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Democracy Dies in Darkness

The history of eugenics in the U.S. has made migrant women vulnerable

Marginalized women of color have long seen their reproductive freedom limited

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A whistleblower complaint has brought attention to the Irwin County Detention Center, alleging the migrant detention facility has been the site of egregious reproductive injustices. While much about this case is still unfolding, the swift public response reflects a growing sensitivity to painful histories in which U.S. and state governments have violated the bodily autonomy and maternal rights of poor women, women of color, incarcerated women and people with disabilities.

The structural vulnerability of detained migrants leaves them susceptible, as has historically been the case for many marginalized communities, to a range of reproductive abuses, as well as to medical neglect and inadequate care. Generations of resistance and advocacy by victims and activists has made clear such allegations must be taken seriously. The systems that give rise to such abuses are often driven by dangerous ideas about racial hierarchies and eugenic interventions.

Today's allegations of coerced hysterectomies and sterilization echo the history of eugenics and neo-eugenics. Prominent eugenicist Charles Davenport defined the practice as "the science of the improvement of the human race by better breeding." Eugenics gained popularity in the United States in the early 20th century, appealing broadly across the

political spectrum because it promised a scientific solution to social problems stemming from industrialization, urbanization, immigration and changing gender norms. The theory held the human race could be improved by encouraging the reproduction of "fit" individuals, specifically the White middle-class families whose declining fertility rates had become the source of much anxiety, and discouraging the reproduction of individuals believed to possess undesirable traits. At the time, eugenicists believed "defects" ranging from illegitimacy to epilepsy to alcoholism were hereditary traits.

Eugenicists discouraged "unfit" reproduction by segregating those deemed "feebleminded" or "mentally defective" — intentionally broad categories — from the "normal" population in institutions with names like the California Home for the Care and Training of the Feeble Minded. They also embraced eugenic sterilization, in the form of tubal ligations for women and vasectomies for men. Indiana passed the nation's first eugenic sterilization statute in 1907, and 31 states followed suit over the next three decades. In 1927, the Supreme Court legitimized state eugenic laws when it upheld Virginia's statute in *Buck v. Bell*.

Many state statutes required that an individual be an inmate of a state institution to receive eugenic sterilization, but men and women were often institutionalized specifically for this purpose. Some statutes required the consent of the patient or, more typically, a family member, for the procedure, but an institutionalized individual's ability to "consent" in such circumstances was dramatically circumscribed, as release from the institution was often contingent on acceptance of the procedure.

In many states, women were disproportionately targeted for sterilization due to the perceived threat posed by their sexuality and reproductive capacity. Individuals with a range of physical and mental disabilities were targeted. Reflecting prevailing demographic concerns, eugenicists also viewed Southern and Eastern European immigrants as candidates for eugenic institutionalization and/or segregation. Recent research also suggests in California, physicians sterilized Latino men at higher rates than non-Latino men, and the disproportionate risk for Latina women was even greater. During the Depression when many in the U.S. scapegoated Mexican Americans for the nation's economic hardship and more than a million people were uprooted and sent to Mexico, non-Latino Californians viewed Latinx reproduction as a grave threat.

Additionally, in the first third of the 20th century, more than 370 Native Americans from about 50 nations were sent to the Canton Indian Insane Asylum in South Dakota.

Originally founded to house those diagnosed with insanity, the institution's population expanded to include the "feebleminded," elderly people, those with physical disabilities and women deemed guilty of "promiscuity" or other moral infractions. Individuals were confined on the word of the Indian agent, with the authorization of the commissioner of Indian affairs and often against the wishes of the person's family.

Canton was the subject of countless investigations as employees and residents' families alleged medical neglect, unsanitary conditions, unchecked tuberculosis and cruel, even brutal punishments. A few years before Canton's forced closure, a physician inspecting the asylum discovered several patients with no apparent cause for institutionalization. The superintendent insisted they were "below normal" or "mentally deficient" but said they could return to their reservation only after being sterilized. Unable to perform the procedures on-site, he held people indefinitely — until Canton closed in 1934.

The 1930s saw the height of eugenic sterilization, with proponents arguing it would reduce welfare and other costs; New Deal federal spending helped fund eugenic programs.

As the movement became more diffuse, physicians working outside state institutions sometimes blurred the boundaries between "eugenic" and "therapeutic," or medically necessary, procedures. This is what happened at the Crow Reservation in Montana in the 1930s, when a government physician who hoped to perform enough surgeries to qualify for the American College of Surgeons sterilized Crow women without their knowledge or full understanding.

One Crow woman who was outraged to learn that she had been sterilized later underscored the colonial and genocidal context of the physician's acts: "to sterilize our women was to kill us."

In a painful historical irony, some tribal members had welcomed this physician's arrival *because* of his surgical prowess. The health care the federal government provided on reservations as a result of treaty obligations — often the only Western medical services available to Native peoples — could be woefully inadequate.

The Crow case highlights how physicians wielded tremendous discretionary power, particularly in their relationships with marginalized communities under state and federal

purview. Three decades later, Crow women privately referred to yet another physician as "the butcher" for his eagerness to perform hysterectomies.

Reports of Nazi atrocities during World War II contributed to the decline in the explicit promotion of eugenics, and most state eugenic statutes fell out of use, with key exceptions in the South.

However, concerns about the reproductive fitness of racialized populations remained and arguably grew in these years. In the 1960s and 1970s, White Americans anxious about social movements for racial justice, an expanding welfare state, illegitimacy rates and the impact of population on the environment viewed the sterilization of "unfit" individuals as an appealing solution to their many worries. As the federal government increased its involvement in family planning, and as White women legitimized sterilization as a birth control method, physicians and other authorities could blur the lines between "eugenic" and "elective," just as they had earlier blurred lines between eugenic and therapeutic procedures.

In 1970, Congress passed the Family Planning Services and Population Research Act, which subsidized sterilizations for Medicaid and IHS patients — without including measures to safeguard against abuse. Cases like that of Minnie Lee and Mary Alice Relf, 14- and 12-year old Black girls in Alabama, who were forcibly sterilized after local family planning agents convinced their mother to sign a consent form she did not understand, showed how coercion limited people's ability to consent to procedures. Puerto Rican and Mexican American women also reported having been sterilized, often at public teaching hospitals, after signing consent forms under duress and confusion.

Although the *Relf* case resulted in new federal guidelines to protect women, physicians and hospitals sometimes ignored them. Following pressure by Connie Pinkerton-Uri, a Choctaw and Cherokee physician, the Government Accountability Office released a report that revealed 3,001 Native women of childbearing age had been sterilized between 1973 and 1976 in four of 12 Indian Health Service areas. The report documented inadequate consent forms and failure to adhere to a mandated 72-hour waiting period.

Native activists viewed the report's numbers as far too low and argued investigators failed to acknowledge the depths of coercion behind these procedures. Among other things,

Native women reported fearing the removal of their children — a very real threat — if they did not consent to a tubal ligation.

Native women and women of color responded to these abuses by launching a reproductive justice movement, which has remained vigilant in protesting the coercive sterilization of marginalized women, as occurred in California prisons in the late 1990s and early 2000s.

This history underscores the legacy of racial and other hierarchies in the United States and sheds light on how structures of power have fostered dehumanization, exploitation and abuse. The continuing work of the reproductive justice movement recognizes the range of circumstances that can compromise women's reproductive autonomy, including the conditions within migrant detention centers.
