Involuntary Sterilizations Continue:

Response to Irwin County Detention Center Allegations (Amenable)

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Immigrant Justice is Reproductive Justice

SisterSong defines Reproductive Justice as the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.
In September of 2020, a nurse working at the Irwin County Detention Center (ICDC) in Ocilla, Georgia under Immigration and Customs Enforcement contract came forward with allegations of higher rates of hysterectomies performed on detained women, along with other concerns of medical neglect. Multiple detained immigrant women from the detention center claimed that the doctors and staff who did not speak Spanish did not use translator’s services offered by the facility to communicate medical information where interpretation was needed and requested. According to an interview with Nurse Dawn Wooten, everyone who saw a particular doctor at the facility would receive a hysterectomy. A complaint was filed jointly by Project South, Georgia Detention Watch, Georgia Latino Alliance for Human Rights, and South Georgia Immigrant Support Network, detailing the accounts of Ms. Wooten, a protected whistleblower.

The concerns detailed the following:

- Refusal to test detained immigrants for COVID-19 who have been exposed to the virus and are symptomatic
- Shredding of medical requests submitted by detained immigrants, and fabricating medical records
- The rate at which hysterectomies are performed on immigrant women under ICE custody at ICDC
- Careless actions taken by ICDC management allowing employees to work while they are symptomatic and hiding information from employees and detained immigrants about who has tested positive for COVID-19
- Negligent actions by ICDC to comply with public health guidelines set by the Centers for Disease Control and Prevention by maintaining unsanitary conditions and continuously allowing transfers of detained immigrants, even those who have tested positive for COVID-19, and punishing immigrants with solitary confinement when they speak out against these injustices.
As this story sheds light on the occurrence of hysterectomies on detained individuals, the history of forced sterilization must be reviewed. While it is easy to think of the incident at Irwin Detention Center as an isolated incident, it is not. The United States, unfortunately, has a long history of forced sterilizations—particularly being utilized against communities of color.

Forced sterilization refers to the process by which government mandated programs bring about the sterilization of people. This is often done without their consent and in some instances, without their knowledge.\(^3\)

Along with the introduction of gynecology and other scientific practices came the rise of forced sterilization. Eugenics, a term coined in 1883 by Francis Galton, is the study of how to arrange human reproduction in a way in which desirable traits and characteristics are more likely to occur.\(^4\)

Eugenics has a racist and ableist history. With the rise of Eugenics beliefs, states began passing laws that allowed forced sterilization of people within the state’s care, i.e., those incarcerated or in mental hospitals. Forced sterilization became the norm when it came to “treating” patients who were perceived as
“insane” or “idiotic.” By the 1930s, 30 states which passed similar sterilization laws expanded their reach to include those suffering with alcoholism or drug addiction. These laws and agencies systematically discriminated against individuals deemed “unfit”, most often targeting immigrants, Black women, the poor, the incarcerated, and the disabled. As outliers, California and Virginia even used forced sterilization as a population control tactic on people with disabilities, specifically the blind and deaf. Within the 20th century alone, over 70,000 people were sterilized. The United States came to be known as a leader in Eugenics so much so that it's practice in the states went on to influence the Nazis in Germany.

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Forced sterilizations were used to control populations of people. In 1965, a survey conducted in Puerto Rico found that about half of all Puerto Rican mothers, aged 20-49 were sterilized and half of the women sterilized did not know that the procedure (via tubular ligation) was permanent. The sterilizations occurred because of concerns of overpopulation (which is now known as a dog whistle for racist ideology). In the 1960s and 1970s in New York, sterilization was used as an incentive for individuals to receive public benefits; in California, forced sterilizations were performed on many Mexican-Americans without their consent. With the criminalization of immigrants came the use of sterilization to control the population of immigrant communities.

When it came to Black women, sterilization rates rose during the period of desegregation. Fannie Lou Hamer, a civil rights activist during this time period was sterilized without her knowledge and consent when she agreed to a procedure to remove a tumor. From 1950 to 1966, Black women were sterilized at more than three times the rate of white women and more than twelve times the rate of white men.
Considering Indigenous persons to these colonized lands, Native women were subjected to the practice of forced sterilization for generations under the guise of “family planning services.” As many as 35% of Native women between the ages of 15-44 were sterilized by the 1970s.

Forced and involuntary sterilization is a long standing practice that has become a modern problem. Prior to the incident at the Irwin County Detention Center, as recently as 2010, a report published in 2013 found that between 1997 and 2010, approximately 1400 women were sterilized in California prisons.

Claims of involuntary sterilizations on detained immigrant women at ICDC is by no means shocking given the history of forced sterilizations on minority populations. When it comes to immigrants, they have experienced demonization as of late. Between the insistence that undocumented people are “illegal” and President Trump’s comments about certain subsets of immigrant populations (in particular, referring to Mexicans as “rapists” and criminals), there has been vitriol towards undocumented immigrants.

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Dawn Wooten is a licensed practical nurse (LPN) and mother. Like most people she worked a regular job, usually a 12-hour shift, most recently at Irwin County Detention Center. She worked at this facility off-and-on over the years as a “Medication Nurse” and was regarded as the nurse detainees felt comfortable to speak with. She is a single mother, proud nurse, and was taught to “treat others as you want to be treated.”

She did not seek to be a “whistleblower”, garnering national attention of the allegations that shed light on unsanitary conditions, lack of protection against COVID-19 virus for detainees and staff, and accounts of forced sterilization by hysterectomy from ICE-detained immigrant women. They called him the “uterus collector”, as was mentioned to Nurse Wooten regarding the doctor who performed the surgery.

A whistleblower is one who reports an employer’s wrongdoing that “violates public law or tends to injure a considerable number of people.” Throughout history, whistleblowers have brought light to egregious acts often categorized as fraud, waste, or abuse. The result for the whistleblower is noted as a “career-limiting phenomenon” making it difficult to continue in the same line of work. The Whistleblower Protections Enhancement Act provides protection to Federal employees who report violations, but these protections do not extend to private employers. Despite promised protection, individuals have continued to brave criticism, risk safety and job security to report injustice and misconduct in the workplace.
All patients should have the right to be part of the decision-making process as it relates to their health. This is especially true for those receiving services for reproductive health. Everyone has the right to decide if and when to have children. Taking away a patient’s choice to reproduce is appalling, unethical, and should not be taken lightly. It is impossible for practitioners to provide quality care without giving choice.

A hysterectomy is a surgical procedure in which the uterus of the patient is removed. This form of sterilization results in a patient no longer having the ability to become pregnant. Hysterectomies are performed to treat a number of conditions, including uterine fibroids, chronic pain, and gynecologic cancer. As with any surgery, there are risks to receiving a hysterectomy (i.e. fever, infection, injury).

Forced sterilization of patients without their knowledge or consent is not only unethical, but goes against the hippocratic oath of doing no harm. The use of sterilization was used as a form of birth control, particularly for underserved Black women. Civil Rights Activist Fannie Lou Hamer coined the term “Mississippi Appendectomy” referring to women expecting a medical procedure and instead experiencing involuntary sterilization, at times with no knowledge.

Recently, the American College of Obstetricians and Gynecologists (ACOG) called for an immediate investigation into reports of forced hysterectomies, unsafe and unsanitary conditions, and denial of care at the ICE Immigration Detention facility. They state that these alleged actions are a form of reproductive coercion and that too often incarcerated individuals and people of color are affected.
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Former patients and colleagues of the accused doctor have been very vocal in their defense of him. They assert that because he was a wonderful doctor during their pregnancy with great bedside manner, it is not possible that he would have done the things he is being accused of. However, this notion ignores the reality of eugenics in this country. Patients that are documented citizens of the United States have the privilege of not worrying about their reproductive rights being violated due to their immigration status. Practices like forced hysterectomies have been used as a tool of discrimination of bias that primarily affects patients of color, immigrants, and patients with disabilities. As such, these accusations should be taken seriously and be fully investigated. No matter, history has shown us bodily autonomy should be paramount in medical practices and doctors must uphold “do no harm.”
The legal framework which allowed for the forced sterilization of individuals without their consent was laid down in the *Buck v. Bell* decision.

In 1927, the Supreme Court ruled in a controversial landmark case, *Buck v. Bell*. *Buck v. Bell* was brought by the Superintendent of the State Colony for Epileptics and Feeble Minded and he wanted the court’s consent to sterilize an 18 year old woman in the state’s custody named Carrie Buck. Carrie was said to have the mental age of a young child and due to her status as someone of “feeble mind” (i.e., slow or mentally challenged), the court ruled in favor of the Superintendent and allowed the sterilization to take place. The court seemed to focus on the fact that Carrie was “feeble-minded”, and her family had a history of being “feeble-minded”. The court emphasized the fact that Carrie would not be able to provide for a child due to her disability and that the responsibility for any children would fall on the state and on society. They talked down on disabled people and discussed how they “sap the strength of the state for their lesser sacrifices.” The decision highlighted eugenics talking points and beliefs that stopping specific groups of people from being able to reproduce is for the greater good of society.

Following the *Buck v. Bell* case the law was and still is to this day, that federal law prohibits federal funds from being used for sterilizations of incarcerated women. However, state funds can be used if certain procedures are met.

While *Buck v. Bell* has not been overturned, most similar state statutes have been overturned. However, this hasn’t stopped the practice from still occurring or its reasoning from still being used by doctors who have committed these practices. Dr. James Heinrich, who performed tubal ligations of women in prisons, stated that this practice saved the state money because his involuntary clients were likely to have “unwanted children as they procreated more.”

For more contemporary examples of forced sterilization cases, one must simply look to the *Madrigal v. Quilligan* and *Relf v. Weinberger* cases.

*Madrigal v. Quilligan* was the case filed by ten plaintiffs against USC/LA county hospital for forced sterilizations. The plaintiffs were all Latinx women and argued the doctors used their lack of understanding of English to not fully explain medical procedure and gained informed consent.
Many of the women were not told the truth about the procedure which would be performed and were misled by doctors who told them the procedure would be beneficial for their health.  

The case came to a head in 1978 when the court ruled that the case was a result of a misunderstanding. They found that the doctors did not act maliciously and did not intentionally misinform the women about the procedure. While the case was technically a loss for the plaintiffs, some beneficial policies came about because of this case. As a result of Madrigal v. Quilligan, the state law changed to require Spanish translations in booklets on sterilizations. They were also able to bring about a 72 waiting period for the procedures. This case came to be known as the No Más Bebés case. No Más Bebés is a documentary on this case that covers the stories of the immigrant women who were tricked into sterilizations in California in the 1960s and 1970s.  

Relf v. Weinberger was a case which took place in 1974 in Alabama. It involved the forced sterilization of two young Black girls, who were 12 and 14 respectively, at the time. Because of their mental disabilities and the fact that they lived in poverty and relied on government assistance, the girls were targeted first for birth control.
and then for sterilization. In 1973, two social workers visited the Relf residence who were concerned about young boys hanging around the two girls. Their mother was convinced to take them to the hospital and give consent for what she was told was birth control for her daughters, signing with an “X”. Mrs. Relf was illiterate and relied on what she was told by the Montgomery community workers. The defendants were found to have denied the Relf sisters of the most fundamental rights, the right of procreation and it was found that they used federal funds to do so. The case resulted in a ban on federal funds being used to fund forced sterilizations. ⁰⁵

Oppression through Reproductive Healthcare

The complaint presented by Project South regarding conditions at the Irwin Detention Center details accusations of unsanitary conditions, lack of protective equipment to prevent viral transmission for detainees and staff, and accounts of forced sterilization by hysterectomy from detained individuals.

Accounts of involuntary sterilization in ICE, state, and federal facilities are not uncommon. In a recent documentary, Belly of the Beast, Kelli Dillion recounts her traumatic experience of receiving a non-consensual sterilization in prison at the age of 24. She was able to reach advocates who helped her form a case against the prison. ⁰⁷ She later testified in front of the California Legislature to support the passing of a law to ban the sterilization of prisoners as a form of birth control. ⁰⁸ Also in California, 140 women were sterilized between 2006 and 2010 in state custody. ⁰⁹ Since the release of the Belly of the Beast documentary California approved reparations for survivors of forced sterilization. Survivors of state-sponsored sterilization can apply for compensation through the California Victim Compensation Board in January 2022.

According to the U.S. Immigration and Customs Enforcement (ICE) Performance-Based National Detention Standards (PBNDS) 2011 on Medical Care for Women, “Female detainees shall receive routine, age appropriate gynecological and obstetrical health care, consistent with recognized community guidelines for women’s health services.” ¹⁰ The standard continues to address ICE guidelines for levels of contracted and subcontracted facilities, except for U.S. Marshals Service (USMS) Intergovernmental Agreements (IGAs) of which ICE is as a party and were likely established before ICE Detention Standards. ¹¹ Despite PBNDS 2011, ICE-contracted detention centers have a history of accusations of unsanitary living conditions, inadequate medical care, sexual abuse, and deaths under ICE supervision. ¹²
State Actions Against ICE Detention Centers

As public scrutiny and allegations of abuse in ICE detention centers come to light over the last few years, cities with ICE-contracted facilities have pushed for non-renewal and banning ICE altogether in local communities. In 2019, Williamson County, Texas ended a contract with a local detention center where more than 500 immigrant women were detained. This was in response to sexual abuse allegations and family separation policies. Advocates pushed for detainees to be released and not transferred to other facilities.

In 2018, Atlanta Mayor Kiesha Lance Bottoms signed an executive order to end its relationship with ICE and no longer hold detainees within the city facilities. Cities and local leaders that enact legislation, guidance, or orders to limit immigration detention or intervention are commonly known as Sanctuary Cities. These cities experienced threats to lose vital federal funding for reducing immigration interventions in efforts to support those without legal status to come forward if they see or are a victim of a crime. Local ordinances or action against ICE and immigration are limited to the jurisdiction only.

The Tuskegee Syphilis Study took place from 1932 through 1972. The original purpose of the study was to understand the progression of syphilis among the Black community of Tuskegee, Alabama. The United Public Health Service conducted the study and enrolled 600 Black men, 399 with syphilis and 201 controls. This was filled with ethical violations including patients not being told of their syphilis diagnosis and no informed consent. Worst of all, when penicillin became available in 1947 as a treatment for syphilis, enrollees were not offered the option of treatment. Twenty-eight enrollees died of syphilis, and the results affected their families and communities because the government allowed uncontrolled syphilis to run rampant. Forty wives were infected and nineteen children were born with congenital syphilis.

A doctor draws blood from one of the Tuskegee test subjects
Shut Down the Irwin Detention Center

One potential solution to this problem would be to shut down Irwin Detention Center. Shutting down Irwin Detention Center is a first step in a long-term plan to stop Immigration and Customs Enforcement (ICE) from further tearing apart families and removing people from the United States. While shutting down Irwin would not reverse the hysterectomies it would guarantee that no one else is sterilized without their consent at Irwin detention center.

SisterSong is one of the organizations who filed the Freedom of Information Act (FOIA) request on September 1st, 2021 with frontline communities and advocates seeking government records regarding public officials’ timeline for ending ICE operations at the Irwin County Detention Center (ICDC). Three months after ICE first announced plans to end its contract with the facility, 100 people remain caged in ICE custody, and others continue to be transferred to equally inhumane immigrant detention centers rather than released to their families. Groups mentioned partnered with SisterSong: Black Alliance for Just Immigration, Community Estrella, Detention Watch Network, Government Accountability Project, Innovation Law Lab, Migrant Equity Southeast, and Somos South Georgia, and represented by the National Center for Law and Economic Justice and Sur Legal Collaborative. FOIA can be reviewed at www.sistersong.net.

SOLUTIONS

In coming up with solutions, the victims of the sterilizations should be centered. Their requests should be uplifted.
As of September 3, 2021, we are proud to say there are no immigrants detained at Irwin County Detention Center. Sur Legal Collaborative states, “This victory is bittersweet because the +/- 100 remaining detainees were not released, but instead transferred to other cages at Stewart and Folkston Detention Centers. A cage is a cage. All immigration detention—like all mass incarceration—is violent and racist. It’s time to #FreeThemAll.”

Photo from ICE Protest in Columbus, Ohio (9 July 2018), by Paul Becker.
Increase Accountability

There should be a system set in place to ensure that ICE is taking care of the people under their charge. If it had not been for the brave whistleblower that came forward, we may have never known that these alleged atrocities took place. It is critical that ICE be held accountable by a third-party body to ensure that immigrants’ rights are protected. This body needs to be independent to avoid corruption and conflicts of interest when addressing concerns. The board should be made up of professionals from the fields of healthcare, legal, social work, as well as immigrants from local communities. Similar efforts have been implemented to provide police oversight in the form of Civilian Review Boards.⁴³
There is no way to bring back what was lost. To these survivors, the ability to parent was taken away from them.

**Relief for Victims**

On a state and municipal level, local jurisdiction can take steps to claim responsibility for legal sterilizations that were executed under coercive or involuntary action. In North Carolina, the Office of Justice for Sterilization Victims serves to identify victims of forced sterilization under the State of North Carolina’s Eugenics Board program.\(^4^4\) The N.C. Justice for Sterilization Victims Foundation offers compensation to victims who were forcibly sterilized under state law.\(^4^5\) The program provides relief for victims during the years the law was active, 1929 to 1974. This example could be replicated to support detainees, incarcerated people, and sterilization victims in other states who were forcibly sterilized. The example in North Carolina provides relief to a finite number of people of whom are verified through medical records.\(^4^6\) Funding for such an undertaking can be significant. If local, state, and federal support actively seek remedy for victims, punitive measures should exist to deter the medical malpractice and compensation must be offered to alleviate strain from victims.

**Provide Pathways for Citizenship**

There is no way to bring back what was lost. To these survivors, the ability to parent was taken away from them. More than that, the ability to make basic decisions that fully actualized human beings make was stolen from them. Even though there is no way to make them “whole” again, the government should offer relief. Undocumented people are treated as second class citizens in many regards. They have had to struggle and dodge xenophobic attacks in order to get access to basic necessities like health care. One way to better the lives of the victims would be to provide an accelerated pathway to citizenship. **Granting citizenship would allow survivors the opportunity to access services and thrive in a country that has stolen so much from them. Putting their dreadful experiences in Irwin Detention Center behind them, the survivors could begin to heal with access to mental health services.**
The allegations against the ICDC and ICE uncover a history of inhumane conditions, a muddled and convoluted system that has the potential for nefarious behavior, and disregard for human and reproductive rights. The courage of whistleblowers in stonewalled institutions represent dissidence from the status quo of a toxic workplace environment and culture. We commend Dawn Wooten and all the parties that brought about the complaint that detail egregious actions by ICDC and demand accountability and dignified treatment of all people. This incident contributes to the crumbling system of immigration and further requires policymakers, advocates, and persons with lived experience to collaboratively dismantle and rebuild a system that aligns with the core values of the U.S; a place of opportunity for all. The collaborative efforts of reproductive justice and maternal health organizations to develop this issue brief and similar efforts is a product of valued conversation, strategic organizing, and fervor for equitable action that uplifts the struggle of populations that are systematically disenfranchised.
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