Past as Present: America’s Sordid History of Medical Reproductive Abuse and Experimentation

OCTOBER 2020

Recently, accounts of forced hysterectomies at the Irwin County Detention Center in Ocilla, Georgia, have sparked widespread alarm and condemnation. Dawn Wooten, a nurse who worked at the privately-operated Immigrations and Customs Enforcement (ICE) facility — stepped forward as a whistleblower on behalf of several women, describing a pattern of people receiving hysterectomies without their consent during their time in detention.¹

While these accounts of forced sterilization in U.S. immigration detention shock the conscience, they are just the latest example of a long history of the U.S. government’s, and the medical establishment’s, mistreatment of Black, Indigenous, and other people of color (BIPOC). This through-line encompasses the medical abuse of enslaved Africans and Indigenous Americans; nonconsensual experimentation and coercive contraception; and the forced sterilizations of people who those in power deemed “unfit” to reproduce, including BIPOC people, people in prisons, and people with disabilities.

"When I met all these women who had had surgeries, I thought this was like an experimental concentration camp. It was like they’re experimenting with our bodies," one detained immigrant told Project South.

Ms. Dawn Wooten, a practical nurse at the detention center, expressed her concern at the high number of women getting their uteruses removed and said that many detained women had no idea why they had to get a hysterectomy. She said that it was odd that everyone who went to the doctor ended up getting one, for various reasons.

"That’s his specialty, said Wooten, "He’s the uterus collector. I know that’s ugly...is he collecting these things or something...Everybody he sees, he’s taking all their uteruses out, or he’s taken their tubes out."

— Whistleblower Ms. Dawn Wooten in her statement to Project South
These current actions at the ICE facility are not solely about a xenophobic crackdown on immigrants — they are the present-day expressions of white supremacy. In fact, similar manifestations of white supremacy have been plentiful in our nation’s history, where racism, sexism, eugenics, and the right to reproductive autonomy have long been intertwined.

- **Medical techniques created from abuse and pain.** The practices of gynecology and obstetrics in our country were built on abusive and inhumane experimentation on enslaved Black women, including developing cesarean and other surgical procedures on women without anesthesia.²

- **A family planning movement fraught with racism and eugenics.** Early leading advocates for contraception, such as Margaret Sanger, the founder of what became Planned Parenthood, were often motivated by racist, eugenic, population control principles.³

- **Contraceptive Coercion:** The first oral contraception pill — heralded as a tool for the liberation of middle-class white women — was tested on women in Puerto Rico, often without their knowledge or consent.⁴ More recently, women have been coerced into using long acting contraceptives. For example, in many states, judges have given women convicted of drug or child abuse related crimes a choice between serving sentences or using Norplant, a contraceptive implant offering up to five years of protection from pregnancy.⁵ Women of color and women from low-income backgrounds were among those who were discriminated against, targeted and coerced to use Norplant⁶ and remain vulnerable to coercive contraceptive counseling by providers.⁷

- **Forced sterilization of BIPOC women and women with disabilities.** In 1935, thirty-two states maintained federally funded eugenic boards and permitted eugenic sterilization for those deemed undesirable and dangerous.⁸ Other excuses to deny women motherhood through forced sterilization included “feeblemindedness”⁹, promiscuity, insanity, criminality, disability, poverty, among others. Black, Indigenous and other women of color, as well as women with disabilities, were disproportionately subject to forced sterilization — and remain so to this day.
  - In 1927, the U.S. Supreme Court, by a vote of 8 to 1, upheld a state’s right to forcibly sterilize people whom the state deemed “unfit to procreate.”¹⁰ Often these laws were applied against people with disabilities, particularly women with developmental or intellectual disabilities.¹¹ Women of color and low-income women were also disproportionately targeted under these laws.¹²
Between 1909 and 1979, more 20,000 people living in California facilities for the mentally ill and disabled were involuntarily sterilized. As per a study performed between 1920 and 1945, Latino women in California were at a 59% greater risk of sterilization compared to non-Latinas.

In 1965, one in three married women in Puerto Rico between the ages of 20 and 49 were sterilized, generally without informed consent or under coercive conditions. These sterilizations were part of a larger effort by the U.S. and Puerto Rico governments that started in the mid-1930s to reduce unemployment and accelerate economic development by limiting population growth.

Between 1973 and 1976, the federal Indian Health Service performed 3,406 sterilizations in just four of its twelve program areas. Indian women reported that they were coerced and did not consent to these procedures.

Between 2006 and 2010, at least 150 female inmates in California prisons had been sterilized by doctors working under the California Department of Corrections and Rehabilitation. At least 148 women received tubal ligations in violation of prison rules, and maintain that they were coerced by prison staff.

The recent allegations coming out of Irwin County Detention Center are not only an example of modern-day racist eugenics, but also detail an assault on the reproductive agency of the women in ICE’s custody. Time and again, ICE has been inhumane in its treatment of women and shown a disregard for their reproductive rights and dignity. Mistreatment has included low quality perinatal care, as well as shackling across the arms, legs, and belly during labor and immediately postpartum. This mistreatment, as well as abysmal conditions in ICE facilities more generally, has resulted in miscarriages and pregnancy complications. ICE has also undermined people’s reproductive autonomy through explicitly prohibiting abortion care, as well as inhumanely separating families.

Forced sterilization, medical abuse, and experimentation without informed consent are unsafe and barbaric practices that have no place in our health care system. The deep racial inequities in health outcomes in the United States must be viewed in this context of historical and ongoing white supremacy. These racist policies and practices — at ICE, and wherever they appear in our health care systems and other institutions — must stop, and the perpetrators of these fundamental violations of women’s human rights and bodily integrity must be held to account.


3 Margaret Sanger, Woman and the New Race (New York: Brentano’s, 1920).


10 Ibid.


12 Ibid.


The National Partnership for Women & Families is a nonprofit, nonpartisan advocacy group dedicated to promoting fairness in the workplace, reproductive health and rights, access to quality, affordable health care and policies that help all people meet the dual demands of work and family. More information is available at NationalPartnership.org.

© 2020 National Partnership for Women & Families. All rights reserved.