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Katherine is passionate about public policy, law, and social justice. Her research on the legacy of *Buck v. Bell* was driven by a commitment to understanding the modern legal climate and its impact on human rights. Exploring this case and its lasting implications reinforced her interest in studying law, particularly reproductive health and disability rights. She hopes to continue examining how the law affects marginalized communities and plans to pursue a law degree to engage with these critical issues.



# Forced Sterilization in the United States: The Legacy of *Buck v. Bell*

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## Abstract

The United States' history with forced sterilization is a dark chapter that continues to impact contemporary legal and social frameworks. From its roots in the eugenics movement to its disproportionate effects on marginalized communities (especially women of color), sterilization practices have been justified in various ways over the years, all with the underlying goal of controlling who gets to reproduce and who does not.

In this article, I explore the history of forced sterilization in the United States through the lens of culture, focusing on the racial and economic factors that influenced its justifications, its practice, and the legal ramifications that continue to shape policies today. I argue that the institutionalization of forced sterilization through landmark legal cases, particularly *Buck v. Bell*, is deeply intertwined with the rise of the eugenics movement. This connection has shaped how the U.S. government and medical professionals have historically interacted with people deemed "undesirable" by society. I emphasize that, despite the official end of eugenics-based policies, forced sterilization practices continued well into the 21st century, with reports of sterilizations in immigrant detention centers and among other vulnerable populations. I suggest that we continue to examine contemporary legal cases and renew conversations surrounding the legacy of *Buck v. Bell* through the lens of modern-day ethics of sterilization and the rights of incarcerated people.

## Introduction and Historical Context

The early 20th century marked the rise of the eugenics movement in the United States, which sought to improve the human race through selective (thus, exclusionary) reproductive processes. This movement was closely tied to social and racial hierarchies, with proponents of eugenics arguing that sterilization could prevent the transmission of traits deemed "undesirable". During the time, eugenics was gaining traction in intellectual communities and was supported by many leading scientists and policymakers. Margaret Sanger, a pioneer of the birth control movement, recognized the potential of birth control as a tool for policing the reproductive choices of "undesirable" populations. Sanger believed that birth control could be a means to improve the gene pool, particularly by preventing the reproduction of those she labeled "feeble-minded".

In 1924, Virginia passed the Eugenic Sterilization Act, which gave state authorities the power to sterilize individuals deemed "unfit" to reproduce, including those labeled "feeble-minded". This law was grounded in eugenic principles; certain traits, such as low intelligence, criminal behavior, and poverty, were hereditary and it was thus the responsibility of the state to intervene to prevent the transmission of these traits. As a result, many individuals (most of whom were poor, disabled, and from marginalized communities) were sterilized against their will with little or no legal recourse.

In 1927, the United States Supreme Court heard *Buck v. Bell*, a case that many identify as the catalyst for forced sterilization throughout the United States, as it legitimized early eugenic sterilization procedures. In the case, the plaintiff, Carrie Bell, was deemed “feeble-minded” by the psychiatrist at the facility she was institutionalized in and was ordered to be sterilized. She was the daughter of a woman in the same institution and the mother of a daughter also labeled as “feeble-minded”. The legal challenge was not against the sterilization procedure itself, but rather against the constitutionality of the Virginia Eugenical Sterilization Act and the violation of Bell’s rights under the 14th Amendment, which guaranteed equal protection under the law and due process. The Court ruled in favor of the state, with Justice Oliver Wendell Holmes infamously stating “three generations of imbeciles are enough” and “it is better for all of the world if instead of waiting to execute degenerate offspring for crime, or to let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their kind”.

## Shifting Justifications for Forced Sterilization

In its early years, forced sterilization was justified primarily through eugenics, framed as a means of protecting the human race by eliminating certain “undesirable” traits. The decades following, however, saw an increase in the institutionalization of marginalized individuals; this led to a shift in conversation, ultimately resulting in the justification for forced sterilization to shift towards the protection of vulnerable women, particularly those institutionalized.

In 1942, the U.S. Supreme Court heard *Skinner v. Oklahoma*, which marked a turning point in the legal conversation surrounding forced sterilization. The Court rejected eugenic sterilization as a legitimate state goal and recognized that procreation was a basic civil right. In the case, Skinner had been arrested twice for theft and finally for armed robbery, which made him a convicted felon under Oklahoma law and he was thus sentenced to a term of imprisonment at a penal institution. During this stay, proceedings were brought to forcibly sterilize him and he referred to the 14th Amendment in his defense. Despite this ruling, sterilization continued throughout the United States, specifically targeting women of color and those on welfare.

In the 1950s and 1960s, sterilization practices grew increasingly motivated by race, with Black women disproportionately affected, particularly in the South (Stern, 2020). There was now a perception that low-income, minority families placed a large burden on the welfare system. In North Carolina, 7600 individuals were sterilized, many of whom were Black women. Between 1950 and 1966, Black women were sterilized at rates more than three times higher than white women. This practice was rooted in the belief that Black women were unfit to parent and in the broad perception of poverty justifying reproductive control.

In Alabama, the case of the Relf sisters highlighted the coercive and misleading nature of sterilizations. In *Relf v. Weinberger*, the young girls were sterilized after their mother unknowingly signed consent forms, believing she was consenting only to birth control shots. After the case’s litigation began making its way through the courts, its exposure led to the requirement that doctors obtain “informed consent” prior to performing any sterilization procedures. It was not until 1976 that the Department of Health, Education, and Welfare finally created programs to protect minority women; they implemented safeguards such as an age requirement of at least 21 years old, a mental competence requirement, and a 72-hour waiting period. As tubal ligation became a more popular form of birth control, however, federally funded family-planning programs began subsidizing this cost. These programs targeted people of color and often coerced them into sterilization under false pretenses, such as with the (false) information that tubal ligation could be reversed after five years.

Although the practice of forced sterilization declined after *Skinner v. Oklahoma*, the legal and social framework established by *Buck v. Bell* continues to influence rulings and policies across the United States. What began with eugenics-based justifications evolved into moral and racial arguments, and the legacy of forced sterilization endures in various forms.

# Sterilization in Contemporary Contexts: Immigration Detention Centers

The effects of forced sterilization continue to manifest in contemporary practices, particularly in prisons and immigration detention centers. In her article “Not Just ICE: Forced Sterilization in the United States” (2021), Emily Medosch examines the allegations against Immigration and Customs Enforcement (ICE) for forcibly sterilizing detainees under their care. Medosch highlights the introduction of tubal ligation as a sterilization method, particularly its prevalence among non-English speaking women. This practice, both then and now, serves as a form of medical coercion that exploits vulnerable women in emotional and physical distress.

The ongoing consequences of forced sterilization’s legacy remain evident even in the 21st century. Women detained in ICE facilities have testified that they received contradictory explanations regarding the procedures they were undergoing, creating an environment of minimal accountability. This violates fundamental human rights, yet it persists because it is largely hidden from the public eye. While sterilization is not as widespread as it once was, these testimonies reveal recurring ideologies of targeting and policing the reproduction of women of color. This emphasizes the importance of examining the legal implications of forced sterilization through a modern lens. It also serves as a stark reminder that the legal legacy of *Buck v. Bell* continues to disproportionately harm marginalized communities, especially women of color.

## Conclusion

The history of forced sterilization in the United States reveals a deeply troubling pattern of exploitation and violence against marginalized groups, particularly women of color. From its eugenics-driven roots to the contemporary practices still visible in immigrant detention centers, forced sterilization has evolved but continues to disproportionately affect vulnerable populations. Landmark legal cases like *Buck v. Bell* institutionalized sterilization, creating the legal framework scripts that would persist for decades.

As we continue to witness instances of medical coercion in today’s immigration detention centers, it is clear that the legacy of *Buck v. Bell* still persists. While sterilization practices may not be as widespread as in the past, the targeting of women of color and vulnerable populations remains prevalent. The need for accountability, transparency, and protections against forced sterilization is more pressing than ever. It is imperative that we confront the historical and contemporary implications of these practices to safeguard reproductive rights and bodily autonomy, especially for those who are most vulnerable.

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