

## RESEARCH ARTICLE

# Sterilizing body-territories: Understanding contemporary cases of forced sterilization in the United States and China

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## Abstract

In the summer of 2020, shocking headlines reverberated across global media outlets, revealing harrowing stories of forced sterilizations and reproductive abuses committed against Uighurs in China and immigrant women in the United States. The simultaneity of these events sheds light on essential aspects of a transnational order characterized by mass surveillance and detention, a defining feature of diverse contemporary political regimes. This article explores how reproductive violence intertwines with systems of detention and mass surveillance through these two cases. I do so by weaving together the decolonial feminist framework of body-territory and the principles of reproductive justice that allow for a nuanced examination of how the control of the reproductive lives of Uighur and immigrant women reinforce the mechanisms of exclusion and surveillance embedded in state infrastructures. The demand for the right to bear children and to parent them under dignified conditions, free from violence, is increasingly pressing in a world where reproduction has become an instrument of surveillance and containment. This article engages in an ethnographic exploration of electronic paper trails, adopting what Geiger and Ribes aptly termed “trace ethnography.”

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## INTRODUCTION

In the summer of 2020, shocking headlines reverberated across global media outlets, revealing harrowing stories of forced sterilizations and reproductive abuses committed against Uighurs in China and immigrant women in the United States. An exposé by the Associated Press described a systematic population control program targeting Uighur Muslims in Xinjiang, China, further fueling accusations of human rights violations against the Chinese government. In the United States, the Irwin County Detention Center in Georgia came under scrutiny after whistle-blower nurse, Dawn Wooten, disclosed disturbing allegations of unconsented hysterectomies, tubal ligations, and other invasive gynecological procedures, including non-consented trans-vaginal ultrasounds, Pap smears, and loop electrosurgical excisions (LEEP) (Anderson et al., 2020). Even though not all these gynecologic procedures preclude pregnancy (i.e., LEEP, transvaginal ultrasounds), they were used to degrade women and undermine their bodily autonomy. Notably, the media, despite their striking similarities and concurrent occurrence, largely failed to explore the connections between these two distressing cases.

The simultaneity of these events sheds light on essential aspects of a transnational order characterized by mass surveillance and detention, a defining feature of diverse contemporary political regimes. As anthropologist Darren Byler (2021, 42, Kindle) astutely observes, “what is happening in Northwestern China is connected to the camps at the Southern border of the United States.” Building upon this insight, this article explores how reproductive violence intertwines with systems of detention and mass surveillance through these two cases. I do so by weaving together the decolonial feminist framework of body-territory and the principles of reproductive justice. The intersection of these frameworks offers a lens through which to understand how the desire for eugenic “better breeding” has been reinvigorated through its entanglement with the militarized detention and incarceration complex.

By elucidating how carcerality, anti-terrorism measures, and border enforcement transmute reproduction into a tool for exclusion and surveillance, this article contributes a complementary perspective to the discourse emphasizing the intersectionality of oppression that renders women particularly vulnerable to forced sterilizations (Andersen et al., 2021). The central argument posits that sterilization abuse and other invasive gynecological practices are employed to fortify borders, solidify territorial dominance, exercise social control and containment, and serve as a tool of deterrence and punishment. In doing so, they unveil deep-seated anxieties surrounding immigration, population replacement, and the specter of Islamist extremism.

The demand for the right to bear children and to parent them under dignified conditions, free from violence, is increasingly pressing in a world where reproduction has become an instrument of surveillance and containment. In an era dominated by discussions of high-tech border security and infrastructure development along state borders, reproduction might seem tangential. However, as we scrutinize its entanglement with this high-tech landscape, we discern its integral role in supporting the broader apparatus. In this framework, reproduction, as another facet of the infrastructure of control and containment, emerges as an essential component operating across various scales, amplifying the impact of the dense network of checkpoints, algorithms, border walls, detention centers, and re-education facilities.

This argument bridges the decolonial and indigenous feminist theorizations of body-territory and reproductive justice. The concept of body-territory originated in the critiques and struggles of indigenous women defending their territories against extractive industries in Latin America (Cruz Hernandez, 2016; Gago, 2020). As the *Colectivo Miradas Críticas del Territorio desde el Feminismo* (2017, 7, my translation) notes, “we think about our bodies as our first territory, and we recognize our territory in our bodies. When the places we inhabit are violated, our bodies are affected. When our bodies are affected, the places we inhabit are violated.” The notion of body-territory challenges the notion of the body as individual property and redirects

our focus towards the interconnected constellation of bodies, territories, affects, resources, and practices that materialize through each body (Gago, 2020).

Body-territory exposes the operation of a capitalist-colonial logic where bodies, territories, and nature are seen as exploitable commodities, and highlights the role of sexual, political, and reproductive violence in processes of colonization, looting, and dispossession (Gago, 2020). Reproductive justice, on the other hand, traces its origins to the black feminist and women of color movements in the United States. These movements challenged the prevailing notions of reproductive autonomy and freedom solely in terms of contraceptive access and abortion (Ross & Solinger, 2017; Silliman, Fried, Ross, and Gutierrez, 2016).

In light of the histories of reproductive dispossession experienced by Black and women of color, resulting from state-sponsored family separation and unconsented sterilizations, the reproductive justice movement emphasizes four core principles: the right to maintain bodily autonomy, the right to have children, the right not to have children, and the right to parent children under dignified conditions (Ross & Solinger, 2017; SisterSong, n.d). The sterilization cases expounded upon in this article resoundingly underscore the imperative for recognizing the rights of Uighur and immigrant women to bear children if they so desire, and to do so in conditions of dignity. This call aligns with reproductive justice scholarship, which posits the act of giving birth as an intrinsic human right (Luna, 2020; Rebouche, 2017; Ross & Solinger, 2017)

The confluence of body-territory and reproductive justice allows for a nuanced examination of how the control of the reproductive lives of Uighur and immigrant women reinforces the mechanisms of exclusion and surveillance embedded in state infrastructure. In essence, sterilization practices intersect, and at times fortify, the built environment designed intended to control and contain immigrant flows and the perceived threat of Islamic extremism. Both scales reveal how body-territories are rendered sterilizable in the face of imperatives of national security and ethnic nationalism. This is not just about rendering specific groups of women unable to reproduce; it is also a manifestation of an effort to “purify” the nation. In this context, the affirmation of reproductive justice’s principles, emphasizing the right to have children and to parent them free from state-sponsored violence, has never been more pertinent.

This article engages in an ethnographic exploration of electronic paper trails, adopting what Geiger and Ribes (2011) aptly term “trace ethnography,” which they describe “a powerful and flexible methodology,” able to turn thin documentary traces into “thick description” of actors and events that are often invisible in today’s distributed, networked environments” (np). The traces of these sterilization cases are preserved in diverse forms: newspaper articles, videos, reports, and the testimonies of survivors. I collected articles that were published during 2020 covering both cases in English language news outlets like *The Intercept*, *The Associated Press*, *The New York Times*, and *The New Yorker*. I used search terms such as “forced sterilization,” “Irwin detention center,” “Uighur.” I also collected reports documenting sterilization and other gynecological abuses both in Irwin and China, and contacted Dr. Ted Anderson, member of the independent medical review team who shared documents and provided important insights about the Irwin Case. My methodological approach centers on content analysis of these sources, with a particular emphasis on the narratives provided by survivors. By deploying a feminist ethnographic lens on digital traces, I explore the transnational dimension of these cases to show the relevance of reproduction in connection to mass surveillance and detention.

It is important to highlight a significant contrast with Geiger and Ribes’ assertion that contemporary networked environments render actors and events invisible. In the case of sterilization abuses in the United States and China, these incidents were not relegated to obscurity. Instead, they were widely discussed and documented across various media platforms, leaving enduring traces in the public domain. In the Chinese case, allegations of forced sterilizations and other forms of reproductive violence contributed to the ongoing human rights campaign in

support of the Uighur population. In the United States, the controversy surrounding sterilization abuses reignited the conversation about eugenics and its enduring legacies.

This article starts by situating the US and Chinese cases within a broader history of eugenics and forced sterilization, followed by a description of the events in Irwin Detention Center and re-education camps in Xinjiang. In the last section, I elaborate on the connections between reproductive justice and body-territory in relation to these cases, and I return to my initial arguments in the concluding section.

## CONTEXTUALIZING CURRENT STERILIZATION CASES

Although the 2020 sterilization cases in the United States and China have occurred across different political and ideological contexts, they reveal a transhistorical and transnational permanence of eugenic logics and practices. In the United States, the state of Indiana approved the first “world’s first eugenic sterilization law” (Lantzer, 2011, 26) in 1907, which was the result of ideological, scientific, and medical transformations (Carlson, 2011). Historian Elof Axel Carlson (2011) suggests that the popularization of a “biological interpretation of life” (12), increased state management of social support, changing ideas about the ill and the dispossessed as underserving of help and a burden to taxpayers, and the invention of vasectomy were contributing factors to its formulation. Surgical sterilization was viewed as an effective solution to degeneracy, dependency, and the looming danger of intergenerational transmission (Carlson, 2011).

These eugenic fears clashed with the myth of the “American dream ... and the pioneer spirit of the country” (Lantzer, 2011, 27), yet more than thirty US states followed Indiana’s example and approved compulsory sterilization laws (Carlson, 2011; Lantzer, 2011), many of which remained in the books until the 1960s–1970s. During the first half of the 20th century “more than 60,000 patients and inmates [were] sterilized in institutions in 33 states from the early 1900s to the 1970s” (Minna Stern; 2011, 96). Although sterilization procedures dropped down after the mid-1950s (Minna Stern, 2011; Kluchin, 2009), concerns about reproductive fitness continued within the context of civil rights demands to end racial segregation and discrimination, discourses on overpopulation, and the expansion of welfare, shifting the demographics of sterilization from mainly poor whites to people of color (Kluchin, 2009).

The pathways followed by eugenic ideas in China were different to the west and closer to Latin American eugenics projects where Lamarckism played a prominent role (Chung, 2010). In a global racial and eugenic order, Chinese were considered inferior and the eugenic aspiration to become a fit population was possible through interbreeding with superior races, but this also posed a dilemma for the country’s national identity (Chung, 2010). China’s take on eugenics was a “soft approach combining an emphasis on the environment with hereditarian explanations” (Dikötter, 1998a, 5) and not simply derivative of Western eugenics. Instead, it was an adaptation and negotiation within a specific cultural context, where patriarchal norms and a holistic medical system mediated the incursion of eugenic principles in China (Dikötter, 1998a). Chinese scientists interested in the science of heredity blended “neo-Lamarckian and Mendelian genetics, stressing the interdependence of nature with nurture” (Lamoreaux, 2023, 10) to reconcile the alleged Chinese inferiority with the possibility of racial betterment through public health programs starting in the 1910s aimed at improving nutrition, hygiene, marriage, procreation, and motherhood (Chung, 2010).

As scholars have shown, eugenic sterilization did not wane after its downfall in popularity starting in the 1930s (Briggs, 2002; Stern, 2011), nor after the horrors of the Holocaust during WWII (Dikötter, 1998b; Lantzer, 2011). In China, for instance, eugenics gained momentum after 1978. In 1988, the Gansu province proscribed marriages for “mentally retarded people” leading to the sterilization of thousands of people (Dikötter, 1998b, 477). In 1995 a

controversial eugenic law aimed at “restricting births deemed to be imperfect” (Dikötter, 1998a, 1) was approved; however, it “passed under the rubric of maternal and infant health” (Dikötter, 1998b, 477).

In the West, sterilization practices found fertile ground in transnational discourses of overpopulation and development that gained track in the 1960s (Briggs, 2002; Connelly, 2008; Hartmann, 1995). Population policy was less concerned with preventing the reproduction of the “unfit” than with promoting economic development (Connelly, 2008), although both shared the underlying assumption of human improvement (Nadkarni, 2014) and the idea that certain groups of people are (un)worthy of reproducing. These ideas continue to shape contemporary sterilization practices resulting from increasing anxieties surrounding migration, population shifts, and social, political, and economic turmoil.

Current sterilization cases have at their core similar concerns to earlier laments about racial and national degeneration, this time attributed to the figure of the “Islamist terrorist” and immigrants stoked by fears about ethnic replacement and loss of national identity. I do not mean to say that concerns about immigration or ethnic composition were not present in earlier eugenic projects. Instead, I suggest that eugenics’ foundational idea of degeneration has been reorganized around ideas of terror and fear in the context of south-to-north immigration flows and ethnic-religious political unrest. The result is practices of control and containment of bodies perceived as dangerous for which sterilization projects become a technology of anticipation of terrorism and migration flows, parallel to the work done by the built environment of the immigration and the prison industrial complex. I use the concept of body-territory to expose the similar work that curtailing the reproduction of certain groups and border walls, and detention facilities do for protecting territories from unwanted presence and influences.

Policing and the fight against crime are not strange to eugenic influence. As historian Alexandra Stern (2016) shows, fingerprinting, polygraphs, and communication technologies were developed in Berkeley during the 1930s under the influence of August Vollmer, who introduced these new technologies into police departments. A professor in the School of Criminology at the University of California Berkeley and former chief of the police unit, Vollmer advocated for scientific methods for crime prevention (Stern, 2016). Currently, the affinity between policing and eugenics is revitalized through a wide range of technologies, including sterilization, biometric facial recognition, and artificial intelligence.

## **UNNECESSARY AND INVASIVE GYNECOLOGICAL PROCEDURES AT THE IRWIN DETENTION CENTER**

On September 14, 2020, Project South and other civil rights organizations filed a complaint with the Office of the Inspector General for the Department of Homeland Security on behalf of nurse Dawn Wooten and detained immigrants at the Irwin County Detention Center.<sup>1</sup> The complaint denounces “jarring medical neglect” (Project South, 2020, 2) of detainees, including mismanagement of COVID-19 cases, substandard medical care, lack of sanitation, and an alerting number of unnecessary and invasive gynecological procedures performed on immigrant women. As Wooten explained, many women in detention centers spoke a different language than English, and the medical staff rarely used language line, a translation service to communicate with them. Instead, the sick call nurse used an online translation website or asked another detained immigrant to serve as an interpreter. In addition to the language differences, some detainees described to Project South that healthcare personnel did not provide accurate information about sterilization and gynecological procedures and, in many cases, did not provide any information.

In an interview with The Intercept, Wooten estimated that 20 women were sterilized without consent in the last 6 years (Olivares & Washington, 2020). In contrast, US Immigration and

Customs Enforcement- ICE's official response noted that "since 2018, only two individuals at Irwin County Detention Center were referred to certified, credentialed medical professionals ... for hysterectomies in compliance with the National Commission on Correctional Health Care (NCCHC) standards" (Olivares & Washington, 2020).

An independent medical review team investigated the medical abuse allegations at Irwin Detention Center. Nine board-certified OB-GYNs affiliated with major medical academic centers and two nursing experts constituted the team. As Dr. Ted Anderson (2021), member of the review team and professor in the Department of Obstetrics and Gynecology at Vanderbilt University Medical Center explained, they were allowed to investigate only the cases of women who had come forward. Additionally, the documentation they obtained was "limited, incomplete, and of poor quality. However, the nature and severity of inappropriate medical care and interventions are clear" (Anderson, personal communication, January 14, 2021).

The disparity in the numbers and the difficulty of investigating the events reveal accountability and record-keeping problems characteristic of recent sterilization abuses. Instead of being institutionally organized and supported by sterilization laws, as in the US eugenics boards, current sterilization cases have gone underground or disguised under reproductive health and family planning programs. As decisions about sterilizations shifted away from state institutions and fell into the hands of physicians, procedures tend to be the result of inadequate consent or compliance obtained by undue pressure or false premises (Fofana, 2022). The problems created by poor record keeping are exacerbated by the infrastructures of incarceration, where informed consent is, at best, an illusion (Roth & Ainsworth, 2015), and accountability is limited.

According to the independent medical review team's report, Dr. Mahendra Amin, a contracting gynecologist with LaSalle Corrections, often performed "overly aggressive" procedures (Anderson et al., 2020, np), yet "in some cases, fewer than 20 pages of medical records were provided. No imaging studies were produced. In many cases, referral records, operative notes, pathology reports, hospital records, and imaging reports were either entirely missing or incomplete, and office notes were nearly illegible." (Anderson et al., 2020, 5). The report also alerts about possible breaches of informed consent. None of the women whose records were reviewed received adequate information about the procedures they underwent. The only case with a signed consent form written in English is of a woman whose primary language seems to be Spanish (Anderson et al., 2020).

Some women who were subjected to tubal ligations and hysterectomies saw Dr. Amin to treat other gynecological conditions, such as ovarian cysts or heavy bleeding. In other cases, they were referred to his practice even though they had non-gynecological complaints. In some cases, women had consented to a different procedure and soon after the operation, were notified that their tubes had been tied or removed. That is the case of Pauline Binam, a woman of Cameroonian origin who had lived in the United States since the age of two and who got one of her fallopian tubes removed after consenting to a dilation and curettage procedure for treating an ovarian cyst. The medical report also found "unrequested referrals for psychiatric evaluation when women refused to undergo procedures recommended by that gynecologist" (Anderson et al., 2020, 1). These cases reveal that unconsented sterilizations seek to terminate women's fertility, not to treat a potentially life-threatening condition or another related health ailment (Roth & Ainsworth, 2015).

To fully understand reproductive violence in the context of immigrant detention, the spatial and infrastructural dimension is key, and by that, I refer to the physical organizational structures and facilities, including prisons and health care centers, required for the operation of the carceral system. All the allegations of unconsented sterilization and other abusive gynecological treatment took place in secluded spaces with little governmental oversight and no accountability for the health of women detained in them (Roth, 2017). These secluded spaces facilitated the lack of accountability detailed in the independent medical review. The scant

information found in women's medical records makes it difficult for the medical review team to corroborate the abuses reported by nurse Wooten. This situation is exacerbated by the privatization of immigration detention centers in the United States. (Roth, 2017). Although ICE is responsible for immigration control, it contracts with private organizations such as LaSalle Corrections to run facilities, which, in turn, outsources services including health care provision (Blitzer, 2020).

## THE DANGERS OF ISLAMIST EXTREMISM

A few months before the Irwin Detention Center scandal, the Associated Press published a report documenting the Chinese government's most recent efforts to curb fertility rates among Turkish-speaking Muslim Uighurs, the largest ethnic group in the western Xinjiang region.<sup>2</sup> According to the *AP News*, the Chinese government enforces IUD (intrauterine device) insertions, abortions, sterilizations, and family separation measures and detainment. Following the AP publication, other media outlets like the *BBC*, *Aljazeera*, and *The Guardian* also covered the story. As suggested in different articles, the government justifies these measures in the name of poverty reduction and the perceived dangers of Islamic extremism, both considered threats to national security.

The Chinese state had tightly controlled population growth since 1979–1980, when China introduced the one-child policy to “engineer national wealth, power and global standing by drastically breaking population growth” (Greenhalgh, 2003, 163). What is new about the 2020 case is the policy change toward Uighurs, who enjoyed a relatively lax fertility regulation. As Fu-Xian Yi (2022) explains, since 1989, minority urban couples in Xinjiang and rural dwellers were allowed to have two children and less likely to have forced abortions and sterilizations, leading to higher fertility rates among Uighurs. As Yi, shows, “the national fertility rates in 1989, 2000, and 2010 were 2.3, 1.22 and 1.18 children per woman, respectively, and 4.31, 2.0 and 1.84 for [Uighur] women.”

This lenient policy toward Uighurs started to change in the 1990s amid growing ethnic tensions and the rise of radical Islamist movements in the Middle East and Central Asia. Concerns with Uighur separatism go back to the 1990s and early 2000s, after the collapse of the Soviet Union, the 9/11 attacks, and the rise of independentist organizations associated with Islamist movements in neighboring countries like Uzbekistan and Afghanistan<sup>3</sup> (Becquelin, 2000; Clarke, 2008). Political scientist Michael Clark (2008) links Uighur resistance to the efforts of the People's Republic of China to implement an integration policy with roots in 1949, which “has played a major role in generating amongst the Uighur (and other ethnic groups) a perception of their ethnic and cultural identity being existentially threatened by the increasing dominance of Han Chinese within the bounds of their ‘autonomous region.’” (Clarke, 2008, 276).

The Chinese state has regulated Uighur's religious and cultural expressions through a cycle of “soft” and “hard” policies (Clarke, 2008). Under the former, the state has supported the institutionalization of Islam. Under the latter, campaigns against religious education, the re-education of religious leaders, as well as the ban on the construction of mosques have been enforced (Clarke, 2008). The “hard” version became dominant after 9/11 (Clarke, 2008), and since then, the question of Islamist extremism has been at the center of the Chinese state's agenda concerning the Xinjiang region. The common rhetoric suggests that political unrest in the region “poses the most imminent threat to the national security of China and to central government control over peripheral regions.” (Cao et al., 2018, 122).

Adrian Zenz (2020), author of the report *Sterilizations, IUDs, and Mandatory Birth Control: The CCP's Campaign to Suppress Uighur Birthrates in Xinjiang—the main source of the*

Associated Press report—, traces the emergence of the threat to national security hypothesis in government rhetoric and local family planning back to 2015. Since the 1990s, Uighurs have protested for religious freedom, equality, and political autonomy, and clashes with the Chinese state have worsened (Stern, 2021). In 2014, the Chinese government launched what is known as “the People’s war on terror” (Byler, 2021) to curb separatist movements in Xinjiang and “reeducate” Uyghurs (Byler, 2021). That year, confrontations in cities like Urumqi, Xinjiang’s capital, reached high levels, and the government doubled down on securitization efforts (Stern, 2021). That year, as reported by *The New York Times*, dozens of people died during protests against the government’s anti-terrorism measures, including headscarf bans and restrictions on the observance of Ramadan (Jacobs, 2014). The government “blamed Islamic fundamentalists for the unrest but provided no evidence for the claim<sup>4</sup>” (Jacobs, 2014).

This historical account shows how the threads of national security, population growth, and terrorism reanimate old population control principles repackaged in the figure of the Islamist terrorist. The idea that birth control can help fight communism, poverty, and crime have been one of the driving forces behind sterilization abuses (Goldberg, 2010; Verges, 2020). Current discourses that connect Uighurs’ fertility with the risks of extremism render the bodies of Uighurs sterilizable and susceptible to other forms of reproductive and sexual abuse.

The testimony of Qelbinur Sidik is exemplary. She was appointed as Chinese teacher in one of the re-education camps in Xinjiang, her hometown where she had been a primary school teacher. In her interview with Darren Byler (2021), she explained that the People’s Republic of China (PRC) had made UIDs, and sterilizations mandatory for women between 18 and 59 years old. Byler further elaborates on her statement and suggests that “state documents showed that women of childbearing age who did not submit to surgical sterilization or [intrauterine device-] IUD implantation and regular inspections were not added to the list of “trustworthy” citizens” (Byler, 2021, Kindle 130). In her late 40s, she was forced to get an IDU, and a year later forced to get a tubal ligation after she was unable to continue with a second appointment as Chinese instructor in a female camp. Six months prior, she had been assigned to a male camp, where she experienced trauma after witnessing the mistreatment of detainees.

In an interview with *The Guardian*, the reporter asks Qelbinur about the reasons behind the Chinese government’s imposition of long-lasting birth control methods. For her, it is part of an effort to occupy their territory and assimilate the Uighur population. Her response constellates fertility, bodies, and territories, providing an interesting angle to understand current sterilization cases through body-territory.

Fertility control and the state’s intrusion into people’s reproductive decisions are not new to China; however, the situation in Xinjiang is special because it is part of a policy of “mass internment initiated in early 2017” (Zenz, 2020, 1). Aggressive family planning programs across the region have significantly reduced Xinjiang’s birth rates, which plummeted by more than 60% between 2015 and 2018 (Zenz, 2020). These efforts have concentrated in areas where Uighurs and other indigenous groups are predominant (Ruser & Leibold, 2021), and implemented alongside the development of a robust infrastructure of “re-education” and labor camps, family separations measures, and digital surveillance to assimilate and subjugate Uighurs (Associated Press, 2020; Byler, 2021; Ruser & Leibold, 2021), revealing a full-fledged effort to control the region and its peoples.

## STERILIZING BODY-TERRITORIES

In both the United States and China, the practice of unconsented sterilization exhibits varying targets and rationales. However, beneath these differences lie shared logics of control and

containment that bind together detainment, territorial control, and fertility regulation. Reading the testimonies and archival materials at the crossing of body-territory and reproductive justice is helpful for teasing out these overlapping threads. What transpires at the level of the body mirrors events at the spatial and territorial scale, and vice versa. Therefore, the restriction of Uighur and immigrant women's reproductive autonomy serves as a means of asserting territorial control.

Gala Rexer (2021) aptly notes that reproduction plays a pivotal role in shaping the imagination, production, and management of borders. It serves as a nexus for reshaping nation-state borders, which are often perceived as "threatened" by the influx of immigrants and other marginalized bodies (Franklin & Ginsburg, 2019). By limiting immigrant and Uighur women's right to have children, the US and Chinese governments extend their dominion over the nation's body and borders, which is also palpable in the development of infrastructures for border control and national security. A simultaneous examination of these two scales of territorial control unravels a more profound understanding of their interdependence.

Prisons and borders emerge as sites of reproductive injustice (Cromer, 2019; Franklin, 2011; Fixmer-Oraiz, 2019; Nahman, 2013; Rexer, 2021; Smietana et al., 2018; Sufrin, 2019; Vertommen, 2016; Vertommen et al., 2022), and its entanglement with border patrol and anti-terrorist agenda turn these injustices into technologies of deterrence and anticipation that enhance the work done by infrastructures of detention. Prisons facilitate the punitive management of reproduction by coercively sterilizing incarcerated women or practicing invasive and unnecessary gynecological procedures to deterrence (Roth, 2017; Sufrin, 2019). A similar narrative unfolds concerning Uighur women forcibly detained in so-called "re-education camps," where they are subjected to draconian birth control measures, including forced IUD insertions and sterilizations, in response to perceived dangers of Islamist extremism.

The notion of body-territory initially arose from the resistance of indigenous women in Latin America against extractivism; however, it has the potential to enrich our comprehension of fertility control in connection with infrastructures of exclusion and detention. In Xinjian, coercive sterilizations and other forms of birth control occur in tandem with the development of a dense infrastructure for monitoring and controlling Uighur's potential terrorist actions. Using satellite images, the Xinjian Data Project (Ruser, 2020) has mapped out a network of facilities across the region. They located 380 detention centers built or expanded since 2017, contradicting the Chinese government's claim that all individuals placed in re-education camps had completed their training by 2019. Instead, researchers found a shift in the character of these facilities. Low-security camps have been de-securitized or dismantled, while large high-security prisons have been built across the region (Ruser, 2020).

These new facilities have been constructed in remote areas and on empty land on the outskirts of cities.<sup>5</sup> Monitoring is reinforced with the use of CCVT and facial recognition technology for surveillance purposes, allowing the government to closely observe people's behaviors (Buckey & Mozur, 2019). "Scanners equipped with facial recognition cameras have become part of the texture of urban spaces, as they have been installed in places such mosques, hotels, and transportation hubs." (Stern, 2021, 14). This technology helps identify people who will be under investigation, sent to detention camps, or keeps tabs on those who are released (Buckey & Mozur, 2019).

There are a couple of ways to understand the connections between unconsented sterilizations and the development of this network of detention facilities and surveillance technology. The most apparent connection is the compounding of reproductive restrictions upon the detention of Uighur women in facilities and "re-education camps." Women detained due to alleged terrorist affiliations and those under continued surveillance post-release are often subjected to unconsented sterilizations, forced IUD insertions, and Depo-Provera shots. Zenz' (2020) report cites the cases of Zumrat Dawut, Mihrugul Tursun, and Rakhima Senbay, three

Uighur women who were either sterilized, received unknown injections that caused irregular bleeding and loss of menstruation during their time in detention or were forcibly fitted with an IUD prior to internment. Furthermore, Darren Byler (2021, Kindle 131) estimates that violations of family planning regulations led to the imprisonment of as many as 10% of all detainees.

Building on the intersection between reproductive justice and body territory, I argue that unconsented sterilizations and other forms of abusive birth control perform a similar role to the infrastructure of detention centers and surveillance technology as they contribute to the anticipation of violence and immigration flows. Reproductive control amplifies and reinforces the work that prisons and borders do. As a legacy of the Cold War's population policy, sterilization projects afford a "pre-emptive logic that targeted potential lives, lives that did not yet exist, via interventions into current lives" (Murphy, 2017, 43). Birth control programs in the region of Xinjiang carry within them the specter of overpopulation and its associations with crime and political instability. This "pre-emptive logic" would allegedly impede the potential expansion of Islamist extremism. As evidence, Adrian Zenz (2020) cites Chinese academics linking excessive population growth, population density among Muslim minorities, unmet material needs, and the rise of religious extremism.

These arguments show that population control is fundamental to the Chinese state's efforts to consolidate national unity. Fears about Uighur self-determination is being met, among other things, with eugenic formulas to face the challenge it poses to the idealized Chinese identity and national territory, violating reproductive justice demand to have children. Bodies and territories are constellated through contraceptive technologies aimed at anticipating and containing political unrest linked to Islamist movements in the region, considered destabilizing forces of the unity of the Chinese nation. Sterilization practices are part of an attempt at consolidating a sense of ethnonational unity coalescing around ethnic homogenization and acculturation of bodies perceived as transgressing the idealized Chinese identity.

In a parallel fashion, the United States saw the development of its immigration detention infrastructure coincide with the implementation of aggressive birth control measures targeting immigrant and women of color. The current wave of sterilization violence is the latest manifestation of anti-immigrant sentiment, leading to the coercive management of reproductive rights and the expansion of immigration control infrastructure. In the late 1960s, public debates about the perils of unauthorized immigration from the southern border gained traction amidst the backdrop of the "conservative-led war on drugs" (Nevis & Dunn, 2008, 22) and its anti-Black and anti-civil rights movements suppression efforts. During the Carter administration (1977–1981), the construction of a "10-foot-high chain-link fence" began along the California/Mexico border (Nevis & Dunn, 2008, 22). Simultaneously, unconsented sterilizations were imposed on women of Mexican descent in California, driven by mounting fears about population shifts and the "Latinization of California" (Gutierrez, 2008, 4. See No más bebés Tajima-Peña & Espino, 2016. For a discussion on earlier eugenics in California, see Lira, 2021 and Mina-Stern, 2016) and the broader United States.

This scenario resurfaced with former president Donald Trump's attempt to secure the border with the expansion of the infrastructure of exclusion shaped by a white ethnic-nationalist agenda. What was once a fringe ideology has gained mainstream traction, as evident in Stern's (2019) observation that the white ethnostate's pursuit of "cleansing and separation" has become normalized (Kindle 149). During his presidential campaign, Trump pledged to build a "great wall" on the southern border with the assurance that Mexico would bear the cost. Fences and walls are a boundary-making technologies barriers against external threats that involve "two layers of 'reinforced fencing.'" (Nevis & Dunn, 2008, 22). I contend that reproductive technologies, including unconsented sterilizations and other invasive gynecological procedures are part of the second layer that involves cameras, sensors, or radars. This argument resonates with Elise Andaya's (2019) call to consider walls and uterus

together, allowing for a renewed understanding of sterilization practices and their connection to infrastructures of exclusion and surveillance.

The policing apparatus is strikingly mobile, at times extending beyond the physical border with Mexico (Miller & Nevis, 2017), while other times retracting within to apprehend those who traverse it. Consequently, even hospitals can serve as borders and checkpoints, as Renee Tajima-Peña highlights when she asks, “was the maternity ward at Los Angeles County hospital a *border checkpoint* for unborn babies?” (Tajima-Peña, 2013, emphasis added). The current practices of unconsented sterilization of immigrant women in detention centers evoke parallels with a similar context in the 1970s alluded to by Tajima-Peña. The election of Donald Trump in 2016 reanimated racial animosity against Latinx communities (Stern, 2019), who were subjected to his “zero tolerance” policy that led to family separation (Briggs, 2020) and hardened asylum procedures (Stern, 2019). The Irwin sterilization abuse adds to this list as a “solution” to perceived social problems associated with immigration, including high fertility rates, criminality, and loss of ethnonational cohesion.

The violation of women’s reproductive freedom serves to render “controllable” a situation that the Trump administration portrayed as chaotic and dangerous. Sterilization and other invasive gynecological practices were instrumental in upholding the fragile narrative of white ethnonationalism. As articulated by Sarah Franklin and Faye Ginsburg, this narrative involves a “reproductive grammar” that seeks to “make America great again, white again, and right again” (Franklin & Ginsburg, 2019, 4). Even though Trump did not explicitly reanimate the racist trope of Latinx women as hyper breeders, he disparaged their children as “anchor babies” (Chavez, 2017) and stoke a sexual panic embodied in the “Mexican rapist.” As a form of displacement, these statements on sexually deviant Mexican men and unlawful citizens were re-oriented towards women’s bodies to materialize the MAGA slogan and “reassure his constituency of his conservative credentials” (Andaya, 2019, 12). Subjecting immigrant women to forced sterilizations and other degrading gynecological procedures was a means of solving the perceived problems with immigration: “undeserving citizens,” a burden on medical care and social services, and a racial threat through the “browning of America” (Chavez, 2017)

## CONCLUDING REMARKS

In this paper, I have shown a transnational dimension of contemporary sterilization cases that have occurred in two different geopolitical contexts. When brought together, the US and China cases showed that the eugenic longing for better breeding has become entangled with the rise of the militarized detention/incarceration complex, where reproduction is highly constrained to fortify national borders and prevent crime and political unrest. In their repetitive use during the last century, the eugenic repertoire has been “archived” as a resource for solving socio-political and economic anxieties (Roberts, 1997), turning it into an “easy fix.” Sterilization practices constitute a transit point of practices and social projects. It is a tool for fortifying borders and consolidating territorial dominance, a means of social control and containment, and a practice of deterrence and punishment where profound anxieties around immigration, population replacement, and Islamist extremism overlap.

Unconsented sterilizations occur within a historical continuum along a dense network of infrastructure for control and containment. As the US and China cases show, unconsented sterilizations are part of a continuum of unconsented, unnecessary, and invasive medical procedures, and other forms of control, including detainment, family separation, and biometric surveillance. Moreover, these two cases show how a long arch of reproductive violence produces vulnerable and sterilizable bodies. The recent cases of abusive sterilization of migrant women in detention centers in the United States are not new, but by reinvigorating fears of

overpopulation and repackaging Cold War fears in the figure of the “Muslim extremist,” bodies-territories are rendered “sterilizable” and subjected to various forms of reproductive violence and state repression.

The recent cases from the United States and China show that coercive sterilizations tend to revitalize at times of economic collapse, socio-political unrest, or anxieties about population replacement. It is not a coincidence that forced sterilization and other unconsented forms of birth control are part of larger agendas to affirm territorial control over the Xinjian region and the southern border. For instance, the Chinese government foments immigration of Han Chinese into Xinjian to expand its presence into the territory. In a similar way, the US prevents border-crossing to maintain control over its territory.

Lastly, both cases of unconsented sterilization show us how bodies and territories are subjected to logics of control and containment, which can be mapped at both scales, regardless of the different ideological underpinnings of each context. The construction of a large surveillance and exclusion infrastructure for managing alleged terrorist and immigrant threats is intimately connected with curtailing women’s reproductive bodies. Bringing together body-territory and reproductive justice is a fruitful approach to unravelling the entanglements between contraceptive technologies, infrastructures of exclusion and surveillance, and territorial control. These two contemporary sterilization cases represent a reproductive justice issue, where claims to ethnic/racial and migrant justice should be at the fore front.

## CONFLICT OF INTEREST STATEMENT

The authors report no competing interests to declare.

## ETHICS STATEMENT

No ethics approval is required for this article.

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## ENDNOTES

<sup>1</sup> Although being on US soil without proper documentation constitutes a “civil violation rather than a criminal offense” (American Immigration Council 2021, 2), the imprisonment of immigrants reflects the growing criminalization of immigration in the United States. The incarceration of immigrants is the result of changes in the legal code during the first decade of the 21st century that increasingly redefined immigration offenses as criminal and has led to the incarceration of immigrants before deportation (Ewing et al., 2015, 8). “The federal government cannot charge the person with a criminal offense unless they have previously been ordered deported and re-entered in violation of that deportation order. Likewise, a person who enters the United States on a valid visa and stays longer than permitted may be put in removal proceedings but cannot face federal criminal charges based solely on this civil infraction. Those who enter or reenter the United States without permission, however, can face criminal charges.” (American Immigration Council, 2021, 2).

<sup>2</sup> Other groups include Uzbeks, Kyrgyzs, and Kazakhs.

<sup>3</sup> It is important to note here that this conflict has deeper historical roots. Uprisings in Xinjiang were first registered after its annexation to the Qing empire in the 18th century (Clarke, 2008; Becquelin, 2000). More recently, stating in 1949, after the creation of the People’s Republic, the Chinese government established military-agricultural colonies in the region, fomented the immigration of Han Chinese, and has tightly controlled religious practices and institutions (Becquelin, 2000; Clark, 2008).

<sup>4</sup> Different media outlets, including the *NYT* and the *BBC*, reported on the difficulty of documenting the events in Xinjiang, partly because of restrictions to foreign media, and because of the persecution faced by Uighurs who speak up about the abuses.

<sup>5</sup> Cross referencing night time images identifying newly illuminated areas with day-time satellite data, allowed the Xinjiang Data Project researchers to locate new facilities, as well as checkpoints along highways to monitor the movement of people in the region (Ruser, 2020).

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