

RELIGIOUS AMERICANS SPEAK OUT

Pro-Choice

Broken Treaties, Empty Promises:

An Introduction to Native American Women's Reproductive Health Issues

For Native American women living on Native lands, access to basic reproductive health care is often inadequate because of bureaucratic abuse and neglect, poor funding, high turnover of medical personnel, and geographic isolation. However, Native American women are examining reproductive health issues, documenting government abuses, and demanding change.

A History of Abuse

Native American women perceive current reproductive health issues in the context of centuries of mistreatment and persecution by the U.S. government. A history of abuses ranging from massacres by government troops to distribution of blankets contaminated by smallpox color the way Native Americans respond to reproductive health programs.

In the past, the activities and policies of some religious people and institutions, however well-intentioned, have also harmed Native peoples. Native Americans point to the role of religious denominations in undermining Native cultures. For example, Native American children were removed from their families, cultures, languages, and communities when they were placed in religious boarding schools.

Today non-Native religious people who wish to be allies should do so in ways that reflect the needs and priorities of Native people.

Current Reproductive Health Issues

The Native American Women's Health Education Resource Center has documented abuses carried out by the Indian Health Services (IHS), Job Corps, and other agencies on which Native American women depend for health care services. Issues they have identified are forced sterilization, unsafe use of Depo-Provera and Norplant, and harmful alcohol-related policies.

Forced sterilization.

A study by the Government Accounting Office during the 1970s found widespread sterilization abuse in four areas served by the IHS. In 1975 alone, some 25,000 Native American women were permanently sterilized--many after being coerced, misinformed, or threatened. One former IHS nurse reported the use of tubal ligation on "uncooperative" or "alcoholic" women into the 1990s.

Unsafe use of Depo-Provera and Norplant.

Native American women express a number of concerns about the use of Depo-Provera and Norplant in their communities, especially about the coercive use of these drugs. Both IHS and Job Corps have used Depo-Provera widely in Native American communities. As early as 1986, IHS administered Depo-Provera--without informed consent and prior to FDA approval--to Native American women, including many who were mentally retarded.

Depo-Provera is a long-term contraceptive that lasts up to ten months. Use of this powerful injection carries serious health risks, including blood clots, reduced lipid levels, decreased glucose tolerance, weight gain, irregular and excessive bleeding, and depression. Medical studies indicate possible links to cancer and osteoporosis.

Norplant is a long-term contraceptive that is surgically implanted under the skin. It is effective for up to five years and is removed at the doctor's discretion or at the woman's request. Removal is often difficult and expensive. Side effects of Norplant include irregular bleeding, weight gain or loss, headaches, and mood swings. The drug is not recommended for women who smoke or for women who have diabetes, high blood pressure, or elevated cholesterol. In addition, Norplant's effectiveness decreases in overweight or obese women.

Religious Coalition for Reproductive Choice
1025 Vermont Ave NW
Suite 1130
Washington
D.C. 20005
(202) 628-7700

Neither Depo-Provera nor Norplant prevents sexually transmitted diseases, such as HIV/AIDS or gonorrhea, the rates of which are increasing in Native American communities.

Harmful alcohol-related policies.

Like other basic health services, treatment for alcoholism and drug abuse (including smoking) is often unavailable on Native lands. Pregnant women with alcohol or drug dependency are often required to turn their children over to social services for foster care. And alcohol- and drug-dependent women are often involuntarily incarcerated in tribal law enforcement facilities to prevent fetal alcohol syndrome/fetal alcohol effect and other injury to the fetus—a possible violation of their civil rights.

Recommendations of Native American Women

Reproductive health is interwoven with a number of other health issues that affect a woman's reproductive decisions. Following are recommendations for improving women's reproductive and overall health by Native American women in North Dakota, South Dakota, Iowa, and Nebraska:

- End coercive use of contraception and sterilization.
- Conduct better research on the effects of Depo-Provera and Norplant in Native American communities. Implement tracking of all patients. Tell Norplant recipients when they should have implants removed. Remind Depo-Provera users when their next shot is scheduled.
- Implement informed consent policies at all health care facilities.
- Improve access to quality health care, including mental and emotional health programs.
- Develop culturally specific education on reproductive health.
- Educate Native Americans about sexually transmitted diseases.
- Provide access to alternative reproductive options, including artificial insemination.
- Implement teen pregnancy prevention programs.
- Reclaim traditional reproductive practices, including ceremonies, midwifery, and herbal practices.

- Promote positive attitudes about menopause.
- Return to breast-feeding of infants.
- Prevent and treat alcoholism, fetal alcohol syndrome/fetal alcohol effect, and domestic violence.
- Ensure reproductive rights for women with HIV/AIDS.

Resources

Several publications from the Native American Women's Health Education Resource Center were used to prepare this publication. They include:

Dakota Roundtable II: A Report on the Status of Native American Women in the Aberdeen Area

A Review of the Use and Effects of Depo-Provera on Native American Women

The Impact of Norplant in the Native American Community and

A Study of the Use of Depo-Provera and Norplant by the Indian Health Services.

For more information, contact the Native American Women's Health Education Resource Center, PO Box 572, Lake Andes, SD 57356, telephone (605) 487-7072, e-mail nativewoman@igc.apc.org

The Religious Coalition for Reproductive Choice, founded in 1973, is the national organization of pro-choice people of faith. The Religious Coalition—comprising Protestant, Jewish, and other denominations and faith groups, the Clergy for Choice Network, and state affiliates throughout the country—works to ensure reproductive choice through the moral power of religious communities. All programs seek to give clear voice to the reproductive health issues of people of color, those living in poverty, and other underserved populations.

For more information, please contact:

Religious Coalition for Reproductive Choice
1025 Vermont Avenue NW, Suite 1130
Washington, DC 20005
Phone: 202-628-7700
Fax: 202-628-7716
E-mail: info@rcrc.org
Website: www.rcrc.org