Feasibility Study Exploring Forced/Involuntary Sterilization at Los Angeles General Medical Center in Los Angeles, California between 1960—1979

This research was managed by Alliance for a Better Community (ABC) and conducted by Ingrid Estrada-Darley, MSW, MPhil; Jeimee Estrada-Miller, MPP; Gabriela Alvarado, MD, MSc, MA, MPhil, PhD; and supported by research assistants and coordinators Julianna Schoepfer and Victoria Cuidad-Real at the Estrada Darley Miller Group.

Authorship

The report was reviewed and edited by Alliance for a Better Community (ABC) and Susana M. Bonis, Ph.D.

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Executive Summary

During the 1900s, eugenic laws were utilized throughout the United States (U.S.) to justify the sterilization of predominantly non-White groups as a means of population control. Women of color—specifically, Latina, Black, and Native American women—have borne the brunt of the country's history of reproductive coercion. Although forced sterilizations have been documented throughout the U.S., a handful of states have perpetrated at alarmingly higher rates. For example, it is estimated that California is responsible for nearly one in three sterilizations that took place during the height of the nation's eugenic policies. Recently, the state has made efforts to compensate survivors of state-sponsored sterilizations through establishing the Forced or Involuntary Sterilization Compensation Program (FISCP) administered by the California Victim Compensation Board (CalVCB). FISCP accepted applications from January 1, 2022, through December 31, 2023. Victims of coerced sterilizations that occurred at non-state-managed public hospitals were not eligible to access FISCP resources, according to the law. This includes a group of possibly over 200 women that experienced involuntary sterilizations at Los Angeles General Medical Center (LAGMC), formerly known as LAC+USC, during the 1960's and 1970's (Chavez & Partida, 2020).[1] This feasibility study was commissioned to explore and understand the lived experiences of the victims and their families, ascertain potential barriers to identifying victims, examine the context of cases of coerced sterilization and the role that community based organizations (CBOs) and health providers may play, assess if credible data sources exist that could help identify all possible victims, and to determine whether the data gathered supports the continuation of research efforts beyond this initial study.[2]

Semi-structured interviews were conducted with ten self-identified victims and their family members, seven Los Angeles County Department of Health Services (LADHS) staff, and two key informants with deep knowledge about the forced/involuntary sterilizations that occurred at LAGMC between 1960—1979. From interviews with victims, the research team learned that women who reported they experienced a forced sterilization at LAGMC were typically there to receive care when giving birth to a child. The women shared they were either coerced into signing consent forms for sterilization or never informed about the procedure at all. Most of the women interviewed reported that the sterilization was typically done via a tubal ligation completed during a cesarean section (c-section). Only one of the women interviewed had retained relevant medical records; many could produce a child's birth certificate to confirm being a patient of the medical center during the period of interest; and two did not have any documentation to show they had received services from LAGMC. The victims, their children, and the husbands interviewed all recounted the many ways that the forced sterilization had negatively impacted the women's physical and mental health. Many also spoke about the relational consequences they suffered, such as divorce from a partner who desired more children.

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[1] In 2023, the LAC+USC Medical Center rebranded and is now known as the LA General Medical Center (LAGMC). To prevent confusion, the report will refer to the medical center as "LAGMC" throughout.

[2] The feasibility study was funded by an appropriation to CalVCB pursuant to the Budget Act of 2021, managed by the Alliance for a Better Community (ABC), and the Estrada Darley Miller Group (EDMG) served as the research partner.

Completion of these interviews highlights that victims who experienced a coerced or forced sterilization at LAGMC between 1960–1979 are willing to self-identify and share their stories. The most effective recruitment effort for this group was outreach through media rather than local direct outreach, as many of the impacted individuals no longer live in the area surrounding the medical center. Although the victims and their family members have demonstrated they are willing to self-identify, the majority had no medical records proving a forced sterilization occurred. The lack of medical record retention by the women and their family members may be a barrier for identifying victims negatively impacted by the medical center.

Interviews with LADHS staff members reveal that due to the statute of limitations of the retention of medical records, neither LAGMC nor LADHS are aware of the existence of medical records for the women who were forcibly/involuntarily sterilized between 1960–1979. Despite this, the research team learned that the medical center recently established a committee that is tasked with searching for any relevant medical records that may still exist. Interviewed staff reported the possibility of reaching out to individuals who previously worked at the hospital and may have detailed information about relevant clinical practices from that time. They also reported the possibility of reaching out and connecting with victims in efforts to hear their stories, continue to acknowledge prior wrongdoing, and possibly deliver some form of justice.

Finally, key informant interviews reported context on the cases that echoed what was reported by the victims. Notably, these interviews confirmed that a list of victims once existed and may be archived as part of legal records that future research could uncover.

Introduction

California has a long-standing history of reproductive coercion against women, which has disproportionately impacted vulnerable populations such as minorities and women of color. Sterilization of racially diverse and poor women has been done via covert, overt, and systematic actions taken by individuals in the medical and penitentiary systems (hospitals, prisons, and immigration detention centers), and via the mechanism of state eugenics laws during the early 1900s (Smaw, 2022; Manian 2020; Kaelber 2012; Klein 2012). Forced and involuntary sterilizations are not only a “dark chapter” in the state’s history; they have persisted to present-day systemic practices and policies, as can be demonstrated by events reported within the prison system in 2010 (Johnson, 2013). According to estimates across different studies, California is responsible for one-third of all involuntary sterilizations (of both women and men) in the United States between 1909 and 1979 (Smaw, 2022; Kaelber 2012; Klein 2012).

From the late 1960s to the early 1970s, it is estimated that more than 200 Hispanic/Latina women experienced a forced/involuntary sterilization at LAGMC. These incidents came to light when a whistleblower at the facility reported the abuse to local newspapers and community-based legal organizations. Through these efforts, a total of ten women were included in a class action lawsuit that alleged forced/involuntary sterilizations were conducted against them during their time as patients at the medical center (Chavez & Partida, 2020). Despite the plaintiffs’ loss, the significant attention garnered through the case led to policy reforms concerning sterilization in the state of California. There has also been more recent public recognition by LAGMC and the Los Angeles County Board of Supervisors of the instances of forced/involuntary sterilizations that occurred at the hospital during this time; these included an official apology from the County, an art installation and mural expressing remorse to the women and families that were harmed on the medical campus (LA County Board of Supervisors, 2018).

In 2021, California Assembly Bill 137 established the FISCP, a compensation fund for survivors of state-sponsored sterilizations. CalVCB facilitated a broad outreach strategy to make survivors aware of the program informed by stakeholders, including some who were survivors. The outreach campaign involved paid advertising, media outreach, and sending materials to relevant entities across the state including nursing homes, libraries, and regional centers. The two-year program ended December 31, 2023. In line with this legislation, the Budget Act of 2021 required CalVCB to enter into a contract with ABC for study of and outreach to survivors of forced or involuntary sterilization at LAGMC.

Overall Research Approach

This feasibility study sought to understand the context of cases of forced/involuntary sterilization among Hispanic/Latina women at LAGMC between 1960-1979 and to understand whether large-scale identification of the number of instances and specific victims could be achieved in future studies. The research followed a mixed-methods approach given that the research team expected a general lack of well-documented instances of forced/involuntary sterilization at the medical center. The research team used a qualitative approach to interview victims and family members of forced/involuntary sterilization, LADHS staff,[3] and former/current staff of local CBOs. Additionally, the availability of quantitative data representative of sterilizations performed at LAGMC was explored through a direct data request to LAGMC and by searching publicly available government databases.

This study aims to address the following research questions:

1. Have there been cases of forced/involuntary (F/I) sterilization among Hispanic/Latina women at LAGMC between 1960 - 1979?
    a. Under what circumstances have these cases of F/I sterilization occurred?
2. What data sources are available to identify victims, their gender, race, ethnicity, and geographic place of residence at the time of the F/I sterilization, and how accessible are those sources?
3. Is there enough evidence to support the development of a full, large-scale study to investigate instances of F/I sterilization at LAGMC?

The following sections of this report outline the research approach, methodology, and interview findings; a review of publicly available data; study strengths and limitations; and the implications of the research findings on public policy efforts. The goal of this study is to establish a research base to inform future policy decisions and evidence around compensation funds for victims and family members of victims who may have experienced F/I sterilization in Los Angeles County.

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[3] Given that LAGMC is part of the LADHS system, the use of "LADHS staff" in this report is inclusive of staff that work at LAGMC and those who work at higher levels within LADHS.

Qualitative Interviews

Study Methodology

The research team conducted semi-structured interviews with three categories of individuals that were identified as potential sources of information related to the cases of F/I sterilization that occurred at LAGMC between 1960 – 1979. Categories of individuals included:

Category 1: Victims of F/I sterilization (or family members of victims) at LAGMC between 1960 – 1979

Category 2: LA County Department of Health Services (LADHS) staff

Category 3: Current and/or former staff of trusted local community-based organizations (CBOs)

Given the sensitivity of the topic, victims and family members were given the option to do an in-person interview or a virtual interview through a video call. In some instances, victims opted to have family members present during the interview to provide support. LADHS and CBO interviews were all conducted virtually. Interviews were conducted in Spanish or English by the same researcher, based on participant preference. All interviewees were provided an informed consent document via email or text message and verbally at the beginning of each interview. Interviews were recorded, transcribed, and supplemented with notes taken by the interviewer. Data collected was stored in a secure database and deidentified to ensure participant confidentiality. All study procedures and protocols were reviewed and approved by an external institutional review board.

Victims and Family Members

Interview Domains and Sample Questions

Interviews with victims and family members aimed to gather relevant information about the self-identified victims, learn about the circumstances of the F/I sterilization, request details about any medical records they may have retained over the years, and explore the physical and social/emotional consequences of the experience on the women and their families. Table 1 summarizes the interview domains and sample questions that were asked of self-identified victims and their accompanying family members.

Table 1. Victim/family members interview domains

Domain	Description	Sample Questions
Participants characteristics	Demographic characteristics and other personal details.	Could you tell me more about yourself? Prompts: ◦ Where do you live? ◦ Where did you grow up? ◦ What do you do for work? ◦ What is your cultural background? Demographic questions: ◦ Gender identity ◦ Race/ethnicity ◦ Age
Context and circumstances of sterilization event	What led to the forced/involuntary sterilization event and how it happened.	Have you or someone you know encountered a situation related to involuntary sterilization at LAGMC during the 1960s and 1970s? ◦ What led you to go to the hospital? ◦ Who else was there? ◦ What did the doctors tell you? ◦ Was information provided to you in your preferred language? ◦ What was the informed consent process like? Do you remember the date that the sterilization took place? Could you share what was going through your mind when you learned that you were sterilized? What factors do you think played into why this happened to you?
Reporting and documentation	Whether the victim has reported this before and/or has any clinical documentation for the event.	Have you told anyone else about this before? Why or why not? Do you have medical records for the sterilization procedure you experienced? Have you ever tried to obtain medical documentation from LAGMC?
Impact	Consequences of forced/involuntary sterilization.	How has this impacted your life?

Recruitment

Alliance for a Better Community (ABC) engaged local television, radio, and social media outlets to promote the study and recruit victims/family member participants. In March 2023, ABC partnered with the office of Assemblymember Wendy Carrillo to put forth a press conference that highlighted the study and its intent, and encouraged community members who felt they may have been impacted to contact the research team. The press conference was aired on several local televised media outlets including Telemundo 52 and Univision. The focus on Spanish media was instrumental in promoting the opportunity among the predominantly Spanish-speaking communities surrounding LAGMC. Similarly, ABC placed a 30-second commercial elevating the study and calling for interview participants directly on Telemundo 52's broadcast between December 18 and December 31, 2023. During this time, the commercial reached 1,046,000 television impressions. A digital campaign was also posted on Telemundo 52's online platform. The digital campaign was posted between December 20, 2023, through December 31, 2023, and delivered 82,184 impressions. In addition, recruitment flyers were posted at community-based organizations, businesses, and churches within a 5-mile radius of LAGMC. Potential victim/family member participants were able to call an information line to learn more about the study and be screened for eligibility. It should be noted that during eligibility screening, the research team received calls from five individuals who reported that they or their family member had experienced a coerced or forced sterilization either at another LA County hospital and/or outside of the period of interest. Eligibility screening uncovered reports of forced sterilizations into the early 1990s. Given the study's specific focus, these self-identified victims were not interviewed for this feasibility study.

Data Analysis

As victim/family member interviews were completed, the research team identified initial themes during weekly meetings using a constructivist grounded theory approach where inductive analysis is used to gather themes from participant interviews. A codebook was then developed based on the initial themes identified during regular team meetings. Interviews were de-identified by the research team, professionally transcribed, and uploaded into qualitative data analysis software (Dedoose 9.0.107). Researchers tested the initially developed codebook by applying it to the longest interview transcript. Small adjustments were made based on coder feedback and the codebook was finalized. In addition to the codebook refinement, an interrater reliability test was developed, and the two assigned coders achieved an 0.80 Kappa[4] score (McHugh, 2012). Once interrater reliability was established, interviews were individually reviewed and coded.

Results

Victims and family members

The research team interviewed a total of ten participants who identified as victims of F/I sterilization at LAGMC during the period of interest. Of the ten interviews completed, seven victims were interviewed alone and three had support persons (husbands and/or children) present during the interview. Because interviews were focused on the victims and no family members were interviewed separately or alone, demographics were only collected for the victims. All participants identified as female. Almost all (90%) of the women were of Mexican descent and had immigrated to the United States. The women were of varying ages when they reported experiencing the F/I event, with an average age of 27.3 years old. The women interviewed were currently between the ages of 65 to 84 years old (average age of 75.6 years old). Table 2 provides details on their demographic characteristics.

[4] A Kappa score indicates level of agreement between data coders. A Kappa score of 0.80 should be interpreted as "strong" agreement.

Table 2. Characteristics of interview participants

	Percentage
Gender Identity	
Female	100
Country of Origin	
Mexico	90
Honduras	10
Age at time of Sterilization	
< 18 years	10
18-34 years	70
35+ years	20
Current Age	
65-74 years	40
75-84 years	50
85+ years	10

Through team discussion of themes and formal coding, the research team recognized that theme saturation was beginning to emerge when the team reached seven interviews. Recent research suggests that, in a homogenous group, a small range of interviews (9-17) can result in theme saturation (Hennink & Kaiser, 2022). Given the homogeneity of the interviewees (ethnic background, immigrant status, age, and life experiences), the research team was confident that theme saturation had been reached with the ten interviews completed for this group. After reviewing and analyzing the interview data, the research team found eight key themes across four main categories, which are listed in Table 3. Each theme is described in detail and a few accompanying quotes are included. Due to the sensitive nature of the interviews, the research team provided limited quotes with few details to ensure the confidentiality of the women and acknowledge the intimate details they shared. Some family member quotes collected during interviews with victims are included when relevant to the analysis.

Table 3. Categories and themes from interviews

Categories	Themes
A. Context for forced/involuntary sterilization	A1. Women were of different ages and reported a varying number of prior pregnancies when they were subjected to forced/involuntary sterilization. A2. Typically, women came to the hospital after going into labor and were either unaccompanied or separated from their support person.
B. Sterilization event	B1. Most women were not provided any information about sterilization procedures nor any form of informed consent.

	B2. The types of procedures that self-identified victims attribute to resulting in a forced/involuntary sterilization were also varied. B3. Women considered their primary language, insurance status, immigration status, race/ethnicity, and absence of support person to be contributing factors to becoming victims of forced/involuntary sterilization.
C. Medical documentation	C1. Most of the women had no proof of the sterilization procedure, but some had varying levels of related medical documentation.
D. Consequences	D1. Most women learned about their sterilization after failed efforts to conceive when they sought medical evaluation for fertility. D2. This group of women have experienced a broad range of medical and social consequences from forced/involuntary sterilization.

A. Context for Forced/Involuntary Sterilization

Theme A1. Women were of different ages and reported a varying number of prior pregnancies when they were subjected to forced/involuntary sterilization.

Women interviewed reported being as young as 17 years old when they were subjected to F/I sterilization and spanned a broad range of ages up to 41 years old. Additionally, the number of prior pregnancies at the time of sterilization varied widely, with one woman sharing she had only been pregnant once at the time of sterilization and other women reporting a varying number of prior pregnancies and children.

Theme A2. Typically, women came to the hospital in labor and were either unaccompanied or separated from their support person.

All but one participant reported going to the hospital to give birth; six women had live births, two had stillbirths, and one visited the hospital earlier in the pregnancy due to a miscarriage. The tenth respondent went to the medical center due to chronic pelvic and abdominal pain. Many of them explained that they attended LAGMC because they did not have health insurance, or their insurance did not cover other hospitals. However, some reported having insurance but chose to visit the hospital due to proximity.

A few women shared they went to the hospital unaccompanied, but the majority reported going to the hospital with their partner. However, most report being promptly separated from their partner as they were told the hospital policy was that partners could only be in the waiting room. Thus, even though the women had a support person available, they were not physically present during medical care, conversations, and decision-making. Some women reported feelings of confusion and distress when medical staff explained childbirth updates and/or complications while giving birth. They attributed these feelings to not having a support person or family member present. One husband who provided support to his wife during the interview shared feeling as if his wife was taken advantage of.

> ***"No, I wasn't inside with her. I was outside, they didn't let me in. They explained it to her, but she didn't understand English. Unfortunately, my wife does not have a lot of education and the nurses could have taken advantage of her." (Participant 4's spouse, translated from Spanish)***

Only one participant shared that their support person was present when the hospital staff explained procedures and protocols; however, they were pressured into accepting treatment plans by telling them that if they wanted to refuse the recommended approach, they could go to another medical facility.

> ***"They separated us when I said I did not agree to the c-section [and sterilization]. The doctor said, 'If you don't want it, you can take her [away]'." (Participant 9's spouse, translated from Spanish)***

B. Sterilization Event

Theme B1. Most women were not provided any information about sterilization procedures no any form of informed consent.

Among the interviewed women, most of them shared they did not receive any information about a sterilization procedure, nor did they sign any informed consent form agreeing to the procedure.

> ***"In those days they did not inform you [about procedures]." (Participant 8, translated from Spanish)***

Five of the women were taken to the operating room for a c-section, of which three were not provided any information related to sterilization. One woman who had a cesarean birth shared that she and her husband were told she needed a c-section and that they would perform a sterilization at the same time. She and her husband did not agree to the sterilization–her husband called it "a stupidity," to which hospital staff responded by urging them to go to a different medical facility if they did not agree with the proposed procedures and treatment plan.

One woman noted that while she did sign paperwork before the surgery, all of it was in English and she did not know what she was signing. Another victim recounted that upon awakening after the c-section, she was informed that she had consented to the sterilization procedure, despite having no memory of such an agreement. Two women were given hysterectomies, and neither were provided informed consent nor an explanation as to why they needed the procedure.

> ***"And since I did not speak English back then... If I did sign any papers, I must have been tricked, because they never explained to me, 'We're going to do this, or we are going to do that.' No, they never said any of that." (Participant 5, translated from Spanish)***

One woman said she was presented with several different forms, including one that detailed what would happen to her child in the event of a complication during surgery. Among those papers, she consented to "tubal ligation" because she thought it was a reversible procedure and no one explained the full extent and meaning of the procedure to her.

> ***"I said [to the doctor], 'Okay, you can tie my tubes.' But he didn't say he was going to burn them, nor did he say, 'You know what? We are going to burn them, cut them, sterilize you...' We agreed just on tying the tubes." (Participant 3, translated from Spanish)***

Lastly, one woman was offered long-acting reversible contraception (LARC)[5] that was explained to her in detail, and she consented to it.

Theme B2. The types of procedures that self-identified victims attribute to resulting in a forced/involuntary sterilization were also varied.

The interviewees recounted four types of procedures as F/I sterilization. First, most of the women reported salpingectomies[6] either by ligation or cauterization. Two women reported hysterectomies. One woman reported LARC insertion and one woman reported curettage[7] after their miscarriage.

One instance of sterilization in which the woman consented to it was caused by misconceptions about what the procedure entailed. The respondent explained that her mother had recommended she get her "tubes tied" to take a break from having children, and that later she could "untie her tubes" to return to fertility. She was distraught to find out that her tubes had been "burned" instead of just tied and that it was not a reversible procedure.

The link between two of the procedures reported and sterilization are unclear (e.g. curettage) or unfounded in scientific literature (e.g. LARC insertion) (Committee on Practice Bulletins – Gynecology, LARC Workgroup, 2017). However, it should be noted that this report is based on the self-identified victim's recollection and explanation of a medical procedure that they believed to have caused unwanted sterilization. In addition, these procedures were reported by only two of the women interviewed.

Theme B3. Women considered their primary language, insurance status, immigration status, race/ethnicity, and absence of support person to be contributing factor to becoming victims of forced/involuntary sterilization.

In some instances, women received information and care at LAGMC in Spanish. In other cases, attention was provided in English with no interpreters present, even when conducting informed consent processes. One of the victims explained how she believed that she was a victim of the sterilization because she did not understand (due to her lack of English-speaking skills) what was being explained to her by medical staff.

> ***"I think it happened to me because I did not speak English at that time. I did not understand them." (Participant 2, translated from Spanish)***

One respondent reflected on the reason for the F/I sterilizations and shared that there was an assumption that young Mexican women with multiple children would end up living off welfare, which she emphasized was not her case as her husband had a job and a good income, and they intended on providing for their children. Another participant's husband replied "pure racism"when asked why he thought this had happened to his family.

> ***"At that time, they were doing the same [involuntary sterilization] to a lot of women without authorization. 'Because they will ask for welfare' the doctor would say." (Participant 10, translated from Spanish)***

Lastly, given that only one interviewee had her support present during their medical care, this was identified by respondents as a significant risk factor for being pressured into a F/I sterilization.

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[5] A long-acting reversible contraceptive (LARC) is reversible birth control, such as an intrauterine device (IUD) or hormonal implants.

[6] A salpingectomy is the partial or full surgical removal of the fallopian tube(s).

[7] Curettage is a medical procedure that removes abnormal tissue or growths from the uterus. Abnormal tissue is "scraped" out with a spoon or ring-shaped tool.

C. Medical Documentation

Theme C1. Most of the women had no proof of the sterilization procedure, but some had varying levels of related medical documentation.

Most of the self-identified victims of F/I sterilization at LAGMC did not retain their hospital records from the time of the event or were never given any documentation at the time of or following the procedure. Some women have related documentation such as proof of being a patient through their child's birth certificates, or paperwork from later medical visits where surgical sterilization was documented through other testing and examination.

> ***"I don't have any paper to prove it. Only my son's birth certificate... that I had my baby there... but papers on any other thing, no." (Participant 5, translated from Spanish)***

Few women reported attempting to obtain their medical records from LAGMC. Those who did attempt to obtain medical records explained that the hospital was unresponsive to their requests, and they were unable to obtain anything.

> ***"Yes, we reached out several times; my husband too [to obtain documentation], but they never answered us. They told us they hadn't done that procedure." (Participant 1, translated from Spanish)***

D. Consequences

Theme D1. Many women learned about their sterilization after failed efforts to conceive and they sought medical evaluation for fertility.

Some women were informed at LAGMC that they had been sterilized after the procedure was over, typically when they were recovering from cesarean births.

> ***"All I remember is that they told me I would not be able to have any more children because they took out my uterus. Because the child had died, that was all they said." (Participant 2, translated from Spanish)***

> ***"When I woke up, I had some things here [touching stomach]. I asked why. They said, 'We had to take out your ovary and uterus.' I said, 'but why, I didn't feel I had anything wrong with me, like cancer or any other thing'." (Participant 7, translated from Spanish)***

However, many of the women were not provided any information following the procedures. When they attempted to conceive again and failed to get pregnant, several recounted visiting fertility specialists in Mexico who informed them that they were sterile.

> ***"[The doctor in Mexico] said, 'Did you get your tubes tied?', and I said, 'No.' And they said, 'It looks like you have your tubes tied,' and I said, 'No, I've never had that done'." (Participant 5, translated from Spanish)***

Theme D2. This group of women have experienced a broad range of medical and social/emotional consequences from forced/involuntary sterilization.

All the women expressed deep sadness and anguish from learning about their F/I sterilization. Many of them wanted bigger families and had unmet fertility desires. Several explained how the event caused marital strife that led to divorce. Many women experienced anxiety, sadness, depression, and bouts of crying, with one reporting a suicide attempt because of the inability to get pregnant and finding out about the sterilization years later.

"I have had a lot of depression since that time. At that moment I felt like I was no longer a woman, because it is not the same." (Participant 7, translated from Spanish)

Further, there was also the cost and discomfort/pain experienced during fertility exams and procedures.

Los Angeles Department of Health Services Staff Members

Interview Domains and Sample Questions

The goal when interviewing LADHS staff members was to learn about the medical center's retention of medical records and their ability to potentially help identify a list of women who were F/I sterilized while in their care between 1960–1979. The research team also wanted to learn about existing quantitative data (documents, reports, claims data) pertaining to sterilizations performed at LAGMC from the same time period. Table 4 highlights the domains and sample questions from the interviews with LADHS staff.

Table 4. LADHS staff members interview domains

Domain	Description	Sample Questions
Background	Employee professional experience, current role, and involvement with patients that may have experienced forced/involuntary sterilization.	Could you share your professional background and current working for LADHS/LAGMC? Do you interact with patients in your current role? ◦ Have you ever interacted with female patients who have undergone sterilizations at LAGMC? In your role, have you ever heard of cases of women being coerced, convinced, or forced into being sterilized at LAGMC during the 1960s and 1970s? Prompts: ◦ How did you learn about it? Demographic questions: ◦ Gender identity ◦ Race/ethnicity ◦ Age
Data management	Responsibilities related to data management.	Are you aware of how data on sterilizations was collected and reported during the 1960s and 1970s at LAGMC? In your current role, do you manage, preserve, and/or dispose of any medical records for LAGMC? ◦ How far back does the hospital preserve records? ◦ How often are medical records destroyed? Who destroys them? What does this process look like?

F/I victim medical records	Whether the victim has reported this before and/or has any clinical documentation for the event.	Have you ever been asked to complete a search or assessment of data related to sterilizations that occurred at the medical center in the 1960s and 1970s? ◦ If so, what did you find? Based on your professional opinion/experience, would it be possible today to identify or locate medical records for women who were involuntarily sterilized at LAGMC in the 1960s and 1970s? ◦ Why or why not? ◦ If yes, how would one go about locating these records? Would it be possible to verify the validity of records if the patient has retained them themselves?

Recruitment

Partnership conversations were initiated with LAGMC leadership in May 2023. The research team experienced approval delays related to the recruitment of LADHS staff members, which subsequently postponed recruitment with this group until August 2023. For this reason, interviews for this category did not materialize until mid to late September 2023. The researchers developed a list of at least seven possible interviewees based on initial conversations with medical center leadership and used snowball sampling to identify additional candidates.

Data Analysis

Given the smaller number of completed interviews for the LADHS staff category and the slow progress of completing interviews, the research team identified thematic content through the use of open and axial coding. Each interview was reviewed by the interviewer and an additional researcher who did not participate in the interview. Identified themes were discussed and refined during team meetings following each interview.

Results

Seven LADHS staff members who had a wide range of professional experience and represented multiple departments within the medical center and LADHS were interviewed. Interviewees included medical center leadership, doctors, and health information management staff. Demographics for this group are not detailed here to ensure the anonymity of those interviewed.

Due to the small number of completed interviews and the heterogeneity of the individuals interviewed (wide range of demographic identifiers and staff positions), the research team cannot confidently conclude that theme saturation has been reached within this group. However, a few emerging themes and initial findings are outlined here.

- LAGMC and LADHS have established a Survivors of Coerced Sterilization Committee that is tasked with identifying possible victims of F/I sterilization that took place between 1968 and 1974.

- The committee has and continues to be engaged in a comprehensive medical records search (physical and digital) at the medical center and LA County level. This search is being conducted in hopes of identifying victims proactively and/or verifying self-identified victims of F/I sterilization.

- The committee is considering outreach to prior medical center staff and/or individuals who were involved with the Madrigal v. Quilligan legal case[8] to possibly collect medical records, individual stories, and other relevant information that can help identify victims and the contexts in which they experienced a sterilization procedure at the hospital.

- Some individuals interviewed have interacted with and/or know of self-identified victims through prior LAGMC-hosted events on the topic. However, they report that the committee is not currently actively reaching out to or communicating with victims until more formal procedures are put into place regarding victim identification or verification.

- None of the participants interviewed believed, according to their professional opinion, that LADHS and LAGMC are in possession of medical records dating back to the 1960s-1970s. The oldest records participants are aware of date back to the early 2000s.

A few interviewees reported that the research team may want to consider speaking with the billing team to learn more about Medicaid billing retention practices and how long those records are retained by LADHS and/or the state. However, the individuals identified declined to speak with the research team during the study period.

Current and Former Staff of Local Trusted Community-based Organizations

Interview Domains and Sample Questions

In the initial literature search that informed this study, it was identified that CBOs have played a pivotal role in uncovering instances of F/I sterilizations, conducting investigative work, outreaching to victims, and advocating on their behalf. Through interviews with CBOs, the research team aimed to connect with individuals who either previously or currently work in the area and were aware of the F/I sterilizations that occurred at LAGMC and could provide additional context about the cases. This included "key informants," who are individuals who held deep knowledge of the case given their involvement with victims at some point in time. The key informant list was developed through the identification of individuals identified in the "No Mas Bebes" documentary[9] and in articles found in the literature search. Table 5 details the interview domains and sample questions that were developed to interview CBO current/former staff as well as key informants.

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[8] Madrigal v. Quilligan was a civil rights class action lawsuit filed by ten Latina women against LAGMC in 1978. The lawsuit asserted that the plaintiffs had been involuntarily sterilized while under the hospital's care. Dr. Bernard Rosenfield, a physician working at LAGMC at the time, was the whistleblower and provided testimony in favor of the plaintiffs. The case was managed by lawyers Antonia Hernandez and Charles Navarette at Model Cities Center for Law and Justice. See "Chavez & Partida, 2020" for more details on the case.

[9] The "No Mas Bebes" documentary interviewed those involved with the Madrigal v. Quilligan case, including victims (plaintiffs) and medical center doctors (defendants) about the alleged instances of coerced sterilizations at LAGMC during the 1960s and 1970s. Lawyers were also interviewed to discuss the context and legal aspects of the case.

Table 5. Current and former staff of trusted/local CBO interview domains

Domain	Description	Sample Questions
Background	Employee professional experience, current role, and knowledge of cases of forced/involuntary sterilizations at LAGMC.	Could you share your professional background and current organization working for (organization name)? What types of populations does your organization serve? In your role, have you ever heard of cases where women have been involuntarily sterilized at LAGMC? ◦ How did you learn about this? What factors do you think contributed to the cases of involuntary sterilizations that happened at LAGMC in the 1960s and 1970s? Demographic questions: ◦ Gender identity ◦ Race/ethnicity ◦ Age
Involvement with victims	Involvement with patients that may have experienced forced/involuntary sterilization at LAGMA.	Were you in any shape or form directly involved with the victims of forced/involuntary sterilizations at LAGMC in the 1960s and 1970s? ◦ If yes, please tell me more about the context of these cases? ◦ What were some commonalities in experiences that the women who were involuntarily sterilized had to each other? ◦ Were there any women with more unique experiences than other victims? Do you have any information on how victims were or have been able to show proof of the sterilization that occurred being involuntary/coerced? Are you aware of any records that may exist that could identify the women who experienced a forced/involuntary sterilization at LAGMC during that time?
Relative frequency	Observed frequency or estimation of number of women who experienced a forced/involuntary sterilization at LAGMC.	Can you provide an average number of cases you have personally encountered or heard of occurring at LAGMC during the 1960s and 1970s? ◦ Are you in contact with any of these victims today?

Recruitment

A list of local CBOs that provide services to the Latino community surrounding the medical center was developed. The research team contacted CBO leadership via emails and phone calls to request permission to post flyers at their physical location or to share with their staff via email communication. In addition, a list of key informants was identified based on their prior knowledge of the cases and were contacted directly via email and phone calls. Despite the willingness of some local organizations to share the study opportunity with their staff, recruitment for this group was challenging and did not result in any interviews. However, two key informants were reached by the research team, which resulted in two completed interviews.

Data Analysis

Given that only two interviews were completed for this group, the research team identified thematic content through the use of open and axial coding. Each interview was reviewed by the interviewer and an additional researcher who did not participate in the interview. Identified themes were discussed and refined during team meetings following each interview. Although thematic analysis was not appropriate due to the small number of interviews, some initial findings from interviews with key informants are described here.

Results

Both key informants interviewed reported that a list of victims of forced/involuntary sterilization had been identified by the whistleblower and was shared with Model Cities for Law and Justice, the local legal services organization that took on the Madrigal v. Quilligan case. It was also reported that this list was later in possession by lawyers at the Mexican-American Legal Defense and Educational Fund (MALDEF) for purposes related to the case. Neither key informant knew where the list is currently located, but it was suggested that it could be housed at Stanford University Library given that the university archives MALDEF's records and has been doing so for some decades. It was estimated that the list could have contained a few hundred victims' names and contact information. Key informants reported having direct contact during the 1970s and 1980s with LAGMC F/I sterilization victims and were able to describe the context of the cases they became familiar with during that time. They reported the following about the cases they recalled:

- Most impacted victims were Hispanic/Latina immigrant women.
- The sterilization incident typically took place while giving birth, with many women being told they would not be helped unless they agreed to having their "tubes tied."
- Women were either coerced into signing a consent form or were unaware that a procedure had taken place.
- Family members were not allowed to accompany women into the birthing room.
- When they learned they were sterilized, many women expressed feelings of shame and fear of being judged.

One key informant noted that despite the fact that victims lost their legal case, additional litigation had a positive impact on federal and state laws that mandated a waiting period for sterilizations funded by Medicaid dollars. However, the second respondent shared concerns that there is little oversight to ensure adequate clinical implementation of such laws in hospitals throughout the U.S.

Quantitative Data

Through multiple interviews and communication with LAGMC leadership, it was determined that conducting document review was not feasible due to the statute of limitations regarding the retention of patient medical records from the 1960s and 1970s. Consequently, the study team did not receive access to any medical center electronic health record documentation or other quantitative data. The study team made diligent efforts to locate information about sterilizations performed at the medical center between 1960 — 1979 by searching publicly available data sets and/or dashboards by the following agencies: LA General Medical Center, LA County Department of Health Services, LA County Department of Public Health, and the California Department of Health Care Services. Through this search, Family Planning, Access, Care and Treatment (FamPACT) program information reports were identified in the California Health and Human Services Open Data Portal. The California Health and Human Services Agency (CalHHS) launched an Open Data Portal to increase public access to California's non-confidential health and human services data (CalHHS, 2023). Data located in CalHHS Open Data Portal can be downloaded, sorted, analyzed, and used by individuals, researchers, and organizations to inform program and policy decisions, such as the one described in this study. The following nine datasets contained data relevant to sterilizations:

Table 6: State-level FamPACT datasets (CalHHS)

Data Source	Dataset Name	Data Included
California Health and Human Services Open Data Portal	Number of Family PACT Clients Provided Sterilization Services and Percentage Change	FY2003-04 to Current FY
California Health and Human Services Open Data Portal	Providers Delivering Family Planning Access, Care, and Treatment (PACT) Services, by Fiscal Years	FY2003-FY2020
California Health and Human Services Open Data Portal	Family PACT Female Clients by Method Tier and Race/Ethnicity	FY2003-04 to Current FY
California Health and Human Services Open Data Portal	Family Planning Methods by Effectiveness for Female Clients	FY2003-04 to Current FY
California Health and Human Services Open Data Portal	Number of Family PACT Clients Served with Family Planning Methods/Services by Fiscal Years	FY2003-04 to Current FY
California Health and Human Services Open Data Portal	Provision of Selected Family PACT Contraception by County	FY 2003-04 to 2013-14 and FY 2014-15 to Current FY
California Health and Human Services Open Data Portal	Average Reimbursement Per Family PACT Client Served, by Fiscal Year	FY 2003-04 to Current FY
California Health and Human Services Open Data Portal	Total Provider Reimbursement for Family PACT Services, by Fiscal Years	FY 2003-04 to Current FY
California Health and Human Services Open Data Portal	Demographic Profile of Family PACT Clients Served by Fiscal Year	FY 2003-04 to Current FY

The data identified was extracted from Family PACT enrollment and claims for the years identified above. However, the data was not relevant to the study period of interest (1960—1979). The study team downloaded the datasets, cleaned the data, and performed some basic descriptive data analysis. The descriptive analyses performed did not yield any relevant information for the purpose of this study. As previously noted in this report, LAGMC staff report that the medical center does not have data for the study period of interest and no other publicly available datasets have been identified at this time.

Findings and Conclusion

Findings, Implications, and Future Research

This feasibility study aimed to learn more about the context surrounding the survivors impacted at LAGMC, to explore credible data sources to identify victims, and to determine if enough evidence exists to justify a large-scale study to further investigate the instances of coerced and forced sterilizations at the medical center. In partnership with ABC, the research team successfully recruited and interviewed self-identified victims and family members of victims that were involuntarily sterilized at LAGMC between 1960–1979. Through these interviews, the research team was able to learn about the lived experiences of the victims and their families as well as identify contextual commonalities and differences between the reported cases. Interviews with LADHS staff and key informants revealed that although the hospital no longer holds medical records from the time period when the coerced sterilizations occurred, there is a possibility that a list of victims may exist in archived legal records.

In addition, some important lessons were learned that could inform future policy that aims to compensate women who experienced forced/voluntary sterilization at LAGMC in the 1960s and 1970s. First, it was learned that the women and/or their family members are best reached through television, radio, and social media. Outreach through local CBOs and churches proved to be less effective given that many impacted families no longer lived in the area surrounding the medical center. Future efforts that seek to reach victims and/or family members may consider investing resources into a media outreach campaign through well-known media outlets. Second, the research team found that most women interviewed did not have any relevant medical records proving that a sterilization event took place at LAGMC, although some had a child's birth certificate that proved they gave birth at the medical center during the period of interest. As public officials and advocates seek justice through policy reform for these survivors, they will have to grapple with the fact that victims themselves very rarely have medical records in their possession and that they do not appear to exist at the medical center level. Finally, through key informant interviews, it was identified that a list of victims existed and was originally provided by the LAGMC whistleblower to Model Cities for Law and Justice and was later passed on to MALDEF to aid in the development of the legal case against the medical center. Based on key informant interviews, the case archives for Madrigal v. Quilligan may be stored at Stanford University Library archives

Findings from this feasibility study suggest that additional research can be undertaken to pursue justice for women who have wrongfully experienced forced sterilizations in non-state managed facilities. As it relates to victims impacted at LAGMC, future work can focus on searching Stanford University library archives of MALDEF administrative records to explore the possibility of identifying the list of women originally identified by the whistleblower. Due to contractual constraints, this study only focused on qualitative research (interviews) and quantitative research (any data that could be provided by the hospital or identified in public records).

The archived data stored at Stanford University Library archives could not provide quantitative data on procedures performed at LAGMC in the 1960-70s. The constraints of the study parameters did not allow for the archival research to be included in the final report. Additionally, future studies could broaden the scope of this feasibility study to include the exploration of possible cases of coerced sterilization at LADHS facilities beyond LAGMC. As noted in this report, during the recruitment of LAGMC victims, the research team received phone calls from women who claimed to have been impacted at other LA County hospitals and well into the 1990s.

Strengths and Limitations

Despite the fact that victims of F/I sterilizations at LAGMC may have been impacted between 40-60 years in the past, the research team was able to successfully recruit and interview self-identified victims and family members for this feasibility study. Collaboration between ABC and EDMG ensured that recruitment efforts were bolstered during the study to reach theme saturation for this category of interviewees. Several limitations impacted this study. First, interviews with LADHS, CBOs, and key informants were limited and findings from these did not reach theme saturation. Data included here from interviews with these groups are initial findings that added some context to the rich information gathered from victims and their family members. Another key limitation was the fact that no quantitative data related to sterilizations occurring at the medical center during the period of interest exists. For this reason, the research team could not formally conduct quantitative analysis as originally planned.

Conclusion

Propelled by Assemblymember Wendy Carrillo's leadership, the state of California is now reckoning with its historical role in eugenics and the disproportionate damage caused to poor women of color through the sanction of coerced sterilizations. This feasibility study shed light on the enduring trauma experienced by Latina women at the hands of doctors at LAGMC during the 1960's and 1970's through qualitative interviews with survivors, their families, and key informants. Additional interviews with LADHS staff revealed that a lack of medical records are a barrier in the efforts to identify all women impacted at the medical center. Despite the identified challenges, the findings shared here can inform both advocates and policymakers as they explore ways to secure justice for survivors of forced sterilizations in Los Angeles County and throughout the state.

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References[10]

AB 1007: Forced or Involuntary Sterilization Compensation Program (2021-2022). California Assembly Bill, Retrieved January 25, 2023, from https://openstates.org/ca/bills/20212022/AB1007/#:~:text=The%20bill%20would%20require%20the,apply%20for%20victim%20compensation%2C%20and

Amalraj, J., & Arora, K. S. (2022). Ethics of a Mandatory Waiting Period for Female Sterilization. Hastings Center Report, 52(4), 17-25.

Bekiempis, V. (2020, December 22). More immigrant women say they were abused by Ice gynecologist. The Guardian. https://www.theguardian.com/us-news/2020/dec/22/ice-gynecologist-hysterectomies-georgia

Bhattacharjee, R. (2014, September 26). California Bill Bans Forced Sterilization of Female Inmates. NBC Bay Area. https://www.nbcbayarea.com/news/local/gov-jerry-brown-signs-bill-to-end-forced-prison-sterilization/2075388/

Brightman, S., Lenning, E., & McElrath, K. (2015). State-directed sterilizations in North Carolina: victim-centeredness and reparations. British Journal of Criminology, 55(3), 474-493.

Brown, H. L., Small, M. J., Clare, C. A., & Hill, W. C. (2021). Black women health inequity: The origin of perinatal health disparity. Journal of the National Medical Association, 113(1), 105-113.

Bullington, B. W., & Arora, K. S. (2022). Fulfillment of desired postpartum permanent contraception: a health disparities issue. Reproductive Sciences, 29(9), 2620-2624.

California Department of Health and Human Services. CalHHS Open Data Portal. Retrieved September 6, 2023, from https://data.chhs.ca.gov/about

Chavez, H.L., & Partida, M.G. (2020) A Latinx Resource Guide: Civil Rights Cases and Events in the United States. Library of Congress Research Guides. Retrieved January 2023, from https://guides.loc.gov/latinx-civil-rights/madrigal-v-quilligan

Committee on Practice Bulletins-Gynecology, Long-Acting Reversible Contraception Work Group (2017). Practice Bulletin No. 186: Long-Acting Reversible Contraception: Implants and Intrauterine Devices. Obstetrics and gynecology, 130(5), e251–e269. https://doi.org/10.1097/AOG.0000000000002400

Davis, S. (2022). Unrepeatable Harms: Forced Sterilization at ICE Detention Centers. Human Rights Brief, 25(2), 15.

Fofana, M. O. (2022). Time and time again: the reincarnations of coerced sterilisation. Journal of Medical Ethics, 48(11), 805-809.

[10] Note that references include works cited in the report and Appendix A.

Garcia-Alexander, G. Gonzalez, K.L, Ferguson, L.F., & Hauk, E. (2019). Racial and Ethnic Disparities in Desire for Reversal of Sterilization Among U.S. Women. Journal of Women's Health, 28:6, 812-819.

Grace, K. T., & Anderson, J. C. (2018). Reproductive coercion: a systematic review. Trauma, Violence, & Abuse, 19(4), 371-390.

Hennink, M., & Kaiser, B. N. (2022). Sample sizes for saturation in qualitative research: A systematic review of empirical tests. Social Science & Medicine, 292, 114523.

Hernandez, A. (1976). Chicanas and the issue of involuntary sterilization: Reforms needed to protect informed consent. Chicana/o Latina/o Law Review, 3(3), 3-37.

Johnson, C. (2013, July 7). Female inmates sterilized in California prisons without approval. Reveal News. https://revealnews.org/article/female-inmates-sterilized-in-california-prisons-without-approval/

Kaelber, L. (2012). Eugenics: Compulsory Sterilization in 50 American States: California [presentation]. 2012 Social Science History Association, Vancouver, CA. Retrieved January 25, 2023from https://www.uvm.edu/~lkaelber/eugenics/CA/CAold.html#:~:text=The%20first%20state%20sterilization%20law,as%20well%20as%20prison%20inmates

Kathawa, C. A., & Arora, K. S. (2020). Implicit bias in counseling for permanent contraception: Historical context and recommendations for counseling. Health Equity, 4(1), 326-329.

Klein, J. M. (2012). Compensating victims of forced sterilization: lessons from North Carolina. Journal of Law, Medicine & Ethics, 40(2), 422-427.

Kluchin, R. (2021). How Should a Physician Respond to Discovering Her Patient Has Been Forcibly Sterilized?. American Medical Association Journal of Ethics, 23(1), 18-25.

Leach, B. R. (2022). At the Borders of the Body Politic: Fetal Citizens, Pregnant Migrants, and Reproductive Injustices in Immigration Detention. American Political Science Review, 116(1), 116-130.

Los Angeles County Board of Supervisors (2018, August 7). Statement of Proceedings. https://file.lacounty.gov/SDSInter/bos/sop/1043486_080718.pdf

Manian, M. (2020, September 29) Immigration Detention and Coerced Sterilization: History Tragically Repeats Itself. ACLU News & Commentary. https://www.aclu.org/news/immigrants-rights/immigration-detention-and-coerced-sterilization-history-tragically-repeats-itself

McHugh M. L. (2012). Interrater reliability: the kappa statistic. Biochemia medica, 22(3), 276–282.

Mertus, J., & Heller, S. (1992). Norplant meets the new eugenicists: the impermissibility of coerced contraception. St. Louis. University Public Law Review, 11, 359.

O'Sullivan, M. D. (2016). Informing Red Power and Transforming the Second Wave: Native American women and the struggle against coerced sterilization in the 1970s. Women's History Review, 25(6), 965-982.

Ross, L. (1994). Sterilization and "de facto" sterilization. The Amicus Journal, 29. Simpson, M. (2021). The Marshall Factor: How Forced Sterilization of Native American Women Birthed Generational Reproductive Injustice. Southern University Law Review Rev., 49, 65.

Smaw, E. D. (2022). Uterus collectors: The case for reproductive justice for African American, Native American, and Hispanic American female victims of eugenics programs in the United States. Bioethics, 36(3), 318-327.

Stern, A. M. (2005). Sterilized in the name of public health: race, immigration, and reproductive control in modern California. American Journal of Public Health, 95(7), 1128-1138.

Willgress, L. (2015, February 27). Virginia agrees to compensate victims of forced sterilization under eugenics program that sought to improve genetic make-up of human race. Daily Mail. https://www.dailymail.co.uk/news/article-2971741/Virginia-agrees-compensate-victims-forced-sterilization-eugenics-program-sought-improve-genetic-make-human-race.html

Appendix A: F/I Sterilization Background / Literature Review

As part of the research design stage, the research team engaged in a literature search of cases of forced/involuntary sterilizations in the U.S., inclusive of published and grey literature (i.e. information produced outside of academic publishing channels such as news articles, government reports, presentations and academic presentations). Appendix A provides details on the literature search objectives, methodology, and findings. Special attention was paid to literature on cases of forced/involuntary sterilizations that occurred in California and Los Angeles County.

Results from the literature review showed that from the late 1960s to the early 1970s, more than 200 Mexican American women were involuntarily sterilized at a Los Angeles General Medical Center (LAGMC). These cases were brought to light by a whistleblower at the facility and culminated with a class action lawsuit against the medical center (Chavez & Partida, 2020). While the plaintiffs lost the case, there was enough attention drawn to drive policy reforms regarding sterilization in the state of California. More recent cases among Latina women were brought to light in immigration detention centers, state prisons and other anecdotal cases (Manian, 2020). This scan of the literature aims to assess broad trends and characteristics of involuntary sterilization in the United States and highlights the current landscape in California to shape the research design moving forward.

Literature Review Research Questions

- What has been documented in the academic and gray literature regarding the F/I sterilization of women since 1960?
- What are the occurrences of F/I sterilization in California, and what has been elected officials' and community-based organizations' response to these occurrences?

Specific Objectives

- Understand the history and landscape of involuntary sterilization in the U.S., specifically in California
- Examine recently documented cases of involuntary sterilization
- Assess the characteristics of recent cases: population (focus on Latinas, undocumented people, and immigrants), type of procedure, location, health system, and policy responses

Methods

The research team utilized systematic scoping literature review methods; with single reviewer validation a landscape analysis (inter-rater reliability was not needed). The literature review team defined the search criteria as displayed in Table A1.

Table A1. Search inclusion and exclusion criteria

Criteria	Inclusion	Exclusion
Population of interest	Women Immigrant Undocumented Minority Latina/Hispanic Living in the U.S. California Los Angeles	Individuals not living in the U.S.
Intervention	Involuntary female sterilization Reproductive coercion	Male sterilization
Comparison/ Control	N/A	N/A
Outcomes	Legislation Investigation Policy changes Media responses Political responses Compensation Litigation	
Time	Published after 1970	Before 1970
Study design	Observational, literature reviews, case studies, nonprofit/INGO papers, government papers and reports, court records	Theoretical papers

The research team chose three databases to search across disciplines to ensure the adequate reach of the search strategy. The description for each of the selected databases is referenced in Table A2.

Table A2. Databases searched

Database	Description
PubMed	National Library of Medicine's database of medical literature
NexisUni	News, legal and business sources with selected cases, rulings, and verdicts
Web of Science	Includes the Book Citation Index, Science Citation, Social Science Citation, Arts & Humanities Citation Indexes, and Conference Proceedings Citation Indexes for Science, Social Science and Humanities, which include all cited references from indexed articles

Lastly, the research team developed search terms along the lines of three main domain areas of interest: (1) population of interest, (2) intervention, and (3) context. The search term development was an iterative process, which also depended on the database characteristics. The final search terms used for each database are presented in Table A3.

Table A3. Final search terms used

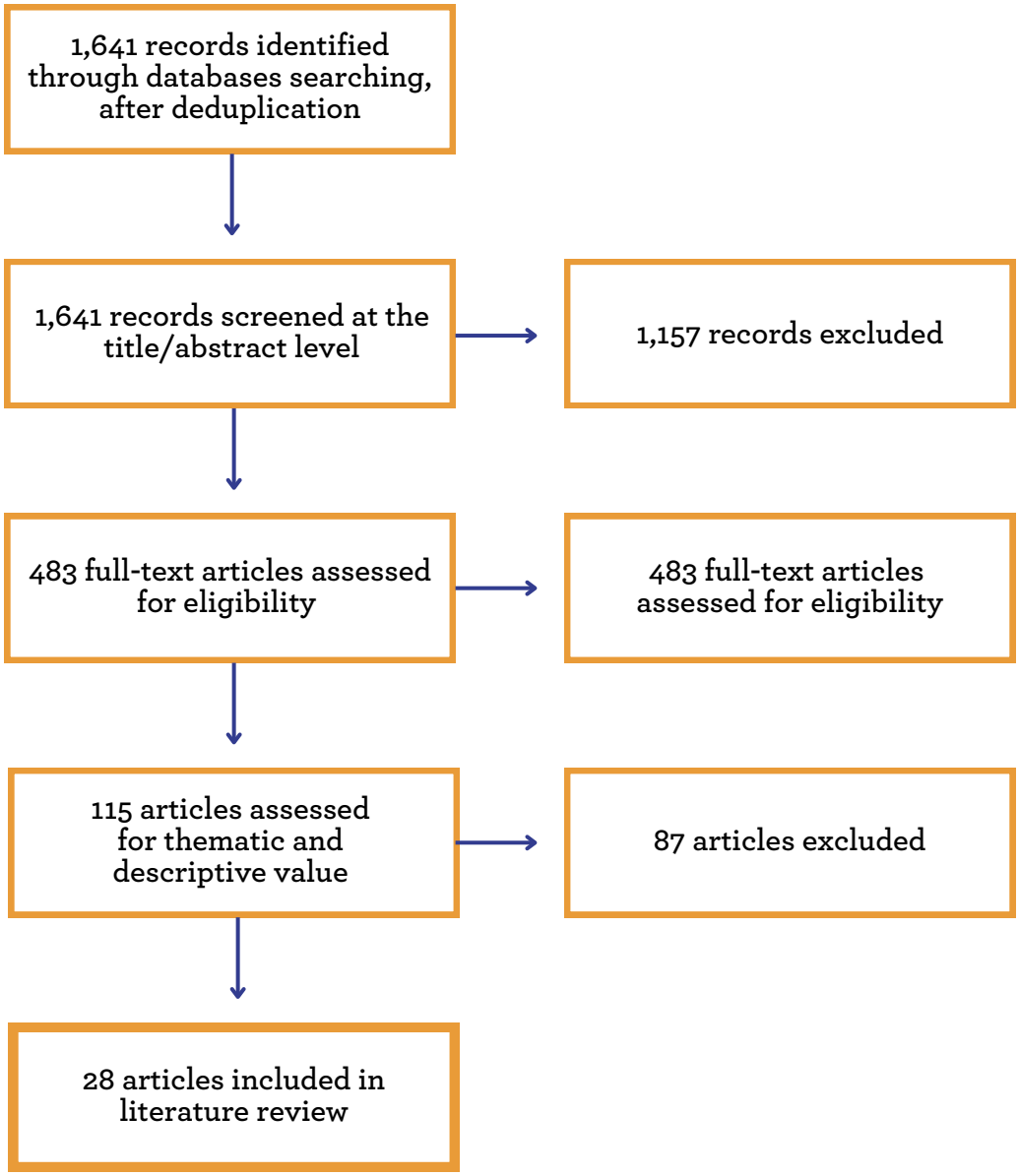
Database	Search Terms
PubMed	("steriliz*"[Title/Abstract] OR "tubal ligation"[Title/Abstract] OR "tubal sterilization"[Title/Abstract] OR "tubectomy"[Title/Abstract] OR "tubal cauterization"[Title/Abstract] OR "nontherapeutic sterilization"[Title/Abstract] OR "female sterilization"[Title/Abstract] OR "salpingectomy*"[Title/Abstract] OR "tubectom*"[Title/Abstract] OR "tubal excision"[Title/Abstract] OR "eugenic*"[Title/Abstract] OR "sterilization, reproductive"[MeSH Terms] OR "surgical contraception"[Title/Abstract] OR "reproductive coercion" [Title/Abstract] OR "uterus"[MeSH Terms]) AND ("forced"[Title/Abstract] OR "involuntary"[Title/Abstract] OR "non-voluntary"[Title/Abstract] OR "coerc*" [Title/Abstract] OR "victim*"[Title/Abstract]) AND ("United States"[MeSH Terms] OR "u s"[Title/Abstract] OR "america*"[Title/Abstract] OR "US" [Title/Abstract] OR "u s a"[Title/Abstract] OR "US"[Title/Abstract] OR "Los Angeles"[Title/Abstract] OR "LA"[Title/Abstract]) NOT ("vasectom*" [Title/Abstract] OR "male sterilization"[Title/Abstract])
NexisUni	title((steriliz* or tubal ligation or tubal sterilization or tubectomy or tubal cauterization or nontherapeautic sterilization or female sterilization or salpingectomy or tubectom* or tubal excision or eugenic* or sterilization or surgical contraception or reproductive coercion)) and title(forced or involuntary or non-voluntary or coerc* or victim*) and not vasectom* or male sterilization
Web of Science	TI =("steriliz*" OR "tubal ligation"OR "tubal sterilization"OR "tubectomy"OR "tubal cauterization" OR "nontherapeutic sterilization" OR "female sterilization"OR "salpingectom*" OR "tubectom*" OR "tubal excision" OR "eugenic*" OR "sterilization, reproductive" OR "surgical contraception" OR "uterus") OR AB =("steriliz*" OR "tubal ligation"OR "tubal sterilization"OR "tubectomy"OR "tubal cauterization" OR "nontherapeutic sterilization" OR "female sterilization"OR "salpingectom*" OR "tubectom*" OR "tubal excision" OR "eugenic*" OR "surgical contraception" OR "reproductive coercion" OR "sterilization, reproductive" OR "uterus") AND (TI=("forced" OR "involuntary" OR "non-voluntary" OR "coerc*" OR "victim*" OR "survivor*" OR "cause*") OR AB=("forced" OR "involuntary" OR "non-voluntary" OR "coerc*" OR "victim*")) NOT (TI =("vasectom*" OR "male sterilization") OR AB =("vasectom*" OR "male sterilization")) AND NOT WC=(“Agriculture, Dairy & Animal Science” OR “Agricultural Engineering” OR “Agriculture, Multidisciplinary” OR “Andrology OR Astronomy & Astrophysics” OR Acoustics) AND CU=USA

After the search was conducted and records exported, an online evidence synthesis software was utilized (CADIMA) to screen at the title and abstract level (TA). Once TA screening was complete, full records were obtained and reviewed for relevance. Records included after the full-text review were assessed and analyzed for themes and key features, which is described in further detail in the findings section.

Findings

After deduplication, 1,640 records were available for the title and abstract screening. Figure A1 shows the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flowchart for the reference screening. PRISMA guidelines provide researchers with guidance on reporting of systematic reviews and other evidence synthesis. Although this review is not considered a systematic review, a PRISMA flowchart was used to clearly demonstrate the number of records identified, included and excluded in the literature review (per the inclusion/exclusion methodology described).

Figure A1. PRISMA flowchart



In the review, the research team found four primary themes. Themes abstracted from the included literature are outlined below, including details on the populations most impacted, circumstances under which coercion occurred, common reporters of coercion incidents, and policy responses to mass involuntary sterilization.

Populations Impacted: Women of Color & Detained Women

Women of color — specifically, Latina, Black, and Native American women — are more likely to be victims of involuntary sterilization in medical settings (Mertus & Heller, 1992; Ross, 1994). The United States has a long history of eugenics programs that pushed for sterilization of primarily non-white groups as population control measures. In the 1920s, more than 60,000 people were involuntarily sterilized in the United States when the practice was considered an accepted policy and reputable scientific approach. North Carolina had among the most long-lasting and aggressive eugenics policies in the United States. The state established a "eugenics board" which operated from 1929 to 1977. During this time, approximately 7,600 individuals were involuntarily sterilized. Among these victims were predominantly low-income women who received welfare benefits, of which 40% were racial minorities (Klein, 2021). During a similar time period, Native American women were targeted by doctors for sterilization through the Indian Health Service from 1973 to 1976 (Smaw, 2022; Kluchin, 2021; Simpson, 2021). Motivated by the fear of high birth rates among Native Americans, 3,406 women underwent coerced tubal ligation, resulting in sterilization (Smaw, 2022).

Victims of sterilization also included people who were considered disabled or "mentally feeble" (Brightman, Lenning, & McElrath, 2015). From 1934 to 1979, 7,450 sterilizations were conducted on people defined as "insane, criminalistic, epileptic, inebriate, diseased, blind, deaf, deformed or dependent" in Virginia (The Guardian, 2002). At the height of sterilization policy in the United States, California alone forced approximately 20,000 individuals to be sterilized, which included people of color, immigrants, and low-income populations. The state was responsible for nearly one in three involuntary sterilizations in the nation. This included a case in the 1970s in which doctors at the Los Angeles County-USC (LAC-USC) Medical Center conducted forced sterilization on at least 10 Latina/Hispanic, working-class women (Stern, 2005; Kluchin, 2021; Hernandez, 1976).

Since the 1970s, few cases of involuntary sterilizations have been reported in the United States. More recently documented cases have targeted women in correction and detention centers. From 2005 to 2010, California state correctional facilities subjected approximately 150 Latina women in the penal system to coerced sterilizations (Amalraj & Arora, 2022; Fofana, 2022; Kluchin, 2021). More recently in 2020, there were reports of 40 non-consensual sterilizations of women in the Irwin County ICE Detention Center in Georgia (Davis, 2022; Leach 2022). The search of the literature did not find any recently reported cases of involuntary sterilization that were specific to Los Angeles County.

Instances of Involuntary Sterilization: Lack of Consent, Information & Pressure Tactics

These instances of involuntary sterilization often occur through means of inadequate informed consent protocols, lack of information, and pressure tactics. In the cases of Spanish speakers, language barriers were not sufficiently addressed, and patients were not informed in their primary language prior to obtaining consent (Hernandez, 1976; Smaw, 2022; O'Sullivan, 2016). Circumstances that facilitate involuntary sterilization also include a lack of clarity or incomplete information. For example, in the LAC-USC case, several women expressed being unaware that tubal ligation was irreversible (Hernandez, 1976; O'Sullivan, 2016). Other enabling factors include medical staff failing to obtain proper informed consent, as well as failing to notify patients about their right to withdraw consent later (Fofana, 2022, O'Sullivan, 2016). In the case of sterilizations performed by the Indian Health Service facilities, many Native women were at the facilities to give birth and described not knowing about the sterilization surgery, or the surgery was framed as required for their delivery service (Simpson, 2021; O'Sullivan, 2016).

Circumstances involving involuntary sterilization also commonly described paternalistic attitudes on behalf of physicians and medical professionals (Hernandez, 1976). Specifically, doctors at the LAC-USC medical center were "openly hostile to them because of their ethnicity or poverty status" (Hernandez, 1976). This continues to remain a trend, as medical professionals at the Irwin County Detention Center were described as "overly aggressive" and pressured patients to be sterilized (Fofana, 2022). Additionally, the LAC-USC case revealed sterilization procedure quotas that further motivated medical practitioners to pressure women into undergoing such procedures (Stern, 2005). Studies have also found that minority and poor women are more likely to be counseled towards permanent sterilization or experience medical professionals advising them to limit childbearing when compared to middle class white women (Bullington & Arora, 2022; Kathawa & Arora, 2020; Mertus & Heller, 1992). Non-white and lower-income women are also more likely to be pressured to accept medical advice to limit their fertility, even if it does not align with their own reproductive goals (Kathawa & Arora, 2020; Garcia-Alexander et al., 2019; Grace and Anderson; 2018).

Reporters of Involuntary Sterilization: Medical Staff, Family, & Community

Reporters of involuntary sterilization have often included medical staff, community organizations, and victims themselves. In the case of LAC-USC, a resident doctor who witnessed the procedures became a whistleblower and provided testimony as evidence in the lawsuit (Hernandez, 1976; Kluchin, 2021). Additionally, at the Irwin County Detention Center, a nurse came forward and expressed concern over forced sterilization of migrant women and failure of proper consent protocols (Davis, 2022). Through the support of community organizations and extended family, victims have come forward to report their cases of involuntary sterilization and sue medical staff and centers (Hernandez, 1976).

Policy Responses: Task Forces, Compensation, & Policy Changes

In efforts to prevent future cases of coercion, protect patients, and provide justice for victims, several policies emerged in response to cases of involuntary sterilization. At the state level, one approach included establishing a eugenics/victims task force or board to investigate cases of involuntary sterilization, identify victims, and make policy recommendations. Examples include the North Carolina Eugenics Compensation Task Force and the Virginia Victims of Eugenical Sterilization Compensation Program (Klein, 2012; Willgress, 2015).

Some states also provided compensation to victims. For example, North Carolina offered up to $50,000 to each living victim and Virginia offered $25,000 per victim (Klein, 2012; Willgress, 2015). In California, the Forced or Involuntary Sterilization Compensation Program bill (AB 1007) was put forth by Assemblymember Wendy Carrillo and several community organizations and was later codified as a Budget Trailer Bill (AB 137) to compensate survivors of California state-sponsored sterilization between 1909 and 1979, and survivors of involuntary sterilizations in women's state prisons after 1979. This program accepted applications through December 31, 2023. Additionally, states like California have implemented measures to strengthen reporting of sterilization procedures to document instances of coercion. The California Department of Health was authorized to ask for any health agency reports that provide the number of therapeutic and nontherapeutic sterilization operations conducted, as well as evidence of compliance with the documented consent process and demographic data of the patients (Hernandez, 1976).

Additionally, states and the federal government have established guidelines or "waiting periods" for sterilization procedures. In response to the findings of forced sterilization, in 1976, the Department of Health, Education, and Welfare developed protective regulations and a standardized consent form for publicly funded sterilization procedures. This included a federally mandated waiting period for Medicaid recipients requesting sterilization procedures (Brown et. al., 2021; Amalraj & Arora, 2022). In 1976, the federal waiting period went from 72 hours to 30 days and required special consent forms; however, these policies do not apply to women with private insurance (Amalraj & Arora, 2022). This waiting period policy currently remains in effect. Additionally, as of August 2020, California prohibits the sterilization of women under 21, requires an interpreter to be provided for patients with any language barrier, and requires information to be provided both orally and in writing before obtaining consent.

Key Takeaways from the Literature and Journal Articles

Based on the research team's thoughtful review of existing journal and news articles, there is evidence to support the following:

- Women of color — specifically, Latina, Black and Native American women — are more likely to be victims of involuntary sterilization in medical settings
- These instances often occur through means of coercion, pressure tactics, lack of information, and negligence of informed consent protocols
- Reporters of involuntary sterilization have often included resident physicians, nurses, and other medical staff
- Women in detention have been targets for involuntary sterilization through the California prison system and immigration detention centers

There are several ways the women were disempowered from providing consent regarding their sterilization, such as:

- Unclear or incomplete information, including the irreversible nature and their right to withdraw consent
- Inadequate language access in which women are not provided information in their primary language
- Women are not made aware that the surgery was being performed, particularly in cases after delivering a baby

Medical professionals often demonstrate implicit bias against the victims:

- Poor and minority women are more likely to be counseled towards permanent sterilization than middle class white women

- Medical professionals are more likely to engage in paternalistic behavior and pressure minority women to accept treatments that do not align with their reproductive goals

Governmental policy responses to involuntary sterilization have included:

- North Carolina offered compensation to each living victim (up to $50,000)

- California updated states guidelines for patients seeking sterilization to curtail possible coercion and established legal authority for requesting detailed data records on sterilizations performed in public and private hospitals

- In 1978, a federal waiting period was mandated for Medicaid recipients requesting sterilization procedures to ensure proper consent protocols

- F/I sterilization bans in certain settings, such as the legislation Governor Jerry Brown signed into law in 2014 banning forced sterilizations in prisons and a requirement for a second consult with a doctor to take place before voluntary/desired sterilization (Bhattacharjee, 2014)

Major cases of Latina women forcibly sterilized in the United States after the 1970s include:

- Between 1968 to 1974 LAC-USC County: Over 200 women, predominantly Spanish speakers, were sterilized after delivering babies

- 1978 LAC-USC County: 10 Latina/Hispanic women alleged coerced hysterectomies and tubal sterilizations

- 2006-2010 CA prisons: Approximately 150 Latina/Hispanic women in penal system were coerced into sterilization

- 2020 Irwin County ICE detention center: 40 coerced/nonconsensual sterilizations

Studies/prior investigations found have relied predominantly on qualitative measures. However, medical procedures and administrative data requested can be helpful.

- Many prior investigations, such as the 1970s California cases and ICE detention center cases, relied on survivors and medical staff to come forward and provide information. Conducting interviews and investigative reporting provided the follow up to connect with victims and collect evidence about their cases. Audits, public records data requests, calls from local or state elected officials, and collecting any publicly available procedure data provide more resources and access to data that is essential for uncovering potential cases at scale.

- However, the 2006 to 2010 occurrence in the California prison system (although not in the setting of interests, i.e., within hospitals) provides the best template for a potential approach for the full study.