

# UROF Proposal

## **Title of Proposal**

The Indigenous Reproductive Justice Movement: A Collection of the History of Forced Sterilizations

## **Problem/Topic of Research or Creative Work**

The reproductive justice movement has long been seen as the fight against the struggles that communities[1] face when trying to achieve bodily sovereignty [2] and rights. The movement is built on three pillars: the right to have a child; the right to not have a child; and the right to parent (Ross and Solinger 2017). Although the ideas of these pillars are very universal within the reproductive justice movement, the components for each of them actually look very different depending on the community involved. This is shaped by the different needs of diverse communities based off of their experiences, oppressions and interactions in history, and current status. Some of that context is noted by people within the reproductive justice movement, but a broad understanding and interaction with that information has yet to be achieved. Communities of color become lost within a white feminism that focuses more on reproductive health and abortion access rather than reproductive justice. As a result, a chasm between communities of color and white feminist erupts. One in which the communities of color have to fight for their needs to be noted and voices to be heard, and one where white feminist continue to only fight for rights that fit their needs and their voice is heard most. One of the communities of color that has been marginalized the most are indigenous communities. This project centers the experiences for indigenous communities with forced sterilization.

Although many communities of color have faced forced sterilizations, its important to note that the indigenous community is the one to have experienced the process in greatest numbers. The violation of their bodies making up most of the numbers of forced sterilizations in history. Aside from that, their voices are the ones that are hardly ever heard from. Their stories reside within literature that is hidden and often inaccessible. The majority of the time, popular literature erases the vast history of forced sterilizations of indigenous communities, therefore, diminishing advancement on the subject.

This study is a concrete collection of histories, current rights and resources that pushes towards the proper involvement of the indigenous community within the reproductive rights movement. It involves a deep examination of the overshadowed history of the forced sterilization of the indigenous community, along with a mentioning of forced sterilizations in other communities of color so the indigenous community knows they are not alone. This historical knowledge creates an adequate understanding of the needs of this community when being involved in movements and allows for the creation of community bonds. The collection of rights and resources over reproductive healthcare are collected and crucial towards helping better the access of it by the indigenous community. All the stated information will be provided on a website and written paper. The website will serve as a more accessible method and be more user friendly. For communities who lack access to the internet, the website will be printable as a PDF that can be distributed among them.

[1] Community is used over women as the reproductive justice movement is not limited by gender and neither are the victims of forced sterilizations

[2] Sovereignty is defined as the right to govern and control oneself without the consent of any other person.

## Relevant Background/Literature Review

Selection of community, examples of time period and reasons, other communities: Why the indigenous community:

There is great reasoning behind focusing this project solely on the indigenous community and one of them is seen in an article by Aileen Moreton-Robinson, in which she discusses the clashing topic of interest between white feminism and indigenous women feminism. She discusses that although topics may be familiar for both groups, the shaping of them might be rooted in different causes. She highlights the idea that women of color aren't represented by white feminism, which is often used as the face of all feminism. She then calls for the study of communities of color. This underrepresentation of indigenous feminism and colored feminism in larger movements is a major problem of the reproductive justice movement, as a large mass of it composed of white feminism. For this reason, looking particularly at communities of color, in this case the indigenous community, is essential towards answering all calls of feminist movements (Moreton-Robinson, Aileen, 2000). Other Communities- Latinx in California Eugenics:

The California eugenic sterilization program was a mass method of population selectivity during the late 1900s that left over 20,000 people sterilized and lasted over 70 years. This program was primarily aimed towards communities of color within the state, but mainly affected the Latinx community. The Latinx community saw a drastic impact as 59% of the people forcibly sterilized during this program came from this community. "Latino men had a 23 percent higher risk of sterilization than non-Latino men; Latinas had a 59 percent higher risk of sterilization than women from other racial and ethnic groups." During the first half of the program, men were targeted at higher rates than women, but this flipped the other way around during the second half of the program. The Latinx community members facing this medical abuse were looked for by gender, age, and surname. What caused the Latinx community to be such prominent targets by the program were the biases implied onto the community by the whites. They were labeled as being 'unfit' to reproduce as they were the complete opposite of white communities which were considered to be ideal.

The 1970s: Era of mass, unacknowledged forced sterilizations:

Many stories come during this era of indigenous women undergoing an unknown forced sterilization and finding out about it later on in life. A moment that captures this common narrative is present in the story of an unknown indigenous woman in California during November of 1970. The unidentified woman scheduled a visit with her physician in hopes to undergo a procedure known as a "womb transplant. Her hopes were to achieve a successful pregnancy as she had plans of starting a family. During her visit, the physician informed the unidentified woman that she had actually undergone an irreversible medical procedure to achieve sterilization. Therefore, not only ruining her plans of starting a family, but more importantly, informing her that her bodily rights had been violated (Torpy, Sally J., NA). This narrative continues to be shared in the era of the 1970s and is quite extensive.

The 1970s proved to be one of the United States most abusive eras when it came to violating the bodily rights of women of color. During this time, Puerto Rican, Black, and Chicana women were forcibly sterilized by surgical procedures to which they had not consented to, much less had any knowledge about. Although these other groups of women of color faced this procedure, the process for the indigenous woman was far greater in numbers and done under much more vulnerable and special conditions. This being due to the fact that Indigenous women were more accessible due to unique societal and cultural aspects of their community. As sovereign nations (a free nation within a nation), indigenous communities faced a lot more issues with institutional

organizations of the U.S. as they found themselves being challenged by them when it came to achieving all sorts of freedom, in this case, reproductive freedom. What worsened this condition and process of forced sterilizations was the removal of children from indigenous parents. So, in summary, indigenous communities were facing forced sterilizations while also losing their current children to the federal government of the U.S. (Torpy, Sally J., NA).

**Sterilization as a Genocide and Population Control:**

During the late 1900s, higher communities of power and the government saw an issue of wealth distribution occurring, and rather than noting it as such, they decided the issue was of population control instead. They turned to methods of forced sterilization, in which they targeted communities of lower wealth and of color. While many other communities also faced sterilizations, a certain condition of the indigenous communities placed them in greater danger. That being the fact that they faced greater poverty and were highly dependent on federal resources (such as Indian Health Services (IHS)) to access healthcare. This also posed as problem as it kept indigenous communities in cycle of poverty and federal dependence, which increased their chances of forced sterilizations. Other communities of color also depended on these resources, but the indigenous community did so in greater numbers, therefore, putting them in greater risk of being a facility that performed forced sterilizations (Ralstin-Lewis, Marie, 2005).

The IHS, and other similar sources, also had a 'preference' for sterilization of indigenous communities because of their highly fertility rates. Before the procedures had acted, the indigenous women had the highest median fertility rate in the country with 3.79 children, while the median for white mothers was only 1.79 children. After the sterilizations began, during the 1970s, the median for children born to indigenous communities had dropped by 1.99 children, while only dropping .28 children for white communities. This all became a lot easier as the Nixon administration allowed for the ideological and financial support of the sterilizations. The following actions rose from this support:

-1969- restrictions on sterilizations are lessened by the American College of Obstetricians and Gynecologist.

-1970- IHS begins campaign for sterilizations with the help of federal funding.

-1965-1974- Department of Health, Education, and Welfare (HEW) is paying 90% of costs for sterilization of indigenous women.

This method proofed as a way of increasing population control of indigenous communities, which is important to note as it violated reproductive and bodily rights of the community (Ralstin-Lewis, Marie, 2005).

Being able to collect and present the vast history of forced sterilization among indigenous peoples for people within and out of the community is crucial towards creating a movement that understands this hidden and overshadowed history and creates actions that directly respond to the needs of the indigenous community. Creating a website in which this information is all contained is the perfect fit for that.

### **Specific Activities to be Undertaken and Timeframe for Each Activity**

This project will follow a monthly schedule in which each month will be dedicated to a single part of the project, with the assistance of my faculty mentor. In the month of January, I will work on in an in-depth analysis of forced sterilizations within indigenous communities and create a timeline description of that history. The information selected will be that best describing the specific experiences of indigenous communities. During the month of February, I will analyze the history of forced sterilization among other communities of color, along with reviewing art pieces that might depict the histories of these sterilizations. The selection of art pieces being done after an

overview of the meaning, effect and purpose. With the support of Dr. Geist, I will perform an analysis of the collected information to choose what is best suited for the purpose of the website. This part of the research will then be followed by the creation of the actual website and proper set up. In the month of March, I will collect a list of resources that detail reproductive rights of indigenous women, as well as a list of resources where they can access free or cheap reproductive healthcare and education. The month of April will then be dedicated towards finalizing the website and editing of the material chosen. It is important to note that website will not fit the standards of a literature review, but rather set-up to be an actual resource. I will also create a poster presentation to be featured in the 2020 spring Undergraduate Research Symposium.

### **Relationship of the Proposed Work to the Expertise of the Faculty Mentor**

Dr. Geist holds a joint appointment in Gender Studies and Sociology, and she is a faculty affiliate with the Division of Family Planning in the University of Utah School of Medicine. She studies gender inequality from a broad perspective. Her recent work has focused on contraceptive use and pregnancy intentions. She is particularly interested in how economic constraints shape family planning decisions as well as perceived impact of pregnancy. She teaches a course on Reproductive Justice that addresses specifically reproductive coercion and forced sterilizations. The proposed project will rely on Dr. Geist's expertise on research on reproductive issues, systematic discrimination, and gender inequality. She has expressed excitement about the possibility to learn more about the reproductive experiences of marginalized populations, which will benefit her future research. Dr. Geist also plans to include the product of the UROP proposal, a website that summarizes what we know about forced sterilizations among indigenous women and other communities of color in her future teaching.

### **Relationship of the Proposed Work to Student's Future Goals**

My educational goal after receiving my bachelor's degree is enrollment within a public health graduate program. Within that goal, I have embedded smaller goals oriented towards finding and helping to resolve issues that minority and marginalized communities face when accessing healthcare. The reproductive justice movement includes a fight for the right of equity when it comes to accessing reproductive healthcare. It presents the challenges that struggling communities face when it comes to this access. This study will aid my goal towards analyzing why members of the indigenous community are accessing reproductive healthcare the way that they are, and that being done through the analyzation of the histories of forced sterilizations. It also allows for me to provide a list of resources where this community can access the reproductive healthcare they are entitled to and to learn the rights they are given. My overall goal is to look at these overshadowed communities to better their overall healthcare by looking at why they access healthcare the way that they do and how that can be bettered. Each step will bring me closer to achieving my goal and this is a stepping stone. This specific project would also allow me to gain further experience with presenting research to various groups of profession, while also learning to interact with other scholars.

### **References**

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- Ralstin-Lewis, Marie. The Continuing Struggle Against Genocide: Indigenous Women ...

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