

Erasmus Mundus Master's Degree in Women's and Gender Studies

*Zeroed out: Reproductive Justice for Women of Color
held in immigrant detention in the U.S. The 2020 Irwin
County Detention Center case*

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Universidad de Granada

Submitted to Universiteit Utrecht, The Netherlands

2021



**UNIVERSIDAD
DE GRANADA**



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Abstract

The U.S. has a colonial and imperialist history of reproductive oppression towards women's bodies, sexuality, labor, reproduction, and parenting. Although feminist groups in the U.S. have advocated for decades to obtain the legalization of abortion, birth control, and the contraceptive pill, as part of the Pro-choice struggles, this movement has not considered other oppressions besides those experienced by white women, therefore, a Reproductive Justice framework is fundamental. Women of color in detention face several oppressions that do not allow them to have choices, nor rights.

Forced sterilization practices and medical abuses against different communities in the U.S. have been widely documented. Nevertheless, these practices continue to occur nowadays. Women of color in detention face multiple intersections of oppressions that drive them far from accessing justice, and the immigration detention system is responsible for countless human rights violations and structural violence.

The main questions that I seek to provide an answer for with this research are: to what extent is women of color's access to Reproductive Justice hindered by the structural violence embedded in the U.S. immigration detention system, allowing the continuation of forced sterilizations and other non-consensual abusive gynecological procedures, as for example those occurred in Irwin County Detention Center (ICDC) nowadays? And what strategies of resistance have taken non-governmental organizations (NGOs) and women of color against these abuses?

Resumen

Los Estados Unidos tienen un pasado histórico imperialista y colonial de opresiones reproductivas hacia los cuerpos, sexualidad, trabajo, reproducción y maternidad de las mujeres. Si bien las luchas feministas en ese país han incidido durante décadas para lograr la legalización del aborto y la llamada "píldora de emergencia", como parte del movimiento pro-elección (*pro-choice*), este movimiento no ha considerado otras opresiones más allá de aquellas experimentadas por mujeres blancas, por consiguiente, la justicia reproductiva es un marco fundamental. Las mujeres de color en detención enfrentan diversas opresiones que no les permiten elegir, ni hacer valer sus derechos.

Las prácticas de esterilización forzada y abusos médicos en contra de algunas comunidades en Estados Unidos han sido ampliamente documentadas. Sin embargo, estas prácticas continúan ocurriendo hoy en día. Las mujeres de color en detención enfrentan

múltiples opresiones interseccionales que les impiden acceder a la justicia, y el sistema de detención migratoria es responsable de incontables violaciones a los derechos humanos y violencia estructural.

Las preguntas a las que busco dar respuesta en esta investigación son: ¿en qué medida la violencia estructural incrustada en el sistema estadounidense de detención migratoria impide a las mujeres de color el acceso a la justicia reproductiva, permitiendo que continúen las esterilizaciones forzadas y otros abusos ginecológicos, como aquellos ocurridos en Irwin County Detention Center (ICDC) recientemente? Y ¿qué estrategias de resistencia han tomado organizaciones de sociedad civil y mujeres de color en contra de estos abusos?

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To my family—both given and chosen—for showing me love and
resistance beyond borders.

Introduction

The U.S. has a colonial and imperialist history of reproductive oppression towards the bodies, sexuality, labor, reproduction, and parenting of Native Americans, African Americans, Puerto Rican, Mexican Americans, and Latin Americans. (Silliman, et. al. 2016) Reproductive oppression against women of color¹ includes human experimentation; forced sterilizations; limited access to reproductive health and sex education; coercing the use of contraceptives; the establishment of family caps for beneficiaries of welfare policies; blockages to access abortion; amongst others. (Ross and Sollinger, 2017; Washington, 2008)

Although feminist groups in the U.S. have advocated for decades to obtain the legalization of abortion and accessing birth control, other needs and oppressions have been overlooked by mainstream feminism, ignoring the intersectional factors and oppressions that hinder women's opportunities to make their own choices and access reproductive health. Mainstream feminism has ignored how scientific progress—such as the development of medical instruments, birth control and contraceptive pills—was accomplished at the expense of women of color's bodies, identities, and communities. (Briggs, 2003; Washington, 2008).

Birth control has never been accessible to all, and it has been used against some. Most illegal abortions involved women of color as well as most of the resulting deaths. (Davis, 1982) At the beginning of the twentieth century, birth control was advocated by the American Eugenics Society “as a weapon to prevent the American people from being replaced by alien or Negro stock, whether it be by immigration or by overly high birth rates among others in this country.” (Davis, 1982) As Davis affirms, the birth control movement was diverted towards a racist strategy of population control. (1982)

In the 70s, abortions were assumed to provide an alternative for women to avoid poverty, disregarding the factors that made a better life unachievable for women, nor the conditions that made motherhood inaccessible for all. When birth control lost its federal funding in 1977 with the Hyde Amendment, many women of color had no resources to pay it for themselves, therefore they decided to access surgical sterilizations, which remained free. (Davis, 1982)

¹ I decided to use the umbrella term *Women of color*, since it goes beyond skin pigmentation or racial designation and instead makes a political claim in opposition to sexism, racism, and imperialism. This term was coined in 1977 at the National Women's Conference in Houston, Texas and it has been used since as an organizing principle against white supremacy in the U.S. (Silliman, 2016:38)

Historically, myths, stereotypes, and negative connotations have been attached to women of color's sexuality and motherhood. They have had to deal with racialized and misogynist discourses, with stereotypes such as the *welfare queen* and the *pregnant pilgrim* (Fixmer-Oraiz, 2019:67; Kluchin, 2009:78), as well as with the sexualization, exploitation, and abuse. Women have had to reclaim their bodies and self-determination. Their path to access sexual and reproductive rights has been marked differently than that of white women.

Undocumented immigrant and migrant origin women have been marked by these connotations while being vulnerable under immigrations laws.²The United States runs the world's largest immigration detention system. People detained await in prison-like facilities while their immigration status is solved, or until they are deported. Detention Centers are run by Immigration and Customs Enforcement (ICE), separating families, denying access to human rights (such as health and legal defense). In 2019 only, 510, 854 people were in detention. (Detention Watch Network).

Forced sterilizations and other gynecological abuses nowadays

Though I observe a tendency to consider forced sterilizations, and other reproductive oppressions a past phenomenon, they continue to occur worldwide in the twenty-first century. Most of the literature on the topic is connected to eugenics (and population control) explaining the practices performed in the U.S. on Native American Women; the origin and unfolding of eugenics in California; the practices applied by the Nazis in Germany; and the sterilizations and experiments in Puerto Rico, Canada, and Peru, to name only a few examples of this extensive practices. (Bashford, 2010)

In the U.S., forced sterilizations and other gynecological abuses are an ongoing systematic practice implemented mainly against poor women and women of color. Some of the factors that allow its continuation are eugenicist ideas, racism, xenophobia, governmental and private companies profiting, and corruption. Noncitizen women of color are especially vulnerable to this situation because of their immigration status in the

² The circumstances that can take one person to be vulnerable to detention and deportation are varied and I will not discuss them on this text. Immigration regulations are under constant change and differ from state to state. I use alternatively the terms *detained*, *held*, *immigrant*, *migrant*, *migrant origin*, and *noncitizen*, as an attempt to encompass the different scenarios that can make people vulnerable to immigrant detention and eventually deportation for some. Asylum seekers can be detained as well. Even though many of those held in detention centers have lived for decades in the U.S., and do not necessarily identify as immigrants, regulations continue to leave them vulnerable.

country, which under certain circumstances can lead to their detention and subsequent deportation. Detention hinders their access to support networks and information to fend for themselves. Inside detention centers, detained women often face language barriers, abuse of power, and systemic violence. (O'Toole, 2020)

In September 2020, in the middle of the COVID-19 pandemic, the Irwin County Detention Center (ICDC) in Ocilla, Georgia, U.S., was the center of an international scandal, when a former nurse blew the whistle on a series of life-threatening conditions inside the facility. The nurse stressed the lack of preventive measures to stop the spread of the virus, as well as what she claimed was an alarming number of gynecological procedures on detained women, which appeared to be unnecessary and nonconsensual. (Orecchio-Egresitz, 2020)

Since then, non-governmental organizations, advocates and lawyers are working with the survivors and witnesses of these practices to seek for justice and to prevent these abuses from continuing. Further, these advocates have oriented their efforts to show the flaws within immigration detention for many years and continue to fight for alternatives to detention. Despite being in a vulnerable situation, women are engaging in acts of individual and collective resistance to endure, survive and seek justice.

From an intersectional framework, reproductive justice stresses the need to see beyond the choice narrative. Reproductive justice underlines three core principles: 1) the right to have a child under the chosen conditions; 2) the right not to have a child; 3) the right to parent children in safe and healthy environments. (Ross, 2017:290) Reproductive justice fights the practices that limit the reproductive dignity of women's and marginalized communities. (Ross, 2017:291) According to Ross, amongst the public policies that need to be considered to analyze systematic reproductive oppressions are immigration restrictions and the prison-industrial complex. (Ross, 2017:292)

On this sense, the questions I will address in this research are: to what extent is women of color's access to Reproductive Justice hindered by the structural violence embedded in the U.S. immigration detention system, allowing the continuation of forced sterilizations and other non-consensual abusive gynecological procedures, as for example those occurred in Irwin County Detention Center (ICDC) nowadays? And what strategies of resistance have taken non-governmental organizations (NGOs) and women of color against these abuses?

As a final note before entering the first chapter, I wish to comment on my selection of the expression "*Zeroed out*" within the title of this research. Every person

held at ICDC can have funds on their Commissary account. These funds allow them to buy extra food, personal toiletry items and pay for other expenses. When a detainee's deportation is set to occur in the next twenty-four to forty-eight hours, their Commissary funds are emptied or *zeroed out* without further notice. (Class action lawsuit, 2020:30) Often, this is the way detainees find out about their upcoming deportation. I chose to use this expression to allude to the nullification of human rights and quashing of bodily autonomy that women held at detention centers are submitted to.

This thesis is divided in five chapters. The first one contains a historical overview to contextualize the case study; in the second chapter, I build the theoretical framework with which I will analyze the topic, revolving around three concepts: intersectionality, reproductive justice, and structural violence; for the third chapter I explain the thematic analysis I employed and how I gather the data from media articles and documents, and my experience in conducting semi-structured interviews with key informants. In the last two chapters, I contextualize the immigration detention system and the prison-to-deportation pipeline as well as the facts and context around the ICDC case, to finally account my findings and analyze them.

1. Historical overview³ on forced sterilizations, reproduction politics, eugenics, and population control in the U.S.

“The past is never dead. It’s not even past.”

William Faulkner

The practice of forced sterilizations is not a recent phenomenon in the U.S. I will briefly contextualize this practice, as well as reproductive politics within the feminist movement in the continental U.S.⁴ I seek to provide a grounding in connection with the case study that I will analyze in chapter five. Sterilizations have often been forced or coerced upon women,⁵ though at times they have been chosen voluntarily. When speaking about forced sterilizations, it is inevitable to enter the field of eugenics and population control as well.

1.1. Eugenics and population control

In 1883, Sir Francis Galton, a British statistician, and Charles Darwin’s cousin, coined the term *eugenics* by combining *eu* (meaning *good* or *well* from the Greek) with the root of *genesis* (to come into existing, to be born) with the modifying suffix *ics*. (Stern, 2016:11) Galton explained eugenics as “the science which deals with all influences that improve the inborn qualities of a race; also, with those that develop them to the utmost advantage.” (Galton, 1909:35) Later, the term *Dysgenics* was coined in 1915 by Caleb Saleeby to refer to a genetic deterioration that eugenics was supposed to correct. (Lynn, 1930:3)

In 1904, Galton distinguished among *positive* and *negative eugenics* explaining the capacity of eugenics to improve or impair the mental or physical racial qualities of future generations. (Diane, 1995:3-9) *Positive eugenics* implied the promotion of the reproduction of those seen as ‘fit’, while *negative eugenics* led to impede the reproduction

³ For a more comprehensive understanding, I recommend the reader to refer to historiographic works written on the matter, such as Dyck, Erika. *Facing eugenics: Reproduction, sterilization, and the politics of choice*. University of Toronto Press, 2013; Solinger, Rickie. *Beggars and Choosers: How the Politics of Choice Shapes Adoption, Abortion, and Welfare in the United States*. New York: Hill and Wang, 2001; Roberts, Dorothy. *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty*. New York: Pantheon Books, 1997.; Schoen, Johanna. *Choice & Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare*. Chapel Hill: University of North Carolina Press, 2005.

⁴ The name *continental United States* or *continental U.S.* refers to the 48 contiguous states that form the territory, without considering Alaska, Hawaii, Puerto Rico, or other U.S. territories. (Suh, Michael. 2010)

⁵ Go to the Appendix for clarification on the difference between forced and coerced sterilization.

or to euthanize the ‘unfit’.” (Stern, 2016:9) Despite its apparent opposition, both conceptions were entangled simultaneously within eugenic projects.

Through theories of heritage, eugenics aimed to stir reproductive practice, either preventing life by sterilization, contraception, segregation, or abortion; to modify life; to promote procreation by pronatalist interventions and infertility treatments; or to terminate life by directly eliminating the ‘unfit’ or by providing no-treatment to those in need. As Bashford and Levine mention, eugenics valued more some human lives than others, and its task was to manipulate and replace Natural Selection, justifying state interventions into people’s reproduction. (2010:4-5)

Eugenics interacted with welfare structures in the emerging of the modern nation state (Bashford & Levine, 2010:5) promoting the well-born in the expansion of their families, and prohibiting marriages and reproduction between those unworthy, such as those with disabilities and the sick. As pointed out by Bashford and Levine, “(...) eugenics was never *not* about race—but the objects of intervention, the subjects understood to be “polluting”, were often not racial outsiders, but marginalized insiders whose very existence threatened national and class ideals.” (2010:6) Institutionalized populations were particularly vulnerable. (2010:9) Issues such as health and welfare were assumed as the state’s responsibility. Rural populations, women, non-white, and the poor were likeliest to be affected by negative eugenics.

Many eugenicists were concerned on overpopulation, and while Thomas Malthus was not the first person to introduce the overpopulation myth, he has been the most influential. He imagined poverty as a natural effect of population increase, concealing other explanations, such as capitalism, racism and colonialism. (Wilson, 2012:71) His legacy would intertwine with eugenics, women’s emancipation, and birth control campaigns in a complex history that I only address superficially.

Thomas Malthus (1766-1834) was a British clergyman and economist. He published his *Essay on the Principle of Population* in 1798. He believed that unless restrained, human population would double every twenty-five years, resulting on a geometric growth beyond the capacity of our planet to provide food. While the population increased geometrically (1,2,4,8,16...), according to Malthus, food production would only increase arithmetically (1,2,3,4,5,6...), therefore humans would outnumber the earth capacity to provide nourishment. For Malthus, misery and vice were inescapable companions of overpopulation. (1798) He opposed Britain’s Poor Laws, a welfare

program for the poor, believing it would alter population's natural checks of disease and starvation whose function was to balance population growth. (Wilson, 2012:72)

Along with disease and starvation, poverty and the consequences of war were Malthus' *positive checks* that corrected an already increased population. *Preventive checks* were the ones that limited fertility, even though, Malthus was not an advocate for poor people to control their fertility. (Wilson, 2012:72)⁶ For Alison Bashford (2014), Malthus' views changed along the following editions of his 1798 essay, finally arguing that reason may interrupt the human instinct to procreate. (Malthus 1798, chap II) Carole McCann argues that Malthus advocated for premarital celibacy and late marriage. (2016:26) Neo-Malthusians agreed with Malthus but advocated for the use of other forms of birth control. Eugenists such as Galton himself, were wary of birth control, dreading this would lead to 'race suicide' by restraining the procreation of the 'fit'. Others, agreed on the use of birth control, especially, to restrain the reproduction of the 'unfit'. (Bashford & Levine, 2010:100)

Malthus was not against population growth. In fact, he believed that a rapid population increase was a sign that the *checks* on population were no longer necessary since there was enough sufficient access to room and food. He indicated the population increase in the U.S. as a sign of proper land use and overall moral society. Malthus, however, does not address the genocide that followed colonization. (1798, chap. VI) Bashford notes that within colonization, the land occupied by indigenous people was regarded as "waste" land, and was considered officially as unused, enabling legal reoccupation by the colonizers. (2014:36)

Some of Malthus' critics argued that he exaggerated population growth rates and that he had failed to account of the influence of technology in agriculture. Nevertheless, for Malthus, though food production could variate, population growth seemed limitless. Other critics argued that the problem was not the supply but the distribution, since the wealthier consumed a larger share of resources than the poorest. (Tobin, 2004:6) While neo-Malthusians argue that the effort to produce enough food to feed all the population is straining the environment, Betsy Hartmann⁷ argues that the exploitation of the planet

⁶ Alison Bashford considers Malthus' *checks* and connects them with Foucauldian biopolitics. (See McCann, 2016:31)

⁷ Hartmann, professor emerita of development studies in Hampshire College, writes non-fiction and fiction texts focusing on the intersections between population, migration, environment, and security issues.

resources has taken harmful paths, the problem is not originated by the need to feed more population, but on the way these procedures impact the planet. (2016:51)

Galton argued that eugenics should focus on limiting the individuals brought to the world to only those that could be properly cared for. (Bashford, 2014:241). However, there was a distinction between which populations were growing “too quickly”. Neo-Malthusians were the first major public advocates of birth control. (Hartmann, 2016) As Hartmann explains, “The early neo-Malthusians supported birth control as a means of improving the condition of the poor by limiting population growth; feminists and socialists believed it was a fundamental woman’s right; eugenicists embraced it as a way of influencing genetic quality.” (2016) There was of course an overlap between this groups and many shared beliefs across them. For many neo-Malthusians, neo-Malthusianism *was* eugenics. (Bashford, 2014:243, emphasis in original). John Maynard Keynes, Annie Besant, Margaret Sanger, and others found eugenics after their interest in Malthus and his ideas on population growth reduction. If population growth was to be reduced, who’s fertility should be restricted and who’s encouraged?

At a series of conferences and meetings organized by the neo-Malthusians, the relation between eugenics and the birth-control movement grew stronger. These meetings called the attention of fertility control advocates, where economic and biological arguments were used to advise for population control. Many journals and organizations were established in countries such as France, Belgium, United States, and India. It was through Indian neo-Malthusian’s publications that the American birth-control activist Margaret Sanger would first engage in eugenics and population control.

After the second world war, the critics against eugenics intensified, though, this didn’t mean the end of eugenics. After Hitler’s defeat, many eugenic organizations and state institutions rebranded themselves into the causes of demographics and population control to distance their work from the Nazi ideology (Wilson, 2012:81) Postwar eugenicists began placing more emphasis on individual choice and decision making under the umbrella of medical genetics. This rebranding of ideas was often quite explicit, as this quote from 1956 by the British Eugenics Society shows:

“The society should pursue eugenic ends, by less obvious means, that is by a policy of crypto-eugenics. The Society’s activities in crypto-eugenics should be pursued vigorously, and (...) the Society should increase its monetary support to the Family Planning Association and the International Planned Parenthood Federation.” (Quoted in Wilson, 2012:81)

Although the term ‘population control’ might be out of use, that doesn’t mean it’s not part of the discussion in twenty-first century. The belief that overpopulation is to blame for poverty, destruction of the environment, climate change and violence still lingers today. According to Hartmann, the reasons for this are 1) ignorance: worldwide statistics show population growth stabilizing; and 2) the overpopulation discourse is politically useful. (2016:5-9)

Overpopulation ideology causes the general audience to believe that a halt in population growth will solve problems such as poverty and climate change. But this ideology leaves out the fact that industrialized countries are responsible for a larger percentage on pollution in the atmosphere and that birth control will not solve the climate crisis. (Hartmann, 2016:9) Some false beliefs that hold this myth are the idea that the more population equals the lesser GNP, forgetting that population not only consumes but also generates resources; and leaves out the state’s responsibility to provide services, education, health care, etcetera. (Hartmann, 2016:62) This ideology has been useful for national security interests especially encouraged after 9/11.

1.2. Forced sterilizations and key developments in the U.S.

Margaret Sanger (1879-1966) was born in a working-class family, her mother died at 48 years old, having given birth to eleven children. She was a trained nurse working in New York and an affiliated to the socialist party; she coined and popularized the term *birth control*. (Davis, 1982) Sanger is a controversial figure, interpreted by some as a core eugenicist with strong race and class prejudices, or excused by others as a feminist who strategically allied with eugenicists to win the fight for birth control. She engaged in themes of reproduction, population growth and poverty in neo-Malthusian and eugenics groups, as many other birth control advocates of her time did. (Bashford & Levine, 2010:101) Nevertheless, it is important to recognize her legacy in women’s reproductive health. Through the creation of the Planned Parenthood Federation of America in 1916, Sanger built the foundations of an organization that continues to provide to this date affordable sexual and reproductive healthcare around the United States in more than 600 health centers. (Planned Parenthood, 2021)

During Sanger’s first phase of her birth control crusade, she maintained her affiliation with the Socialist party and wrote about her commitment to defend working women’s interests in her journal *Woman Rebel*. (Davis, 1982) Unfortunately, Sanger’s

alliance with the Socialist party didn't last long. As Davis explains, "she began to underestimate the centrality of capitalist exploitation in her analysis of poverty, arguing that too many children caused workers to fall into their miserable predicament. Moreover, 'women were inadvertently perpetuating the exploitation of the working class', she believed, by continually flooding the labor market with new workers." (Davis, 1982) Although this position was not only taken by Sanger, other socialist figures, such as Anatole France and Rosa Luxemburg advocated for a 'birth strike' to stop the flow of workers available for Capitalism. (Davis, 1982)

By 1932, at least twenty-six states had passed compulsory sterilization laws, a development approved by Sanger. (Davis, 1982) According to estimations made in the 2000s, these laws conducted to the sterilization of more than 60,000 people. Only in California, around 20,000 sterilizations took place. (Manian, 2020) Oregon created a State Eugenics Board in 1917 (Stern, 2005:22) and, along the Mexican border, immigrant restrictions laws were set in place. These practices were legitimized in 1927 by the Supreme Court through *Buck v. Bell*.⁸

The number of forced sterilizations practiced is an estimated, since many of these were registered in medical records as voluntary—if registered at all. Many women find out they had been sterilized until years later. As Rebecca Kluchin⁹ explains, then, women were not prone to report this situation because of the cultural stigma that perceives motherhood as an essential condition for womanhood, and they perceived themselves in a position of disadvantage by being women of color, they ruled out the possibility of asking help from a white lawyer against a white doctor. (2009:74)

In 1919, Sanger claimed in an article that the key issue for birth control was "more children from the fit, less from the unfit." (Davis, 1982) Sanger organized the World Population Congress in Geneva, an event originally announced as the Seventh International Neo-Malthusian Conference in 1927 and strongly focused on differential fertility. In 1933, the American Eugenics Society formally supported Margaret Sanger's

⁸ In 1927, the Supreme Court case known as *Buck v. Bell* set a legal precedent. It allowed states to sterilize public institutions' inmates to avoid passing the then considered hereditary flaws (imbecility, epilepsy and feeble-mindedness) to the following generations. The court ordered the sterilization of Carrie Buck, who then was considered the daughter of a feeble-minded woman and the mother of a feeble-minded child. Buck was the first person to be sterilized under the Virginia Sterilization Act. The Buck family was considered as feeble-minded based on immorality and pregnancy while unwed. More than 8,000 people were sterilized under the same law, until the 70s. Though the Virginia Sterilization Act was repealed in 1974, the Supreme Court decision in *Buck v. Bell* has not been overturned. (Antonios, 2012)

⁹ Kluchin is an associate professor of History at California State University, Sacramento. She studies the history of women's reproductive health in the United States. Among the topics she writes about are fetal rights, fetal personhood, maternal responsibility, and sterilization.

birth control campaign with the distribution of information and the establishment of birth control clinics in working-class and agricultural areas. (Bashford & Levine, 2010:102)

As I mentioned previously, Sanger was not the only prominent defender of birth control with ties to eugenics. Marie Stopes, the famous British advocate for birth control, promoted the sterilization of the ‘hopelessly rotten and racially diseased,’ as she once put it.” (Bashford & Levine, 2010:110). Marie Stopes International (MSI), a worldwide provider of sexual and reproductive healthcare, declared in November 2020 that it would change its name to break the association with the eugenics movement to MSI Reproductive Choices.

In 2020, Planned Parenthood of Greater New York removed Sanger’s name from its Manhattan health clinic for the same reason. In the words of its chair of affiliate’s board, Karen Seltzer, “The removal of Margaret Sanger’s name from our building is both a necessary and overdue step to reckon with our legacy and acknowledge Planned Parenthood’s contributions to historical reproductive harm within communities of color.” (quoted by Stewart, 2020) Still in 2016, the organization defended Sanger’s views and outreach to the African American Community, claiming on the one side that there was “no evidence that Sanger, or the Federation, intended to coerce black women into using birth control”, while on the other acknowledging that Sanger made a speech on birth control for a branch of the Ku Klux Klan in 1926, and that she endorsed the 1927 decision on *Buck v. Bell* (Planned Parenthood, 2016).

Eugenics in the U.S. reached its greatest visibility with two key facts: the U.S. Supreme Court case known as *Buck v. Bell* which justified Virginia’s sterilization law as constitutional, and the Johnson-Reed Immigration Act (1924) which established a limit towards newcomers from Asia. In that same year, the U.S. government established the Border Patrol to enforce the Johnson-Reed Immigration Act and regulate Mexican immigration. In 1933, Indiana established the first sterilization law within the country. (Stern, 2005:67)

The welfare queen and the pregnant pilgrim

The Civil Rights Act of 1964 brought women of color the complete access to federal programs and welfare services, but it also put them in contact with social workers, physicians, lawyers, and judges who advocated for family planning services, and often took it upon themselves to sterilize women that they believed were dependent on welfare.

(Kluchin, 2009:74) Two decisive stereotypes linked to women of color reproduction originated in that time: the “welfare queen” and the “pregnant pilgrim”. (Fixmer-Oraiz, 2019) The welfare policy and the public opinion privileged white middle-class women, while putting under the spotlight women of color. After the 1950s, the image of the recipients from welfare changed, it was not anymore the white widow that had lost her husband and was now taking care of her children alone, but a black woman that was having more children to take more money from the public resources. (Fixmer-Oraiz, 2019)

In that time, the number of single women in need of aid from the state increased in general, but also black families were facing higher rates of unemployment, especially in the South, where segregation was keeping them in the worst paid employments. Although white women continued to be the largest group receiving aid, black women were overrepresented. Several factors caused an increase in the number of recipients for welfare. Besides the Civil Rights Act of 1964, the Supreme Court dismantled discriminatory practices in 1966 and 1967, increasing the number of welfare recipients by 35 percent. (Kluchin, 2009:75-76)

Instead of taking these factors into account, white Americans against the integration of blacks into society accused them for “irresponsible” reproduction. As Kluchin explains, the media didn’t help contravene this belief, on the contrary. There was a link between illegitimacy and dependency, especially attached to migrants. Motivated by this context, in the 60s, several states reduced the public funds destined to public services and implemented policies that punished unwed mothers, especially women of color, withholding public aid from them, considering them and their children as illegitimate. (2009:76-77)

In the legislators and public’s mind, the decision of who was “legitimate” to have access to welfare was in the hands of the government and the taxpayers. Some states implemented regulations that were intrusive of people’s private lives, such as unscheduled home visits and night raids. These were removed by the Supreme Court in 1967, but the perception that these women had no right to decide over their own reproduction continued in the following decade and beyond. (Kluchin, 2009:78)

The stereotype of “welfare queen” implied that there was a promiscuous sexuality within black women, therefore this presupposed that this stereotype had a biological support. On this point, Kluchin notes that:

“By naturalizing black women’s “deviant” sexuality, neo-eugenicists ensured that this behavior could only be attributed to black women. White women could never be accused of possessing the same “vulgar” sexual appetites and “inherent” licentiousness as black women because they would never be black. The myth of the welfare queen ensured that poor black mothers could never be “fit” so long as they remained poor and black—and because women could not change their race and punitive welfare policies and a lack of economic opportunities prevented many recipients from rising out of poverty, this population became “destined” to exemplify the “pathological” behavior ascribed to their race and poverty.” (2009:78)

Across the U.S. and specially in the South, legislators proposed bills that sentenced women and occasionally men, to sterilization. Although these bills were debated and modified, its presence speaks about criminalization of certain populations deemed as “deficient.” (Kluchin, 2009:80-81) Along with the “welfare queen” stereotype, other negative images against women of color emerged in the 1970s, such as “pregnant pilgrim”, a popular term in cities like Los Angeles with a rise in Mexican immigration. (Fixmer-Oraiz, 2019) This stereotype referred to a pregnant Mexican woman that crossed the border to give birth in U.S. soil for her baby to have the U.S. nationality and to become beneficiary of welfare. Additionally, as the welfare queen, the pregnant pilgrim was believed to be hyper fertile. (Kluchin, 2009:85-86)

Around this decade, discussion on the media on this matter, expanded the belief that the number of immigrant women giving birth in clinics in the U.S. was higher and that the number of “undeserving” immigrants receiving welfare was higher than what it actually was. Conservatives held the belief that these recipients were undeserving and that they had the right to decide where their money as taxpayers was going. (Kluchin 2009:85) Social scientists of that time produced population growth studies that reinforced the beliefs of this hyperfertility funded on racial assumptions.

The critics towards these “underserving” welfare recipients claimed that the solution for this scam was sterilization. This thrived in the 60s and 70s in public hospitals with the help of federal family planning. First, in the 50s and 60s, sterilizations were particularly practiced in the South with the so-called *Mississippi appendectomies*.¹⁰ By

¹⁰ The name *Mississippi appendectomies* refers to the practice of sterilizations in the 1950s and 1960s, especially active in the South. Without medical evidence (a chart or any record) of the surgery, many black women were sterilized. While having another procedure, such as an appendectomy, a cesarian section, the removal of a tumor, or any other abdominal surgery, they had to face the risk of being sterilized as well. (Kluchin, 2009:93,94) In the late 1960s, this practice changed. Instead of performing secret surgeries,

the 70s, forced sterilizations were practiced disguised as voluntary sterilizations, spreading from the South to the rest of the country through federal family planning. (Kluchin, 2009:90-91)

I consider it important to stress the difficulty in determining the limits between consent and coercion. As Johanna Schoen¹¹ explains the path to obtain contraception was full of obstacles for many women. Their married or unmarried status, the color of their skin, economic resources and other factors characterizes women's struggle for reproductive control. Women often negotiated with medical and social scientists and welfare officials, to access birth control, abortion, and sterilization. Some sought sterilization, others volunteered for contraceptive trials to access birth control, others did not, others were forced or coerced into. Women at times used the programs on their own benefit, playing along policy and health professionals.

On this matter, Schoen mentions that "Lacking access to elective sterilization, for example, some women applied for eugenic sterilization through the North Carolina Eugenics Board, even though this necessitated that they be diagnosed as feeble-minded." (Schoen, 2005:5) The medical professionalization pushed aside female healers and midwives and women had to negotiate these issues with an overall male profession. The results of these negotiations and the use of reproductive technologies had multiple meanings for women's lives and their health and historians like Schoen seek to address this complexity.

In 1965, President Johnson addressed his compromise of controlling overpopulation beyond the U.S. in a State of the Union speech. In 1967 Planned Parenthood and other similar organizations obtained federal funding for the first time. In 1968, Richard Nixon became president. He promoted the idea that it was cheaper to pay for family planning than to care for poor women's children and the Congress approved the Family Planning Services and Population Research Act in 1970. (Kluchin, 2009:95)

Though the Congress established that the participation on these programs should be voluntary and not a requisite to receive other state services, it failed to provide safeguards to protect its recipients against abuse. There was a previous legislation in place

doctors started to force women to sign consent forms for surgeries that women didn't wanted or that women didn't understand fully. These consent forms were used by physicians in case of facing a lawsuit, were they provided in the trial the signed form to argue that the woman in question desired her sterilization. This form of abuse expanded from the South to the rest of the country, while the regulations on informed consent were being draft. (Kluchin, 2009:95)

¹¹ Johanna Schoen is a professor in Rutgers University' Department of History interested in women's and medicine history. She has written about the history of sterilization and abortion in the U.S.

that forbade the use of federal resources for abortions and sterilizations. In 1970, the restriction on sterilizations was lifted. (Kluchin, 2009:95-96) To regulate its practice, the family planning office was set to draft specific guidelines, though its formulation and distribution were delayed, and these were only known after the Relf sisters' forced sterilization became a national scandal.

In 1973, two black girls, Minnie Lee Relf, a fourteen-year-old and Mary Alice, her twelve-year old sister were sterilized without their knowledge nor informed consent in a clinic in Alabama. (Manian, 2018:8) Since they moved with their family in the housing project the Relf family attracted the attention of social workers. The family was a beneficiary of welfare, and the father was unemployed and crippled by a back injury. First, social workers gave Katie, their oldest daughter, then fourteen years old, Depo-Provera shots—when the drug was still under trial—and then implanted her an IUD against her will. Later, they began to administer the drug to Minnie Lee and Mary Alice, even though they were sexually inactive.

When the trial for the drug was suspended under the suspicions that it was causing cancer, the social workers took the two girls to the hospital to sterilize them. They made the girls mom to sign a document that she couldn't understand, because she was illiterate. The following day, the parents learned about the surgery. Even though a nurse claimed to have explain the procedure and its consequences to the sisters, both believed in the reversal of the procedure to have children in the future.

The Relf's case exemplified many controversies of the time. Many women faced language barriers when they did not speak English at all or not speaking it fluently, others were illiterate as the Relf's mother, and there was also a problem regarding the terms used by the physicians.¹² Additionally to these, some doctors promoted women to accept hysterectomies that they didn't need so them could practice on performing the surgery. (Kluchin, 2009:107)

In other cases, doctors got women's consent to sterilization when women were under labor and anesthesia. In this regard, another case has been widely disclosed: the sterilization of at least 190 women between 1970 and 1974 at the Los Angeles County U.S.C. Medical Center (USC L.A) without their informed consent. Some women were told the procedure was easily reversible and signed consent forms in English despite they didn't knew that language, others refused but woke up to find out they were sterilized,

¹² See the Appendix for further clarification on the terms.

and others were coerced to sign in exchange for anesthesia. After Dr. Bernard Rosenfeld—who was then a resident at the hospital—acted as a whistleblower, these abuses were revealed. This case led to a class-action lawsuit that is known under the name of *Madrigal v. Quilligan*. (Manian, 2018)

Another public scandal on this matter came with the sterilization abuse of detained women in the California prison system in the 2000s. One of the survivors was Kelly Dillon, who had a 15-year sentence after killing her abusive husband in self-defense. She was 24 years old and was the mother of two children. In prison, Dillon began experiencing cramps and went to see a doctor. She was informed she needed surgery to treat an ovarian cyst, however, she was submitted to an unnecessary and non-consensual hysterectomy. Uncertain about the type of surgery she had experienced, Dillon sought legal help from a non-governmental organization called Justice Now. Her lawyer, Cynthia Chandler obtained her medical records and informed her she had been sterilized. (*Belly of the Beast*, 2020)

In 2006, Dillon became the first survivor to sue the California Department of Corrections and Rehabilitation (Jindia, 2020), and although she lost her case, this initiated investigations on the matter. According to these investigations, between 1997 and 2013, nearly 1,400 people were sterilized during labor. Additionally, an unknown number of cis women and trans people were sterilized while having other abdominal surgeries. These investigations also revealed that doctors were receiving payments for the surgeries. In 2014, sterilizations for birth control purposes inside prisons in California were banned, but this law didn't account for sterilizations happening outside prisons and didn't recognize the forced sterilizations history in California, a state that was responsible of a third of the over 60,000 people sterilized nationwide. (Jindia, 2020) This case is explained in the documentary *Bely of the beast* (2020).

Georgia had the fifth highest number of forced sterilizations in the United States, although it was the 32nd and the last state to implement a sterilization law in 1937 (modeled after California's law) that made compulsory sterilization legal. The main targets for eugenics in Georgia were patients inside institutions such as hospitals. (Kaelber, 2021) With similarities to those of the previously mentioned abuses in California prisons—such as women's institutionalization, medical and private profiting and a violation to bodily autonomy, family separation and the right to parent—in the coming pages I will address the forced sterilizations and other abuses against women in

immigrant detention in 2020. In the following chapter I draw the attention into three theoretical concepts and frameworks that I will employ to analyze this case.

2. Intersectionality and Reproductive Justice as frameworks of possibilities and Structural Violence

“There is no such thing as a single-issue struggle because we do not live single-issue lives.”

Audre Lorde

The liberal ideology in the U.S. locates responsibility for health and wellbeing on individual choices, neglecting the social environment. However, as Barbara Gurr¹³ reminds us, health is profoundly social. (2015:26) There are interacting factors that value women differently and produce diverse experiences. A broader and distinct analysis is required, one that takes into account how these factors interact and determine women’s well-being as well as how women’s bodies are used in the oppression of their communities. (Gurr, 2015:26)

In the previous chapter, I presented a historical overview on women’s reproductive oppressions in the U.S., the birth control movement, and its most significant developments along with eugenicist and population control ideas. In this chapter, I will bring forward three theoretical frameworks that I believe are key to analyze and resist the attacks on women’s reproductive bodies that continue in the twenty-first century. First, I will address intersectionality, its main ideas and some of key authors and writings that have developed it. Second, I will explain the origins of reproductive justice and its place on the reproductive politics debate in the U.S. Thirdly, I will explain the concept of structural violence.

Although oppressions impact all women, they do so with particular force and unique way in the bodies of some women, especially, women of color and poor women. Women of color suffer disproportionately higher rates of violence, malnourishment, diseases, and many other desecrations on themselves and their communities. Contrary to the liberal ideology, these are not natural nor absolutely the result of their life choices, but structurally produced. (Gurr, 2015:31) Black feminists and feminists of color have theorized and articulated intersectionality and reproductive justice as responses to these impairments. Both frameworks are interconnected and full of possibilities.

¹³ Scholar and author of the first book-length analysis on Native American women’s reproductive justice.

2.1 Intersectionality

As Audre Lorde comments, there are no single-issue struggles because there are no single-issue lives. This has motivated the intersectionality framework. ‘Intersectionality’ was the term coined in the U.S. by Kimberlé Crenshaw, activist, and critical race theory scholar, to address a problem and the need to manage it differently. This concept stressed the impossibility to separate each dimension of life into discrete and pure strands. (Brah and Phoenix, 2004:76) Long before the coining of the term, intersectionality was already an analytical tool in the Global South.¹⁴

Intersectionality can be traced back in the work and thoughts of other scholars and activists before Crenshaw, such as the abolitionist, women’s rights activist, and former slave Sojourner Truth. In 1851, Truth spoke to the white audience of the Women’s Rights Conference in Akron, Ohio, challenging the essentialist thinking of the time on the category of ‘woman’.

Although the first women’s antislavery society was formed in 1832 by black women in Salem, Massachusetts in the U.S., Black women were absent at the Seneca Falls Anti-Slavery Convention in 1848, where mainly white women were debating women’s suffrage. (Brah and Phoenix, 2004:76) Even if white feminists attempted to dismantle the stereotypes that promote the roles assigned to women and men, this attempt didn’t offer any ideological dismantling of the domination of Black women, preventing them from participating on the very own campaign where the abolition of slavery was being discussed. The need to problematize the category of ‘woman’ was already visible then, as both examples show.

Besides Truth’s speech, there are other writings and practices from the 1960s and 1970s that are examples of intersectional thought. In 1969, Frances Beal wrote the essay titled *Double jeopardy: to be black and female* where she critiqued capitalism and marked racism as its “afterbirth”, pointing at the patriarchy within the Black Power movement as well. Beal examined racism and capitalism as social processes and explained Black women’s identity as associated with structural forces. Another example is the text called *The Black woman*, edited in 1970 by Toni Cade Bambara, a Black feminist author. This text was an important breakthrough and reflection of the ideas of African American

¹⁴ Patricia Hill Collins and Sirma Bilge refer to the Global South as more than a geographical location, “a physical place that houses histories of colonialism, slavery, racism, and imperialism.” (2020:120)

women, showing the importance of putting an end to race, class, and gender oppressions for Black women to be free. (Hill Collins and Bilge, 2020:75)

Besides Bambara and Beal, other intellectuals such as Alice Walker, Audre Lorde and Barbara Smith demanded an intersectional analysis. One of the most known texts of the time is *A Black feminist statement* written in 1977 by the Combahee River Collective (CRC), a Black feminist organization in Boston, U.S. From Hill Collins and Bilge's point of view, this statement laid out the ideas that would shape black feminist politics in the following years. (2020:76) The statement keeps a close connection to Beal's argument, but it includes heterosexism and emphasizes the role of homophobia, advocating for the development of an integrated analysis interlocking the major systems of oppression. (Brah and Phoenix 2004:78) Unlike others, the CRC had the strength and power to be heard and the support to transcend. This was the first text to consider identity through an intersectional lens and the first one presenting identity politics as vital for resistance. (Hill Collins and Bilge, 2020:78)

With the impact of the previously mentioned texts, especially the CRC statement, it can be tempting to give all the credit to the African American movements for theorizing the then unnamed intersectionality, nevertheless, this group was not alone. In the 1960s civil rights, Latina, Chicano, indigenous, Asian American and Black Power movements, amongst others from segregated communities, developed their intellectual production and activism from their experiences, (Hill Collins and Bilge, 2020:74) from where reproductive justice would be born three decades later.

What is intersectionality?

Kimberlé Crenshaw first publicly laid out her ideas on intersectionality in 1989 on an academic paper named *Demarginalizing the Intersection of Race and Sex*. In that article, Crenshaw studied three legal cases dealing with racial and sex discrimination against Black women where the law decided to view both categories as separate, addressing Black women as purely black or as purely women.

Crenshaw explained intersectionality by using an analogy of a traffic intersection, where a Black woman is at the center of it, being hit by vehicles coming from all directions. (1989:149) In 2001 at the World Conference Against Racism, Crenshaw detailed that "Intersectionality is what occurs when a woman from a minority group (..) tries to navigate the main crossing in the city (...) The main highway is 'racism road'.

One cross street can be Colonialism, then Patriarchy Street (...) She has to deal not only with one form of oppression but with all forms, those named as road signs, which link together to make a double, a triple, multiple, a many layered blanket of oppression.” (Crenshaw quoted by Yuval-Davis, 2006:196)

According to Crenshaw, the discrimination discourse does not explain fully the experiences of women of color and how they can be different from those of white women and Black men. (1989:150) As she explained, “Feminists thus ignore how their own race functions to mitigate some aspects of sexism and, moreover, how it often privileges them over and contributes to the domination of other women. Consequently, feminist theory remains *white*, and its potential to broaden and deepen its analysis by addressing non-privileged women remains unrealized.” (1989:154)

Crenshaw identified that the realities of Black women went unnoticed in the mainstream civil rights rhetoric that focused on Black men, as well as in the feminist narrative that only took in consideration the experiences and concerns of white women, forcing Black women to choose loyalty to one group or the other without any of them addressing their specific problematics. (1989:166) Crenshaw addressed this as *political intersectionality*. As she claims, “These mutual elisions present a particularly difficult political dilemma for women of color. Adopting either analysis constitutes a denial of a fundamental dimension of our subordination and precludes the development of a political discourse that more fully empowers women of color.” (1995:360)

Additionally, Crenshaw distinguished *structural intersectionality* to describe the way different structures work, oppress and interlock together creating a complex of different experiences for women of color in different areas of their lives. (Crenshaw, 1995:358) In her article, Crenshaw used this term to explain the oppressions faced by Black women victims of domestic violence and rape in the U.S., as well as the authorities’ responses, in comparison to those of white women.

Crenshaw was familiar with social movements and law and was able to show how multiple systems of power affect and shape women’s lives. (2020:92) For Collins and Bilge, the value of Crenshaw’s work lays mostly not in the coining of the term itself, but in the way she managed to reconfigure it as a form of critical inquiry and praxis. Intersectionality is often only addressed as an analytical and reflexive tool without its practical aspects, and without understanding the connections between both. By viewing intersectionality as a form of critical praxis, they address the way people, either

individually or collectively, apply intersectional frameworks to their everyday lives to achieve social justice. (2020:38-51)

Critics towards this framework

There are many issues to address within the misuses, misunderstandings, and possible voids of this framework that some scholars have identified. It's important to acknowledge that intersectionality can be used in a biased and counterproductive way. Instead of being used to fight social inequalities and injustices, imagine alternatives and/or propose solutions to change the reality and improve the life quality of individuals or groups, intersectionality can be invoked to defend a certain status quo and justify social inequality, as well as gender and sexual segregation. (Hill Collins & Bilge 2020:71)

Both intersectionality and the figure of Crenshaw have acquired a place within mainstream discussions, often without reflecting Crenshaw's ideas, nor the real meaning of the term; intersectionality has been attacked by right wing politicians in the U.S. and has been perceived as a threat. (Coaston, 2019) Further, there are different interpretations around identity politics and transversal politics, or between the recognition and redistribution models, as well as around the different levels of analysis within intersectionality. (Yuval, 2006:195) More than three decades after the coining of the term, the debates are very much alive, though the interlocking of oppressions is a widely observed problem, and intersectionality remains as a strong theoretical framework that has allowed further analyses.

Intersectionality and Reproductive Justice

By the decade of the 2000s, intersectionality had already reached the human rights discussion (Yuval-Davis, 2006:194) and it has since been deeply connected with global justice projects. Since its inception, reproductive justice has been intertwined with intersectionality, so much that intersectionality is one of the conceptual blocks of Reproductive Justice, along with human rights, reproductive oppression, and population control (Ross & Solinger, 2017:58) For Ross & Solinger, "Reproductive justice is the application of the concept of intersectionality to reproductive politics in order to achieve human rights." (2017:79) In the following section I will tackle the concept of reproductive justice, how it was conceived and how it positions itself (or not) within the pro-choice vs

pro-life narratives that appear traditionally oppositional and the reproductive politics debate in the U.S.

2.2. Reproductive Justice

To speak about reproductive justice, I consider essential to first situate the dominant narratives within reproductive politics in the U.S.: the pro-choice and pro-life paradigm. The pro-choice and pro-life narratives have been seen as dichotomies or oppositional sides however, both are more complex than that. This is addressed by Andrea Smith, a Cherokee activist and scholar, in her 2005 article named *Beyond Pro-Choice versus Pro-Life: women of color and Reproductive justice*. Instead of continuing to sustain the dichotomization of both, Smith argues for a recognition on the limitations that both understandings hold. Here I bring forward some of her arguments on this matter.

In concise words, Smith explains both paradigms as follows: “The pro-life position maintains that the fetus is a life; hence abortion should be criminalized. Consequently, the pro-life camp situates its position around moral claims regarding the sanctity of life. (...) [While] The pro-choice position counters this argument by asserting that the fetus is not a life, and hence policy must be directed toward protecting a woman’s ability to control her own body.” (2005:121) The pro-life side employs arguments of religion, morals, and the life of the unborn against abortion. For the pro-choice paradigm, the concern is fixed on the legality, safety, and access to abortion. (Ross & Solinger, 2017:62)

Smith underlines that neither paradigm questions nor challenges enough the criminalization of abortion nor the intervention of criminal justice on the matter, for which communities of color are particularly vulnerable; neither do they question the capitalist system, or the economic, political, and social factors that surround women’s position. (2005:123) I observe that both are centered on abortion, as if it were the only concern for women, though its fundamental to keep in mind that women’s reproductive health includes many aspects, it is necessary throughout women’s lives, and that not all women can give birth. It includes, for example, contraception, abortion counseling, prenatal care, childbirth, postpartum care, breastfeeding, testing and treatment for sexually transmitted infections, cancer care, menopause care, and care for rape survivors, amongst others. (Gurr, 2015:35)

Despite reaching the mainstream agenda, the pro-choice narrative is far from responding to women's needs and struggles when reproductive options are out of reach for many women. On this matter, Dorothy Roberts, a scholar, and social justice advocate, underlines other concerns such as the lack of protection that some individuals and communities face towards sterilization abuse. On the damage the pro-choice narrative has created to women's rights, Roberts adds that "The language of choice has proved useless for claiming public resources that most women need in order to maintain control over their bodies and their lives. Indeed, giving women "choices" has eroded the argument for state support, because women without sufficient resources are simply held responsible for making "bad" choices." (2015)

With the barriers that women face to access "choice", this paradigm rests on unreal, individualist, and consumerist assumptions. As Rickie Solinger¹⁵ argues, the availability of choice depends on the possession of resources, creating a hierarchy on who deserves to make legitimate choices and who doesn't. (2001:6) Beyond access to abortion, the pro-choice paradigm ignored that not every woman can make her own decisions. This is the case for women with a mental or physical disability, or for those to whom the health care system denies choice, based on their gender, citizenship, ethnicity, or age, for example. Still, white privilege allows some to forget not all options are available to all people.

No right can achieve the status of a right if it doesn't apply to all people, and no right is secure if it is not secure for everybody. A clear example of this can be found with the Hyde Amendment. The restrictions this amendment imposed affected all women that relied on federal programs, notwithstanding their social class, from military members as well as federal employees and their dependents, peace corps personnel, federal prisoners, people under the care of the Indian Health Service, disabled women and teenagers enrolled in federal programs, and others. (Ross & Solinger 2017:129-130)

As I have mentioned previously, not all women have access to real choice. On this sense, I want to emphasize here some of the limits of choice considering economic and social particularities, even though both do not exist separately. For instance, if a woman is poor, her health insurance will not cover the procedure and she will have to find the money to pay for it herself; the money may come from a loan, from her savings, her

¹⁵ Solinger describes herself as an independent historian, curator, and lecturer whose work focuses on reproductive politics, welfare politics, incarceration, race, class, and motherhood. Along with other scholars such as Loretta Ross, her work is essential when addressing reproductive justice.

money for rent or for groceries; the clinic might be far away from her home (since the lack of federal support has made many abortion clinics to shut down), maybe she is an undocumented migrant and she is afraid of being deported, therefore she will delay seeking medical care, until the procedure becomes more expensive and complicated, and she cannot ‘choose’ anymore.

Another scenario to consider, is that the focus on choice does not ponder the social implications of having a baby, let alone having a baby with a disability. Even if the woman might want to continue with the pregnancy, the services the child and the family might need may not be available or be out of their reach. Despite her wishes, the woman might decide to have an abortion. The pro-choice narrative does not tackle the factors that render difficult to raise a child with a disability.¹⁶

Another limit to this narrative is visible within the emphasis on contraceptives. The pro-choice narrative does not question the effects or implications of certain contraceptives, not even if they are potentially dangerous for women. This has been particularly worrying in the cases of the Norplant implant, the Depo-Provera shots, the Dalkon Shield¹⁷ IUD and the use of Quinacrine, which as Smith mentions, were accused of provoking pain, infertility, organs malfunctioning, cancer, illnesses, and death. (2005:130-131) Though contraceptives are advertised as a landmark of choice, they are often used as a population control tool, only accessible for some women, or are applied when they are still being tested, putting women at risk, and leaving them unprotected against sexually transmitted diseases.

On this particular, Smith stressed that the pro-choice movement, made no considerations on: “(1) that a choice among dangerous contraceptives is not much of a choice; (2) the millions of dollars pharmaceutical companies and the medical industry have to promote certain contraceptives, compared to the few resources women’s advocacy groups have to provide alternative information on these same contraceptives; and (3) the social, political, and economic conditions in which women may find themselves are such that using dangerous contraceptives may be the best of even worse options.” (2005:131)

¹⁶ Further, the pressure on the woman in this hypothetical example to have an abortion in these circumstances might even come from eugenicist concerns, where the push on the woman to take this choice does not come from concerns over the child’s life quality, but on the child seen as unfit and flawed.

¹⁷ Of the ones I mention, the Dalkon Shield might be the less known. It was an intrauterine device (IUD) with a flaw on its design that carried bacteria from the vagina to the uterus, with severe consequences for women, including sterility and death. (Marantz, 1985)

Finally, pro-choice advocates stress the role of women accessing contraceptives, while leaving unattended the access to voluntary sterilizations or the impossibility some women face to escape sterilization abuse, as I mentioned on the previous chapter and as I will address along this research for the case study I selected. As I have explained, both pro-choice and pro-life arguments do not think about all women, none of them looks at women bodily autonomy and both are centered on abortion. A comprehensive framework is necessary, and this is where reproductive justice enters.

What is reproductive justice?

In the field of reproductive politics, the most frequently used terms are *reproductive rights* and *reproductive health*. Both are often used interchangeably and are mistaken for synonyms; however, they hold different meanings. The *reproductive rights* framework holds a legal and advocacy model concerned with protecting individual women's legal right to reproductive healthcare choices individually and to guarantee these as rights under the U.S. Constitution. (Ross & Solinger, 2017:69) The pro-choice movement, explained above, is part of this framework. Meanwhile, the *reproductive health* framework is concerned in the way healthcare services are delivered to women, including information, research, and data. It seeks to improve and expand preventive services. (Ross & Solinger, 2017:68) Even though both are fundamental, both lack an intersectional analysis and neither addresses reproductive oppressions and abuses in communities of color.

Although all individuals are vulnerable to state control, those who can give birth have been particularly the focus of policies to keep either the slavery machinery alive (by reproducing the enslaved), the capitalist machinery (by reproducing low-paid workers) or the military (by reproducing potential soldiers). All individuals and communities face different oppressions, and these are not fixed so they can mutate. These oppressions and abuses are important mechanisms to control entire communities and are associated with low life expectancy rates, high infant and maternal mortality, family separations derived from immigrant deportation, and the denial of health care for trans* and nongender conforming individuals, for example. (Ross & Solinger 2017:90-93) Those who cannot give birth and those who are labeled as unable to manage their reproductive or sexual decisions are subject to control and degradation as well.

Both reproductive rights and reproductive health frameworks have limitations, but together they have formed the matrix of reproductive activism where reproductive justice was later created. From the tradition of the Combahee River Collective, in 1994, twelve Black women coined the term *reproductive justice* (Ross, 2017:286), including Loretta Ross, a Black feminist, professor, activist, survivor of rape and sterilization, whose work I rely on widely for this section because of her role in shaping this framework and her role as co-founder of the SisterSong Women of Color Reproductive Justice Collective in 1997, an Atlanta-based national activist organization formed by women of color led organizations that has been and continues to be key in the fight for reproductive justice in the U.S.

Other community-based organizations such as the Committee for Abortion Rights and Against Sterilization Abuse (CARASA), the National Black Women's Health Project, and Asian Communities for Reproductive justice recognized that the reproductive rights movement did not attend all women's needs. (Gurr, 2015:31) Reproductive justice, a concept and framework created in the margins by women of color, has expanded and connected with many other movements such as Black Lives Matter, and continues to propagate to other spaces such as mainstream organizations. (Ross, 2017:290) It represented an important shift, demonstrating the agency of women of color that was largely forgotten by family planners, politicians, demographers, and eugenicists. (Ross & Solinger, 2017:68)

Reproductive justice was born as a neologism from the terms of *reproductive rights* and *social justice*, as a movement building and organizing framework that identifies within the intersection of oppressions the need to struggle for social justice and human rights, and recognizes that social institutions, environmental, cultural, and economic factors shape women's reproductive lives. While the reproductive rights framework focuses on guaranteeing reproductive health within the U.S. Constitution, reproductive justice moves further and invokes the global human rights standards and treaties. (Ross & Solinger 2017:69)

Reproductive justice fights all forms of population control and eugenics; moves marginalized communities to the center of the analysis; and understands that participation and political power must achieve a change. (Ross, Derkas, et al, 2017) Reproductive justice applies to everyone, challenging the conceptions of gender, going beyond heteronormativity and binarism, recognizing trans* and gender nonconforming individuals' needs of protection and inclusion. This framework has three primary

principles: “(1) the right not to have a child; (2) the right to have a child; and (3) the right to parent children in safe and healthy environments. In addition, reproductive justice demands sexual autonomy and gender freedom for every human being.” (Ross & Solinger, 2017:9)

Reproductive Justice involves a holistic approach on wellbeing, legal protections, social, economic, and political conditions; it worries as well on safe living conditions, access to clean water, food and nutrition, environmental and air pollution, and access to education. It includes sexual freedom and bodily autonomy as key elements of its core. Reproductive justice is aware of the intersecting power relations that determine for example, the sexualization of children, the regulation of the femininity of certain bodies, the industry of pornography and the many cultural settings where women’s bodies are policed. (Hill Collins & Bilge, 2020:117)

It is both a theoretical shift as well as an invitation for activism organizing. *Praxis* is the term used by oppressed communities who seek to change their realities through actions based on theoretical constructions. The praxis of reproductive justice connects activism with intersectional feminist theory and stresses the universality and indivisibility of human rights, (Ross, 2017:287) both negative and positive.¹⁸ Since it demands the government to stop interfering with women’s decisions and insists on the state’s obligation to create the necessary conditions for women to make and exercise these decisions freely and supported, reproductive justice rests both on negative and positive rights.

While human rights are recognized in the U.S. through the signature and ratification of the Universal Declaration of Human Rights, this does not translate automatically in the honoring of those rights. Further, the U.S. has favored internal political concerns over international human rights commitments and continues to establish domestic laws that constrain them. The U.S. only started to ratify major human rights treaties until the 1980s and it was the 98th country in ratifying the Convention on the Prevention and Punishment of the Crime of Genocide. (Global Justice Center) Nevertheless, it has not yet ratified the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Convention on the Rights of the Child,

¹⁸ *Negative rights* determine what the government cannot do, how it cannot obstruct people’s autonomy; while *positive rights* refer to what the government is obligated to do to ensure that people can exercise their freedoms, such as guaranteeing access to medical attention and education, for example.

nor the Convention on the Rights of Persons with Disabilities. (OHCHR, 2021), amongst many other.

Besides its intersectional and human rights framework, reproductive justice pays attention to the role of capitalism, neoliberalism, white supremacy, and colonialism. (Smith, 2005:135) As I mentioned before, one of the biggest critics towards the pro-choice narrative is the fact that it's lined up with a consumerist and individual perception of choice, which aligns with a neoliberal market logic, instead of the state's obligation to improve wellbeing. (Roberts, 2015) Within neoliberalism, motherhood has become a white class privilege and has affected particularly the reproductive bodies of incarcerated women. (Ross & Solinger 2017:103-104)

As I will discuss in the following pages, prisons and detention centers are under the administration of for-profit private companies that profit from each person locked at their facilities every day, shattering communities, separating families, and violating the human rights of hundreds of thousands, in what is the largest detention system in the world. Structural violence is deeply rooted in this system.

2.3 Structural Violence

The concept of structural violence was developed in 1969 by the theorist, sociologist, and mathematician, Johan Galtung. He sets the ground for a typology of violence, despite the critics and discussions it has raised and its gaps, this typology continues to be relevant nowadays. In 1990, Galtung published another paper where he explains cultural violence, a concept I will mention as well. Later, I will sketch some of the critics and discussions that Galtung's work raised from a feminist and gender studies perspective.

Galtung developed a three-layered understanding of violence: *direct violence*, *structural violence*, and *cultural violence*. He states that his intention is not to create *the* definition, nor *the* typology, but to indicate theoretically the different dimensions of violence he notices. With this three-layered understanding, Galtung represents how from his point of view factors conflate and merge in particular contexts, shaping the conditions that can affect a person's life, a community, the society, promoting the existence of violence. These three forms of violence are interrelated and are mutually reinforcing. For Galtung, an understanding of the three can lead to a broader and deeper peace and he considers that the concept of violence needs to be broader enough to give space for the

different types of violence, but specific enough to be useful as a starting point from which to act. (1969:168)

What is violence?

From Galtung's perspective, if violence were seen only as "somatic incapacitation, or deprivation of health alone (with killing as the extreme form), at the hands of an *actor* who *intends* this to be the consequence" (1969:168) and peace is seen as the negation of this violence, the peace concept would not be enough as an ideal. He claims therefore that an extended concept of violence is necessary.

For Galtung then, "*Violence is here defined as the cause of the difference between the potential and the actual*, between what could have been and what is. Violence is that which increases the distance between the potential and the actual, and that which impedes the decrease of this distance. (...) In other words, when the potential is higher than the actual is by definition *avoidable* and when it is avoidable, then violence is present." (Emphasis in the original, 1969:168-169) Galtung explains the difference between *avoidable* and *unavoidable* with an example. If a person died from tuberculosis in the 18th century, considering the medical knowledge of the time and the technology available, that person's death can be considered unavoidable. A person dying from tuberculosis in 2021, with the same considerations would be an avoidable death. This avoidable death is an example of violence to Galtung.

Direct violence

Galtung initiates his typology by distinguishing between direct and indirect violence. For him, direct violence is the evident ways in which violence is thought of and presented, such as murder, sexual assault, etc. Direct violence tends to be visible and obvious within a war or conflict, for example. While in direct violence the means of realization are destroyed, within indirect violence, these are not destroyed but withheld. (1969:169)

On the dimensions that characterize violence, Galtung mentions the overused distinction between physical and psychological violence. The first one referring to the examples above and their somatic impact (impact on the body), though Galtung briefly mentions that it is physical violence as well when the population mobility is restricted. Galtung moves on to explain that psychological violence (impact on the soul) can include lies, brainwashing, indoctrination, threats, etc. (1969:169)

Galtung presupposes the existence of an influencer (subject), an influencee (object) and a mode of influencing (action). (1969:169) He clarifies between *negative* and *positive* influence when the influencer either punishes the influencee for a certain action considered as wrong or rewards the influencee if the action is considered by the influencer as right. Even in the cases of positive influence, human beings can still be prevented from developing their potentialities. (1969:170)

When there is no physical nor biological damage resulting from an action, Galtung explains that there is still violence present. Even if no one is hit or hurt, the threat of physical violence is there, as well as an indirect threat of psychological violence. When violence is only directed to material things, this indirect threat prevails since its destruction can be a foreword for the destruction of human lives or the destruction of things of value for them. (1969:170)

Structural violence

When there is a subject (person) inflicting the violence, Galtung mentions it is *direct* or *personal* violence, but when there is not, it is structural or *indirect* violence. In both a person can be killed or hurt physically or psychologically, but in the case of direct violence, these actions can be traced back to concrete subject(s) inflicting this violence and with structural violence this is no longer significative: “There may not be any person who directly harms another person in the structure. The violence is built into the structure and shows up as unequal power and consequently as unequal life chances.” (1969:170-171) Structural violence is on the uneven distribution of resources, income, literacy/education, healthcare, etcetera.

Structural violence represents the systematic ways in which some groups are prevented from accessing opportunities, goods, services, and rights in equal access. Structural violence can be formal, as in legal structures that enforce this marginalization, or informal, with common practices such as limited access to healthcare and education for certain groups, injustice, and discrimination in the society, leading to the denial of their basic rights. Structural violence can be found in laws, institutional praxis, written and unwritten rules, policies and in the behavior of individuals, access to work, justice, land, citizenship and so on.

Violence can be obvious, when for example, a law explicitly discriminates against a certain group, or hidden and institutionalized. Structural violence is held by the cultural

narratives of violence, also known as cultural violence. This includes the attitudes, values, beliefs, and norms in a society that render violence as inevitable, acceptable, possible. Without the support of public acceptance, violence would not persist. For Galtung, there is a bias within thinking about violence, since the attention is focused on the presence or absence of *intention* (and the presence or absence of *guilt*), rather than on its *consequences* (where he situates his analysis).

Galtung adds that all violence can occur at two different levels: *manifest* and *latent*. Manifest violence is present and observable, while latent violence is the potential of what can occur. (1969:172) For Galtung, to achieve peace, attention and action should be directed against all types of violence and all are empirically independent. (1969:172-178) When explaining why direct violence receives more attention, Galtung claims that “Personal violence shows. The object of personal violence perceives the violence, usually, and may complain - the object of structural violence may be persuaded not to perceive this at all. (...) Structural violence is silent, it does not show - it is essentially static, it is the tranquil waters. In a static society, personal violence will be registered, whereas structural violence may be seen as about as natural as the air around us.” (1969:173)

Yves Winter, assistant professor of political science in University of Minnesota, U.S., disagrees with Galtung’s account of structural violence invisibility. Galtung relies deeply on the language of invisibility and assumes that the pervasiveness of structural violence is rooted on its invisibility. For Winter, structural violence invisibility is more likely because of its ceaselessly repeated in the open, rather than hidden. He claims that “it is not invisibility that allows violence to be repeated and reproduced but that repetition make violence invisible.” He adds that “What makes this violence structural is not that it is invisible but that it is inherited across generations.” (2012:201)

Despite the limitations that Galtung’s understanding of structural violence can have, for Winter, the concept as understood by Galtung addresses a key theoretical problem, where violence is associated to visibility and an individual subject, in what he calls a *positivist* account of violence. (2012:196) This perspective fails to see the violence that occurs below the surface, whose effects are not always visible and whose perpetrators are not clearly identifiable. For Winter, Galtung’s achievement is to challenge this view.

Cultural violence

Cultural violence refers to the existence or prevailing of social norms that make direct and structural violence seem natural or right or at acceptable. Galtung's understanding of structural violence can explain how prominent beliefs become so embedded in culture that they function without being questioned, as if they were inevitable, and are reproduced uncritically across generations. Violence becomes expected, it becomes normal.

For Galtung, cultural violence is "any aspect of a culture that can be used to legitimize violence in its direct or structural form. Symbolic violence built into a culture does not kill or maim like direct violence or the violence built into the structure. However, it is used to legitimize either or both." (1990:291) He adds that "Direct violence is an *event*; structural violence is a *process* with ups and downs; cultural violence is an *invariant*, a 'permanence', (...) given the slow transformations of basic culture." (1990:294) Galtung concludes on his explanation of this violence triangle (formed by the direct, structural, and cultural) that violence can start at any corner of it and then spread to the other elements of the triangle. (1990:302)

From a feminist and gender analysis, at first sight, Galtung's use of masculine pronouns when speaking of a person's experience of violence, invites to reflection, as well as his mention of women as part of the weakest members of population. These are merely the most evident characteristics of Galtung's work that can be contested. Authors such as Catia Confortini, Associate Professor and Director of the Peace & Justice Studies Program in Wellesley College, argues on the gaps and deficiencies regarding the way Galtung addresses women and gender, though, she claims, Galtung's typology remains relevant for peace research and invites to an alliance between peace and feminist studies.

Confortini explains that 1) Galtung's theory needs to incorporate notions of gender as a social construct that embodies power relations; 2) dichotomous and mutually exclusive categories, such as violence and peace, are gendered and are essential in the reproduction of violence; 3) violence and peace can be formed through language; 4) violence produces and defines gender identities and vice versa, where she gives the example of hegemonic masculinity. (2006:333)

She argues that Galtung fails to explore the role of gender as a social construct and its role in the construction of violence. This would benefit his theory, rather than the way he addresses gender as a synonym for sex. (2006:335) Gender is a relation of power, and as such, it regulates, rationalizes, and justifies other social relations of power. Further, Galtung tends to assume that women are more peaceful than men, while men tend to be more violent, an assumption that has been problematized widely, by many other feminist

scholars. From Confortini's perspective, this presupposed link between male sexuality and male aggression, and how he talks about "the typical adult human male" reveals a heterosexual bias in Galtung's views.

Galtung visualizes the dichotomy between violence and peace and addresses gender relations as a dichotomy as well. Confortini believes this relation could be further problematized instead of seen as an absolute dichotomy, such as those of victimizer/victim, subject/object. Galtung speaks of domestic violence as an example of direct violence but fails to go further and seeing the connection between this and structural violence against women.

Extending on Galtung's views on cultural violence, Confortini comments that this violence can be a consequence of interpretations from ideologies, such as nationalism, sexism, racism, etcetera, providing justification and meaning, making violent conflict resolution seem as inevitable. (2006:339) Even though Galtung identifies the patriarchy as one of the forms of structural violence, his interpretation is highly superficial. Despite Gender being essential to understand the origins of violence, Galtung does not provide any in depth analysis on gender and ignores feminist scholars that have addressed violence and gender. (2006:341)

After acknowledging some gaps and lacks such as those mentioned by Confortini, I continue to believe that Galtung's work remains relevant as a precedent to expand the classic understanding of violence in its more personal and observable ways. I consider Galtung's typology a key element for the analysis I will develop in the last chapter of this research. In the following chapter I will explain the methodology and fieldwork I conducted for this research.

Chapter 3. Methodology and fieldwork

“Feminist consciousness can be thought of as consciousness of the violence and power concealed under the languages of civility, happiness, and love, rather than simply or only consciousness of gender as a site of restriction of possibility. You can venture into the secret places of pain by recalling something. You can cause unhappiness by noticing something. And if you can cause unhappiness by noticing something, you realize that the world you are in is not the world you thought you were in.”

Sara Ahmed, *Living a Feminist Life*

In this section, I aim to explain the methodology that I selected for this research, from the process of gathering the data to conducting the fieldwork, to the method that I will use to analyse the information. I will address some of my reflections and decisions as a researcher before and while conducting this inquiry. I have sought to be aware of the limitations and risks that this project entails, therefore I will address them as well.

A feminist research

I aimed to conduct a feminist research focused on a case study of severe abuse against women in an extremely vulnerable situation. I began to identify some preliminary and continuous concerns, such as the risk of writing from a monolithic idea of “woman” and my place as a researcher.

There is a tendency in social research to treat women as if all of us faced the same situations. The role of feminist researchers is to challenge these generalizations and address the interlocking of oppressions to offer an interpretation of reality (Hesse-Biber, 2014:2-7) while practicing reflexivity. As Sharlene Hesse-Biber explains, “Researchers practice reflexivity, a process by which they recognize, examine, and understand how their social background, location, and assumptions can influence the research. (...) Reflexivity is a way for researchers to account for their personal biases and examine the effects that these biases may have on the data produced.” (2014:3)

As a feminist researcher, I seek to avoid reproducing the power imbalances within some theoretical and methodological approaches, and I challenge the assumed division between knower and known from the positivist framework. (Naples & Gurr, 2014:18 and Hesse-Biber & Yaiser, 2004:5) In this sense, I consider essential to practice reflexivity and to pay attention to my positionality. Following Sandra Harding’s *Strong objectivity*, acknowledging my location, power and privilege in this research will allow me to

construct more transparent and ethical results. (*See* Harding, 2004:127-140) All knowledge production is partial and situated. (Naples & Gurr, 2014:26)

It is important that I acknowledge my identity because it has deeply influenced my research from the selection of the topic itself, while being aware of my privileged position. I identify myself as a woman, Latina, Mexican and migrant. My privileges include a visa, a scholarship, a supportive family, and a knowledge of English. All of this has allowed me to access some spaces and prevented me from accessing others. Although I have experienced abuses and I have been stereotyped because of my identity, I cannot equate my experiences to those of others.

I am aware I can't detach myself as a researcher from the problem, and I find that emotions have played a large role in my research. Since I first read about the abuses that took place at Irwin County Detention Center (ICDC), I felt anger and outrage and my decision to study this case derived greatly from those emotions. As Jaggar explains, from the rise of modern science, logical inferences were thought as independent from human preferences and, according to positivism, reliable knowledge required scientists to neutralize their emotions. (1989:152) However, as Jaggar asserts, "(...) emotions may be helpful and even necessary rather than inimical to the construction of knowledge." (1989:153) This has encouraged me to acknowledge these emotions and how they have driven me to conduct this research.

Research design

To gather the data for this research, I conducted semi-structured interviews and I selected documents to complement my data. In the following section, I will detail how I proceeded with the interviews and how I selected the documents for this project.

3.1 Data

I will explain the two types of sources I used for this research. I will present the type of interviews I conducted, the participants selection, the process of informed consent, ethical concerns and power dynamics, the construction of my interview guide and my experiences on conducting online interviews and transcribing them, along other remarks. I will comment the criteria under which I selected the documents and describe their content.

The interviewing process

From the beginning of the research design, I faced difficulties in selecting the participants for this interviewing process. Within Ocilla Georgia, U.S., about three hours south driving from Atlanta, (Georgia Detention Watch, 2021), ICDC's location prevents the detainees' families from visitation, and it complicates lawyers and activists in-person communication with the detained migrants in that facility. The Coronavirus (COVID-19) pandemic has been an important factor in isolating the detainees even more.¹⁹ My geographical location and resources, along with the pandemic context, have played an important factor in this research as well and have forced me to conduct this research online from the Netherlands with the use of digital platforms for the interviewing process.

Along with these factors, it is important to mention that it is expensive, inefficient and risky to communicate online and through the phone with the people held in detention. The detainees have reported that calls are cut off when they complain about the living conditions in the centers and they suspect their calls are monitored. Once outside of detention, either because of deportation or release, access to an internet connection and time availability are other potential factors that can difficult interviewing. Direct communication between myself and women seemed unfeasible. ICE started to deport potential witnesses and direct victims of the abuses at ICDC, until a halt on these procedures was issued in November 2020. (Dwyer, 2020 & O'Toole, 2020)

I decided to interview key informants from NGOs, since I believed they were the closest informants on this matter that I could have access to. To select these key informants, I made a list with all the NGOs that I could find online that fit these criteria: 1) organizations based in the U.S.; 2) working directly with the case (signing petitions on the matter, proving pro-bono legal counselling to the victims, advocating for justice, etcetera); and/or 3) organizations working with a reproductive justice framework. I made a list with the organizations that fulfilled at least two of these criteria and emailed them asking for an interview. I employed the snowball method as well, asking each participant if they had any recommendation to me about whom to talk to next.

The organizations I requested interviews from where: Project South; Georgia Detention Watch; Georgia Latino Alliance for Human Rights (GLAHR); South Georgia Immigrant Support Network (SGISN); Freedom for Immigrants; American Civil

¹⁹ With the pandemic, all visitations were suspended inside the detention centers, isolating the people held there even more. (Montoya-Galvez, 2020)

Liberties Union (ACLU), Georgia office; SisterSong Women of Color Reproductive Justice Collective; Las Vanders; Black Alliance for Just Immigration (BAJI).

I interviewed Azadeh Shahshahani from Project South, Adelina Nicholls from GLAHR, Leeann Culbreath from SGISN, and Daniela Flores from Las Vanders. Even though, as I mentioned before, I had foreseen the obstacles towards interviewing detained or formerly detained women, after our interview, Leeann Culbreath put me in contact with Sonia Dodd, a formerly detained woman at ICDC, to whom I was able to interview.²⁰ As I learned from Leeann and Sonia herself, Sonia was very vocal about her experience while, and after detention and is waiting to be included in the case claim.²¹ The experience of interviewing Sonia, brought me back to reflect on my positionality, on the power relation between researcher and participant, and on how to conduct a trauma informed interview and avoid revictimization. I will discuss this on the following pages.

In total, I conducted five interviews,²² although I am only analysing four.²³ To complement the data and take widely into account the lived experiences of detained women, I selected alternative sources for my data, containing the NGOs views on the matter, as well as those of other migrant women harmed in this case. In Chapter 5, I present the results from these interviews and within the Appendix, I provide a summary on each of them.

Deciding the type of interview

I decided to carry out semi-structured interviewing for this research. According to Hesse-Biber, a semi-structured interview has the following characteristics:

1) The researcher creates an interview guide that contains a list of written topics and questions to cover with the participant during the interview; 2) The order of the questions

²⁰ All of them asked to be quoted directly with their real names.

²¹ To read an abstract on the content of this interview, please see the Appendix.

²² During our interview, Sonia recalled some of the women she met at ICDC, some that she considers to be her friends. She mentioned to me that several might want to talk to me as well and told me she would give them my number so they could contact me. She also addressed the possibility that they might not want to do it and might prefer to put the experience behind them. I expressed understanding to Sonia and stressed that I was available if any of them wanted to tell me their experiences. A few days after our interview, Sonia told me she had given my number to a friend of hers, however, this person didn't contact me.

²³ Las Vanders is a Mexican NGO. I included Las Vanders after Project South advised me to interview them because they believed this NGO was involved in advocating for the victims and witnesses for this case that were deported to Mexico. After interviewing their Director, Daniela Flores, I learned that although Las Vanders had the initial intention of working with this case, they were not involved yet with it at the moment of the interview, therefore I decided not to include this interview in my analysis.

and topics is not relevant, but the researcher does have some control on the content and agenda; and 3) New questions or improvised questions are welcome during the interview. (2014:186-187) To write the interview guides, I decided on domains of inquiry and then posed specific questions when needed.

Ethical considerations

To conduct these interviews, I considered the following:

1) Disclosure:

The first contact with all the participants and potential participants was through email. I introduced myself and described what the research was about, the duration of the interview and the online format, and I showed my availability at the time and date of their best convenience. I was open to provide more information upon request on myself or on the topic.

2) The informed consent process:

I considered the informed consent as a process and an ongoing commitment to make sure that participants understand that they can stop the interview at any time, and that they know how their information will be used and how their data is protected. This is fundamental, as well as asking for their permission to record the interview and asking them how they want to be addressed in the research.

3) Dignity, privacy, anonymity, and safeguards:

I approached all potential participants respectfully and provided them the option to use a pseudonym, as well as the option to revise the transcript of their interview upon request. The recordings and transcripts of all interviews are password-protected. All the participants have agreed to be quoted directly in this research.

4) Awareness of the potential power relationship between researcher and participant.

While I acknowledge the potential power that my position as researcher in this project can convey to me, I find that this relation is balanced with all NGO participants by other factors such as age, experience, and power positions within their fields. All participants occupy high positions within the NGOs where they work—being either the directors or coordinators—all participants are older than me, all are vocal about their views on this matter and others on their own social media where they have a considerable audience.

Regarding Sonia's participation, to counter any power differential, I focused on some opportunities that I believed would provide her with more control over her interview. I hope this interview was an opportunity to tell her own story on her own terms and voice her experiences. (Anderson & Dana, 1991:11) During her interview, Sonia stressed the importance she saw in raising awareness about the risks of being detained and deported and expressed her desire to volunteer in the future to share her experience with others. She mentioned as well that it was important to make the abuses at ICDC known, to change the conditions within the detention centers. (Dodd, 2021)

While I was careful not to engage in any abusive practice with this research, I was very aware of the importance of listening to Sonia's experience, and I agree with Burgess-Proctor when she mentions that, not only there are several ways in which participants exercise power in a research, by electing what information to reveal and what not to, but as well on that "attributions of vulnerability, susceptibility, and risk perpetuate, and downplay the human agency they possess as potential research participants." (2015:128)

Overall, the aspects I have mentioned in this section, correspond to a practice within feminist research of going beyond the traditional regulatory practices and protocols to protect participants, (such as the informed consent form, and ethics committees), that often can serve to reinforce participants' disempowerment, where this protection is often rooted in a paternalistic positivism that dominates social science research. (Burgess-Proctor, 2015:126) A different approach can create an opportunity for a more egalitarian dynamic between researchers and participants.

Interview transcriptions

I transcribed each interview manually to guarantee fidelity with the words of each participant and as a first step of familiarizing myself with the data. The interview with Adelina Nicholls was in Spanish, while the others were in English. I wrote clean transcriptions, also known as intelligent verbatim transcriptions, where all words are transcribed but stutters, filler words, and repetitions are left out.²⁴

Selection of documents and other sources

²⁴ The interview transcriptions are not included in this research, only excerpts in the form of quotations and allusions. The interview summaries are included and can be found in the Appendix.

To complement the data gathered through interviews, I selected the following:

Legal sources

1) *The Whistle-blower complaint*

This was the first document filed under official channels to complain about the alleged abuses and the accusations were made of public knowledge through this document in September 2020. It was written by NGOs, advocates, and lawyers from the testimony of the Whistle-blower, Dawn Wooten, on her behalf.

2) *The Class Action Lawsuit on Behalf of Women Who Faced Medical Abuse at the Irwin County Detention Center*

This document was written by NGOs, activists, and lawyers, in representation of dozens of women who submitted their testimonies of their experiences within ICDC under Amin's care. Fourteen of them are acknowledged by name.²⁵ The materials used for its writing were women's sworn testimonies. It provides other information on the procedures endured by the women, and the functioning of the detention center in general, as well as some information about their age, country of origin, families, immigration status and lives before detention. This lawsuit includes a list of potential respondents, along with some claims for relief and justice for the survivors.

Media sources

3) *Online press and a video*

Even if the Class Action Lawsuit takes into account the testimonies of more than ten women, others were not able to testify. These women have spoken extensively with the media about their experiences at ICDC and have stressed the importance of being heard and seen. The materials I selected are an interview posted on YouTube and a couple of articles in online press.²⁶ I transcribed the video following the same criteria I had for the interviews to have all my data in text prior to analyse it. These materials were produced by journalists.

²⁵ These fourteen are included in the lawsuit with their real names, while the rest are represented under the pseudonym of Jane Doe.

²⁶ The two articles were published by The Intercept and Vox, two independent media sources. I selected both as a sample with the testimony of Pauline Binam, a survivor of Amin's procedures who was not able to give her testimony for the lawsuit, but who has been very public about her story. Amin remove her right fallopian tube without her consent, eliminating her chances to become pregnant naturally, and only leaving her with the option of IVF. The YouTube video I selected is a fragment of a news show called 'Democracy now' where the journalist, Amin Godman, interviews Wendy Dowe and Elizabeth, whose stories I address in chapter five. Both Wendy and Elizabeth's stories were not included in the lawsuit as well. I selected these sources since they provided space to these women to speak up in some way and since it was a way for me to learn about their experiences.

These sources complement the data I gathered through the interviews, they are of public access and can be found by the reader online. I find it important to remark that all of them, reflect the testimonies of several women and what happened to them or what they witnessed while detained at ICDC. In the following section I explain the method I selected to analyse all the data. In the appendix I list the media I analysed.

3.2. Qualitative analysis

To study the data, I chose to conduct a close reading and a thematic analysis. Thematic analysis is a widely used methodology for qualitative analysis, although it often goes unacknowledged. (Braun & Clarke, 2006:77) From this consideration, Virginia Braun and Victoria Clarke identified a gap on the available material about thematic analysis and produced an article with an outline of this method.

I found this article useful and clear, therefore, although there are other sources to learn about thematic analysis, I decided to use Braun & Clarke's article as the basis of my criteria and account for this methodology. I will briefly portray some of the key characteristics of thematic analysis from Braun & Clarke's interpretation. I will complement this with Udo Kuckartz explanation on thematic analysis, which I found particularly clear for the construction of codes and categories.

Thematic analysis

Qualitative analytic methods can be separated in two camps: those tied or derived from a particular theoretical or epistemological claim and, those that are theoretically independent and can be applied across different approaches (Braun & Clarke, 2006:78) Because of its flexibility and theoretical freedom, thematic analysis belongs to the second. However, its flexibility is not equivalent to a lack of guidelines.

As Braun and Clarke interpret, "Thematic analysis is a method for identifying, analysing and reporting patterns (themes) within data." (2006:79) The different possible analysis that can be done with this method as well as its possibilities to interpret data depend on the decisions taken by the researcher for this method. (2006:79) Thematic analysis shares with other methods a search for themes or patterns across the data set.²⁷

²⁷ Data *set* and other terms are part of the language used in thematic analysis. In this sense, Braun & Clarke mention that "Data *corpus* refers to all data collected for a particular research project, while data *set* refers

Nevertheless, thematic analysis can be used within different theoretical frameworks with different purposes to find patterns of meaning. (2006:81-86) For the effects of transparency, evaluation, and future research, it is important that I acknowledge the practices and considerations I have made as a researcher in this matter.

Recognizing that as a researcher I am not free from theoretical nor epistemological conceptions, I chose to guide this analysis as a more ‘theoretical’ thematic analysis, which is driven by my theoretical and analytical interest in the topic. This approach is a decision that influences the way coding occurs, because in this kind of thematic analysis, the coding involves a closeness to the research question (2006:84).

I chose to conduct this research both at a semantic and latent level. Semantic refers to the explicit content of the data and latent to the implicit. As Braun and Clarke explain, “a thematic analysis at the latent level goes beyond the semantic content of the data, and starts to identify or examine the *underlying* ideas, assumptions, and conceptualizations – and ideologies – that are theorized as shaping or informing the semantic content of the data. (...) Thus, for latent thematic analysis, the development of the themes themselves involves interpretative work, and the analysis that is produced is not just descriptive but is already theorized.” (2006:84)

Steps taken for this analysis

I took into account both Braun and Clarke as well as those outlined by Kuckartz (2014) to conduct my own process.

The steps I followed were:

1. I engaged with literature on the matter before gathering my data and along the research I was immersed in a parallel process of literature review, data gathering and interviews transcription.

As Braun and Clarke mention, “A theoretical approach requires engagement with the literature prior to analysis.” (Braun & Clarke, 2006:86) The process of transcribing the

to all the data from the corpus that are being used for a particular analysis. (...) Data *item* is used to refer each individual piece of data collected, which together make up the data set or corpus. (...) Finally, data *extract* refers to an individual coded chunk of data, which has been identified within and extracted from, a data item.” (2006:79)

interviews was starting point to familiarize myself with its contents. I conducted a close reading of the documents as well. (*See Kain, 1998*)

2. I started to notice patterns of meaning and issues of potential interest in the data during its collection and transcription and I wrote down notes, ideas, and potential coding criteria. Following Kuckartz, I wrote down anything that seemed relevant or peculiar. (2014:71)

3. I sketched an initial coding outline across all the data set systematically.

I made sure the codes had a connection with the research question and avoided drawing codes too detailed or too broad. (Kuckartz, 2014:73) I processed the data manually, line by line, from the beginning to the end. I coded individual extracts of data in as many different themes as they fit into. I kept in mind that the coded units should always be complete thoughts and full sentences (even paragraphs if they belonged to the same unit of meaning). If questions or clarifications were necessary to understand the respondent's statement, I coded them together.

4. I revised the initial codes, deciding whether to maintain the draft codes or to change them.
5. I collated the codes within themes, making sure they had coherence together and that at the same time the distinctions between themes were identifiable. I decided on the relevance of each theme from its linkage with the research question. (Braun & Clarke, 2006:82)
6. I reviewed the themes in relation to the coded data extracts and the entire data set, to identify sub-themes as well. As Braun and Clarke explain, "Sub-themes are essentially themes-within-a-theme. They can be useful for giving structure to a particularly large and complex theme, and also for demonstrating the hierarchy of meaning within the data." (2006:92)
7. I defined and named the themes.
8. I generated a thematic map to understand the relation between themes.
9. I gathered essential extract samples for the analysis.
10. I produced the analysis using the data, as well as going back to the research question, literature and theoretical framework to produce a report on my findings, combining deductive and inductive approach. (Kuckartz, 2014:70)

I report my findings from this fieldwork in the final chapter of this dissertation. In the following chapter, I bring forward some of the concerns that non-governmental

organizations, international organizations, and the media have raised around the detention system in the U.S., along with some of the abuses and human rights violations that activists and survivors have detailed.

Chapter 4. The U.S. immigration detention system

“You are locked down, you don't have that type of freedom, it's like you are in a cage at the zoo, you are locked down...”²⁸

Sonia Dodd

The population held at immigration detention centers can be either documented or undocumented immigrants, including people whose immigration status is expired or under review; asylum seekers; visa holders; people who have been granted with the permanent right to live in the U.S.; people who have lived in the country for years and have American citizen partners and children; pregnant women; people with mental health and medical conditions and others in vulnerable situations, and victims of the *prison-to-deportation pipeline*.

Immigrant detention was initially set up as a waiting period for processing immigration cases. However, this has not been the case for the past forty years since Reagan's presidency. (The Guardian, 2019) In the early 1980s, Cuban and Haitian asylum seekers arriving to Florida were sent to new facilities to hold them. The Congress amended the Immigration and Naturalization Act, requiring mandatory detention for immigrants with criminal convictions, deeming their detention as compulsory and automatic, without a hearing. In the 1990s, the U.S. legislated to expand the use of detention, increasing the scope of those who could be detained and deported, including legal permanent residents. (Detention Watch Network)

More changes came after 9/11, when “(...) the Immigration and Naturalization Service or INS was divided into U.S. Citizenship and Immigration Service (USCIS), Immigration and Customs Enforcement (ICE) and Customs and Border Protection (CBP). It also moved from the Department of Justice to the newly created Department of Homeland Security (DHS).” (Detention Watch Network) Immigration became a national security matter. Years later, the Obama administration implemented the detention bed quota²⁹, expanded deportation programs and in 2014 the administration brought back family detention. (Detention Watch Network)

²⁸ The term “Lockdown” has been used by prison activists to refer to the confinement of people as a punishment from behaviors outside the norm. With this term, activists not only refer to prisons and jails as facilities for “lockdown” but also about the connections with other places of confinement, such as immigration detention centers. (Sudbury, 2014)

²⁹ The bed quota refers to a minimum of beds that ICE must maintain available per day. This has been interpreted by ICE as the minimum beds that must be filled every day. (National Immigrant Justice Center).

Trump's administration increased the agreements with local enforcement and the criminal legal system, implemented community raids and eliminated policies that deprioritized the detention and deportation of certain populations under Obama's administration. (Detention Watch Network) Mandatory detention and the budget destined for it have skyrocketed since, capturing, and holding 500,000 people each year. (Detention Watch Network)

The U.S. has the world's largest immigrant detention system and is the world's largest incarcerator, holding over two million people in prisons and jails across the country. (Detention Watch Network) The people detained inside are not serving time after committing a crime, they are waiting for their hearings to determine their legal status in the U.S., and though detention is considered a "civil detention"—deemed as necessary to ensure that people will show up to their hearings—its conditions are like those of prisons and even more dire. For reproductive justice advocates, incarceration is a pressing reproductive justice issue. (Ross & Solinger, 2017:215)

Detained noncitizens can be held inside detention centers from weeks to years without conviction nor legal support provided by the state. Added to this, they are vulnerable to mistreatment, neglect and abuse from Immigration and Customs Enforcement (ICE), the Border Patrol and private corporations. (The Guardian, 2019). The immigration system in the U.S. includes a network of hundreds of detention centers, prisons, and jails all over the country.

The so-called *prison-to-deportation pipeline*—also known as *jail-to-deportation pipeline* or *arrest-to-deportation pipeline*—is the term used to refer to the system that the federal immigration officers have used as a continuum between prison and deportation, straining the population of pretrial and sentenced individuals alike for deportable immigrants. This pipeline has strongly affected communities of color and renders all non-citizens as vulnerable, not making a difference if they are green card holders or undocumented migrants. Drug related offenses, or minor convictions, even petty crimes can be considered to involve "moral turpitude" and can render individuals not only deportable but held them as well under mandatory detention while fighting their case.

The criminal legal system has functioned for decades as a multiplier for deportation, "[it] has used local police, prosecutors, criminal courts, corrections, probation, and parole departments to identify and deport more people than federal immigration officials ever could alone." (Das, 2020) It is a whole infrastructure for

deportation. Programs such as the Criminal Alien Program³⁰, Secure Communities³¹ and 287(g)³² work as part of this continuum, rendering routine encounters with authorities into deportation cases.

Added to this pipeline, often ICE's detainees are held at prisons, as well as federal inmates are held at immigration detention centers, blending the criminal and penal system with the immigration and asylum system. When reading about incarceration and detention in the U.S., I found that several authors and texts mention indistinctly both incarcerated populations. From the total of detained migrants, 10% are held in facilities run by ICE, 20% are in local jails and 70% are in facilities administrated by private corporations. (The Guardian, 2019) There are more than 200 detention centers nationwide.

4.1 Conditions inside immigration detention centers

According to federal government reports in April 2019, the states with the highest number of detained noncitizens per day were Texas (14,481), Louisiana (4,415), Arizona (4,405), California (4,353), and Georgia (3,719). (Freedom for Immigrants)

Detention centers are often established in small communities, far from where the larger numbers of legal counseling offices and lawyers are, and far from NGO's and pro bono lawyers. Contrary to prisoners, detained immigrants are not entitled for a lawyer paid by the government, they will have to find and pay for it on their own, with their families help, securing a pro bono attorney, or they will have to defend themselves without one. (ACLU, 2020:20)

Although the government pays private prison companies fees of about 60 to 130 USD per detainee every day to cover for their needs, the living conditions that migrants must endure are tremendous and the private companies profit continues to rise. (Conlin

³⁰ In the 1980s, this program was originally called the Alien Criminal Apprehension Program and it sent federal immigration agents to check jails and prisons for the names of the incarcerated population with the federal immigration databases. If they found anyone who might be deportable, the jail or prison had to notify the INS (before the existence of ICE) the individual's release date, when this person would pass to be held for immigration custody. (Das, 2020)

³¹ Announced by President Bush in 2008, this program shared automatically the fingerprints taken during local arrests with the DHS, which then had taken many of INS' responsibilities. If the person was found deportable, the person would be held instead of being released on bail or ending their sentence. By 2013, Secure Communities was operational nationwide. With this program, it does not matter if the criminal charge is dismissed, or if the arrest was illegal, based on racial profiling or the actions of a corrupt police officer. This program puts anyone under ICE's radar. (Das, 2020)

³² Named as such from a section of the Immigration and Nationality Act, 287(g) is an agreement that allows the federal government to use local police and correction officers as immigration agents. (Das, 2020)

& Cooke) There are alternative programs to replace detention, these include electronic monitoring, phone check-ins and home visits, and their cost is an average of 4.42 USD per day. (The Guardian, 2019)

For years, activists and advocates have promoted migrants' right to fight for their immigration cases in freedom with their loved ones and communities, not behind bars, underlining the fact that many detainees have lived in the U.S. for decades and have families there. Out of detention, they can access a wide network of communitarian services and pro bono attorneys to help them with their proceedings. (Detention Watch Network) Coupled with it, advocates and activists have reported their findings and concerns on issues they consider worrying regarding the detainees' human rights and the conditions they live in within the detention centers.

Food, hygiene, and work

Within countless reports, NGOs have raised concerns over the poor quality, safety and amount of food received by the people held in detention centers every day: expired and moldy goods, filled with maggots and/or with the presence of strange objects. (ACLU, 2020:42) They have signaled a lack of dietary accommodations according to beliefs, religion, or health, with no alternative meals provided for diabetics for example. Regarding water, advocates have voiced the detainees concerns over its color and taste and have comment its quality as unsafe. Additionally, they have signaled extensively a lack of personal hygiene supplies.

Both detainees and advocates explain that to provision themselves with enough food and hygiene supplies they employ themselves in the detention center, to be able to purchase some of the items they need in the detention center store (known as Commissary). Others claim that they need to ask their families to send them money, from which the detention center takes a commission. (Conlin & Cooke) They point out that the prices in the Commissary are highly expensive. The American Civil Liberties Union (ACLU) reports that detainees receive one dollar per day³³ working in the laundry, cooking, painting the facility or doing landscaping. (ACLU, 2020:43)

³³ According to the Sentencing Project, in 2017, the Washington's state Attorney General sued the GEO Group, a private company that manages several facilities, including one in Colorado where the detainees filed a lawsuit against the Group for being forced to work 1 USD per day, claiming as well that they were being paid with food. The Attorney General argued that since migrants are held under civil charges, not

From the detainees, attorneys and activists' point of view, the insufficient distribution of essential goods is part of the private companies' strategy to make the detainees work at the facilities to supplement their needs, to use their cheap labor to lower their operational costs and increase their profits. (Conlin & Cooke) They comment that often, the companies fail to pay the wages to detainees, and these are afraid to complain, fearing backlash from the authorities. (ACLU, 2020:43)

Healthcare

The preexistent health conditions that do not disappear while they are in detention, on the contrary, the poor living conditions and the lack of adequate healthcare can worsen migrants' health and life quality. Reports address understaffing of detention centers, as well as the underequipped emergency rooms and medical units and they underline a delay in the distribution of medication for chronic illnesses as well as for life threatening conditions, as well as a delay in emergency and routine medical attention. (ACLU, 2020:6)

Regarding mental health, activists identify that commonly, no mental healthcare is provided inside the center and no external referrals are made. They add that if available, some facilities use a service of "telepsychiatry" to provide mental health services through video conference or telephone. However, advocates stress the lack of interpreters and translators often there are no translators available, without which they the capacity of this service to provide care. (ACLU, 2020:37) Activists add that those detainees considered to be under suicide risk are placed in isolation, without further care. They report that isolation is used for lengthy periods of time, and often as a retaliation from the detention center authorities when detainees protest.

With respect to women's health, activists and detainees have extensively reported on the mistreatment of pregnant women, including malnutrition, inadequate bedding, insufficient medical care, shackling during transportation to the clinic and during delivery, as well as a lack of privacy during off-site medical examination, with the guard's presence in the consultation room. (HRW, 2009:22) Lactating women are denied breast pumps (or not informed of their availability), resulting this in fever, pain, mastitis and being unable to continue breastfeeding their children upon release. (HRW, 2020:3)

criminal charges, they should receive the minimum wage, which in the case of Washington state is of 11 USD per hour. (Sentencing project)

Overall, activists have pointed out on the lack of translation and interpretation services during exams as a worrying situation that hampers women's access to informed consent. Fearing retaliation or negative consequences on their immigration cases if they refuse medication or procedures, activists point out on the presence of coercion and abuse of power (HRW, 2020:3) Despite these conditions, activists and detainees explain there's a lack of accountability and independent supervision of detention centers. The Center for American Progress reported that ICE routinely waives its own standards and rarely imposes any penalizations to the facilities that fail to comply. (Ahmed, 2019)

Although private for-profit corporations fail in providing care and standard services to detainees, they have been successful in lobbying and supporting of favorable political actors. American Progress claims both the GEO Group and CoreCivic contributed with \$250,000 each to Trump's inaugural committee, and have supported federal candidates, particularly from the Republican party (though not solely), over the years. (Ahmed, 2019)

NGOs and human rights advocates have expressed their hopes towards a change of policy with Biden's administration. At the beginning of his administration, Biden sent an executive order to end the private management of federal prisons but left out immigration detention centers. (Global detention project) NGOs and international organizations are advocating for an immigrant detention reform and are publishing recommendations and reports about alternatives to detention. From January 2017 to April 2020, 39 adults died, either under ICE custody or immediately after their release, 12 of them suicided. (ACLU, 2020:31) Since 2003, over 200 people have died under ICE custody. (Detention Watch Network)

4.2 Irwin County Detention Center

The Irwin County Detention Center (ICDC), where the abuses addressed in this case study took place, is located in Ocilla, Georgia, over 302 kilometers (188 miles) away from Atlanta, the nearest metropolitan area. ICDC held an average of 814 daily detained people (as of calculations of January 2020), with an average of 68 detainees per immigration attorney within a 160 kilometers (100 miles) radius. (ACLU, 2020:22)

Located within the Irwin County, Ocilla is a two-stoplight size town. Under 10,000 people live in Irwin County, and Ocilla's population is only of 3,732, according to data from 2019 (City-Data). Over 60% of the population is Black, around 25% are

white, and 7% are Hispanic. (City-Data) According to my interviewees, the Irwin County Detention Center (ICDC) is an important income source for Irwin County.

Before being an immigration detention center, ICDC used to be a prison with 1,200 beds and a good income for the county, however, by the middle of 2009, it was only up to half of its capacity, and it needed more inmates to survive. Then, it's private management and the county started to discuss with ICE the facility's possibilities to enter the immigrant detention arena. Back then, the county was struggling. Ocilla had faced a severe drought that had devastating consequences for the fields and the budget for the county was slim. The county's economy was deeply tied to the detention center.

Although different companies have overseen ICDC, the facility management companies have been involved in a series of scandals and accusations of detainees' abuses. As journalists have tracked, before turning into an immigration detention center, its location, far away from the main cities, raised concerns regarding management, staff and services available in the area. (Rappleye & Riordan Seville, 2012) ICDC functions as an ICE facility since 2010. (Orecchio-Egresitz, 2020) It is administered by LaSalle Corporations, a private prison company that operates around two dozen correctional facilities and immigrant detention centers in Arizona, Georgia, Louisiana, and Texas. (Hall, 2020)

On September 14, 2020, ICDC, became the center of international attention when Dawn Wooten, a former nurse in that facility, acted as a whistleblower to report life-threatening and abuses inside ICDC. Project South, along with Georgia Detention Watch, Georgia Latino Alliance for Human Rights (GLAHR) and South Georgia Immigrant Support Network (SGISN) filed a whistleblower complaint on behalf of Wooten and the detainees. (Hall, 2020)

In the context of the COVID-19 pandemic Wooten informed to violations to the prevention protocols and a lack of testing within the facility.³⁴ Additionally, she expressed concern over the practice of what she qualified as non-consensual and unnecessary hysterectomies on detained women by an external provider at the Irwin County Hospital.

³⁴ Before Wooten spoke about this, a group of detained women recorded a video in April, where during a video call with one of their family members, they gathered and expressed their concerns over the lack or personal protection equipment (PPE) to prevent COVID, such as the lack of masks, and they mentioned an overcrowding of the facility and lack of testing. They expressed their concern over dying in the facility and urged the viewers to do something to help them. (Taber, 2020) After recording this video, the women faced retaliations such as a two-week isolation, food withholding and threats.

(Donegan, 2020) Later on, investigations by the media and the NGOs tied these accusations to OB-GYN Mahendra Amin.

According to the ICE Health Service Corps normative, DHS pays outside providers, such as Amin, for the procedures they perform on patients held in immigration detention. (IHSC, 2020) The fact that detained women were referred to him in the first place has been questioned by journalists and activists, after learning about his reputation. Tina Vásquez, an investigative reporter for Prism, published a detailed article with testimonies from women that claim to have suffered mistreatment and medical negligence under Amin's care, and detail how Amin's treatment impacted their physical and mental health and their babies' health when he assisted them in labor in the 90s. (Vásquez, 2020)

In her article, Vasquez contextualizes the medical services available in Douglas and Ocilla, both cities where Amin provides his services, and she argues that in both, finding healthcare for the low-income population is complicated. In Douglas, for example, in 2017 around 28% of its residents had an income below the poverty level, a number that has likely worsened in the COVID-19 context. In Georgia, half of the counties have no OB-GYN doctors, and some counties lack doctors in general. Amin was one of the few doctors available in the area, and one of the few that allowed walk-in visitations and accepted to provide healthcare within the Medicaid and Medicare programs. From Vasquez perspective, these considerations alone can mean that besides ICDC detainees, he saw many low-income women in the area, who were probably vulnerable to abuses. (Vásquez, 2020)

In addition to the testimonies reported by Vásquez, other journalists and activists comment that Amin's reputation was already marked by a false-claims investigation, although there were no disciplinary actions noted on his medical license. In 2013, Amin and other doctors linked to the Irwin County Hospital, as well as the hospital, were central in a whistleblower civil case where they were accused of defrauding Medicaid and Medicare programs by submitting false claims. This case was prosecuted by the Department of Justice and the state of Georgia. At the time, investigations found out that Amin always required certain procedures for pregnant patients, without medical evaluation and no consideration of their condition.

The settlement agreement came out in 2015, requesting Amin and eight more doctors to repay 520,000 USD to the government. The doctors kept their medical licenses and Amin continued to accept patients with Medicare and Medicaid. (Orecchio-Egresitz, 2020) On an additional information from this complaint, Amin and other doctors were

billing the government for procedures as if they had performed them, while in fact they had been performed by nurses and technicians; the costs were inflated, and unnecessary tests were performed. (Vásquez, 2020) Vásquez has reported as well that Amin owns a company named MGA Health Management INC., where he is listed as the company's secretary, chief executive officer, and chief financial officer. This company has managed the Irwin County Hospital since 1996 and, as Vásquez accounts, Amin appears to be also partial owner of this hospital. (2020)

A week after submitting the complaint, Project South and the National Immigration Project of the National Lawyers Guild filed a Freedom of Information Act (FOIA) to request to ICE the handing over of all records related to gynecological procedures performed on detainees under the custody of ICE. Since there was no response from the agency, both groups filed a lawsuit on October 29, and a week later, ACLU filed another lawsuit against ICE over their failure to respond the FOIA regarding the agencies actions to prevent the spread of the pandemic.

In October, a team of certified OB-GYNs and nursing experts reviewed over 3,200 pages of medical records from 19 detained women at ICDC who alleged being victims of overly aggressive, non-consensual, and unnecessary medical procedures performed by Amin. The experts asserted the procedures as unnecessary, overly aggressive, without evidence of informed consent nor interpretation services. (Ted Anderson et al., 2020) They only found one signed consent form, which was in English for a woman whose primary language was Spanish. Media and activists have informed that the detainees were referred to Amin even though their symptoms were related to non-gynecological complaints, such as rib pain or a bellybutton hernia. (O'Toole, 2020)

The director of the gynecology division at Vanderbilt University Medical Center in Nashville, Tennessee, Dr. Ted Anderson, one of the leaders of the experts board, mentioned that the procedures conducted raised an alarm over the person future fertility, and he explained that although some of these procedures were not hysterectomies, they have a direct impact on a person's fertility and health, either by reducing the probabilities of becoming pregnant, or turning the person into a state of surgical menopause. (O'Toole, 2020)

After the complaint was filled, ICE started to deport or attempted to deport women that were speaking up about the treatment they received from the doctor. By November 2020, ICE had deported six. Because of the advocacy conducted by NGOs and lawyers, some deportations have been stopped. NGOs and advocates have regarded this as ICE's

shameful attempt to erase evidence by putting away survivors and key witnesses. (Hall, 2020) By December 2020, 14 women presented a class-action lawsuit for the abuses they suffered at ICDC. Advocates, lawyers, and activists allege that women have been complaining of Amin's treatment since at least 2018. (Aguilera, 2020)

On May 20, 2021, the Department of Homeland Security (DHS) announced in a memo that the agency instructed ICE to terminate its contract with ICDC.³⁵ (Olivares & Washington, 2021) Though the DHS Office of Inspector General launched an investigation into the allegations and into prenatal and gynecological care at other ICE facilities, the results of neither investigations had been released by June 2021. The ending of this contract did not mean the release of the detainees. Some were transferred to Stewart Detention Center, another facility in Georgia, qualified by activists as one of the deadliest in the country. (Olivares & Washington, 2021) In the following chapter I will analyze the findings I made after conducting the fieldwork for this case study.

³⁵ In the same memo, DHS also instructed ICE not to renew its contract with the Bristol County Immigration detention center in Massachusetts. In 2020, officials used pepper spray and pepper projectiles and unleashed dogs on detainees that demanded protections from COVID-19. (Olivares & Washington, 2021)

5. Case study

“Death 2 Prejudiced Healthcare for Black Female Here in GA, USA. Pay, pay, pay. I live with pain every day.”

Mbeti Victoria Ndonga³⁶

After conducting four interviews, analyzing two legal documents, two media articles and one video, I pondered these materials through thematic analysis, and I identified five essential themes within the data: the structural violence within ICDC and the prison-to-deportation pipeline; lack of choice: the bodily autonomy violations and the inability to consent; the impact of detention on families and communities; women’s emotions, individual and collective resistance strategies; and activist’s and advocates’ work and resistance. I present my analysis here.

- **Structural violence within ICDC and the prison to deportation pipeline**

I identify Galtung’s violence triangle (direct, structural, and cultural violence) in ICDC’s case.

Direct violence

The most perceptible violence in this case is direct violence. Examples of this can be found in the alleged abuses committed by OB-GYN Mahendra Amin—in the form of non-consensual and unnecessary examinations and surgeries—and those committed by ICDC’ staff in the form of guards assaulting, battering, and insulting women.

On the different procedures performed by Amin, the legal documents and medical records account for the removal of one or the two fallopian tubes, the removal of the ovaries, hysterectomies, burning or cutting part of the uterus, dilation and curettage and

³⁶ Mbeti Victoria Ndonga is one of the petitioners in the class action lawsuit. She is a 37-year-old woman who was taken to the U.S. when she was two years old and lived there for thirty-five years. She was detained in April 2019. Mbeti suffers from schizoaffective disorder, post-traumatic stress disorder (PTSD), hypertension and obesity. When she sought attention for gynecological concerns at ICDC, she never received appropriate treatment, on the contrary, she was submitted by Amin to non-consensual and unnecessary procedures. She continues to suffer intensive pain in her abdomen to this day and her symptoms aggravated from the surgeries Amin performed on her. Mbeti is a survivor of sexual trauma and Amin’s abusive procedures triggered and exacerbated her PTSD. She was released from ICE custody on December 16, 2020, having spent more than one and a half years in detention. She hung a sign on the wall of her cell with the phrase that appears at the beginning of this chapter. Although guards removed her sign several times, Mbeti reprinted and re-hung it each time. (Lawsuit, 67-71)

laparoscopies. Although, hysterectomies were not the most common procedure, others of the above mentioned had the same result when rendering a woman sterile. All of them have been labeled by medical experts as unnecessary and non-consensual.

When conducting examinations such as pap smears or transvaginal ultrasounds—which he did regularly, even when not medically necessary, for example to a woman that had had a hysterectomy years before—Amin did not explain anything to the women. Many of them were survivors of sexual assault and they relived their trauma experiences during Amin’s procedures, triggering and exacerbating their Post-Traumatic Stress Disorder (PTSD) and compounded trauma. Additional to this mental and emotional trauma, Amin conducted these examinations in a rough manner, hurting the women physically so much that several explained that they had problems sitting afterwards and were bleeding. A woman identified what she felt like as “being raped again.” (Lawsuit, 28) In the documents I analyzed, activists and advocates argue that these procedures amounted to sexual assault.

Structural violence

I consider structural violence present in the case. First, in the mentions that detained women and activists make of a lack of accountability when reporting the abuses conducted by Amin and the rest of the staff; women wrote complaints against specific guards, and these were not punished, on the contrary, their complaints were dismissed, and they suffered retaliations for acting against these authorities. The women that participated in the lawsuit accusing Amin and other staff members were either deported or would have been if it weren’t because of the advocacy of congress members and activists.

Second, although the legal documents mention a list of alleged respondents to the abuses, the key informants from NGOs stressed that beyond holding them accountable, a deeper change is necessary. Activists and journalists have pointed out a long record of abuses in detention centers along the country, as I addressed in chapter four. Therefore, as Galtung explains, and as I believe it applies to this case, even if the subjects that exert the violence can be identifiable in this case, this is no longer relevant, since their actions are part of a structure and by removing the aggressors from the detention center, no real change is guaranteed, nor this avoids repetition of these abuses in the future.

Third, the documents and testimonies describe a detention system that allows women to be taken to the doctor in shackles and that separates them from their families and communities. The laws and policies that sustain the functioning of the detention system, the profiting within the management of the facilities, the commissary store, the prices of the phone calls, etcetera are all part of this structural violence. It is not a matter of pointing out to a president, a judge, a doctor, or a guard as responsible, but the detention system and the prison-to-deportation pipeline. I consider authorities' complicity³⁷ and authorities' failure to protect victims of other crimes,³⁸ structural violence as well. From my analysis, I ponder the withholding of quality and sufficient food, medical attention, and medication as other manifestations of structural violence.

Cultural violence

Although no elements point out to this from my fieldwork, from the research I conducted I identify several manifestations of what Galtung defines as cultural violence on this topic. Some examples of these manifestations are the stereotypes of *welfare queen* and *pregnant pilgrim* that I mentioned in chapter one, as well as the eugenicist ideas, overpopulation narratives and racism that accompany the U.S. immigration politics and the criminalization of immigrants. These narratives hold in place laws and policies that attempt against the human rights of millions of non-citizens in the U.S. and their communities and affect particularly communities of color. The violence triangle of direct, structural and cultural violence supports detained women's reproductive oppression.

On the invisibility of structural violence that I discussed in chapter two, I reflect on how detention centers work without accountability, after the many reports and claims

³⁷ With this I refer to the guards that were present with the women during Amin's examinations, they heard the women complain and scream of pain and ignored them, as well as the guards, and other authorities at ICDC to whom women expressed their concerns about the procedures suggested by Amin, about his demeanor, about their fear to see him again. None of these authorities did nothing in response to women's complains.

³⁸ It is a common procedure for ICE to bring in women that had an event of domestic violence and them or their partners called the police. Either they are seeking the help from police, or their boyfriends want to harm them after a fight by calling the police to deport them. Often these women arrive with bruises to the facility and on emotional distress. Elizabeth explains that she was detained in June 2020, after calling 911 to report physical abuse by her boyfriend. Although she was being abused, she was still detained for not having regular migration documents. When she was detained, she had a four-months old daughter, from whom she was separated. (YouTube, 2021)

Elizabeth is 21 years old, was born in Guadalajara, Mexico but has lived in the U.S. since she was eight years old. I learned about her story from an interview that was posted by the media Democracy Now on YouTube. There she chose to identify herself only with her first name.

that activists and detainees have pushed forward to tell the abuses inside detention centers like ICDC, I agree with Winter when pondering structural violence invisibility as a matter of repetition, not of invisibility itself. The violence within detention centers is so repeated that is no longer seen, it is perceived as normal. (Winter, 2012:201) When reflecting about the abuses at ICDC, Azadeh Shahshahani³⁹ comments that these companies are known for their failures to provide services and care:

“Well, just the fact that they are in the custody of a government agency that is morally bankrupt, that is not transparent, that lies all the time and that is not known for providing good health care to the people in its custody, and also often times ICE contracts with private prison corporations and they have an incentive for sure to cross corners and to short change immigrants on the healthcare that they need, cause you know, the incentive that a private prison corporation has is to maximize its profit, not to you know, not to provide the best health care that they can, and so that is why we have come up with this situation.” (Shahshahani, 2021)

Though companies such as LaSalle have a reputation of human rights violations this still doesn’t lead to a close examination of their practices nor to their accountability, and the U.S. government continues to work with it.

Immigrant detention and the prison-to-deportation pipeline

Immigrant detention and the prison-to-deportation pipeline are part of structural violence. It doesn’t matter if they are documented or undocumented migrants, expired visa holders, people who have lived all their lives in the country, American citizen parents, people with mental health conditions, and others in vulnerable situations. They are all deportable individuals that will serve for profit and then will be sent abroad. Both immigrant detention and the prison-to-deportation pipeline are incompatible with reproductive justice.

For Sonia Dodd,⁴⁰ the prison-to-deportation pipeline was too real. After losing her stable job while parenting six children alone, she needed to secure another income for her

³⁹ Azadeh is the Legal and Advocacy Director of Project South. She has worked for many years defending immigrants, Muslim, Middle Eastern and South Asian communities. She was president of the National Lawyers Guild and the National Security/Immigrants’ Rights Project Director with the ACLU of Georgia.

⁴⁰ Sonia Dodd was born in the U.K., from Jamaican parents, although she has lived most of her life in the U.S. She is the mother of six U.S. citizens. Sonia was detained at ICDC where she met the OB-GYN Mahendra Amin. She was deported in June 2020.

family. This led her to get involved with people that were trafficking marijuana. Although she was not out in the street selling the drugs herself, she was aware of this happening, and that was enough for her to be convicted on the charge of conspiracy to traffic marijuana. She was sentenced to 155 months in prison. Sonia was not a citizen, although she had a green card, this did not protect her from deportation.

Sonia feels that the system failed her, as well as her lawyer. She pleaded guilty to the charge, without knowing this was an aggravated felony, meaning an automatic deportation for her. She stresses that her lawyer did not inform her this would happen if she pleaded guilty. She wanted to take her case to trial, because of irregularities on the process of her arrest, but she decided not to do it. She was scared that the outcome would not favor her, since she knew people that got longer sentences after fighting their cases. Reflecting on the incarceration of women in reproductive age, for Sonia, this works hand in hand with sterilization procedures, and she argues that with long sentences by the time women are out of prison they are no longer capable of having children. (Dodd, 2021)

As happened to Sonia, the consequences of accepting charges and its dimensions are not clear for everyone. Through the media I learned about the story of Pauline Binam. She went to the U.S. when she was two years old, she might have been eligible to DACA program, however, she had a conviction for shoplifting from when she was 17. When she paid the fine, she wasn't aware that with this she was pleading guilty to the charges. Two years later, she was charged with larceny in a separate incident from the previous and was offered a plea deal. She took it, again admitting her guilt without knowing. This was counted as a second strike for her record. Immigration officials initiated a deportation procedure against her, and she was taken to ICDC in October 2017. (Narea, 2020) The case of Wendy Dowe⁴¹ also belongs to this pattern. Wendy went to court for a traffic violation, after that, she got arrested, with an ICE procedure and was taken to ICDC where she spent a year and six months, until she was deported to Jamaica.

- **Lack of choice: bodily autonomy violations and the inability to consent**

⁴¹ Wendy Dowe lived in the U.S. for two decades until she was picked up by ICE and held at ICDC for one and a half years. Wendy survived a surgery conducted by Amin where he removed her fallopian tubes without her knowledge or consent. After the surgery, her wounds became infected and brought her severe pain. Before being detained, Wendy had no health problems besides hypertension. At ICDC, besides the non-consensual surgery that Amin performed, she experienced impaired vision from antipsychotics that ICE staff pressured her to take and constant infections from medical malpractice and negligence.

From the interview with Leeann Culbreath,⁴² I pondered the concept of bodily autonomy as a theme, which she mentioned repeatedly when addressing her views on the case. I believe this concept links issues that might seem separated but that actually connect the lack of choice detained women have and their inability to consent, which in the end are connected to the need for reproductive justice.

Bodily autonomy is defined by Positive Women's Network, a group of organized women living with HIV in the U.S., as "the simple but radical concept that individuals have the right to control what does and does not happen to our bodies. When we have full bodily autonomy, not only are we empowered to make decisions about our health and future – without coercion or control by others – we also have the support and resources needed to meaningfully carry out these decisions." (PWN, 2021)

With this definition in mind, I connect the lack of medical care and medicines and the non-consensual and unnecessary gynecological procedures endured by this case survivors. Both medical care withholding and medicines withholding impact directly women's bodily autonomy by preventing them from taking care of their health and pain. While detained, women are unable to attend to a doctor for themselves, nor to get a second opinion if they consider it necessary (unless ICE approves it).

Withholding medical care and medicines

Women complained that at ICDC medication is often withheld or denied. Examples of this are present in women's testimonies in the lawsuit. One detainee explained she had a urinary tract infection and instead of receiving five days medication as prescribed, she only received three. Pain medication is told to be absent as well. A woman told she had a serious leg injury in 2018 that caused her leg to swell and gives her pain. She declared she stopped walking around the yard because it was so difficult for her to obtain ibuprofen for her leg. (Class Action Lawsuit, 2020:62) Further, after surgery, detainees complained of not being provided with pain medication nor with the adequate supplies to clean for their wounds or the medicine necessary for when the wounds are infected. (Class Action Lawsuit, 2020:60) Other issues reported regarding medication refer to delays, with insulin dependent diabetic detainees not receiving their medication on time. (Complaint, 2020:8)

⁴² Reverend Leeann Culbreath is a priest in the Diocese of Georgia and a volunteer at the SGISN since 2016 and a co-facilitator of the Episcopal Migration Ministry's Episcopal Ministry for Immigrant Detention.

Either regular ‘over the counter’ medication for a headache, or medication to treat life threatening conditions, women reported as customary for ICE to withhold medication. One woman was not given her breast cancer medication for six weeks and that despite requesting medical attention, she was not taken to see a doctor by the time the lawsuit was submitted. (Complaint, 2020:3)

Medical attention is often withheld as well. In the lawsuit, a woman claimed that she was pregnant before being detained and told her experience at ICDC. She complained and explained that although she informed ICE and ICDC of her condition and that she had had miscarriages and difficult pregnancies, she never received care. A few days after arriving to ICDC, she started bleeding. She suspected this was a miscarriage and informed ICDC, however, the staff denied she was ever pregnant, and she continued to bleed and suffered pain for two weeks without medical attention. (Class Action Lawsuit, 2020,87)

Sonia commented on this matter of a woman that broke her foot: *“While I was there, someone actually broke their foot, a bone in their foot, [it] took them forever... When I left, I'm not sure if she ever got treatment (...), her foot is broken! she is in pain! you need to do something! it's just the way... no regard for human life whatsoever, (...).”* (Dodd, 2021)

Another woman was detained since June 18, 2020, and although she asked for medical care for an umbilical hernia that was causing her pain, she was referred to Amin, an OB-GYN, she didn’t understand this decision, since it was disconnected from the main concern for her, the hernia. (Class Action Lawsuit, 2020:46)

Non-consensual and unnecessary treatment and procedures

Another concern on bodily autonomy addresses their inability to decide about the procedures prescribed by Amin. Ignorance and misinformation, along with abuse of power, seem to have characterized Amin’s practice during consultations, treatments, and surgeries.

Women have complained of not being able to stop the doctor, they recall feeling powerless and underline not understanding what he was doing to them and why. Some declared waking up from anesthesia without knowing or uncertain of what procedure they had. Though informed consent can be left out in emergency procedures, the procedures conducted by Amin are not considered emergencies (as I explain in the appendix with the case of hysterectomies for example), on the contrary, these procedures require a full

informed consent from patients, since they are considered to have a permanent impact on women's health and life. The documents and interviews I analyzed, argue that women did not consent. However, I reflect on the ability of these women to consent while in detention.

To start, I contextualize the circumstances in which they were taken to see Amin. Several women detained at ICDC report being shackled when taken to consultation. Elizabeth, for example, reports being shackled from her ankles and wrists and with a chain around her stomach. The nurses took her weight, temperature, and blood pressure with her shackles on. (Democracy Now!, 2020) When taken to see Amin, several women remember that a guard was with them at the appointment, sitting right behind Amin, therefore being able to see their genitals as Amin was examining them. Others remember that when they undress, they were seen naked by the guard before putting on the paper gown. Additionally, as I mentioned, women claim they were not given a complete explanation of Amin's diagnosis, the treatment options nor the treatment recommended by Amin and its consequences. Further, several mention that they could not understand Amin, as some had not enough knowledge or the English language or no knowledge at all, or do not detail why but claim they could not understand him.

Usually, when thinking about informed consent in a procedure, the straightforward question to ask would be whether informed consent was obtained, and a signed form should backup a positive answer. However, it is important to question if detained women are in position of giving their informed consent. To consider informed consent only from the perspective of signing a paper assumes 1) that women are in a position of autonomy towards their bodies, 2) that they are under no pressure to make a choice, 3) that they can access considerate care, 4) that they are free to ask for more information until their doubts have been answered and look for a second opinion if they see it as necessary, among many other assumptions that I could name.

On this matter, Jess Whattcott⁴³ argues that populations in detention are not able to consent free from coercion. Though the U.S. has worked on strengthening its normative on informed consent procedures and has advocated for these changes as a solution against forced sterilizations, Whattcott discusses that when addressing incarcerated populations, informed consent procedures are important, but they are not the solution to prevent these abuses from occurring. (2018)

⁴³ Dr. Jess Whattcott studies, teaches, and organizes against state violence, focusing on the prison industrial complex and state-sponsored eugenics at San Diego State University.

Whattcott explains that informed consent has functioned mainly as a *reformist reform* that consolidates the system. She explains that *Reformist reforms* and *non-reformist reforms* are terms used by prison abolitionists to differentiate the reforms that decriminalize people and deconstruct the carceral system (*non-reformist*) from those that legitimize prisons and strengthen their hold on society. (*reformist*). (2018, 133) On this sense, Whattcott argues that informed consent serves as a legitimation tool, whereas it does not question the system or the circumstances that surround this populations. Whattcott stresses that prison abolition is the ground for reproductive justice. (2018, 134)

Welfare recipients, drug users, homeless populations, criminals, and immigrants are all racialized in the public imagination. Lisa Marie Cacho argues that gendered and racialized populations have been relegated to a space that she calls “social death” where they are outside the legal recognition of civil and political rights, and where public empathy is not available for them, despite their dispossession of rights. Their lives and resistance are undervalued by biopolitics. Cacho argues that, since social death denies personhood and agency, constructs on which the notion of consent lays, these people are not able to consent without implicit coercion. (2012, 64).

For Whattcott, Social death denies detained women to make any decision about themselves, denying them almost any autonomy over themselves as well as the legal recognition of a person that can consent freely. (2018:145) On this same line of thought, the Belmont guidelines⁴⁴ have been used by advocates arguing the inability to provide proper consent while imprisoned. The Belmont report argues that it is not possible to provide informed consent when under “stress, undue pressure, duress or undue influence.” (Quoted in Whattcott, 2018:143) Since this is the situation for women at detention centers, consent is not within their reach. These guidelines describe incarcerated populations as highly vulnerable and describe that a higher standard of consent is necessary for them. (1979) Since prison is a coercive environment, a person incarcerated is unable to provide her noncoercive consent. (*Sterilized behind Bars*, 2013)

From the documents I analyze and the interviews I conducted, I consider that women at ICDC cannot decide over their own routines, less over their health and bodily autonomy—when to shower, when to go outside, what to eat, when to seek for medical care, what medicines they need, what care they need, to refuse care, to refuse medicines—

⁴⁴ Published in 1974, the Belmont Report is an attempt to summarize ethical principles deemed as basic when conducting biomedical and behavioral research involving human subjects and to develop guidelines for the development of research according to these principles.

they cannot decide over their own bodies freely and informed, they rely on power relations with guards, doctors, nurses and others, and have to do as told, otherwise risking retaliation and punishment. The influence of the power position in the relation doctor-patient and the women's previous trauma experiences, and their lack of bodily autonomy, need to be considered as factors that remove women from informed consent.

In general, health is a mirage for women in detention. Reproductive health services provided to them, if any, have harmed them. The services have been delivered to them often despite their health, as history has shown, medical experimentation, profiting, deciding over women's bodies without considering their will, taking advantage of women's inability to stop the health providers of performing a procedure. Doctors hold power over detained women of color, and they abuse of this power. Locked, scared, desperate, afraid for themselves and their loved ones, women are afraid to die in detention, and health services are inexistant or harmful. Mental health care is inexistant and women are left disregarded, despite their mental illnesses, worsening their depression, PTSD, and compounded trauma.

Reproductive rights and the pro-choice narrative have nothing to do with detained women since they have been stripped away from them. In detention, women are unable to make choices for themselves without having to request the permission, intervention, or approval of authorities. It makes no difference for these women to have rights on paper that they cannot access because of being institutionalized and the pro-choice framework does not consider this. Their lives and their families' lives are endangered by the detention system when they are taken away from their right to parent and when their children's wellbeing is affected, by not being able to breastfeed them or when they cannot provide them with the emotional and financial support that they need.

The pro-choice narrative does not question women's criminalization nor their incarceration; it ignores their inability to consent as well as it doesn't take into consideration how their demands go unheard for the system and how their cries for help are ignored. The pro-life narrative is centered on rejecting abortion and has no argument against the way women are uprooted from their communities nor on how despite their efforts to maintain their pregnancies, no medical care is provided to them in detention and miscarriages are a common result. The pro-life argument ignores family separation as well as women's rights to freedom.

Since reproductive justice moves marginalized communities to the center of the analysis (Ross, Derkas, et al, 2017), I consider it to be the more adequate and

comprehensive understanding of the complex intersectional oppressions and vulnerable situations detained women face. Under reproductive justice, the claims for damage reparations, justice, legal protections, safety from harm and bodily autonomy are pushed to the front.

- **Impact of detention on families and communities**

Communities of color are strongly hit by racial profiling committed by the police and local authorities, and by the immigration policy and the practices of authorities, with programs such as the 287(g), Secure Communities and the Criminal Alien program that I previously mentioned. During our interview, Adelina Nicholls,⁴⁵ particularly emphasized on how the Latino community is harassed everyday by the authorities and how the organized civil society and the community are fighting to take those programs down. (Nicholls, 2021)

She stressed as well that Amin's abuses are only one part, the visible ones, there are other abuses. She commented that at GLAHR they see abuse in the racial profiling that performs the police when arresting, in the wage theft against undocumented immigrants (where employers withhold due payments from their employees abusing of their power position and their employees' fear to approach the authorities), civil rights abuses and housing abuses. (Nicholls, 2021) Adelina mentioned the impact as well that detention has in family separation.

Further, on the documents and on the interviews, several women underlined the consequences that detention and deportation has had for them and their children. Sonia was unable to raise her two smaller children when she was incarcerated, and she knew many women who lost their babies when being detained. Sonia was deported to the U.K. and is unable to reunite with her family that remains in the U.S. Elizabeth's daughter was only four months old when Elizabeth was detained and locked at ICDC. Wendy has an 11-year-old daughter with a disability, a 14-year-old, and a 15-year-old, and they are struggling economically, trying to get the medical care they need, and Wendy cannot support them nor see them because she was deported to Jamaica, and they remain in the U.S.

⁴⁵ Adelina is the Executive Director and co-founder of the Georgia Latino Alliance for Human Rights (GLAHR). She has a wide trajectory in defending and advocating for the Latino community in the U.S.

While deportation can cause women to be separated from their families permanently, immigrant detention is far from different on this matter. When a person is detained, the isolation from their loved ones becomes a reality. For many women, detention will result in them not being able to see their children if there is no one able to bring them to visit them, or if the conditions and distances do not allow this to happen easily. As I have mentioned in this work, detention centers are often located in remote locations, far away from the main cities, rendering visitation possibilities complex and expensive. As I learned from Sonia's experience at ICDC, no contact visitations are allowed, meaning that women cannot hug, kiss or touch in anyway their families, since visitation occurs during a scheduled timeslot by looking through a glass and speaking through the phone.

As Ross and Solinger argue, mothers still try to parent from prison despite all the obstacles while children struggle to live without their mother, some cared for other relatives and others end up in foster care. (2017:226-227) In some cases, a woman's detention might result in her losing her parental rights over her children. Motherhood has become a white class privilege (2017:103-104) that detained women cannot have.

- **Women's emotions, individual and collective resistance strategies**

To protest, despite their lack of freedom, women engaged in several individual and collective actions, after the lack of preventive measures during the COVID-19 pandemic and the abuses by Amin and the staff at ICDC. I consider these actions ways of resistance as well. From hunger strikes, to refusing to wear their uniform, hanging signs on the doors of their dorms, and making drawings about their experiences with Amin and their concerns.

With the hopes of being heard, women wrote letters to the authorities at ICDC, explaining the way he was treating them and their fears about him. However, their concerns were ignored. After the Whistleblower complain, risking themselves to retaliations, women agreed to join the lawsuit. To this day, women continue to participate in the inquiries as witnesses and the initial group of women who gave their testimonies has grown to more than fifty women. Women are not only willingly speaking about the abuses they experienced directly, but of the abuses they witnessed on other detainees. (Class Action Lawsuit, 2020:23) Other women decided not to participate, Leeann considers they were focusing their energies on getting out, on fighting on their

immigration case and deciding to deal with the abuses they suffered in the detention center after, when they got out. (Culbreath, 2021)

Since no aftercare was provided to women after surgery by ICDC, women were left to fend for themselves individually and collectively. One woman for example explained how she cared for several women operated by Amin, by bringing them food and painkillers from the Commissary and helping them clean their wounds. She helped one woman to get to the bathroom when she could not stand for herself and helped her use the stairs. (Class Action Lawsuit, 2020:40) She also tried to cheer up and distract these women when they were in pain or when they were sad. (Class Action Lawsuit, 2020:41)

Some women warned others against being treated by Amin. Sonia is thankful for the words a woman gave to her. When Sonia visited Amin, he told her there was something wrong with her uterus and that she would need a follow-up visit. Sonia had had a recent examination by another doctor when she was still in prison, and an ultrasound that showed she was healthy. Sonia explains she mistrusted Amin's diagnosis and felt unease towards him. Her views about him exacerbated when a woman told her that this doctor was giving everyone a hysterectomy and advise her not to go back to see him. After the woman's warning, Sonia refused to see Amin again.

- **Activists and advocates' work**

When interviewing the NGOs, I identified the work they conduct as resistance, despite the challenges they face in their daily tasks. In this theme I will describe first some of the challenges that came up on the interviews, and then some of their efforts in fighting the injustices and human rights violations.

The NGOs daily challenges to conduct their work

My main findings on this theme are the material and emotional difficulties of working these topics, the impact of the cases on the mental health of the activists, and an absence of immigrant women in the mainstream agenda for reproductive rights.

For example, Leeann mentioned the impact that the situation at the detention centers has on her mental health, and she addressed secondary trauma during her interview. There is a frustration expressed by Leeann on not being able to know about the extent of the abuses before the Whistleblower complaint got out. On this matter, Leeann

expressed her frustration of not knowing the extent of medical abuses until the Whistleblower spoke: *“When I started to hear the stories these women...started to tell their stories more fully of what they actually experienced there, it was just...you know, it’s been pretty devastating to hear that and know how many were suffering... and we really just didn’t know.... The extent of it...”* (Culbreath, 2021)

On the absence of migrant women in the mainstream agenda of reproductive rights, Adelina argues that when speaking about reproductive rights, migrant women are often not considered, and often the topics of asylum, criminalization, deportation, and reproductive rights are seen as something separate, nevertheless, everything is connected. Adelina considers this case as a wakeup call for this to change. (Nicholls, 2021)

On the other hand, activists and advocates also stressed that the lack of privacy to talk to the detainees is not only a violation of the detainees’ freedom of speech, but an obstacle for the NGOs to work with them as well, since they have less opportunities to find out what is going on inside the center. As I have mentioned, both activists and detainees suspect their calls are listened to and they claim that whenever they complained over the phone over Amin’s treatment, or over the lack of protections regarding COVID, for example, the calls got disconnected. Women have stressed that after the whistleblower complain was out and they started to speak openly to the media about the case, ICE started to deport them.

Leeann stressed in her interview that these struggles and obstacles are something she had to deal with at SGISN with her own resources and time, since the network works on a voluntary basis. She pointed out that this work requires a large amount of energy and time away from her family. From my understanding of the staff and capacity of the other NGOs, I consider they have mixed teams, with both paid staff and volunteers.

Despite these challenges, the NGOs I interviewed explained the work they do and pointed out essentially towards material and support (financial and legal) tasks. Their activities include volunteers’ visitations and support for the detainees, post-release support, Commissary support, sustaining contact with families, covering clothing needs and providing information and encouraging women to speak up, as well as legal representation.

Before the pandemic, volunteers from the Southern Georgia Immigration Support Network (SGISN) would go to visit every week the women at ICDC, keeping company to the women that had no families there or the ones who were not getting any visitation, talking to them, singing happy birthday to someone, etcetera. When COVID-19 hit,

SGISN suspended in-person visitations but continued to be in contact with detainees through a written and digital format (video calls, letters, cards, and their pen pal program (which was already in place before the pandemic) and with the detainees' families. Through this contact, SGISN provided support and helped maintain the communication, conducting small tasks that were nevertheless important for the detainees. For example, as requested by the women, SGISN volunteers would send Mother's Day cards on behalf of them.

Through economic support, SGISN helped fund some detainees Commissary⁴⁶ account, so they could supplement their diets or buy the extra toiletry items they need. (Culbreath, 2021) Since the facility provides detainees only with a pair of plastic slippers, which leave their feet unprotected and do not cover them from cold, the SGISN helped the detainees by buying them shoes that would protect them from slippery floors, provide them more protection from the cold and allow them to move with more safety in general. This included multiple pairs of socks as well.

On what Leeann refers to as 'post-release support', when a person was released from detention, SGISN coordinated to get people home, either providing them transportation tickets and/or the items they need to travel home (such as clothing, for example), or providing them financial assistance since they might be homeless when released or in need of financial support to get back on their feet. (Culbreath, 2021)

Leeann explained that SGISN, Project South and GLAHR have been working collectively for a long time, therefore they have built trust in each other and are organized. The national and international attention that ICDC's abuses have gotten has led different new groups to sum efforts. Leeann recognized that this is exciting for SGISN and the other NGOs but acknowledges that it can be challenging. (Culbreath, 2021) Adelina considers that some groups have approached the topic motivated by their own interests, trying to take over, and despite the many groups involved, some things still have escape them, since there are many different elements on the case. (Nicholls, 2021)

I consider that resistance and reproductive justice praxis are present within the activism of the NGOs I interviewed. Examples of these are 1) the efforts of GLAHR into advocating for guarantying and protecting the Latino community from detention and

⁴⁶ As I mention on chapter four, the Commissary is a store inside the detention facilities where food and other items are sold. The prices are higher than usual for each product and detainees are often in need of buying extra food when the portions or quality of the food served in the facilities is insufficient and when hygiene products are not provided by the facility.

stressing their rights to participate into politics;⁴⁷ 2) Project South's efforts to provide legal representation for women to access justice; 3) SGISN efforts to support women and their family ties despite separation and detention, as well as their efforts in providing emotional support to women detained by listening to them; 4) accountability demands by the NGOs and their constant efforts to end immigrant detentions, deportations and abolish ICE.

NGOs efforts to supply for the contact that the detainees cannot have with their families, functioning as bridges despite the system's disruption of this bond; their actions to provide for the detainees the items they cannot get from the detention center, as well as in voicing their concerns and complains to get the care they need or to report the abuses through the media and advocate with the government and the public opinion for a change on immigration politics and the criminalization system, are all part of what I consider to be both resistance and reproductive justice praxis.

Final reflections from fieldwork

Regarding detained women's negative human rights, I consider that reproductive justice would mean for the government to stop interfering with women's reproductive decisions, to stop intervening their bodies with unnecessary, harmful, and non-consensual procedures, to stop profiting from women's suffering and criminalizing non-citizens. Reproductive justice reports the disproportionate incarceration of women of color in reproductive age.

In my view, regarding their positive human rights, the reproductive justice would stress that the state is obligated to guarantee women a life free of violence where they can call the authorities if they are suffering domestic violence—without fearing that their immigration status will put them at risk of deportation—knowing that they will be protected from their abusers. From a positive human rights perspective, women need to have real access to choices. However, I believe the U.S. not only has failed to guarantee these, but it has violated the human rights of thousands of noncitizens and incarcerated populations.

⁴⁷ Nicholls mentioned as GLAHR's efforts the following: 1) campaigning within the Latino community on the importance of people's exerting their right to vote; and 2) advocacy work that resulted in two sheriffs terminating local authorities' cooperation with immigration authorities in two counties by ending their cooperation with the program 287(g). (Nicholls, 2021)

ICDC's case goes against the three main principles of reproductive justice: 1) the right to have a child under the chosen conditions; 2) the right not to have a child; 3) the right to parent children in safe and healthy environments. (Ross, 2017:290) In Sonia's words,

"Oh yes! My family, everything! I have one granddaughter. She's 8. She's something else. I really want to get to bond with her. You know? She was born while I was away, so I'm not used to her yet, I love her to death, but I don't know her like I should. My immediate family is in the States. My children, my parents, my sisters, that's it, that's all I've ever known, and that's where they are, of course, I want to be there!" (Dodd, 2021)

Prison and detention kept Sonia away from her family for a decade and prevented her from raising her children. Now after deportation, her wish is to return to the U.S. to reunite with her family.

From the fieldwork I have analyzed, I consider that reproductive justice for the survivors in this case revolves around the right to stay with their families in the U.S., their right to have clear information about their immigration status and legal case; their right to request asylum from their origin countries if they fear for their lives; their right to protection from persecution and domestic violence; right to physical and mental healthcare, right to bodily autonomy—including them being able to decide over themselves, to request and refuse care, their right to freedom—including freedom of speech; right to being with their loved ones; right to parent their children outside detention, in a safe environment and in freedom; right to keep their parental rights; right to have means to sustain themselves and their families; right to fair laws; right against criminalization; legal defense; contact visitations; communicate with their families; accountability and to report abuse from authorities; right to reparations.

With this, I return to Dorothy Roberts when she says: "True reproductive freedom requires a living wage, universal health care, and the abolition of prisons." (2015) This case has shown the impact of detention against women's reproductive justice as well as the presence of resistance strategies from the survivors as well as from activists and advocates, that despite being limited they are still present. I have seen in this case how reproductive justice goes beyond reproductive health and I have perceived the discussion around the abolition of detention and incarceration. Although this a topic I will not analyze further, I consider it to be an opportunity for the reader to look into.

As Loretta Ross, Lynn Roberts, Erika Derkas, Whitney Peoples and Pamela Bridgewater Toure argue in their commemorative work for the twentieth anniversary of

the creation of SisterSong, “Medical neglect in prisons and the erosion of parental rights both fit into a long history of reproductive oppression suffered by poor women and women of color, including the sale of children under slavery, the forced removal of Native children to government boarding schools, restrictive immigration policies, sterilization abuse, bans on public funding for abortion, and punitive welfare policies.” (Ross, Derkas et. al., 2017) ICDC case is part of the U.S. legacy of reproductive oppressions, a legacy that prevails and continues to manifest.

Final remarks

“For we have, built into all of us, old blueprints of expectation and response, old structures of oppression, and these must be altered at the same time as we alter the living conditions which are a result of those structures. For the master’s tools will never dismantle the master’s house.”

Audre Lorde

In this research I sought to explore to what extent is women of color’s access to Reproductive Justice hindered by the structural violence embedded in the U.S. immigration detention system, allowing the continuation of forced sterilizations and other non-consensual abusive gynecological procedures, as for example those occurred in Irwin County Detention Center (ICDC) nowadays, and the strategies of resistance that have taken non-governmental organizations (NGOs) and women of color against these abuses.

To answer these questions, I divided this dissertation in five sections. In the first chapter, I addressed the historical context around the practice of forced sterilizations, the forced prescription of contraceptives and its impact on women’s health, and the birth control fight in the pro-choice movement. As I have argued, neither the pro-choice nor the pro-life narrative have challenged the criminalization of communities of color, the capitalist system, the economic nor political factors that surround their position. I explored the connection of these abuses with eugenicist ideas and the overpopulation narrative in the U.S.

Secondly, I presented three theoretical concepts and frameworks that I connect along this research: intersectionality,⁴⁸ reproductive justice, and structural violence. In the third section, I described the methodology, and I explained how I selected and gathered the sources and interviewed key informants. I reflected on my role as a feminist researcher, the ethical reflections I made and the role of reflexivity on this research. In the fourth section, I presented how journalists, activists and advocates describe detention centers, and how some explain a linkage between prisons and the immigration detention system in the U.S. through the prison-to-deportation pipeline.

⁴⁸ Some scholars have analyzed and problematized intersectionality as a framework. I invite the reader to review the following text: Lutz, Helma, Maria Teresa Herrera Vivar, and Linda Supik. *Framing Intersectionality: Debates on a Multi-Faceted Concept in Gender Studies*. The Feminist Imagination-Europe and Beyond. Farnham, Surrey: Ashgate Pub, 2011.

Though the people held within detention centers are usually referred to as “migrants” or “immigrants” I attempted to use different words, such as detainees, and non-citizens. As I explained, some people are held in immigrant detention despite having lived almost all their lives in the U.S., others are accused of committing a felony that rendered them subject to detention and deportation—despite having a residence permit, others are asylum seekers waiting for their case to move forward, amongst other diverse circumstances. Therefore, my selection of a wider terminology is a conscious effort to visibilize the varied situations that render a person vulnerable to detention and possibly to deportation. Lastly, I provided a brief description of the issues reported by journalists and advocates around human rights violations in these facilities and presented the alleged abuses at ICDC.

In the final chapter, I focused on explaining and analyzing the findings I made on five themes and connected these with the theoretical framework I suggested in chapter two. Additionally, I sought to learn about the strategies of resistance exerted by both women and non-profit organizations. It was not my goal to prove or disprove the abuses that women and activists describe at ICDC, but to explore their views and experiences on the matter.

As I addressed in chapter one, eugenics have been present in the creation of the border patrol and other immigration authorities and regulations, and as Stern explains, immigrant detention has been used to prevent the reproduction of those deemed as unfit in a negative eugenics fashion (2016:9), working with segregation, sterilization, and providing no treatment to those in need, valuing one life more than other. (Bashford and Levine, 2010:6)

The alleged abuses at ICDC go beyond forced sterilizations to a whole range of reproductive oppressions and human rights violations, preventing women from their right to bodily autonomy, hindering their reproductive health, leaving them without choices and preventing them from accessing reproductive justice altogether. I question the limits of informed consent and institutionalized populations’ limitations to provide an actual informed consent.

As I argue in chapter two, mainstream feminism has been focused mainly on the pro-choice position, which has lacked an intersectional analysis to perceive that not all women have real access to choices nor rights and has failed to analyze how intersectional factors render women’s experiences different on this matter. I believe that with a political intersectional perspective (Crenshaw, 1995:360), immigration politics and reproductive

rights can be seen as connected and not as separated issues, without leaving behind the individuals and communities that are stranded by both of these and other factors.

At ICDC, women have no power to decide over when to seek medical care, when to seek a second opinion, when to get the medicines they need, nor when to see their families. They are forced to rely on guards, doctors, nurses, and others, under the threat of punishment or retaliations. An intersectional analysis should consider how racism, nationalism, criminalization, patriarchy, institutionalization, and capitalism impact differently detained women.

Structural violence is present within the detention centers, from the bed quotas, the low quality and insufficient amount of food, the lack of cleaning procedures, and insufficient protections to prevent COVID-19 outbreaks, to the alleged forced sterilizations and other harmful procedures and medical negligence in the facility. I consider these facts, as characteristics of the structural violence embedded in immigrant detention, leading to the dehumanization of the people held, prioritizing profit in the capitalist system, from a biopolitical view as well, in the benefit of the private companies, government agents, the state and outside providers.

Detained women are separated from their families, sometimes forever, uprooted from their communities, often sick without access to healthcare and due process, where authorities inflict either direct or indirect violence on them and are often deported to countries where they have never been into or where they have no support network. Detention facilities profit from isolation, forcing women to pay unusually high fees for a phone call, to speak with their families for a few minutes, offering them slavery jobs for one dollar a day, taking advantage on detainee labor to run the facility knowing the detainees will take these jobs to pay for their phone calls and the commissary products to supplement their diets and other needs. Further, detention centers are located away from the metropolis, where legal and advocacy services are scarce.

In the sense of structural violence, this case speaks of lack of accountability, where not one person is responsible but the whole structure that prevails and sustains these violations, failing to hold someone accountable, ignoring the detainees' requests and complains; the same structure that allows women to be taken to the doctor in shackles, that allows family separation; and the profiting of the companies. It's not one authority, one office or one judge, it's in the justice departments that dictate the sentences, the local and federal authorities that collaborate with ICE to share information on deportable individuals, and programs such as 287(g).

Born from the fusion between *reproductive rights* and *social justice*, reproductive justice recognizes the factors that shape women's reproductive lives, moves marginalized communities to the center and involves a holistic approach on women's legal, social, economic, and political conditions and wellbeing. Beyond the narrow approach of the pro-choice narrative on abortion, reproductive justice stresses the need for women to have access to clean water, nutritious food, a healthy environment, access to education, sexual freedom, and bodily autonomy. (Hill Collins & Bilge, 2020:117)

I claim that detention goes against the three principles of reproductive justice: 1) the right to have a child under the chosen conditions; 2) the right not to have a child; 3) the right to parent children in safe and healthy environments. (Ross, 2017:290) The abuses they experienced in detention and detention itself, hindered Pauline's, Wendy's, Sonia's, and Elizabeth's reproductive justice.

For Pauline, detention meant the non-consensual removal of one of her fallopian tubes that has left her without the option of having children naturally. For Wendy's it meant the removal of both of her fallopian tubes, her detention and deportation to Jamaica and being separated from her children, not being able to support them or raise them and risking their health, since all of them are underage and one has a disability. For Sonia, detention meant not being able to raise her children and being deported to the U.K. away from her family. For Elizabeth, detention meant being separated from her four months-old baby and receiving a non-consensual contraceptive shot, risking her health, since all her family has a history of negative reactions to hormonal contraceptives.

Although much information is available regarding the conditions inside detention centers, most of it comes from the lenses of activists, community organizers and journalists, I believe more feminists scholars researching these matters is essential. An intersectional practice is key in the search for social justice. As I mentioned previously, since its inception, reproductive justice has been intertwined with intersectionality, so much that intersectionality is one of the conceptual blocks of Reproductive Justice, along with human rights, reproductive oppression, and population control (Ross & Solinger, 2017:58)

The structural violence suffered by the women is both formal and informal. As I explained in chapter 2, structural violence can be formal in the legal structures that enforce marginalization, or informal, with practices that limit access to healthcare and education for certain groups, injustice, and discrimination in the society, leading to the denial of their basic rights. Structural violence can be found in laws, institutional praxis,

written and unwritten rules, policies and in the behavior of individuals, access to work, justice, land, citizenship and so on.

The narratives that the U.S. government uses when addressing undocumented immigration, explain the situation with a particular language that calls for attention and that I believe stresses and exaggerates the actual numbers of people entering the country undocumented. Though I do not address this in this research, I believe an analysis of language and discourse on this matter from a feminist perspective is important. I believe it can be connected to the overpopulation narrative that I explained in chapter two, and that it can be an interesting opportunity for the reader to research on that direction.

Going back to the Malthusian views on population control, I can argue that immigration policies and criminalization as means of locking people in detention and prisons work as what Malthus would see as *positive checks* (Wilson, 2012:72) to restrain what in the public imagination is seen as an unstoppable mass of migrants, straining resources, and coming to take American jobs. I believe it would be interesting to analyze how much these narratives match Malthusian and neo-Malthusian views. Women of color are hypersexualized and seen as hyper fertile, echoing the fears that eugenics and neo-Malthusians implied. The overpopulation discourse is used, as Hartmann and Fixmer-Oraiz argue, according to the state's strategic determination of what populations are welcome to enter the country and reproduce, and which are not.

The magnitude of the abuses at ICDC calls for a reexamination of the incarceration of women of color, their exploitation by authorities that profit on human suffering and that disregard the lives of women, their families, and their communities. To say that these abuses have occurred only because of the profit that companies make from detainees would mean to overlook other aspects that are part of a rotten structure and would strip the topic from its complexity. Neither it's enough holding accountable this case respondents. Structural violence is embedded in the detention system. This takes me to underline the importance for further research on the matter of immigration, criminalization, and the abolition of detention centers from a reproductive justice perspective, since authors such as Jess Whattcott claim that for reproductive justice to thrive, incarceration, walls and cages must be abolished. (2018:151)

For abolitionists such as Davis, it is not about finding alternatives to substitute the prison, but rather, positioning decarceration as the goal, demilitarizing schools, strengthening the education system at all levels, physical and mental healthcare for all, and building a justice system based on reparation and reconciliation rather than

punishment and vengeance. (2003:107) I consider that more attention from a feminist perspective should be provided to the connection between immigration and criminalization, to the incarceration of women, particularly of women of color for survival crimes and non-violent crimes.⁴⁹

As I mentioned in the title of this thesis, women in detention have been *zeroed out*, not only by the literal meaning of this phrase within the immigrant detention context—where the expression is used to explain that the funds in their commissary accounts are emptied when women are going to be deported—but beyond that, *zeroed out* as human beings, nullified.

Though the abuses have been widely documented by journalists and activists for decades, its permanence also brings me back to Winter's explanation on how the invisibility of violence is confirmed through its repetition along generations. (2012) On the visibility of violence, Price asserts that, "At the intersections, the violence is experienced as injustice; outside, from the standpoint of the dominant culture, the violence is often unseen as *violence* because members of the dominant culture have become habituated to the inequality, as in the violence of poverty or homelessness. Deep structural elements of the society mark some people as deserving worse treatment, or even mark some people as less human. The structures responsible for the violence are also responsible for cloaking the violence as violence. (...) Attention to these structures requires attention to the histories. In order to see the violence, one must see the structures." (2012:6) For Leeann, detention centers are presented in a way that the violence within them is sanitized, therefore, it must be visibilized. (Culbreath, 2021)

I argue that structural violence is embedded in the detention system, held by the cultural violence, as explained by Galtung, that materializes in aspects such as stereotypes, racism, xenophobic and nationalist arguments, where violence and abuse towards non-citizens and racialized populations seems to be justified to the point that the violence itself and these aspects are unnoticed, seen as normal. (1990) I believe stereotypes such as the *welfare queen* and the *pregnant pilgrim* are part of the narrative that characterizes the cultural violence that impacts non-citizen women, in Galtung's terms, which sets the ground to allow structural violence to occur and continue through exploitation, sexualization and abuse, and ultimately on dehumanization.

⁴⁹ Regarding women in the prison industrial complex, see the following for statistics and more: The Sentencing Project. "Fact sheet: incarcerated women and girls." November 24, 2020. <https://www.sentencingproject.org/publications/incarcerated-women-and-girls/>

As I have contextualized in chapter one, and as ICDC case it's comparable to the case of the forced sterilizations occurred in the California prisons in the 2000s, these abuses are not new, and they continue to occur nowadays. (Belly of the Beast, 2020) I believe they will continue to happen in the future, unless transformative changes occur. Meanwhile, other institutionalized populations are vulnerable to such abuses. These abuses are not exclusively happening in the U.S. Violations to women's bodily autonomy and the lack of reproductive justice are pervasive around the world.

In this case, reproductive justice includes but is not limited to women's right to have a legal immigration status, their right to have clear information and legal counseling, their right to request asylum, to be protected from persecution and domestic violence; right to healthcare, to bodily autonomy, to freedom, their right to be with their loved ones; to parent their children outside detention, in a safe environment and in freedom; to keep their parental rights; to have the means to sustain themselves and their families; to fair laws; right against criminalization; contact visitations; communicate with their families; accountability and to report abuse from authorities. Though the right to all women to access abortion is essential, it is also essential to stress women's right to refuse sterilizations and to exert their bodily autonomy. Detention is incompatible with reproductive justice.

Appendixes

1. Relevant terminology

Sterilization

To be infertile means to be unable to become pregnant or to cause pregnancy (Planned Parenthood, 2021). This can be caused by many factors, one of which can be sterilization. Sterilization is a permanent method of birth control. On women, this is a procedure that blocks the fallopian tubes so that eggs do not reach the uterus and pregnancy cannot occur. Often women's sterilization is referred to informally as "getting your tubes tied", tubal ligation, or tubal occlusion. To invalidate the fallopian tubes, there are different techniques: to cut the tubes in half or cut out a section and seal the ends; to use electric current to block the tubes; to close off the tubes from the outside using a clip or ring, or to remove the tubes. (Harvard Medical School).

When addressing sterilization procedures, a clear explanation is required. If not fully explained, the expression "getting your tubes tied" can lead to the misunderstanding that tubes can be "untied"—and often the word "sterilization" can be interpreted as an act of disinfection. When considering any surgical procedure for the means of sterilization as a permanent birth control method, health care providers acknowledge it as a non-emergency procedure that requires that the patient fully understands the implications and consequences of this, therefore patients should have a complete informed consent process before undergoing the procedure. (Open Society Foundations, 2011:3) Sterilization is not meant to be reversible. Although there are surgeries to try to reverse it, these procedures are costly and do not guarantee positive results.

Forced sterilization

When sterilization is not a choice, this can be forced sterilization or a coerced sterilization. Both terms might sound similar, however, there are important differences. When a person is sterilized after expressly rejecting the procedure, without her knowledge or without allowing her to consent, it is referred to as forced sterilization. When incentives, misinformation, or intimidation tactics are used to obligate a person to undergo the procedure, then it can be referred to as a coerced sterilization. (Human Rights Watch, 2011)

Hysterectomy

A hysterectomy is a surgery to remove the uterus, also known as the womb. It may include the removal of the fallopian tubes and ovaries. (OASH, 2021) There are different methods to have a hysterectomy, these can be: abdominal, vaginal, laparoscopic, or robotic. An abdominal hysterectomy means that the uterus will be removed by the surgeon through an incision in the abdomen. This is the most common method when removing the ovaries and fallopian tubes. A vaginal hysterectomy implies that the uterus will be removed through the vagina. This is the least painful and less invasive procedure. A laparoscopic hysterectomy is produced when the uterus is removed via small incisions in the abdomen to introduce the tools with the help of a camera, and then the removal of the uterus can be conducted through the vagina. Finally, the robotic method uses special robotic technology to conduct the procedure, leaving small scars and less pain after surgery. (Stanford Health Care, 2021)

Although in certain circumstances hysterectomies can save women's lives, it's a major surgery that will have long-term effects on women's health. A hysterectomy is recommended for several life-threatening conditions such as cancer in the uterus, cervix, vagina, fallopian tubes and/or ovaries; pelvic inflammatory disease (PID); severe uterine bleeding in some rare cases; other complications during childbirth, such as a breaking of the uterus or other extreme conditions endangering women's lives. A hysterectomy is not a recommended birth control method.

For other non-life-threatening situations, such as fibroid tumors, even if hysterectomy can be an option, other alternative surgeries and treatments can be prescribed, leaving hysterectomies as the last resource. (Our bodies ourselves, 2011) In fact, as stated by the collective Our Bodies Ourselves, "Hysterectomies should not be performed for mild abnormal uterine bleeding, fibroids without symptoms, and pelvic congestion (menstrual irregularities and low back pain). These problems typically respond to safer alternatives." (Our bodies ourselves, 2011)

After a hysterectomy, menstruation will no longer occur, and pregnancy will no longer be possible. The short-term consequences of the procedure might include blood loss, damage to nearby organs and areas, infection, blood clots, and side effects related to the anesthesia. (Stanford Health Care, 2021) There are no methods to reverse a hysterectomy and this procedure will not only accelerate the entering of women into

menopause, but it will jeopardize their health with a risk of acquiring other conditions such as bone deterioration, heart diseases, and incontinence. (OASH, 2021)

2. Interview summaries

Sonia Dodd

Interviewed on May 2 and May 9, 2021.

Sonia is a Black woman born in the UK. Her parents migrated from Jamaica to the UK in the 1960s, and they are part of the Windrush generation.⁵⁰ When she was four years old, her family moved from London to the U.S., First they arrived at New York, and then they moved to Miami, where Sonia grew up and where she lived from the age of five until she was thirty-eight years old, when she was arrested. She has three sisters, two of them live in Georgia and one in Florida, while her parents live in Miami. All of Sonia's nuclear family lives in the U.S.

Sonia has three sons and three daughters. She was raising them by herself and was doing well, but one day, she lost her job because the company where she was working shut down without notice. She had to find a way of feeding her children, then she became involved with marijuana trafficking and was arrested for conspiracy to trafficking marijuana in 2009. Sonia was sentenced to prison and couldn't raise her smaller children, which were five and seven years old when she was locked. She had to leave them to the care of their father. Sonia was healthy before being arrested, then she was diagnosed with hypertension, among other health problems, which she considers started from her detention.

After being arrested, she didn't have a bond and was sent to wait for her sentence at Irwin County Detention Center (ICDC), in Ocilla, Georgia. She was held there in 2009 during eighteen months. ICDC was then a federal holding, not an immigration detention center. From her experience there, she recalls experiences of dehumanization and abuse. Along with other fellow inmates, she went on a hunger strike and went in front of a judge to complain because the facility was not providing her with sanitary pads nor toilet paper, and they were not letting them go outside to the yard. The facility representatives denied this was happening and the judge believe them.

⁵⁰ For more information on this topic, see "Windrush generation: Who are they and why are they facing problems?" *BBC*. July 31, 2020. <https://www.bbc.com/news/uk-43782241>

Sonia spent one hundred fifty-five months in Tallahassee FCI women's prison, from August 2010 to February 2020. She tried to appeal her sentence because of the irregularities on the way she was arrested and on the way the police searched her house, nevertheless, she was deterred and threatened by the lawyers, arguing that she should accept her sentence, or otherwise the police would add more charges, and she would spend more time locked. She wasn't aware that by pleading guilty to the charges she was accepting her deportation. Scared, she decided not to take her case to court and serve her sentence.

Sonia describes her time in prison as a hard period away from her children, missing them and worrying about them every day. She recalls some of the injustices she witnessed, how innocent women were sentenced, how they struggled to keep contact with their families and how some were separated from their children. However, what she recalls with most horror is her time at ICDC. When she went back in February 2020 for her immigration procedure and deportation, the conditions had gotten worse.

By then the facility had become mostly an immigration detention center, though there were still a few federal inmates held there. She recalls with disgust the food and the unsanitary conditions, and underlines the inadequate law library, the high prices at the Commissary, and the high rates for the phone call service. She stresses that all ICDC cared was the money they got for each detainee, nothing else.

At the prison she was receiving Depo-Provera shots as treatment for her heavy cycles, therefore, she requested to continue this treatment and was sent to the only gynaecologist available, Dr. Mahendra Amin. She believes she met him in 2009 when she was at ICDC the first time, but had a good experience, so she accepted to go this second time to see him, yet this time was different. Amin performed a pap smear on her, even though she did not agree to it, and told her that there was a problem with her uterus and requested her to come back to see him. Sonia disbelieved him, she had gotten an ultrasound in prison and knew there was nothing wrong with her uterus. A fellow detainee told her that this doctor was giving everyone a hysterectomy and warned her not to come back. Sonia never went back to see Amin and is thankful that she was warned. In her time there, she never got the shot she needed.

When the pandemic hit, her deportation flight got delayed and she remembers being desperate to leave. She witnessed the lack of care during the pandemic, and her fellows recorded a video where they protested the unsanitary conditions, to ask their

release. Sonia remembers that they were sent to isolation and being unable to call anyone as a retaliation for this recording.⁵¹

Finally, on June 2020, Sonia was deported to the UK. If it weren't because of her British passport, she would have been deported to Jamaica, where she has only been there twice in her life, visiting relatives which have already passed away. Although she acknowledges the UK to be a safer place than Jamaica to live, the UK is an alien country for her. Sonia longs to return to the U.S., with her family, where her heart is. She hasn't seen her family since November 2019. She has an eight-year-old granddaughter, and she expects to have the opportunity to bond with her. She hopes she can become a paralegal or volunteer to help raise awareness about the risks and realities of deportation. To Sonia, justice means to be able to go back home.

Azadeh Shahshahani

Interviewed on March 2, 2021

Azadeh Shahshahani is the Legal & Advocacy Director at Project South. In her interview, she reflected on the case and on how the fact that the detainees are non-citizens and are under the custody of ICE and a private corporation renders them subject to exploitation. She provided context details on the case and on the legal efforts they are conducting. She mentioned as well that this NGO will publish a report on the case with Harvard Law School in the upcoming months.

Project South seeks to help cultivate strong social movements to fight what they perceive are the most pressing social, economic and political problems in the South of the U.S. This NGO works building grassroots community organizing towards racial justice, against gentrification, structural racism, and other forms of oppression. Project South oversees the legal representation of the Whistle-blower, Dawn Wooten, and the survivors.

Adelina Nicholls

Interviewed on April 8, 2021.

Adelina Nicholls is GLAHR's executive director. In her interview she spoke about GLAHR's work along the years and the different challenges the organization has faced

⁵¹ Video recorded by the detainees on April 13, 2020, available at: <https://www.youtube.com/watch?v=aQt6QbkWsLI>

along the administrations. She spoke off the impact immigration policies have had on the Latino community, the emotional distress and family separation. GLAHR's strategies include documenting the abuses inside the facilities, organizing demonstrations, and advocating for policy reforms. She stressed that GLAHR's long-term goal is to shut down the detention centers.

GLAHR defines itself as a non-profit organization, community-based that seeks to develop grassroots leadership within the Latino immigrant community in Georgia to organize, train, and educate the population in the defense of their civil and human rights, fighting against programs such as the 287(g).

Leeann Culbreath

Interviewed on March 11, 2021

Leeann explained that two years ago, the SGISN had a hospitality house destined to help immigrants that needed a temporal place to stay. They had to shut down the house since the resources the network had to keep it were ending. Apart from running the hospitality house, Leeann organized volunteers and visited the detainees at ICDC. When the COVID-19 pandemic hit, they continued to provide support through letters and digital formats. Leeann argues that for-profit detention is legalized slavery and that detention centers are concentration camps.

SGISN defines itself as a humanitarian non-profit that promotes resilience providing friendship, accompaniment, and support to immigrants and their families. They are formed only by volunteers and were focusing their work on ICDC. Since COVID and the now pending shutting down of this facility, they are reflecting and organizing how to continue their work.

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