

STERILIZED

in the Name of Public Health

Race, Immigration, and Reproductive Control in Modern California

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In exploring the history of involuntary sterilization in California, I connect the approximately 20 000 operations performed on patients in state institutions between 1909 and 1979 to the federally funded procedures carried out at a Los Angeles County hospital in the early 1970s.

Highlighting the confluence of factors that facilitated widespread sterilization abuse in the early 1970s, I trace prosterilization arguments predicated on the protection of public health.

This historical overview raises important questions about the legacy of eugenics in contemporary California and relates the past to recent developments in health care delivery and genetic screening. (*Am J Public Health*. 2005;95:1128–1138. doi:10.2105/AJPH.2004.041608)

THE YEAR WAS 1979 AND THE

place was the state capitol in Sacramento, Calif. Assemblyman Art Torres, chairman of the Health Committee, introduced a bill to the legislature to repeal the state's sterilization law. First passed in the same chambers 70 years earlier and modified several times over the decades, this statute had sanctioned over 20 000 nonconsensual sterilizations on patients in state-run homes and hospitals, or one third of the more than 60 000 such procedures in the United States in the 20th century. In a letter to Governor Edmund G. Brown urging his signature, Torres asserted that the law was "outdated" and that the criteria used to authorize a sterilization order, specifically the clauses referring to a "marked departure from normal mentality" and to the genetic origins of mental disease, had "no meaning in modern medical terminology."¹ Backed by the Department of Developmental Services and the California Association for the Retarded, this bill

was unanimously approved in the State Assembly and Senate, in committee and on the floor.²

On the surface, this vignette might seem to encapsulate little more than the purging of an antiquated law, enacted infrequently since the 1950s, from the legislative annals. Torres, however, had learned that California's sterilization law was still on the books only when several residents of his predominantly Latino Los Angeles district sued the Women's Hospital at the University of Southern California/Los Angeles County General Hospital (hereafter called County General) for nonconsensual sterilizations in 1975.³ The plaintiffs in this class-action suit, *Madrigal v Quilligan*, were working-class Mexican-origin women who had been coerced into postpartum tubal ligations minutes or hours after undergoing cesarean deliveries. In contrast to the operations carried out at state institutions beginning in 1909, these procedures were financed by federal agencies that began to disperse funds in con-

junction with the family planning initiatives of the War on Poverty, launched by President Lyndon B. Johnson in 1964.

For the most part, *Madrigal v Quilligan* has been understood in light of the thousands of unwanted sterilizations reported in the United States from the late 1960s to the mid-1970s. And certainly, the experiences of the Mexican-origin women who suffered at the scalpels of County General physicians mirror those of the African American, Puerto Rican, and Native American women who came forth with comparable stories during the same years. Yet *Madrigal v Quilligan* should also be analyzed longitudinally, as a concluding link in the history of forced sterilization in modern California. Just as this case highlights the confluence of factors that facilitated sterilization abuse in the early 1970s, it also illuminates the longevity and potency of prosterilization arguments predicated on the protection of the public's health and resources.

Madrigal v Quilligan demonstrates shifts over the past century in terms of the rationale employed to authorize compulsory sterilizations and the uneven transition from state coercion to patient choice in matters pertaining to procreation and reproductive health. To offer historical insight into these complex patterns and better comprehend the fraught politics of reproductive control, I explore the intersections of race, sex, immigration, sterilization, and health policy by tracing the chronology and context of involuntary sterilization in modern California. I conclude by suggesting some of the implications of this history for contemporary public health programs.

JUSTIFYING STERILIZATION: FROM DEFECTIVE HEREDITY TO OVERPOPULATION

When Indiana passed the country's first sterilization law in 1907, it was motivated by the eugenic family studies of supposedly defective lineages, such as the Jukes and the Kallikaks, that were very much in vogue at the turn of the century.⁴ More broadly, such legislation was part of a wave of Progressive Era public health activism that encompassed pure food, vaccination, and occupational safety acts. In 1909, driven by the desire to apply science to social problems, California passed the third sterilization bill in the nation.⁵ Envisioned by F. W. Hatch, the secretary of the State Commission in Lunacy [*sic*] (renamed the Department of Institutions in 1921), this legislation granted the medical superintendents of asylums and prisons the authority to "asexualize" a patient or inmate

if such action would improve his or her "physical, mental, or moral condition."⁶

The law was expanded in 1913 and 1917, when clauses were added to shield physicians against legal retaliation and to foreground a eugenic, rather than penal, rationale for surgery.⁷ The 1917 amendment, for example, reworded the description of a diagnosis warranting surgery from "hereditary insanity or incurable chronic mania or dementia" to a "mental disease which may have been inherited and is likely to be transmitted to descendants."⁸ It also targeted inmates afflicted with "various grades of feeble-mindedness" and "perversion or marked departures from normal mentality or from disease of a syphilitic nature."⁹ Performed sporadically at the beginning, operations began to climb in the late 1910s, and by 1921, a total of 2248 people—over 80% of all cases nationwide—had been sterilized in California, mostly at the Sonoma and Stockton facilities.¹⁰

Home to an extensive eugenics movement that crisscrossed the domains of agriculture, education, medicine, and government, California was propitious terrain for the emergence of a far-reaching sterilization regimen. Eugenic ideas were espoused by influential professionals, such as Stanford University Chancellor David Starr Jordan, the Santa Rosa "plant wizard" Luther Burbank, and the Los Angeles politician Dr John R. Haynes. In 1924, Charles M. Goethe, a Sacramento businessman, collaborated with University of California zoologist Samuel J. Holmes to found the Eugenics Section of the San Francisco-based Commonwealth Club of California.

Several years later, the agriculturalist and philanthropist Ezra S. Gosney, in consultation with the Eugenics Record Office (located in Cold Spring Harbor, NY), underwrote the Human Betterment Foundation to foment sterilization education and legislation. Gosney eventually selected Paul Popenoe, a date palm cultivator and social hygienist, to conduct a detailed study of sterilization. After collecting data and interviewing patients and staff at state homes and hospitals, he and Gosney coauthored *Sterilization for Human Betterment: A Summary of Results of 6000 Operations in California, 1909–1929*, which touted the immense value of re-

"Effects of Eugenic Sterilization as Practiced in California," leaflet disseminated by the Human Betterment Foundation, Pasadena, Calif, from the late 1920s to the early 1940s.

EFFECTS OF EUGENIC STERILIZATION AS PRACTICED IN CALIFORNIA

1. One effect only—it prevents parenthood.
2. It in no way or degree unsexes the patient.
3. It in no way impairs the health of the patient.
4. It is a protection, not a punishment; therefore carries no stigma or humiliation.
5. Patients and their families are among the best friends of sterilization. They know by experience what its protection means to them.
6. It is approved by the medical staffs, social workers, probation and parole officers, who have come in contact with the patients before and after the operation.
7. It permits many patients to return to their homes who would otherwise be confined in institutions for years. It thus prevents the break-up of families.
8. It prevents the birth of children who would probably have a bad heredity, who could not be cared for properly, by their parents, and who would be likely to become state charges.
9. It releases sterilized patients from confinement in state institutions, and leaves room for other waiting patients; thus increasing the efficient care for more defectives without increasing the cost to the tax-payer.
10. It has not increased sex offenses; on the contrary, sterilized patients in California, for various reasons, chiefly educational discipline, show a great improvement over their former record of sex delinquency.
11. It enables many handicapped persons to marry and to have a life normal in most respects, whose marriage without sterilization would be unwise if not disastrous.
12. Conservatively and sympathetically administered, it is a practical, humane, and necessary step to prevent race deterioration.

NOTE: California has had in effect since 1909, a sterilization law applying only to inmates of state institutions. Up to January 1, 1937, the state had sterilized under this law, 11,484 patients (5933 men, and 5551 women). The Human Betterment Foundation has, for the past eleven years, been making an intensive study of the results to the patient, the family, and the community. For further details write—

THE HUMAN BETTERMENT FOUNDATION
321 PACIFIC SOUTHWEST BUILDING
PASADENA, CALIFORNIA

productive surgery and rallied sterilization crusaders across the United States and Europe.¹¹ This mission was furthered by the activities of the Eugenics Society of Northern California, the California Division of the American Eugenics Society, and the American Institute of Family Relations. In addition to these organizations, California's sterilization system was buoyed by the administration and involvement of the Department of Institutions, which managed state homes and hospitals, several of which were run by ardent superintendents who devised novel surgical techniques.

One of the reasons for this longevity was that, from the outset, California defined sterilization not as a punishment but as a prophylactic measure that could simultaneously defend the public health, preserve precious fiscal resources, and mitigate the menace of the “unfit” and “feebleminded.” California's presence was acknowledged in 1927, when the most powerful judiciary in the land, the US Supreme Court, ruled affirmatively on the constitutionality of Virginia's sterilization statute in *Buck v Bell*, countenancing sterilization on behalf of the collective health of the citizenry.¹³

against communicable diseases, it also necessitated “immunizing” the hereditarily defective in order to prevent the spread of bad genes. Once seen as integral to health prophylaxis and as a cost-saving recourse, sterilization programs intensified at a clipped pace across the country in the 1930s.¹⁵ By 1932, twenty-seven states had laws on the books and procedures nationwide reached over 3900.¹⁶ Not only did operations increase markedly during this decade, but some states, such as Georgia and South Carolina, passed legislation for the first time.¹⁷

In California, at least into the 1950s, compulsory sterilization was consistently described as a public health strategy that could breed out undesirable defects from the populace and fortify the state as a whole. Convinced of its efficacy, sterilization proponents pushed for implementation of the law beyond the walls of state institutions. For example, in his *Los Angeles Times* Sunday magazine column “Social Eugenics” (which ran from 1936 to 1941), Fred Hogue claimed that “in this country we have wiped out the mosquito carriers of yellow fever and are in a fair way to extinguish the malaria carriers: but the human breeders of the hereditary physical and mental unfit are only in exceptional cases placed under restraint.”¹⁸ To rectify this situation, Hogue recommended broader intervention and argued that eugenic practices, above all sterilization, were essential to “the protection of the public health” and “the health security of the citizens of every State.”¹⁹ Along a similar vein, in the second edition of their popular textbook *Applied Eugenics*, Popenoe and colleague Roswell H. Johnson underscored that “if persons

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Because of the state's multifaceted eugenics movement and the fact that it appreciably outpaced in absolute terms the other 32 states that passed sterilization laws at some point in the 20th century, California stands out when compared with the rest of the country. California carried out more than twice as many sterilizations as either of its nearest rivals, Virginia (approximately 8000) and North Carolina (approximately 7600). Furthermore, in many states, such as New Jersey and Iowa, sterilization laws were declared unconstitutional, judged to be “cruel and unusual punishment” or in violation of equal protection and due process.¹² In contrast, California's statute—although reworked over the years—remained in effect without interruption from initial passage until repeal.

Shaped by the legal struggles over states' rights to vaccinate that had played out in the 19th century, and drawing from *Jacobson v Massachusetts* (1905), which had ruled that maintaining the public health outweighed individual rights when it came to smallpox immunization, Justice Oliver Wendell Holmes wrote in his *Buck v Bell* opinion: “It is better for 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. *The principle that sustains compulsory vaccination is broad enough to cover cutting the Fallopian tubes.* Three generations of imbeciles are enough [italics added].”¹⁴

If utilitarian pursuit of the common good required mandatory vaccination to inoculate

whose offspring will be dysgenic are so lacking in intelligence, in foresight, or in self-control that they do not control themselves, the state must control them. Sterilization is the answer.”²⁰

Rooted in this logic and shored up by *Buck v Bell*, sterilizations rose dramatically in California in the 1930s, peaking at 848 in 1939 and 818 in 1941. By 1942, over 15 000 operations had been performed in the state, most since 1925.²¹ Even when per capita comparisons are made with states with much smaller populations, California’s rates were always clustered at the top. Not until the 1940s, when California claimed about 60% of all operations nationwide, did a few states, such as Delaware, North Carolina, and Virginia, begin to consistently overtake California in either per capita or annual terms.²²

Although, for a variety of reasons, it will be next to impossible ever to determine with any accuracy the total number of sterilizations, not to mention the statistical and demographic trends, some patterns are discernible.²³ In his exhaustive survey of state hospitals and homes in the late 1920s, and in a follow-up study about a decade later, Popenoe found that the foreign-born were disproportionately affected, constituting 39% of men and 31% of women sterilized.²⁴ Of these, immigrants from Scandinavia, Britain, Italy, Russia, Poland, and Germany were most represented.²⁵ These records also reveal that African Americans and Mexicans were operated on at rates that exceeded their population. Although in the 1920 census they made up about 4% of the state population, Mexican men and Mexican women, respectively, comprised 7% and

8% of those sterilized. Without the forced repatriations of hundreds of Mexicans from state facilities, orchestrated by the Deportation Office of the Department of Institutions, it very likely that this figure would have been higher.²⁶ More striking, at the Norwalk State Hospital, in southern California, where a total of 380 Mexicans constituted 7.8% of admissions from 1921 to 1930, they were sterilized at rates of 11% for females and 13% for males.²⁷

In addition, whereas African Americans constituted just over 1% of California’s population, they accounted for 4% of total sterilizations.²⁸ While the age of those sterilized varied according to sex, institution, and marital status, the bulk were in the 20- to 40-year age bracket, with a mean age of commitment of about 30 years for men and 28 years for women; sterilization typically occurred less than 12 months after admission.²⁹ Furthermore, unnamed patient records from the 1920s document hundreds of individuals in their late teens and early 20s sterilized for dementia praecox (schizophrenia), epilepsy, manic depression, psychosis, feeble-

mindedness, or mental deficiency. A notable percentage of these young patients were typed as masturbators or incest perpetrators if male and as promiscuous—even nymphomaniacal—or having borne a child out of wedlock if female.³⁰

As scholars have shown, California’s sterilization program was propelled by deep-seated preoccupations about gender norms and female sexuality.³¹ Especially after the procedure of salpingectomy became faster and less medically risky in the 1920s, the sterilization of women and young girls categorized as immoral, loose, or unfit for motherhood intensified. This trend is captured by the changing ratio between sterilizations carried out at institutions for the mentally ill and those performed at institutions for the feeble-minded. Initially, most operations took place at the former, affecting more men than women; by the late 1930s, this pattern reversed itself and the gender ratio approached parity. Additionally, Popenoe categorized most sterilized women as homemakers and most men as manual laborers, not as white-collar professionals, indicating that most of those sterilized were

“Sterilization Operations Performed in California Mental Hospitals and Institutions for Mental Defectives, to June 30, 1941,” in the Statistical Report of the Department of Institutions of the State of California (Sacramento: California State Printing Office, 1941).

TABLE 29. STERILIZATION OPERATIONS PERFORMED IN CALIFORNIA MENTAL HOSPITALS AND INSTITUTIONS FOR MENTAL DEFECTIVES, TO JUNE 30, 1941

Institution	Year ending June 30, 1941			Cumulative totals through June 30, 1941		
	Total	Male	Female	Total	Male	Female
Agnews	37	14	23	616	220	396
Camarillo	3	2	1	17	3	14
Mendocino	37	7	30	355	227	128
Napa	43	20	23	1,599	702	897
Norwalk	104	54	50	963	466	497
Patton	134	76	58	3,978	2,436	1,542
Stockton	113	68	45	2,328	1,378	950
Total - mental hospitals . . .	471	241	230	9,856	5,432	4,424
Pacific Colony	170	96	74	1,135	550	585
Sonoma	177	72	105	3,964	1,704	2,260
Total - institutions for mental defectives	347	168	179	5,099	2,254	2,845
Total	818	409	409	14,955	7,686	7,269

either working class or lower middle class.³²

The final substantial year for California's sterilization program was 1951, with 255 operations performed. The following year, the number dropped considerably to 51, undoubtedly because of a revision to the statute inserting administrative requirements for physicians and safeguards for patients.³³ This amendment, and another 1953 bill, deleted any references to syphilis (long since understood as microbial, not genetic, in etiology) and sexual perversion; instituted more demanding processes of notice, hearing, and appeal; and removed the terms "idiots" and "fools" from the law.³⁴ By turning what had been a mere formality into a more taxing ordeal, these modifications deterred many physicians from requesting sterilization orders.³⁵ Nevertheless, surgeries continued sporadically at every state institution into the 1970s.

In part, this legal modification reflected a shift in the criteria employed to sanction reproductive surgery, as an emphasis on parenting skills and welfare dependency began to supplant hereditary fitness and putative innate mental capacity as the determinants of an individual's social and biological drain on society. By this time, many eugenicists had conceded that earlier attempts to stamp out hereditary traits defined as recessive or latent, including alcoholism, immorality, and the catchall "feble-mindedness," had been proven futile by the Hardy-Weinberg equilibrium principle, which demonstrated that the overwhelming tendency of gene frequencies and ratios was to remain constant from one generation to the next. Thus, targeted interventions, such as steriliza-

tion, could not breed out defects; even if viable, they would show results only after thousands of years of regulated procreation.³⁶ More and more, eugenicists traded in "unit characters" for polygenic inheritance and genetic predispositions. Accompanying this realignment was a heightened interest in the manipulation and management of human heredity through population control, which postwar eugenicists and their allies pursued through groups such as the Population Council, Population Reference Bureau, and Planned Parenthood.

On the basis of a revamped rationale of bad parenthood and population burden, sterilizations increased in the 1950s and 1960s in southern states such as North Carolina and Virginia.³⁷ Concurrently, sterilization often regained a punitive edge and, preponderantly aimed at African American and poor women, began to be wielded by state courts and legislatures as a punishment for bearing illegitimate children or as extortion to ensure ongoing receipt of family assistance.³⁸ By the 1960s, the protracted history of state sterilization programs in the United States, and the consolidation of a rationale for reproductive surgery that was linked to fears of overpopulation, welfare dependency, and illegitimacy, set the stage for a new era of sterilization abuse. In California, which never explicitly endorsed a punitive model, the state program was fairly quiescent by the mid-1950s. However, when federal backing for reproductive surgery began to be distributed in the late 1960s, the eugenic refrains of previous decades resurfaced. The reproductive tendencies of working-class Mexican-origin

women were reviled in accordance with long-standing ideas of public health protection, along with more recent claims that these fecund female immigrants were worsening an already severe overpopulation problem.

MADRIGAL V QUILLIGAN

A series of overlapping factors created the milieu for widespread sterilization abuse in the United States from the late 1960s to the mid-1970s. This period saw the confluence of the gains of mainstream feminism with regard to reproductive rights, an unprecedented federal commitment to family planning and community health, and the popularity of the platform of zero population growth, which was endorsed by immigration restrictionists and environmentalists and put into practice on the operating table by some zealous physicians.

On the one hand, there was increased availability of and access to birth control, including abortion. For example, by 1970, North Carolina, Virginia, Oregon, and Georgia had passed voluntary sterilization laws and Washington, DC and New York had legalized abortion.³⁹ Quite simply, more women were using birth control, especially after the intrauterine device (IUD) and the birth control pill came on the market in the 1960s. Voluntary sterilization rates rose in tandem so that, in 1973, the same year abortion was decriminalized by the US Supreme Court in *Roe v Wade*, sterilization was the most used method of birth control by Americans in the 30- to 44-year age bracket.⁴⁰ On the other hand, in 1969 the American College of Obstetricians and Gynecologists dropped its age-parity

stipulation, which required that a woman's age, multiplied by the number of her children, equal 120 in order to qualify for voluntary sterilization. The following year, it retracted the proviso that a woman needed to consult 2 doctors and a psychiatrist before surgery.⁴¹

Federal funding for birth control and family planning also rose markedly in the late 1960s, most decisively with the passage of the Family Planning Services and Population Research Act in 1970 and the creation of the Office of Economic Opportunity (OEO). Among its many duties related to coordinating the War on Poverty's programs, the OEO was commissioned with introducing contraception and related education programs to millions of underserved women. In 1965, about 450 000 women had access to family planning projects; by 1975, this number had jumped to 3.8 million.⁴² In 1971,

after some initial hesitation, the OEO incorporated sterilization into its medical armamentarium. At the same time, Medicaid was permitted to reimburse up to 90% for an operation.⁴³ Factoring in the sterilizations backed by Medicaid and the Department of Health, Education, and Welfare (HEW) before the OEO's decision, between the late 1960s and 1974, when federal guidelines were formalized, approximately 100 000 sterilizations were carried out annually.⁴⁴

In theory, the advent of family planning resources and reproductive health clinics could provide millions of American women and men with heretofore scarce or nonexistent medical services. However, the increasing access to contraception overwhelmingly benefited middle-class White women.⁴⁵ Against the injunction to define themselves primarily as breeders, mainstream feminists framed their struggle for repro-

ductive and sexual autonomy in terms of the right to obtain birth control, above all abortion, elevating its federal legalization to their utmost goal.⁴⁶ While many minority and working-class women also clamored for greater reproductive control, they often found themselves combating the reverse equation, namely, that they were destructive overbreeders whose proactive tendencies needed to be managed.⁴⁷ Given that the family planning model was underpinned by the principles of population control and the ideal of 2 to 3 children per couple, a substantial influx of resources into birth control services and the absence of standardized consent protocols made the environment ripe for coercion.

One of the most well-known cases of sterilization abuse was that of the Relf sisters, aged 12 and 14, who were sterilized without consent in 1973 in Alabama in OEO-financed operations

Protest in Los Angeles against coerced sterilizations at the Women's Hospital of the University of Southern California—Los Angeles County General Hospital, 1974. With permission of the *Los Angeles Times*.



overseen by the Montgomery Community Action Committee. When the Southern Poverty Law Center sued on their behalf, it was revealed that their mother, who could not read, had unwittingly approved the procedures. Believing she was authorizing birth control for her daughters in the form of Depo-Provera injections, she signed an “X” on what was actually a sterilization release.⁴⁸

By the time the Relfs held a press conference in 1973, African American and Native American women from across the South and Southwest were coming forth with parallel allegations.⁴⁹ When *Relf v Weinberger* was heard in federal district court, Judge Gerhard Gesell concluded that “an indefinite number of poor people have been improperly coerced into accepting a sterilization operation under the threat that variously supported welfare benefits would be withdrawn unless they submitted,” and added that “the dividing line between family planning and eugenics is murky.”⁵⁰ Gesell estimated that over the past several years, 100 000 to 150 000 low-income women had been sterilized under federal programs.⁵¹

Unlike many of the African American women who filed suit in the South, the plaintiffs in *Madrigal v Quilligan* were neither welfare recipients nor on trial for illegitimacy. Instead, they were working-class migrant women sterilized in a county hospital where obstetric residents were pressured to meet a quota of tubal ligations and where the physicians at the top of the chain of command were partisan to racially slanted ideas about population control. In 1973, appalled by the unethical behavior he witnessed during his residency at

County General, Dr Bernard Rosenfeld coauthored a report on sterilization abuse across the nation. At County General, he recorded the following dramatic increases during the period from July 1968 to July 1970: a 742% increase in elective hysterectomies, a 470% increase in elective tubal ligations, and a 151% increase in postdelivery tubal ligations.⁵² Rosenfeld described a situation in which there was “little evidence of informed consent by the patient,” where doctors were “selling” sterilizations “in a manner not unlike many other deceptive marketing practices.”⁵³ According to Rosenfeld, County General obstetricians instructed residents to strong-arm vulnerable patients into accepting tubal ligations, often packaging the operation as a chance to gain needed surgical training.⁵⁴

Cognizant of what was transpiring at County General, Mexican American women in Los Angeles began to organize and investigate, eventually locating 140 women who claimed they had been forcibly sterilized in medically unnecessary surgeries.⁵⁵ As with Puerto Ricans on the East Coast, the sterilization cases galvanized Mexican American feminists, who distinguished themselves both from White feminists, whose quest for abortion rights often made them oblivious to reproductive abuse, and Mexican American nationalists, who frequently cast birth control as either superfluous to race and class or, more stridently, as treason against the perpetuation of the ethnic family and nation.⁵⁶ Mexican American feminists mobilized demonstrations against County General and formed the Committee to Stop Forced Sterilization, which linked sterilization to federal

antipoverty programs, the greed of big international corporations, and the oppression of poor people worldwide.⁵⁷

Madrigal v Quilligan, which ultimately pitted 10 sterilized women against obstetricians at County General, began in May 1978. The plaintiffs charged that their civil and constitutional rights to bear children had been violated, and that between 1971 and 1974 they had been victims of unwanted operations: coerced into signing consent forms hours or minutes before or after labor, not told that the procedure was irreversible, or simply sterilized without giving any consent.⁵⁸ Antonia Hernández and Charles Nabarette of the Los Angeles Center for Law and Justice represented the plaintiffs, all of whom were low-income monolingual Spanish speakers who had emigrated to California in their teens from rural areas in Mexico in search of economic opportunity or to join relatives.

Although they varied by age, occupation, and number of children, their stories were strikingly similar. All of them had been approached about sterilization after having been in labor for several hours and had endured difficult childbirths, eventually performed by cesarean delivery.⁵⁹ Their lawyers averred “these women were in such a state of mind that any consent which they may have signed was not informed,” and that in 3 cases, no consent was obtained.⁶⁰ Rebecca Figueroa was falsely given the impression that she was submitting to a reversible procedure. Elena Orozco was told that her hernia would be repaired only if she agreed to be sterilized, which she refused repeatedly, “until almost the very last minute when she was taken to be delivered.”⁶¹

At no point after being admitted to County General in 1973 did Guadalupe Acosta sign a consent form.⁶² Dolores Madrigal did so after a medical assistant told her that her husband had already offered his signature, something that was patently untrue. Their accusations were supported by the affidavits of 7 additional women, one of whom stated that a County General doctor told her after her cesarean delivery that “I had too many children” and that “having future children would be dangerous for me.”⁶³

Despite corroborating testimony about sterilization abuse at County General, the judge decided for the defendants, whom he determined had acted in good faith and intended no harm. Only one key witness, Karen Benker, spoke out against the doctors. Then a medical student and technician, Benker related an entrenched system of forced sterilization based on stereotypes of Mexicans as hyperbreeders and Mexican women as welfare mothers in waiting. She recalled conversations in which Dr Edward James Quilligan, the lead defendant and head of Obstetrics and Gynecology at County General since 1969, stated, “poor minority women in L. A. County were having too many babies; that it was a strain on society; and that it was good that they be sterilized.”⁶⁴ She also testified that he boasted about a federal grant for over \$2 billion dollars he intended to use to show, in his words, “how low we can cut the birth rate of the Negro and Mexican populations in Los Angeles County.”⁶⁵ According to Benker, sterilizations were particularly pushed on women with 2 or more children who underwent cesarean deliveries. Facing the animosity of the judge, Benker’s

voice was marginalized and drowned out against the other, mostly male, experts heard on the stand.

Hernández and Nabarette waived the option of a jury trial, placing adjudication in the sole hands of Judge Jesse Curtis. Although Curtis acknowledged that the women had “suffered severe emotional and physical stress because of these operations,” he refused to blame County General physicians for what he called “a breakdown in communication between the patients and the doctors.”⁶⁶ He found “no evidence of concerted or conspiratorial action” and, furthermore, was persuaded by the defendants’ contentions that they “would not perform the operation unless they were certain in their own mind that the patient understood the nature of the operation and was requesting the procedure.”⁶⁷ Although Curtis did not sanction neo-Malthusian theories, he stated that it was not objectionable for an obstetrician to think that a tubal ligation could improve a perceived overpopulation problem, as long as the physician did not try to “overpower the will of his patients.”⁶⁸ Curtis depicted the suit as a “clash of cultures,” and, relying on a simplistic interpretation of Mexican culture, suggested that if the plaintiffs had not been naturally inclined toward such large families, their postpartum sterilizations would have never congealed into a legal case.

Even though the plaintiffs lost, *Madrigal v Quilligan* did have major consequences for the formulation of sterilization stipulations—most importantly, securing a clause that consent forms be bilingual.⁶⁹ Now under many watchful eyes, County General began to comply with federal

guidelines, including a 72-hour waiting period between consent and operation, a near moratorium on sterilization of persons younger than 21 years of age, and a signed statement of consent preceded by a clear explanation that welfare benefits would not be terminated if the patient declined the procedure. These guidelines officially took effect in 1974, although persistent violations and inconsistencies in hospitals across the country spurred over 50 organizations to meet in Washington, DC in 1977 to push for stricter enforcement and oversight by HEW.⁷⁰

Madrigal v Quilligan was one aspect of the federally funded sterilization abuse that unfolded in the United States between the mid-1960s and mid-1970s. Nonetheless, the language used to disparage these women, indeed to deprive them of their human rights, had a much older origin. As early as the 1920s, California eugenicists such as Goethe, Jordan, and Holmes asseverated that Mexicans were irresponsible breeders who flooded over the border in “hordes” and undeservingly sapped fiscal resources. In 1935, for example, Goethe wrote to Harry H. Laughlin, superintendent of the Eugenics Record Office, “It is this high birthrate that makes Mexican peon immigration such a menace. Peons multiply like rabbits.”⁷¹

In editorials, pamphlets, and personal correspondence, prominent eugenicists foregrounded the “Mexican problem” as a danger to the state’s public and fiscal health. Moreover, during the Great Depression, Popenoe began to reconceptualize this as a “problem” not just of defective heredity but misguided parenthood. In a 1934 study tracking

“Whether in operations in state institutions or federally funded county hospitals, most of those sterilized were the foreign born, the working class, and young women deemed “unfit” to procreate or parent.”

504 households that had received public aid, many of which were “producing children steadily at public expense,” Popenoe and a colleague reported that of all the groups, Mexicans had the largest family size, a mean of 5.20 living children.⁷² These kinds of parents, however, rarely produced children of “superior quality”; much more common were “eugenically inferior” offspring. Popenoe recommended that every new charity case be given contraceptive instructions and materials, and that, “beyond this, sterilization at public expense [should] be provided for selected patients who desire it.”⁷³

The *Madrigal v Quilligan* sterilizations were not directed by the Department of Institutions, but they cannot be extracted from the chronology of involuntary sterilization in California, particularly since they occurred in Los Angeles, which, after the dissolution of the Eugenics Section of the Commonwealth Club of California in 1935, overtook San Francisco as the Pacific West’s eugenic epicenter. Los Angeles was home to some of the country’s most dynamic eugenic organizations, which included physicians affiliated with the University of Southern California hospital system. Whether in operations in state institutions or federally funded county hospitals, most of those sterilized were the foreign born, the working class, and young women deemed “unfit” to procreate or parent.

IMPLICATIONS FOR CALIFORNIA’S PUBLIC HEALTH PROGRAMS

The legacy of involuntary sterilization lingers in California. It is no coincidence, for instance, that the Golden State was home to Proposition 187, which was passed by a majority of votes in 1994 and strove to drastically restrict health, educational, and social services to “illegal aliens.” Its intent and rhetoric strongly resembled that iterated by California eugenicists and the Department of the Institutions in the early 20th century in terms of who deserved access to health services during pregnancy (in this permutation, denial rather than the imposition of reproductive control), who was allowed to reproduce on American soil, and who should be deported. Discursively unoriginal, it targeted Mexicans, who were portrayed as infectious hyperbreeders, alien invaders, and vampires threatening to bankrupt the state. Because of its negation of basic rights to an entire class of individuals, Proposition 187 was swiftly contested in the courts and ruled unconstitutional in 1998.⁷⁴

If Proposition 187 demonstrates the perduring eugenic and fiscal logic of public health prophylaxis, then California’s innovative prenatal testing program reveals the difficult ethical questions raised by contemporary instances of public health genetics. In 1986, California was first state to pass a law requiring that all

pregnant mothers be offered MSAFP (maternal serum alpha-fetoprotein) screening to assess the likelihood of Down syndrome, spina bifida, and neural tube defects. Rather than making such testing compulsory, this law mandates that genetic counselors inform patients of the availability of MSAFP. As studies show, however, given societal pressure to use extant medical technologies in order to do the “best” for one’s children, many women accede to prenatal testing even if, for linguistic or cultural reasons, the implications of testing or positive diagnosis are unclear.⁷⁵

Focusing on California, 2 medical anthropologists have described scenarios in which Mexican-origin women are, usually inadvertently, receiving incomplete or distorted information about genetic screening and its meanings.⁷⁶ This situation is exacerbated by a dearth of minority and bilingual genetic counselors trained and prepared to translate complex scientific and technical information to diverse patient populations.⁷⁷ However, it is also related to genetic professionals’ desire to distance themselves from the coercive practices associated with eugenics, a psychological technique defined as “non-directiveness.”⁷⁸ Even if motivated by noble intentions, attaining such neutrality is not only unrealizable, given that social values are embedded in medical institutions and decisions, but often frustrates patients, especially those from newly arrived immigrant groups who expect expert advice from genetic practitioners.⁷⁹

With California at the forefront, the demographics of the United States are changing, and it is likely that within a century Whites will no longer constitute

the nation's racial/ethnic majority. At the same time, genetic and reproductive technologies are proliferating and, although not necessarily offering therapy or cure, will generate information about the probabilities of genetic diseases that, in turn, will need to be communicated in a culturally sensitive manner. This is a great challenge for the 21st century; as a crucial component of tomorrow's public and reproductive health, it can be ethically enhanced by awareness of the ways in which history weighs on contemporary biomedicine and society. ■

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Endnotes

1. Art Torres to Edmund G. Brown, Jr., September 7, 1979, Legislative History, Assembly Bill 1204, Microfilm 3:3 (57), California State Archives (CSA).
2. "Enrolled Bill Report," August 31, 1979, Legislative History, Assembly Bill 1204, Microfilm 3:3 (57), CSA; *California's Compulsory Sterilization Policies*,

1909–1979, Lisa M. Matocq, ed. (Sacramento, Calif: Senate Publications; December 2003).

3. Author's interview with Art Torres, November 17, 2003, San Francisco, Calif.

4. These studies often focused on poor rural White families. See Nicole Hahn Rafter, *White Trash: The Eugenic Family Studies, 1877–1919* (Boston: Northeastern University Press, 1988).

5. Several weeks before California, the state of Washington passed the second sterilization law in the country. See Harry H. Laughlin, *Eugenical Sterilization in the United States* (Chicago: Psychopathic Laboratory of the Municipal Court, 1922).

6. Cited in Laughlin, *Eugenical Sterilization*, 17; on Hatch, see Joel Braslow, *Mental Ills and Bodily Cures: Psychiatric Treatment in the First Half of the Twentieth Century* (Berkeley: University of California Press, 1997).

7. See "Sterilization in California Institutions," *Sixth Biennial Report of the Department of Institutions for the Year Ending June 30, 1932* (Sacramento: California State Printing Office [CSPO], 1932), 146–147.

8. Laughlin, *Eugenical Sterilization*, 18–19.

9. Ibid, 19; also see F. O. Butler, "Sterilization Procedure and Its Success in California Institutions," *Third Biennial Report of the Department of Institutions of the State of California, Two Years Ending June 30, 1926* (Sacramento: CSPO, 1926), 92–97. The "sexual perversion" aspect of the law was amended and clarified with a 1923 statute that applied to those "convicted of carnal abuse of a female under the age of ten years."

10. Braslow, *Mental Ills*, 56.

11. Ezra S. Gosney and Paul Popenoe, *Sterilization for Human Betterment: A Summary of Results of 6,000 Operations in California, 1909–1929* (New York: MacMillan, 1929). This was followed 9 years later by *Twenty-Eight Years of Sterilization in California* (Pasadena, 1938).

12. Philip R. Reilly, *The Surgical Solution: A History of Involuntary Sterilization in the United States* (Baltimore: Johns Hopkins University Press, 1991), chap. 4. Many of these rulings were delivered in the 1910s and prompted state legislatures to reword and resubmit successful sterilization statutes.

13. See Paul A. Lombardo, "Three Generations, No Imbeciles: New Light on *Buck v. Bell*," *New York University Law Review* 60 (1985): 30–62; on sterilization in Virginia, also see Gregory Michael Dorr, "Segregation's Science:

The American Eugenics Movement and Virginia, 1900–1980," PhD Dissertation, University of Virginia, 2000.

14. Quoted in Stephen J. Gould, "Carrie Buck's Daughter," *Constitutional Commentary* 2 (2) (1985): 333; on *Buck v. Bell*, also see Paul A. Lombardo, "Involuntary Sterilization in Virginia: From *Buck v. Bell* to *Poe v. Lynchburg*," *Developments in Mental Health Law* 3 (3) (1983): 13–21; Lombardo, "Medicine, Eugenics, and the Supreme Court: From Coercive Sterilization to Reproductive Freedom," *The Journal of Contemporary Health and Law Policy* 13 (1996): 1–25; also see Lawrence O. Gostin, *Public Health Law: Power, Duty, Restraint* (Berkeley: University of California Press, 2000).

15. See Molly Ladd-Taylor, "Saving Babies and Sterilizing Mothers: Eugenics and Welfare Politics in the Interwar United States," *Social Politics* 4 (1997): 136–153.

16. Reilly, *Surgical Solution*, 97–101.

17. See Edward J. Larson, *Sex, Race, and Science: Eugenics in the Deep South* (Baltimore: Johns Hopkins University Press, 1995).

18. Fred Hogue, "Social Eugenics," *Los Angeles Times*, July 5, 1936, 29.

19. Fred Hogue, "Social Eugenics," *Los Angeles Times Sunday Magazine*, March 9, 1941, 27.

20. Paul Popenoe and Roswell Hill Johnson, *Applied Eugenics*, 2nd ed. (New York: The MacMillan Company, 1933), 160–161.

21. *Statistical Report of the Department of Institutions of the State of California, Year Ending June 30, 1942* (Sacramento: CSPO, 1943), 98; *California's Compulsory Sterilization Policies; Statistical Report of the Department of Institutions of the State of California, Year Ending June 30, 1935* (Sacramento: CSPO, 1936).

22. Figures derived from "US Maps Showing the States Having Sterilization Laws in 1910, 1920, 1930, 1940," *Publication No. 5* (Princeton: Birthright, Inc., nd) in *California's Compulsory Sterilization Policies*; Clarence J. Gamble, "Preventive Sterilization in 1948," *Journal of the American Medical Association* 141 (11) (1949): 773; Gamble, "Sterilization of the Mentally Deficient Under State Laws," *American Journal of Mental Deficiency* 51 (2) (1946): 164–169. Delaware was the only state that outpaced California in per capita terms in the 1930s, with a rate ranging between about 80 and 100 sterilizations per 100 000 individuals.

23. There are 4 key reasons for the immense difficulty of accurately calcu-

lating sterilization statistics and demographic trends: (1) incomplete archival access, including issues related to patient confidentiality; (2) insufficient clarity regarding the question of whether or not the official statistics include numerous "sent for sterilization only" cases, usually involving young women, not formally committed to state institutions but interned for the sole purpose of reproductive surgery; (3) exclusion in the official statistics of sterilizations in state prisons, 600 of which had been performed in San Quentin alone by 1941; (4) formidable numbers of "voluntary" sterilizations, primarily of women, who, at their own behest or that of relatives or a physician, procured the operation in a private setting. Undoubtedly, some women sought out sterilization as a form of permanent birth control, but the fact that obstetricians affiliated with California eugenics organizations carried out some of these operations raises questions about the extent to which they were voluntary, and, indeed, how to define voluntary or elective at this point in time.

24. See Gosney and Popenoe, *Twenty-Eight Years of Sterilization in California*.

25. "Nationality," Box 28, Folder 8, Papers of Ezra S. Gosney and the Human Betterment Foundation (ESGHBFF), Institute Archives (IA), California Institute of Technology (CIT).

26. Ibid. Percentages based on 1920 census figures. See "Table E-7. White Population of Mexican Origin, for the United States, Regions, Divisions, and States: 1910 to 1930," available at www.census.gov/documents/population, accessed May 10, 2004. California's total population was 3 264 711, of which Mexicans constituted 121 176.

27. "Norwalk Sterilizations," place of birth worksheet for females, Box 30, Folder 12; "Norwalk Sterilizations," place of birth worksheet for males, Box 30, Folder 13, ESGHBFF, CIT, IA. Numbers and percentages derived from the *Biennial Reports of the Department of Institutions* from 1922 to 1930 (Sacramento: CSPO).

28. Excerpt of "Nationality," Box 28, Folder 8, ESGHBFF, CIT, IA.

29. See rough draft of "Twenty-Eight Years of Human Sterilization," Box 28, Folder 8, ESGHBFF, IA, CIT.

30. See unnamed patient records in Boxes 39–43, ESGHBFF, IA, CIT. Also see Mike Anton, "Forced Sterilization Once Seen as a Path to a Better World," *Los Angeles Times*, July 16, 2003, A1.

31. For an excellent analysis of gender and sterilization in California, especially at the Sonoma facility, see Wendy Kline, *Building a Better Race: Gender, Sexuality,*

- and *Eugenics From the Turn of the Century to the Baby Boom* (Berkeley: University of California Press, 2001).
32. See Alexandra Minna Stern, "The Darker Side of the Golden State: Eugenic Sterilization in California," in *California's Compulsory Sterilization Policies*.
33. "Background Paper" and "Sterilization Operations in California State Hospitals, April 26, 1909 through June 30, 1960," in *California's Compulsory Sterilization Policies*.
34. See Legislative History, Senate Bill 750, Microfilm 3:2(4); "Legislative Memorandum," April 4, 1953, Legislative History, Assembly Bill 2683, Microfilm Reel 3:2 (10); Frank F. Tallman to Honorable Earl Warren, March 31, 1953, Legislative History, Assembly Bill 2683, Microfilm Reel 3:2(10), CSA.
35. See "Background Paper," in *California's Compulsory Sterilization Policies*.
36. See Elof Axel Carlson, *The Unfit: A History of a Bad Idea* (Cold Spring Harbor, NY: Cold Spring Harbor Laboratory Press, 2001); Diane B. Paul, *Controlling Human Heredity: 1865 to the Present* (Atlantic Highlands, NJ: Humanities Press, 1995).
37. See Johanna Schoen, *Choice and Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare* (Chapel Hill: University of North Carolina Press, 2005).
38. See Julius Paul, "The Return of Punitive Sterilization Proposals: Current Attacks on Illegitimacy and the AFDC Program," *Law & Society Review* 3 (1) (1968): 77–106.
39. See Schoen, *Choice and Coercion*, chap. 2 and 3; Leslie J. Reagan, *When Abortion Was a Crime: Women, Medicine, and Law in the United States, 1867–1973* (Berkeley: University of California Press, 1997).
40. See Elena R. Gutiérrez, "Policing 'Pregnant Pilgrims': Situating the Sterilization Abuse of Mexican-Origin Women in Los Angeles County," in *Women, Health, and Nation: Canada and the United States since 1945*, ed. Georgina Feldberg, Molly Ladd-Taylor, Alison Li, and Kathryn McPherson (Montreal: McGill-Queen's University Press, 2003), 379–403 (citation from p. 381).
41. See Thomas M. Shapiro, *Population Control Politics: Women, Sterilization, and Reproductive Choice* (Philadelphia: Temple University Press, 1985), 87.
42. *Ibid.*, 113.
43. Gutiérrez, "Policing 'Pregnant Pilgrims,'" 381.
44. Shapiro, *Population Control Politics*, 115.
45. See Linda Gordon, *Woman's Body, Woman's Right: Birth Control in America*, 2nd ed. (New York: Penguin Books, 1990).
46. On abortion and mainstream feminism, see Ruth Rosen, *The World Split Open: How the Modern Women's Movement Changed America* (New York: Viking, 2000).
47. See Gordon, *Woman's Body, Woman's Right*.
48. See Angela Y. Davis, *Women, Race, & Class* (New York: Vintage Books, 1981), chap. 12; Jack Slater, "Sterilization: Newest Threat to the Poor," *Ebony* (October 1973): 150–156.
49. *Ibid.*; Shapiro, *Population Control Politics*; Nancy Ordover, *American Eugenics: Race, Queer Anatomy, and the Science of Nationalism* (Minneapolis: University of Minnesota Press, 2003).
50. Quoted in Shapiro, *Population Control Politics*, 5.
51. *Ibid.*, 5.
52. *A Health Research Group Study on Surgical Sterilization: Present Abuses and Proposed Regulations* (Washington, DC: Health Research Group; 1973), 1.
53. *Ibid.*, 2.
54. *Ibid.*, 7.
55. See Diane Ainsworth, "Mother No More," *Reader: Los Angeles' Free Weekly*, January 26, 1979, 4.
56. See Virginia Espino, "Women Sterilized as They Give Birth: Forced Sterilization and the Chicana Resistance in the 1970s," in *Las Obreras: Chicana Politics of Work and Family*, ed. Vicki L. Ruiz and Chon Noreiga (Los Angeles: UCLA Chicano Studies Research Center Publications, 2000), 65–82; also see Vicki L. Ruiz, *From Out of the Shadows: Mexican Women in Twentieth-Century America* (New York: Oxford University Press, 1998), chap. 5.
57. Committee to Stop Forced Sterilization, "Stop Forced Sterilization Now!" (Los Angeles, n.d.), 3.
58. Also see Claudia Dreifus, "Sterilizing the Poor," in *Seizing Our Bodies: The Politics of Women's Health*, ed. C. Dreifus (New York: Vintage Books, 1977), 105–120; Adelaida R. Del Castillo, "Sterilization: An Overview," and Carlos G. Vélez-Ibañez, "Se Me Acabó La Canción: An Ethnography of Non-Consenting Sterilizations Among Mexican American Women in Los Angeles," in *Mexican American Women in the United States: Struggles Past and Present*, ed. Madgalena Mora and Adelaida R. Del Castillo (Los Angeles: University of California Chicano Studies Research Center Publications, Occasional Paper No. 2, 1980), 65–70, 71–94.
59. "Madrigal v. Quilligan," No. CV 74–2057-JWC, Report's Transcript of Proceedings, Tuesday, May 30, 1978, SA 230–240, Papers of Carlos G. Vélez-Ibañez (CGVI), Sterilization Archive (SA), Item 5, Chicano Studies Research Library (CSL), University of California at Los Angeles (UCLA).
60. *Ibid.*, 12.
61. *Ibid.*, 19.
62. *Ibid.*, 12.
63. Affidavit of DG, SA 110, CGVI, SA, 5, CSL, UCLA.
64. "Madrigal v. Quilligan," No. CV 74–2057-JWC, Report's Transcript of Proceedings, Tuesday, May 30, 1978, SA 230–240, CGVI, SA, 5, CSL, UCLA, p. 802.
65. *Ibid.*, 797.
66. Quoted in "Plaintiffs Lose Suit Over 10 Sterilizations," *Los Angeles Times*, July 1, 1978, clipping in CGVI, SA, 5, CSL, UCLA; Elena Rebéca Gutiérrez, "The Racial Politics of Reproduction: The Social Construction of Mexican-Origin Women's Fertility," PhD dissertation, University of Michigan, 1999, p. 212.
67. Quoted in Gutiérrez, "The Racial Politics of Reproduction," 213; quoted in Ainsworth, "Mother No More," 5.
68. *Ibid.*, 208.
69. See Gutiérrez, "Policing Pregnant Pilgrims," 393.
70. Shapiro, *Population Control Politics*, 137; *Sterilization Abuse: A Task for the Women's Movement* (Chicago Committee to End Sterilization Abuse, January 1977); Daniel W. Sigelman, *Sterilization Abuse of the Nation's Poor Under Medicaid and Other Federal Programs* (Washington, DC: Health Research Group, 1981).
71. Charles M. Goethe, press release, March 21, 1935, C-4–6, Papers of Harry H. Laughlin (HHL), Special Collections (SC), Truman State University (TSU).
72. Paul Popenoe and Ellen Morton Williams, "Fecundity of Families Dependent on Public Charity," *American Journal of Sociology* 40 (2) (1934): 214–220, quote from p. 214, Box 1, Folder 6, ESGHBF, IA, CIT.
73. *Ibid.*, 220.
74. See Kent A. Ono and John M. Sloop, *Shifting Borders: Rhetoric, Immigration, and California's Proposition 187* (Philadelphia: Temple University Press, 2002); Jonathan Xavier Inda, "Biopower, Reproduction, and the Migrant Woman's Body," in *In Decolonial Voices: Chicana and Chicano Cultural Studies in the 21st Century*, ed. Arturo J. Aldama and Naomi Quiñonez (Bloomington: Indiana University Press, 2002), 98–112; Dorothy Nelkin and Mark Michaels, "Biological Categories and Border Controls: The Revival of Eugenics in Anti-Immigration Rhetoric," *International Journal of Sociology and Social Policy* 18: (5–6) (1998): 35–63.
75. See Nancy Press and Carol H. Browner, "Why Women Say Yes to Prenatal Diagnosis," *Social Science and Medicine* 45 (7) (1997): 979–989; Barbara Katz Rothman, *The Tentative Pregnancy: Prenatal Diagnosis and the Future of Motherhood* (New York: Penguin, 1987).
76. Carol H. Browner, H. Mabel Preloran, Maria Christina Casado, Harold N. Bass, and Ann P. Walker, "Genetic Counseling Gone Awry: Miscommunication Between Prenatal Genetic Service Providers and Mexican-Origin Clients," *Social Science and Medicine* 56 (2003): 1933–1946.
77. See Boston Information Solutions, "National Society of Genetic Counselors, Inc. Professional Status Survey 2002," December 2002, available at http://www.nsgc.org/pdf/PSS_2002_2_22.pdf, accessed July 20, 2004.
78. See Jon Weil, "Psychosocial Genetic Counseling in the Post-Nondirective Era: A Point of View," *Journal of Genetic Counseling* 12 (3) (2003): 199–211.
79. See Ilana Mittman, William R. Crombleholme, James R. Green, and Mitchell S. Golbus, "Reproductive Genetic Counseling to Asian-Pacific and Latin American Immigrants," *Journal of Genetic Counseling* 7 (1) (1998): 49–70.

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28. Ekwutosi Okoroh, Charlan Kroelinger, Olivia Sappenfield, Julia Howland, Lisa Romero, Keriann Uesugi, Shanna Cox. 2024. Review of Publicly Available State Reimbursement Policies for Removal and Reinsertion of Long-Acting Reversible Contraception. *Open Access Journal of Contraception* Volume 15, 107-118. [[Crossref](#)]
29. Elizabeth A. Mosley, Nikki Zite, Christine Dehlendorf, Ashley Deal, Raelynn O'Leary, Sharon Achilles, Amber E. Barnato, Daniel Hall, Sonya Borrero. 2023. Development of My Decision/Mi Decisión, a web-based decision aid to support permanent contraception decision making. *PEC Innovation* 3, 100203. [[Crossref](#)]
30. Margaret Mary Downey, Clare Daniel, Anne McGlynn-Wright, Karissa Haugeberg. 2023. Protect and Control: Coverture's Logics Across Welfare Policy and Abortion Law. *Psychology of Women Quarterly* 47:4, 478-493. [[Crossref](#)]
31. Meredith G. Manze, Silpa Srinivasulu, Heidi E. Jones. 2023. Patient perspectives of using reproductive autonomy to measure quality of care: a qualitative study. *BMC Women's Health* 23:1. . [[Crossref](#)]
32. Ramlogan Sowamber, Alexandra Lukey, David Huntsman, Gillian Hanley. 2023. Ovarian Cancer: From Precursor Lesion Identification to Population-Based Prevention Programs. *Current Oncology* 30:12, 10179-10194. [[Crossref](#)]
33. Behnam Farhoudi, Elnaz Shahmohamadi, SeyedAhmad SeyedAlinaghi, Zohreh Rostam Afshar, Pegah Mirzapour, SeyedAlireza Nadji, Fatemeh Golsoorat Pahlaviani, Mehrzad Tashakorian, Daniel Hackett. 2023. Sexual and reproductive history of female prisoners in Iran: a health care needs analysis. *International Journal of Prisoner Health* 19:4, 591-598. [[Crossref](#)]
34. May Sudhinaraset, Rebecca A. Kolodner, Michelle Kao Nakphong. 2023. Maternity Care at the Intersections of Language, Ethnicity, and Immigration Status: A Qualitative Study. *Women's Health Issues* 33:6, 618-625. [[Crossref](#)]
35. AMANDA A. GEPPERT, EMILY MOSS, LAURA PARADIS, SIERRA BUSHE-RIBERO, JULIA ROCHLIN, R. MCKINLEY SHERROD, CRYSTAL P. TYLER. 2023. Let's Chat! Prototyping, Productive Frictions, and Radically Restructuring Adolescent Sexual Health Counseling Interactions. *Ethnographic Praxis in Industry Conference Proceedings* 2023:1, 407-426. [[Crossref](#)]
36. Marie Kaniecki, Nicole L Novak, Sarah Gao, Natalie Lira, Toni Ann Treviño, Kate O'Connor, Alexandra Minna Stern. 2023. Racialization and Reproduction: Asian Immigrants and California's Twentieth-Century Eugenic Sterilization Program. *Social Forces* 102:2, 706-729. [[Crossref](#)]
37. Brandon Blue, Amy Pierre, Joseph Mikhael. 2023. Culturally Responsive Care Delivery in Oncology: The Example of Multiple Myeloma. *Clinical Lymphoma Myeloma and Leukemia* 23:9, 651-659. [[Crossref](#)]
38. Erin Wingo, Shashi Sarnaik, Martha Michel, Danielle Hessler, Brittni Frederiksen, Megan L. Kavanaugh, Christine Dehlendorf. 2023. The status of person-centered contraceptive care in the United States: Results from a nationally representative sample. *Perspectives on Sexual and Reproductive Health* 55:3, 129-139. [[Crossref](#)]
39. Josh Seim, Anthony DiMario. 2023. City of Gauze: Medicine and the Governance of Urban Poverty. *Social Problems* 77. . [[Crossref](#)]

40. Whitney R. Robinson, Joacy G. Mathias, Mollie E. Wood, Lauren G. Anderson, Annie Green Howard, Erin T. Carey, Wanda K. Nicholson, Timothy S. Carey, Evan R. Myers, Til Stürmer, Kemi M. Doll. 2023. Ethnoracial Differences in Premenopausal Hysterectomy. *Obstetrics & Gynecology* 142:2, 350-359. [[Crossref](#)]
41. Natalie DiCenzo, Puneet Gill, Kristyn Brandi. 2023. Who gets to decide? Assessing contraceptive coercion in health care settings. *Health Services Research* 58:4, 767-771. [[Crossref](#)]
42. Erin Manalo-Pedro, Katrina M. Walsemann, Gilbert C. Gee. 2023. Whose Knowledge Heals? Transforming Teaching in the Struggle for Health Equity. *Health Education & Behavior* 50:4, 482-492. [[Crossref](#)]
43. Holly Brott, Greg Townley. 2023. Reproductive justice for unhoused women: An integrative review of the literature. *Journal of Community Psychology* 51:5, 1935-1960. [[Crossref](#)]
44. Lavanya Rao, Corinne H. Rocca, Isabel Muñoz, Brittany D. Chambers, Sangita Devaskar, Ifeyinwa V. Asiodu, Lisa Stern, Maya Blum, Alison B. Comfort, Cynthia C. Harper. 2023. "She should support me, she's my doctor:" Patient perceptions of agency in contraceptive decision-making in the clinical encounter in Northern California. *Perspectives on Sexual and Reproductive Health* 55:2, 94-103. [[Crossref](#)]
45. Cynthia C. Harper, Lavanya Rao, Isabel Muñoz, Lisa Stern, Jennifer L. Kerns, Miriam Parra, Brittany D. Chambers, Corinne H. Rocca. 2023. Agency in Contraceptive Decision-Making in Patient Care: a Psychometric Measure. *Journal of General Internal Medicine* 38:6, 1366-1374. [[Crossref](#)]
46. Elizabeth A. Mosley, Alexandra Monaco, Nikki Zite, Elian Rosenfeld, Jennifer Schablik, Niyati Rangnekar, Megan Hamm, Sonya Borrero. 2023. U.S. physicians' perspectives on the complexities and challenges of permanent contraception provision. *Contraception* 121, 109948. [[Crossref](#)]
47. Annie Minns, Christine Dehlendorf, Alex F. Peahl, Michele Heisler, Lauren E. Owens, Barbara van Kainen, Kirsten Bonawitz, Michelle H. Moniz. 2023. Elevating the patient voice in contraceptive care quality improvement: A qualitative study of patient preferences for peripartum contraceptive care. *Contraception* 121, 109960. [[Crossref](#)]
48. Juliette Congy, Jean Bouyer, Elise de La Rochebrochard. 2023. Low-income women and use of prescribed contraceptives in the context of full health insurance coverage in France, 2019. *Contraception* 121, 109976. [[Crossref](#)]
49. Jodi Ann N. Jarrett. Implementing the Multicultural and Social Justice Counseling Competencies with Black, Indigenous, and Womxn of Color . [[Crossref](#)]
50. Jennifer Tsui, Bibiana Martinez, Michelle B. Shin, Alec Allee-Munoz, Ivonne Rodriguez, Jazmin Navarro, Kim R. Thomas-Barríos, W. Martin Kast, Lourdes Baezconde-Garbanati. 2023. Understanding medical mistrust and HPV vaccine hesitancy among multiethnic parents in Los Angeles. *Journal of Behavioral Medicine* 46:1-2, 100-115. [[Crossref](#)]
51. Daisy Y. Morales-Campos, Gregory D. Zimet, Jessica A. Kahn. 2023. Human Papillomavirus Vaccine Hesitancy in the United States. *Pediatric Clinics of North America* 70:2, 211-226. [[Crossref](#)]
52. 2023. Increasing Access to Intrauterine Devices and Contraceptive Implants. *Obstetrics & Gynecology* 141:4, 866-872. [[Crossref](#)]
53. Chazeman S. Jackson, Daria Turner, Maya June, Mona V. Miller. 2023. Facing Our History—Building an Equitable Future. *The American Journal of Human Genetics* 110:3, 377-395. [[Crossref](#)]
54. James Tabery, Nicole L. Novak, Lida Sarafraz, Aubrey Mansfield. 2023. Victims of eugenic sterilisation in Utah: cohort demographics and estimate of living survivors. *The Lancet Regional Health - Americas* 19, 100436. [[Crossref](#)]
55. Kerry L. Miley, Nguyen K. Tran, Latesha Elope, Allison Groves, Jamila K. Stockman, Angela R. Bazzi, Adam Carrico, Silvana Mazzella, Alexis M. Roth. 2023. A Note on Pre-exposure prophylaxis (PrEP) preferences among women who inject drugs. *Sexually Transmitted Diseases* 33. . [[Crossref](#)]
56. Sana Loue. Wie wir dahin kamen, wo wir sind: Historische, systemische und institutionelle Reaktionen auf Unterschiede 17-53. [[Crossref](#)]
57. Michelle Johnson-Jennings, Derek Jennings. Decolonizing psychology: weaving thriving to disrupt colonial eugenics and shift educational practices within Indigenous psychology 171-180. [[Crossref](#)]
58. Annalisa Watson, Jennifer Yarger, Erica Sedlander, Josephine Urbina, Kristine Hopkins, Maria I. Rodriguez, Liza Fuentes, Cynthia C. Harper. 2023. Concern that contraception affects future fertility: How common is this concern among young people and does it stop them from using contraception?. *Contraception: X* 5, 100103. [[Crossref](#)]
59. Christina N Schmidt, Erin E Wingo, Sara J Newmann, Deborah E Borne, Brad J Shapiro, Dominika L Seidman. 2023. Patient and provider perspectives on barriers and facilitators to reproductive healthcare access for women experiencing homelessness with substance use disorders in San Francisco. *Women's Health* 19. . [[Crossref](#)]
60. Brianne McGonigle Leyh. 2023. Unable to See the Forest for the Trees: Transitional Justice in the United States of America. *SSRN Electronic Journal* 11. . [[Crossref](#)]

61. 2022. The REPAIR Project: A Prospectus for Change Toward Racial Justice in Medical Education and Health Sciences Research: REPAIR Project Steering Committee. *Academic Medicine* **97**:12, 1753-1759. [[Crossref](#)]
62. Katie Hansen, Emily R. Boniface, Blair G. Darney. 2022. Association of Title X clinic status with receipt of person-centered contraceptive counseling: A population-based study. *Contraception* **115**, 36-43. [[Crossref](#)]
63. Angelique Richardson. 2022. Biologisms on the left and the right. *Ethnic and Racial Studies* **45**:13, 2496-2518. [[Crossref](#)]
64. S.M. Rodriguez. 2022. African feminisms for abolitionist futures: archival hauntings in a speculative geography. *Agenda* **36**:4, 29-39. [[Crossref](#)]
65. Michelle H. Moniz, Kayte Spector-Bagdady, Jamila B. Perritt, Michele Heisler, Charisse M. Loder, Marisa K. Wetmore, Lisa H. Harris. 2022. Balancing enhanced contraceptive access with risk of reproductive injustice: A United States comparative case study. *Contraception* **113**, 88-94. [[Crossref](#)]
66. Arden McAllister, Theresa Christensen, Eshani Dixit, Arina Chesnokova, Sarita Sonalkar. 2022. Achieving Equity in Postpartum Contraception Access. *Clinical Obstetrics & Gynecology* **374**. . [[Crossref](#)]
67. Elizabeth A. Mosley, Sequoia Ayala, Zainab Jah, Tiffany Hailstorks, Dázon Dixon Diallo, Natalie Hernandez, Kwajelynn Jackson, Indya Hairston, Kelli S. Hall. 2022. Community-led research for reproductive justice: Exploring the SisterLove Georgia Medication Abortion project. *Frontiers in Global Women's Health* **3**. . [[Crossref](#)]
68. Katie Watson. 2022. The Ethics of Access: Reframing the Need for Abortion Care as a Health Disparity. *The American Journal of Bioethics* **22**:8, 22-30. [[Crossref](#)]
69. Pritesh S. Karia, Yongmei Huang, Parisa Tehranifar, Kala Visvanathan, Jason D. Wright, Jeanine M. Genkinger. 2022. Racial and ethnic differences in the adoption of opportunistic salpingectomy for ovarian cancer prevention in the United States. *American Journal of Obstetrics and Gynecology* **227**:2, 257.e1-257.e22. [[Crossref](#)]
70. Elizabeth J. Ela, Kathleen Broussard, Katie Hansen, Kristen L. Burke, Lauren Thaxton, Joseph E. Potter. 2022. Satisfaction, Resignation, and Dissatisfaction with Long-Acting Reversible Contraception among Low-Income Postpartum Texans. *Women's Health Issues* **32**:4, 334-342. [[Crossref](#)]
71. Nkechi Conteh, Jane Gagliardi, Shunda McGahee, Rose Molina, Crystal T. Clark, Camille A. Clare. 2022. Medical Mistrust in Perinatal Mental Health. *Harvard Review of Psychiatry* **30**:4, 238-247. [[Crossref](#)]
72. Caitlin Jade Esparza, Mark Simon, Eraka Bath, Michelle Ko. 2022. Doing the Work—or Not: The Promise and Limitations of Diversity, Equity, and Inclusion in US Medical Schools and Academic Medical Centers. *Frontiers in Public Health* **10**. . [[Crossref](#)]
73. Meghan A. Bohren, Martha Vazquez Corona, Osamuedeme J. Odiase, Alyce N. Wilson, May Sudhinaraset, Nadia Diamond-Smith, Jim Berryman, Özge Tunçalp, Patience A. Afulani. 2022. Strategies to reduce stigma and discrimination in sexual and reproductive healthcare settings: A mixed-methods systematic review. *PLOS Global Public Health* **2**:6, e0000582. [[Crossref](#)]
74. Christine Dehlendorf, Jamila Perritt. 2022. Statewide Contraceptive Access Initiatives: A Critical Perspective. *American Journal of Public Health* **112**:S5, S490-S493. [[Citation](#)] [[Full Text](#)] [[PDF](#)] [[PDF Plus](#)]
75. Yee Lu, Silas P. Norman, Mona D. Doshi. 2022. Understanding Structural Racism as a Barrier to Living Donor Kidney Transplantation and Transplant Care. *Current Transplantation Reports* **9**:2, 119-126. [[Crossref](#)]
76. Nancy Z. Fang, Simone P. Advaney, Paula M. Castaño, Anne Davis, Carolyn L. Westhoff. 2022. Female permanent contraception trends and updates. *American Journal of Obstetrics and Gynecology* **226**:6, 773-780. [[Crossref](#)]
77. Emily S. Mann, Andrew M. Chen, Christiana L. Johnson. 2022. Doctor knows best? Provider bias in the context of contraceptive counseling in the United States. *Contraception* **110**, 66-70. [[Crossref](#)]
78. Holly A. McKenzie, Colleen Varcoe, Dory Nason, Betty McKenna, Karen Lawford, Mary-Ellen Kelm, Cassandra Opikokew Wajuntah, Laverne Gervais, Jannica Hoskins, Jaqueline Anaquod, Jasmond Murdock, Rebecca Murdock, Katryna Smith, Jillian Arkles, Sharon Acoose, Kayla Arisman. 2022. Indigenous Women's Resistance of Colonial Policies, Practices, and Reproductive Coercion. *Qualitative Health Research* **32**:7, 1031-1054. [[Crossref](#)]
79. Ayamo G. Oben, Zachary W. Walker, Christina T. Blanchard, Jeff M. Szychowski, Julia G. Maier, Indranee Rajapreyar, Marc G. Cribbs, Alan Tita, Rachel G. Sinkey. 2022. Racial disparities in reliable contraceptive use in women with heart disease*. *The European Journal of Contraception & Reproductive Health Care* **27**:3, 174-179. [[Crossref](#)]
80. Patrick S Allen. 2022. "Nothing Made Them Change Their Minds about the Medical Industry": Medical Abuse, Incarceration, and Healing in Toni Morrison's Home. *MELUS* **46**:4, 138-161. [[Crossref](#)]
81. Christian Angelo I. Ventura, Edward E. Denton, Jessica A. David, Brianna J. Schoenfelder, Lillian Mela, Rebecca P. Lumia, Rachel B. Rudi, Barnita Haldar. EMS prehospital response to the COVID-19 pandemic in the US: A brief literature review **214**, . [[Crossref](#)]

82. Michelle H. Moniz, Vanessa K. Dalton, Roger D. Smith, Lauren E. Owens, Zach Landis-Lewis, Alex F. Pehl, Barbara Van Kainen, Margaret R. Punch, Marisa K. Wetmore, Kirsten Bonawitz, Giselle E. Kolenic, Christine Dehlendorf, Michele Heisler. 2022. Feasibility and acceptability of a toolkit-based process to implement patient-centered, immediate postpartum long-acting reversible contraception services. *American Journal of Obstetrics and Gynecology* **226**:3, 394.e1-394.e16. [[Crossref](#)]
83. Michelle C. Menegay, Rebecca Andridge, Katherine Rivlin, Maria F. Gallo. 2022. Delivery at Catholic hospitals and postpartum contraception use, five US states, 2015–2018. *Perspectives on Sexual and Reproductive Health* **54**:1, 5–11. [[Crossref](#)]
84. Melanie M. Maykin, Rachel A. Pilliod, Erika F. Werner. 2022. Discriminatory regulations on postpartum sterilization for Medicaid recipients propagate health inequities. *The Lancet Regional Health - Americas* **6**, 100113. [[Crossref](#)]
85. Nicole Farmer, Talya Gordon, Kimberly R Middleton, Alyssa T Brooks, Gwenyth R Wallen. 2022. Reigniting Dr. Martin Luther King’s call to action: the role of the behavioral scientist in the movement for social justice and racial equity. *Translational Behavioral Medicine* **12**:1. . [[Crossref](#)]
86. Rasul A. Mowatt. The Lynching of Black Women: A Historical Discussion of the Intersections of Oppression in the United States 41–68. [[Crossref](#)]
87. Vegard Skirbekk. Fertility Policies: Past, Present, and Future Directions 357–386. [[Crossref](#)]
88. Sana Loue. How We Got to Where We Are: Historical, Systemic, and Institutional Responses to Difference 15–47. [[Crossref](#)]
89. Elizabeth A. Mosley, Sara K. Redd, Sophie A. Hartwig, Subasri Narasimhan, Emily Lemon, Erin Berry, Eva Lathrop, Lisa Haddad, Roger Rochat, Carrie Cwiak, Kelli Stidham Hall. 2022. Racial and Ethnic Abortion Disparities Following Georgia’s 22-Week Gestational Age Limit. *Women’s Health Issues* **32**:1, 9–19. [[Crossref](#)]
90. Sarah E. Vaughan, Dawn P. Misra, Ana C. Wong, Brooke Rengers, Samantha Jablonski, Mercedes Price, Carmen Giurgescu. 2022. Successful Recruitment Strategies for Engaging Pregnant African American Women in Research. *Western Journal of Nursing Research* **44**:1, 94–100. [[Crossref](#)]
91. Christian Angelo I Ventura, Edward E Denton, Jessica Anastacia David, Brianna J Schoenfelder, Lillian Mela, Rebecca P Lumia, Rachel B Rudi, Barnita Haldar. 2022. Emergency Medical Services Prehospital Response to the COVID-19 Pandemic in the US: A Brief Literature Review. *Open Access Emergency Medicine* **Volume 14**, 249–272. [[Crossref](#)]
92. Adam Moore. Disability as a Social Justice Imperative 13–29. [[Crossref](#)]
93. Keitra Thompson, Jennifer H. Kirschner, Stephanie Irwin, Angela Lee, Rebecca S. Dineen, Shelly Choo, Carolyn Sufirin. 2021. Perceptions of long-acting reversible contraception among women in an urban U.S. jail. *Contraception* **104**:6, 612–617. [[Crossref](#)]
94. Y. Linda Pan, Lauren Beal, Kareen Espino, Carolyn B. Sufirin. 2021. Female permanent contraception policies and occurrence at a sample of U.S. prisons and jails. *Contraception* **104**:6, 618–622. [[Crossref](#)]
95. Jann Murray-García, Victoria Ngo, Toby Marsh, Theresa Pak, Kupiri Ackerman-Barger, Stephen J. Cavanagh. 2021. Cultural Humility Meets Antiracism in Nurse Leader Training. *Nurse Leader* **19**:6, 608–615. [[Crossref](#)]
96. Robyn Schickler, Michelle Whittum, Nicole Fanarjian, Rachel Rapkin, Brian T. Nguyen. 2021. The History of Female Surgical Sterilization: A Social and Ethics Perspective. *Journal of Gynecologic Surgery* **37**:6, 465–469. [[Crossref](#)]
97. Philip J. Stevens. 2021. A Woodcutter’s Story: Perceptions and Uses of Mathematics on the San Carlos Apache Reservation. *Anthropology & Education Quarterly* **52**:4, 430–450. [[Crossref](#)]
98. Jonathan Garcia, Nancy Vargas, Cynthia de la Torre, Mario Magana Alvarez, Jesse Lawton Clark. 2021. Engaging Latino Families About COVID-19 Vaccines: A Qualitative Study Conducted in Oregon, USA. *Health Education & Behavior* **48**:6, 747–757. [[Crossref](#)]
99. Kay Walker, Ndola Prata, Maureen Lahiff, Ximena Quintero, Kelsey Holt. 2021. Client, provider, and visit factors associated with quality in contraceptive counseling in Mexico: an exploratory cross-sectional analysis. *Reproductive Health* **18**:1. . [[Crossref](#)]
100. Sharon Folkenroth-Hess. 2021. From the Archives:. *Delaware Journal of Public Health* **7**:5, 92–93. [[Crossref](#)]
101. Sandhya Ganapathy. 2021. Unfolding Birth Justice in Settler States. *Feminist Anthropology* **2**:2, 325–342. [[Crossref](#)]
102. Ashley L. White, Emily S. Mann, Deborah L. Billings, Payal Shah. 2021. A qualitative exploration of men’s perceptions of the terms “male sterilization” versus “vasectomy” in the southern United States. *Contraception* **104**:5, 524–530. [[Crossref](#)]
103. Sonja R. Solomon, Alev J. Atalay, Nora Y. Osman. 2021. Diversity Is Not Enough: Advancing a Framework for Antiracism in Medical Education. *Academic Medicine* **96**:11, 1513–1517. [[Crossref](#)]
104. Aimee Wodda, Vanessa R. Panfil. 2021. Sex-positive criminology: Possibilities for legal and social change. *Sociology Compass* **15**:11. . [[Crossref](#)]

105. Madina Agénor, Ashley E. Pérez, Amanda Wilhoit, Florence Almeda, Brittany M. Charlton, Megan L. Evans, Sonya Borrero, S. Bryn Austin. 2021. Contraceptive Care Disparities Among Sexual Orientation Identity and Racial/Ethnic Subgroups of U.S. Women: A National Probability Sample Study. *Journal of Women's Health* **30**:10, 1406-1415. [[Crossref](#)]
106. Julia Philippe-Auguste, Isabel Berdecio, Sharon F. Terry. 2021. Learning from the Past: Discussing Lessons from Reproductive Justice in the Gene-Editing Sphere. *Genetic Testing and Molecular Biomarkers* **25**:9, 571-572. [[Crossref](#)]
107. Jessica Vasquez-Tokos, Priscilla Yamin. 2021. The racialization of privacy: racial formation as a family affair. *Theory and Society* **50**:5, 717-740. [[Crossref](#)]
108. Amanda Bryson, Atsuko Koyama, Areej Hassan. 2021. Addressing long-acting reversible contraception access, bias, and coercion: supporting adolescent and young adult reproductive autonomy. *Current Opinion in Pediatrics* **33**:4, 345-353. [[Crossref](#)]
109. . References 390-444. [[Crossref](#)]
110. Ashley C. Rondini, Rachel H. Kowalsky. 2021. "First do no harm": Clinical practice guidelines, mesolevel structural racism, and medicine's epistemological reckoning. *Social Science & Medicine* **279**, 113968. [[Crossref](#)]
111. 2021. Access to Postpartum Sterilization. *Obstetrics & Gynecology* **137**:6, e169-e176. [[Crossref](#)]
112. Charisse Loder, K. Hall, Yasamin Kusunoki, Lisa Hope Harris, Vanessa Dalton. 2021. Associations between perceived discrimination and contraceptive method use: why we need better measures of discrimination in reproductive healthcare. *Women & Health* **61**:5, 461-469. [[Crossref](#)]
113. Jessica Liauw, Jessica Jurgutis, Elysée Nouvet, Brigid Dineley, Hannah Kearney, Naomi Reaka, Donna Fitzpatrick-Lewis, Leslea Peirson, Fiona Kouyoumdjian. 2021. Reproductive healthcare in prison: A qualitative study of women's experiences and perspectives in Ontario, Canada. *PLOS ONE* **16**:5, e0251853. [[Crossref](#)]
114. Christine Dehlendorf, Edith Fox, Ilana A Silverstein, Alexis Hoffman, María Paula Campora Pérez, Kelsey Holt, Reiley Reed, Danielle Hessler. 2021. Development of the Person-Centered Contraceptive Counseling scale (PCCC), a short form of the Interpersonal Quality of Family Planning care scale. *Contraception* **103**:5, 310-315. [[Crossref](#)]
115. Karyn Fulcher, Meriah Drabkin, Jennifer Gibson, Jenny Francoeur, Abbey Eurchuk, Maria Weaver, Bobbi Turner, Nathan J. Lachowsky. 2021. Contraceptive decision-making and priorities: What happens before patients see a healthcare provider. *The Canadian Journal of Human Sexuality* **30**:1, 56-64. [[Crossref](#)]
116. Haywood L. Brown, Maria J. Small, Camille A. Clare, Washington C. Hill. 2021. Black women health inequity: The origin of perinatal health disparity. *Journal of the National Medical Association* **113**:1, 105-113. [[Crossref](#)]
117. Soo Young Lee, Adriana L. Brodyn, Rebecca S. Koppel, Crystal P. Tyler, Amanda A. Geppert, Amber I. Truehart, Melissa L. Gilliam. 2021. Provider and Patient Perspectives on a New Tangible Decision Aid Tool to Support Patient-Centered Contraceptive Counseling with Adolescents and Young Adults. *Journal of Pediatric and Adolescent Gynecology* **34**:1, 18-25. [[Crossref](#)]
118. Christine Dehlendorf, Aletha Y. Akers, Sonya Borrero, Lisa S. Callegari, Denicia Cadena, Anu Manchikanti Gomez, Jamie Hart, Laura Jimenez, Miriam Kuppermann, Barbara Levy, Michael C. Lu, Kiko Malin, Monica Simpson, Sarah Verbiest, Miriam Yeung, Joia Crear-Perry. 2021. Evolving the Preconception Health Framework. *Obstetrics & Gynecology* **137**:2, 234-239. [[Crossref](#)]
119. Sara Edwards, Rebecca Mercier, Lisa Perriera. 2021. Differences in knowledge and attitudes toward the intrauterine device: Do age and race matter?. *Journal of Obstetrics and Gynaecology Research* **47**:2, 501-507. [[Crossref](#)]
120. Ezra Sullivan. 2021. Caring for the Poor and Vulnerable: A Virtue Analysis of Mandated Health Insurance Compared with Healthcare Sharing Ministries. *The Linacre Quarterly* **88**:1, 82-93. [[Crossref](#)]
121. Christina Ross, Susan Kools, Renee Sieving. 2021. "I'm not Gonna Die Because of an STD": Female African American Adolescents' Perspectives on how they Protected Themselves from Sexual Risks While in Foster Care. *Journal of Pediatric Nursing* **56**, 47-53. [[Crossref](#)]
122. Sirisha Narayana, Stephanie L. Gaw, J. Matthew Aldrich, Elan L. Guterman. 2021. Revisiting the Role of Health Care Proxies in Reproductive Choice. *Obstetrics & Gynecology* **137**:1, 170-172. [[Crossref](#)]
123. S. Hustvedt. 2021. Tear Them Down: Old Statues, Bad Science, and Ideas That Just Won't Die. *Amerikastudien/American Studies* **66**:1, 37-45. [[Crossref](#)]
124. May Sudhinaraset, Dovile Vilda, Jessica D. Gipson, Marta Bornstein, Maeve E. Wallace. 2020. Women's Reproductive Rights Policies and Adverse Birth Outcomes: A State-Level Analysis to Assess the Role of Race and Nativity Status. *American Journal of Preventive Medicine* **59**:6, 787-795. [[Crossref](#)]
125. Heather Bouma-Johnston, Roselle Ponsaran, Kavita Shah Arora. 2020. Perceptions and practice of state Medicaid officials regarding informed consent for female sterilization. *Contraception* **102**:5, 368-375. [[Crossref](#)]
126. Robert Resta. 2020. Birds of a Feather? Genetic Counseling, Genetic Testing, and Humanism. *Cold Spring Harbor Perspectives in Medicine* **10**:11, a036673. [[Crossref](#)]

127. Ayah Nuriddin, Graham Mooney, Alexandre I R White. 2020. Reckoning with histories of medical racism and violence in the USA. *The Lancet* **396**:10256, 949-951. [[Crossref](#)]
128. Serina Floyd. 2020. Postpartum Contraception Options. *Obstetrics and Gynecology Clinics of North America* **47**:3, 463-475. [[Crossref](#)]
129. Elizabeth A. Mosley, Barbara A. Anderson, Lisa H. Harris, Paul J. Fleming, Amy J. Schulz. 2020. Attitudes toward abortion, social welfare programs, and gender roles in the U.S. and South Africa. *Critical Public Health* **30**:4, 441-456. [[Crossref](#)]
130. JaeRan Kim, Claudia Sellmaier. 2020. Making Disability Visible in Social Work Education. *Journal of Social Work Education* **56**:3, 496-507. [[Crossref](#)]
131. Kelly Ray Knight. 2020. Structural Factors That Affect Life Contexts of Pregnant People With Opioid Use Disorders: The Role of Structural Racism and the Need for Structural Competency. *Women's Reproductive Health* **7**:3, 164-171. [[Crossref](#)]
132. Patrick R. Grzanka, Elena Schuch. 2020. Reproductive Anxiety and Conditional Agency at the Intersections of Privilege: A Focus Group Study of Emerging Adults' Perception of Long-Acting Reversible Contraception. *Journal of Social Issues* **76**:2, 270-313. [[Crossref](#)]
133. Katherine M. Johnson, Arthur L. Greil, Julia McQuillan, Ophra Leyser-Whalen, Karina M. Shreffler. 2020. Infertility and Self-identification: The Indeterminacy of the Illness-self Relationship. *Sociological Perspectives* **63**:3, 388-405. [[Crossref](#)]
134. Judith L. Perrigo, Brian T. Nguyen, Crystal Hayes, Noah A. Nattell, Victoria K. Cortessis, Melissa Natavio. 2020. Incarcerated Women's Perceptions of a Reproductive Life-Planning Class: A Qualitative Study. *Women & Criminal Justice* **30**:3, 188-203. [[Crossref](#)]
135. Meghna Nandi, Jillian Moore, Marcela Colom, Andrea del Rosario Garcia Quezada, Anita Chary, Kirsten Austad. 2020. Insights Into Provider Bias in Family Planning from a Novel Shared Decision Making Based Counseling Initiative in Rural, Indigenous Guatemala. *Global Health: Science and Practice* **8**:1, 10-17. [[Crossref](#)]
136. Anna G. Wenzel, Steven Casper, Cooper J. Galvin, Grace E. Beck. 2020. Science and Business of Medicinal Chemistry: A "Bench-to-Bedside" Course for Nonmajors. *Journal of Chemical Education* **97**:2, 414-420. [[Crossref](#)]
137. Sana Loue. Nazism, Religion, and Human Experimentation 189-207. [[Crossref](#)]
138. Katharine Sznajder, Diana N. Carvajal, Carolyn Sufrin. 2020. Patient perceptions of immediate postpartum long-acting reversible contraception: A qualitative study,. *Contraception* **101**:1, 21-25. [[Crossref](#)]
139. Charisse M. Loder, Leah Minadeo, Laura Jimenez, Zakiya Luna, Loretta Ross, Nancy Rosenbloom, Caren M. Stalburg, Lisa H. Harris. 2020. Bridging the Expertise of Advocates and Academics to Identify Reproductive Justice Learning Outcomes. *Teaching and Learning in Medicine* **32**:1, 11-22. [[Crossref](#)]
140. Adam Moore. Disability as a Social Justice Imperative 210-226. [[Crossref](#)]
141. Rose L. Molina, Jennifer Kasper. 2019. The power of language-concordant care: a call to action for medical schools. *BMC Medical Education* **19**:1. . [[Crossref](#)]
142. Robin G. Nelson. Methods without Meaning 86-100. [[Crossref](#)]
143. Luke Newton, Raúl Necochea, David Palm, Jeff Taylor, Liz Barr, Hursch Patel, Anshula Nathan, Jo Gerrard, Laurie Sylla, Brandon Brown, Karine Dubé. 2019. Revisiting the 'sterilising cure' terminology: a call for more patient-centred perspectives on HIV cure-related research. *Journal of Virus Eradication* **5**:2, 122-124. [[Crossref](#)]
144. Karriem Sadot Watson, Alicia Hulbert, Vida Henderson, Ifeanyi Beverly Chukwudozie, Lisa Aponte-Soto, Lane Lerner, Erica Martinez, Sage Kim, Robert A. Winn. 2019. Lung Cancer Screening and Epigenetics in African Americans: The Role of the Socioecological Framework. *Frontiers in Oncology* **9**. . [[Crossref](#)]
145. Margaret Chen, Alexa Lindley, Katrina Kimport, Christine Dehlendorf. 2019. An in-depth analysis of the use of shared decision making in contraceptive counseling. *Contraception* **99**:3, 187-191. [[Crossref](#)]
146. Amy G. Bryant, Anne Drapkin Lyerly, Stephanie DeVane-Johnson, Christine E. Kistler, Alison M. Stuebe. 2019. Hormonal contraception, breastfeeding and bedside advocacy: the case for patient-centered care. *Contraception* **99**:2, 73-76. [[Crossref](#)]
147. Stephanie Meier, Beth Sundstrom, Andrea L. DeMaria, Cara Delay. 2019. Beyond a Legacy of Coercion: Long-Acting Reversible Contraception (LARC) and Social Justice. *Women's Reproductive Health* **6**:1, 17-33. [[Crossref](#)]
148. Theresa Morris, Amanda Gomez, Miriam Naiman-Sessions, Christine H. Morton. 2018. Paradox lost on the U.S.-Mexico border: U.S. Latinas and cesarean rates. *BMC Pregnancy and Childbirth* **18**:1. . [[Crossref](#)]
149. Apoorva Jadhav, Emily Vala-Haynes. 2018. INFORMED CHOICE AND FEMALE STERILIZATION IN SOUTH ASIA AND LATIN AMERICA. *Journal of Biosocial Science* **50**:6, 823-839. [[Crossref](#)]

150. Rebecca J. Epstein-Levi. 2018. A Prescription for Discourse: Power and Expertise in Ritual and Sexual Health. *Journal of Jewish Ethics* 4:2, 144-162. [[Crossref](#)]
151. Alison E. Turnbull, Sarina K. Sahetya, E. Lee Daugherty Biddison, Christiane S. Hartog, Gordon D. Rubinfeld, Dominique D. Benoit, Bertrand Guidet, Rik T. Gerritsen, Mark R. Tonelli, J. Randall Curtis. 2018. Competing and conflicting interests in the care of critically ill patients. *Intensive Care Medicine* 44:10, 1628-1637. [[Crossref](#)]
152. Olivia Foley, Elizabeth Janiak, Caryn Dutton. 2018. Women's decision making for postpartum sterilization: does the Medicaid waiting period add value?. *Contraception* 98:4, 312-316. [[Crossref](#)]
153. Christine Dehlendorf, Reiley Reed, Edith Fox, Dominika Seidman, Cara Hall, Jody Steinauer. 2018. Ensuring our research reflects our values: The role of family planning research in advancing reproductive autonomy. *Contraception* 98:1, 4-7. [[Crossref](#)]
154. Ushma D. Upadhyay, Nicole E. Johns, Alice F. Cartwright, Tanya E. Franklin. 2018. Sociodemographic Characteristics of Women Able to Obtain Medication Abortion Before and After Ohio's Law Requiring Use of the Food and Drug Administration Protocol. *Health Equity* 2:1, 122-130. [[Crossref](#)]
155. Mara Buchbinder. 2018. Access to Aid-in-Dying in the United States: Shifting the Debate From Rights to Justice. *American Journal of Public Health* 108:6, 754-759. [[Abstract](#)] [[Full Text](#)] [[PDF](#)] [[PDF Plus](#)]
156. Nicole L. Novak, Natalie Lira, Kate E. O'Connor, Siobán D. Harlow, Sharon L.R. Kardia, Alexandra Minna Stern. 2018. Disproportionate Sterilization of Latinos Under California's Eugenic Sterilization Program, 1920-1945. *American Journal of Public Health* 108:5, 611-613. [[Abstract](#)] [[Full Text](#)] [[PDF](#)] [[PDF Plus](#)] [[Supplemental Material](#)]
157. Anu Manchikanti Gomez, Emily S. Mann, Vanessa Torres. 2018. 'It would have control over me instead of me having control': intrauterine devices and the meaning of reproductive freedom. *Critical Public Health* 28:2, 190-200. [[Crossref](#)]
158. Shannon L. Carr, Rameet H. Singh, Andrew L. Sussman, Rebecca G. Rogers, Brenda Pereda, Eve Espey. 2018. Women's experiences with immediate postpartum intrauterine device insertion: a mixed-methods study. *Contraception* 97:3, 219-226. [[Crossref](#)]
159. Fritz Baumgartner, Gabriel Flores. 2018. Contemporary Medical Students' Perceptions of the Hippocratic Oath. *The Linacre Quarterly* 85:1, 63-73. [[Crossref](#)]
160. Shiri Noy, Timothy L. O'Brien. 2018. An Intersectional Analysis of Perspectives on Science and Religion in the United States. *The Sociological Quarterly* 59:1, 40-61. [[Crossref](#)]
161. Theodore H. Tulchinsky. Ethical Issues in Public Health 277-316. [[Crossref](#)]
162. Christine Dehlendorf, Jillian T. Henderson, Eric Vittinghoff, Jody Steinauer, Danielle Hessler. 2018. Development of a patient-reported measure of the interpersonal quality of family planning care. *Contraception* 97:1, 34-40. [[Crossref](#)]
163. Justine P Wu, Laura J Damschroder, Michael D Fetters, Brian J Zikmund-Fisher, Benjamin F Crabtree, Shawna V Hudson, Mack T Ruffin IV, Juliana Fucinari, Minji Kang, L Susan Taichman, John W Creswell. 2018. A Web-Based Decision Tool to Improve Contraceptive Counseling for Women With Chronic Medical Conditions: Protocol For a Mixed Methods Implementation Study. *JMIR Research Protocols* 7:4, e107. [[Crossref](#)]
164. Priti Patel. 2017. Forced sterilization of women as discrimination. *Public Health Reviews* 38:1. . [[Crossref](#)]
165. Justine P Wu, Laura J Damschroder, Michael D Fetters, Brian J Zikmund-Fisher, Benjamin F Crabtree, Shawna V Hudson, Mack T Ruffin IV, Juliana Fucinari, Minji Kang, L Susan Taichman, John W Creswell. A Web-Based Decision Tool to Improve Contraceptive Counseling for Women With Chronic Medical Conditions: Protocol For a Mixed Methods Implementation Study (Preprint) . [[Crossref](#)]
166. Biftu Mengesha. 2017. Racial injustice and family planning: an open letter to our community. *Contraception* 96:4, 217-220. [[Crossref](#)]
167. Michelle H. Moniz, Kayte Spector-Bagdady, Michele Heisler, Lisa Hope Harris. 2017. Inpatient Postpartum Long-Acting Reversible Contraception. *Obstetrics & Gynecology* 130:4, 783-787. [[Crossref](#)]
168. Loretta E. Gavin, Katherine A. Ahrens, Christine Dehlendorf, Brittni N. Frederiksen, Emily Decker, Susan Moskosky. 2017. Future directions in performance measures for contraceptive care: a proposed framework. *Contraception* 96:3, 138-144. [[Crossref](#)]
169. Andrea V. Jackson, Lin-Fan Wang, Jessica Morse. 2017. Racial and ethnic differences in contraception use and obstetric outcomes: A review. *Seminars in Perinatology* 41:5, 273-277. [[Crossref](#)]
170. Olivia Plana. 2017. Male Contraception: Research, New Methods, and Implications for Marginalized Populations. *American Journal of Men's Health* 11:4, 1182-1189. [[Crossref](#)]
171. Amanda L. Freeman. 2017. Moving "Up and Out" Together: Exploring the Mother-Child Bond in Low-Income, Single-Mother-Headed Families. *Journal of Marriage and Family* 79:3, 675-689. [[Crossref](#)]

172. Christopher Ogolla. 2017. First Do No Harm: The Manipulation of Public Health for Non-Public Health Purposes and Its Legal Consequences. *Indiana Law Review* 50:3, 849. [Crossref]
173. Ashish Premkumar, Katherine Brown, Biftu Mengesha, Andrea V. Jackson. 2017. Abortion and contemporary hip-hop: a thematic analysis of lyrics from 1990–2015. *Contraception* 89. . [Crossref]
174. 2017. Committee Opinion No. 695: Sterilization of Women: Ethical Issues and Considerations. *Obstetrics & Gynecology* 129:4, e109-e116. [Crossref]
175. Sarahn M. Wheeler, Allison S. Bryant. 2017. Racial and Ethnic Disparities in Health and Health Care. *Obstetrics and Gynecology Clinics of North America* 44:1, 1-11. [Crossref]
176. Jessica E. Morse, Shanthi Ramesh, Andrea Jackson. 2017. Reassessing Unintended Pregnancy. *Obstetrics and Gynecology Clinics of North America* 44:1, 27-40. [Crossref]
177. Merritt McLean, Jody Steinauer, Julie Schmitt diel, Pamela Chan, Christine Dehlendorf. 2017. Provider self-disclosure during contraceptive counseling. *Contraception* 95:2, 161-166. [Crossref]
178. Sorah Stein, Karola Dillenburger. 2017. Ethics in sexual behavior assessment and support for people with intellectual disability. *International Journal on Disability and Human Development* 16:1, 11-17. [Crossref]
179. Alexandra Minna Stern, Nicole L. Novak, Natalie Lira, Kate O'Connor, Siobán Harlow, Sharon Kardia. 2017. California's Sterilization Survivors: An Estimate and Call for Redress. *American Journal of Public Health* 107:1, 50-54. [Abstract] [Full Text] [PDF] [PDF Plus] [Supplemental Material]
180. Sana Loue. Cultural and Spiritual Humility: A Guiding Principle 37-49. [Crossref]
181. Laura Ann McCloskey, Kelly A. Doran, Megan R. Gerber. 2017. Intimate Partner Violence is Associated with Voluntary Sterilization in Women. *Journal of Women's Health* 26:1, 64-70. [Crossref]
182. Kimberly Harding, Tesfaye B. Mersha, Phuong-Thu Pham, Amy D. Waterman, Fern J. Webb, Joseph A. Vassalotti, Susanne B. Nicholas. 2017. Health Disparities in Kidney Transplantation for African Americans. *American Journal of Nephrology* 46:2, 165-175. [Crossref]
183. Diane B. Paul. 2016. Reflections on the Historiography of American Eugenics: Trends, Fractures, Tensions. *Journal of the History of Biology* 49:4, 641-658. [Crossref]
184. Alexandra Minna Stern. 2016. Eugenics, sterilization, and historical memory in the United States. *História, Ciências, Saúde-Manguinhos* 23:suppl 1, 195-212. [Crossref]
185. Yasamin Kusunoki, Jennifer S. Barber, Elizabeth J. Ela, Amelia Bucek. 2016. Black-White Differences in Sex and Contraceptive Use Among Young Women. *Demography* 53:5, 1399-1428. [Crossref]
186. Johnny Kung, Chao-Ting Wu. 2016. Leveling the Playing Field: Closing the Gap in Public Awareness of Genetics between the Well Served and Underserved. *Hastings Center Report* 46:5, 17-20. [Crossref]
187. Lucile L. Adams-Campbell, Chiranjeep Dash, Julie R. Palmer, Manuela V. Wiedemeier, Cordelia W. Russell, Lynn Rosenberg, Yvette C. Cozier. 2016. Predictors of biospecimen donation in the Black Women's Health Study. *Cancer Causes & Control* 27:6, 797-803. [Crossref]
188. Robin A Robinson, David Gadd. 2016. Annihilation anxiety and crime. *Theoretical Criminology* 20:2, 185-204. [Crossref]
189. Christine Dehlendorf, Edith Fox, Lauren Sobel, Sonya Borrero. 2016. Patient-Centered Contraceptive Counseling: Evidence to Inform Practice. *Current Obstetrics and Gynecology Reports* 5:1, 55-63. [Crossref]
190. Christina J.J. Cackler, Valerie B. Shapiro, Maureen Lahiff. 2016. Female Sterilization and Poor Mental Health: Rates and Relatedness among American Indian and Alaska Native Women. *Women's Health Issues* 26:2, 168-175. [Crossref]
191. Richard Lakeman, John Cutcliffe. 2016. Diagnostic Sedition: Re-Considering the Ascension and Hegemony of Contemporary Psychiatric Diagnosis. *Issues in Mental Health Nursing* 37:2, 125-130. [Crossref]
192. Mieke C. W. Eeckhaut, Megan M. Sweeney. 2016. The perplexing links between contraceptive sterilization and (dis)advantage in ten low-fertility countries. *Population Studies* 70:1, 39-58. [Crossref]
193. Naira R. Matevosyan. 2016. Court orders on procreation. *Archives of Gynecology and Obstetrics* 293:1, 87-99. [Crossref]
194. S Ferguson, L Trupin, J Yazdany, E Yelin, J Barton, P Katz. 2016. Who receives contraception counseling when starting new lupus medications? The potential roles of race, ethnicity, disease activity, and quality of communication. *Lupus* 25:1, 12-17. [Crossref]
195. 2015. Committee Opinion No. 649. *Obstetrics & Gynecology* 126:6, e130-e134. [Crossref]
196. Carolyn Sufrin, Alexa Kolbi-Molinas, Rachel Roth. 2015. Reproductive Justice, Health Disparities And Incarcerated Women in the United States. *Perspectives on Sexual and Reproductive Health* 47:4, 213-219. [Crossref]

197. Carolyn Sufrin, Tianyi Oxnard, Joe Goldenson, Kristin Simonson, Andrea Jackson. 2015. Long-Acting Reversible Contraceptives for Incarcerated Women: Feasibility and Safety of On-Site Provision. *Perspectives on Sexual and Reproductive Health* 47:4, 203-211. [[Crossref](#)]
198. Dana Schonberg, Ariana H. Bennett, Carolyn Sufrin, Alison Karasz, Marji Gold. 2015. What Women Want: A Qualitative Study of Contraception in Jail. *American Journal of Public Health* 105:11, 2269-2274. [[Abstract](#)] [[Full Text](#)] [[PDF](#)] [[PDF Plus](#)]
199. HANNAH L. HELMY. 2015. Employing a multilevel approach to examine contraceptive service provision for youth in New York City. *Annals of Anthropological Practice* 39:2, 96-119. [[Crossref](#)]
200. Philip R. Reilly. 2015. Eugenics and Involuntary Sterilization: 1907–2015. *Annual Review of Genomics and Human Genetics* 16:1, 351-368. [[Crossref](#)]
201. Amita Toprani. 2015. Repeat Abortions in New York City, 2010. *Journal of Urban Health* 92:3, 593-603. [[Crossref](#)]
202. Jennifer S. Barber, Jennifer Eckerman Yarger, Heather H. Gatny. 2015. Black-White Differences in Attitudes Related to Pregnancy Among Young Women. *Demography* 52:3, 751-786. [[Crossref](#)]
203. Christine Dehlendorf, Helen Bellanca, Michael Policar. 2015. Performance measures for contraceptive care: what are we actually trying to measure?. *Contraception* 91:6, 433-437. [[Crossref](#)]
204. Kenneth S. Pope. 2015. Steps to Strengthen Ethics in Organizations: Research Findings, Ethics Placebos, and What Works. *Journal of Trauma & Dissociation* 16:2, 139-152. [[Crossref](#)]
205. Karina M. Shreffler, Julia McQuillan, Arthur L. Greil, David R. Johnson. 2015. Surgical sterilization, regret, and race: Contemporary patterns. *Social Science Research* 50, 31-45. [[Crossref](#)]
206. Christien van den Anker. The Right to Be Impaired and the Legacy of Eugenics: A Critical Reading of the UN Convention on "Disability" Rights 253-270. [[Crossref](#)]
207. Patience A. Schell. Eugenics in the Americas 246-252. [[Crossref](#)]
208. Pooja Mehta. 2014. Addressing reproductive health disparities as a healthcare management priority. *Current Opinion in Obstetrics & Gynecology* 26:6, 531-538. [[Crossref](#)]
209. Lisa H. Harris, Taida Wolfe. 2014. Stratified reproduction, family planning care and the double edge of history. *Current Opinion in Obstetrics & Gynecology* 26:6, 539-544. [[Crossref](#)]
210. CHRISTINE DEHLENDORF, COLLEEN KRAJEWSKI, SONYA BORRERO. 2014. Contraceptive Counseling. *Clinical Obstetrics & Gynecology* 57:4, 659-673. [[Crossref](#)]
211. Christine Dehlendorf, Mithu Tharayil, Nora Anderson, Kessy Gbenedio, Allen Wittman, Jody Steinauer. 2014. Counseling About IUDs : A Mixed-Methods Analysis. *Perspectives on Sexual and Reproductive Health* 46:3, 133-140. [[Crossref](#)]
212. Anu Manchikanti Gomez, Liza Fuentes, Amy Allina. 2014. Women or LARC First? Reproductive Autonomy And the Promotion of Long-Acting Reversible Contraceptive Methods. *Perspectives on Sexual and Reproductive Health* 46:3, 171-175. [[Crossref](#)]
213. Nora Anderson, Jody Steinauer, Thomas Valente, Jenna Koblentz, Christine Dehlendorf. 2014. Women's Social Communication About IUDs : A Qualitative Analysis. *Perspectives on Sexual and Reproductive Health* 46:3, 141-148. [[Crossref](#)]
214. DeShawn Taylor, Shannon Connolly, Sue Ann Ingles, Carey Watson, Penina Segall-Gutierrez. 2014. Immediate Post-Abortion Insertion of Intrauterine Contraceptives (IUC) in a Diverse Urban Population. *Journal of Immigrant and Minority Health* 16:3, 416-421. [[Crossref](#)]
215. Christine Dehlendorf, Seo Young Park, Chetachi A. Emeremni, Diane Comer, Kathryn Vincett, Sonya Borrero. 2014. Racial/ethnic disparities in contraceptive use: variation by age and women's reproductive experiences. *American Journal of Obstetrics and Gynecology* 210:6, 526.e1-526.e9. [[Crossref](#)]
216. Benjamin P. Brown, Julie Chor. 2014. Adding Injury to Injury. *Obstetrics & Gynecology* 123:6, 1348-1351. [[Crossref](#)]
217. Sean Lee. Race, Medicine, and Genocide 1998-2002. [[Crossref](#)]
218. Katie Love. 2014. A Midrange Theory of Empowered Holistic Nursing Education: A Pedagogy for a Student-Centered Classroom. *Creative Nursing* 20:1, 47-58. [[Crossref](#)]
219. E. Charles Osterberg, Richard K. Lee, Philip S. Li. Circumcision and Vasectomy: Do They Affect Sexual Function? 247-257. [[Crossref](#)]
220. Christine Dehlendorf, Lisa H. Harris, Tracy A. Weitz. 2013. Disparities in Abortion Rates: A Public Health Approach. *American Journal of Public Health* 103:10, 1772-1779. [[Abstract](#)] [[Full Text](#)] [[PDF](#)] [[PDF Plus](#)]
221. Sadia Haider, Cynthia Stoffel, Geri Donenberg, Stacie Geller. 2013. Reproductive Health Disparities: A Focus on Family Planning and Prevention among Minority Women and Adolescents. *Global Advances in Health and Medicine* 2:5, 94-99. [[Crossref](#)]
222. . Welfare, African Americans, and Coerced Sterilization 237-258. [[Crossref](#)]

223. Christine Dehlendorf, Kira Levy, Allison Kelley, Kevin Grumbach, Jody Steinauer. 2013. Women's preferences for contraceptive counseling and decision making. *Contraception* **88**:2, 250-256. [[Crossref](#)]
224. Margot K. Brown, Colette Auerswald, Stephen L. Eyre, Julianna Deardorff, Christine Dehlendorf. 2013. Identifying Counseling Needs of Nulliparous Adolescent Intrauterine Contraceptive Users: A Qualitative Approach. *Journal of Adolescent Health* **52**:3, 293-300. [[Crossref](#)]
225. Loretta E. Bass. 2013. Living in the American South and the Likelihood of Having a Tubal Sterilization. *Sociological Focus* **46**:1, 47-67. [[Crossref](#)]
226. Kasim Ortiz. 2013. Body and soul: The Black Panther Party and the fight against medical discrimination. *Social Identities* **19**:1, 135-139. [[Crossref](#)]
227. Katherine E. Nowakowski, Jon C. Tilburt, Judith S. Kaur. 2012. Shared Decision Making in Cancer Screening and Treatment Decisions for American Indian and Alaska Native Communities: Can We Ethically Calibrate Interventions to Patients' Values?. *Journal of Cancer Education* **27**:4, 790-792. [[Crossref](#)]
228. Carolyn B. Sufrin, Amy M. Autry, Kathryn L. Harris, Joe Goldenson, Jody E. Steinauer. 2012. County Jail as a Novel Site for Obstetrics and Gynecology Resident Education. *Journal of Graduate Medical Education* **4**:3, 346-350. [[Crossref](#)]
229. Maureen K. Baldwin, Maria I. Rodriguez, Alison B. Edelman. 2012. Lack of insurance and parity influence choice between long-acting reversible contraception and sterilization in women postpregnancy. *Contraception* **86**:1, 42-47. [[Crossref](#)]
230. Lisa C. Campbell, Kristynia Robinson, Salimah H. Meghani, April Vallerand, Michael Schatman, Nomita Sonty. 2012. Challenges and Opportunities in Pain Management Disparities Research: Implications for Clinical Practice, Advocacy, and Policy. *The Journal of Pain* **13**:7, 611-619. [[Crossref](#)]
231. Flynn LaRochelle, Cynthia Castro, Joe Goldenson, Jacqueline P. Tulsy, Deborah L. Cohan, Paul D. Blumenthal, Carolyn B. Sufrin. 2012. Contraceptive Use and Barriers to Access Among Newly Arrested Women. *Journal of Correctional Health Care* **18**:2, 111-119. [[Crossref](#)]
232. Patrick Cloos. 2012. La racialisation de la santé publique aux États-Unis : entre pouvoir sur la vie et droit de laisser mourir. *Global Health Promotion* **19**:1, 68-75. [[Crossref](#)]
233. Kurt Love. Politics and Science Textbooks 133-150. [[Crossref](#)]
234. . Introduction 1-24. [[Crossref](#)]
235. . Assembling Protocol Feminism 25-67. [[Crossref](#)]
236. . Immodest Witnessing, Affective Economies, and Objectivity 68-101. [[Crossref](#)]
237. . Pap Smears, Cervical Cancer, and Scales 102-149. [[Crossref](#)]
238. . Traveling Technology and a Device for Not Performing Abortions 150-176. [[Crossref](#)]
239. . Conclusion 177-181. [[Crossref](#)]
240. . Notes 183-218. [[Crossref](#)]
241. . Bibliography 219-245. [[Crossref](#)]
242. Christine Dehlendorf, Diana Greene Foster, Heike Thiel de Bocanegra, Claire Brindis, Mary Bradsberry, Philip Darney. 2011. Race, Ethnicity and Differences in Contraception Among Low-Income Women: Methods Received By Family PACT Clients, California, 2001-2007. *Perspectives on Sexual and Reproductive Health* **43**:3, 181-187. [[Crossref](#)]
243. Christine Dehlendorf. 2011. Reply. *American Journal of Obstetrics and Gynecology* **205**:1, e21. [[Crossref](#)]
244. Grace Shih, David K. Turok, Willie J. Parker. 2011. Vasectomy: the other (better) form of sterilization. *Contraception* **83**:4, 310-315. [[Crossref](#)]
245. Marwan Habiba. 2011. Should medicine assist a teenager to achieve a pregnancy?. *Journal of Medical Ethics* **37**:4, 201-204. [[Crossref](#)]
246. Christine Dehlendorf, Justin Diedrich, Eleanor Drey, Ariel Postone, Jody Steinauer. 2010. Preferences for decision-making about contraception and general health care among reproductive age women at an abortion clinic. *Patient Education and Counseling* **81**:3, 343-348. [[Crossref](#)]
247. Christine Dehlendorf, Rachel Ruskin, Kevin Grumbach, Eric Vittinghoff, Kirsten Bibbins-Domingo, Dean Schillinger, Jody Steinauer. 2010. Recommendations for intrauterine contraception: a randomized trial of the effects of patients' race/ethnicity and socioeconomic status. *American Journal of Obstetrics and Gynecology* **203**:4, 319.e1-319.e8. [[Crossref](#)]
248. Jimmy Rowe, Charles Kellam. 2010. Trust: A Continuing Imperative. *Home Health Care Management & Practice* **22**:6, 417-423. [[Crossref](#)]

249. Carolyn B. Sufrin, Jacqueline P. Tulskey, Joseph Goldenson, Kelly S. Winter, Deborah L. Cohan. 2010. Emergency Contraception for Newly Arrested Women: Evidence for an Unrecognized Public Health Opportunity. *Journal of Urban Health* **87**:2, 244-253. [[Crossref](#)]
250. Christine Dehlendorf, Maria Isabel Rodriguez, Kira Levy, Sonya Borrero, Jody Steinauer. 2010. Disparities in family planning. *American Journal of Obstetrics and Gynecology* **202**:3, 214-220. [[Crossref](#)]
251. Sonya Borrero, Charity G. Moore, Li Qin, Eleanor B. Schwarz, Aletha Akers, Mitchell D. Creinin, Said A. Ibrahim. 2010. Unintended Pregnancy Influences Racial Disparity in Tubal Sterilization Rates. *Journal of General Internal Medicine* **25**:2, 122-128. [[Crossref](#)]
252. Kirk C. Allison. 2010. Public health, populations, and lethal ingestion. *Disability and Health Journal* **3**:1, 56-70. [[Crossref](#)]
253. Sonya Borrero, Cara Nikolajski, Keri L. Rodriguez, Mitchell D. Creinin, Robert M. Arnold, Said A. Ibrahim. 2009. "Everything I Know I Learned from My Mother...or Not": Perspectives of African-American and White Women on Decisions About Tubal Sterilization. *Journal of General Internal Medicine* **24**:3, 312-319. [[Crossref](#)]
254. Sonya Borrero, Eleanor B. Schwarz, Mitchell Creinin, Said Ibrahim. 2009. The Impact of Race and Ethnicity on Receipt of Family Planning Services in the United States. *Journal of Women's Health* **18**:1, 91-96. [[Crossref](#)]
255. Pamela Y. Collins, Hella von Unger, Adria Armbrister. 2008. Church ladies, good girls, and locas: Stigma and the intersection of gender, ethnicity, mental illness, and sexuality in relation to HIV risk. *Social Science & Medicine* **67**:3, 389-397. [[Crossref](#)]
256. Nikki B. Zite, Lorraine S. Wallace. 2007. Development and validation of a Medicaid Postpartum Tubal Sterilization Knowledge Questionnaire. *Contraception* **76**:4, 287-291. [[Crossref](#)]
257. Sonya Borrero, Eleanor B. Schwarz, Matthew F. Reeves, James E. Bost, Mitchell D. Creinin, Said A. Ibrahim. 2007. Race, Insurance Status, and Tubal Sterilization. *Obstetrics & Gynecology* **109**:1, 94-100. [[Crossref](#)]
258. Leslie R. Schover, Rosell Jenkins, Dawen Sui, Jennifer Harned Adams, Michelle S. Marion, Karen Eubanks Jackson. 2006. Randomized Trial of Peer Counseling on Reproductive Health in African American Breast Cancer Survivors. *Journal of Clinical Oncology* **24**:10, 1620-1626. [[Crossref](#)]
259. Michael W. Ross, E. James Essien, Isabel Torres. 2006. Conspiracy Beliefs About the Origin of HIV/AIDS in Four Racial/Ethnic Groups. *JAIDS Journal of Acquired Immune Deficiency Syndromes* **41**:3, 342-344. [[Crossref](#)]
260. Anne-Emanuelle Birn, Natalia Molina. 2005. In the Name of Public Health. *American Journal of Public Health* **95**:7, 1095-1097. [[Citation](#)] [[Full Text](#)] [[PDF](#)] [[PDF Plus](#)]