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THE STERILIZATION OF NATIVE AMERICAN WOMEN IN OKLAHOMA

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Abstract

In 1974, the Indian Health Service (IHS) hospital in Claremore, Oklahoma sterilized forty-eight Native American women in the month of July alone. Most of these women were in their twenties. This is a staggering number compared to the amount of Native American women serviced in the surrounding community. At the time, it was also reported that Native American patients were being actively "turned away by the hospital on the grounds that there were not sufficient funds to care for them."[1] This local event foregrounds the scholarly work done throughout this thesis. The main argument of this paper is that Native nurses were the real leaders of the activist movement against sterilization abuses. This thesis concludes by examining the solidarity between different women's activist groups of the 1970s. These women activists understood themselves as united through experiences of violence and their fight as a shared effort to overthrow imperialism and colonialism.

[1] Shirley Hill Witt, "The Brave-Hearted Women," *Akwesasne Notes*, Rooseveltown (June 30, 1976): 16.

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Abbreviations

IHS Indian Health Service

HEW Health, Education, and Welfare

AIM American Indian Movement

WARN Women of All Red Nations

GAO General Accounting Office

List of Maps and Illustrations

Introduction

The 1970s uncovered massive sterilization abuses across Indian Health Service (IHS) hospitals. The United States General Accounting Office (GAO) discovered that 3,406 Native women had been sterilized without their consent in these government-funded hospitals between the years of 1973 and 1976.[2] This, as one Senator would describe it, was only "the tip of the iceberg."[3] Native women were coerced into sterilization procedures on an alarming scale and would continue to be denied bodily autonomy for years following the GAO report.

Women activists, namely Women of All Red Nations (WARN), would associate tribal sovereignty with their own bodily autonomy. By connecting bodily autonomy to fights over sovereignty, Native women were able to bring their concerns about sterilization abuses to the forefront of Native activist discourse. This thesis examines the activism surrounding sterilization abuse of marginalized women, particularly Native women in the 1970s. The sterilizations at Claremore, Oklahoma precipitated activism on a local scale, eventually prompting a national awareness of these abuses. Native American nurses at the Claremore IHS hospital were activists in their own right. They spoke out against hospital mismanagement and instances of abuse. They enlisted other activists outside of their hospital to protest these abuses and garner public support for their cause.

The sterilization of Native American women must, first and foremost, be understood as a continuation of the colonial project. The United States has been and continues to be a settler colonial state whose penultimate goal is the elimination and replacement of the Indigenous. As

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[2] Olivia Harlow, "Film screening examines forced sterilization of Native American women," *TCA Regional News*, Chicago, October 20, 2019. And "Native American Peoples on the Trail of Tears Once More," *Akwesasne Notes*, Rooseveltown, May 31, 1979, 18.

[3] Jane Lawrence, "Indian Health Service: Sterilization of Native American Women, 1960s-1970s," MA thesis (Oklahoma State University, 1999), 82.

Patrick Wolfe theorizes, the settler colonizer "comes to stay."[4] The settler colony inhabits the land and builds a new society upon it. In order to accomplish their goal, the Indigenous population must be eliminated. Patrick Wolfe terms this impulse the "logic of elimination," whereby the settler society requires the "practical elimination of the natives in order to establish itself on their territory."[5] This practical elimination of the Indigenous is the backdrop for the sterilization abuses of the 1970s.

The United States is a settler colonial state, and perhaps the prime example of one. The colonists who came to North America came with the purpose of settling, acquiring land, and establishing a new state. The American Revolution marked a clear break in colonial identification with the metropole and the subsequent state established itself as the new political power. In order to maintain this power, the new state continued to erase Indigenous peoples through various methods including physical removal, assimilation, and genocide. Understanding settler colonialism as a structure rather than an event helps us to understand the Indigenous experience within the United States. There is no post-colonial period because settler colonialism is characterized by its continuity over time. Because settler colonialism is ongoing, the erasure of the Indigenous is also ongoing. By contextualizing sterilization abuse within a lens of settler colonialism, the methods and motivations for such abuses are illuminated.

Few published works have looked at the sterilizations that occurred at the Claremore IHS hospital. There have been a handful of articles on the GAO report of 1976 and the sterilization of Native women in general, but none have gone in-depth into what happened in Oklahoma. Jane Lawrence's "The Indian Health Service and the Sterilization of Native American Women" is

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[4] Patrick Wolfe, "Settler Colonialism and the Elimination of the Native," *Journal of Genocide Research 8,* no.4, 2006, 388.

[5] Ibid., 389.

perhaps the most referenced work on this topic. Within her article, Lawrence does a deep dive into the relationship between the IHS and Native tribes, as well as efforts within the IHS to sterilize Native American women. She argues that these sterilizations at IHS facilities affected every aspect of Native American life and harmed relationships between Native peoples and the government.[6] Lawrence does a thorough job of detailing the connections between IHS and Native peoples, but does not give any focus to activism against such abuses. This is probably due to Lawrence's work being one of the first to address these particular abuses in a scholarly work.

There have been a handful of published works that have focused on the sterilization of Native women more broadly. Linda B. Robyn reexamines the forced and coerced sterilization of Native American women in the 1970s in order to provide context for sterilization abuses of Indigenous women in other countries and add to this particular historiography. She references Lawrence extensively, yet does not provide much extra argumentation around Native American sterilizations outside of emphasizing their emotional, spiritual, and physical effects that linger in communities today.[7]

Myla Vicenti Carpio showed how government entities and research centers influenced the abuses occurring at these IHS hospitals. This is an important contribution to the historiography because Carpio begins to make the connection between sterilization abuse in the United States and sterilization abuse internationally. This big picture policy assessment of sterilization abuses is not her main purpose in writing this article, however, since she focuses

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[6] Jane Lawrence, "The Indian Health Service and the Sterilization of Native American Women," in *American Indian Quarterly*, vol. 24, no. 30, Summer, 2000, 414.

[7] Linda M. Robyn, "Sterilization of American Indian Women Revisited : Another Attempt to Solve the "Indian problem," in," *Crime and Social Justice in Indian Country,* ed. Marianne O. Nielsen and Karen Jarratt-Snider (Tucson: University of Arizona Press, 2018), 39-53.

more intently on the lives of the Native American women affected by sterilization abuse.[8] Michael Sullivan DeFine picks up this thread of government culpability in the sterilization of Native women. DeFine shows how public sentiment and social prejudices led to sterilizations of marginalized people. He does not, however, explicitly make the argument that Native women were uniquely susceptible to sterilization abuse because of their overlapping and intersectional identities.[9]

Scholarly work on the sterilization of minority populations must address the issue of racism and scientific racism. Works on sterilization of marginalized populations published after 2010 have referenced the research of Thomas W. Volscho. Volscho examines "racist controlling images" which relegate Native American and African American women to a position of subservience where they are simultaneously dangerous and also controllable.[10] Volscho argues that "racist controlling images become solidified as justificatory ideologies for continued systemic sterilization abuse."[11] His work allows for a deeper understanding of how societal messages and imagery regarding poor women of color contributed to these sterilization abuses.

This particular type of racist reproductive control is grounded in history and can be understood as a continuation of colonialism. The need to control the reproduction of people of color is seen throughout history, as explored through works like Jennifer Morgan's *Laboring Women* and Dorothy Roberts' *Killing the Black Body.* In *Laboring Women,* Morgan argues that slaveowners required the regulation of women's reproductive labor for profit and used the

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[8] Myla Vicenti Carpio, "The Lost Generation: American Indian Women and Sterilization Abuse," *Social Justice* 31, no. 4, 2004.

[9] Michael Sullivan DeFine, "A History of Governmentally Coerced Sterilization: The Plight of the Native American Woman," May 1, 1997.

[10] Thomas W. Volscho, "Sterilization Racism and Pan-Ethnic Disparities of the Past Decade: The Continued Encroachment on Reproductive Rights," in *Wicazo Sa Review* 25, no. 1, 2010, 17-31.

[11] Ibid.

symbolism of the female body to bolster racial slavery. In *Killing the Black Body*, Roberts shows how regulating Black women's reproductive decisions has been a central aspect of racial oppression in America. An underlying thread throughout Roberts' work is the connection between wealth and reproductive autonomy. Roberts highlights race primarily as a category of difference between reproductive choice, but also shows how reproductive decisions are made and implemented within a social context. This framework is helpful for understanding the way activist groups understood their fight for reproductive autonomy and liberation from colonialism and imperialism.

The terminology of genocide appears frequently in discourse surrounding forced and coerced sterilizations during this time period. The language of genocide resonated with Indigenous activists at the time. They were aware of the methods of colonization and historical attempts to erase Indigenous peoples. Karen Stote writes in her book, *An Act of Genocide,* "coercive sterilization needs to be considered within the broader context of colonialism, the oppression of women and the denial of Indigenous sovereignty."[12] The sterilization of Native American women should be viewed as the continuance of this settler colonial structure which seeks to eliminate Indigenous sovereignty.

Scholarship on Native women activists' understanding of the link between sovereignty and bodily autonomy has been examined in Meg Devlin O'Sullivan's "Informing Red Power and Transforming the Second Wave." O'Sullivan's argument overall is that Native women had a larger role in shaping the Red Power movement and second wave feminism than previously examined. Native women, argues O'Sullivan, were instrumental in fighting against sterilization abuses in the 1970s. These Native women positioned reproductive rights as sovereign rights, a

[12] Karen Stote, *An Act of Genocide: Colonialism and the Sterilization of Aboriginal Women* (Halifax: Fernwood Publishing, 2015), 5.

concept which allowed for more attention to be shown to the issue of sterilization in broader Native activist discourse.

This thesis examines the events that took place at the Claremore, Oklahoma IHS hospital in the mid-1970s and the activism surrounding those sterilizations. The sterilization abuses at this particular hospital were a culmination of several factors. This thesis details those factors and shows how Native nurses took it upon themselves to fight against the mistreatment of their local Native community. The Native nurses are a larger part of the women's activist movements of the 1970s. The main body of this work concludes by examining the problem of consent and the main solution espoused by Native activists and healthcare workers alike, more representation. The IHS, being an entity servicing only Native American communities, needed to have Native people at the helm to properly serve Native needs.

The conclusion of this thesis examines how women's activist groups understood their fight against colonial and imperial violences. Women activist groups were exposing government entities and actors for their part in inflicting violence on marginalized communities. This thesis details some of those institutions and their roles in these sterilization abuses. The conclusion prompts readers to look more closely at the social discourse and ideologies which targeted marginalized women during this time period. During the 1970s, women were utilizing their own ideologies and intellectual discourse to frame violence within the context of colonialism, capitalism, and imperialism. These women's activist groups addressed the problems created by government entities and actors through a call for solidarity both domestically and internationally. Native nurses utilized this call-out strategy to publicize and garner public support for their local activism fighting against sterilizations in Claremore, Oklahoma. Thus, Claremore serves as a

local case study contributing to the larger context of social activism and solidarity movements of the 1970s.

Sterilization Abuse at the Indian Health Service in Claremore, Oklahoma

> I was so saddened and shocked at what I found that I couldn't sleep. Then I became angry. Why does the white man do this to us? Do they hate us for still living and they are preparing for their 200th. Birthday?
>
> - Dr. Connie Redbird Pinkerton-Uri

In October of 1974, the surgical records book for Claremore, Oklahoma's Indian Health Services hospital went missing. This disappearance occurred as accusations of improper medical treatment, discriminatory practices, and most importantly, sterilization abuses at this particular hospital were brought to public attention through media outlets. According to the Native newspaper *Akwesasne Notes*, "a nurse notified authorities of the missing document, which turned up a week later in the hands of Dr. William Gideon, the hospital's chief of staff."[13] Many believed that Gideon concealed the records book to prevent Native employees from finding more improprieties. They were already expressing their concerns over the hospital's practices. Native nurses employed by the Claremore IHS hospital reached out to newspapers, local and national elected representatives, Native activist groups, and an independent medical civil rights investigator to look into these medical malpractices.

Native women were and are leaders in their communities who carry wisdom and transmit cultural knowledge to the next generation. Through Native people's long history of assimilation, erasure, and genocide, Native women have remained the stronghold of identity and culture for their communities. This is why an attack on the bodies of Native women was an attack on the very essence of Native community. This is also why Native women, and specifically Native female nurses, took it upon themselves to amplify these sterilization abuses and spearhead the

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[13] "Oklahoma: Sterilization of Native Women Charged To I.H.S.," *Akwesasne Notes,* (Rooseveltown), January 31, 1989, 11.

fight against them. At IHS hospitals, Native nurses had to work alongside White employees, many of whom were physicians and staff supervisors. Unlike the White employees of IHS, they were connected to their communities and as Native people themselves, they were intimately familiar with the effect of settler colonialism and the threat of genocide. Native nurses were the grassroots activists who brought to light the sterilization abuse of Native women nationally in the 1970s. It was these women who would unite with other Native activists to highlight these abuses and fight against medical impropriety in IHS hospitals.

Many scholars, including historians, sociologists, and legal scholars, have discussed the sterilizations which occurred under IHS care in the 1970s. What the literature has failed to emphasize, however, is the distinct role Native nurses played in spearheading the grassroots activism against these sterilizations. It is important to emphasize that women of color, and in this case specifically Native women, spearheaded activism within their communities. Historian Meg Devlin O'Sullivan highlights the role that Native women played in bringing coercive sterilizations to the forefront of Native activism during the 1970s. O'Sullivan does not, however, include Native nurses in her recounting of events. She highlights the Native women's activist group Women of All Red Nations (WARN) in linking sterilizations of Native women specifically to fights for sovereignty and protection of tribal assets. O'Sullivan argues that Native women consciously linked these sterilization abuses to sovereignty, stating that, "a significant number of women in Indian Country argued that sterilization by an IHS facility frequently denied individual women control over their fertility and ran roughshod over the sovereign rights of tribes to protect their members from such abuses."[14] Likewise, Native nurses understood how

[14] Meg Devlin O'Sullivan, "Informing Red Power and Transforming the Second Wave: Native American Women and the Struggle Against Coerced Sterilization in the 1970s," *Women's History Review* 25, no. 6 (2016): 965.

unacceptable these sterilizations were and consciously amplified them within Native activist conversations by linking them to concerns over tribal sovereignty and threats of genocide.

As death rates plummeted and birth rates skyrocketed in the latter half of the twentieth century, the American elite became concerned with quality of life on an overcrowded planet. Disguised as populist concerns over public burden and global welfare, they began to perpetuate familiar eugenicist ideas. Poor people, marginalized people, and third world populations did not deserve to have families and take up the earth's resources. The same people who had been ravaged by colonialism, slavery, and genocide would be subjected to the faux-philanthropic attitudes of wealthy, White people who deemed them unfit to have families because of their poverty.

The sterilization of Native American and other marginalized women must be understood within the long history of eugenics in the United States. The concept of eugenics was coined by Charles Darwin's cousin Francis Galton in his book published in 1833, *Inquiries into Human Faculty and its Development*. Galton utilized a corrupt version of the theory of evolution and suggested applying similar selection techniques used in agriculture to create genetically superior humans. He believed that scientists could improve the human race by dictating breeding between those seen as genetically superior, a concept termed "positive eugenics". Terms such as "unfit" and "feeble-minded" were then associated with groups of people who should not reproduce. According to eugenics, these types of people would pass on inadequate genetics and place a burden on society. Eugenics was often marketed as a humanitarian effort, as it would eliminate "undesirable traits" within populations and save humans from suffering. Champions of these policies often included the same people who supported the Progressive Movements aimed at

uplifting society. Eugenic concepts were also welcomed by an American ideology which already placed people as inferior based on class and racial classifications.

At the turn of the twentieth century, several states began passing eugenic laws designed to halt the reproduction of certain groups deemed to have "hereditary defects" through forced sterilization.[15] Oklahoma specifically has a storied history of promoting eugenic ideologies and performing sterilizations. In 1935 Oklahoma passed the Habitual Criminal Sterilization Act. Oklahoma was the thirtieth state in the United States to pass a sterilization law. This law allowed for the sterilization of inmates in state institutions who were deemed "feeble-minded," "likely to be a public or partial public charge," or were "habitual criminals."[16] Then Governor Alfalfa Bill Murray was in support of this bill. In an interview published in *The Daily Ardmoreite* April 23, 1931, Murray stated that "the imbecile mind and those positively criminal are inherited and you can't breed it out."[17] In a letter three years later to Dr. L. J. Moorman at the State University Hospital in Oklahoma City, Murray urged the doctor to sterilize a woman in his care, regardless of the will of the individual. Murray offered his criticism towards only one thing, "that persons around the hospital should undertake to persuade this girl not to be sterilized."[18] He disapproved of any attempt by hospital staff to suggest to this girl she did not need to be sterilized. Governor Murray's request for the doctor to sterilize this woman against her will shows how influential negative eugenics was as an ideology and how dangerous the perpetuation of this ideology could be when held by those with power.

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[15] Adam Cohen, *The Supreme Court, American Eugenics, and the Sterilization of Carrie Buck* (New York: Penguin Books, 2016), 5.

[16] Victoria Nourse, *In Reckless Hands: Skinner v. Oklahoma and the Near-Triumph of American Eugenics* (New York: Norton, 2008), 44.

[17] "Murray Approves Sterilization Law," *The Daily Ardmoreite,* April 23, 1931.

[18] Gov. Murray to Dr. L. J. Moorman, October 3, 1934, W.H. Murray Collection, Carl Albert Center, University of Oklahoma.

Although the eugenics movement reached the height of its popularity within the United States in the 1920s and 1930s, it is a misconception that eugenics disappeared in the 1940s with the end of the Second World War. Eugenicists simply rebranded and expanded their focus to include extrinsic factors.[19] Historian Alexandra Minna Stern states that "the eugenic racism of the 1920s became the hereditarian sexism of the 1950s."[20] These new American eugenicists co-opted family planning movements to encourage "better breeding" and population control.[21] The regulation of reproduction was seen as a solution to social ills, rather than a focus on deconstructing the frameworks of power which continued to subjugate marginalized communities.

At the turn of the twentieth century, many scientists believed that if the population continued to grow, the earth would not have enough resources to sustain the world. This began fears of overpopulation which would last well into the late twentieth century. Population control was espoused by various outlets, but it had its roots in well-funded research centers. The Rockefeller and Ford Foundations were perhaps the most well-funded research centers which devoted resources to solve the "overpopulation problem." These research centers alone contributed millions of dollars in their efforts to curb population growth. The Rockefeller families' interest in family planning and population growth began with John D. Rockefeller, Jr.'s creation of the Bureau of Social Hygiene (BSH) in 1911. According to the Rockefeller Foundation, the BSH was founded to be "a permanent and private body to deal directly with a variety of social ills, including prostitution, corruption, drug use and juvenile delinquency."[22]

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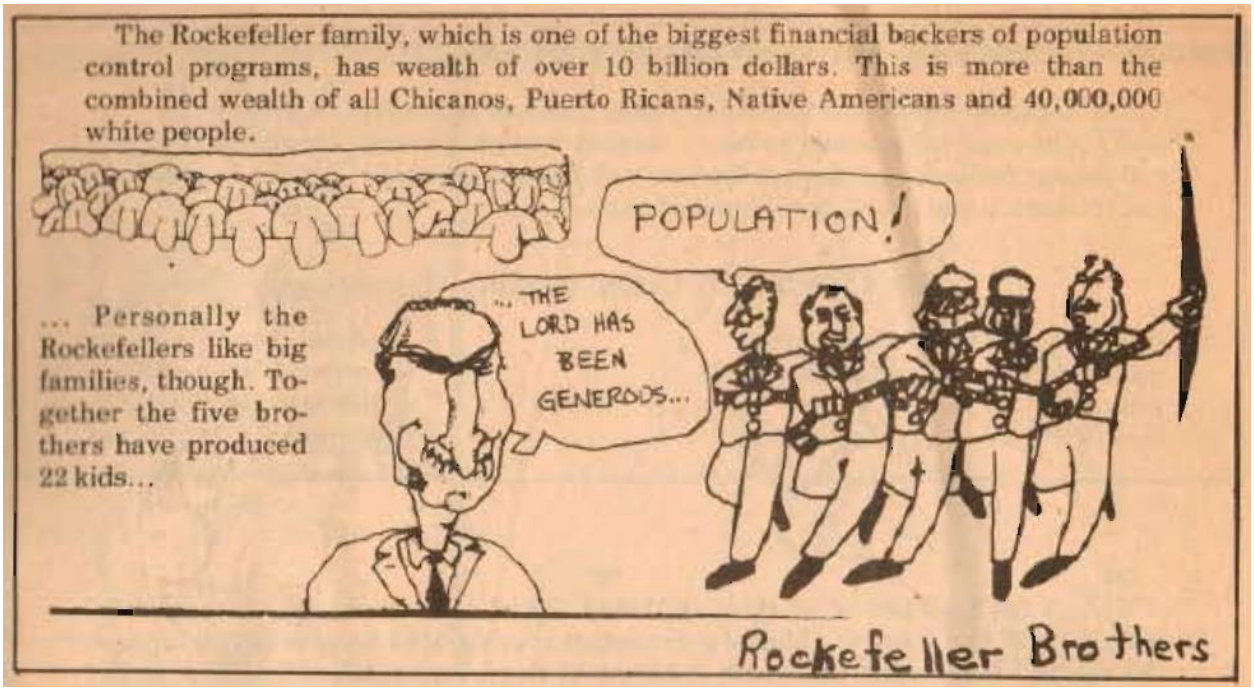
[19] Alexandra Minna Stern, *Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America* (Berkeley: University of California Press, 2005), 3.

[20] Ibid., 25.

[21] Ibid., 4.

[22] "Bureau of Social Hygiene," The Rockefeller Foundation: A Digital History, accessed February 25, 2021, https://rockfound.rockarch.org/bureau-of-social-hygiene.

BSH became involved with issues of family planning due to John D. Rockefeller, Jr.'s belief that birth control would help solve social problems such as poverty and crime.



Source: "The Incredible Rocky," The Committee to Stop Forced Sterilization, "Stop Forced Sterilization Now!"

John D. Rockefeller, Jr. donated money independently to Margaret Sanger in her efforts to promote family planning methods. Margaret Sanger was the mother of the birth control movement and what would eventually found Planned Parenthood. In the 1920s, she utilized eugenic concepts to expand national support for birth control. Sanger promoted the concept of "negative eugenics" to show how birth control could serve the nation's interests through the elimination of undesirable groups of people. Sanger espoused the idea that "social problems are caused by reproduction of the socially disadvantaged and that their child bearing should therefore be deterred."[23] She approached the Rockefeller Foundation in 1924 to request ten-

[23] Dorothy Roberts, *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty* (New York: Vintage Books, 1997), 81.

thousand dollars in research funds. One of the Rockefeller Foundation's trustees, Raymond Fosdick, stated "personally, I believe that the problem of population constitutes one of the great perils of the future and if something is not done … we shall hand down to our children a world in which the scramble for food and the means of subsistence will be far more bitter than anything we know at present."[24] This ideology in the hands of the most wealthy men in the United States would prove detrimental to marginalized and third-world populations.

In 1952, John D. Rockefeller III held a conference to study the effects of population growth.[25] It was at this conference that Rockefeller announced the creation of the Population Council, an international organization whose goal was to search for solutions to supposed population problems. Most of the funding came from John D. Rockefeller III's personal contributions, as well as funds from the Ford Foundation.[26] From 1952 to 1968, the Ford Foundation devoted one-hundred million dollars to work related to population control. According to an article released by the Ford Foundation in 1968, they gave more funds than any other public or private agency. The same article stated that the Ford Foundation believed that the "quality of life is threatened by excessive rates of population growth," and that as a foundation concerned with human welfare they "must give high priority to helping nations reduce their fertility."[27] Those populations targeted for fertility reduction were considered impoverished, developing nations. The Ford Foundation, however, did not neglect populations in the United

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[24] Rockefeller Foundation, "Minutes of the Rockefeller Foundation regarding a field study of population in India," *100 Years: The Rockefeller Foundation*, accessed February 25, 2021, https://rockfound.rockarch.org/digital-library-listing/-/asset_publisher/yYxpQfeI4W8N/content/minutes-of-the-rockefeller-foundation-regarding-a-field-study-of-population-in-ind-1.

[25] Lawrence, "Indian Health Service," 9.

[26] "Family Planning," The Rockefeller Foundation: A Digital History," accessed February 25, 2021, https://rockfound.rockarch.org/family-planning#_ftn1.

[27] Oscar Harkavy, Lyle Saunders and Anna L. Southam, "On Overview of the Ford Foundation's Strategy for Population Work," *Demography* 5, no. 2 (1968): 541.

States, devoting one million dollars in funds to domestic family planning services in the year 1968 alone.[28] The Ford Foundation also gave significant funding towards programs run by the Rockefellers. From 1954 to 1968, the Ford Foundation provided approximately 42 percent of the Population Council's total budget.[29]

In 1964, President Lyndon B. Johnson passed the Economic Opportunity Act (EOA). This was the cornerstone of Johnson's "War on Poverty." The EOA gave funds to Urban and Rural Community Action Programs (CAP) which, as defined at the time, "mobilizes and utilizes resources… in an attack on poverty," "provides services, assistance, and other activities… towards elimination of poverty or a cause or causes of poverty," and "is conducted, administered, or coordinated by a public or private non-profit agency… or a combination thereof."[30] Although the EOA did not explicitly address family planning services initially, they soon began authorizing such programs. According to Dr. Martha J. Baily of the Department of Economics at University of Michigan, federally funded family planning services reduced childbearing among poor women by 19 to 30 percent between 1964 to 1973.[31] Although this statistic does not necessarily prove women were coerced into bearing fewer children, it does show that these programs were effective in reducing the overall population of this particular group of marginalized women.

These foundations that aimed to reduce overall populations were created by powerful men who became concerned over increasing government taxation and blamed government

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[28] Ibid., 545.

[29] Ibid., 542.

[30] "Public Law 88-452: Economic Opportunity Act Of 1964," August 20, 1964, https://www.govinfo.gov/content/pkg/STATUTE-78/pdf/STATUTE-78-Pg508.pdf.

[31] Martha J. Bailey, "Reexamining the Impact of Family Planning Programs on US Fertility: Evidence from the War on Poverty and the Early Years of Title X," *American Economic Journal: Applied Economics* 4, no. 2 (2012): 62-97.

welfare spending. They imagined those in poverty as threats to the social order and did not take into account the desires of individual women. Women were not included in these big policy discussions, yet policies were made which decided the reproductive fate of thousands of marginalized women globally. In 1968, President Johnson actually met with John D. Rockefeller III to discuss concerns over population growth.

"John D. Rockefeller 3rd meeting with Lyndon B. Johnson," *100 Years: The Rockefeller Foundation*, accessed February 25, 2021, https://rockfound.rockarch.org/digital-library-listing/-/asset_publisher/yYxpQfeI4W8N/content/john-d-rockefeller-3rd-meeting-with-lyndon-b-johnson

Population research and overpopulation propaganda increased fears of public burden and ecological disaster. Many physicians were highly influenced by population control ideology and became detrimental actors in these sterilization abuses. The idea of population control as a physician's "social duty" was espoused in various medical journals. "As physicians, we have

obligations to our individual patients, but we also have obligations to the society of which we are a part. The welfare mess, as it has been called, cries out for solutions, one of which is fertility control," wrote a physician in *Contemporary Ob/Gyn* medical journal.[32] Sterilization was promoted in medical journals as the most effective form of fertility control, especially for low-income women of color who were perceived as not possessing "the intelligence to use other methods of birth control effectively."[33] Physicians took it upon themselves to do their part in "fixing" society's problems through sterilizing these women. Interviews conducted by Doctor Bernard Rosenfeld in 1974 and 1975 showed that the majority of physicians "believed they were helping society by limiting the number of births in low-income, minority families."[34]

Sterilization was framed as a way to alleviate public burden through the elimination of those on welfare. Many who believed themselves to be philanthropists promoted the idea that poor women should refrain from having children. Sterilization was seen as a philanthropic act given that these women would be responsible for children for which they could not care for in their state of poverty. The main reasons doctors gave for performing sterilizations were either economic or social in nature. This misguided notion of philanthropy was echoed in the efforts of government actors and politicians. Historian Matthew Connelly writes about these misguided efforts by government funded agencies, arguing that those running these programs believed that they "knew the interests of the poor and illiterate better than they did themselves."[35] Although

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[32] "Oklahoma: Sterilization of Native Women Charged To I.H.S.," 11.

[33] Lawrence, "The Indian Health Service and the Sterilization of Native American Women."

[34] Ibid.

[35] Kevin McQuillan, Review of *Fatal Misconception: the Struggle to Control World Population*, by Matthew Connelly, *Canadian Studies in Population*, vol. 37, no. 3-4 (2010): 623-625. See also, Matthew Connelly, *Fatal Misconception: The Struggle to Control World Population* (Cambridge: The Belknap Press of Harvard University Press, 2008).

these actors may have attempted to solve societal problems and promote overall good, their lack of inclusion of marginalized voices served to harm the communities they intended to aid.

In 1970, President Richard Nixon created the Commission on Public Growth and the American Future, designating John D. Rockefeller III as chairman. This commission "conducted and sponsored studies and research on United States population growth, and its effects on the economy, government resources, and environmental pollution."[36] Nixon first suggested the creation of such a commission in his speech in 1969 entitled "Special Message to the Congress on Problems of Population Growth." In this speech, Nixon addressed concerns over the increasing population not only in the United States, but also internationally. He linked the social problems in the United States at the time with population growth. The Women's Brigade reported Nixon as saying that, "The average American is like the child in the family… [if] you make him completely dependent and pamper and cater to him too much, you are going to make him soft, spoiled, and eventually a very weak individual."[37] This sentiment preyed upon the public's fear of welfare spending and public good.

The commission cited a lack of any law restricting voluntary sterilization as permission for physicians to perform sterilizations without official regulations. The commission also criticized requirements on sterilizations imposed by hospitals including "limiting the procedure to persons of specified age and number of children, or permitting only therapeutic as opposed to contraceptive sterilizations." They ultimately recommended that "all administrative restrictions on access to voluntary contraceptive sterilization be eliminated so that the decision be made

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[36] "FG 275 (Commission on Population Growth and the American Future) (White House Central Files: Subject Files)," Richard Nixon Presidential Library and Museum, accessed April 14, 2020, https://www.nixonlibrary.gov/finding-aids/fg-275-commission-population-growth-and-american-future-white-house-central-files.

[37] Women's Brigade, "H.E.W. The Department of Health Education & Welfare is an Enemy of Women," 3-4.

solely by physician and patient."[38] Physicians could then do as they pleased with regards to sterilizations. They were influenced by their own biases, broader population control narratives, and a warped sense of societal duty which would push them to sterilize low-income women of color at alarming rates. Giving physicians the power to regulate themselves without government oversight would prove detrimental to the rights of these marginalized women.

A portion of the Commission on Public Growth and the American Future's report directly addressed racial and ethnic minorities. Faced with criticisms of population control ideology as racist, the commission directly dismissed the idea that "our population growth is primarily fueled by the poor and the minorities having lots of babies" as an unequivocal "myth."[39] Although they addressed concerns over racist motivations, the commission continued to place minority populations as behind or outside of mainstream America. The language used to describe target populations within the report placed minority groups as in need of being brought up to the level of White society.[40]

The commission report referred to poor minorities as "have-nots," referencing their large family sizes to prove their lack of self-control. They also framed population policy in innocuous terms to consciously guise their racist motivations. The report stated:

> The largest families are among our rural ethnic, low income, and cultural minorities… For example, blacks with high school diplomas have about the same number of children as their white counterparts; college-educated blacks have even fewer children, on the average, than their white counterparts. Mexican-American fertility also declines in response to increased education. In the second place, the sordid history of race relations in our nation has left a widely felt legacy of fear and suspicion that will poison any population policy unless it is clear that such a

[38] "Population and the American Future: The Report of the Commission on Population Growth and the American Future," The Rockefeller Commission Report, https://www.population-security.org/rockefeller/011_human_reproduction.htm.

[39] Ibid.

[40] Ibid.

> policy is being developed to enhance the quality of life for all Americans, and not to restrict or curtail the gains made by minorities.[41]

The commission made it a point to state that they were not putting policy in place to "restrict or curtail the gains made by minorities."[42] The problem here is what the commission identifies as a "gain." There was a lack of cultural diversity and understanding among the men on the commission. Their misplaced philanthropy created structures that did not regard the desires of marginalized groups and, in some cases, lead to forms of genocide.

The commission perpetuated the sentiment that having a smaller family size would benefit minorities by alleviating their economic burden. The issue was framed as one of access to family planning services and economic mobility. Family planning was seen as the central piece to the "War on Poverty." "Those who have not been able to climb onto the socioeconomic escalator" were the same populations who had larger families.[43] The report proclaimed to solve racism and poverty, and many other current day social problems, through curbing population growth. The commission placed family planning as a philanthropic act from a privileged majority towards a backwards, struggling minority that did not know, or knew and could not access, what was best for them. The main problem, among many, was that studies have shown that the more wage earners in the family, the greater the chance of escaping from poverty.[44] Limiting family size as a means to alleviating poverty was, then, completely antithetical to the commission's proclaimed mission.

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[41] "Population and the American Future: The Report of the Commission on Population Growth and the American Future."

[42] Ibid.

[43] Ibid.

[44] "Native American Peoples on the Trail of Tears Once More," *Akwesasne Notes*, Rooseveltown, (May 31, 1979): 18.

Also in 1970, the Family Planning Services and Population Research Act was passed. This act, also called Public Law 91-572 or Title X Family Planning Program, provided federal funding for family planning services to low income families.[45] The Act "promised to reimburse up to 90% of sterilization costs."[46] This would prove detrimental to low-income, women of color as physicians would be more likely to propose sterilizations instead of other family planning methods as the government funded those procedures almost entirely. Title X also created the Office of Population Affairs (OPA) housed under the HEW.[47] Funds from this act were allocated to public and nonprofit private organizations to research population growth and develop family planning programs.[48] Beginning in 1978, Title X required that the same family planning services be provided to adolescents.[49] This allowed for sterilizations targeted towards young women to be funded by the U.S. government. Between 1971 and 1978, the Title X budget had increased from $6 million to $135 million.[50] This is an almost unfathomable increase in government health spending for the time. Meg Devlin O'Sullivan writes that "the government made sterilization inexpensive and available for Americans on public assistance in an era overwhelmingly marked by reductions in health care services. From 1970 to 1977, federally funded sterilizations increased nearly 300%, from 192,000 to 548,000 each year."[51] Tracing federal funds like this shows how much population control ideology directed government organizations.

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[45] Patsy Ciardullo and Nevada Wagoner, "Title X Family Planning Program (1970–1977)," *Embryo Project Encyclopedia* (October, 21, 2016), http://embryo.asu.edu/handle/10776/11368.

[46] O'Sullivan, "Informing Red Power and Transforming the Second Wave: Native American women and the struggle against coerced sterilization in the 1970s," 967.

[47] Patsy Ciardullo and Nevada Wagoner, "Title X Family Planning Program (1970–1977)."

[48] Ibid.

[49] Ibid.

[50] "Funding History," Office of Population Affairs, accessed April 14, 2020, https://www.hhs.gov/opa/title-x-family-planning/about-title-x-grants/funding-history/index.html.

[51] O'Sullivan, "Informing Red Power and Transforming the Second Wave," 968.

Population Control ideology would prove detrimental to low-income, women of color. Not only would out-right racist physicians take it upon themselves to sterilize these women, but physicians also came to believe it was somehow a philanthropic act. Low-income, women of color were not trusted with their own reproduction. This would come to be one of the main points Women of All Red Nations (WARN) members would put forth for their Native sovereignty project. WARN believed it was imperative to Native sovereignty that Native women have control over their own reproduction.

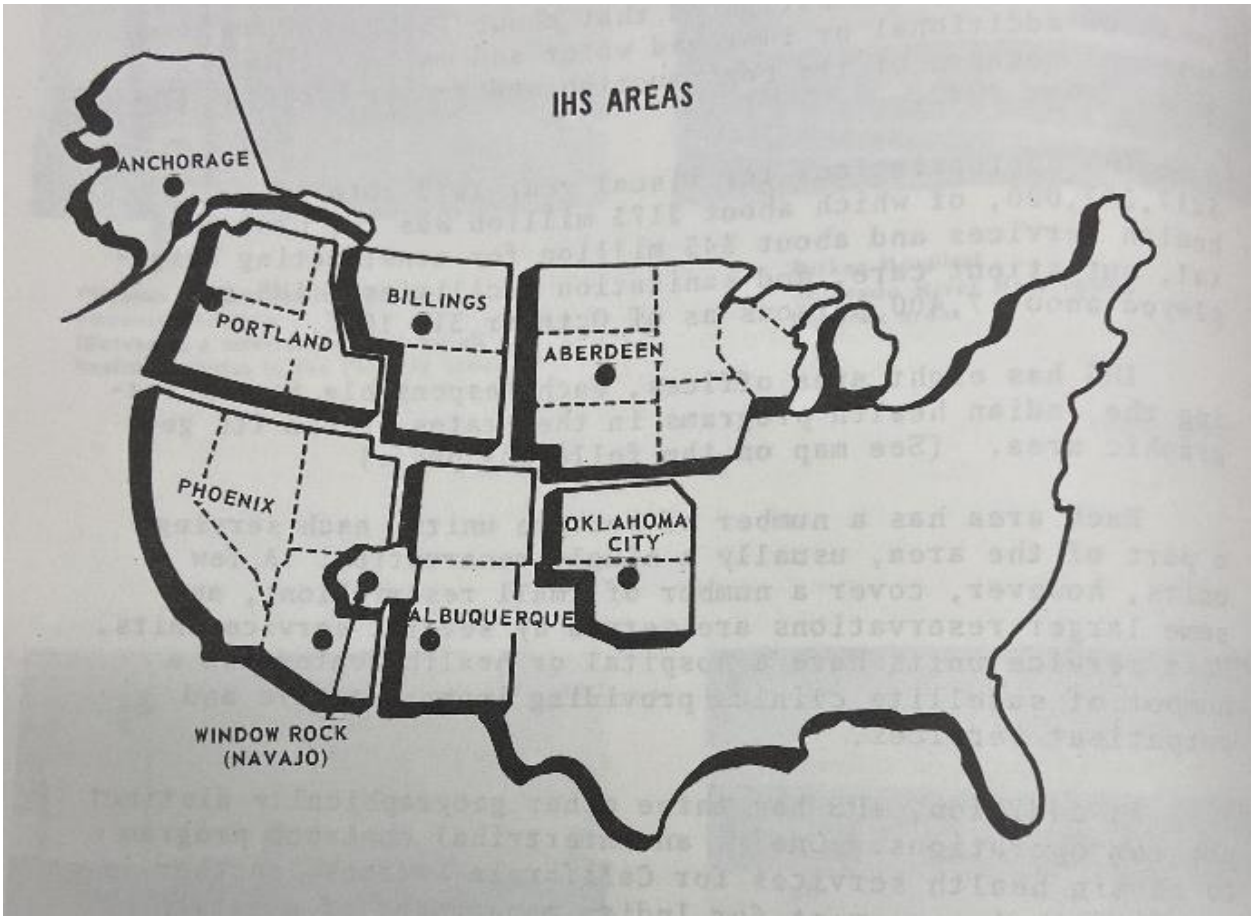
The Indian Health Service had its beginnings under the United States' War Department in the 1800s. In those times, healthcare for Native people amounted to vaccinations for Native people who lived close to military bases by Army physicians for diseases such as smallpox. Subsequent medical care and health facilities for Native Americans would be decided through treaties, and later on, federal policies. In 1849, the Bureau of Indian Affairs (BIA) was shifted from the War Department to the Department of the Interior. It was under the Department of the Interior that the BIA founded its first federal hospital for Native Americans in Oklahoma in the 1880s.[52] The Snyder Act of 1921 officially authorized the BIA to provide health care "for the benefit, care, and assistance of the Indians throughout the United States."[53]

On July 1, 1955, responsibility for providing health care to American Indians and Alaska Natives was transferred from the Bureau of Indian Affairs, Department of the Interior, to the Department of Health, Education, and Welfare (HEW) under the Indian Health Transfer Act. At the same time, HEW established the Indian Health Service (IHS) and made it responsible for providing comprehensive health care to Natives. As of 1974, medical, dental, nursing, and other

[52] Lawrence, "The Indian Health Service and the Sterilization of Native American Women," 401.

[53] Ibid.

health services were delivered to an estimated 488,000 Native Americans through 51 hospitals, 84 health centers, 18 mobile dental units, and more than 300 clinics operated by IHS field health staff and through negotiated agreements and contracts with other Federal, State, and local health facilities and programs.[54] IHS at the time had eight area offices, each responsible for operating the Indian health programs in the State within its geographic area.



The Comptroller General of the United States, "Report to the Congress: Progress and Problems in Providing Health Services to Indians," March 11, 1974, Dewey F. Bartlett Collection, Carl Albert Center, University of Oklahoma.

[54] The Comptroller General of the United States, "Report to the Congress: Progress and Problems in Providing Health Services to Indians," March 11, 1974, Dewey F. Bartlett Collection, Carl Albert Center, University of Oklahoma, (hereafter Bartlett Collection).

In 1965, under the authority of the HEW, the IHS began providing family planning services. These services provided women with information on birth control. These services were meant to provide resources to patients in order for them to make informed decisions about choosing their preferred methods of contraception. The IHS emphasized family planning services because of the high birth rate of Native Americans at the time. "The 1970 census revealed that the average Indian woman bore 3.79 children, whereas the median for all groups in the United States was 1.79 children."[55] This number decreased by 1.99 children in the 1980 census. Clearly, family planning services greatly affected the Native Americans serviced by IHS, especially since at this time 97.8% of Native births occurred at IHS hospitals.[56]

The Bureau of Indian Affairs and the Indian Health Service were structured with notions of paternalism and colonialism. Even though they served Native people, White people were often in charge at the highest levels and the entities themselves were structured in a way which mimicked United States institutions. There were, and remain today, tensions between these institutions meant to serve Native peoples and the actual Native communities. Institutions which were built on settler colonialism, racism, and capitalism. In 1974, Dr. Everett R. Rhoades, Vice Chairman of the National Committee on Indian Health of the Association on American Indian Affairs, Inc., and a member of the Association of American Indian Physicians told the Committee on Interior and Insular Affairs in the United States Senate:

> Many Governmental Programs today, designed for Indian betterment, will surely be condemned in the future as misguided, misplaced, and as harmful to the Indian way of life. This is particularly true of those economic development programs which by their very nature are non-Indian and therefore in terms of present day struggles, anti-Indian.[57]

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[55] Lawrence, "The Indian Health Service and the Sterilization of Native American Women," 402.

[56] O'Sullivan, "Informing Red Power and Transforming the Second Wave," 969.

[57] Dr. Everett R. Rhoades to Committee, April 8, 1974, Bartlett Collection.

Dr. Rhoades articulated a way of thinking which was prominent within Native activist circles during the 1970s, that government programs could not support Native peoples if they were not created and run by Native peoples. Non-Native Senators might have actually listened to Dr. Rhoades more than the activists making the same critique. Rhoades was an academic, a professor of microbiology at the University of Oklahoma College of Medicine and the President of the Association of American Indian Physicians. He positioned himself as a well-learned, accomplished Native physician who was advocating for the same things many Native medical professionals were advocating for at the time, more Native control of healthcare services.

IHS facilities were poorly funded and most were located in rural areas. It was often difficult to sufficiently staff these facilities because of their isolated locations and lack of funds. Many of the doctors who applied to IHS hospitals were newly graduated physicians who "had not yet completed the requirements for their specialties" and would use their time at the hospital as training for their future specialties.[58] A 1973 Senate Subcommittee on Indian Affairs hearing found that "the major factors in influencing the decision of doctors to leave the Indian Health Service is the feeling that they are not able to offer anything resembling adequate medical care because of insufficient and overcrowded facilities, inadequate support staff, and lack of needed equipment."[59] As of November 1, 1973, the IHS had only 497 physicians serving at IHS hospitals, 315 of which served less than 2 years.[60]

Funding issues meant that fewer physicians were in hospitals and more of the physicians were new doctors. The IHS hospitals were training grounds for physicians to complete surgical

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[58] Lawrence, "Indian Health Service: Sterilization of Native American Women, 1960s-1970s," 75.

[59] James Abourezk to United States Senate Committee on Interior and Insular Affairs, December 10, 1973, Bartlett Collection.

[60] Dr. Everett R. Rhoades to Committee, April 8, 1974, Bartlett Collection.

requirements for their future fields of practice, especially those who would later become gynecologists and obstetricians. IHS hospitals became spaces for physicians to practice surgical procedures on unknowing, low-income Native American women. There were also financial incentives for physicians to perform complete hysterectomies rather than more minor surgeries or to suggest contraceptives. In the 1970s doctors could charge $800 for a hysterectomy whereas a tubal ligation was only $250.[61] The Public Citizen's Health Research Group found that "a young surgeon is 'rewarded' for performing more operations, even if it is on Indian women in the form of residence certification and specialty board qualifications, which are later translated into financial rewards wherein… the more you cut, the more money you make."[62] This ideology would prove detrimental to poor Native women who utilized the Claremore IHS hospital for their only source of health care.

Lack of funding also meant that IHS hospitals often contracted out surgeries to independent physicians in the area. This practice, called contract care, "entails formal agreements with private vendors and is used when the Indian Health Service cannot equip its staff or facilities for emergency or specialty care or if there is an overload of patients."[63] The problem with contract care is that the funds for these procedures came from the federal government but were not subject to federal regulations and oversight. Officials at the IHS area offices in Albuquerque, NM and Aberdeen, SD in the late 1970s stated that they "do not monitor the consent procedures in contract care, nor are doctors required to follow federal regulations."[64] Also, many of the surgeries that could be federally reimbursed, like hysterectomies and tubal

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[61] "Native American Peoples on the Trail of Tears Once More," *Akwesasne Notes,* Rooseveltown. (May 31, 1979,): 18.

[62] "Oklahoma: Sterilization of Native Women Charged To I.H.S.," 11.

[63] Michael Sullivan DeFine, "A History of Governmentally Coerced Sterilization: The Plight of the Native American Woman," (May 1, 1997), http://www.whale.to/b/define.html.

[64] Ibid.

ligations, were contracted out to private physicians. Contract care physicians, who were not housed within the actual hospitals, did not follow HEW guidelines until after 1976. Contracts the IHS made with outside physicians did not have to explicitly state that noncompliance with HEW regulations would result in a default of reimbursement for surgical procedures until 1976. This lack of federal oversight for cases performed with federal funds became a contributing factor to the mass sterilization of Native American women.

In addition to the training and financial incentives, the physicians performed sterilizations because they believed it was their social duty to sterilize impoverished Native American women. This ideology caused them to believe they were performing a philanthropic act for uneducated women, for themselves. In an interview, Dr. Uri bluntly stated that "It's always the doctor who says 'this is good for you' or 'you should have this done,' the women don't go in and say sterilize me."[65] Because the facility did not have many Native employees, or adequate numbers of medical staff as a whole, a handful of White doctors held an enormous amount of power in a hospital meant to service only Native patients.

Even the US government acknowledged there was a deep problem at the IHS. The Senate Subcommittee of Indian Affairs held a planning conference on Indian Health Care on February 7, 1974 to discuss the lack of physicians and other medical professionals willing to work for the IHS.[66] The Indian Affairs Subcommittee stated that, "there is a serious and growing shortage of physicians needed to staff hospitals and other facilities serving the Indian people. The physician shortage already exacerbates the already deteriorating conditions of the Indian Health Service brought on by an increased patient load and inflated costs."[67] The Indian Affairs Subcommittee

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[65] Connie Uri and Marie Sanchez, "Concerns of American Indian Women," by Sandra Elkin, *Woman*, episode no. 442, April 15, 1977.

[66] James Abourezk to Dewey Bartlett, January 21, 1974, Bartlett Collection.

[67] Ibid.

acknowledged the increasingly detrimental problem of physician shortages at IHS hospitals. The solution that many Native medical professionals and activists had was to support more Native people in attaining medical degrees.

This shortage was a product of two major problems: the measly number of Native Americans with medical degrees at the time and the insufficient funding of the IHS hospitals. The lack of funding for these hospitals made working conditions almost unbearable. On October 15, 1974, the *Tulsa Indian News* recounted how investigators for the Senate's Permanent Investigations subcommittee had told of doctors and nurses working in "'crumbling' and ill-equipped facilities and being compelled to turn away sick patients who would be hospitalized elsewhere under current medical standards."[68] Chairman of the committee, Senator Henry M. Jackson stated that 29 of the 51 IHS hospitals are "in such bad shape that they cannot meet standards for certification."[69] Although the federal government had a trust obligation to provide healthcare for the Native people whom they had dispossessed throughout the years, they continued to not meet their legal responsibilities by underfunding these medical facilities.

These hospitals were rife with tensions between Native and White employees. There were claims of discrimination and discriminatory hiring practices from both the Native and White employees. The main complaints coming out of the Claremore IHS hospital, besides the sterilization abuses, concerned claims of hiring discrimination against Indian employees, discriminatory time scheduling and sick leave practices, and insufficient personnel to handle the work load.[70] These factors compounded the problems at the hospital and contributed to the lack of oversight necessary to uncover and address this level of sterilization abuse. Meanwhile, the

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[68] "Dark Picture Presented to Panel on Hospitals," *Tulsa Indian News*, October 15, 1974.

[69] "Dark Picture Presented to Panel on Hospitals," *Tulsa Indian News*, October 15, 1974

[70] Donna Hightower Langston, "Indian Doctor to Ask Ouster of 3 Officials," *Tulsa Tribune*, August 6, 1974.

White employees often complained of discrimination based on Native employees being related or "AIM sympathizers."

The problem with White employees servicing a wholly Native community of patients was not the fact that they were White, but that they were often apathetic to Native people. These White people often came from outside of the community and were not given cultural training before beginning their work with the IHS. Several people were interviewed regarding the claims at the Claremore IHS hospital, many of whom complained about the bad attitudes of the personnel and feelings of being unwanted at the hospital. For example, one woman went to the hospital "dizzy and hemorrhaging" to be seen about a potential miscarriage; the nurse supervisor shouted at her because she could not stand to be weighed.[71] At the time, the nurse supervisors at the Claremore IHS hospital were White, although several of the nurses themselves were Native.

Often people who had no other options but the Claremore IHS hospital were turned away or forced to wait six to eight hours to be seen. One Native woman named Glenda Berryhill Fowler wrote to the *Tulsa Tribune* in April 1973 detailing the issues she saw at the hospital when her husband was there for surgery and was not cleaned up or his bed changed for a full day. Fowler wrote that old people "are treated sarcastically and without patience."[72] She observed one nurse acted as if she owned the place and "that care and medicine are coming from her own pocket."[73] When Fowler complained, the nurse told her to go to another hospital's emergency room instead of Claremore. Fowler responded, "I am ¼ Creek and am entitled to this service, and will not be run-off by hateful treatment."[74] Fowler also witnessed an old Indian man lay in the

[71] Langston, "Indian Doctor to Ask Ouster of 3 Officials."
[72] Glenda Berryhill Fowler, letter to the editor, *Tulsa Tribune,* April 16, 1973.
[73] Ibid.
[74] Ibid.

ward for over four hours after his death. Fowler explained the circumstances that led to this inhumane treatment:

> The existing condition is one of laziness and sullen attitude. One nurse tries to out-wait the other on who is to do what, with the result that nothing gets done. This hospital needs supervision in the worst way. It is not being kept up and certainly needs to be investigated.[75]

She thanked one nurse that actually helped her husband and listened to his needs. Fowler stipulates, however, that "one good apple will not save this rotten barrel, and it certainly is rotten."[76] This was not just a problem at Claremore, but a common pattern throughout the IHS hospitals. In all, Native nurses were few and that White nurses were apathetic and did not like their job.

A Native American woman interviewed about her sterilization experience at the Claremore IHS hospital in 1971, recalled "signing 'a couple' of forms when she agreed to the Cesarean, but she does not recall signing a consent form for a sterilization procedure. At the time she signed the papers, she was in a great deal of pain and extremely tired from the prolonged labor."[77] This was not an isolated incident. Native women were coerced through multiple methods, and betrayed by the physicians they trusted. As Marie Sanchez, Chief Judge of the Northern Cheyenne Tribe, stated in a television interview, "almost all Indian women would take the word of a doctor."[78]

Native nurses and community members in Oklahoma contacted Choctaw-Cherokee physician and member of the American Indian Health Council, Dr. Connie Redbird Pinkerton-Uri, hoping she could aid them in getting better health care from the IHS and investigate the

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[75] Fowler, letter to the editor.

[76] Ibid.

[77] Lawrence, "Indian Health Service: Sterilization of Native American Women, 1960s-1970s," 96.

[78] Uri and Sanchez, "Concerns of American Indian Women."

sterilization abuses.[79] "As an Indian Physician, I was ask[ed] by Indian Nurses and Indian people in Oklahoma to help them get better health care from the Indian Health Service," explained Dr. Uri.[80] Because she occupied a similar position in the medical field and witnessed similar issues as Claremore's Native nurses, Uri was an ideal advocate for their concerns.

Connie Uri on "Concerns of American Indian Women," by Sandra Elkin, *Woman,* episode no. 442, April 15, 1977.

Dr. Uri was an anesthesiologist out of Los Angeles, California and a nationally known Indian health activist. Dr. Uri started documenting the coerced sterilization of Native American women in 1972 after one of her patients came in requesting a womb transplant. Dr. Uri was told by the woman that she had been sterilized through a complete hysterectomy at age twenty. The doctor had recommended the sterilization at the time because of her alcoholism and did not properly explain that the operation was irreversible. "Six years later, no longer drinking,

[79] Langston, "Indian Doctor to Ask Ouster of 3 Officials."
[80] "Statement of Connie P. Uri, M.D.," September, 16 1974, Bartlett Collection.

planning to marry, and having knowledge of kidney transplant procedures, the patient thought her womb could be replaced."[81] After this case, Dr. Uri began digging and started to uncover many more cases like this, including those related to the hospital in Claremore, Oklahoma. At her own expense, Dr. Uri travelled to Oklahoma and lived at the homes of different Native peoples while conducting her investigation of the hospital. She administered a five-day medical civil rights investigation from August 4-9, 1974. She conducted interviews in Tulsa, in small towns where Native people resided, and at the Claremore IHS hospital in which she found several hundred cases of sterilizations between the years of 1972 and 1974. Dr. Uri claimed that "for every four Indian babies born, one woman was sterilized."[82]

During her time in the Claremore area, Dr. Uri examined the official hospital surgical records that two months later would go missing for a week only to be found in the hands of the hospital's chief of staff Dr. Gideon. In these records, she found that in 1973 at the Claremore IHS hospital, one-hundred and thirty-two Native women were permanently sterilized, one-hundred of which had been sterilized "for no other reason but to keep them from having more children."[83] Four of those women had been under the age of twenty at the time of sterilization. Along with the staggering number of sterilizations, Dr. Uri found "experimentations on pregnant Indian women; surgical procedures for circumcisions performed by nurses rather than doctors; and episiotomies on OB patients performed by nurses rather than doctors" during her short

[81] Myla Vicenti Carpio, "The Lost Generation: American Indian Women and Sterilization Abuse," *Social Justice* 31, no. 4 (2004): 42.

[82] "Native American Peoples on the Trail of Tears Once More," *Akwesasne Notes* (Rooseveltown), May 31, 1979, 18.

[83] Robby Trammell, "Claremore Hospital Protests to Continue," Newspaper clipping, Bartlett Collection.

investigation of the hospital.[84] Native nurses witnessed these abuses and sought a national advocate for their concerns through Dr. Uri.

Sterilization, and in this case sterilization of Native women in particular, was seen as a remedy to the "poverty problem" in the United States. The Claremore IHS hospital served around 35,000 Native Americans from 12 different northeastern Oklahoma counties at this time. The next closest facility was thirty miles away in Tulsa. Claremore's hospital provided services to thirteen tribes in the surrounding area, most of the patients coming from the Creek and Cherokee Nations. It was constructed in two stages, the first occurring in 1928 and the second in 1935. It was 33,500 square feet and had sixty-six beds.[85] In 1974, the hospital employed only 127 employees, whereas a hospital of that size should have had at least 196 employees.[86] The Director of the IHS at the time, Dr. Emery A. Johnson, said that those Natives served by the hospital have "income amounts [that are] only 57 percent of that of the nation's general population, and their education level is low."[87] Many Natives serviced at this IHS facility were on welfare and could not afford to see private physicians. This fact fully contributed to the sterilization of young Native women at this particular hospital.

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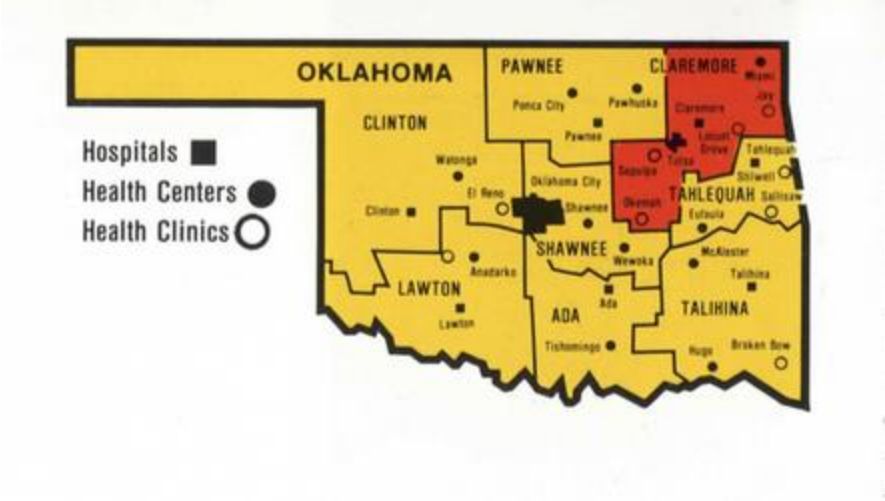
[84] Letter from Dewey F. Bartlett to John W. Davis. October 2, 1974, Bartlett Collection.

[85] "Health Service Presses for New Indian Hospital," *World Washington Bureau*, 1974, Bartlett Collection.

[86] Langston, "Indian Doctor to Ask Ouster of 3 Officials."

[87] "Health Service Presses for New Indian Hospital."



"Claremore Service Unit." In Indian Health Care: Indian Health Service Oklahoma Area. DHEW Publication No. 78 12030. Carl Albert Center.

Many facilities across the nation were in urgent need of repair and looked to the United States federal government for funds. The Claremore IHS was no different. After being contacted by his constituents, Senator Dewey Bartlett visited the Claremore IHS hospital on January 3, 1974, with the Senate's Permanent Investigations subcommittee, after which he stated that "this facility is one of the most inadequate, outdated, and unaccredited in operation and should be replaced."[88] This was not uncommon for IHS facilities. Dr. Emery A. Johnson had requested eight-million dollars to reconstruct the Claremore hospital from the House Subcommittee on American Indian Affairs earlier in 1974. This new hospital in Claremore would replace the old IHS hospital and have almost three times the space at ninety-two-thousand square feet. The only problem was that there was only money in the budget to construct one new IHS hospital that fiscal year and many IHS facilities vied for those funds. The Claremore IHS ended up winning the funds for construction of the new hospital. The appropriation bill was passed and signed by

[88] Dewey F. Bartlett, "Bartlett Supports Indian Health Care Legislation," in "News Release," February 19, 1974, Bartlett Collection.

President Ford in September of 1974.[89] The newly constructed hospital would have eighty beds and two-hundred employees.

Despite the promise of increased funding through a new health facility at Claremore, the larger issue at play was the apathy and mistreatment of patients exhibited by the supervisors at the Claremore IHS hospital. "Patients have complained... of 'bad attitudes' toward them by supervisory personnel and of being made to feel they 'aren't wanted at the hospital," stated Dr. Uri.[90] These White supervisors, physicians, and nurses were apathetic towards the Native patients they served. They were fueled by poor funding, inadequate staff numbers, and a national sentiment which placed poor women of color as the cause for social unrest.

On September 16, 1974, Dr. Uri wrote a statement representing the concerned Native nurses and community members as their medical civil rights advocate. The document outlined her findings and called for actions to be taken at the Claremore IHS hospital. She wrote, "I cannot be silent. The Indian Nurses couldn't be silent either but they were threatened by firing statements from White supervisors."[91] The first demand was that Native people receive as good health care as medical class White people. The second demand was to stop the mass sterilization of Native women. Uri writes, "there must be a moratorium on sterilizations in IHS until an Indian panel is set up and regulations are handed down to safeguard our women."[92] Dr. Uri advocated on behalf of the Native nurses at the Claremore IHS hospital as well as the surrounding community members who utilized the hospital's services.

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[89] Indian Hospital Funds OK'd for Construction," *Claremore Daily,* September 4, 1974.

[90] Langston, "Indian Doctor to Ask Ouster of 3 Officials."

[91] Connie P. Uri, "Statement for Senator Jackson's Indian Health hearings," September 16, 1974, Bartlett Collection.

[92] Ibid.

White nurses at this hospital were taught how to perform circumcisions on Indian male infants, a surgery which should only be done by doctors due to the serious consequences if performed incorrectly. Dr Uri wrote that, "the Indian mothers were not ask[ed] if they minded a White nurse learning on their infant sons. Once again the lack of regard for Indian people or their offspring."[93] Dr. Uri also stated that the same White nurses were taught to do episiotomies on delivering OB patients, the legality of which was questionable. "One white nurse enjoyed her new found skill so much she didn't bother to get a clinic Dr. to deliver a patient but did it herself so she could practice her new art. The white teaching Dr. and the white learning Rn. knew they were doing something wrong as they tried to conceal the teaching sessions from the Indian Rns."[94] The divisions between Native and White nurses within the hospital was only magnified by this favoritism shown by White physicians towards White nurses and through these intentional instances of medical malpractice.

Dr. Uri, on behalf of the concerned Native nurses, called for the immediate dismissal of three hospital administrators: the service unit director Thomas B. Talamini, the nursing director, Dorothy Remmie, and the night nursing supervisor, Stella Richards. Talamini began working at the hospital in 1967 as pharmacy chief. He had held a similar post on a reservation in Minnesota.[95] Only four years later, he was appointed service unit director of the Claremore IHS hospital, overseeing all hospital staff, although he had not held a management position at that level previously. He was underqualified for the position of director. As service unit director, it was his job to oversee hospital operations and prevent these kinds of abuses. When Dr. Uri asked about his qualifications to be hospital administrator, Talamini responded that he had no

[93] Uri, "Statement for Senator Jackson's Indian Health hearings,"
[94] Uri, "Statement for Senator Jackson's Indian Health hearings,"
[95] Langston, "Indians Protest at Claremore Hospital," *Tulsa Indian News*, August 7, 1974.

administrative training except "on the job-- on the firing line."[96] He positioned himself as a victim of harassment from Native employees, although as supervisor, it was his job to prevent these abuses.

PROTESTING POOR PATIENT and employee conditions at the Indian hospital at Claremore Wednesday were about 25 Indians, including representatives of the American Indian Movement. Protestors accused hospital personnel of discrimination and poor services for patients. (AP Wirephoto)

Source: *The Daily Oklahoman* (Oklahoma City, OK), Aug. 8, 1974, 49.

Although unacknowledged by newspapers at the time, Native nurses were central in organizing a major protest on the lawn of the Claremore IHS Hospital on August 8, 1974. One newspaper did reference the Native nurses as the catalyst for that day's protest, stating that, "Indian rights activists were contacted by several nurses at the hospital about the complaints."[97] Dr. Uri, members of the American Indian Movement (AIM), and other concerned community members came out to protest the sterilizations of Native women at this hospital. Those in

[96] Ibid.

[97] Tribune State Staff, "Indian Hospital Board to List Probe Results," *Tribune State*, September 30, 1974.

attendance were protesting the "genocidal sterilization of young Indian men and women."[98] They lowered the American flag to half-mast and turned it upside down as a distress signal.[99] Several of the protesters who were U.S. army veterans told journalists that the inversion of the flag was not a sign of disrespect, but was rather a signal to the public of the need for intervention. One newspaper reported that "as the marchers, moving to the beat of a drum, walked toward the flagpole, several patients and staff personnel stood at a side door applauding and waving to the protestors."[100] It was understandable that the Native employees would be applauding from a side door as they had called the protestors there today, but also could not physically join the protests outside for fear of losing their jobs. "Two of the women patients on the lawn said they had been given permission by nurses to come outside."[101] One patient who had joined the protestors on the lawn said of the nurses, "I know they're understaffed. The poor little nurses run around like chickens. They're friendly but they just don't have the time."[102] The Native nurses clearly spearheaded and supported the activism surrounding the hospital abuses, uplifting outside voices to advocate on their behalf.

Dr. Uri, as an advocate for the Native nurses, reached out to several government entities and activist groups to elevate the concerns of sterilization abuse at the Claremore IHS hospital. Dr. Uri told one newspaper that she had plans to ask for a Congressional investigation because of alleged "civil rights violations of Indian staff members."[103] Dr. Uri sent a report concerning conditions at the hospital to Senator Henry M. Jackson, Chairman of the Committee on

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[98] "The United States' Department of Justice Community Relations Service Annual Report," (1975): 29.

[99] Langston, "Indians Protest at Claremore Hospital."

[100] Langston, "Indians Protest at Claremore Hospital."

[101] Ibid.

[102] Ibid.

[103] Ibid.

Government Operations, Senate Permanent Subcommittee on Investigations which was probing Indian health care at the time. Dr. Uri also scheduled a meeting with Oklahoma City IHS area director John Davis to call for the dismissal of Thomas Talamini, Dorothy Remmie, and Stella Richards.

As the protest continued outside the hospital, the Community Relations Service (CRS), a component of the Department of Justice (DOJ), sent mediator Robert F. Greenwald to mediate the situation and calm the protestors. According to the Annual Report for the Department of Justice:

> the mediator conducted 3 days of intensive negotiations among the protestors, hospital administrators, and Indian health service officials. The result was an agreement to end further demonstrations pending the outcome of an investigation of hospital conditions by health service officials.[104]

John W. Davis, Dr. Uri, and Robert F. Greenwald signed a four-page agreement which acknowledged that "the record of surgical procedures at this hospital resulting in the sterilization of young men and women is genocidal."[105] The document also called for more employment of Native persons at the hospital and alleged that nurses were often assigned duties that should be performed by trained physicians. These duties "relate[d] to surgical procedures in the Ob-gyn wherein circumcisions and episiotomies have been performed by nurses at great risk to Indian patients and clearly in violation of ethical practices, to say nothing of illegalities."[106] This type of hospital mismanagement was detrimental not only to the health of Native patients, but also constituted genocidal acts towards the surrounding Native community. "The agreement also called for the employment of more Indian health professionals to increase the amount of direct

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[104] "The United States' Department of Justice Community Relations Service Annual Report," 29.

[105] Langston, "Indians Protest at Claremore Hospital."

[106] Ibid.

Indian control of the hospital's medical practices."[107] The idea was that Native physicians and nurses would be more attentive to the needs of Native patients and would be aware of the historical inequalities facing Native people within the healthcare system.

The representatives of each of the three concerned parties agreed within the CRS document to suspend nursing director, Dorothy Remmie, and night nursing supervisor, Stella Richards, pending the results of the findings. Thomas Talamini was to be released from his duty as director and assigned to a non-management position. The document suggested that, "if he has the best interests of the hospital, he will do so voluntarily."[108] The events immediately following the protest showed that the signing of the CRS document may have been a simple political strategy, rather than a commitment to real change. A few days after this agreement, at an Indian Health Board meeting in Oklahoma City, Davis apologized to the board for signing a document with the protestors. He stated that he did so "to prevent any bloodshed," implying that the peaceful protest was actually much more violent.[109] At this same meeting, the board voted to create a committee to investigate the allegations of mass sterilizations and hospital mismanagement.

As it stood at the time, the Claremore IHS hospital was overseen by an advisory board consisting of laymen representing various tribes in the area.[110] The advisory board had no legal authority to administer the hospital but was set up to make policy recommendations. The problem was that no one on the board was actually a qualified medical professional. Although the Indian Health Service advisory board, which represented the larger Oklahoma IHS service area, may have had some medical professionals, the Claremore hospital advisory board did not.

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[107] Ibid.
[108] Langston, "Indians Protest at Claremore Hospital."
[109] Ibid.
[110] "Doctor Writes Jackson About Hospital Woes," newspaper article, Bartlett Collection.

Dr. Uri wrote, "I believe another problem that causes harm in the delivery of health care is that Indian advisory health Boards do not have Indian health professionals on them. It is too much to expect of a layman to know how to run a health care facility."[111] It was not enough to just have Native people on the board. The Native people representing the community's interest at the hospital needed to be well versed in medical terminology and the specifics of running a medical facility.

The review team hired by the advisory board released a report addressing the allegations of genocide through the IHS Oklahoma City office on August 10, 1974, stating that the protestor's allegations of improper medical procedures at the hospital were unfounded. The report stated that, "standards of practice at Claremore Indian Hospital are consistent with ethical, moral and technical standards."[112] Dr. Richard W. Stander, the head of the review team, reported less tubal ligations than Dr. Uri had uncovered in her investigation days earlier. Dr. Uri quickly responded. She told reporters that Dr. Stander had received research grants from the United States Public Health Service (PHS) to conduct experiments on pregnant Indian women.[113] Dr. Stander was obviously not the right person to produce an unbiased report on medical malpractice towards Native peoples. "HEW sent down 'the fox to look at the hen house.' His report is a whitewash and the Indian people reject it for what it is," wrote Dr. Uri.[114] She found Dr. Stander's report to be unscientific and unscholarly, primarily due to his complete lack of recommendations for improvements at the hospital. Dr. Stander and the Claremore Indian Advisory Board, she argued, were both unable to conduct objective investigations due to their

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[111] Dr. Uri to Senator Bartlett, September 18, 1974.

[112] "Claremore Indian Hospital Protests," newspaper clipping, September 20, 1974, Bartlett Collection.

[113] Ibid.

[114] Uri, "Statement for Senator Jackson's Indian Health hearings."

reliance on federal funds. The mistrust of Dr. Stander's report was emblematic of Native activists' larger mistrust of White people and government entities involved in Indian health care.

Dr. Uri stressed the federal government's obligation to Native Americans in providing quality health care. In a report to Senator Jackson written two days after her comments on Dr. Stander's report, Dr. Uri wrote, "I am quite angry with the long-neglected and abused health care of my people... We are a federal obligation and that's where the money must come from."[115] She argued that federal money should be used to support Native peoples rather than to deny claims of inequality and abuse coming from the Native people they proclaim to serve. Dr. Uri, as an advocate for the Native nurses, acknowledged the trust obligation present between Native nations and the federal government, linking healthcare to questions of sovereignty.

Dr. Uri, like other Native activists at the time, emphasized how Native Americans could not be viewed through the same lens as other minorities because of the distinct government-to-government relationship between the United States and Native nations. Dr. Uri wrote in a statement given September 1974, that "since the IHS policy is set up to deliver health care on the basis of quantum of blood, it is possible through aggressive sterilization programs to cut off our blood lines and in effect get out of the Indian health business in one generation."[116] Not only did these sterilizations attempt to eradicate "the Indian health business," but an attack on the reproduction of Native people aimed to diminish Native land holdings, reduce federal trust obligations, and conclude the settler colonial process. Dr. Uri referenced these sterilizations as a sovereignty concern in order to gain broader support from Indian Country for their cause.

The following month, in September 1974, the Claremore Indian Hospital Advisory Board met to make a series of recommendations regarding complaints put forth by Dr. Uri. They were

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[115] Dr. Uri to Senator Bartlett, September 18, 1974, Bartlett Collection.
[116] Uri, "Statement for Senator Jackson's Indian Health hearings."

to decide whether Talamini, Remmie, and Richards would resign or be reassigned. Talamini had previously told a reporter, "I won't quit. I'm a federal employee and will exercise every federal right to protect myself and my position. These allegations made by the outsiders are completely untrue."[117] But the allegations weren't all from outsiders. The Native nurses themselves had called in Dr. Uri and encouraged the protests, as well as allowed patients to join protestors on the lawn.

According to one Oklahoma City newspaper, the board had already decided to continue employment for Talamini and Remmie days before the meeting.[118] The *Tulsa World* newspaper described the meeting as ending in "near-fisticuffs" as several Native nurses and AIM members protested the closed-door meeting. They also alleged that [who] had been interrogating the nursing staff.[119] The board called twenty-seven of the hospital's nurses into an "interrogation."[120] They refused to be interrogated and questioned separately. "Registered Nurse Collee Collins was denied into the meeting room of the hospital basement. Mrs. Collins was followed by about 10 other nurses."[121] Ben Hyatt, an AIM member from Tulsa, was called in by the Native nurses and broke up the closed door meeting after one of the Native nurses was denied access into the room. He described the committee as a "kangaroo court." This board meeting upset many of the nurses and activists who had called for the dismissals of the three administrators in question a month earlier during the protest outside the hospital.

In October of 1974, John Davis, Director of the Oklahoma City Area IHS, went to the Claremore IHS hospital to address the allegations and make announcements regarding next steps.

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[117] "Indian Hospital Fuss Goes On," newspaper clipping, Bartlett Collection.

[118] Ibid.

[119] Doug Hicks, "Indian Hospital Meeting Ends in Near Fisticuffs," *Tulsa World*, September 14, 1974.

[120] "Doctor Writes Jackson About Hospital Woes."

[121] Hicks, "Indian Hospital Meeting Ends in Near Fisticuffs."

In this meeting with the entire hospital staff, Davis announced that Thomas B. Talamini, service unit director, and Dorothy Remmie, director of nursing, would continue on in their current positions.[122] This was in direct contradiction to the agreement signed at the August protest, in which Davis had agreed that Talamini would be reassigned to a non-management position. Nursing supervisor Stella Richards transferred on her own will to a health services hospital in San Francisco.[123] Richards' transfer was only made after the Oklahoma City IHS learned that "an investigative committee of the hospital's Indian advisory board was preparing to recommend she be 'transferred or fired.'"[124]

At that meeting, Davis also told the employees that they should stop reaching out to newspapers and signing petitions regarding their concerns. Davis called such actions "continued harassment" and "disruptive to the ability of the Indian Health Service to provide healthcare to the Indian people."[125] Instead, those employees who had grievances or experienced discrimination would need to go through official Department of Health, Education, and Welfare channels. If a staff member were to refuse these orders, they would be subject to disciplinary action including dismissal. One year after this meeting, Talamini was finally reassigned after Native American nurses continued to criticize him for his part in the sterilization of young Native American women. At the same time as Talamini's reassignment, the chief of pediatrics also announced resignation after "feeling unjustly criticized by the Indian nurses in the hospital."[126] It was the continued fight against abuse coming from these Native nurses, despite

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[122] John W. Davis, "News Release," October 2, 1974, Bartlett Collection.
[123] Robby Trammell, "Claremore Hospital Protests to Continue."
[124] Ibid.
[125] John W. Davis, "Conduct of Employees," October 2, 1974, Bartlett Collection.
[126] "Oklahoma: Sterilization of Native Women Charged To I.H.S.," 11.

the threat of termination and in the face of blatant silencing, which pushed the hospital in the right direction.

This issue reached a nationwide audience in 1976 with the release of a General Accounting Office (GAO) report on the Indian Health Service. The Native nurses at Claremore knew that this problem needed to be publicized, so they continued to reach out to local and national newspapers. Dr. Uri told one newspaper, "we are taking our fight to Washington," and said that she had sent a report concerning conditions at the Claremore hospital to Senator Henry Jackson's Senate Investigative Committee which was probing Indian health care at the time.[127] It was this national media attention which would begin to bring about real change within the IHS.

Native American physicians, nurses, and hospital administrators from all over the country wrote to the chair of the Senate Subcommittee on Indian affairs, Senator James Abourezk, requesting that his committee look into these sterilizations.[128]Abourezk was a Democrat from South Dakota who was born and grew up on the Rosebud Reservation, where his Lebanese father ran a trading post.[129] Abourezk urged the General Accounting Office (GAO) to look into the coerced sterilizations occurring at IHS hospitals.

In 1976, the GAO published a report which found that within four major IHS program areas, including the Oklahoma City IHS area, 3406 sterilizations had been performed "without the patients' informed consent" between the years of 1973 and 1976.[130] One Senator told the

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[127] Trammell, "Claremore Hospital Protests to Continue."

[128] Linda M. Robyn, "Sterilization of American Indian Women Revisited : Another Attempt to Solve the 'Indian problem,'" in *Crime and Social Justice in Indian Country,* ed. Marianne O. Nielsen and Karen Jarratt-Snider (Tucson: University of Arizona Press, 2018), 39-53.

[129] "B.I.A. I'm Not Your Indian Anymore," *Trail of Broken Treaties: Including the Twenty Points of the Trail of Broken Treaties,* Jean Lareau Miller Collection, Carl Albert Center, University of Oklahoma.

[130] Harlow, "Film screening examines forced sterilization of Native American women"; "Native American Peoples on the Trail of Tears Once More," 18.

press that the report findings were "only the tip of the iceberg."[131] The GAO only looked at 4 of the 12 IHS program areas, limited their time frame to a three-year period, and did not actually interview any patients having confined their investigations solely to IHS records.[132]

The Comptroller General of the United States wrote to Senator Abourezk about the GAO's methods and findings, as section 236 of the Legislative Reorganization Act of 1970 required the head of a Federal agency to submit a written statement on recommendations to the House and Senate Committees on Government Operations within sixty days after a given report. He stated that, "we did not interview patients to determine if they were adequately informed before consenting to sterilization procedures." The Comptroller justified the lack of thoroughness this way: "recently published research noted a high level of inaccuracy in the recollection of patients 4 to 6 months after giving informed consent."[133] The GAO was working from partial data when they published the report. The discrepancies between the GAO report and Dr. Uri's findings may be attributed to the fact that Dr. Uri actually conducted interviews with patients, rather than rely on solely written documents which may be inaccurate or partial.

The most significant problem detailed in the GAO report was the lack of consent guidelines and understanding of the meaning of consent within these IHS hospitals. It noted that "as many as one out of four patients find out they are wrong in discovering the operation is reversible, and said had they known, they would have chosen another form of contraception."[134] The consent forms needed to not only be rewritten, but also enforced. Even before the actual GAO report was released, there were consent procedures in place that were just not being

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[131] Lawrence, "Indian Health Service," 82.

[132] DeFine, "A History of Governmentally Coerced Sterilization."

[133] Comptroller General of the United States to Senator Abourezk, November 4, 1976, folder 9, box 36, Bartlett Collection.

[134] Carpio, "The Lost Generation," 42.

followed. The Department of Health, Education, and Welfare (HEW) had sent a notice to the IHS area directors three years prior in August of 1973, stating that there was to be effective immediately, "a temporary halt in the IHS sterilization procedures performed on an individual who is under the age of 21 or who is legally incapable of consenting to sterilization."[135] The IHS area directors then sent the notice directly to their physicians ten days later.

The change in policy in 1973 did not immediately result in a change in practice. Two years later in 1975, John Davis notified the IHS area directors in Oklahoma that they were not complying with HEW regulations and stressed the importance of compliance, with the exception of "medical reasons unrelated to the primary intent to sterilize the individual."[136] When senators later questioned Davis questioned about the hospitals' lack of compliance to HEW standards, he explained that: "IHS doctors continued to believe that they could perform these sterilizations until they received the notice dated April 29, 1974; they misunderstood the policy; they performed the sterilizations for medical reasons but intended to render the patients incapable of having children; or the patients would be turning twenty-one in a few weeks time."[137] This is another example of lack of data to inform the GAO's findings.

Even before the 1976 GAO report, IHS Directors and government officials were aware that there were problems with consent in regards to sterilization procedures. On October 15, 1974, Senator Henry M. Jackson had written to Dr. Emery A. Johnson acknowledging that the consent forms for sterilization procedures inadequately expressed that the operations were irreversible. Jackson wrote, "as you know, there have been allegations that sterilizations have

[135] Lawrence, "Indian Health Service," 56.
[136] Ibid., 57.
[137] Ibid.

been performed without informed consent of the patient [at Claremore Indian Hospital]."[138] Dr. Uri also emphasized the need for clear consent for these operations in her 1974 statement sent to the Senate Subcommittee on Indian Affairs. She wrote, "the women are suggested into it at a time of great stress to them. Often it occurs when she is weak and tired from a nine months pregnancy in which she had to cope with poverty, little or no food, other little children to raise, unemployment in the household, little or no help from anyone and often alcoholism."[139] The consent forms were also only written in English and at a higher reading level than some women had attained through schooling. Dr. Uri advocated for the consent forms to be written in Native languages as well as English so that Native women could truly give their informed consent before agreeing to a sterilization procedure.

A large problem was that many of these Native women who frequented IHS hospitals were on government welfare programs and were concerned they would lose funding if they disagreed with their doctors. The GAO report explicitly stated that "the health service does not make it clear to Indian women they will not lose federal payments if they change their minds and decide not to have sterilizations."[140] The fear of losing funding for not only themselves, but also their family, including any existing children, would persuade Native women to sign documents and agree to sterilization procedures. This was not informed consent, but rather a consent gained through coercion. Dr. Uri writes, "ask any poverty mother who has been sterilized if she would have done it if she had enough money to raise her children and the answer is always a resounding no. Thus money or the lack of it is used to convince poverty women to be sterilized."[141]

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[138] "Indian Health Care: Hearings Before the Permanent Subcommittee on Investigations," Committee on Government Operations, 257.

[139] Uri, "Statement for Senator Jackson's Indian Health hearings."

[140] Vivian Vahlberg, "Sterilization Allegations Stir Dispute," November 23, 1976, Bartlett Collection.

[141] Uri, "Statement for Senator Jackson's Indian Health hearings."

Concerns over welfare and the public good shaped physician's ideas about their patients and influenced their recommendations for sterilization.

Several White doctors openly expressed their distaste for extra procedural steps now necessary to obtain consent from their patients. Dr. Robert A. Houston, President of Associated Anesthesiologists, Inc. in Tulsa, wrote another doctor that, "even if all hysterectomies are considered to be a 'sterilization' procedure a single consent form, by the physicians who performs the surgery, should be adequate. It is absurd to burden the anesthesiologist with this duplicate paperwork."[142] White doctors framed steps to reduce sterilization abuse as a bureaucratic burden. They were unwilling to imagine or unconcerned with the reality that these procedures provided safeguards for their patients. Some doctors believed it was their social duty to sterilize poor women of color, whereas others simply did not want to take extra precautions to safeguard the autonomy of their patients.

Doctors, in their position of power, were to blame for these coercive sterilization practices. In a television interview, Dr. Uri bluntly stated that "It's always the doctor who says 'this is good for you' or 'you should have this done,' the women don't go in and say sterilize me."[143] There were many reasons a Native women would "consent" to be sterilized and would later regret that decision. A study found that three main factors contributed to Native women having regret over "consenting" to sterilization: "being very young (most of the women sterilized at Claremore are in their teens and twenties), deciding under duress; [and] the procedure [was] suggested by the physician rather than the patient."[144] Physicians in IHS hospitals, for multiple reasons, were careless or actively coerced their patients into these sterilizations procedures.

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[142] Dr. Robert A. Houston to Dr. Bertha M. Levy, "Re: Sterilization Consent Forms," Bartlett Collection.

[143] Uri and Sanchez, "Concerns of American Indian Women."

[144] "Oklahoma: Sterilization of Native Women Charged To I.H.S.," 11.

There were several reports of women receiving consent forms for sterilization procedures during childbirth, directly following childbirth, and while still under the influence of anesthesia after cesarean section surgery.

One major solution to the problems was to promote and support more Native people to receive medical degrees. In a 1974 newspaper interview, "Dr. Uri said the Native American Rights Foundation, a non-profit group of Indian attorneys, has promised aid… Their purpose she said is to upgrade the Indian health delivery system and to recruit and aid more Indians to become health care professionals."[145] Native nurses were major catalysts to highlighting these rampant sterilization abuses and to bringing about changes within the IHS to end them. Having more Native health professionals within the IHS would benefit the community and the IHS. The IHS consistently had a lack of sufficient personnel during this time period so it made sense to increase the number of potential employees through supporting Native people to receive medical degrees. These Native people would also be more likely to appreciate working within a Native community, even if the location was in a rural area. Native medical professionals might actually want to work at IHD, rather than the reluctant White physicians who were enticed to serve in IHS hospitals merely to accumulate experience for their future "real" jobs. Native women activists made the connection between bodily autonomy and sovereignty. They envisioned a world where they were in charge of their own healthcare, and where that healthcare could be a cornerstone of their communities and nations.

The GAO report did help to shed light on the issue of coerced sterilizations and garner public support through media attention, even as it did not come close to demonstrating the overall effect of targeted sterilizations on Native American women. Through her further

[145] Langston, "Indian Doctor to Ask Ouster of 3 Officials."

research, Dr. Uri determined that "more than 25 percent of all Indian women have been sterilized since 1962."[146] In an interview, Senator Abourezk suggested that if the current sterilization practices were not altered, Indians should be "declare[d]... an 'endangered species' along with… the yellow scissor-tailed flycatcher."[147] The GAO report did set into motion several reforms regarding consent for sterilizations in Indian health care. The new regulations which took effect February 6, 1979 states that consent forms were not valid if "obtained while the patient is in labor or childbirth; the patient is seeking to obtain or obtaining an abortion; or the patient is under the influence of alcohol or other substances that affect the individual's state of awareness."[148] These regulations were a big step forward in remedying the factors which led to these sterilization abuses.

Native nurses spearheaded the grassroots activism which brought to light these abuses. They fought against coercive sterilizations and worked to protect the rights of the Native patients they were employed to serve. In the face of retribution and threats of termination, Native nurses continued to reach out to local media outlets. They contacted Dr. Uri to act as their national representative and took their claims to Washington, D.C., where an official investigation took place confirming these sterilization abuses. If not for these Native nurses at Claremore, the sterilization abuses may never have been uncovered and steps may not have been taken to right these wrongs. The actions of these Native nurses only emphasized the solution advocated for in the 1970s, to increase the number of Native people who held medical degrees. Now, the Indian Health Service offers several programs and scholarships to promote the medical field for Native peoples and support them through college. This is a significant step forward in a fight which

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[146] "Native American Peoples on the Trail of Tears Once More," 18.

[147] Ibid.

[148] Announcement from L. E. Rader Director of Public Welfare to Doctor, December 29, 1978, James R. Jones Collection, Carl Albert Center, University of Oklahoma.

began out of Native women's activism in the 1970s, to gain autonomy over Indian health care in order to strengthen sovereignty and protect tribal assets.

Conclusion:
Women Activists United Against Violence

The 1960s and 1970s cultivated a distinct space of social consciousness and women's solidarity. Marginalized women, united in their shared experiences of violence, actively connected themselves physically and intellectually with women internationally - creating strong ties of solidarity between movements. They recognized government agencies' welfare policies and public concerns about overpopulation as attacks on poor women of color. These women's activist groups intentionally united against the violences these ideologies and entities inflicted. Imperialism and colonialism were drawn upon as the most pervasive inflictors of violence against marginalized women globally. Women in the United States were experiencing the effects of imperialism and colonialism and identifying their parallel effects on women internationally. Through conferences, pamphlets, and demonstrations, these groups acted out their solidarity with other marginalized women. They envisioned a liberation from oppressive powers and especially looked towards topics of reproductive control and sterilization abuses.

Women of All Red Nations (WARN) was perhaps the largest Native women's activist organization at the time. It was established in 1974 in Rapid City, South Dakota. Many of WARN's members were active in the American Indian Movement (AIM) before the creation of this women's activist group. WARN created its own women's space outside of AIM in response to issues brought up within AIM about sexism and male dominance. Chareon Asetoyer, in her interview with *News from Indian Country*, remarked of WARN's founding that, "the women of AIM rose apart from the power struggles that were splintering the male leaders to bring their minds together toward restoring women's sovereignty to mother the nations' children."[149] At

[149] Chris Graef, "Native Profiles: A discussion with: Charon Asetoyer," *News from Indian Country*, January 2008, 7.

their founding conference in 1974, there were 300 women from thirty tribal nations.[150] WARN had a more radical, activist focus than other Native women's groups at the time.

Native activism was different from the activism of other minority and women's groups in that it came from a framework of sovereignty. Whereas other groups advocated for integration and equality, Native American activists advocated for cultural separateness and treaty fulfillment. Scholar Donna Hightower Langston wrote that "the Indian movement focused more on empowering the tribe, not individuals, the more common reference point for civil rights groups."[151] Laura Carlsen, a member of TERRA, the Denver feminist group which focused on Native land rights and reproductive issues, wrote an article for a newspaper in 1982 where she acknowledged that WARN facilitated "massive public outcry" following their "research and exposure of the issue" of sterilization abuse.[152] Native women's activism led to changes in procedures and regulations that would diminish the number of coerced sterilizations of Native women, and more broadly, women of color.

Despite their differing goals, Native women looked to other activist movements for inspiration and articulated their struggles by showing solidarity with other activist groups. Asetoyer states "there was a movement in the Bay area of Brown Berets, Red Guardians, Black Panthers, AIM, Farm Workers, all at the same time questioning what is going on."[153] These activist groups had shared enemies and used similar tactics, but it was the women within these activist spheres who would articulate their solidarity with fellow marginalized women around the globe. During a conference on violences against women in 1983, one woman stated, "I'm a

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[150] Donna Hightower Langston, "American Indian Women's Activism in the 1960s and 1970s," *Hypatia* 18, no. 2 (Spring 2003): 129.

[151] Langston, "American Indian Women's Activism in the 1960s and 1970s," 115.

[152] Laura Carlsen, "Sterilization Abuse & Population Control," *Big Mama Rag,* vol. 10, no. 5, (1982): 23.

[153] Graef, "Native Profiles: A discussion with: Charon Asetoyer," 7.

representative of women of All Red Nations… we have survived the most sophisticated means of genocide. We want to hold hands with the women on a national and international level, because we're fighting for our survival as a people."[154] Native women understood their struggles as connected to the same struggles of women across the globe. They shared a similar space with other women who had been ravaged by colonialism and imperialism, and could therefore connect and support each other within that space.

One female activist who worked closely with renowned Native physician and advocate against forced sterilizations, Dr. Connie Redbird Pinkerton-Uri, was Chief Judge of the Northern Cheyenne Tribe, Marie Sanchez. Sanchez came to speak on behalf of Native women in the United States at the United Nations during their conference on "Discricmination Against the Indigenous Populations of the Americas." The conference was held September 20-23, 1977 in Geneva, Switzerland. It was attended by 125 Native delegates. Sanchez spoke of sterilizations and requested that the United Nations consider the Indigenous peoples within the boundaries of the United States as sovereign nations. She spoke of solidarity with Indigenous women and people internationally. She gave space to the concerns of Indigenous women in Panama, concluding, "so you see our concerns from both North and South Americas are the same and that is survival. To keep our nations going and united."[155] Sanchez called upon the parallel needs of fellow Indigenous women in South America to make a stronger case for their dual acceptance into the United Nations.

These women activists, both individually and collectively, were actively and intentionally drawing on international solidarity. This solidarity was overwhelmingly rooted in shared

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[154] Marcy Rein, "women and global corporations ------ work, roles, and resistance," *Off Our Backs, Inc.*, vol. 8, no. 11, (December, 1978): 2-3. https://www.jstor.org/stable/25772902.

[155] Marie Sanchez, "For the Women," in *Akwesasne Notes*, vol. 9, no. 5 (December, 1977), 15.

experiences of violence inflicted through imperialism, capitalism, and colonization. A women's activist group called "the Committee to End Sterilization Abuse" wrote of U.S. imperialism as "our common enemy."[156] The Family Committee of Political Prisoners from the FRG wrote to Women Against Imperialism, the organizers of the 1983 International Women's Day event, "we join your demonstration with our thoughts. In consciousness of our united struggle we assure our solidarity."[157] Before scholars started to conceptualize a "fourth world" and outside of the mainstream second-wave feminism of the time, these women of color were coming together in solidarity through an understanding of colonialism, imperialism, and violence.

The particular instance of violence pointed out most frequently in these women's activist groups was the violence of forced and coerced sterilizations. One group called Women Against Imperialism, wrote in their publication in 1983 that "40% of all Puerto Rican women of child-bearing age have been sterilized, 25% of Puerto Rican men, 24% of Black women and 42% of Native American women."[158] Women Against Imperialism directly linked these sterilizations with genocide, stating that, "the very survival of whole nations is threatened, and genocide is a reality."[159] The term genocide, although used in several contexts, has a distinct resonance with Indigenous communities. The intellectual rhetoric within Native activist circles would identify the use of the word genocide as a show of solidarity by Women Against Imperialsm towards the struggles of Indigenous peoples.

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[156] Committee to End Sterilization Abuse, "Sterilization Abuse of Women: the Facts," 1970s, *Ethnic Newswatch*.

[157] Women Against Imperialism, "Statements from International Women's Day, 1983," 21.

[158] Ibid., 3.

[159] Ibid.

International Women's Day Demonstration 1982

Women Against Imperialism, "Statements from International Women's Day, 1983," 3.

Women Against Imperialism wrote a pamphlet encouraging solidarity in honor of International Women's Day in 1983. "This March, we will be celebrating International Women's Day in the best way possible -- by participating in nationwide demonstrations in solidarity with all Freedom Fighters and Prisoners of War." They referenced women from Puerto Rico, Mexico, Vietnam, and "everywhere oppressed people are defying U.S. imperialist rule."[160] They positioned themselves in solidarity with other women fighting for freedom. Haydee Torres was a Puerto Rican Prisoner of War at Pleasanton Federal Prison. Her crime was fighting "for independence and socialism for Puerto Rico," the Women Against Imperialism made sure to emphasize that Puerto Rico was "colonized by the U.S. in 1898."[161]

[160] Women Against Imperialism, "Statements from International Women's Day, 1983," 1.
[161] Women Against Imperialism, "Statements from International Women's Day, 1983," 1.

Women Against Imperialism were conscious in their intellectual understanding of solidarity. They articulated how they were connected with other women in this statement: "The lives of colonized Third World women are completely shaped by the fact that they are members of nations whose land, labor, and resources are controlled by foreign exploiters."[162] Women Against Imperialism placed themselves in solidarity with other women globally, connected by the context of genocide. "It is against this background that on IWD 1983 we feel the urgency of building a fighting anti-imperialist women's movement, committed to ending colonialism, white supremacy, and the oppression of women."[163]

This connection with people internationally through the shared experience of colonization resonated with Native American activists. Leonard Peltier, in an interview with *Akwesasne Notes* in 1979, urged his fellow Native people and activists to look to other movements across the globe for inspiration. "I am urging all brothers and sisters of the Indigenous Nations to start preparing themselves for the fight which has only begun to regain our sovereignty. We must learn from our friends the Cuban people in their successful liberation. They are our teachers. We must embrace them and accept what they can offer."[164] Peltier was directly calling on other activists to look to and learn from the actions of other activists globally. This exchanging of ideas and tactics was possible through a shared political space best expressed through Kathy Seton's understanding of Fourth World theory.

Outside of the whitewashed feminism of the second-wave feminist movement, radical activist women were uniting in a different conceptual space, one that prioritized the experiences of women of color. A conference on "Women and Global Corporations: Work, Roles and

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[162] Ibid., 3.
[163] Ibid., 4.
[164] "Peltier: A Warrior's Bid for Freedom," *Akwesasne Notes,* (July, 1979), 14.

Resistance" was held in Des Moines on October 6-8,1978. The 122 people in attendance were from the United States, South Africa, the Philippines, Mexico and Puerto Rico. "All but 5 were women; 20 were Black, 20 Hispanic, 3 Asian, 7 Native American, the rest white."[165] These women came from different stations in life, different backgrounds, and different jobs, but all came together in solidarity and support of each other. The purpose of the conference was to forge connections and explore interrelationships by "bringing a strong women's consciousness to a study of one of the most powerful institutions in the world today."[166] The conference speakers and attendees had various perspectives on the topic of global corporations but, as one of the organizers named Marcy Rein stated, "we came to understand how an integrated system acts on all of us and we react with it. We saw too that wherever we were coming from, we were in some ways oppressed as women."[167] Marcy Rein noted that the general attitude of the attendees was one of collective readiness to put aside personal agendas in order to come together to fight common problems. This impassioned call for solidarity was indicative of women's activism in the 1970s and would sustain movements towards liberation for years to come. P. Catlin Fullwood, one of the speakers at a conference in 2002 entitled "The Color of Violence," remarked about disagreements from within communities of women of color that, "We don't need to agree, we won't, we don't. But as long as I take breath, I've got your back. I am working to save my life. Will you join me?"[168]

Today the Population Council, created by John D. Rockefeller III in 1952, continues to produce research and policy recommendations. According to the Rockefeller Foundation, "the

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[165] Marcy Rein, "women and global corporations ------ work, roles, and resistance."
[166] Ibid.
[167] Ibid.
[168] Karla Mantilla, "COLOR OF VIOLENCE 2002: Building a Movement," *Off Our Backs* 32, no. 5/6 (May-June 2002): 19.

Council has sponsored successful family planning and health programs in numerous countries, while Council-funded research has led to the development of several hormonal contraceptives, including Norplant which has been widely used in the developing world."[169] Norplant has been highly criticized by activists and historians alike. Lawyer and Sociologist Dorothy Roberts condemns Norplant not only for its health risks, but also for its coercive design and testing on Third World women. The coercive design of Norplant in particular "gives doctors and other health care workers the opportunity to impose their own judgements upon minority patients," writes Roberts.[170] Yet again, physicians are given control over women of color, unrestrained by government regulations.

Judith Scully, a professor of law at the University of West Virginia spoke about the use of some contraception as an act of violence against women at "The Color of Violence" conference in 2002. She spoke of methods of contraception that are "not women-controlled, but provider-controlled, that interfere with normal hormonal balance."[171] She went on to state that, "women generally think of contraception as tools of liberation, but that they can also be tools of oppression."[172] Scully spoke specifically of Norplant, Depo Provera and Quinacrine. These methods of contraception were tested on poor, marginalized women. Regarding Norplant specifically, Scully stated that, "large numbers of women of color are not told about the side effects of Norplant, which include severe depression, nervousness, incessant bleeding, weight gain, delayed return of fertility and even sterility."[173]

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[169] "Family Planning."
[170] Roberts, *Killing the Black Body,* 129.
[171] Mantilla, "COLOR OF VIOLENCE 2002,"16-18.
[172] Ibid.
[173] Mantilla, "COLOR OF VIOLENCE 2002,"16-18.

This view of marginalized women as expendable and unable to make decisions about their own bodies would promote the sterilization abuses of the 1970s. Women's activist groups united around these shared violences and fought against sterilization in a multitude of ways. While activist organizations were identifying government actors as perpetrators of violence and calling for solidarity, Native nurses were coming together in an Indian Health Service hospital in Claremore, Oklahoma and preparing to contact one of those female activists.

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