NATIVE AMERICAN WOMEN
RESIST GENOCIDE AND ORGANIZE FOR
REPRODUCTIVE RIGHTS

"It is because of a Native American woman's sex that she is hunted
down and slaughtered, in fact, singled out, because she has the
potential through childbirth to assure the continuance of the people."¹
The colonizers killed Native American women and children as part
of a strategy to conquer, subdue, and destroy Indian nations and
take control of their lands. Andrew Jackson recommended that after
massacres, the troops should systematically kill Indian women and
children to complete the extermination of Native peoples.² Thus, for
Native American women the issues of cultural survival, land rights,
and reproductive rights cannot be separated.

The US government justified the conquest of the Native peoples
by calling its invasions a "civilizing mission." Indians were perceived
as savages to be tamed and brought under Christian influences. This
justification was also predicated upon the perceived "sexual perversity"³
of Native peoples. Native women's sexuality was perceived as
a threat to the political order,⁴ making it necessary to control their
fertility. Involuntary sterilization, the promotion of unsafe and long-
acting contraceptives, and the denial of federal funding for abortion
are part of a long history of attempts to destroy Native cultures and
Native peoples.⁵ Native American efforts to reassert sovereignty over
their lands are inextricably tied to their efforts to reassert control over
their reproduction.

Native nations hold more than 300 treaties with the United States
that define land boundaries, rights to hunt and gather, rights to water
and other resources, and the means by which Native people will be re-
munerated for allowing the US to live on and use their land. Although
the US has not abided by the treaties, they are legal documents, valid
under international law, ratified by the US Congress, and recognized by Article VI, Section 2 of the US Constitution, which calls treaties the "supreme law of the land." Native American nations that have treaties are called "federally recognized." "Inherent sovereignty" is the fundamental right of indigenous nations to be self-governing entities with full and complete rights of self-determination. This sovereignty has existed "since time immemorial." It does not depend on, nor can it be terminated by, the US government, though the government has tried to do so by exercising a great deal of control over Indian nations.

For Native American activists, reproductive rights include the essential right to pass on their culture. Their struggle for reproductive rights is intimately connected to the struggle for cultural survival and control over their land base. This connection distinguishes reproductive rights activism in the Native American community: "Organized beyond the simple binary of 'pro-choice' v. 'pro-life' positions on abortion rights, Native activists attempt to address the underlying causes of Native women's reproductive un/freedom—colonialism, racism, economic exploitation, etc." In their struggles, they have had to fight not just to be able to have children but to keep them in their custody.

Cultural Destruction

The Appropriation of Native Children

Native Americans attribute the "insidious erosion of identity, culture, spirituality, language, scientific and technical knowledge" to policies which sanctioned the removal of Native children to non-Native schools and families. These policies have created chaos and violence in Native women's lives. Forcing Native children to attend boarding schools contributed to the destruction of Native cultures. Since the 1600s, Native youth have been sent to Western religious institutions where they were forced to worship as Christians and to abandon their traditions. In these schools students were punished for speaking Native languages. This form of schooling for Native children was formalized in 1878, when Congress set aside funds to erect schools that would be run by churches and missionaries. The explicit goal of this school policy was religious conversion and the cultural assimilation of indigenous peoples into Western culture by breaking the ties to Native religions, families, and communities. Despite many years of complaints by Native peoples, time spent at these schools was often accompanied by physical and sexual abuse. Only in 1987 did the Bureau of Indian Affairs finally make reporting sexual abuse in these schools mandatory.
The centuries-long policy of assimilation of Native children took its toll. In 1974, the Association of American Indian Affairs estimated that as a result of these policies between 25 and 35 percent of all Native children in certain states were adopted by non-Indian families or placed in non-Indian foster homes or institutional settings, while another 25 percent were “temporarily placed in government or church run boarding schools.” Some Native Americans contend that the forcible and systematic transfer of care of Native American children to non-Indians through the boarding school system and adoptions violated the 1948 Convention on Punishment and Prevention of Crimes of Genocide. It was not until the Indian Child Welfare Act (ICWA) of 1978 that the federal government finally renounced this century-old policy, and replaced jurisdiction over cases of foster care and adoption of Native children with tribal governments, with disputes to be heard in tribal courts. Due to ICWA, Native children are increasingly adopted or placed in foster care with Native families. However, over the last ten years activists have been concerned about attempts to undermine ICWA and reverse this trend.

To stop the loss of culture that has ensued over the last two centuries, the establishment of Native schools has been a central concern for many activists. “There is no resource more vital to the continued existence and integrity of Indian tribes than their children.” While boarding schools still exist they are increasingly under the control of community boards.

**The Termination Era Policies**

A major push to extinguish Native American families, tribes, and cultures occurred in the 1950s, when federal policies were enacted to end treaty rights and decrease services to Native American populations. This period is commonly referred to as the “Termination Era,” during which more than 100 tribes were cut off from federal funding and social and health services altogether. Another Termination Era policy was the federal government’s “relocation program.” This program encouraged Native Americans to leave their reservations by providing them with one-way tickets to cities. The federal government was using the policies of the Termination Era to “get out of the Indian business.” The impact of this action on Native Americans was devastating, causing further damage in Native families and communities. The splitting up of families contributed to intergenerational disconnectedness. The move to the cities, without the necessary support systems, led to unemployment and poverty among urban Indians.
Termination Era policies also changed the way in which health care was delivered and administered. In 1955, the Indian Health Service (IHS) was transferred from the Department of the Interior to the Department of Health, Education, and Welfare (later renamed the Department of Health and Human Services) as a first step toward terminating health care rights for Native Americans. However, the Public Health Service actually managed to improve the health of Native Americans living on reservations by introducing new sanitation programs and constructing clinics and hospitals, and fortunately, termination as a policy ended without having “terminated” Native American health care rights.

Blood Claims and Assimilation

As part of its ongoing effort to take land away from Native Americans, the US government created a policy for determining Native status that was designed to reduce the number of people who could legitimately claim to be Native Americans. The federal government requires tribal governments to establish and enforce criteria for tribal membership based on a blood quantum. Generally, one-quarter Indian blood qualifies a person as Indian, although there is variation among tribes. Government interference with the definitions of tribal membership, coupled with population control policies, reduces the numbers of Native people enrolled as members of federally recognized tribes.

Native scholar Annette Jaimes explains that the rapid rate of assimilation among Native peoples is a contemporary threat to their cultural survival, pointing out that the loss of people’s “claims” as Indians amounts to the “statistical extermination” of Native Americans. Assimilated Native Americans will no longer be able to assert their identity and claims as Indians, which in turn reduces the Indian presence in government records. Since only Native Americans with official status have access to federally funded health care, loss of Indian status has health consequences as well.

The process of assimilation and consequent land loss is intensified by the present rates of intermarriage and birth among Indians and non-Indians: the currently recognized Indian population with one-quarter or less Indian blood is expected to rise from 4 percent in 1980 to 59 percent in 2080. This statistical absence is another dimension of the “present absence” syndrome that Kate Shanley describes as endemic in the American colonial imagination, and “reinforces at every turn the conviction that Native peoples are indeed vanishing and that the conquest of Native lands is justified.”

The issue of blood quantum remains highly charged and controversial both within and outside of Native American communi-
ties. Native American scholar and activist Andrea Smith draws the connection between colonization and the desire to reduce Native American reproductive capacity. She asserts that the reproductive capacity of Native women impedes further colonization of Native lands, threatening "the continued success of colonization." Since Indian lands contain the vast majority of raw materials needed for energy production, the long-term stability of domestic energy production hinges on the ability of the US government and corporations to freely extract those resources. Their ability to control those resources is strengthened when they can control Native women's reproductive capacity. Controlling Native women's fertility reduces Native American populations, directly weakening Native American control over their lands.

Environmental Racism

Survival of Native peoples is also threatened by environmental racism. Native American environmentalist Winona LaDuke refers to the current siting of hazardous wastes on Indian lands as "radioactive colonialism"—another mechanism used to weaken and subdue a people. She calls the aggressive industrial interventions on the remaining Native lands a toxic invasion of Native America. "Three hundred and seventeen reservations in the United States are threatened by environmental hazards, ranging from toxic wastes to clear cuts." She decries the 1,000 atomic explosions on Western Shoshone land that have occurred over the last 45 years, making the Western Shoshone the most bombed nation on earth. In the early 1970s, when the second wave environmental movement was only just gaining ground, Madonna Thunderhawk, a Native activist, recognized the connection between environment and reproduction when she examined the impact of water contamination on women's reproductive health. The adverse environmental impact of such nuclear and hazardous waste policies on health, particularly on reproductive health, have been clearly documented; for the last 30 years the impacts of environmental racism have been debilitating for indigenous peoples, and have mobilized many Native environmental justice advocates.

Indians Organize for Cultural Survival

During the 1960s, Native Americans organized, demonstrated, protested, and died to protect their political, cultural, and legal rights. At a historic meeting in Chicago in 1961, 500 Indians representing 67 nations adopted a Declaration of Indian Purpose. In 1962, the National Indian Youth Council was formed, and its members demonstrated
against the denial of Native American rights. The American Indian Movement (AIM), a militant Indian rights organization, was founded in Minneapolis in 1968. In the late 1960s and early 70s, several other powerful national and international Native organizations emerged, such as United Native Americans Inc., International Indian Treaty Council (IITC), and Women of All Red Nations (WARN).

These organizations wanted to unite Native peoples across tribal lines to promote the general welfare of Native peoples, to advocate for rights to health and land, and to establish legal rights of self-determination. Together, they launched campaigns against the Indian Health Service and other governmental institutions related to Indian peoples. Several of these organizations focused on protecting the health of their communities and were particularly concerned about reproductive rights abuses.

The American Indian Movement’s mission has been to preserve cultural identity. In response to the cultural disintegration that occurred through the religious and boarding school system, AIM sought to provide Indian children with an alternative education. It organized community schools named “survival schools.” These schools, some of which continue to exist, were dedicated to teaching Native culture, language, and politics; to nurturing self-esteem and pride; and to giving young people the strength, skills, and knowledge to work within their own nations. AIM worked closely with the IITC on this effort, because both groups wanted to promote Native sovereignty and culture. In the 1970s and 80s, AIM, IITC, and WARN published a joint newsletter, conducted conferences, and sent their members to speak at national and international meetings.

WARN, one of the first pan-Indian organizations to address reproductive health issues, was established in Rapid City, South Dakota, in September 1978. Many of WARN’s founders were active in AIM, which was heavily male dominated. Some women members of AIM felt the need for a space of their own to work on issues they identified as critical to sovereignty and cultural survival that were not being addressed. An early WARN action was to bring women from over 30 Native nations to a conference in Rapid City to address a range of issues including sterilization abuse, the deteriorating health care system, adoption, the abuse of Native children in boarding schools and in foster care, and the destruction of Native lands. These areas remain the focus of Native American reproductive rights and health activism today.

Explicitly Nationalist in its political orientation, WARN held that Native women were oppressed first and foremost as Indians colonized by the United States. Lorelei DeCora, a founding member of WARN, stated: “Decolonization is the agenda, the whole agenda, and
until it is accomplished, it is the only agenda that counts for American Indians.” 29 Within WARN there was disagreement about the meaning of “feminism” and divisions over whether the organization should engage with the mainstream feminist movement.30 Some members did not want to become involved with the women’s liberation movement because “they would divide us among ourselves in such a way as to leave us colonized in the name of gender equity.” They saw European American women as “standing on their land” and in that context “just another oppressor trying to hang on to what’s ours.”31

WARN defined and expressed feminism to make it consistent with Native American cultures.32 They looked back to precolonial Indian societies for inspiration and Native American paradigms of gender equity. Native scholars like Paula Gunn Allen have noted that for the most part, Indian societies were not male dominated, and many tribes were matrilineal and matrilocal. Indian history provides numerous examples of women who were political, spiritual, and military leaders. Native American health activists look to the wisdom in Native cultures as they seek new models of health for their people.

Opposing Reproductive Abuses

Sterilization Abuse

The UN Convention on Genocide states that measures to prevent births within a group of people are acts of genocide. According to the IITC measures such as the sterilization of women are direct attacks on nationhood. Sterilization must continue as a birth control choice for women, but for Native people it should be seen in the context of national identity. If an Indian woman is a member of a 3000 member nation, sterilization has serious consequences for the survival of the people as a whole.33

Sterilization abuse has been a focus of health organizing by Native peoples and continues to be a source of concern. In the early 1900s and through the 20th century, Native women, as well as other people of color and poor white women, were systematically subjected to involuntary sterilization. In 1973, the first legal challenge to sterilization abuse among Native women was brought by Norma Jean Serena, a Native woman of Creek-Shawnee ancestry, whose civil suit addressed sterilization abuse as a civil rights issue.34 Her case “exposed the American public to the reality of epidemic numbers of Native American children being taken from their families, coupled with an equally staggering number of sterilizations of Native American women of childbearing age during the 1970s.”35
The publicity generated by this legal case led Constance Redbird Pinkerton Uri, a Choctaw-Cherokee physician and law student who worked with the IHS, to examine the issue of sterilization abuse more closely. Uri found that an alarming number of young, healthy Native women were being sterilized on reservations. She raised the issue of sterilization abuse with Senator James Abourezk, chair of the Senate Subcommittee on Indian Affairs. After interviewing tribal leaders and Indian women’s groups, as well as examining IHS records, the subcommittee concluded that the sterilization abuse complaints being made warranted further investigation. The subsequent Government Accounting Office (GAO) report found that between 1973 and 1976, Native women had been coerced through misinformation or threats to undergo unnecessary and permanent sterilization in four different IHS areas. The GAO report led to class action lawsuits and more Native American activism on this issue.

Many Native women have argued that the government’s desire for control over Native American natural resources was the motivating factor for these state-instituted sterilization programs. Barbara Moore, a Dakota woman and dean at the Crow Dog’s Indian Way School on the Rosebud Reservation in South Dakota, is one such woman. She carried out community education to alert people to this violation of Native reproductive rights, one which many Native Americans perceive to be a form of genocide. Native American women health advocates must still defend themselves and their people against efforts to control their population.

The Illegal Use of Depo-Provera

Andrea Smith contends that “while sterilization abuse in the US has ebbed since the 1970s, state control over reproductive freedom continues through the promotion of unsafe, long-acting hormonal contraceptives like Depo-Provera and Norplant for women of color, women on federal assistance and women with disabilities.” In the 1980s, the use of Depo-Provera as a contraceptive was banned because of a lack of adequate health and safety studies and questions about its long-term safety. Nevertheless, Depo-Provera injections were given to mentally impaired Native women in institutions to stop their menses for “hygienic” purposes. IHS physicians never obtained consent from these women, nor did they keep reliable records about the administration of Depo-Provera. In 1987, a Senate subcommittee investigation revealed that doctors from the Phoenix, Navajo Nation, and Oklahoma City-area offices of the IHS admitted to injecting approximately 50 women ranging from ages 15 to 50 with Depo-Provera. The IHS defended its use of Depo-Provera, citing its use in 40 other countries.
Activists from the women's health movement, including Norma Swenson from the Boston Women's Health Book Collective (BWHBC) and Sybil Shainwald of the National Women's Health Network (NWHN) represented Indian women in the Senate oversight hearings that were held to address this transgression. In the hearings, Swenson expressed the particular reproductive rights concerns of Native women very poignantly:

After all, most women take contraception in order to preserve their fertility for future use, not to end it altogether. In the case of Native Americans, these considerations have an even more powerful dimension. Native Americans are in constant danger of losing their population base altogether, due to poor health, economic conditions, and many other factors. They have every human right to know and to determine the risks of permanent infertility to their childbearing women and to future generations.38

Though there was no national Native organization representing Native women at the Senate hearings, individual Native women testified. The hearings resulted in new legislation that protected women against the abuses by requiring clearer forms for getting a woman's informed consent, restrictions on who could be injected, and a call for greater monitoring of physician use of long-term contraceptives.39 As a result of these hearings, the IHS amended its protocols. Though Depo-Provera has been approved by the Food and Drug Administration (FDA), Native activists are continuing to monitor the use of Depo-Provera in their communities, as it is an unsuitable contraceptive for many women with pre-existing conditions such as high-blood pressure, obesity, or diabetes. Native health advocates also monitor and question the introduction of other dubious reproductive health technologies.

Abortion

In some Native communities, the issue of abortion is closely tied to cultural survival and the maintenance of traditional practices. In many traditional Native American cultures, choosing to abort a pregnancy was a woman's individual decision. A woman would seek assistance from tribal midwives and other knowledgeable members of women's societies who provided herbs, medicines, and techniques for ending an unwanted pregnancy.40 Most traditional midwives have died or are now in their 80s or 90s. Knowledge of abortion methods and herbs is disappearing.41 However, there has been a strong effort to reclaim Native midwifery. Native American health activists want to ensure
that traditional Native practitioners and practices be preserved and included in the health care system.

Since the IHS is a part of the Public Health Service, it is a federally funded agency and must follow federal health policies, including the Hyde Amendment, which prohibits the use of federal funds for abortions. Under Hyde, the IHS provides abortion services only in three situations: to save the mother’s life, when the pregnancy is the result of rape, or when the pregnancy is the result of incest. However, since Medicaid is jointly funded by state and federal governments, states have the option of using Medicaid funds to pay for abortions under more liberal circumstances than dictated by the Hyde Amendment. This creates a situation of differential access, whereby a Native woman seeking health care from the IHS does not necessarily have the same access to abortion as a non-Native woman receiving Medicaid.

A survey of the IHS conducted by the Native American Women’s Health Education Research Center (NAWHERC) in 2002 found that 85 percent of the IHS units surveyed were noncompliant with the official IHS abortion policy. The survey found that 62 percent of IHS facilities provide neither abortion services nor funding in cases of rape or when a woman’s life was endangered by her pregnancy. Thus, Native women, who were rape victims or whose lives were endangered by a pregnancy, had to first find a clinic that performs abortions and had to pay for the service out of pocket. According to this same survey, only 5 percent of IHS clinics performed abortions at their facilities. IHS facilities also did not make mifepristone (RU 486) available, despite a statement by the chief medical officer of the IHS that they may do so.42

Highlighting a twist on how federal funding has been used as an effective tool against Native women’s reproductive control, Andrea Smith notes that the Hyde Amendment discontinued federal funding for abortion services for many Native women, while federal funding for sterilization continued. Commenting on federal restrictions that do not allow the IHS to provide abortions unless the mother’s life is in danger, Smith states:

Abortion policies then become another strategy to coerce Native women to pursue sterilization or long-acting hormonal contraceptives to avoid the trauma of unwanted pregnancy...By increasing the pain and trauma associated with abortion, or by making it inaccessible, Native women feel even more pressure to agree to sterilizations or dangerous contraceptives to avoid the traumas of unwanted pregnancy.43
The Native American Women's Health Education Resource Center is currently engaged in an effort to show how IHS Service Units are not in compliance with the official IHS abortion policy, which results in Native women not receiving services to which they are legally entitled.

**The State of Health and Health Services**

As of June 2001, the reported cases of HIV/AIDS among Native women represented .3 percent of all cases among women in the US; Native women represent 18 percent of AIDS cases among Native Americans, with some considerable variation between states with regard to the percentage of Native women with AIDS. For example, Native women in Minnesota represent 32 percent of the reported AIDS cases among Native Americans in that state. A study in three Western states reported that the HIV rate among Native women in their third trimester was four to eight times higher than childbearing women of all other races. However, the numbers may be much higher, as AIDS among Native Americans may be considerably under-reported. Numerous high-risk behaviors, such as early sexual activity, injection drug use, high rates of alcoholism, and lifetime trauma including domestic violence, place Native women at a high risk of infection. HIV/AIDS has additional and unnecessarily grave consequences for the Native community because the substandard health care it receives leads to both a lack of monitoring and of treatment.

Beyond the dispiriting HIV/AIDS statistics, the general reproductive health care that Native women receive is seriously compromised. Native women with cervical cancer are often diagnosized later and have a lower rate of survival. Health professionals estimate that the prevalence of reproductive tract infections (RTIs) may be as high as 65 percent among Native women. The rates for one STD, chlamydia, are also 6 times higher among Native women than among white women in the United States. Alcoholism, and drug, physical, and emotional abuse, all extensive among Native women, correlate to high-risk sexual behavior and thus are considered risk factors for RTIs.

Inadequate services threaten women’s health and compromise their right to have healthy babies. Pregnancy is a high-risk experience for Native women, and they often do not receive appropriate medical care due to a lack of federally provided health services and few options for community-based care.
The degradation of traditional health care has led to a loss of faith by the Native community in its ability to care for itself. American values have been grafted onto Native culture and have limited traditional learning. Native American women's participation in self-initiated and self-controlled health care has been curtailed.\textsuperscript{51}

The IHS infrastructure itself works to undermine Native Americans' health. Based on its division of the country into 12 service areas, the IHS provides health care to Native American Indians and Alaska Natives who belong to federally recognized tribes and live on or near reservations. Because there are few IHS facilities and vast geographic distances between them, it is extremely difficult for both rural and urban Indian women to obtain routine and reproductive (prenatal and postnatal) health care. For example, there are only two IHS facilities east of the Mississippi River and they are supposed to serve all the Native Americans from Maine to Florida. Furthermore, many of the existing facilities are underfunded and understaffed. Since October 1995, to supplement the failures of IHS, 34 Indian-operated health clinics or community service and referral centers have provided care for Native Americans who live in urban areas and lost eligibility for IHS care on their reservations as a result of moving to cities.\textsuperscript{52}

Given this history of abuse, some Native Americans charge that IHS officials, by providing poor-quality health care, have contributed to the extermination of their people.\textsuperscript{53} To counter this, tribes have managed to achieve some positive changes in the Indian health system. The Indian Self-Determination and Educational Assistance Act of 1975 allowed tribes to manage health programs in their communities that were previously managed by the IHS. As a result of this policy, tribes are asserting their rights to manage their health systems. Approximately half of the IHS budget is now managed by tribes, and there is growing evidence that, on average, they are better able to address the health problems of American Indians and Alaska Natives.

Yvette Roubideaux, an American Indian physician working in the IHS, argues that the underfunding of the service places a constant stress on the Indian health system. Whereas the IHS budget for 2002 was $2.8 billion, tribal leadership estimated a needs-based budget for Indian health care to be closer to $18 billion. This underfunding significantly contributes to continuing health disparities in Indian communities. In addition, bureaucratic abuse and neglect, high turnover of medical personnel, and geographic isolation contribute to the poor-quality health care given Native women. Thus, "any discussion of the health of Native women must begin with a consideration of their
The cumulative effect of their fourth world status and the injustices Native Women have suffered constitutes considerable "historical trauma." This trauma is intergenerational and has been defined as "unresolved trauma and grief that continues to adversely affect the lives of survivors of such trauma." This trauma further undermines Native health in general and Native women's health in particular.

Compounding the lack of health care and services is abject poverty. More Native American women live in poverty than any other group in the United States. As many as 27 percent of American Indian individuals, including Alaska Natives, have reported incomes below the poverty line, but in the 26 percent of American Indian and Alaska Native households where the head of the family is a woman, 50 percent have incomes below the poverty line. It has been estimated that half of all Native children live in poverty. High rates of unemployment have fostered welfare dependence and diets replete with government commodity foods that are high in fat and calories and lead to other health risks, like diabetes and obesity.

While Native American women have been fighting for reproductive sovereignty for centuries, it was in the late 1980s and 90s that several Native American women's groups organized to provide reproductive health education, training, and services to their communities. Their efforts can be placed in a historical framework where women, both mythical and real, have played central roles in the healing of their nations.

Contemporarily, Native women's power is manifested in their roles as sacred life givers, teachers, socializers of children, healers, doctors, seers and warriors. With their status in these powerful roles, Native women have formed the core of indigenous resistance to colonization, and the health of their communities in many ways depends upon them.

Continuing in the healing tradition are the Native American Women’s Health Education Resource Center on the Yankton Sioux Reservation in Lake Andes, South Dakota, and the Mother’s Milk Project in the Mohawk country of upstate New York. Their activism to restore the health of their respective communities offers paradigm-shifting examples of the true meaning of reproductive health, rights, and justice.
NOTES


3. One of the practices considered "perverse" by colonizers was that Native women could divorce their husbands.


5. Smith, "Better Dead Than Pregnant." Also, Stannard, in American Holocaust, points out that control over women's reproduction and the destruction of women and children are essential to the destruction of a people.


7. NAWHERC, Moving Forward: The Native Women's Reproductive Rights Agenda (Lake Andes, SD: NAWHERC, 2001), 11.


11. Forced relocation also took place in the 1830–50 period, when tribes were relocated from east of the Mississippi River to Oklahoma. This relocation policy led to hostility toward Indians, and the later relocation led to greater unemployment and poverty.


15. This policy of assimilation and subsequent loss of status works in the opposite direction to US government policies toward African Americans. During slavery, African Americans were segregated and a drop of African blood was tantamount to being considered a negro. Hypersensitivity to African blood enabled those of mixed blood to be considered negro and their labor expropriated.


Denial in the Americas, 1492 to the Present (San Francisco: City Lights Books, 1997), draws chilling comparisons among the Reservation system, the blood quantum system, and Nazi policy.

Smith, "Better Dead Than Pregnant," 123.


Winona LaDuke, All Our Relations: Native Struggles for Land and Life (Cambridge, MA: South End Press, 1999), 2.

Ibid., 3.

The second wave environmental movement was launched in the early 1970s on the heels of the publication of Rachel Carson's book Silent Spring (New York: Fawcett Crest, 1962). Since that time, a growing environmental movement has galvanized a range of organizations and legislation to protect the environment. For a more detailed examination of this movement, see "Environmentalism's Second Wave," in Ramachandra Guha's Environmentalism: A Global History (New York: Longman, 2000), 63–97.

For more on this subject see LaDuke, All Our Relations.


The IITC was awarded non-governmental organization status in 1977 and works mainly through the United Nations. It was formed in Standing Rock, South Dakota, and is comprised of more than 5,000 representatives from 98 nations; it represents a coalition of indigenous peoples of North, Central, and South America, and the Pacific. Its mission is to gain sovereignty, self-determination, and the protection of rights, culture, and land. Its efforts include work in the United Nations and international forums to gain recognition of treaties and agreements between indigenous people and nations. In addition, the IITC opposes colonialism, works to build a network of support for indigenous people, and provides information on indigenous people's human rights and other issues. Through grassroots activism, IITC provides information dissemination, networking, coalition building, technical assistance, organizing, and facilitating of the effective participation of traditional peoples in local, national and international forums, events, and gatherings.

The Indian Health Service (IHS) had been administered by the Bureau of Indian Affairs (BIA) under the Department of Interior. In 1954, under the Transfer Act, IHS was transferred into the Public Health Service (PHS) under the Department of Health, Education, and Welfare (HEW). HEW was renamed in 1979 as the Department of Health and Human Services.
The American Indian Movement began in 1968 with the “Minneapolis AIM Patrol,” which was created to address issues of police brutality. In 1972, AIM presented Congress with its 20-point manifesto, “Trail of Broken Treaties.” The goal from the very beginning was self-determination, with an emphasis placed on schools, housing, and employment. AIM continues to work in the areas of legal representation, education, reclaiming tribal lands, and self-determination.


Ibid., 314.

Ibid.

For more information on the roots of feminism in indigenous cultures, see the pioneering work of Paul Gunn Allen.


Ibid., 40.

Lin Krust and Charon Asetoyer, A Study of the Use of Depo-Provera and Norplant by the Indian Health Services (Lake Andes, SD: NAWHERC, July 1993), 11.


Torp, “Endangered Species,” 95.

Ibid., 94.

NAWHERC, Moving Forward, 37.

Ibid., 15.

NAWHERC, Indigenous Women’s Reproductive Rights: The Indian Health Service and Its Inconsistent Application of the Hyde Amendment (Lake Andes, SD: NAWHERC, October 2002).

Smith, “Better Dead Than Pregnant,” 139-140.

NAWHERC, Inconsistent Application of the Hyde Amendment.


Irene Vernon explores the intersections between domestic violence and HIV/AIDS in “Violence, HIV/AIDS.”


There are three known types of RTIs that are grouped by cause of infection: sexually transmitted diseases (STDs) are caused by bacterial or viral infections, and endogenous result from an overgrowth of microorganisms (bacteria, yeast), and iatrogenic infections result from medical procedures. Ibid., 155–161.
51 Ross, "Just Choices," 162.
52 Indian Health Service website: http://www.ihs.gov.
54 Walters and Simoni, "Reconceptualizing Native American Women's Health," 520. In the article, the authors define "fourth world" by drawing on the work of J.D. O'Neil, in which the term refers to "situations in which a minority indigenous population exists in a nation wherein institutionalized power and privilege are held by a colonizing, subordinating majority." J.D. O'Neil, "The Politics of Health in the Fourth World: A Northern Canadian Example," Human Organization 45, no. 2 (1986): 119.
56 Ibid.
57 These statistics on poverty among Native Americans are taken from the Wilhelmina A. Leigh and Malinda A Lindquist, Women of Color Health Data Book (Bethesda, MD: Office of Research on Women's Health at the National Institute of Health, 1998), 3.
58 Walters and Simoni, "Reconceptualizing Native American Women's Health," 520.