The Mother’s Milk Project underlines the centrality of women’s bodies and birthing in Native American culture. A woman’s body is seen as the first environment and is not separable from the external environment. With this understanding, reproductive rights struggles are part of struggles for sovereignty and land. Degrading the health of mothers and their children is organically connected to the degradation of Native lands. Protesting against General Motors for leaving behind a Superfund site that has “tainted the land, water and ultimately the bodies of the Mohawk people, their babies included” is thus a reproductive rights struggle. For Native American women, environmental justice and reproductive rights struggles intertwine in the body of each woman.

A community of about 8,000 Mohawk lives in Akwesasne—“land where the partridge drums.” This 25-square-mile reservation, also known as the St. Regis Mohawk Reservation, is located along the St. Lawrence River (Kariatarowaneneh, or “majestic river,” in Mohawk) and the international border between northern New York and Canada. Akwesasne is well watered, thickly forested, and had some of the largest runs of sturgeon, walleyed pike, and bass in northeastern North America until the opening of the St. Lawrence Seaway in the late 1950s. At that time industries came to the region because of cheap power and easy access to both the Atlantic Ocean and the American heartland. Many corporations, like Reynolds Metals, General Motors, and Alcoa, came for the rich raw material resources. They stripped the land, operated manufacturing plants that used polychlorinated biphenyls (PCBs), dumped thousands of pounds of PCBs into the St. Lawrence, and poured toxic substances from their unfiltered smoke-
stacks. This industrial pollution has severely contaminated the land, air, and water and led to the discontinuation of a way of life for the Mohawk.

Akwesasne is also the home of Katsi Cook, a Mohawk woman and Native women’s health activist. Katsi organized the Women’s Health Dance Program and the Mother’s Milk Project (MMP), two overlapping and related initiatives that promote Native sovereignty through Native women asserting control over the birthing process. Her projects are the focus of this chapter.

"I was born to a Mohawk woman from a reservation across the St. Lawrence River from Montreal, Kahawague, by the rapids," writes Katsi. Katsi describes growing up on the reservation as being "colonized"—her education in Christian schools undermining her connection to her own culture. As a young adult, Katsi began her personal process of decolonization as she rediscovered the customs and traditions of her people. A major turning point for Katsi was when, as a teenager, she attended her first traditional Women’s Dance in Akwesasne. The structure and nature of the dance raised many questions for Katsi about women’s roles and women’s culture in her community. Most importantly, Katsi wanted to know why only women danced in this ritual. Katsi’s first Women’s Dance experience set her on a lifelong quest to realize who she was as a Native woman and to help other Native women make similar discoveries.

Katsi came to learn that Native women express their identity and connection to their culture through dance. Every aspect of the Long House women’s dance she witnessed was invested with symbolic meaning. For example, in the shuffle, the dancers’ feet never leave the ground, expressing the indivisible tie between women and Mother Earth. With their feet firmly on the ground, the women are reminded to live by the laws that govern this sacred relationship and of their responsibility to provide food, clothing, and shelter. Men do not participate in this particular dance but attend it to honor the women. In addition to being a tool for cultural education and social interaction, in Mohawk culture dance is recommended as a treatment for many ailments. Thus, through traditional dance, women can heal themselves as well as find their identity and oneness with their culture and people. Katsi says, “Seeing traditional ways of thinking was a huge revolution for me as a colonized woman... [in] every part of my life.”

As a young woman, Katsi was familiar with the mainstream women’s movement and some of its leading figures, among them Gloria Steinem and Betty Friedan. She was intrigued by these feminists and their assertion of greater power and visibility for women; the issues raised by second wave feminists informed the questions
she asked about the women’s dances. However, in larger part, she did not find their gendered critiques of society pertinent to her life. The discrimination faced by her people as indigenous people was her primary concern.

Katsi was more deeply influenced by the Red Power Movement’s commitment to self-determination and freedom from oppression than by the growing feminist movement. In 1977, leaders of the Iroquois nation, including John Mohawk and Jeannie and Audrey Shenandoah, gathered to define for indigenous people of North America the meaning of sovereignty. Their definition included control over six key areas of life: land base, jurisprudence, education, psycho-religious life (including language restoration), and control over both production (the productive resources of the community) and reproduction. Katsi selected from the mainstream feminist movement what was useful to her and applied it in her efforts to address how Native women could simultaneously address issues of Native women’s oppression and Native sovereignty.

Midwifery and Native Sovereignty: Rebirthing the Nation

As the daughter of a midwife, Katsi understood the role and tradition of the midwife as the key intersection of feminism and sovereignty and a space for critical activism that could affect both individuals and society. Committed to principles of Native sovereignty, Katsi believed that traditional midwives had an essential role to play in the rebirthing of the Nation. For Native Americans to control the destiny of their people, Native women had to be in charge of birth and death, “the most joyful and most terrifying moments in life... Without taking control over our lives, starting with the birthing process, we would simply be wards of the state.”

Thus, Katsi set forth to study midwifery in the Women’s Health Training Program at the University of New Mexico and graduated in 1978 as a health specialist. She also attended a Planned Parenthood program that trained women specialists to run reproductive service clinics in underserved areas. As a fourth generation traditional Kanienkehaka (midwife), Katsi incorporates traditions passed down through her lineage—especially from her grandmother, a noted Mohawk midwife—into her practice.

Mohawk midwifery, says Katsi, involves more than just helping women through labor. She speaks of the deep connection between childbirth and the land:

Everything we know in midwifery we learned from the corn. All our knowledge comes from the corn, and inside
of each kernel of corn is many generations of knowledge. Part of my training as an aboriginal traditional Mohawk midwife was to raise fields of our original corn. The songs, the ceremonies that go with the growing of corn in the field also have to do with the gestation of the human baby, and so the corn plays a big part in the birth process also, and is also a good-quality protein when mixed with beans for the mother to eat.¹²

From her elders, Katsi learned that the mother is the first environment every human being experiences. A baby inside a woman’s body sees through the mother’s eyes and hears through the mother’s ears:

At the time of the child’s birth it is greeted by its family and is identified with the events that occur in the natural world at the time of its emergence from its mother’s womb. At the breasts of women, the generations are nourished. From the bodies of women flows the relationship of those generations both to society and to the natural world. In this way the earth is our mother, grandma says. In this way, we as women are earth.¹³

According to the Mohawk, women need to be reawakened to the power that is inherent in the transformative birth process. Katsi talks about the excitement of seeing how a young woman working with her midwife can learn how to become self-determining. She explains that learning to make responsible decisions about their fertility enables women to make other important decisions in their lives and ultimately to become decision makers in their community.

Fundamentally, Katsi’s work on birthing and women’s health is also based on the belief that Native women must become whole again; as colonized women, they must find their cultural roots. For Katsi, these cultural roots include various Native traditions and conceptions of self and community. She believes that the relationship of trust and respect between a woman and her midwife empowers the woman to ask questions and obtain the information she needs to make real choices about her health and life. Furthermore, for a Native woman, making the right decisions for herself means that she also makes them for her people, because there is no strong separation between the individual and the society. People trust and respect women and the decisions that they must make, knowing that what is best for a woman is also best for her community. Thus, the concepts of society and self, when infused with honor and respect, are mutually reinforcing rather than dichotomous. Native women do not have to choose between Native sovereignty and self-determination; they are one and the same.
Working With Women of All Red Nations

After completing her training in New Mexico, Katsi followed the Mohawk tradition of practicing healing in other Native communities before returning to her own people. In 1978, she went to the Dakotas, a center of American Indian Movement (AIM) activism, where she attended the founding meeting of Women of All Red Nations (WARN) in Rapid City. WARN women felt they could organize more effectively in a traditional sex-segregated social environment, which they saw as a political equivalent of traditional Native women’s societies. WARN was committed to ensuring sovereign nation status for Native peoples and asserting control over their own affairs, without the interference of the US government. WARN believed that by embracing traditional culture, the ravages of colonialism could be remedied. As Phyllis Young, a co-founder of WARN, explains:

What we’re about is drawing on our traditions, regaining our strength as women in the ways handed down to us by our grandmothers and their grandmothers before them. Our creation of an Indian women’s organization is not a criticism or division from our men...Only in this way can we organize ourselves as Indian women to meet our responsibilities, to be fully supportive of the men, to work in tandem with them as partners in a common struggle for the liberation of our people and our land...So, instead of dividing away from the men, what we are doing is building strength and unity in a traditional way.

For WARN, struggles for Native sovereignty against the violation of treaty rights included opposition to sterilization abuse, the loss of children to extra-tribal adoption, the theft of Native lands, and the incarceration of Indians as political prisoners. WARN publicized the issue of sterilization abuse among Native women. While Katsi recognized the importance of sterilization abuse, she was also concerned about the issues underlying Native women’s powerlessness.

Katsi saw that the lack of knowledge about their bodies led to a lack of control over their reproductive health. In New Mexico, she witnessed the banning of community-based and traditional Native American approaches to health and health care. The devaluation of Native approaches by white society caused Native communities to lose faith in their ability to take care of themselves. For example, in the year that Katsi did her clinical training among the Navajo people she saw the terrible scars women bore from unnecessary cesarean
sections that suited the convenience of the providers. She was dismayed to see how little women knew about their own health and, consequently, how powerless they were to challenge such practices. She became convinced that Native American activists had to go beyond taking the federal government to task for the abuses it perpetrated. In Katsi's view, for real change to occur, Native women needed to take responsibility for the birthing process. Community-controlled health care was essential if Native women were going to reassert political control over their lives.

**Reclaiming Health Through Culture**

WARN members were impressed and inspired by Katsi's knowledge of midwifery and her commitment to the principles of Native sovereignty. They asked her to set up a clinic at the Red Schoolhouse in Minnesota to teach midwifery, investigate sterilization practices, and pioneer culturally appropriate health care, so that Native women would not be vulnerable to the abuses of inadequate and manipulative government health programs. Hence, the Women's Dance Health Program (DHP), initiated in 1979 as a project of the WARN Youth Program and based in Minneapolis/St. Paul, was dedicated to placing health care back in Native hands. Under Katsi's leadership, the program trained women to assist in birthing the traditional way. Once the women were trained, they became members of a Birthing Crew.

Native children, Katsi said, were "taught to be submissive, empty and have no identity."17 The DHP worked with other regional organizations to implement healing practices for the sexual and mental health of children who had been educated in boarding schools. When Katsi left Minneapolis, the project was adopted by the Oneida of Wisconsin. Since 1980, other Native women dedicated to reproductive health care issues have focused their efforts on regaining knowledge of traditional practices and reclaiming traditional midwifery. Several Native American groups now work to promote reproductive health in their communities, providing culturally appropriate health education and services that give people knowledge so they can make their own choices about their health.

**Organizing in Akwesasne**

When Katsi returned to Akwesasne in 1980, the Native sovereignty movement was strong; 23 Iroquois leaders were under indictment for their political militancy, and a US military encampment had been set up at Akwesasne to contain the political situation. The Akwesasne Freedom School, founded by Mohawk parents in 1979 to ensure the survival of their language and culture, demonstrated the commitment
of the community to the principles of sovereignty. Akwesasne was also located in close proximity to a General Motors site that posed a serious environmental threat to the Mohawk. In this political context, Katsi introduced the DHP in Akwesasne.18

One of the first initiatives of the DHP was to train a Birthing Crew at Akwesasne. Crew members set out to “organize the families and the women to recover birth as the way to keep our people strong, to give our children a sense of community.”19 To build trust among community members, the crew offered prenatal classes and examinations, individual case counseling, and home births. Katsi reports:

Birthing takes place primarily in our homes, often with children and relatives present. In this situation we find ourselves not building a long list of "clients" or "patients," but creating a web of family relationships which serves to further our goals in the natural course of community life.20

Providing midwifery services was the nucleus around which other Akwesasne community health programs grew. Katsi’s programs at Akwesasne provide one-on-one woman-based health education—a goal of many other contemporary Native women’s health programs. The DHP created a safe space that fosters trust between caregiver and patient—an essential part of providing Native women with the opportunity to make informed health decisions and, in doing so, realize their reproductive rights.21

A Ms. Foundation grant enabled the DHP to recruit more women to its well-trained Birthing Crew, to provide community health education, and to make resources on family health available to the community. As Katsi explains:

Education is the most important work of the Women’s Dance Health Project at Akwesasne. We now have available two basic kits for Birthing Crew use. One is an educational kit for midwifery skills and "patient education." This kit includes a pelvic model complete with fetus, cord, and placenta to demonstrate position, lie, and attitude of the fetus. It includes such items as the maternity center’s birth atlas and disposable plastic speculums for demonstration of the pelvic exam—particularly useful for mothers who have never visualized a cervix...[The] videotapes, 1000 Births and Common Complications of Labor and Delivery, are especially useful. Slides, charts, and information packets make up the remainder of the kit. It is in a portable trunk,
and can be carried or loaned to workshops or conferences quite easily.

The birthing kit includes all the equipment and supplies necessary for prenatal, birthing, and post-partum care. Because of the expense of critical items and the need for adaptability and versatility in rural areas (and in some cases even the deep woods!), the birthing kit has been put together with an eye towards portability and professional quality, and in keeping our birthing up to standards.22

Katsi served as project director for the DHP from 1983 to 1989. In 1989, Beverly Cook, a licensed nurse and former director of the Akwesasne emergency team, was hired on a part-time basis to serve as a liaison between the program and tribal organizations. Beverly facilitated a series of workshops and training sessions for the Birthing Crew and assisted with prenatal, birthing, and postpartum care. Other women, such as Priscilla Thompson and Niddie Thompson Cook from the Birthing Crew, trained for and also became involved in other aspects of the program.

Birthing Crew members included clan mothers who attended the home births of their relatives. Mothers brought their daughters and daughters-in-law for prenatal care or counseling. Teenagers who had taken the fertility awareness classes offered by the DHP were also involved in the program's activities. This high level of community engagement was an indicator of the need for health care and education. To develop this work further, group members organized conferences and training activities for health care providers in the region. A few doctors and practitioners also led trainings and workshops on the reservations. Dr. Nic Drolet and his wife Françoise, a French couple who visited Akwesasne, even supplied much-needed medical equipment to the Dance Health Program.

The Birthing Crew communicated with tribal programs and service organizations in the area to improve the quality of services they offered. They discussed their perspectives on Indian health issues with staff from the IHS. They reached out to other lay midwives and alternative birthing organizations in New York State through their participation in health conferences and networked with other Native women's groups and health projects. At the Awasis Atoskevin (working with children) conference in Regina, Saskatchewan, Katsi acquainted hospital staff and program directors with traditional Native values regarding maternal and infant health care. These conferences provided her with an opportunity to share this traditional knowledge with urban Iroquois women.
National and International Networking

In 1980, Katsi was invited to join the board of the National Women's Health Network (NWHN). She notes:

It mattered a great deal to have respect and be given a seat at predominantly non-Native meetings—the NWHN was a wonderful time for me. [It] trained the community agent to see the bigger picture. Those women were wonderful. They invited me to speak at conferences about midwifery and helped me to work through our [Native American] pain.23

Through the NWHN, Katsi was introduced to both the national and the international women's health movements. For example, she learned about the work that Byllye Avery was doing on midwifery at the Birthning Center and became acquainted with important information and materials that enriched her own work. She feels this exposure to broader issues was invaluable: “I began to learn about community movements outside the tribe, which is very important as tribes have a different process.” 24 She was also able to advocate on behalf of other Native women and to share her contacts and information. Katsi stayed on the network's board for only a year, as she was a young mother and found it hard to find the time to participate. However, in this short period, she made important friends, like Judy Norsigian and Norma Swenson from the Boston Women's Health Book Collective, who have remained allies over the years.

Katsi also speaks of the important role that Wilma Mankiller played in encouraging her and other Native women to speak out about their concerns. Mankiller's pioneering work on tribal development projects brought her national recognition. She was a member of the boards of many prestigious national social justice and women's organizations and used her position to amplify the voices and work of Native activists.25 By the early 1980s, Katsi was often called upon as a spokesperson for Native American women in the women's health movement. During this time she also got involved in international campaigns, such as the Nestlé boycott. 26 Through this activism, she built an international network on birthing, midwifery, and Native women's health issues.

The Akwesasne Mother's Milk Project

Though much of Katsi's early work focused on midwifery, she was very interested in working with Native women on other issues related to their health. In the early 1980s, the community women with whom she interacted through her Birthing Crew work and the
Nestlé boycott raised questions regarding the safety of breastfeeding. While the Nestlé boycott reinforced the health and cultural value of breastfeeding, corporate environmental devastation forced them to re-evaluate their decision in a scientific context. Mohawk women suspected that local industries were producing toxic chemicals that were released into the water, air, soil, and food chain, contaminating their breast milk and possibly causing birth defects. Katsi said:

The fact is that women are the first environment [in which babies live]...We accumulate toxic chemicals like PCBs, DDT, Mirex, HCBs, etcetera, dumped into the waters by various industries. They are stored in our body fat and are excreted through breast milk. What that means is that through our own breast milk, our sacred natural links to our babies, [our babies] stand the chance of getting concentrated dosages [of these chemicals].

Katsi and other women at Akwesasne were determined to understand the actual risks posed by this high level of pollution. In 1985, the Mother's Milk Project (MMP) was created to "understand and characterize how toxic contaminants have moved through the local food chain, including mother's milk." Katsi approached scientists to investigate the toxicity of breast milk. The MMP also conducted its own community-based research that focused on analyzing of organochlorines in mother's milk, fetal cord blood, and maternal and infant urine.

They invited scientists from the New York State Department of Health and the State University of New York School of Public Health to provide chemical analysis of breast milk samples. However, Katsi found that members of the MMP did not have the knowledge they needed to interpret the results that the scientists presented to them. To address the lack of scientific literacy among Mohawk women, the MMP trained about 125 Mohawk women to be health researchers and advocates. Since some of these women were also participants in the study, they became "researchers of their own reality."

The MMP, together with members of the Tribes Environmental Office, conducted a bioaccumulative analysis of the entire food chain at Akwesasne, from fish to wildlife to breast milk. Katsi raised funds from General Motors, one of the contaminators, for this research project. The project studied new mothers each year for several years with a total of 50 new mothers participating in the study. The study documented a 200 percent greater concentration of PCBs in the breast milk of those women who consumed fish from the St. Lawrence River compared to the general population. This research showed how PCBs, fluorides, and hexachlorobenzene (HCB), all toxins dumped by local
industries into the St. Lawrence River and into the air, made their way, through the food chain, into the bodies of local women, infants, and children. These toxins posed particular risks for women, since "PCBs mimic the reproductive hormone estrogen which is responsible for many of the physiological changes in a woman's body in puberty, menstruation, reproduction, and menopause." Elevated levels of PCBs can trigger earlier puberty and menopause, each having a series of negative health impacts that are under-researched and not understood.

From Research to Action

The MMP published a newsletter, *First Environments*, to inform the community of the research process and its findings and issued advisories on prenatal and infant nutrition in a toxic environment to safeguard community health. When the studies indicated high levels of contaminants in some community wells, the MMP alerted families and pregnant women to this danger and recommended actions they could take to ameliorate the problem. For example, they asserted that Native children are at greater risk from *not* being breastfed than from environmental contaminants, and worked to re-establish breastfeeding in the community by launching a breastfeeding promotion campaign. The MMP advised pregnant and nursing mothers to eliminate consumption of fish from contaminated waters, and to avoid excessive weight reduction during pregnancy and postpartum, since weight loss may mobilize the chemicals stored in fat tissues.

As a result of these warnings and recommendations, Mohawk women stopped eating fish so they could protect their children from PCBs and still continue to breastfeed. However, Mohawk women were angered by the lifestyle changes they had to make to protect the health of their children. Katsi speaks for the local women when she states:

> Our traditional lifestyle has been completely disrupted, and we have been forced to protect our future generations. We feel anger at not being able to eat the fish. Although we are relieved that our responsible choices at the present protect our babies, this does not preclude the corporate responsibility of General Motors and other local industries to clean up the site.

She explains the impact on Mohawk women's day-to-day activities: "We feel anger about not being able to ... grow our gardens and practice our cultural ties to the earth. Our whole cycle of life has been affected."
To strengthen community responses to issues of pollution, the MMP collaborates with the Akwesasne Task Force on the Environment (ATFE), which is made up of tribal and Mohawk council officials, the traditional Long House, and concerned members of the community. By sharing skills, research, contacts, and resources with the ATFE, the MMP has increased community awareness of the links between environmental degradation and health. The Mother’s Milk Project has enhanced the self-esteem of Mohawk women and their families by giving them the information they need to fight critical environmental challenges. It has helped develop a network of environmental and health organizations that work to clean up the environment and compensate the victims.

The research gathered about breast milk also provided a great deal of information on other health issues of concern to Mohawk women. For example, the data indicated that the rate of induced abortion had increased considerably among Mohawk women. Katsi interpreted this as a result of more women being in the workforce and having greater access to health information, which enabled Mohawk women to exercise greater control over their fertility. The statistics also indicated a high level of thyroid disease in menopausal women. The MMP has been able to use such information to improve health awareness and education in Akwesasne. It continues to help with birthing, conducts on-site research, and provides environmental-health education.

The MMP collaborated with the Inuit of Canada and Alaska to protect aboriginal midwifery and share environmental health information. For example, when the Inuit of northern Ontario became aware of the presence of PCBs in the food chain, deposited on their land as a by-product of the American government’s highway construction and in the operation of Distant Early Warning stations during the Cold War, Inuit midwives shared the statistics on this subject with the Mother’s Milk Project. Through its extensive networks in the Native community in the US and Canada, the MMP helped establish the Six Nations Birthing Center, which was funded by the Ministry of Health in Ontario. Commenting on their success, she states:

In Ontario last year, 37 Mohawk and Seneca, Oneida, Onondaga, Tuscarora, and Cayuga babies were born into the hands of their own people, on their own land, using our traditions and culture, and taking back the responsibility of life. The door of life and the door of death are the same door, and when you lose the knowledge of how to be born, you lose the knowledge of how to die.
The MMP worked with the Inuit of northern Quebec when they decided to restore the power of birth to their communities. Previously, they had a 20 percent cesarean rate. Under the government’s evacuation policy, these women were flown out to cities in the south to have their babies alone, disrupting their families and depriving them of community support. Since 1985, they have had four practicing Inuit midwives and have reduced the cesarean rate in the village to 6 percent, with 95 percent of the births now conducted in their own language.36

Much of the work to promote aboriginal midwifery is done by Katsi herself. She initiated “Native Midwives,” through which she works with aboriginal midwives across the United States and Canada, often serving as a trainer and a speaker at conferences, and developing educational and policy materials. She has also helped aboriginal women work with public health advocates to raise sufficient funds for research on traditional midwifery practices. Katsi has helped to establish aboriginal midwifery as a profession. She is currently working with the Aboriginal Nurses Association of Canada on a sexual and reproductive health issues guide for aboriginal communities.

The primary goal of the Mother’s Milk Project is to create a society in which women are healthy. Holistic midwifery addresses all the factors that shape a mother and her baby’s health and well-being: “whether it is [General Motors] contamination or the mental health of the mother, all must be cared for if the baby is to be healthy.”37 MMP strengthens the social bonds of the community. As Katsi says: “One home birth will impact 30 people.”38 Katsi still hopes to see the development of a midwifery center in Akwesasne.

**Linking Reproductive Health, Environmental Health, and Cultural Survival**

Their work on reproductive health led MMP staff members to become environmental health activists. The contamination of their environment had both an immediate and long-term impact on the Mohawks’ ability to practice their culture. For the Mohawk people, fish are a symbol of fertility and were traditionally fed to young women who wished to conceive healthy children. Mohawk mothers had to give up eating fish in order to protect their children and to continue breastfeeding. The absence of this excellent, low-cost protein has affected the ability of families to feed themselves. Thus, for Native American women, the right to a non-toxic environment is also a basic reproductive right.

The MMP also demonstrated that the reproductive health of the Native community is closely tied to issues of environmental contamination and cultural survival. Because Native people have close ties to
and depend on their land for survival, Native women are distinctly aware of the connection between reproductive rights and environmental justice. The Mother’s Milk Project continues to monitor the environment and press for a meaningful cleanup of the hazardous waste sites of local industries. They have been engaged in a lengthy battle with General Motors, Alcoa, General Electric, and Reynolds, some of the companies responsible for hazardous waste dumping in their area. The project’s goal is to restore the environment so that people are able to eat fish and wildlife and resume traditional lifestyles. As a result of these efforts, some financial settlements have been made on behalf of Native people.

The Mother’s Milk Project is an example of how work on reproductive health can be made central to the life and cultural survival of communities. Katsi’s life goal is to labor as an aboriginal midwife in the fields of social change of the Haudenosaunee and First Nations communities for the respect and empowerment of Onkwehon, ... to restore the power of birth to the hands of women, and to work for the protection of the Seven Generations whose faces are yet coming towards us out of the mother earth.  

Contributions of the MMP

The Mohawk belief that a woman is the first environment makes the strong connection between women’s health, the health of the entire community, and environmental justice. This holistic way of thinking is now gaining ground among medical and scientific professionals and is a significant conceptual contribution of the MMP and a model for activism that could be adopted by other communities.

The Dance Health Program and the MMP have helped restore competent, culturally appropriate midwifery services and women’s health care to Mohawk women and their families. The revival of Native midwifery in Akwesasne has increased the support for it from health professionals and the Canadian government. There is a wider acknowledgment of the importance of midwifery in Native health care than there was in the past. Katsi’s work has also had a significant impact on the Indian world. Today, Native reproductive health activists are aware that for Native women to control their reproductive health and future, midwifery is essential. By addressing health care in a holistic fashion, the Mohawk have created a template that other groups can use to build more comprehensive and culturally specific reproductive health programs. The MMP has also made the public more aware of the role of PCBs in the environment and led the Environmental Protection Agency (EPA) to initiate a health study at Akwesasne, a Superfund site.
Initially sparked by the "mothers' questions" in the 1980s, the MMP evolved into a remarkable model of community activism. Combining the knowledge and expertise of health research scientists, members of the community, and health care providers, the MMP initiated the first such study ever undertaken at a Superfund site. Mohawk women have been empowered by their participation in the research process. Not only has this participation deepened community understanding of environmental problems, it has also been a step towards greater health realization. By underlining the importance of Native women conducting their own research, Katsi has helped create opportunities for them in the fields of health sciences and education. There are now more than 20 Mohawk women involved in various aspects of research at Akwesasne, and several Native women, including one from Akwesasne, have pursued careers in science.

The partnership between the Mother's Milk Project and the Akwesasne Task Force on the Environment serves as a model in the Native American community for community control over research. The two groups have developed their own tribal Institutional Research Boards to ensure that their communities are made aware of, educated about, and involved in research. Researchers, including epidemiologists and physicians, who wish to study aspects of a community must first sign a contract which restricts them from entering the community without a member of the community accompanying them and stipulates that community members—not the researcher—own all the information obtained in the study. Anything that is published has to be approved by a community review board. Community members, rather than outsiders, are subcontracted by the researchers to conduct the work.¹⁰

The advocacy, research, and direct service programs of the MMP address many different community needs simultaneously. This is similar to the work of most of the other women of color groups we examined. The multi-issue agenda developed by the Mother's Milk Project serves as an important lesson for the mainstream reproductive rights movement: breaking away from single-issue politics empowers a movement to draw connections between several issues and in the process can galvanize new constituencies and new sources of funding to support reproductive rights and health.

Women's funds, notably the Ms. Foundation and the Ruth Mott Foundation, were of critical importance to the success of the work done at Akwesasne. Katsi's participation in the National Women's Health Network was also crucial, since it exposed her to the efforts of other women's groups. Her experience showed her how important it was to have Native American women in positions of influence in order to promote Native American concerns.
Instead of building one large organization to carry out all the projects her community needed, Katsi's work grew organically from the community and culture of which she is a part. As a leader, she empowered hundreds of Mohawk and other aboriginal women to develop important skills and to take political action for Native reproductive health.
NOTES

1. The term “first environment” was coined by Katsi Cook because a woman’s body is the first environment that a fetus encounters.

2. In response to growing concern over health and environmental risks posed by hazardous waste sites, Congress passed the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA, also known as “Superfund”) in 1980 to fund the cleanup of these sites. The Superfund program is administered by the US Environmental Protection Agency in cooperation with individual states and tribal governments. The law created a revolving trust fund called the Superfund. This large pot of money is used by the EPA and other agencies to clean up hazardous waste sites.

The trust fund is used primarily when those companies or people responsible for the contamination at Superfund sites cannot be found or cannot perform the cleanup or pay for the cleanup work. To make sure that those responsible clean up or pay for the cleanup as much as possible, the EPA Superfund enforcement program identifies the companies or people responsible for contamination at a site and negotiates with them to do the cleanup. If the EPA pays for some or all of the entire cleanup at a site and then finds the people responsible, the EPA can recover from them the money it spent. (“Superfund,” Environmental Protection Agency, http://www.epa.gov/compliance/cleanup/superfund/index.html).

3. Winona LaDuke, All Our Relations: Native Struggles for Land and Life (Boston: South End Press, 1999), 12.

4. The Mohawk, or Six Nations people, are part of the Iroquois Nation, who originated the concepts of constitutional government and representative democracy. The name of their land means “land where the partridge drums.” This comes from the sound that young male ruffled grouse make during courtship rituals in the spring.

5. PCBs are environmentally hazardous toxins that enter the food chain through the ingestion of contaminated fish.


7. In addition to general health, these dances are connected to reproductive health and can be prescribed for healing treatment after an induced abortion.


11. Katsi Cook wrote “In the Mohawk language, a midwife is ‘one who helps them with their first breath or one who scoops them from the water.”’ Cook, “Women are the First Environment,” Native Americas 14, no. 3 (Fall 1997): 58–59.

Cook, “Women are the First Environment,” 58.

Cook explained that in Mohawk culture it is necessary for a person to go away and be a leader before one is recognized as a leader in one’s own home. Cook, interview by Silliman, June 16, 2002.


This continues to be a concern of Native women and was articulated by Native American women in the SisterSong Collective.

Cook, interview by Silliman, June 16, 2002.

The program, no longer under the auspices of WARN, received initial support for its operations in Akwesasne from the Ms. Foundation. The Ms. Foundation not only provided financial support but also connected the group members with other women’s health groups working on midwifery.

Harvey and Wessman, “An Interview.”


The Native American caucus in the SisterSong Collective reasserts that this is critical to Native American health in the contemporary context.

“Akwesasne Community Health Project Report.”

Cook, interview by Silliman, June 16, 2002.

Ibid.


The Nestlé boycott began in 1973 and continued until 1984. It was initially sparked by Oxfam and Christian Aid, who charged that the Swiss company was dissuading mothers (particularly in the third world) from breastfeeding their infants through aggressive promotion of infant formula. The boycott united activists, medical professionals, foreign aid workers, and the general public. For more about the boycott, see John Dobbing, ed., *Infant Feeding: Anatomy of a Controversy: 1973–1984* (London: Springer-Verlag, 1988).

Quoted in LaDuke, *All Our Relations*, 18–19.

Ibid., 19.

Cook, interview by Silliman, June 16, 2002.


These recommendations were made in 1983 under the auspices of the Dance Health Program—before the Mother’s Milk Project was established specifically for this purpose. “Akwesasne Breastmilk Monitoring Program” (unpublished report, 1983), 2.

Cook, "Women Are the First Environment," 59.


The Snowchange Project is a multi-year education-oriented project to document indigenous observations of climate change in the northern regions, coordinated by Tampere Polytechnic's Department of Environmental Management and Engineering in Tampere, Finland.

Katsi Cook, “Into Our Hands.”

Ibid.

LaDuke, All Our Relations, 22.

Ibid.
