

Autonomy Revoked: The Forced Sterilization of Women of Color in 20th Century America

by Paola Alonso

The United States has had a very long history of racism and xenophobia. This history becomes more complex as time progresses. One consistent factor of this racism in the United States is the efforts of whites to control the reproductive rights of people of color. From the kidnapping of Native American children for white families to acts of abuse against black slaves by white slave owners, people of color have repeatedly had their reproductive rights violated.¹ Much of this violence derives from beliefs of white supremacy, which perpetuates the notion that the lives of people of color are less important than the lives of the Anglo-Saxon population. This racism and xenophobia fueled the Eugenics Movement in the nineteenth and twentieth centuries.² Eugenics is the belief that certain practices could improve the biology and genetics of the human race, with white, able-bodied people being considered the most “fit” representation of good genetics. The Eugenics Movement and racist beliefs led to the involuntary sterilization of women of color in the United States in the twentieth century. Much of this sterilization continued in many states until as late as the 1970s, showing how pervasive these racist notions were in the United States.

Eugenics emerged in the late nineteenth and early twentieth century. Sir Francis Galton coined the term in 1883, and this belief became very appealing to upper-class whites in the United States. At the turn of the century, the US faced an influx of immigration from eastern and southern Europe and migration of African Americans from southern to northern American cities, which caused societal shifts and anxiety for the white American population.³ This rapid shift in populations worried powerful, upper-class whites, which led many of them to adopt Eugenics as a way to preserve the American way of life. Eugenics was then embraced by scientists, social activists, and politicians as a progressive social movement aimed at ridding society of undesirable characteristics. Some powerful individuals who chose to adopt Eugenics were Theodore Roosevelt, Andrew Carnegie, and, most notably, Margaret Sanger.

¹ Cynthia Prather, Taleria R. Fuller, William L. Jeffries IV, Khiya J. Marshall, A. Vyann Howell, Angela Belyue-Umole, and Winifred King. “Racism, African American Women, and Their Sexual and Reproductive Health: A Review of Historical and Contemporary Evidence and Implications for Health Equity,” *Health Equity* (Dec 2018): 249-259, <http://doi.org/10.1089/heq.2017.0045>.

² M. Billinger, “Racism,” *Eugenics Archive*, accessed May 8, 2020. <http://eugenicsarchive.ca/discover/tree/5451b68251854fef65000016>.

³ Rosemarie Garland-Thomson, “Eugenics,” in *Keywords for Disability Studies*, edited by Adams Rachel, Reiss Benjamin, and Serlin David, 74-79, New York: NYU Press, 2015, JSTOR.

Margaret Sanger was a nurse, one of the leaders of the Birth Control Movement, publisher of the magazine *The Woman Rebel*, and founder of Planned Parenthood. Sanger was very outspoken about reproductive rights and education in a time when distributing this information was outlawed. Sanger was dedicated to her cause and sought to find a way to expand it, but she was rejected by other women's rights leaders for being too radical. As a result, Sanger decided to broaden her alliances and work with Neo-Malthusian and eugenic groups as a way to make the use of contraceptives respectable and widespread.⁴ Neo-Malthusians were an English group that focused on the idea that poverty resulted in an excess population, and advocated for sexual education and contraceptive use.⁵ Sanger gravitated to this group and began to attend conferences to discuss social issues and ways to overcome them. Several politicians, eugenicists, and scientists attended these conferences. Margaret Sanger herself even organized some of these meetings.⁶ Although Sanger had been fighting for reproductive rights since 1914, she realized that if her birth control movement were to succeed, it would need to succeed internationally. To Sanger, if the movement were to become international, there would be a scientific justification for contraceptive use.⁷ Above all, Sanger maintained that contraception was a way to empower women and for them to exert their autonomy. Through Sanger's multiple years of association and alliance with Eugenic groups and the Neo-Malthusians, she also aligned her movement with the racial and hierarchical beliefs associated with these groups.

Margaret Sanger was not the only reproductive rights leader to associate with eugenic beliefs; however, she was the most notorious and prolific of these leaders due to her association with Planned Parenthood. Eugenics was embraced by many during the early twentieth century as a progressive movement, and several pro-eugenic laws emerged that validated forced sterilization. The first US state to enact legislation to allow eugenic surgery was Indiana in 1907, emphasized by Doctor Harry Clay Sharp who performed such surgeries on inmates in an Indiana prison as early as 1899.⁸ Indiana's willingness to test these experimental surgeries inspired other states to follow suit. The ability to sterilize others was granted by the Supreme Court in 1927, with the *Buck v. Bell* case. *Buck v. Bell* confirmed the constitutionality of Virginia's statute of forced sterilization.⁹ The Supreme Court held that the state-sanctioned sterilization of the "feeble-minded" was denied equal protection of the law guaranteed by the

⁴ Esther Katz, "Margaret Sanger and the International Birth Control Movement," Alexandria, VA: Alexander Street, 2012, 2.

⁵ Katz, 2.

⁶ Katz, 6.

⁷ Katz, 7.

⁸ Paul A. Lombardo, ed., *Century of Eugenics in America: From the Indiana Experiment to the Human Genome Era*, Bloomington: Indiana University Press, 2008, 3, ProQuest Ebook Central.

⁹ *Buck v. Bell*, 274 U.S. 200 (1927).

Fourteenth Amendment and that “three generations of imbeciles are enough.”¹⁰ This court case set a precedent for the legality of eugenic sterilization efforts in the United States. Eugenic sterilization would affect thousands of women of color throughout the twentieth century as a result of racism and xenophobia.

Throughout history, African Americans have consistently had their reproductive rights abused. Women were especially mistreated and discriminated against by medical professionals. James Marion Sims, “the father of modern gynecology,” practiced many of his experimental surgeries on enslaved women without anesthetics during the nineteenth century.¹¹ African American women were one of the most targeted populations for forced sterilizations in the twentieth century, especially in the state of North Carolina. North Carolina was among one of the first states to include reproductive technology into its public health and welfare programs and had one of the most active state sterilization programs. North Carolina was also one of the first states to enact a voluntary sterilization law in 1960. These laws provided the state with the ability to sterilize those who were perceived as feeble-minded, with African American welfare recipients being one of the groups coerced into sterilization on this basis.¹² The percentage of African American state-sterilized patients in North Carolina increased tremendously throughout the twentieth century, from 23% in the 1930s-1940s, to 59% between 1958 and 1960, and then 64% between 1964 and 1966.¹³

Several African American women spoke out and fought against coerced sterilization. One woman who discussed her experience with involuntary sterilization was a renowned Civil Rights leader, Fannie Lou Hamer. Hamer used her leadership to discuss the sterilization of other African American women. Hamer was born into a poor family of sharecroppers and only achieved a sixth-grade education.¹⁴ She was involuntarily sterilized in 1961 after she went to the hospital to have a cyst removed, an event that would affect her for the rest of her life.¹⁵ At a public hearing in Washington D.C., Hamer protested a 1964 Mississippi sterilization bill and argued that it would target African American women. She mentioned an experience she had when visiting the North Sunflower County Hospital in Mississippi. She said that six out of ten of the women sterilized by tubal ligation were African American and that the fines and punishments enacted under the sterilization bill are already enforced on single and

¹⁰ *Buck v. Bell*, (1927).

¹¹ Prather et al., “Racism,” 249-259.

¹² Johanna Schoen, *Choice and Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare*, Chapel Hill: The University of North Carolina Press, 2005, EBSCOHost.

¹³ Schoen, *Choice and Coercion*, 108.

¹⁴ Benjamin L. Hooks, “A Tribute to Fannie Lou Hamer,” *The Carolina Times*, Apr. 23, 1977, 4. Newspapers.digitalnc.org.

¹⁵ Hooks, “A Tribute.”

married African American women.¹⁶ Hamer understood that sterilization was an issue that disproportionately affected African American women and used her influence in the Civil Rights Movement to bring awareness to it.

Other black women who were victims of sterilization also spoke about their experiences and sought legislative justice. The coerced sterilization of twelve-year-old Minnie Lee Relf and fourteen-year-old Mary Alice Relf was one that garnered much media attention in Montgomery, Alabama. Alabama permitted voluntary sterilization for adults and court-approved sterilization for the mentally incompetent. Alabama also permitted parental approval for children's surgery, although this does not specify sterilization.¹⁷ The girls' mother, Minnie Relf, was illiterate and believed she was authorizing birth control shots for her daughters when she signed "X" on a surgical consent form brought to Relf's apartment by two nurses from the local family planning clinic.¹⁸ The Southern Poverty Law Center filed a lawsuit on behalf of the Relf sisters in 1973 and exposed how sterilization abuse funded by the federal government had been practiced for decades. The district court found that between 100,000 to 150,000 poor people were sterilized annually under federally-funded programs, and others were coerced into consenting to sterilization under the threats by doctors to terminate their welfare benefits if they denied the procedure.¹⁹ The District Court in *Relf v. Weinberger* declared that certain sterilization regulations of The Department of Health, Education, and Welfare were "arbitrary and unreasonable" and prohibited the use of federal funding for involuntary sterilizations and to threaten women on welfare with the loss of their benefits.²⁰ Countless other African American women were victims of forced and coerced sterilization in the United States, especially in the South. Much of this coercion was motivated by racism against African American women because white society perceived them to be threats.

Other groups that were targets of sterilization due to ethnicity were Latina and Puerto Rican women. Latinos have always struggled to be accepted by white America. The language barrier, difference in religion, immigration rate, and cultural contrast between whites and Latinos have contributed to this. All of these differences resulted in xenophobic beliefs and status anxiety by whites against Latinos. Like African

¹⁶ Chana Kai Lee, "Anger, Memory, and Personal Power: Fannie Lou Hamer and Civil Rights Leadership," in *Sisters in the Struggle: African American Women in the Civil Rights-Black Power Movement*, edited by Collier-Thomas Bettye and Franklin V. P., 139-70. New York: NYU Press, 2001. JSTOR.

¹⁷ Ayres B, Drummond, Jr., "Exploring Motives and Methods," *The New York Times*, Jul. 8, 1973, accessed May 2, 2020, <https://nytimes.com/1973/07/08/archives/exploring-motives-and-methods-the-nation-sterilizing-the-poor.html>.

¹⁸ Drummond.

¹⁹ "*Relf v. Weinberger*," Southern Poverty Law Center, accessed May 2, 2020, <https://splcenter.org/seeking-justice/case-docket/relf-v-weinberger>.

²⁰ "*Relf v. Weinberger*."

Americans, Latina and Puerto Rican women were victims of coerced and involuntary eugenic sterilization in the United States and Puerto Rico throughout the twentieth century, lasting until the late 1970s.

Puerto Rico had some of the highest sterilization rates of women in the twentieth century. The island has had a long history of reproductive regulation, which tied to ideas of female “decency.” These ideals were introduced during Spanish colonization and were upheld with US colonialism on the island.²¹ The first birth control organization in Puerto Rico was formed in 1925, and in 1935, the Maternal and Child Association was established. The Maternal and Child Association was primarily formed by Clark Gamble. He was an active member of the Sterilization League of New Jersey and promoted sterilization as a way to control undesirable population traits.²² The Puerto Rico Legislature legalized sterilization in 1937 for health reasons, but government officials and doctors encouraged poor people into consenting to the procedure.²³ By 1946, 6.5 percent of Puerto Rican women had been sterilized by government hospitals and private clinics. By 1953, almost 17 percent (one-fifth) of Puerto Rican women were sterilized.²⁴ By the 1960s, these sterilization efforts led to the tubal ligation of about one-third of Puertorriquenas.²⁵

Moreover, eugenic sterilization, often referred to as *la operacion* (the operation), also affected Puertorriquenas living on mainland United States. One such woman was Esperanza, a Puerto Rican woman living in Hartford, Connecticut. Esperanza went to her doctor to ask about birth control, and her doctor suggested a tubal ligation; he chose not to inform Esperanza that her tubal ligation would be permanent.²⁶ He stated that if he tied her fallopian tubes, the tie would simply become undone after five years and allow her to conceive children naturally.²⁷ Esperanza, like many other women, believed that a tubal ligation could be easily reversed, and was coerced into consenting the operation under these false pretenses.

Other Latina women were also victims of high sterilization rates in twentieth-century America. The majority of the forced sterilization cases against Latina women were in the state of California. Sterilization in California was described as a means to

²¹ Alexandra Minna Stern, “Sterilization,” in *Keywords for Latina/o Studies*, edited by Vargas Deborah R., Mirabal Nancy Raquel, and La Fountain-Stokes Lawrence, 217-20, New York: NYU Press, 2017, JSTOR.

²² Maribel Garcia-Soto, “Puerto Rico Suffers Sterilization Project,” *The USCF Student Newspaper*, Mar. 6, 1986, accessed May 3, 2020, California Digital Newspaper Collection.

²³ Garcia-Soto, “Puerto Rico Suffers.”

²⁴ Iris Lopez, “The Birth Control Movement in Puerto Rico,” in *Matters of Choice: Puerto Rican Women’s Struggle for Reproductive Freedom*, 3-19, New Jersey: Rutgers University Press, 2008, JSTOR.

²⁵ Stern, “Sterilization,” 218.

²⁶ Annette Fuentes, “They Call it La Operación,” *New Internationalist*, Oct. 5, 1987, accessed May 3, 2020. <https://newint.org/features/1987/10/05/call>.

²⁷ Fuentes, “La Operación.”

breed out undesirable genetics from the population and fortify the state.²⁸ Latina women in California were sterilized at 59 percent higher rates than non-Latinas.²⁹ In their medical records, doctors who performed sterilizations would label Latinas as “sex delinquents.”³⁰ California politicians and their supporters believed that Mexican immigrants and Mexican Americans were “immigrants of an undesirable type,” Latinas were considered to be “hyper fertile,” and Latino children were unwanted “anchor babies.”³¹ All of these pervasive eugenic and xenophobic beliefs contributed towards the extremely high sterilization rate of Latina women in California.

Many Latinas and Puertorriquenas protested this mass sterilization in different ways. One notable figure that arose in the anti-sterilization movement was Doctora Helen Rodriguez-Trias, pediatrician, educator, and women’s rights activist. Doctora Rodriguez-Trias saw how many Puertorriquenas, African American, Native American, and other minority women were affected by involuntary sterilization and medical discrimination, and chose to help them. She helped create both the Committee to End Sterilization Abuse (CESA) and the Committee for Abortion Rights and Against Sterilization Abuse, which were both essential in creating federal sterilization guidelines in 1979.³² After she gave a speech against forced sterilization at a Boston Conference in 1974, she mentioned how she received a lot of push-back from white women who were seeking a sterilization procedure from their private doctors and wanted to reduce the waiting period and restrictions for the operation.³³ She came to the realization that: “While young white middle-class women were denied their requests for sterilization, low income women of certain ethnicity were misled or coerced into them.”³⁴ This situation made her understand that the realities of white women and women of color were very different. Doctora Rodriguez-Trias also discussed how minority women could be coerced into consenting to sterilization due to her living situation and other factors. In a 1978 testimony by Doctora Rodriguez-Trias to CESA, she states: “The lack of employment opportunities, education, daycare, decent housing, adequate medical care, safe effective contraception and access to abortion create an

²⁸ Alexandra Minna Stern, “Sterilized in the Name of Public Health: Race, Immigration, and Reproductive Control in Modern California.” *American Journal of Public Health* vol. 95,7. 2005. Accessed May 3, 2020. <https://doi.org/10.2105/AJPH.2004.041608>.

²⁹ Nicole L Novak and Natalie Lira, “California Once Targeted Latinas for Forced Sterilization,” *Smithsonian Magazine*, Mar. 22, 2018, accessed May 3, 2020, <https://smithsonianmag.com/history/california-targeted-latinas-forced-sterilization-180968567/>.

³⁰ Novak and Lira.

³¹ Novak and Lira.

³² Joyce Wilcox, “The Face of Women's Health: Helen Rodriguez-Trias,” *American Journal of Public Health* 92, no. 4, 2002, <https://ajph.aphapublications.org/doi/full/10.2105/AJPH.92.4.566>.

³³ Wilcox.

³⁴ Wilcox.

atmosphere of subtle coercion.³⁵ Doctora Helen Rodríguez-Trias was essential in helping victims of coerced sterilization and fighting for their rights.

Mexican American women (Chicanas) in California also decided to seek legal justice after facing abuse. In the now-famous 1975 case, *Madrigal v. Quilligan*, ten Chicanas filed a class-action lawsuit against physicians at a University of Southern California Los Angeles County Medical Center for sterilizing them without their knowledge or informed consent.³⁶ Like *Relf v. Weinberger*, *Madrigal v. Quilligan* served to raise awareness for the issue of coerced and involuntary sterilizations to the public. The women involved in this case expressed their grief and anger with having their fertility taken away from them. In an interview with the *L.A. Times*, one of the women involved in *Madrigal v. Quilligan*, Consuelo Hermosillo, describes her sterilization. Hermosillo was twenty-three and in labor with her third child with her husband present. As she sat in pain, she was handed sterilization papers as one woman told her in Spanish: “You better sign those papers or your baby is going to die.”³⁷ Hermosillo did not want to sign the papers, she wanted to consult her husband first, but she would not be seen until she signed them.³⁸ Several other women were ashamed of their sterilization and kept it a secret from their friends and family. Other women recalled the confusion of translating the term “tying tubes” in Spanish, which led them to believe the sterilization could be reversed at a later time, and their physicians made no attempts to inform them of the permanency of the operation.³⁹ One woman, Elen Orozco, was told that her hernia would not be repaired if she did not consent to sterilization; she refused repeatedly, but eventually gave in.⁴⁰ The judge in *Madrigal v. Quilligan*, Jesse Curtis, acknowledged that these women suffered “severe emotional and physical stress” from the operations, but refused to blame the physicians for a “breakdown in communication.”⁴¹ Although the plaintiffs lost, *Madrigal v. Quilligan* resulted in progress against sterilization abuse. This case resulted in bilingual sterilization consent forms, a 72-hour waiting period between consent and operation, a near moratorium on patients younger than 21 years of age, and a signed consent statement with an acknowledgment that welfare benefits would not be denied if a patient refused to consent.⁴² The stories of all these women are unique;

³⁵ Helen Rodríguez-Trías, “Testimony of Helen Rodríguez-Trías on Proposed Rules Governing Federal Financial Participation in Sterilizations,” in *Helen Rodríguez-Trías Papers, 1929-2002*, New York: Center for Puerto Rican Studies Library & Archives, Jan. 17, 1978.

³⁶ Rebecca M. Kluchin, “Locating the Voices of the Sterilized,” *The Public Historian* 29, no. 3 (2007): 131-44, JSTOR.

³⁷ Tre’vell Anderson, “‘No Más Bebés’ Revives 1975 Forced Sterilization Lawsuit in L.A.,” *L.A. Times*, Jun. 12, 2015, accessed May 7, 2020, <https://latimes.com/entertainment/movies/la-et-laff-no-mas-bebes-20150612-story.html>.

³⁸ Anderson, “‘No Más Bebés’.”

³⁹ Kluchin, “Locating the Voices.”

⁴⁰ Kluchin.

⁴¹ Stern, “Sterilized in the Name of Public Health.”

⁴² Stern.

however, each was coerced and forced into giving their consent to the procedure without being told the effects of it. They were all victims of having their human rights revoked under eugenic laws and stereotypes.

Along with African American and Latina women, Native American women also suffered a history of sterilization abuse. Native Americans have always struggled with racist and colonialist views and legislation that infringed upon their rights. Similar to Latinos, racism against Native Americans were fueled by language barriers and cultural and religious differences. The Indian Health Service agency began providing family planning services for Native Americans in 1965 and targeted Native Americans because of their high birth rate.⁴³ The 1970 census revealed that the average Native American woman bore 3.79 children, compared to 1.79 children for all median groups in the United States.⁴⁴ Certain Native American tribes had more children per average in 1970 compared to others, with Navajo women (3.72) and Apache women (4.01) having the highest.⁴⁵ Indian Health Service (IHS) was investigated by the Government Accounting Office (GAO) in 1976. The official report that was released stated that the Aberdeen, Albuquerque, Oklahoma City, and Phoenix areas were not in compliance with IHS regulations.⁴⁶ However, the GAO did not interview any patients to determine if they were fully informed before sterilization. This was due to the GAO's belief that it would be unproductive as a result of a study that noted a high level of inaccuracy in the recollection of patients four to six months after the procedure.⁴⁷ Overall, the GAO provided suggestions to IHS to expedite efforts to have a consent form providing full disclosure of information required by regulations, provide training to staff to fully understand requirements for the sterilization of those under 21 and mentally incompetent people and obtaining informed consent, include provisions to ensure non-IHS contractors comply with regulations, and to develop monitoring procedures to assure contracted staff is in compliance with regulations.⁴⁸ The lack of testimonials by Native American women shows that the US government treated their pain and experiences with contempt.

In a 1977 televised interview for the *Woman* series on WNED, two indigenous women discuss the issues affecting Native American women. The two women, Marie Sanchez, chief judge of the Northern Cheyenne Tribe, and Doctor Connie Uri, Choctaw Cherokee, discuss the issue of Native American forced sterilization. In 1972, Doctor

⁴³ Jane Lawrence, "The Indian Health Service and the Sterilization of Native American Women," *American Indian Quarterly* 24, no. 3 (2000): 400-19, JSTOR.

⁴⁴ Lawrence, 402.

⁴⁵ Lawrence, 403.

⁴⁶ "HRD-77-3 Investigation of Allegations Concerning Indian Health Service," Government Accounting Office, Washington, D.C., 1976, <https://www.gao.gov/assets/120/117355.pdf>.

⁴⁷ "Investigation of Allegations," 4.

⁴⁸ "Investigation of Allegations," 5.

Connie Uri began to document cases of Native American forced sterilization and was one of the first people to expose these instances against Native American women by The Indian Health Service. Her first case was a woman who underwent a complete hysterectomy at the age of twenty after her physicians claimed she had a drinking problem and was neglecting her children. This same woman at age twenty-six approached Doctor Uri after resolving her drinking problem and desired a womb transplant. Doctor Uri said that she knew women at the age of twenty do not undergo complete hysterectomies unless diagnosed with cancer, have an uncontrolled hemorrhage, or as an elective procedure. She knew this had been done to stop pregnancies and documented these cases.⁴⁹ Doctor Uri states that it is difficult to find statistical figures on the rate of sterilization because many Native Americans depend on staying hidden for survival, but claims through her studies that twenty-five percent of Native American women are sterilized.⁵⁰ Marie Sanchez states that in her Cheyenne village, Lame Deer, it took her one week to find twenty-six women who were sterilized. She found this to be alarming because, at the time, there were only 23,000 Cheyennes total.⁵¹ Sanchez describes one woman in her tribe who saw a physician for frequent headaches and was coerced into a tubal ligation. Marie Sanchez strongly believes these forced sterilizations are a result of the desire by whites to keep the Native American population down.⁵²

The sterilization of Native American women affected their descendants and their tribes for generations. In an interview with Rewire News, Jean Whitehorse, a Navajo woman and a victim of coerced sterilization, discusses the long-term consequences of forced sterilization. Jean discovered that her old Navajo name from her grandmother had meant “many children.” This event reminded Whitehorse of her coerced sterilization by the Indian Health Service in the 1970s.⁵³ Whitehorse entered an IHS hospital in Gallup, New Mexico during an acute appendicitis attack and later discovered that her doctors performed a tubal ligation during the surgery. She recalls being in so much pain when she went into the hospital and being given so many papers to sign without any explanation, that Whitehorse did not know she had permitted them to sterilize her.⁵⁴ She grieves her inability to live up to her Navajo name and that the government took this experience from her. Sterilization especially affected Navajo natives because wealth in Navajo culture is determined by the number of children one

⁴⁹ “Woman; 442; Concerns of American Indian Women,” filmed Apr. 15, 1977 at WNED, Boston, MA and Washington, DC. American Archive of Public Broadcasting (WGBH and the Library of Congress), accessed May 9, 2020, <http://americanarchive.org/catalog/cpb-aacip-81-67wm3fxh>.

⁵⁰ “Woman,” WNED, 4:19.

⁵¹ “Woman,” WNED, 5:47.

⁵² “Woman,” WNED, 8:41.

⁵³ Mary Annette Pember, “‘Ama’ and the Legacy of Sterilization in Indian Country,” Rewire.News, Mar. 15, 2018, <https://rewire.news/article/2018/03/15/ama-legacy-sterilization-indian-country/>.

⁵⁴ Pember, “Ama.”

has.⁵⁵ The IHS has never formally issued an apology to the victims of sterilization abuse. Whitehorse's experience is only one of many instances of coerced sterilizations that devastated the Navajo community, among several other Native communities.

Racism and eugenic beliefs perpetuated coerced and involuntary sterilization against women of color, especially African Americans, Latinas, and Native Americans. These groups of women were often targeted as a way to reduce their population and limit their childbearing abilities. These sterilization procedures began in the early twentieth century with the Birth Control Movement and continued until the late 1970s after several thousand had already suffered sterilization abuse. Many women were sterilized when they entered hospitals and clinics for other medical issues and did not discover they had been sterilized until much later. Other women were coerced into sterilization through false information told to them by their physician. Above all, these American women were targeted due to their race and ethnicity, and reproductive and human rights had been violated for generations.

⁵⁵ Pember, "Ama."