women avoided public health clinics for reasons that included language barriers, preference for female birth attendants, and fear of racism (Molina 2000).

Like the baby clinics, the maternity and postnatal training programs were also framed by the racial politics of the time. Race suicide and race betterment proponents believed that reproduction by people whom they termed biologically inferior not only created inferior races, but engendered social problems. The programs of the health department by no means went that far. However, while proponents of race suicide discourse encouraged white women to reproduce and raise children, public health workers developed maternity and well-baby clinic programs to train Mexican women in the areas of childbirth and child rearing. The public health programs' underlying message was that without direction, Mexican mothers would not be proper mothers. The programs resonated with paternalistic (and in this case, maternalistic) attitudes towards Mexicans, who were seen as unable to cope without the direction of public health training.

Because home visit records were not preserved, photographs from the department's reports can give some insight into what transpired at these visits. One photo shows a city nurse in her starched white cap, making a home visit (fig. 8). She is demonstrating how to modify milk to

two Mexican women, each holding a baby. One of the women pays close attention while the other stares into the camera. In reference to the nurse, the caption reads “patience, strict close observation of infant and mother and unwavering co-operation with the doctors are the prime factors to good work.” The caption emphasizes the hierarchical relationship between the Mexican women and the medical caregivers. There is also an infantilizing of Mexican women implied by the advice that the nurses must be patient with them and watch them carefully.

In another photograph, a Mexican woman sits on the edge of her bed at the beginning of the visit from the physician and nurse (fig. 9). The woman wears an overcoat, buttoned up, implying that the room is not sufficiently heated. The patient’s room is disheveled: her bed is unmade, papers are disorganized, and her curtain is tangled up in the curtain rod. Newspapers are hung on one wall, perhaps covering a window to help keep the cold out.

The next photograph bears the caption “After Arrival of the Maternity Service Physician and Nurse,” although only the nurse and the same woman are shown (fig. 10). The room is now in order and it is implied that it is the nurse who has arranged things. The nurse in her starched white cap and apron tucks the prostrate woman into bed. An antiseptic white blanket that was not in the “before” photograph covers the pregnant woman. A table that was also not pictured in the first photograph now stands to the right of the bed with what appears to be sanitized medical instruments, perhaps used during her prenatal exam. The implied message is that the nurse and aforementioned physician have brought order to this house that would otherwise be in disarray.

Thus, the need to consolidate general devaluation and negative qualities that otherwise may have been associated with the city gave rise to a racial category that was phenotypically identifiable and nationally distinct. The types of images circulated by health officials reinforced and contributed to prevailing representations of Mexicans and brought to the forefront the archetype of the “diseased” Mexican. Statements by journalists, politicians, business leaders, and everyday citizens regularly referring to Mexicans as diseased went unquestioned. Such supposedly common knowledge served as justification for the symbolic exclusion of Mexican

and Mexican Americans from the body politic and then their literal exclusion through deportation programs in the 1930s. Government leaders described the need to deport Mexicans during the Great Depression because of their reliance on both charity and public health care services, thus illustrating how the cultural authority of public health officials was not limited to the urban landscape, but could also influence immigration practices.

## Works Cited

- Deverell, William. 1999. "Plague in Los Angeles, 1924: Ethnicity and Typicality." In *Over the Edge: Remapping the American West*, ed. Valerie Matsumoto and Blake Allmendinger, 172–200. Berkeley and Los Angeles: University of California Press.
- Kline, Wendy. 2001. *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom*. Berkeley and Los Angeles: University of California Press.
- LACHD (Los Angeles City Health Department). 1918. *Monthly Bulletin* 5 (April–May).
- . 1917. *Monthly Bulletin* 4 (May).
- . 1916a. *Annual Health Report*.
- . 1916b. *Monthly Bulletin* 3 (September).
- . 1915. *Annual Health Report*.
- Molina, Natalia. 2000. "Contested Bodies and Cultures: The Politics of Public Health and Race within Mexican, Japanese and Chinese Immigrant Communities in Los Angeles, 1879–1939." Ph.D. diss., University of Michigan.
- . Forthcoming. *Fit to be Citizens? Public Health Policies and Discourses in Ethnic Los Angeles, 1879–1940*.
- Pernick, Martin. 1997. "Eugenics and Public Health in American History." *American Journal of Public Health* 87: 1767–72.
- Stern, Alexandra. Forthcoming. *Eugenics Beyond Borders*.
- Tagg, John. 1988. *The Burden of Representation: Essays on Photographs and Histories*. Amherst: University of Massachusetts Press.

Watts, Jennifer. 1998. *Los Angeles History Workshop*. San Marino, Calif.: Huntington Library.

## Captions

Fig. 1. "Housing Exhibit Put Up during 'Nation-Wide Baby Week.'" LACHD 1916, 107. 1916

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Fig. 2. "Southern California Home." LACHD 1916, 116.

Fig. 3. "Thirty-Five Shacks on the City's Land." LACHD 1916, 102.

Fig. 4. "Some of the Nationalities Cared for through Our Welfare Conferences and Milk Stations." LACHD 1915, 106.

Fig. 5. "The Foundation of Good Citizenship." LACHD 1916, 27.

Fig. 6. "An Early Start Towards Sanitation." LACHD 1916, 41.

Fig. 7. "Nothing Wrong Here." LACHD 1916, 76.

Fig. 8. "Teaching How to Modify Milk in the Home." LACHD 1915, 106.

Fig. 9. "Before Arrival of the Maternity Service Physician and Nurse." LACHD 1916, 16.

Fig. 10. "After Arrival of Maternity Service Physician and Nurse." LACHD 1916, 16.

## Notes

This article was written with the support of a Rockefeller Postdoctoral Fellowship from the Center for the Study of Race and Ethnicity at the University of California at San Diego.

<sup>1</sup> William Deverell (1999) argues that pictures such as these were used as examples of "typical" Mexican housing while pictures of impeccable Spanish-style homes with perennially green manicured lawns represented the "typical" housing for the dominant culture in Los Angeles.

<sup>2</sup> For a comparative case, see Tagg 1988.

<sup>3</sup> My forthcoming work, *Fit to be Citizens? Public Health Policies and Discourses in Ethnic Los Angeles, 1879-1940*, examines how racialization projects differed across ethnic groups.

<sup>4</sup> Jennifer Watts (1998) examines how Lummi used photographs of white babies to convey the health and vitality of Los Angeles.

<sup>5</sup> Beginning in 1898, the city health department had implemented a visiting nurse program. In

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addition to providing help for the sick, district nurses worked under the supervision of the College Settlement Association to offer care and advice to mothers and their newborns. In 1916 the city health department officially established maternity, infant welfare, and milk stations in six districts throughout the city.

<sup>6</sup> The records do not indicate how many patients there were, only that in ten months the program made 1,020 prenatal calls.