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1 NEW NOTIFICATION: SOCIAL MEDIA MISCONCEPTIONS AROUND TRIBAL
ABORTION PROVISION AND INDIGENOUS METHODS OF REPRODUCTIVE JUSTICE
AS PRACTICE

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1 NEW NOTIFICATION: SOCIAL MEDIA MISCONCEPTIONS AROUND TRIBAL
ABORTION PROVISIONS AND INDIGENOUS METHODS OF REPRODUCTIVE JUSTICE
AS PRACTICE

A THESIS APPROVED FOR THE
DEPARTMENT OF ANTHROPOLOGY

BY THE COMMITTEE CONSISTING OF

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Abstract:

My thesis discusses the cultural and social misconceptions of possible tribal abortion provision by social media users in a post Roe setting. Through the analysis of social media posts and further the ideologies expressed by users on Facebook, my project breaks down the meaning and value assigned to Indigenous women regarding their reproductive actions. This assignment of both negative and positive value includes the perception of “proper” motherhood, acts of abortion or miscarriage, and forced sterilization through eugenic pseudoscience. In response to social media discourse and misrepresentations of abortion ideology towards Indigenous women, tribal communities themselves establish projects on social media to discuss thriving and community care such as support for the Indian Child Welfare Act and public education on cradle boarding. Overall, my thesis discusses the harmful implications of assumed tribal abortion provision by misinformed social media users and the methods of reproductive justice Indigenous users have developed to combat them.

Introduction

Beginnings:

In my final year of college, it was inconceivable to me that the constitutional right to abortion in the United States would be removed. There had been multiple anti-abortion groups that came to my campus at the College of William and Mary, showing graphic images of mangled fetuses and fearmongering towards young women. However, even the self-proclaimed “pro-life” student organization on campus publicly denied any involvement with such fear-based groups and discussed the inappropriate use of graphic images as propaganda. I felt a sense of blissful ignorance about the fall of *Roe V. Wade* and the implications this would have.

In May of 2022, in Virginia my skin was constantly sticky, something I would grow nostalgic for once I moved to Oklahoma. Among my activist colleagues, there had been whisperings that *Roe V. Wade* might be overturned. The thought was terrifying, with my politically liberal bubble being burst. The hallmark 1973 decision was considered a great political win within my pro-choice circles, and we had never considered that it might one day be gone. However, when a leaked brief of the *Dobbs V. Jackson* decision was released that May, my world went into chaos. I was known as an expert of sorts of sexual health in my community, oftentimes educating my sorority sisters about abortion options and safe sex choices. Many of my friends and acquaintances flooded my phone with messages, knowing about my senior project and knowledge of tribal nations in America.

Ding

Ding

Can I get an abortion at the Rappahannock Indian Hospital?

What about Monacan?

What do I do?

I didn't know how to respond. And I questioned why tribal nations could not provide abortions. With my current knowledge and master's thesis work, I know that this idea is complex and misunderstood. The consideration of abortions on federally funded tribal land is not only a deep misunderstanding of tribal sovereignty and the federal paternalistic relationship imparted upon these nations, but also disregard for centuries of assimilation and extermination practices that have overshadowed Indigenous abortion and birthing practices. The idea of accessible abortion within I.H.S. (Indian Health Services) hospitals is fueled by what has been dubbed the "safe harbor fallacy" (van Schilfgaarde, Hoss, Deer, Tweedy, and Leeds 2022). My master's research and my future activist career aim to deepen this conversation. By grounding my work in practice theory, I wish to contextualize the absences and silences in social media discourse and the assumption of abortion provision on tribal nations within both macro and micro interactions (Ortner 2006). The interactions involve both historical and legal contexts in the macro and specific poetic and linguistic nuances in the microsphere. These poetic and linguistic nuances of micro-interaction take place all around us in social life. But they are particularly available for analysis in social media modalities. So, I focus my analysis on Facebook posts and resulting social media conversations, both in what is said and, in the silences, and absences that bely implicit assumptions about the world. In expanding my focus to include what is not being said and how Indigenous social media users have asserted agency and expressions of power in a conversation that is often essentialized, my hope is to elevate marginalized voices and provide a broader framework for holistic living to support communities oriented towards thriving. This

requires highlighting social media projects that move beyond essentializing categories and a reconceptualization of ideologies and political movements. In my work, I wish to move past the dichotomy of political affiliations regarding abortion that we have seen over the past couple years and break down how thoughts surrounding abortion (whether in support or against) are backed by historical and social contexts. By establishing this foundation, I hope to expand upon existing literature on reproductive justice and use this thesis as motivation to reimagine what reproductive equity might mean.

Additionally, I hope this thesis will spark conversations surrounding the intrinsic connections of bodily autonomy, community, and sovereignty. The connection to sovereignty goes further than just legal sovereignty to include the ability to exist in a safe and healthy environment. This relates back to the LAND BACK movement, water rights and fights against pipelines, as well as urgent and ubiquitous conversations around climate change. While these topics will not be discussed in depth here, I hope my connections and disruption of essentialist categories are evidence of the nuances of liberatory feminist anthropology.

Overall my thesis discusses the misconceptions of the safe harbor fallacy in a post Roe setting and the misunderstandings voiced by social media users. In this way, by understanding how the assumption of tribal abortion provision has been motivated by simplistic ideological dichotomies, one can see how the Indigenous affirmations of both biomedicine and traditional practices have been overshadowed and misrepresented. Additionally by critiquing and analyzing the morality imparted upon those in need of abortions and those within racialized bodies, we can begin to understand the micro and macro interactions between law, everyday perceptions of abortion and structured movements. We can then see how the specifics of structured movements

actually advocate for a reproductive justice perspective and how that perspective can be applied to Indigenous actions of sovereignty and kinship affirmation.

Scope of Literature

I structure my findings around multiple activism-based concepts and critiques of legal infrastructure, which I detail below.

The Safe Harbor Fallacy:

The safe harbor fallacy was and continues to be the legal catalyst for my inquiry into the political dichotomy of abortion post-*Roe*. This term, coined by Lauren van Schilfgaarde, Aila Hoss, Sarah Deer, Ann Tweedy, and Stacy Leeds in 2022, refers to the public misconception regarding abortion provision on federally recognized tribal land. Many social media commentators, following the leaked draft of the *Dobbs v. Jackson* decision, believed that since states cannot interfere with tribal affairs, based on the Marshall Trilogy, tribal nations could allow for the performance of abortions on their land after *Roe*. However, with *Dobbs v. Jackson*, the ability to ban abortion was left to state discretion and the considerations of the Marshall Trilogy were not brought up during the case. In addition to this, van Schilfgaarde and colleagues discuss the ever-complicated issue of tribal jurisdiction concerning criminal prosecution. Tribal nations are prohibited from prosecuting non-tribal members on tribal land. The article gives the example of a non-Native doctor providing a non-Native patient an abortion on tribal land, wherein both would be prosecuted under any state laws, rather than receiving the protection of a possible tribal jurisdiction. Any civil jurisdiction becomes increasingly complicated with various court decisions overlapping with one another.

Reproductive Justice:

The tenets of reproductive justice have always been present in critical feminist thought, however, the term itself was coined in 1994 by Loretta Ross and the members of Sister Song in 1994. The concept encompasses three central tenets: “1) The ability to NOT have children, 2) the right to HAVE a child, and 3) the right to parent children in a safe and healthy environment,” (Ross and Solinger 2017:9). Moreover, access to resources and the ability to control one’s reproductive healthcare is considered a human right, with the protection and survival of communities also being included. Here, reproductive justice goes beyond the individualistic dichotomy of pro-choice v. pro-life. This includes the critiques by Andrea Smith,¹ where her Native interlocutors stated that the exclusivity of choice was inadequate for their reproductive needs (Smith 2005). The illusion of choice will also be expanded upon when considering the creation of the ideal consumer and the federal projects that determine the options behind choice (Wilson 2011). In this project, I will discuss on the illusion of choice with the discussion of historical experiences that shape abortion perspectives, but it is important to acknowledge that oftentimes, reproductive healthcare decisions are made with broader communities in mind, rather than the patient exclusively. In the work of anthropologist Tine Gammeltoft (2014), for example, we can see how in urban Vietnam the “choice” to have an abortion is never borne by a woman alone. Instead, decisions about whether or not to continue a compromised pregnancy to term are made together with others—kin, doctors, and religious leader. Abortion, then, is about belonging rather than the

¹ Andrea Smith has become a highly controversial figure due to her appropriation of an Indigenous identity and its effect upon her work with Indigenous communities. She has been critiqued and removed from academic positions due to her false genealogical heritage of Cherokee, due to her lack of official tribal enrollment and verified genealogical research confirming this fact. However, as I use her research in my analysis, I do not endorse her appropriation but rather use her broader social commentary on a pro-choice pro-life dichotomy as a steppingstone for greater analysis.

freedom to choose. The concept of reproductive justice takes cultural, political, and historical context into account, carefully attending to the factors that shape reproductive decision-making for differentially situated groups of women. Additionally, Native women have directly intervened as nurses, and as authority figures within the American biomedical system, such as the IHS hospital system, to advocate and shape hospital care for the better. They directly have acknowledged and continue to advocate for the expansion of both American biomedicine and traditional methods, rather than an exclusively traditionalist viewpoint of reproductive healthcare (Theobald 2016). My thesis considers how the ideals of “normal,” and “deviant” have been structured and how those ideas have shaped American biomedicine (Miller 2011). Indigenous women’s bodies have been designated as deviant and manipulated via shifting reproductive technologies and practices. This historical backdrop informs indigenous women’s reproductive decision-making and shapes the ways that they engage in present-day conversations about abortion and abortion rights.

Refusal and Creation of the Subject:

The theoretical concept of “refusal” is central to my analysis of Indigenous social media dialogue as well as my own subject position as a researcher. Anthropologist Kamala Viweswaran discusses direct refusal in both speech and action expressed by her interlocutors who refused to participate in her ethnographic project. In her ethnographic recounting of Indian freedom fighters in the decades after independence from Britain, she looks to interview and highlight the accomplishment. The interlocutor, M, refuses to be recognized by her name and her accomplishments. In her opinion, to be regarded as a hero would overshadow the further improvement of the Indian state and the meaning of freedom as a project. By this, the

interlocutor of her book is establishing her social boundaries of the knowledge she wishes to express publicly and the knowledge she is keeping for herself (Viweswaran 1994). I reference this concept specifically in how Indigenous users circulate knowledge about tribal provision of abortion and how they directly place boundaries upon their epistemologies in terms of self-preservation and in the face of continuing colonial actions via the safe harbor fallacy.

We also see refusal in anthropologist Audra Simpson's book *Mohawk Interruptus*, which considers how Mohawk tribal members refuse to conform and adhere to imposed national categories of valid citizenship (Simpson 2015). Simpson makes it clear that their silence and lack of response is a response in and of itself, where their existence and belief systems do not have to be explained. I apply this notion of "refusal" to my work by refusing to expand on certain projects in order to instead give attention and credit to Indigenous scholars, storytellers, and activists.

Digital Ethnography Methodologies:

This project works within the field of digital ethnography, a qualitative research method that is blossoming within anthropology due to its ability to highlight nuanced conversations in a globalized world. Marginalized groups use social media and public online forums to organize and create new spaces of exchange (Kaur-Gill and Dutta 2017). We can see this in the use of networked publics during the #NoDAPL movement and activist communities. Through the use of hashtags and social media literature distribution, water protectors and their allies advertised their actions and gained a public following that brought outsiders on the direct frontlines of the movement (Xu and Luttman 2021). Additionally, Indigenous users have used social media and imagined social worlds to directly combat dominant and colonial literature that has perpetuated

violent stereotypes and misconceptions that influence legal decisions. We can see this in the work against colonial algorithms in Aboriginal Australian spaces, where dangerous stereotypes of alcoholism and absent fatherhood in these communities were manipulating legislation around incarceration and addiction care (Fredericks, Bradfield, Nguyen, and Ansell 2022). The work of social media within anthropology is key in understanding nuances of multi-cultural interactions.

This thesis draws on a hybrid ethnography, moving between Facebook post analysis and social media discourse, as well as my experiences at a reproductive justice conference. By analyzing the posts within a digital space, I find that social media discourse illuminates trends and lines of thought by the general American public and how Indigenous self-identification plays into this interpretation of legal decisions and popular news. The social media users choose which stories and opinions to make publicly known and they do so in very specific ways in order to pursue a particular political ideology or discuss an overshadowed perspective that is not typically reported in traditional news media, such as newspapers or television. However, to overcome the risk of armchair anthropology, I also use my personal experiences and ethnographic retelling of a reproductive justice conference I attended. Here, in these physical instances, the social media discourse is complicating or supporting the activist-oriented conversations I had at the conference. In Liz Przyblyski's book *Hybrid Ethnography: Online, offline and in between* (2021), hybrid ethnography accounts for the social worlds created by online engagement but also contextualizes the physical lives of social media commenters. The research participants in my "hybrid ethnography" are social media users, the activists who comment on court cases within the reproductive justice sphere, and me, who shifts between both realms.

I organize my digital ethnography around the mental image of a roundtable. I find it useful to think of Facebook conversations as a discussion around a table in an undisclosed room,

where the personal information of the social media user is limited. In my writing, I use the roundtable is a mental image to visualize the interjections and interruptions between commenters, as well as the longer posts that are monologues to a broader audience. The broader audience in this case could be one's fellow commenters under the Facebook post or the social media sphere in general. By visualizing the conversations as a roundtable, I seek to illuminate the spread of information and the minute interactions that shape personal and community knowledge. With each user entering the room, or the discussion, their seat at the roundtable is actually an expression of the user's social world and the knowledge circulated within that world. Additionally, I hope to illustrate the tension and emotion present in the Facebook posting that oftentimes an academic explanation or screenshot fails to elucidate. At the same time, there are ethical dilemmas that arise in representing a Facebook conversation as a roundtable conversation, as if I were physically present for these conversations. These ethical dilemmas emerge in terms of representation of the ethnographic subject as well as the possibility of an omniscient author. I strive to remediate these issues with the following: a limited commentary on physical presence of the social media commentator in order to not assume intention or setting. In addition to this I wish to alleviate risk of an omniscient author by including my own feelings and reactions, which I can control and accurately depict. I understand my shifting positionality as both an insider and outsider as an anthropologist but also as a woman of color who has experienced medical racism and is deeply entrenched in the politics of personhood herself.

Officially, I am using ethnographic depictions of Facebook posts and their following comment threads to analyze the historical events and opinions around abortion on tribal lands. I use about 50 screenshots of original Facebook posts and subsequent comment exchanges in my analysis. I have de-identified all usernames and given singular first names as pseudonyms. I used

an online first name generator to create these identities. To further protect posters, direct quotes are modified to remove any key identifying information such as hometown, place of work, and the tagging of other users. These posts will be recruited based on the search category on Facebook. The specific keywords I searched include abortion, indigenous, Native, American Indian, forced sterilization, Roe, tribal, Hyde. All the posts are protected onto two external password-protected hard drives, one with de-identified labels and a second with de-identifications and corresponding usernames.

Some users make their Native identity known through self-identification, for example, some commenters have identified themselves as members of the Eastern Band of Cherokee Indians or as Kickapoo. While it is difficult to verify such information without conversations with said commenters, I wish to honor their identities, as Indigenous identity and tribal members have become based on specific categorical methods. A wide age range is being considered for the social media users in this project, due to the inability to sift through ages on Facebook. My demographic ranges from all genders and ages, as identifying them specifically would be difficult.

Chapter Breakdown:

My thesis is organized into three body chapters. The first chapter discusses the legal and colloquial concept of sovereignty, and its misconceptions. These misconceptions are based on lack of public knowledge surrounding broader conceptual understandings of sovereignty and its implications for Native nations overall. The chapter then takes up the legal framework of the safe harbor fallacy and the legal structure of tribal provision of abortion regarding state and federal interference. Next, this chapter provides a deeper analysis of how tribal abortion provision is

unlikely due to a lack of present resources and access to necessities for tribal members themselves. This will also go into the present court cases and complications that the repeal of Roe has brought on, and how the previous legal understandings of states' interferences within tribal affairs have become complex via case studies of *Oklahoma v. Castro Huerta*. Finally, the Hyde amendment contextualizes the restrictions of abortion provision via federal funding and the manipulation of American biomedicine for the degradation of Indigenous agency.

The tie to social media discourse is interesting here, however. First, many social media commenters affirm the presence of the safe harbor fallacy with their inquiries as to “why can’t tribal nations use their tribal funds” to fund abortion. In reality though, the notion of sovereignty and the federal trust system complicates the matter further than what is known to the American public. Second, there is little conversation surrounding the precedents set by state trigger laws and Supreme Court decisions on tribal-state interference. Out of the conversations within my collection, about 10% mention the issue of broken treaties and its contribution to the web that is tribal-state-federal relationships and 0 make the connection between current federal court cases and the increasingly high probability of criminalization for breaking trigger laws. However, what is doubly important are the examples of tribal nations providing biomedical care to their members and to their community overall, such as the provision of medical care to the community during the COVID-19 pandemic by the Five Tribes of Oklahoma (Chickashaw Times 2021). There are multiple truths present within the analysis of the safe harbor fallacy. Many tribes suffer from lack of resources and social inequities, however there are also communities providing excellent medical care for their community despite federal restrictions.

My second chapter follows the manipulation of American biomedicine by foundations of eugenics and scientific racism. By understanding how marginalized communities were

considered in the other category of deviant body, I analyze how Indigenous women have responded and reacted to the degradation of their agency by racist structures of the IHS and the American biomedical system. This chapter takes up a case study of forced sterilization at IHS hospitals in Claremore, Oklahoma, and the traumatic consequences it had upon Native communities there. We can then see how this racist basis of medicine is brought into present day with the case study of reproductive coercion and how Indigenous people are hurt by inadequate, biased healthcare. Indigenous women have also worked to modify the IHS care landscape, as seen in the past with Susie Yellowtail's advocacy as a nurse, as well as collaborative between Native Certified Nurse Midwives and OBGYN for supreme obstetrics care. Native women are incredibly visible in these examples, both past and present. As authoritative figures within the IHS system, many Native nurses and doctors have advocated for their communities and have drastically changed the landscape of IHS care for the better. The perception of the IHS is incredibly different from the corrupt, crumbling structures of the 1960s and this must be acknowledged. Finally, in this chapter, we come to understand how historically and in the present Indigenous social media users consider abortion, when backed by the historical knowledge of the violence committed against them. Many scholars critique Western liberal feminism and its grounding in notions of "choice" and the lack of choice for many communities, when understanding the realms of abortion care and reproductive justice. For my social media analysis, there seems to be a deep tie to the decisions conducted by the woman, or the mother and the morals/judgement placed upon her for requiring assistance or support during childrearing. Social media commenters' critiques of the "anti-choice movements" for removing the choice of abortion and then punishing women for requiring assistance, are also tied to these applications of morality and judgement. Referential ideology, from Jane H. Hill, is the analytical framework to

understand the ways that the social media commenters view abortion restrictions and the ways their peers who support the action react. The gendered stereotypes and insulting words used to describe women who are seen as negligent or irresponsible towards an “innocent” class of fetuses reflects anti-abortion ideologies and thoughts around fetal personhood. To be clear, there is also a direct tension between the perspectives of anti-abortion social media users and the work of the anti-abortion movement specifically, which both consider the woman and the fetus in contrasting ways.

Finally, in the last chapter, I analyze the labels of pro-choice v. pro-life as essentializing categories on social media . Here I look at how both schools of thought apply morality and value in a referential sense. Pro-life schools of thought apply levels of political ideology upon the act of abortion and conceive personhood within the fetus. This is accompanied by the villainization of the mother and the perpetuation of religious backing. Pro-choice schools of thoughts label abortion in different senses, in both an all-encompassing universal woman perspective and choice within a highly individualistic sense. For the social media discussions, I found that both ideological view points surrounding abortion consider personhood in different senses. One valued the fetus as a complete person, and one valued the woman as a complete, individualistic person. Additionally, there is referential ideology asserted upon both parties towards each other, illustrating how both sides believe each other to be immoral due to their preconceived and socially constructed notions of value and ideology. I argue that both of these viewpoints are inadequate to understand the need and inclusion of abortion within Native epistemologies. I also highlight the tensions and complications between social media users and the work of movements. The movements specifically view personhood and the value of the motherhood within different, more nurturing terms than the social media users. However, these tensions are key in

understanding how micro-level interactions on social media push up against ideals of the pro-life and pro-choice movements. These conflicts are necessary when understanding the nature of social interactions' effect upon legislation and American politics. I conclude the chapter by focusing on projects where Indigenous users have deliberated boundaries of care, via community work, midwifery, and cradleboard practices. Additionally, I highlight Indigenous conversations surrounding the Indian Child Welfare Act and the impact of Native kinship towards thriving and sovereignty. Here, Indigenous social media users discuss their personal experiences regarding child removal and the degradation of traditional practices. In opposition, they reference community gathering and generational learning via phrases such as “the ancestors did it like this” or “for generations to come”. These projects are not simply traditional or contextualized within past knowledges. Native nurses, doctors and patients have also used biomedicine as a tool for care, which helps to combat any traditionalist, simplistic typologies of Native people.

The conclusion leaves room for discussion and imagination regarding the multiple movements that involve valued personhood, autonomy, agency, community, and culture. By analyzing social media posts and connecting it to real life experiences, I illuminate tensions and conflicts between political ideologies and actions. In this way, these tensions are necessary to understand the complexity of American abortion politics and how public perception shapes access to culturally appropriate care. Since micro interactions shape public knowledge about culture, healthcare, gender and race, these interactions must be analyzed to then tailor macro-interactions such as legislation and political decisions to adequately serve diverse American communities. The social media interactions then comment and come up against movements, which is important to understand regarding political activism and everyday language. Moreover,

I touch on outreach towards the Missing and Murdered Indigenous People crisis, the Land Back movement and water rights.

CHAPTER 1: Sovereignty, Abortion Access, and Its Complications

Sovereignty is a fraught and difficult-to-define term. However, in order to understand the difficulties of the safe harbor fallacy and why there have been very few instances of tribal abortion centers, sovereignty and the relationship between the state, federal, and tribal nations must be known. Additionally, sovereignty must be understood from a conceptual standpoint rather than simply a legal framework.

Sovereignty within tribal nations is not dependent upon recognition from broader federal apparatuses. In Audra Simpson's work, the sovereignty of the Mohawk Nation is not dependent on recognition from the United States or Canada, but rather the existence of the community and the history behind their existence. Additionally, since the sovereignties are nested within one another, "one proliferates at the other's expense" (Simpson 2015: 12). The United States and Canada needed to dispossess land and rights from tribal nations to establish their respective federal sovereignty. Here, tribal sovereignty is already in existence without the help or recognition of colonial oversight. It continues to be in existence despite efforts to remove it, through methods of Indigenous refusal and resistance.

The basis for the complex jurisdictional and overlapping systems of control is the treaty-making period. The specific dictated period lasted from 1774 to 1871, where the American government signed treaties with tribal nations to affirm medical care or access to other resources in exchange for removal off of tribal land. This mirrors the treaties signed between Great Britain and the United States in order to end the Revolutionary War. The treaties recognized the inherent sovereignty of tribal nations, as individual functioning nations separate from the United States (National Archives, 2022). Starting in 1832, the tribal nations were then considered domestic dependent nations via the Marshall Trilogy and in 1871 the treaties were no longer recognized or

ratified under Congress, shifting knowledge regarding tribal sovereignty overall (National Archives, 2022). The Marshall Trilogy is essential to understand this shift and how the present American general public misunderstands the foundational complexities of sovereignty.

Three legal cases were foundational in establishing the boundaries regarding sovereignty. Known as the Marshall Trilogy, the three cases dictate a state's ability to impede upon tribal jurisdiction regarding criminal proceedings and legal dealings. As foundational texts to the formation of American federalism, the trilogy was named after major Supreme Court Justice John Marshall. Despite it being known primarily for state federal relations and the ability of the state to check any federal court decisions, tribal lands are often implicated in these decisions as "domestic-dependent nations" under the federal trust relationship. Based on the Doctrine of Discovery, the federal government had ultimate power and the states could not interfere with the sale or designation of lands to individuals (University of Alaska Fairbanks, n.d.). Additionally, the tribal lands, though labeled as sovereign nations under the Constitution, were implanted in what can be known as a "nested sovereignty" (Simpson 2015: 11). In her analysis of refusal of imposed national citizenship, and the practice of sovereignty through establishment of membership on Mohawk terms, the use of nested sovereignty is particularly important. Under the larger apparatus of the federal government, tribal nations in the United States are caught in a conflict. While asserting their own values and practices, tribal nations are forced to enact and enforce greater colonial institutions in order to push sovereign practices elsewhere. In Simpson's ethnography, the Mohawk community is entrapped and has been caught in the boundaries of the Indian Act, despite refusing and negotiating multiple national borders. Many Mohawk and Indigenous women across Canada were disenfranchised for out-marriage and lost tribal rights in exchange for national citizenship. Therefore, the simplistic project of disappearing or vanishing

Indigenous women breaks down the resistant sovereign qualities of Indigenous nations as a whole, even if they are recognized as ‘sovereign’ as a whole.

This double-edged sword played out further in 1985 where Indigenous women had the restored ability to petition for tribal rights and Indigenous legal identity simultaneously under Bill C-31. Indigenous women’s children could also gain tribal citizenship again, despite their non-Native father. However, each band could determine if the Indigenous woman had residency rights and tribal membership for them and their children. In the Mohawk context, Bill C-31 was a major topic of disagreement and contention. By using the colonial institution that was imposed on them on their terms, the Mohawk nation is asserting and refusing to become figures of Canadian nationalism and what it means to be “Canadian”. As we will build on later, the use of refusal in the context of nested sovereignty is incredibly important when theorizing about the limits to which tribal nations can use tribal funds for abortions. Additionally, it is important to consider the Canadian context as an additional example and framework for the intertwining between Native nations and federal apparatuses. Historically, Canada has also infringed upon Indigenous sovereignty via the Canadian Indian Act and that has shifted the public perception of sovereignty and how it effects access to resources. However, this example is just used as backing for a conceptual thought process in how federal colonial nations infringe and twist inherent tribal sovereignty.

However, there have been complexities in the U.S. picture. With the United States as the primary context, it’s important to understand how the federal-tribal interactions have not exclusively resulted in tribal degradation of sovereignty. U.S. tribal nations have asserted their sovereignty regarding abortion previously. In 2006, Cecelia FireThunder to open up a clinic to provide abortions on the Pine Ridge reservation. The then-president planned to open an abortion

clinic on her reservation due to the passage of an extremely restrictive abortion law being passed in South Dakota. In 2006, the South Dakota state legislature passed the strictest abortion ban at the time, where abortion was considered illegal even in the case of rape and incest. The abortion clinic would have been the only available within 350 miles. FireThunder affirmed her decision through the sovereignty of the reservation and the historical implications of restrictions upon of abortions upon Native victims of rape and incest. Deeply critical of the white anti-abortion movements of the time, FireThunder was outspoken about the nuanced perspectives of abortions when discussing it in Native communities, as well as the effects of colonialism upon Native politics (Thomsen 2015). However, she was impeached by the community due to her alleged lack of provision of consensus on the issue (NPR 2006). Here, even for a sovereign nation where private funds were being used for abortion access, tribal politics and member pushback played a huge role in affirmation of abortion care. Her case has been stated as a possible case study for tribal provision for abortion, within my social media data collection. However, oftentimes, social media commenters in my collection have refuted this example as inaccurate due to the possibility of retaliation from the state and pushback from the tribal community. In one instance, a commenter states, “didn’t a chief from South Dakota try to put an abortion clinic on her land”, with another quickly adding “yeah, Cecelia FireThunder, but she was impeached, and god knows how the South Dakota politicians felt about it”. The possibility of state retaliation and general disagreement due to political standing shut the social media inquiry down. In addition to these political complications, the current landscape of abortion care has been rewritten through multiple legal cases regarding state jurisdiction.

However, the public perception of sovereignty is complicated and oftentimes full of epistemological holes. We can understand how the non-Native public understands sovereignty

and how a misconception of the term can lead to misinformation. Additionally, this misconception can indicate absences and silences present in the social discourse. First let's analyze the misuse of sovereignty and the absences that complicate the image of sovereignty and how the general public understands it.

I new notification

I new notification

I new notification

I rub my eyes and my contacts shift into focus. I can hear the pattering of the rain outside and the classic music in my headphones feels like an electrical undercurrent during my typing. My eyes shift again, my computer and the pile of books next to me shifting into globular shapes and suddenly I'm at the plastic roundtable. The conference room is cold. The clock on the wall across from my seat looks different and once the words come into focus, it reads June 25, 2022. It is the day after the repeal of *Roe V. Wade*. The door swings open. David enters with his papers and pulls up a chair. Natalie, Lea, and Vanessa file in as well, all taking a seat at the table. Two more women enter the space too, their name tags reading Carla and Anyka. The shuffling of papers and clicking of pens echoes into the room, with all noise coming to a halt. David's eyes shift between the others in the group before he speaks. *"I wonder if the Tribal Governments are in a unique position to help with abortions. Tribes are sovereign nations, and I wonder if this status allows Tribes to circumvent state anti-abortion laws. Also, Tribes should use health care money to help their members in anti-abortion states with travel, etc."* His voice is inquisitive and almost innocent, with him genuinely inquiring in the wake of such a detrimental legal call.

Natalie interjects my thoughts with a question. *"Carla, Michael, Trina, Stacia, Lea, Vanessa, you think?"* With each name, Natalie's face lights up with a blue glare, a ding

accompanying each tag of her friend. Vanessa chimes in, her location of a Native community in Alaska glowing above her head, *“Natalie, it’s a fair question. Tribes can utilize their sovereignty as they see fit of course! There are some federal dollars that if they use them would restrict/prohibit certain activities. But a Tribe who has their own unrestricted revenue can do what it likes! It may not be the answer for every Tribe, but it could very well work for those who can engage without risking their other sources of income”*. Her words seem like a nod, vaguely affirming Natalie’s question. Carla butts in however, stating to the contrary, *“Our tribe’s budget is almost all federal \$\$ so there’s that restriction.”* Anyka’s voice pipes up as well, with *“it’s worth looking into. I mean first Native women get hurt. Beat or killed & now ADD forcing them to breed?!. I can get behind the fight to help our Tribal family with that.”* Lea speaks, stating *“It is an interesting thought. Healthcare is regulatory, which is usually within a tribes control. As Liz said the federal funds a clinic received would not be able to be used, but tribal funds, private funds etc., may be available.”* I nod, my brain churning with ideas. The use of federal funds towards abortions on tribal lands are quite completely and are entrenched in the complexities of American politics and tribal affairs. There are multiple points of inquiry here, that go into the complexities and ever-changing politics of tribal-state-federal relations.

Here, it is simple to understand how via misconceptions of tribal sovereignty misconstrue tribal abortion provisions. They are not held to state laws in this hypothetical situation and for a state to enforce such issues would be in direct conflict with the legal precedent of the Marshall Trilogy. Yet, despite this, the terrain of abortion provision on tribal lands where states have continued to pass extremely restrictive trigger laws has become complicated. In the previous ethnographic example, we see that David understands this status of sovereign, but the entire discussion seems to deny the multitude of problems when considering sovereignty in

conversations about abortion. Lea and Vanessa are open to the possibility of tribes using their revenue to provide care, especially in the social context that Carla states: *“it’s worth looking into. I mean first Native women get hurt. Beat or killed & now ADD forcing them to breed?!. I can get behind the fight to help our Tribal family with that,”*. Commenters are aware of the high rates of domestic and intimate partner violence. Here, commenters are aware of disadvantages and disparities present in Indian Country. However, there is a clear disconnect in knowledge about the agency that tribal nations can assert, and whether or not it is seen as socially beneficial to the legislation and protection of abortion.

It seems in this case that sovereignty is being conflated with a level of mobility that is not controlled by the greater state apparatus. However, this is a misconception. We can see this in Audra Simpson’s discussion of the sovereignty of the Mohawk Nation, the members’ mobility is controlled and questioned via the federal apparatus’s Canada and America. In questioning of Mohawk tribal cards, the citizenship of Mohawk members is questioned under the laws of the federal nations, where Mohawk identity is erased in favor of the “gift” of national citizenship. But, in reality, the sovereignty of the nation is contradicted when Indigenous folks are considered a threat. In the ethnographic example provided by Simpson, Mohawk members were prosecuted as cigarette smugglers across national borders. Their treaty right to trade and move across the Canada-US border freely as a sovereign nation was denied and their identity was looped into the threat of federal security due to smuggling. Here the sovereign status is not protected or acknowledged due to the threat the nation poses to a further federal project (Simpson 2015). In the case of abortion provision, the status of sovereignty is used as a legal loophole for a further colonial project of choice rather than addressing the structural issues that plague Native communities from resources of care. Sovereignty is being misconstrued as complete political

freedom and when confronted with the control of treaties or federal funding restrictions, there is little discussion in my collection of what that may mean for abortion prosecution.

The main catalyst of this project, the “safe harbor fallacy” illustrates these popular misconceptions and misunderstandings of tribal sovereignty and its application toward tribal abortion provision by social media commenters (van Schilfagaarde, Hoss, Deer, Tweedy, and Leeds 2022). Coined by a team of Indigenous lawyers in the early summer of 2022, the phrase discusses the continuous colonial implications of social media users imposing responsibility for abortion provision upon Native nation. As we have seen, there is a direct conflict with state and federal boundaries of sovereignty as dictated by the Marshall Trilogy and the concept also furthers the perpetuation of misinformation surrounding ontological sovereignty. Additionally, the connotation of “safe harbor” implies a level of desperation and moral panic present that was less evident prior to the news of *Roe V. Wade*’s repeal. In this case, the onus of responsibility has been placed upon Native nations, who are sometimes lacking resources and systems of access for their own members. Access to abortion for tribal members is cannot be divorced from limited access to simple necessities and the historical/legal boundaries that have continuously restricted abortion access. There is also the deliberate shift from traditional holistic abortion methods to a manipulation of American biomedicine. As we can see from the next ethnographic vignette, the lack of access to resources is tied to both a resistance to the safe harbor concept and is an expression of refusal by Indigenous users.

1 new notification

1 new notification

My eyes shift from my writing to my phone. The screen is now filled with text boxes of a conversation. My desk morphs back into the roundtable. My energy drink is gone and the only

light that illuminates my face is my phone and computer screen. The door to the conference room swings open and one woman enters, Lucy. As she sits down, my phone buzzes with a post from her. My throat feels tight and the air around me gets colder. Lucy types something on her phone and begins to speak. *“Y’all really? So many reservations barely have running water, they have so many issues due to this country fucking indigenous people over, erasing us and not to mention trying to complete a genocide on us. Now y’all liberals think it’s a good idea to go to indigenous people and place the burden on indigenous tribal reservations to save y’all when you elected and maintained white supremacy all these years and are NOW suffering too?! Sit down Karen. No, no, and fuck no they are obligated to save you now. Move on.”* In her passionate expression, multiple things stand out. Lucy is deeply emotional and has a deep connection to the lack of resources and how it affects Indigenous communities such as her own. As Lucy states *“so many reservations barely have running water”* which is further exacerbated by the deliberate colonial projects asserted by the federal government. Additionally, Lucy places judgement via referential ideology on what she believes is an overshadowing of tribal nations’ actual needs (running water) and imposition of colonial projects. She makes this known via *“y’all liberals think it’s a good idea to go to indigenous people and place the burden on indigenous tribal reservations”* and place the blame for the current situation upon those who elected negligent policy makers that created these restrictions. Here her judgement imparts emotions of exhaustion, anger, frustration, and most importantly, refusal.

The use of refusal to provide care to non-Native members in the face of disparities present on Lucy’s own land is noteworthy. Viweswaran discusses this refusal from an agency standpoint in her own work, where her interlocutor, M, refused to provide details about her activist history and work for the Indian nationalist movement. In this case, refusal is a tool to

assert boundaries and prevent one's story from being manipulated. Refusal is key in asserting agency and power. However, this assertion is not painted in a Western neoliberal feminist perception of the suffering slot or agent of resistance (Mahmood 2005). Rather, the refusal to educate implies silence upon the call to provision and is emblematic of silence used as an action. Rather than silence being written as a lack of knowledge or a hidden, oppressed voice, the use of silence here emerges as an intentional project with a goal. In Ortner's conception of projects, the concept is used to remove marginalized populations from a dichotomy based on Western academic assumptions (Ortner 2006).

The concept of refusal is key here, and the response by Indigenous social media users regarding tribal abortion provisions can be contextualized. The misconceptions of sovereignty within the safe harbor fallacy is essential in combination with the context of access and structural inequities on Native land. Access to resources has been lacking in Indigenous communities for decades. Many tribes have had limited access to water, with the quality oftentimes bordering on dangerous for consumption (Beach 2021). With this limited and tainted access to a simple necessity such as running water, it comes into question how Native folks can access medical care. In Barbara Gurr's book *Reproductive Justice: The Politics of Healthcare for Native American Women* (2014), her analysis of the Pine Ridge reservation reveals that the nearest OBGYN for care is hours away from the reservation. With the combination of legal restrictions and complications physically towards access, the safe harbor fallacy is questioned as a viable option if Native folks cannot access abortion. We will see later how the move from traditional methods to American biomedicine was deliberate in disenfranchising Native women from receiving abortions. At present, however, the abortion question becomes even more complicated when understanding the confusing picture of state intervention. Despite any protection via the

Marshall Trilogy and the concept of sovereignty, we will see how states have weaponized the legal framework to create problematic loopholes.

When *Roe V. Wade* was overturned, many conservative trigger laws went into immediate effect. These laws were based upon the known assumption and rumors within the legal circuits that the Supreme Court was going to overturn the monumental piece of abortion legislation. Once *Roe V. Wade* was confirmed to be overturned and determined to be unconstitutional, states were given the ability to determine if abortion was legal (Dobbs, State Health Officer of the Mississippi Department of Health et, al v. Jackson Women’s Health Organization et. al 2022). In a shocking turn of events, Oklahoma passed one of the most restrictive anti-abortion laws in the country. Here, abortion was incredibly restricted and anyone who provided or assisted in the provision of abortions in the state of Oklahoma would be under arrest for a felony and fined up to \$10,000. Providers would lose their license and any credibility regarding their morality as care givers. (Oklahoma Attorney General, Memorandum, 2023). Additionally, while there was an exception for the life of the mother in the case of a medical emergency, the language and requirements of a “medical emergency” are vague and further complicate the issue. Separate from that however, Oklahoma is often known as Indian Country with 39 federally recognized tribes and a number of unrecognized tribes. With such a large Indigenous population, it is understandable why, in the specific example of Oklahoma and their abortion restrictions, many people in need of an abortion would turn to tribal nations. As iterated earlier, those nations under federal healthcare and in possession of Indian Health Services hospitals and clinics would be unable to provide abortions.

But going further on the Oklahoma case study, the tribal nations have been threatened and forbidden from providing abortions due to state prosecution. In a Supreme Court Case

decided in summer 2022, around the same time as *Dobbs V. Jackson*, it was decided that any non-tribal member can be prosecuted for crimes against a tribal member on reservation lands. The question here may be that it comes in direct conflict with our previously stated *Worcester v. Georgia*. As discussed before, *Worcester v. Georgia* established that only the federal and tribal government had grounds to prosecute crimes committed by non-tribal members on reservation land, and that states had no claim to prosecute via state legal proceedings. However, in this controversial decision, *Oklahoma v. Castro Huerta* denied this past ruling and instead affirmed the state's ability to prosecute on tribal lands. In response to the degradation of tribal sovereignty, Brett Kavanaugh stated that "Worcester v. Georgia era of legal protections was weak" and had no standing (Irby 2022). In this federal decision that went seemingly under the radar, the possibility of state prosecution for abortion provision by a physician to a Native patient on tribal lands is plausible. The risks of state prosecution and the placement of a felony charge are great and are detrimental to the continual survival of Native communities.

However, what is fascinating, is that my collection makes very little mention of these federal precedents and the issue of jurisdiction in abortion prosecution. In the previous ethnographic vignettes, there is minor mention of the limitations of "federal funds" but that is seemingly remedied by the use of "tribal funds". Regardless of the assertion of refusal, the social media commenters make no connection to the impact of trigger laws and federal court cases involving tribal jurisdiction. Rather the word sovereignty is used as a possible method to overcome any barriers, despite the complexities and shifts illustrated above. Social media commenters also discuss tribal nations as failing and without resources. While it is not inaccurate, tribal nations have also provided exceptional biomedical care for their patients, such

as the provision of COVID care for Oklahomans by the Five Civilized Tribes during the pandemic (Chickashaw Times 2021).

From Traditional Methods to Biomedicine:

The overshadowing of traditional and the manipulation of American biomedicine, specifically with the Hyde Amendment and specific practices within the Indian Health Service indicates how damaging and calculated the shift in knowledges has become. It also contextualizes how in present day; abortion access is increasingly complicated.

Hyde Amendment and the Move Towards the IHS:

In the 1800s and into the 1900s, the federal government slowly assumed healthcare for Native tribes. Specifically in the 1800s, through the domestic dependent relationship between tribal nations and the government, the federal government procured land rights from communities through provision of healthcare. This healthcare often implied vaccinations and medicines to be administered (Bureau of Indian Affairs 2005). The paternalistic role of the federal government was furthered with the approval of \$1,200 in 1832 for smallpox vaccinations by Congress (Bureau of Indian Affairs 2005), one of the first program for greater public health initiatives.

Formally the healthcare provision for Indigenous communities switched hands when the Bureau of Indian Affairs moved from the War Department to the Department of the Interior. The first provision of funds exclusively for Indigenous healthcare was passed in 1911, totaling to \$11,000 in 1849 (Bureau of Indian Affairs 2005). The provision of general health services was not formalized until 1921 with the passage of the Snyder Act. This act is fundamental to the restriction of abortion on federal tribal lands, or restrictions by the Hyde Amendment.

Formalization of Indian healthcare was spurred on infant mortality rates. In 1912, President William Howard Taft recognized the issue, despite statistics being vague or lacking. In his speech to Congress, he stated that even though the birth rate of Indigenous babies were equal to that of white babies, the death rate was incredibly high (Theobald 2019). These high mortality rates were oftentimes attributed to racial traits and seemingly uncivilized medical practices, with the provision of care being a force in the assimilation justification and process (Theobald 2019). While a clear tactic in destructive practices, the infant mortality rates were not false. Infant mortality rates were unclear and inconsistent but very clearly “ravaged by malnutrition, illness, decreased mobility, and the suppression of cultural practices” (Theobald 2019: 49). There was a clear need to improve healthcare and centralize efforts.

The Snyder Act, passed in 1921, authorized the federal government to formally provide healthcare for American Indian communities. With alarmingly high rates of infant mortality in communities, as well as disease and death within the boarding school system, the federal government felt pushed to provide grander health provisions. The funds were labeled exclusively to aid and assist in “the relief of distress and conservation of health” within Indian populations (Liu and Shen, 2022). Here, the financial abilities were in the direct hands of the federal government. Additionally based on multiple studies, Indian healthcare was moved from the Bureau of Indian Affairs to the United States Public Health Service (USPHS) (Bureau of Indian Affairs 2005).

The creation of the Indian Health Services and their hospitals or clinics was formalized in 1954, when there was yet another transfer of organizational leadership. In 1954, the responsibilities of the Secretary of the Interior regarding Indian healthcare were moved to the Surgeon General of USPHS. Here 48 hospitals, 18 health centers and other sectors were placed

under the jurisdiction of the Indian Health Service (Bureau of Indian Affairs 2005). Later on, the United States Public Health Service and its larger department, the Department of Health, Education and Welfare, would be revised now to be known as the Department of Health and Human Services today. Here, in the United States Public Health Service, the IHS would be entangled in a system of federal funding restriction through the Hyde Amendment. The amendment would be passed in peculiar timing with the revolutionary affirmation of abortion rights via *Roe V. Wade*.

The Hyde Amendment restricts federal funds to be used for abortion provision. As part of a greater spending appropriations bill, those who are under federal health care plans such as Veterans Affairs, Indian Health Services, Medicare or Medicaid, and the Children's Health Insurance Plan, have added barriers to receiving abortions. Originally passed by Representative Henry Hyde of Illinois, the amendment was an immediate vehicle to restrict abortion coverage for all women in the United States, with low-income women and women of color being targeted first. The amendment was part of a greater bill under the Department of Health, Education and Welfare, now the Department of Health and Human Services. Hyde was quite direct in his opposition to the then newly passed *Roe V. Wade* decision and stated during a debate on the floor; "I would certainly like to prevent, if I could legally, anybody having an abortion, a rich woman, a middle-class woman, or a poor woman. Unfortunately, the only vehicle available is the HEW Medicaid bill." (Gerber Fried 2006). In direct opposition to the availability of abortion provision, marginalized populations, specifically women of color were the perfect population to target. Through population politics, marginalized folks were labeled under metaphors such as "welfare queens" or "deadbeat dads" and anti-poverty laws/ provisions were implemented in order to control what was seen as dysfunctional parenting (Cammett 2014). Additionally, we can

connect this to the methods and motivations regarding sterilization practices. While sterilization laws were no longer passed, which is in direct opposition to the actions of the early 1900s, the use of population control politics and a need to control dysfunctional situations were the underlying foundation of the forced sterilization of Indigenous women in 1960s. As we will see in a later chapter, the degradation of the Indigenous body and femininity is affirmed in reproductive healthcare practices, not just in the past. The use of forced sterilization and reproductive coercion affirms generational trauma of some federally provided healthcare, as well as imparts a once eugenically affirmed notion of the Indigenous reproductive body.

Overall, though, the provision of abortion for Indigenous women who utilize IHS reproductive healthcare is restricted. The Hyde Amendment has been edited to allow for victims of rape or incest to procure an abortion. As seen in the ethnographic example however, the use of federal funds is out of the question. But deliberately in that section, there is a level of questioning and lack of education amongst the general public regarding state-tribal-federal boundaries. These boundaries are continuously shifting with many court cases that alter the state-tribal-federal relationship under the radar of the public. What is important to understand how the degradation of the Indigenous woman and her personhood contributed to a distrust and then further revision of American biomedicine and a push for a holistic, reproductive justice-oriented framework. In a movement past dichotomy, historical and social context is required to understand the misinformation and problematic nature of the safe harbor fallacy.

In my social media collection, the Hyde Amendment is discussed by both Indigenous and non-Indigenous social media users. It is discussed when many news outlets talk about the historical barriers to access of abortions. This affirms some public knowledge about the complexities of abortion on tribal nations. However, some social media commenters pose the

ability of “non-federal” recognized nations or “state-recognized” tribal nations for abortion provisions. This additionally disregards the issues of state interference as illustrated by *Oklahoma v. Castro Huerta*, or the trigger laws. There seems to be a greater disconnect between the continuity of historical barriers to abortion and how it is further complicated by the ever-changing landscape of tribal-state-federal jurisdiction.

However what I would like to make clear is the role of the IHS in present times and the usage of biomedicine by Native nurses both historically and within the current system. Native women have not been invisible within this process and have advocated intentionally for improved biomedical care. Historically, we have seen Native nurses advocate for a reform of IHS services and a betterment of biomedical systems, rather than a complete rejection. In Brianna Theobald’s article about Susie Yellowtail, a Crow nurse and one of the first Native nurses to be certified by United States nursing hospitals, used her position within the IHS system to reform and call for political revisions. In her experience, she critiqued the poor management and actions done by doctors, such as forced sterilization and improper labor/birth practices. Additionally, she experienced pregnancy and medical trauma firsthand with improper care at an IHS hospital during the birth of her second child, which then transformed her perspective (Theobald 2016). She pushed the removal of two doctors at the Crow Agency hospital and discussed the problematic nature of forced sterilization back in the 1930s. Here, Susie used her prowess and knowledge as a Native nurse to advocate for the protection of Native women and motherhood. By connecting this to greater instances of activism regarding forced sterilization of the 1960s, we can understand how Native nurses and physicians have directly called for the revision of the IHS and American biomedicine rather than a complete rejection.

In present times, we can see how Native Certified Nurse-Midwives and OBGYNs at IHS hospitals have collaborated for a smoother and more empathetic labor experience (Ogburn, Espey, Pierce Burgler, Waxman, Allee, Haffner and Howe 2012).. In a study from 2012, Native CNMs collaborate with OBGYNs to provide specific care. Here, the knowledge of both experts is valued and expands past labor. Many Native CNMs are able to provide emotional, cultural and biomedical care for patients undergoing caesarean sections, sexual assault, etc. Additionally, the IHS and Native CNMs have come together to create community programs such as the Alaska Southcentral Foundation’s Nutaqsiivik Program, where both doctors and CNMs provide support to new mothers and their infants in the post neonatal period, in order to reduce the infant mortality rate (Ogburn, Espey, Pierce Burgler, Waxman, Allee, Haffner and Howe 2012). Here, there is a usage of biomedicine rather than an outright rejection, in order to provide optimal obstetric care. Native women have been advocates for adequate medical care within their positions as nurses as well as cultural caregivers.

Additionally Native nations have been incredibly influential in the application of top-notch biomedical care. Specifically at the height of the COVID-19 pandemic, the Five Tribes of Oklahoma were at the forefront of the push for vaccination and executing federal decisions regarding COVID-19 personal protections and social distancing (Chickashaw Times 2021). They also pursued and advocated for the use of broad band connectivity amongst their nations in order to allow for further interconnectedness and lower rates of unnecessary contact (The Inter-Tribal Council of the Five Civilized Tribes 2020). They also lobbied and advocated for increased funding and resources for IHS hospitals and emergency ambulatory services in response to the increasing rates of infection in the community (The Inter-Tribal Council of the Five Civilized Tribes 2020). To be clear, the past misuse of IHS resources toward forced sterilization did impart

intergenerational trauma regarding biomedicine. However, the harmful misconception that Native tribes are somehow exclusively traditionalist and reject biomedicine is simply false.

CHAPTER 2: Eugenics and Scientific Racism: Motivation for the Revoking of Personhood

I'm sitting at my cluttered desk with my favorite candle lit. I'm sitting back trying to process the weekend that has become one of the most influential moments in my activist career so far. Two weeks ago, I attended a conference in Kentucky that featured some of the most prominent members of abortion and reproductive justice activism. When I enter the ballroom of the labyrinth-like academic building, the air is cold yet thick with anticipation. I lug my tote bag, affectionately named my conference bag, on to my shoulders. My joints ache with my eighties-style padded blazer doing little to cushion the weight. All the attendees weave ourselves through the maze of roundtables and come across one in the center of the ballroom, directly facing the rectangular panel table and large projector screen. My classmate and friend who accompanied me to this conference, nudges me from my haze and nods her head silently to the coffee and tea station in the back. I nod, with words getting stuck in my throat. Meanwhile, the regulars of the conference are congregating in the back of the ballroom, hugging, and chatting with the energy of a happy family reunion. In my distracted trance, my friend made me a cup of watery coffee, the ambrosia for the days to come.

Time moves by in a blur and it's the last session on Sunday. An ache behind my eyes appears and it's hard to interpret. It could be a sleep deprivation headache or a much-needed emotional breakdown after all the seemingly hopeless statistics shared this weekend. I rub my eyes with mascara and concealer painting my fingertips. My final session for this weekend is titled "Pregnancy Criminalization" and the questionable headache continues. The air is no longer buzzing with emotional electricity but rather a sense of grief and melancholy. Like the humidity before a thunderstorm, my muscles ache and the pit in my stomach feels as if it's going to go

through the floor of the classroom. Throughout the panel, the burning gets worse. I hear the criminal sentences of many pregnant women who have lost their children and the legal punishments that villainize the womb as a threat. I am tasked with reading out loud a case from Oklahoma, one that has plagued my mind during my personal activism and research process. Brittany Poolaw, a Comanche woman, had a miscarriage at 15 weeks and struggled with methamphetamine addiction. After the loss of her child, she was incarcerated for four years under the charges of fetal assault, child abuse and neglect as well as multiple drug possession charges (Cohen 2021). After hearing the list of crimes she was charged with, despite the conflicting results of the fetal autopsy that proved her innocence, my mouth fills up with a metallic sour taste. The elders I met earlier during the conference are no longer bubbly and welcoming, they sit cold and stiff at their chairs. My eyes are painfully wide, contrasting with the drowsiness I first felt. My hands sweat so profusely; I can feel the pain in my palms. It seems like everyone is feeling this sense of panic and grief. Grief for Brittany and for the life she deserved to continue past addiction and criminalization.

Amongst the grief is this white-hot rage, that is ever so present in reproductive justice. It's an indignation for those who have been failed by the law, by the healthcare system, by those who are meant to protect the American public. A specific phrase in the panel stands out to me, even as I write this. During the explanation of pregnancy criminalization, many of the cases were founded around the characterization of the uterus and the pregnant body as a hostile environment. We can see how the woman and her ability to produce children is villainized and is assigned negative gendered stereotypes because of this ability and the methods of care used in childrearing. This is also reflected in the literature of gender roles assigned to reproductive actions and the fertilization of the egg. In my data, women who have multiple children, choose

to be pregnant and are unable to provide fully for them, are labeled with negative stereotypes and words. For example, one social media user commented that a woman who has multiple children and is always “knocked up” is a “ho” and needs to be fixed if she produces children and thereby “abuses” or “abandons” her children. This perception and placement of referential ideology upon a mother as abusive and villainous. In her article “The Egg and the Sperm: How science has constructed a romance based on stereotypical male and female roles”, Emily Martin analyzed the archetypes placed upon the egg during fertilization and the ways in which the egg was boxed into gendered stereotypes such as the Black Widow, Damsel in Distress etc. In her explanation of how biology textbooks and medical explanations have antagonized and wrongly personified the egg, the social perception of feminine reproduction and their masculine counterparts are exemplified. In the case of the Black Widow, the egg is written as a violent, aggressive figure taking advantage and disenfranchising the powerless sperm, inferring a power dynamic (Martin 1991). In the case of the passive Damsel in Distress, the sperm is written as a powerful, strong masculine figure with the egg being powerless. This reflects popular associations of femininity with passiveness or meek attitudes (Martin 1991). Here the application of gendered roles upon reproductive organs infers a societal perception of its value within morality and production. It brings a bigger question of the concept of normalcy and acceptable bodies in healthcare and science, where a body that fails does not produce or create outcomes that are beneficial to the needs of society. We can see this in the treatment of marginalized groups within healthcare, such as disabled folks, Black and Brown people with regards to forced sterilization practices.

Forced sterilization practices are enveloped in a deeper conversation regarding personhood, coercion, and autonomy. As I analyze in the next chapter, the concept of choice is somewhat of an illusion with historical treatment coloring the perspectives and diverse thoughts

regarding abortion. When understanding the need for legalized abortion in a post-Roe society, it is important to acknowledge the intergenerational trauma and violence enacted on marginalized bodies that may inform anti-abortion perspectives or complicated ideas surrounding individual autonomy. To connect abortion within a reproductive justice perspective, historical experiences of violence enacted on the body must be considered when tailoring abortion care and birth care to specific cultural contexts. For Indigenous women, the documentation of forced sterilization and reproductive coercion are tied to American social thought with regard to the deviant body and the perfect American citizen (Lawrence 2001, McKenzie et al 2022). In the efforts to assimilate and exterminate Indigenous populations through the “federalization” of tribal governing bodies and the urbanization of tribal reservations, the community and kinship-based systems of relations were dismissed (Theobald 2019). When analyzing social media discussions of reproductive negligence or violence by state structures, the shifting considerations of the ideal body show changing considerations for populations that are supported. In the case of Indigenous women, while doctors and biomedical actors may not lead with negative intentions, their direct intervention in what once was traditional and community-based practice is wholly destructive to the survival and thriving of Indigenous groups (Lawrence 2001). In addition to this, the biomedical intervention for the betterment of social good repeats paternalistic actions related to the tribal nations’ relationship with the American federal government. In my data there is recognition of the federal trust relationship and the responsibilities the federal government has towards tribal nations. However, this is usually discussed in terms of what the government controls and how the tribal nations must break away and assert sovereignty. Sovereignty is used incredibly loosely here, with oftentimes the tribal nations being urged to use their “tribal funds for abortion clinics” rather than social critique of the American government and how the

unratified treaties left access to multiple resources unanswered in the years post agreement. Additionally, my data makes no mention of the American government's responsibility to uphold sovereignty and allow for tribal affairs to be in control of their own needs. Rather abortion and tribal sovereignty are discussed as the responsibility of the pro-life movement, where they must understand how historically "Indigenous women have been killed and forced to reproduce". But it is essential to understand the theoretical basis and historical foundations that form the structural violence enacted by the American government in combination with the social movements of pro-choice or pro-life.

In understanding the treatment of marginalized bodies through regulation or surveillance, it is essential to understand the structural components. Harking back to Michel Foucault's concept of biopolitics, the body is an object that must be regulated and controlled for optimal success. Liberalism, through his analysis, is the effective control of the breakdown of governmental structures for maximum economic profits. He gives American neoliberalism as an example, where social services boomed during the Great Depression to create healthy and in turn productive citizens (Foucault 1997). By understanding the structuring of governments and states in this mindset, the concept of biopolitics becomes clearer. Biopolitics is the "endeavor to rationalize the problems presented by governmental practice by the phenomena characteristic of a group of living human beings constituted as a population" (Foucault 1997:73). By recognizing and further rationalizing the problems, categories of acceptability, normal and abnormal were created. Present in disability studies and equally discussed in race studies, the idea of a normal fit for reproduction is central to lines of thought used when treating Indigenous bodies within abortion and motherhood discourse. In disabled bodies, specifically those set for gestation, acceptability is questioned. By the body being separated from the prime example of productivity,

society deemed them as “unfit” and a direct threat to maximum consumption and supply (Miller 2011: 52). Even further the deviant body is the negative picture and vehicle for vitriol. Much of the imposed regulation will be placed to control or overshadow it in place of a normal body. We see this with the rhetoric surrounding eugenics and forced sterilization. Marginalized bodies, unfit for productivity, must be prevented from reproducing, in turn tainting images of normalcy (Miller 2011). It is clear in its degradation of disabled bodies and with the cases of Indigenous women. By creating an Other whether it is as an abnormal object in ability and/or racial category, agency is removed. Further, tying back to liberalism under Foucault, individualism runs as a clear through-line. Via the value and worth placed upon the individual producer, the concern for interdependence is lost. Rather than circulate individualism into community benefit, the individual is a piece for maximum economic efficiency and a tool for the restructuring of supposed problems. As demonstrated by the following example, we can see this in how social media reacts to an Other or marginalized group has children. Specifically, we can see how a lower socio-economic class woman is treated when she requires assistance from the government and requires further resources to produce an ideal, efficient consumer.

My room goes dark, and my computer shines a bright blue light as notifications flood my Facebook page. The projector behind me shows a photo of a green truck, with the words “*CAN'T FEED 'EM, DON'T BREED 'EM. The government is not your baby daddy.*” In white, affixed to the back tailgate. Johnathon Thomas (JT) enters the room and gruffly picks up the microphone in the corner, stating “*forced sterilization works too. Would solve the abortion issue.*” However, a woman pops up from behind, snatching a microphone from a lone seat. Ruth quips “*Boy, you just love to put your nose everywhere it doesn't belong*”. My head is spinning with the above

quick but extremely informative section. My computer shifts back to my writing as my head spins with ideas.

In the same vein as Jane Hill and her work surrounding everyday language of racism, the use of referential ideology by both JT and Ruth is evidence of two different perspectives regarding women who struggle to care for their children financially and how the supposed social problem must be dealt with. First JT is imparting morality and judgement upon lower income mothers with the image printed on the truck. In bold lettering, the “*CAN’T FEED ‘EM DON’T BREED ‘EM*” imparts a level of responsibility upon the mother for her ability to produce children. In this case, JT uses this image to place possible negative morals and irresponsibility upon mothers who, in this perspective, are solely responsible for producing children and then considered socially ill for being unable to feed them. Additionally, the text underneath the capitalization states “*the government is not your baby daddy*”. By highlighting this specifically, the women are labeled as socially reliant in negative ways on the government. This is seen as a problem, as we know with the conception of biopolitics and how the federal apparatus is configured to produce efficient consumers and control, not assist or help, bodies that are unable to naturally meet this ideal. JT imparts judgement upon these generalized figures of a lower income mother, stating a solution to a social problem very directly with “*forced sterilization works too. Would solve the abortion issue.*” In his application of negative values towards these women, the complete removal of reproductive ability via sterilization, and without assumed consent via the word “forced”, would solve this perceived social stain. This perceived social ill is furthered with his use of the phrase “abortion issue”, implying that he views the demand for abortions as a societal problem that needs to be fixed. By removing reproductive capability, the social ill of lower-income mother who rely on assistance from the government would cease to

exist, thereby removing the need to “feed” or provide resources to children that need additional care. We can see this in the literature with the treatment of disabled bodies or Othered bodies, via the concept of deviant bodies. This will be touched upon shortly.

Additionally, to this referential ideology being expressed by JT, Ruth reverses the judgment upon him with her comment “boy, you just love to put your nose everywhere it doesn’t belong”. By throwing the judgment and expression of morality back on JT, she implies that he is nosy and inconsiderate of the privacy in other’s social lives. This is evidenced by her statement “put your nose everywhere it **doesn’t** belong (emphasis mine)”. Ruth is supporting the personal social lives of lower-income mothers and their ability to produce children while also gaining assistance from the government, by asserting their personal social lives are in fact that, personal, and thereby private. JT is then seen as morally irresponsible for interfering into people’s private lives, or being involved where he doesn’t “belong”. In this complete interaction, we have seen how social media users respond to what they perceive as social ills and what is required to control said deviant bodies. However, this does not come without the referential ideology being used conversely, as seen in Ruth’s statement.

When deviant bodies, such as disabled women and further in my project Indigenous women, assert their ability to produce “defective children” (Miller 2011: 57), biomedicine has continuously overcompensated to correct these social ills. Oftentimes this has been through assimilation and extermination policies such as forced sterilization, involuntary adoption practices, and reproductive coercion. Rather than circulate birth and abortion around traditional methods and culturally appropriate usages of biomedicine, hospital care is reshaped as a cure all tool used to solve problems. Here the problem lies in the visibility and existence of deviant bodies that perceived to be unproductive and improper consumers in American capitalism. To

correct it, the ideologies of scientific racism and eugenic practices are emulated, with later cultural notions of the gender and ideal womanhood being used to both infuse the deviant womb and activity of motherhood with a level of social disgrace.

In the late 1800s and early 1900s, the method of eugenics as a scientific system was supported by the idea of an ideal mother (Stote 2015). A woman in Western society was tasked with the biological and social duty of producing future consumers and the next generation of human race. However, this duty contained underlying tensions of racism and a capitalistic motivation. Named the bearers of the future and maternal figures for the West's social and economic future, only those deemed to be ideal and prime were selected. Here, white upper-class women, who were void of any disability, were the perfect candidates with their perceived purity and social civility that other women seemingly did not possess. Not only were white wealthy women considered the ideal, but eugenics also provided a direct explanation, in believers' minds, for all the government systems that displaced and devalued the poor, disabled, and persons of color. Since those groups were not considered ideal or effective in creating consumers and the future of the perfect race, the methods to exterminate any chance of reproduction were violent and intense. In the early 1900s, it is clear that class and ability are supported for both the protection of pregnancy while also detailing who is sterilized. The early stages of eugenics were motivated by scientists determining those in the upper class and with optimal ability would be the most productive in the drive for profit. Here, disabled folks were degraded as being unproductive and unable to produce productive citizens. The mentality of eugenically driven science bleeds into the considerations of the ideal American mother in the 1960s. Rather than exclusively eugenic laws and considerations of class and disability motivating sterilization practices, the following analysis in the next few pages illustrate the racialization of the ideal

consumer and shows how those in need of care/government assistance which is substantially different. We will hark back to this in the discussion of sterilization practices of the 1960s.

In my data collection, there is some discussion of abortion access and ideal motherhood. However, it seems to come from a critique of access to abortion for white women. In one instance a commenter states “Indigenous people face forced sterilization, but white women are denied access to abortion. You do the math.” Seemingly the commenter implies higher value placed on the production of white babies, regardless of choice in the white women’s situations. For Indigenous women however, their reproductive ability is controlled and removed via sterilization. This is supported by another commenter stating, “it’s all about them whyte [typo deliberate] babies”. The underlying critique of favoring the reproductive capabilities of one race over another, reverberates critiques of scientific racism and eugenic practices.

Scientific Racism:

In the American context that this project focuses on, it is important to understand the scientific racism that predates much of the sterilization efforts of the 20th century. This in combination with the use of British eugenics in United States social and legal reform it is easy to understand the degradation and pseudo biological harm enacted upon Indigenous women when one considers the general public’s thoughts surrounding the American Indian community. In the mid to late 1800s, the American school of thought regarding the human race primarily focused on polygenesis, the idea that the human race can be separated into individual varying races (Horsman 1975). Additionally, the individual races were assumed to have different origins and different ancestors from one another, thereby affirming a pseudobiological idea of pure races coming from technologically advanced ancestors. Pre-1830s, American scholars came to a consensus that Indians could achieve political equality of their white counterparts and their

savageness was not innate but rather environmentally based. This teleological process painted Indian progression towards civilization, by over time overcoming the states of savagery and then barbarism. Samuel Morton echoed this who, based on skull shape and physical features, determined that American Indians were violent and resistant to civility due to their lack of mental fortitude in comparison to the skull shape and physicality of the Caucasian.

Beginnings of Eugenics:

Francis Galton, a British geologist, and thinker who coined the term “eugenics”, delved into cousin Charles Darwin’s *Origin of the Species*, and expanded past his cousin’s ideas. In his questioning of heredity and the progress of the human race, he wished to understand and prove the use of natural selection in combination with levels of human intelligence. Not a biologist, or scientist at heart, Galton concluded that based on the concept of pedigree that if the most exceptional man had the hereditary ability to “be great”, his relatives must possess those same qualities innately. His projects to “prove” such an idea were barely scientific or empirically objective in nature and yet he concluded that “men of ability” would pass their exceptional habits and actions down through the generations. In addition to this, the poor and those who he determined to not be of quality also passed their unsavory traits down to the next generation (Gilham 2001). Like ideas surrounding teleology, Galton believed that traits passed down to each generation would propel them either into advancement or unacceptable levels of social existence. The traits that Galton believed were ideal, humorously coincided with traits of the middle and upper class: “intelligence, good physical health and a high income” (Stote 2015: 11). In his opinion, to create the most biologically sound human race, state sanctioned methods must be used to eradicate the ranks of those with undesirable qualities. In turn those determined to be it were considered to require selective breeding efforts.

Charles Darwin, as previously mentioned, had great influence upon the production of eugenics and scientific racism. In his early works, he had coined the term natural selection, where organisms who were better fit for survival would out adapt and ultimately survive over those that were inadequate or did not innately possess the traits necessary for optimal survival (Stote 2011). He then began to apply this concept to human groupings, where each grouping was at different levels of civilization and savagery. However, any savage group could be saved with contact with the civilized. This social Darwinism, as it is known, was grounded in the belief that the innate qualities of wealth, intelligence and overall better evolutionary outcomes were afforded to the upper and middle classes. Conversely, lower income communities and the poor were simply unable to rise above their horrid conditions and disease and poverty were natural tools within societal competition and survival of the fittest. However, social Darwinists and eugenicists had separate methods of improving the human race. While social Darwinists denied any state or social interventions in what the ills of society was, eugenicists actively petitioned for actions to protect the purity of the future generation.

Eugenicists pushed for social interventions through public education campaigns and structured methods of sexual sterilizations and segregation of those deemed “unfit”. In the Canadian and American context, the use of sterilization was not only motivated by a racist, classist and ableist mindset, but by a capitalistic nature (Stote 2011). In the United States, multiple states independently enforced state sanctioned sterilizations in order to prevent those labeled as “feeble-minded” from polluting the genetic pool. Following the Supreme Court Decision, where Carrie Buck and her mother were both considered “feeble-minded” and thereby forcibly sterilized in order to prevent the production of a defective child, thirty states had passed sterilization laws by 1929 (Schoen 2005). Those considered “feeble-minded” were those who

lacked formal education, were poor and were not determined to be good parents. This, in combination with “inherited feeble-mindedness”, spread the idea that state sanctions were the only method to prevent the spread of social ills that were caused by such innate instability (Schoen 2005: 83). We can see how the perception to cure the “feeble-minded” and pursue an American public free of ailments bled into the practices of the 1960s and 1970s with Native American sterilization. However to be clear there is a distinct racialization that is present in the actions of the 1960s. While, eugenics can provide some context to the sterilizations, the motivations and political thought process behind the sterilizations of the 1960s were based in racialized ideas of the “welfare queen”. The marginalized woman is seen as dependent and in need of resources and is thereby viewed as unable to provide or care for her children. This is in alignment with the previous affirmation of a productive citizen. Calling back to critiques of neoliberalism and the use of biopolitics, the use of population control politics by the American government directly highlights perceptions of those seeking government assistance as requiring control (Lawrence 2001) When contextualized in the use of structural violence to continually disenfranchise multiple groups, the harm from both the negation traditional practices and manipulation of American biomedicine spurred a move towards assimilation and extermination practices, as will be demonstrated in the following ethnographic vignette.

1 new notification

Ding

1 new notification

Ding

1 new notification

The bluish white tint of my Facebook illuminates my face in the dark of my living room, with my glasses reflecting the continuous number of posts present after my hours long search. My eyes burn with exhaustion and hints of overstimulation from technology use, and I can feel my motivation to find an eye-catching discussion dwindling fast. Very few commentators have connected the discussion of forced sterilization and eugenic influence upon American reproductive healthcare and abortion perspectives in Indigenous communities, something that does not come as a surprise. However, my fingers slow to a post, referencing an article from the early 2000s. A small news and pop culture website reposted JSTOR Daily's online summary of Jane Lawrence's article, "The Indian Health Service, and the Sterilization of Native American Women." My vision gets blurrier and blurrier as the bar stool I'm sitting in turns into a plastic folding chair in the conference room. The air is hot and sticky, and I can feel my face become flushed with heat. The air conditioning unit has stopped buzzing, and the room feels tense. My computer dings with more notifications and comes to a stop when a woman enters the room. Mikayla takes a seat at the table, and she passes me a copy of Lawrence's article with her brief notes scribbled up above. Without missing a beat, she reads from her set, "*This isn't ancient history. And reproductive oppression continues today, with the federal ban on abortion funding for Indian Health Service.*" Her voice calmly ends the statement and when we make eye contact, the heavy metal door swings open and another woman rushes in. I can immediately sense her energy is full of frustration and indignation. She pulls the chair out and sits down, her clipboard of writing placed on the table. She's got a lot to say, and the clock covered by shadows in the back of the room seems to slow down for her as the woman, Candice, begins.

"I see a return if antichoicers have their way. Note their complete avoidance, gaslighting and dismissal when they're asked to pursue their narrative to its logical end.

For people so very concerned about the precious babies, they see nothing alarming about an exponential increase in unwanted children. Then again it helps to remember that they care fuckall about actual children. In fact, they view children as property. Just like women. This is evidenced by their lobbying for the “parental right” to let children die from treatable/preventable illnesses, as well as the “parental right” to withhold education and substitute creepy indoctrination.

*As long as choice is removed from the equation, children are immaterial. A woman doesn't want children. Punish the slut with a few! A woman wants but can't afford children? Tough titty! Have a baby. That'll teach you not to be poor! But what about women who *do* want children but are delaying motherhood til its financially or otherwise feasible? They'll be the first deemed unfit and sterilized. This is hinted at when antichoicers suggest that a woman who refuse any pregnancy should “just get fixed”. Refusing *a* pregnancy doesn't mean a woman never wants children.”*

My ears ring as she continues her critique of “antichoicers” and how she sees a level of hypocrisy and judgement upon women by these anti-abortion perspectives. My hearing tunes back in when she flips the page and continues reading. I try to make eye contact with Mikayla, the writer of the summary, but she's nowhere to be found. It's just Candice and me and I hold my breath in anticipation for her next sentence. The AC turns on, with the cool air brushing up against my red cheeks and spreading goosebumps across my arms, as if it too is on edge for her final monologue in this scathing but complex tale. She begins, with her voice projecting and echoing in the space,

“Look at how many women and girls had their wanted babies stolen and adopted out. It's sickening. And it's largely connected to the Christian supremacy that, for so

long, was accepted as “the way it is”. The antichoice movement of today is almost inseparable from a desire to make laws biblically based. Oh, sure we hear from gestational slavers who swear their motivations are religiously based. Whether they’re to be believed or not, their beliefs are personal beliefs not backed by logic, ethics, or a working knowledge of fundamental human rights. On the political end, it’s about perpetuating poverty. On the religious end, it’s about policing sexuality and using it to keep power and influence. It’s so obvious that I remain amazed at its persistence. I don’t want to knock the average American, but the oblivious apathy kinda speaks volumes about us, collectively,”.

There are multiple avenues where I could address such a complex and utterly complicated set of critiques and concerns. Candice comments on the double standard and unequal placed on women who are restricted from receiving abortions and then require assistance from the government. By using referential ideology and implying fault in the pro-life or anti-abortion social media comments, she places negative morals upon the use of Christianity and biblical standing against abortion. In her perception, the anti-abortion movement is manipulated by personal morals rather than logic. She also imparts judgement upon what she writes is the “policing sexuality” and the “perpetuation of poverty”. She writes that this is to keep “power and influence” and it is misguided. In her statement, if the anti-abortion social media advocates believed in life, they would support children’s access to healthcare and education, rather than support a “parental right” to control. However, if women are unable to control their situations, such as being financially insecure and requiring assistance, Candice views the supposed actions of the anti-abortion supporters to force women to “just get fixed”. She assumes morals and viewpoints of the “anti-choicers” and how they perceive these women

as social ills, via the hypothetical situation of “*As long as choice is removed from the equation, children are immaterial. A woman doesn’t want children. Punish the slut with a few! A woman wants but can’t afford children? Tough titty! Have a baby. That’ll teach you not to be poor!*”

Candice assumes the perspective of anti-abortion commenters with implying negative stereotypes such as “slut” or the action of having an unwanted pregnancy as a lesson; “that’ll teach you not to be poor”. The lesson is seen as a possible cure, in addition to the physical fixing of a problem via forced sterilization. The women’s body and the children they produce are deemed morally incorrect and require solutions in order to be resolved. Especially in the Indigenous context, the application of scientific racism and eugenic thought is used as backing for the cures of social ills and the support for an ideal producer and consumer within capitalism. Candice backs this movement for an ideal candidate with her judgement upon the “*perpetuation of poverty... to keep power and influence*”. This is also backed by her viewpoint of anti-abortion movement’s view of “*children as property. Just like women.*” Property, here, reflects a level of ownership and individual stake in the need for profit as seen in Foucault’s biopolitics and the motivation behind capitalization. We can see this in Aileen Moreton-Robinson’s analysis of White treatment of Aboriginal people in the face of racial purity. Here, miscegenation was used to blend both white and Aboriginal identities due to the fear of more Aboriginal births due to rape by White perpetrators or mixed relations. Despite the goal of racial purity, the need for productive citizens and consumers was great. In this case, cultural assimilation and the creation of a mixed class was used as motivation for the establishment of an Aboriginal domestic servitude for White colonial efforts (Moreton-Robinson 2021). By educating Aboriginal children to function within white world, any cultural heritage was erased, and success of the White class was uplifted. Racial purity may have not been as clear but the usage of eugenic belief systems to

create a half-caste standing for mixed Aboriginal children and thereby push them into the White workforce as tools for White advancement became clear (Moreton-Robinson 2021).

Additionally, as previously mentioned, the United States and Canada sterilization efforts were also both motivated by a capitalistic need for profit and for the, at the time, well-intentioned futures of marginalized groups. The intentions were backed by societal stereotypes and broader infrastructural inconsistencies, such as the lack of access to education to improve socio-economic status or the education and cultural context of birth control/contraception methods.

In the Canadian example, many doctors functioned under the idea that by performing sterilizations on those that were considered feeble-minded, less money would have to go towards psychiatric and social remedies (Stote 2011). By broadening their tangible skills to sterilizations, doctors were highly marketable. Here there was a doubly profitable market. From the state's perspectives, doctors were aiding in the reduction of funds towards long-term psychiatric and social welfare actions, as well as reducing the impact that the supposed feeble-minded would have on the already socially ill Western society. This is also present in the mentality of United States biomedicine. By categorizing said folks as unfit or unstable, by sterilizing the feeble-minded population, the state believed they were doing them a favor by lessening the future burden of raising children, which would embed them in systems of poverty (Lawrence 2001). Rather than correct the broader systems that were causing these social and economic inequities, state systems and medical personnel believed they were helping those unsupported by larger society.

Forced Sterilization in Indian Hospitals:

To fully understand the complex issues with the act of forced sterilization in the 1960s and 1970s at Indian Health Services Hospitals, the creation, and the delegation of Indigenous

health care to the American federal government is essential. The beginning of the US federal government and tribal nations relationship has been present since contact/conquest, but formally relationships and obligations from the United States to the tribes were written in treaties. Interestingly enough, in my data collection, there is little acknowledgement of the deliberate movement from traditional holistic methods to American biomedicine. These absences and silences directly inform the misinformation that perpetuates tribal access to reproductive healthcare and more specifically Indigenous access to abortion. There is also little to no mention of treaties and the breaking of those as a foreground to tribal access and the presence of American biomedicine on tribal land. My data shows the discussion of treaties as a move away from the use of federal funds and the inquiry into the tribe's own personal funds. Some users state that "some treaties weren't ratified, so they're under federal funds, maybe they can use the tribal funds to personally fund the abortion clinic". The ability of the tribes to affirm abortion in a consensual manner and the problems with federal interference in healthcare on tribal land is rarely back by this historical knowledge and actually obscures a deeply necessary part of the infrastructure that has brought violence to tribal communities. By not understanding the misgivings of the federal government and the lack of treaty ratification, we cannot understand how complex socially and politically the act of abortion on federal land is and how it is enveloped in social ways of considering tribal nations and deviant bodies. We must discuss this history in order to illuminate broader analyses regarding Indigenous perspectives on abortion and the further drive towards Indigenous models of reproductive justice.

From 1774 to 1871, over 370 treaties were created and established between tribes and the federal government (National Congress of the American Indian 2020). These treaties ensured numerous protections such as: "guarantee[s] of peace, provision[s] on land boundaries, hunting

and fishing rights, tribal recognition of U.S. authority, [and] U.S. protections,” (National Congress of the American Indian 2020: 18). Additionally, Article 1, Section 8 of the Constitution has dictated that the United States Congress has the power to regulate financial affairs with many states and nations, including tribal nations. Here the federal trust relationship has been historically established, where the United States is obligated to provide services and resources to tribal nations as well as recognize tribal sovereignty as sovereign domestic dependents in Worcester v. Georgia in 1832. Many tribal nations recognize the power of the treaties, though none were ratified or passed after 1871.

As for healthcare resources, the federal government assumed responsibility of Indigenous health practices in 1921, following the Snyder Act (Ehrenpreis & Ehrenpreis 2022). This came after many Bureaus of Indian Affairs administrators noticed the influx of disease and illness post-relocation and restructuring of tribal governments/affairs. Originally the War Department controlled Indigenous healthcare efforts and resources with Army physicians’ assistance. Here, one of the first treaties featuring the provision of healthcare was passed in 1932 (Lawrence 2001). In 1849, however, the Bureau of Indian Affairs moved from the War Department to the Department of the Interior, with individual divisions for infectious diseases being created. At this point, Indian Health Services hospitals were established. Over time federal responsibility shifted, with Indigenous healthcare moving from the Department of Interior to the Public Health Service. The Public Health Service became what is now known as Indian Health Services in 1958. Deaths due to infectious disease or infrastructure inequities decreased wildly overtime. Many reservation residents cited that the I.H.S. was their primary healthcare provider (Lawrence 2001).

Overtime the variety of services to Indigenous patients expanded, with birth control and family planning methods becoming available in 1965. Education and contraceptive methods

were pushed heavily due to the concern of high birth rates amongst Indigenous women. The surge in birth control usage was not exclusive to marginalized groups, however the messaging and push towards less children was different. This can be seen in Schoen's discussion of voluntary sterilization among white women, where one woman had to continuously fight with state services and her husband to be approved for a tubal ligation (Schoen 2005). In this case, the board determined that the woman was unable to receive sterilization due to her obligations as a mother. Ultimately, the woman's husband was to approve the decision rather than the involuntary decision made by doctors spontaneously towards Indigenous/marginalized women. In the 1970 census, American Indian women gave birth to 3.79 children on average, with the national average overall was 1.79 children (Lawrence 2001).

Following 1965 and into the early 1970s, accusations of involuntary or forced sterilizations at I.H.S. hospitals begin to surface amongst Native nurses and patients. In 1970, two notable cases and then litigations regarding forced sterilization practices amongst Indigenous women began to surface. Norma Jean Serena faced both removal of her children and forced sterilization in August of 1970. Her two older children were removed from her home under suspicion of malnutrition and lack of adequate care, with Norma Jean receiving a tubal ligation immediately following the delivery of her last child (Torpy 2000). Another major instance featured an unknown Indigenous woman entering Dr. Constance Redbird Pinkerton-Uri's office in LA requesting a "womb transplant" (Lawrence 2001: 401). When Dr. Pinkerton-Uri informed her that a womb transplant was not possible and that a complete hysterectomy was final and irreversible, the woman left in tears. She stated that her healthcare providers at her local I.H.S. hospital did not inform her that it was irreversible and that she only wanted to delay her ability to

have children until she recovered from alcoholism. Now, her hopes of continuing her family were dashed with no glimmer of redemption to be seen.

This moment is what motivated Dr. Pinkerton-Uri to create an independent study where she found that 1 in 4 Native American women had been forcibly sterilized, whether it be through a tubal ligation or complete hysterectomy (Torpy 2000). Motivated by Serena's court case against the Child Welfare and Board of Assistance of Pennsylvania in 1974, where Serena discussed the coercion and her inability to consent to her tubal ligation post-delivery. Dr. Pinkerton-Uri was motivated not only by Serena's testimony of this coerced experience but also by allegations of sterilizations at the Claremore, OK I.H.S. hospital. Here, it was reported that 48 sterilizations had taken place just in July of 1974 (American Indian Digital History Project, Akwesasne Notes 1974). Dr. Pinkerton-Uri began to urge Senator James Abourezk, the chairman of the Senate Subcommittee on Indian Affairs to issue a deeper investigation of this issue. After repeated notice from other I.H.S nurses and staff members, an investigation with the General Accounting Office was issued. The study focused on I.H.S. clinics in Albuquerque, Oklahoma City, Phoenix, and Aberdeen, South Dakota between 1973-1976. The study found a total of 3,406 sterilizations, 3,001 of which were performed on women between the ages of 15 and 44 (Torpy 2000). The major concerns and inconsistencies amongst these sterilizations were the consent forms provided by staff and physicians. While some form of consent had been obtained, the forms varied in clarity and discussion of the repercussions post sterilizations. Despite multiple moratoriums from the HEW (the Department of Health, Education and Welfare where the IHS was under) where exclusive wording was required, many forms did not discuss the protected fact that healthcare benefits would not be revoked if a sterilization was declined, and that the sterilization was irreversible (Lawrence 2001). There were also cases where patients

under 21 or considered mentally incompetent were sterilized despite official moratoriums issued to protect them, due to their inability to fully consent. A completely new set of moratoriums were sent out in August of 1974, to curb such acts. Doctors were now required to have complete verbal confirmation from the patient regarding the information of their procedure and a discussion of the procedure in full (Carpio 2004). A discussion of benefits and revokable consent before the action was required to be mentioned as well (Torpy 2000).

With hopes of preventing such large statistics regarding forced sterilization, the GAO did a complete overhaul of HEW requirements. In addition to this, there were discussions of doctors' perspectives towards their Native patients that may have influenced their decision to conduct said involuntary sterilizations. Some doctors noted that the increase in pay and structural support by performing tubal ligations and hysterectomies was financially desirable (Lawrence 2000). Some also assumed they were lessening the future social burden upon Indigenous mothers by limiting the number of children they would. Here, capitalistic motivations and seemingly good intentions mirror those of the sterilization of the feebleminded in the early 1900s (Schoen 2005). The emotional repercussions were vast and intensely felt by the patients because of these perspectives. Many women discussed the effects on their relationships with their partners and family, where their marriages ended up in divorce and friends refused to speak to them. The psychological impacts were tenfold with multiple women suffering from alcoholism and drug abuse, backed by shame and fear (Lawrence 2000). The act of sterilization and the involuntary removal of organs that can create life made many women feel displaced and less like women. Overall, the actions imposed upon some Indigenous women through coercive means, whether fueled by capitalistic reasoning or good-natured intentions, have caused drastic waves of trauma for multiple generations.

In my collection, there is some discussion of forced sterilization, with a primary focus on how it causes distrust in American biomedicine. One commenter stated “Native women were sterilized against their will for decades, no wonder they don’t want abortions on their land”. This direct connection to the boundaries of abortion provision on tribal land creates a complete historical background for movements against the safe harbor fallacy. As we will see in the next case study, we can see how contraception and abortion is weaponized in racially motivated ways to curb Indigenous reproduction.

Reproductive Coercion: A First Nations Case Study:

Experiences of reproductive assimilation were not exclusively hidden in the past amongst I.H.S. archives. This use of reproductive coercion is also present in the Canadian context. In an article by McKenzie et al. from 2022, the researchers conducted individual interviews and oral storytelling efforts with 32 First Nations and Metis women and two spirit folks about their experiences with reproductive coercion. Here the interviewees talked about their doctors’ appointments, where physicians continuously urged them to take or receive contraceptive methods. Oftentimes, these methods require in-depth scheduling and procedures such as an intrauterine device or implant in the inner bicep (McKenzie et al 2022). One woman discussed an exhausting experience where at 20 weeks of her pregnancy, a doctor suggested an abortion. After the birth of her child, the doctor continuously discussed a tubal ligation. The patient refused time after time and soon a family member and local advocate had to step in to finally put the conversation to rest for the time being. In a final, but emblematic moment, the doctor suggested an IUD and provided a prescription, stating, “My gynecologist, he said, ‘Well because you are Aboriginal, because you are Native, you should be on birth control,’” (McKenzie et al 2022: 1040).

This quote and more modern documentation of reproductive coercion echo the methods and justifications for a biomedical intervention in Indigenous reproduction. Rather than autonomy being focused on the person and the future of their community, the system of North American healthcare has shown an overwhelming need to police and monitor marginalized bodies. Through the theoretical consideration of marginalized bodies via biopolitics, Western biomedicine has created structures to control and shape undesirable bodies into normal, ideal figures. The creation of scientific racism was motivated by a desire to categorize and in turn characterize the racial classes, in turn allowing for the justification of assimilation and extermination tactics. The rise of eugenics in the 1800s and 1900s propelled the idea of the normal body and the stifling of the deviant body forward. Seen in disability studies, the deviant body is posed as an Other towards the functional, productive normal body (Miller 2011). This is also wrapped in Western capitalism and liberalism where the production of profit and perfect consumers are the goal (Foucault 1997, Stote 2011).

Moving towards the discussion of eugenics in public health, those who were considered feeble-minded were targeted rather than larger social issues. Considered social ills, those who were uneducated, poor, illegitimate, or suffered from substance abuse, were labeled as feeble-minded. Via the work of Francis Galton and Charles Darwin, the state could directly intervene in the affairs of the feeble-minded to produce a society of prestige and wealth (Stote 2011). The state intervened via family methods: birth control, contraception, sterilization. While not all sterilizations were forced or involuntary, the treatment and social perception of Indigenous/marginalized reproduction was vastly different from the same idea with regards to white women. As seen in the case study and the social media analysis, the use of sterilization and

now reproductive coercion as a tool to police marginalized bodies, is directly tied to capitalism, the need for profit and the creation of the perfect, socially ideal consumer.

Due to this weaponization of the biomedical system and the use of state population control methods to dictate Indigenous reproduction, it becomes clear as to how some Indigenous folks feel about abortion. In many cases many of them equate it to cultural genocide and an erasure of their people. This was reverberated by the Black Panthers and American Indian Movement of the 1970s, where there was hesitance regarding birth control and other contraception methods due to very deliberate state-sanctioned methods to assimilate or eradicate populations that were deemed a threat. In Jennifer Nelson's book, she discusses the broader perspective of Black Panther men with abortion and birth control as cultural genocide tools. However, many Black women asserted that while there were fears of birth control, they required space to rear children without fear of forced sterilization and state control (Nelson 2003). In direct contrast to White middle-class feminists who determined abortion to be an all-women's issue, many Black, Puerto Rican, and Native American feminists wished to pursue methods to protect their reproductive capability. This did not disregard the need for choice or for abortion but rather offered the need for a nuanced discussion regarding access to resources (Nelson 2003). This all-women's issue versus the protection of traditional childrearing spaces mirrors the conversations present in Chapter 3.

We will see in the following ethnographic vignette how the perspective of abortion as cultural genocide directly plays into conversations surrounding tribal sovereignty and the affirmation of Native identity. Many Indigenous users have directly connected the abusive treatment of Indigenous women via forced sterilization to structural issues within their communities. The use of structural violence as a tool to disenfranchise folks can be seen through

the use of legislation and active practices, even if they were well intentioned (Farmer 1996).

What comes into view however is the concept of choice in a pro-choice v. pro-life dichotomy on social media, its differences with movements and its tension with historical traumas. As Chapter 3 will build upon, the lack of resources and simplicity of the choice dichotomy often skews the needs and holistic perspectives regarding abortion in Native communities.

The last social media vignette is evidence of this tension. My computer goes dark as the Facebook notifications pile in. The roundtable resurfaces and my computer continues to ping with notifications. The projector behind me displays an article from an Indigenous news source, discussing the historical limitations of abortion for Indigenous women via the Hyde Amendment. The comments are flooded with a number of opinions; however, two women enter the room. One woman, Lourdes, speaks *“You really have us believe that Indigenous women are lining up or have been lining up for abortions for all these years since roe v. wade. Was that right after the outcry of all those forced abortions and sterilizations of indigenous women less than a hundred years ago? Native numbers are dwindling, and you have the nerve to encourage “the right” to hasten the decline in numbers? Who’s side are you on? Who are you really fighting? Never mind the fact that this overturn makes it a state issue and not a federal one... and if tribes are as sovereign as they claim, then tribal member can vote on having or not having abortion centers, just like states will be able to do,”*.

Another woman, Ella, pipes up in the back *“it’s brainwashing. Who in their right mind thinks killing your child is a right? Only the exterminator tells himself that”*. Here, the application of value and the question of the meaning of choice is clear. Lourdes questions the ability of Indigenous women to receive abortions during the simultaneous sterilizations of others. This directly reflects a contradiction in knowledge regarding the period of the Hyde Amendment

and the period of forced sterilizations. What she brings up that is a large critique of present Indigenous commentators is “the right”. As we will see later the next chapter delves into the complexities of choice and what it means to have the right to an action. Her critique of “the right” to an abortion directly combats the silences present in Western neoliberal feminism of choice and the marginalized figure as a representation of resistance (Mahmood 2005). In combating this simplistic typology, we can see how Indigenous social media users have protected and discussed other reproductive methods.

CHAPTER 3: Pro-Choice v. Pro Life and Movements towards Reproductive Justice

I'm definitely sick, my nose is stuffy, and I can feel the rumblings of congestion in my chest. But still, I'm at the library writing. The Facebook posts are teeming with buzzwords, often used to establish political positionings. Regarding abortion, many folks have labeled themselves as either "pro-choice" or "pro-life" with many interpretations of said labels. Oftentimes, the implications of being labeled "pro-choice" or "pro-life" have come with strict distinctions in political affiliations such as Republican, Democrat, Conservative, or Liberal. As we will see later with the use of folk theories and referential ideologies, as explained by Jane H. Hill, many commentators assume and implicate one another in perceptions of morality or values towards other human beings (Hill 2009). There are also values of respect and kindness questioned in the work. To dive deep into the moral implications of these essentialist categories, we must understand how each group talks about one another. In my data, both pro-choice and pro-life commentators discuss abortion in a way that becomes essentializing and exclusive for specific identities. This involves the gender binary, race, and perceptions of social categories. They label themselves as pro-life or pro-choice, via the language surrounding personhood and how morality is applied to the mother or the woman.

Additionally, I would like to highlight what is not mentioned or what absences/silences within the posts. Here, the lack of knowledge or what is not mentioned can be incredibly telling of epistemological deficiencies or lack of historical context. I would also like to call on the use of practice theory when contextualizing the more complicated perspectives of Indigenous users in how the callback to historical events or personal experiences relates back to legal decisions (Ortner 2006). In my data, the language they use to discuss community and the importance of kinship goes beyond pro-choice v. pro-life self-identification and directly references

felt/generational experiences. For example, we will see how one Indigenous user talks about her own experiences with the removal of her children and how it plays into the importance of ICWA. Another example discusses the use of cradleboard making as a community engagement practice, where elders, parents, and knowledge experts collaborate on the revitalization of the practice and the discussion of its spiritual importance. Based on these conversations, there are very clear generational and historical settings that foreground their perspectives. To understand my later conversation about reproductive justice work and communal choice initiatives by Indigenous Facebook users, we must understand how the social inequities present today have shaped both broader political and social infrastructure that degrades Indigenous ways of knowing, as well as the impact upon the micro-interactions present in my data set. These micro-interactions also include the impact of historical trauma upon the considerations of the mother, the child, and the community involved in the experience of motherhood.

By highlighting the Facebook posts in the round table discussion style, the communal nature of social media interactions is key. So, I continue in this chapter to elucidate particularly telling interactions as visualized round tables. Additionally, we can see how Indigenous social media users highlight kinship practices and projects to reinstate Indigenous community. As we critique the pro-choice v. pro-life paradigm, the concept of choice is embedded in neo-liberal movements towards profit and a misunderstanding of the communal raising of a child rather than the individualism of the woman. As seen in Tine Gammeltoft's book *Haunting Images*, many Vietnamese women are caught with the emotional impact of losing a child due to a fetal anomaly and the perceived negative affiliation of a family with their disabled child if the parents chose to keep them. In a society that is motivated by familial piety and productivity, the women are struck with the responsibility of deciding what decision is best for the community, not just her as an

individual (Gammeltoft 2014). Gammeltoft critiques the individualist perception of choice and how it disguises social inequities to access.

False Dichotomies:

But first, let's discuss how self-proclaimed pro-choice and pro-life commentators discuss their labels and their relationship to the opposite side of the dichotomy, regarding abortion. In very distinct choices of words and expressions of poetics, the positionality of the commentators is made visible. For pro-life commenters, there seems to be a clear use of the word life. In my collection, they use the word life about 50%. But they use a constellation of other words to signal that same position as well. Many people discuss the recognition of the fetus or baby as a person from conception or first breath, referring to an ambiguous "child" or "children". There is also the reference to a "slaughter of the most vulnerable and innocent", which is again the use of referential ideology to impart morality upon the fetus as innocent or morally free of negative action. Oftentimes, the placement of morality or specific judgment, whether it be positive or negative, is based on religion and the anti-abortion viewpoint is based on the recognition of humanity. The womb and the women who abort a fetus are labeled as morally negligent and dangerous, adding a layer of hostility to how the personhood of the woman is conceived in comparison to the "innocent" personhood of the fetus or "baby". In the recognition of the baby (this word is deliberate because the use of the word "baby" imparts a level of maternal care and empathy, rather than using fetus or fertilized egg) the position of the unborn child is a figure for future societal advancement or a godly aspect of the universe. There are many instances of this kind of language in the collection, but one interaction in particular is elucidating to visualize as a roundtable.

The room goes dark from my original spot in the library. Rather than being surrounded by tissues and snacks, the air is thick with a musty scent as if the air conditioning hasn't been cleaned out in 15 years. The plastic table is white but speckled with dark spots from years of use. I wait with my phone opened up on Facebook, shifting my eyes down to check for notifications. Instead, the door in the back opens up, and in walks a man, seemingly alone. Marcus sits down at the table with a checklist and his phone, typing away with an urgency. At the top of his checklist, there is a hashtag #40daysforlife. I squint at the hashtag, wondering what it could mean. As I will come to find out, it is a social media effort toward the criminalization of abortion and the protection of unborn lives via religious justification. The religion of choice seems to be some iteration of Christianity, whether it be Catholicism, Baptist, Methodist, or the Church of Jesus Christ of the Latter-Day Saints. Marcus puts his phone down, with a notification popping up on my phone, the blue light reflecting off my glasses. His post, headlined with #40daysforlife, proclaims *"The term "Pro-life" is slowly being replaced by the term anti-abortion in mainstream media. Pro-life vs pro-choice is being transitioned to anti-abortion vs. pro-choice. Don't let them dictate the terms of these conversations. We are pro-life because we are pro-life from conception until natural death. Pro-choice is pro-abortion because they want abortion on demand and up until birth, and they were [sic] it like a badge of honor. We are pro-life because every life has meaning."* His caption is accompanied by a photo with three sections of text. With a black background, white text highlighted by green states *"Whether its five hours, five days, five months, five years, or five decades of life, every life is worth fighting for, every life is worth living, every life is worth protecting."*

This post is less graphic and violent towards the consideration of the mother than we will see later. However, there is very distinct language being used, in addition to the silences present.

Marcus deliberately states that in his perspective, pro-life has become labeled anti-abortion, with the statement “*pro-life vs. pro-choice is being transitioned to **anti-abortion** (my emphasis) vs. pro-choice*”. Rather he argues that the pro-life mentality is present at every stage of life as evidenced by his caption; “*from conception until natural death*”. Very clearly, Marcus believes in the protection of life until death, through the entirety of lived experience, something that we will see is absent in other pro-life perspectives. However, controversially, his perspective on pro-choice labels is stark. He writes that pro-choice advocates wish for “abortion on demand” and “up until birth”. The demand for abortion comes into question for many pro-choice advocates and some are very specific in their beliefs. However, what I would like to highlight and foreground later is that there is a distinct focus on the “all women” issue regarding abortion and a misunderstanding of the word choice when considering access and power. Marcus does highlight something that is missing from some pro-life considerations and also pro-choice discussions, is the value of life past birth. Oftentimes, birth is often the primary focus with a lack of discussion for survival or thriving into childhood and adulthood. As we will see later, some pro-choice commenters discuss the right to an abortion and the woman as an individual. Her autonomy is incredibly important in the deciding to receive an abortion but the decision to keep a pregnancy and the structural inequity that factors into the rearing of a fetus is not discussed. There is the use of the phrases “no one can tell a woman what do to with her body”; “no one can interfere with a woman’s choice”; or finally “it’s a woman’s body and her choice”. In the pro-life realm, there are phrases such as “killing the living body inside you”; “killing someone else”; or “our children”. There is a discussion of abortion exclusively and the act as perceived murder. The woman is then placated as socially dangerous and misguided for “killing” adding hostility and criminality to her reproductive capability. Again, the focus on the act becomes so narrowed that

there's no focus on the problems that made be additionally face even if the woman decides to go forward with the pregnancy. Marcus's perspective echoes the tenets of reproductive justice broadly, with the moral value continuing when a person forms into themselves, as evidenced by his recognition for "five hours, five days, five months, five years, or five decades of life". But the silence here is not that there is an acknowledgment of thrivance aspects but rather no concrete examples. Contrasting this perspective, we will see how some pro-life ideology places judgement and assume morals of the mother for receiving an abortion.

The room goes dark again and features a post from 2019. My phone suddenly blows up with notifications, the light going from blue to a bright white as my home screen is overloaded by white Facebook notifications banners. An article is projected upon the projector screen behind me, and it discusses the abortion ban enacted by Alabama back in 2019, considered one of the most restrictive laws before the repeal of *Roe V. Wade* in 2022. The article is quoted with "Well before the Alabama law, Native American women have been denied abortions' said Professor Sarah Deer. "Abortion rights are talked about in a vacuum as if we have a choice but there are few choices,". The article is titled "Abortion: Native women respond to onslaught of laws and restrictions across the country". The comment section is blowing up and soon the room is filled with people I don't know. Some of them are arguing, and some watching the fights. My head hurts when I look at how many tangents and different conversations are happening at once. However, there are some clear comments standing out regarding morals, social positioning and the consideration of the mother who receives the abortion. In a corner of the room, a man (Connor) stands up, picks up a microphone and, as if scoffing to an imaginary woman receiving an abortion, states "*If you're going to spread your legs. Then [sic] take responsibility for your actions. Condoms are everywhere even gas station bathrooms and the bar bathrooms. And I*

*should not have to pay for you being a w**** or irresponsible,*”. Another commentor, Rebecca, grabs her own mic and fires back from the back of the room, *“Right back at you,”* Connor responds with *“right back at you? That literally makes no sense I’m married and have one child”*. The interaction is gruff and intense. At first glance, there are clear signs of misogyny, misunderstanding of circumstances, and a direct response in disagreement with the original poster. Connor’s words stick out to me at first. They communicate what Jane H. Hill has called referential ideology, where oftentimes social actors impart judgements about morality, or social failings upon other social actors based on their political ideologies via speech utterances. Hill’s work discusses the way that social media commenters assume racist intent and belief systems from others due to the acceptance of racial slurs in the renaming of an Indigenously revered mountain.

Connor’s word imparts direct judgement upon women who receive abortions. Based on his own perception of morals and what is deemed reprehensible, women who get abortions are sexually irresponsible and vulgar via his use of the word “whore”. The censoring is deliberate as if to shield himself from the full use of the word. By writing the word “whore” as “w****”, he does not want to write out the full insult but rather allow the reader of his comment to assume what word he intended to use. In this sense, he is calling upon common knowledge of insulting words with the same letter count and implicates other commenters in how he judges women who receive abortions. He believes their irresponsibility has no excuse due to his perception of contraception access, such as condoms. He also wishes to remove himself from the responsibility of providing abortions from public clinics or private healthcare providers. His use of language that is commonly seen as insults or reflects negatively upon women is emblematic of referential ideology, with his judgement and determination of morality being reflected in his deliberate word

choice. His perception of morals and judgement could have shifted with the use of other insult words such as slut or bitch but the specific use of whore, combined with the censorship, implies a broader connection to a specific viewpoint within certain pro-life ideology. Connor disagrees with the act of abortion and the use of his money to fund said procedures. With this underlying sentiment regarding the base issue of abortion, Connor imparts judgement and ties them back to a failure of positive morals in his opinion. Contrastingly however, Rebecca throws his words back at him, quite literally with the phrase “right back at you”. We see here that she is implicating him in her perception of morals and referential ideology. In disagreeing with Connor, she states that he is irresponsible and vulgar in her eyes, due to his placement of morality and negative value upon women who get abortions. Connor finds this humorous, with the use of laughing emoticons, by responding with “This literally makes no sense. I’m married and have one child”. In his perspective, his marital and parental status is indicative of his higher moral status and does not relate to the vulgarity present in the women who receive abortions. Via the use of personal morals and placement of judgement, Connor perceives a wrongdoing in the allocation of his personal funds towards abortion and that the societal problem lies in the perceived responsibility of the women and the need for abortion. In a similar sense to the hostility of the womb, the women are categorized as morally vulgar and negative.

We see this perception of a social wrongdoing or example of immorality in broader analysis of the pro-life or right to life movement. In Faye Ginsburg’s book, *Contested Lives: The Abortion Debate in an American Community*, the right to life movement is seen as critiquing broader American laissez-faire capitalism and what they perceive as “abortion as symptomatic of other social problems” (Ginsburg 1998: 9). In this sense, abortion is used as a social remedy to the other problems present, especially the lack of support for the classified suffering class, the

unborn child, disabled folks, or women. It can also be seen as a critique of neoliberalism and the drive towards profit, when considering the degradation of the family and support for parenthood.

There is a clear distinction though between the anti-abortion movement and perspectives of those who self-identify as pro-life on social media, that must be addressed. In a description of crisis pregnancy centers, where anti-abortion advocates would discuss pregnancy options and how termination of pregnancy would constitute killing. The white pro-life women of these organizations placed themselves within moral grounds rather than any political affiliation (Holland 2020). What differs between the movement and the social media commentary, is the consideration of the mother and fetus. In the movement's perspective, as seen as the actions of the CPCs, the woman in need of abortion is viewed as in need of moral guidance and assistance. The women of the CPCs would talk to mothers seeking abortion on a commonality level from woman to woman. Here, the commonality of gender is used as a tool in a seemingly positive manner rather than one that is degraded and seen in a negative light. The basis of this pro-life activism was that having an abortion would also be damaging to the mother, not just fetus. The pro-life activists would get involved with those seeking abortions and try to solve any immediate problems that brought them to that point. In this case, by convincing a woman that getting an abortion was murder and would not eradicate inequities or issues within their lives, the pro-life advocates centered their argument around the protection of the woman and the child. This drastically opposes the above analysis of social media commenters who assert that those in need of assistance or those having trouble in their daily life, are morally corrupt and irresponsible. This distinction must be made to understand the nuances between micro-interactions on social media and the structured movements of pro-life. Conversely, I would like to address the

perspective of the degradation of the mother and placement of assumed morality upon the person receiving the abortion, in the discourse of my data. As we have seen previously, some level of responsibility is placed upon the woman, in order to protect the unborn, via the reflection of personal morals and judgement by pro-life commenters.

We see the leveraging of moral messaging in public service announcements and advertising against smoking during pregnancy. “Smoke-Filled Wombs and Fragile Fetuses: The Social Politics of Fetal Representation”, a (2000) article by Laury Oaks, discusses the language and imagery used to placate pregnant women with responsibility. Many pregnant women who smoked during gestation and did not seek to change were seen as irresponsible and unhealthy. Much of this was labeled as a symptomatic trait of a lower socio-economic class (Oaks 2000). Additionally, smokers are entering a socially marginal space and to go against culturally known healthcare advice is seen as justified for moral judgement (Oaks 2000). The use of visual material and fetal models are also used to inform societal judgement and adherence to moral values. In the imaging of a fetus during pregnancy, many anti-smoking organizations such as the ACS, depicts the effects of smoking upon the fetus in film. The film begins with a mother preparing for an ultrasound and her doctor discusses the dangers of smoking while pregnant, including the fetus’s ability to intake oxygen and form properly. However, the mother in the film is resistant to quit smoking. The film is separated into two instances, before smoking and after smoking. An ultrasound is conducted before the mother smokes, and another is done after smoking. In the analysis of ultrasound results, the doctor proclaimed “We’ve seen before your baby was breathing about 60 percent of the time. Now we see not at all. How do you feel about that?” (Oaks 2000: 82). The fetus is seen as breathing and conscious with a level of autonomy that is being manipulated by the morally vague mother. This touches on different conceptions of

life and personhood for the fetus within pro-life lines of thought. Additionally, here the mother is deemed solely responsible and must decide for the wellness of her baby. Further than this, she is socially and physically responsible for her actions and the consequences her baby will face. This article also brings in the use of the anti-abortion movement and its methodology. To be clear, in this piece the anti-smoking illustrates smoking during pregnancy as child abuse and uses the emotional connection between mother and baby as fodder for anti-abortion and anti-smoking support. In a slightly different way, the anti-smoking ads discussed in Oaks' work collaborated and discussed the fetal-centric emotional perspectives of the anti-abortion movement. By creating ads that state that smoking puts fetuses in harms way, they mimic the messaging of abortion as child abuse within the anti-abortion movement (Oaks 2000). Morality and emotional ties are used to discuss the implications of smoking and abortion and how it imparts values upon motherhood. This mimics the usage of the good mother tactic in anti-abortion discussions and how a revision of lifestyle make allow for a healthy pregnancy and prevention of abortion, as seen in the discussion of CPCs and pro-life advocacy. This can then be compared and contrasted to my data and the provisions of morality by social media commenters. In my analysis of the social media discourse and in connection to the examples from the literature above, rather than a person with separate autonomy from her growing baby, the woman first deemed morally irresponsible by the anti-abortion commenters for getting pregnant in the first place and any negative actions such as smoking is deemed as violence towards the baby. By smoking, she is putting her baby in danger with her uterus and reproductive organs imparting this smoke and affecting her baby's "breathing". This pro-life perspective values the fetus in the understanding of personhood and individuality, which contrasts the valued subject in the certain anti-abortion perspectives and the pro-choice realm, who is the woman. We see how the women are the focus

of personhood discussions with pro-life and pro-choice activists viewing abortion and the restrictions that followed, as dangerous, back-alley abortions leave women at higher risks for infection or death (Holland 2020). This directly contrasts the above fetal right-to-life focus with the mother being condemned for getting pregnant under uncertain circumstances and committing acts that are judged as morally irresponsible (the Connor example) first and the further irresponsibility via smoking or other morally grey actions during pregnancy in *Smoke Filled Wombs*' depiction of anti-smoking public service advertisements.

The pro-choice social media scape has discussed choice and a woman's right to an abortion via multiple different avenues. Legally, the right to an abortion has been seen under the constitutional right to privacy and separation of public and private (Smith 1993). In the legal framework, the ability to intervene upon a pregnancy and make choices about one's body is a private matter and is not a public affair. When following the right to privacy pathway, the allowance of abortion opens up a level of legal freedom whereas a restriction enforces a dichotomy of "sexual morality which divides women into two classes – 'good' and 'bad'" (Olsen 1989: 107). However, colloquially, the right to an abortion and the use of "choice" as a word specifically are used to isolate and label abortion as an 'all women' issue. The assumption of abortion as an act that applies to the reproductive needs of all women, despite the intersectionality of experiences that may shape opposing responses as seen in Chapter 2, is quite essentializing and forms rigid categories. The concept of choice, or the illusion of choice rather, is wrapped up within the individualization of femininity and the woman as a separate, free-standing person free from community obligations. This contextualizes the social media discourse that follows due to the absences of a holistic, community-based perception of abortion. By understanding how the illusion of choice is enveloped in individualistic notions of the woman,

we can then critique this concept and understand why the discourse around community engagement and reproductive justice is important.

Additionally, the use of “choice” attributes a level of free will and freedom under neoliberal capitalism that is controversial. While the existence of free will has been debated greatly, what I would like to highlight is the presence of community responsibility and consequences when considering keeping a pregnancy. Tine Gammeltoft highlights this in her work in Vietnam, where the act of keeping a disabled child and moving through with a pregnancy can impart societal consequences and communal thought regarding social responsibility and productive participation. However, it is necessary to understand how choice is being used in abortion discussions on social media, and how women have become the holders of the right. Abortion as a human right has been discussed in both human rights legal framework and in quotidian spaces, that further the use of individual autonomy as justification. The woman becomes the individual rather than the unborn who, before, was the victim of the woman’s negligence.

1 new notification

1 new notification

I look up from my writing haze and my computer has become flooded with Facebook notifications. I see a link to an article from 2022, before Roe’s repeal, and the caption is “Access to abortion has already been difficult for Indigenous women and people who birth, due to the Hyde Amendment that banned the use of federal money for abortion care”. The comments flow in a steady stream, some of actual users and others of scammers and bots who link to non-existent websites and advertise free trips to Jamaica if you input your social security number. The white table rattles as the door opens and closes. Maureen enters with her notes and sits down at

the table. My computer dings with a comment and in my imagined roundtable I see Maureen reading, *“Women, this page is scared of the word. It’s WOMEN who give birth and create life and Women who have Full control over their own body as to when they do this or not!”* I feel out of breath listening to her comment, as if a wave of indignation went through my body. Two things stand out to me linguistically when analyzing her word choice. She is adamant and emphasizes in full capitalization the use of the word WOMEN. Here, it can be inferred from Maureen’s usage of all capital letters and the implication that the news provider is somehow scared of the word, via the article’s use of the phrase “people who birth”. Apart from the adherence to the gender binary when discussing pregnancy and birth, Maureen states that it is the woman’s choice to have an abortion in that they have “Full control”. Women are also seemingly justified in their individualized autonomy based on Maureen’s words, due to their ability to “give birth and create life”. Aside from the fact that this does not take into consideration gender non-conforming, transgender, or Two Spirit parents, the ability is deemed solely the women, without any discussion of community kinship, familial piety, and the impact of abortion on one’s social circle. The use of the category “woman” also does not consider the intersectionality of access to abortion, social pressures, and traditional cultural methods of understanding abortion. We understand that not ALL women have been able to access abortion, such as Indigenous women with the Hyde Amendment. Again, the act of pregnancy and abortion is described as a sole individualistic act, with the women in question having full control over her “own” body, implying a level of ownership and separation of the body from popular pro-life discourse as a gestational vehicle. This directly ties and contrasts with Connor’s use of referential ideology, where he implies a different level of responsibility upon the women. Rather than the women making their own decisions regardless of social pressures, based on their biological capacity to

produce children and manage that capacity, Connor imparts morality upon the women as socially irresponsible and their decisions impacting broader societies such as general public money going to abortions.

My head is still reeling from Maureen’s words, when the door to the roundtable opens and multiple women shuffle in. The projector behind displays a 2021 post from a major pro-choice organization, as my computer floods with notifications. The organization, labeled with the pseudonym MAJOR, states that “*Attacks on abortion and barriers to care disproportionately affect Black, Indigenous, Latinx, and people of color; those working to make ends meet; members of the LGBTQ+ community; immigrants, young people; those living in rural communities; and people with disabilities. We all see what’s happening in Texas after the Supreme Court failed to block the state’s abortion ban*”. One woman, Martha, stands up and begins talking, despite the notification sounds pinging rapidly from my computer, “#NotyourDNA #Notyourbody #notyourbodynotyourchoice”, seemingly as a pro-life pushback to the pro-choice abortion perspective. So even though it comes from the opposite “side” of the pro-life/pro-choice dichotomy as Maureen (above), Martha’s comment demonstrates the same implicit assumptions as Maureen’s comment reveals: a focus on the individual personhood model- this time of the fetus or the unborn child, due to the exclamation that it is not the woman’s body but rather the owner of the body is the unborn child. However, from across the room another woman, Caroline, quips “*If it isn’t my body then it doesn’t need to be in my body. Thank you for supporting abortion*”. Ironically, Caroline flips the first commenter’s words against her. By establishing that the ‘it’ or the fetus is not her body, then it has no place within the woman’s body, which is recognized as hers by ownership. Two other commenters go further in rebutting Martha’s statement. Kathryn states “*it’s literally in her body and using it,*”, evidently

describing the fetus as it and stating that the fetus is ‘using’ the woman’s body in some form of a parasitic relationship. The ‘using’ in this situation implies a treatment of the woman’s body as a resource-rich body and the fetus is gathering necessary needs from the body. However, the implication of the parasitic relationship is in direct conflict with Martha’s assertion that a hypothetical pregnancy is “#notyourbodynotyourchoice” and the fetus is a separate human via complete biological difference. The fetus is categorized as an entity separate and possibly similar to a parasite, applying hostility and negativity to a woman who does not want the pregnancy. However, the commenters in opposition to Martha’s words pushback on the rigid separation of woman and fetus, with the assertion that the individual in this situation is actually the woman. The woman is also the figure with the ability to choose rather than the fetus in this case. Faith stands up in the back and additionally poses a question to Martha; “whose uterus, is it?” again, using “whose” to question the possession of the organ by the woman. The use of individualistic choice and the “all women” concept, as discussed earlier, goes further in the comment thread. Helen pipes up, stating “*We have a right to our own identity. TheFemaleSex*”. Another commenter, Elizabeth, agrees with her: “*And it’s not just an “identity” to us, it’s literally who and what we are.*” The collective “we” and label of group identity as “TheFemaleSex” indicates collective group association and thereby correlates abortion as an ‘all women’ issue with the connection between pregnancy, abortion, and women’s choice. Here the group identity and individualization of a woman’s choice becomes confusing. As we will identify later, there is a thought process that goes beyond the simplistic typology of pro-choice v. pro-life and collective/individual rights. One can see this in the use of a pro-natalistic agenda in Mexico and its effects on abortion access for Indigenous women (Singer 2022). But the individualized

feminism and sole women's choice must be analyzed and understood in order to realize how it does not consider community obligation and socio-political context.

What we are seeing evidence of in the social media interaction described above is what Shelley Budgeon describes as critiques around choice feminism, the new movement taking heed from second wave feminism where the choices a woman makes are deliberate and exact. In this case, the woman becomes labeled as "self-determinant, individuated and empowered" (Budgeon 2015: 303). However, Budgeon makes the case that this line of individualized thought has not and does not lead to entirely empowered and equal outcomes for women. Choice feminism, in her analysis, has led to a misunderstanding of the creation of gendered roles based on patriarchy and decontextualizes even the concept of choice from socio-historical background. This concept of choice is also critiqued as a formation present in neoliberalism where profit and industry reign supreme. By placing the control of the market within the hands of those with power, the market shifts the state governance to create ideal productive consumers who will respond to incentives (Budgeon 2015: 304). In response to these incentives, the consumer feels like they're making their own choices. In choice feminism, by removing oneself from patriarchal gender roles and making choices seemingly in opposition to masculinity, women in this case are abandoning femininity to make choices. By revoking their femininity and the impact of social infrastructure upon the societal gender roles, the women create an individualized sense of self and thereby associate choice with individual (Budgeon 2015). However, this causes confusion with both an 'all women' identity and simultaneously making choice a sole individualized concept. The 'all women' category in the case of abortion, is the belief that 'all women' are suffering and that the legalization of abortion is the only solution to the present suffering.

I look up from my computer and another woman stands up in the room. Olivia, who stood up in the back, reverberates this “all women” perspective with her statement “*Yet not once did you mention WOMEN in that post, MAJOR. You realize we are the most vulnerable minority there is.*” For clarification, MAJOR is being used as pseudonym for the pro-choice organization that discussed the inconsistent access to abortion for multiple identities not just women. Women is used here as an essentializing category, regardless of the intersectionality of oppression identified by MAJOR’s original post. Despite the original caption discussing the added disadvantage felt by racial minorities, those in poverty and without access, or those with disabilities, Olivia feels that the most oppressed category in the case of abortion is women. By “all women” being implicated in abortion restrictions, they are suffering with a possibly hostile pregnancy that is not wanted or dangerous to women’s health. By affirming that abortion access is necessary and is a primary right for all women, the nuances of abortion perspectives become lost. This ‘all women’ perspective is also backed by Maureen’s earlier perspective where women are the sole owners of the reproductive ability, and they then are the only deciders when it comes to abortion. The combination of ownership and collective identity also backs the individual choice aspect. Both collective identity and individual ownership are present in the poetics used above, which is confusing when understanding how abortion is tied to reproductive justice.

In order to understand why a specific focus on typologies or essentialist categories such pro-choice v. pro-life or collective v. individual rights is not adequate to understand the reproductive justice framework of abortion for Indigenous women, the importance of communal piety and the basis of projects, via Sherry Ortner’s analysis, as tools for power must be emphasized. In Tine Gammeltoft’s book *Haunting Images: A Cultural Account for Selective Reproduction in Vietnam*, many Vietnamese women and their partners are faced with the decision

of keeping or aborting a fetus that has fetal anomalies due to Agent Orange. With the fetal anomalies being enveloped in the post war state, the women and their respective partners' decision must be understood in how keeping a disabled child is seen their community. First, the societal perception of the woman is judged based on her fertility and ability to produce a healthy child: "a woman's entire social being hinged on her capacity to produce a healthy child and bring it up successfully into adulthood,". (Gammeltoft 2014: 83). Additionally, if a fetus is found to have an anomaly, the best course of action is to have an abortion for the woman's sake, In Gammeltoft's conversations with physicians, a fetus who would bring additional suffering to its parents and community is not worth saving. The fetus would grow up in a marginalized space and unable to live a healthy, productive life (Gammeltoft 2014). The fetal anomaly or fertility issues of the couple can also be read as misgivings of the ancestors or karmic energy of the community, doubly tying the community with regards to responsibility for the child.

Gammeltoft also expands into why the concept of reproductive choice is flawed. She describes the process and infrastructural difficulties of bringing a child into the world. It's a decision that is enveloped in historical processes and rarely free of constraint (Gammeltoft 2014). Additionally, having an abortion freely is not often a seamless activity, where access comes with a price. We can connect this to the legal repercussions of getting an abortion in restrictive states and the jurisdiction constraints with tribal/federal affairs. Finally, the concept of choice does not consider the historical trauma and social consequences of colonial projects.

As we have seen in the second chapter, the use of eugenics and scientific racism has been used to weaponize American biomedicine to control and manage marginalized populations. Despite any good intentions by doctors, the bio-technological control upon Indigenous women has spanned centuries and to insist on a level of choice, even in the case of abortion legalization,

is made invalid through multiple instances of structural violence. By understanding the historical and social contexts where abortion may not be wanted or considered, an effective critique of collective and individual rights is necessary.

Shannon Speed conducted an ethnographic collaboration with Las Zapatistas of Mexico, where it became known the advocacy of women's rights conflicted with men in the community advocating for self-determination. In this conflict, some women, specifically Dona Matilde, were accused of weighing their own individual rights over the collective (Speed 2009). This instance highlights the inefficacy of exclusively relying on collective or individual rights. Rather Speed calls for an intersection of the two, where intersectional axes of oppression are considered when forming equity solutions (Speed 2009). In my instance, I would like to use the framework of reproductive justice to find this intersection between collective and individual rights. By elaborating on the projects affirmed by Indigenous women to reaffirm personhood and subjectivity, I will use the data of community engagement via cradleboard making and individualized support via Indigenous doulaship during pregnancy and in the aftermath.

My data set also bring us critiques of Saba Mahmood towards Western liberal feminism. In her book *Politics of Piety*, she pushes against the allocation of Muslim women in the Middle East within the suffering slot or conversely as subjects of resistance (Mahmood 2005). Her perspective highlights the tendency of Western liberal feminism to allocate diverse groups within essentialist categories. While there are very present inequities and marginalization within the treatment of Muslim women in her book, as well as Indigenous women in my analysis, I would like to make clear that by critiquing the essentialist categories that perpetuate social media discourse regarding abortion, it overshadows and fails to highlight the broader message of legalization of abortion care. By reintroducing abortion care into a reproductive justice

framework and also uplifting other birth/kinship programs, the essentialist categories of choice v. life, and collective v. individual, all become necessary to achieve holistic living.

The pro-choice movement specifically is also very different from social media commenters, who label themselves as pro-choice. With regards to the shifting landscape of political movements, the pro-choice movement has transformed into a fully reproductive justice framework. The social media commentary in this case reflects misunderstanding and micro-interactions that have sprung up during and after the repeal of Roe v. Wade. The ethnographic examples discussed the perception of the fetus as a parasite and the woman as the sole decider on the matter of abortion. However, within true activist and movement spaces, the protection of both the woman and the child, as well as their community, is incredibly important. We can see this with the discussions around gun laws, food security, and access to education (Ross and Solinger 2017).

Indigenous Expressions of Reproductive Justice:

All of the programs and ethnographic vignettes I am highlighting in the second section are what I would consider projects, within Sherry Ortner's conception, specifically of reproductive justice. Ortner, in her analysis of agency and power, asserts that rather than continuing the application of Oppressed v. Oppressor within anthropology, projects are the methodologies for understanding the quotidian examples of existence (Ortner 2006). They may be conceptualized as resistance or deliberate movements by the persons themselves however they are not exclusively this. This is seen in my collection when Indigenous social media users advertise community programs specific to their tribe and how it is helpful in inseminating information around "traditional practices", "natural gifts from our ancestors" or "how our ancestors did it". The movements discussed by Indigenous social media users involve

conversations around sovereignty, tribal self-determination, protection of cultural practice, and confronting the destruction of identity. The programs I wish to highlight are midwifery within Native birth practices and discourse surrounding ICWA (Indian Child Welfare Act). Reminder that discussions of these practices are include the advocacy and work from Native nurses and authority figures to revise biomedical and hospital access, as referenced in Chapter 1.

In the conversations of midwifery, maternal and infant mortality are highly discussed, and the importance of culturally based birthing practices are emphasized. The Office of Minority Health under the Department of Health and Human Services reported in 2019 that American Indian/Alaskan Native communities have infant mortality rates that are almost doubled than the rates of infant mortality of non-Hispanic white communities. Additionally, in 2019, Alaskan Native/American Indian mothers were three times more likely to either receive late prenatal care or no care at all in comparison to their white counterparts. ANAI infants were also 50% more likely to die of birth complications due to low birth weight than white infants (Department of Health and Human Services Office of Minority Health, n.d). The care and provision of resources are incredibly scarce as we have seen in Barbara Gurr's ethnography of pregnancy and reproductive healthcare via the IHS on the Pine Ridge Reservation in South Dakota. Of midwifery and seeking out OBGYN care via the IHS, one woman, Donna, expressed her distrust in the federally enforced healthcare system. During her only pregnancy in 1975, she "didn't trust the doctors... and I didn't need to see any doctors, 'cuz I was fine, and I had my mom and my cousins to help me," (Gurr 2014: 94). This distrust seemed to have sprung due to the complicated usage of midwives within the IHS system and the lack of cultural information present in the work. Gurr writes that the IHS has been employing midwives since 1969 and oftentimes they are the healthcare professionals that Native women will encounter during their pregnancy. However,

the community perception of these midwives is tainted due to the lack of trust in their abilities as well as the racialized differences between typically white midwives and Native women. Some of Gurr's interlocutors reported that they didn't trust a midwife with their pregnancy due to a lack of knowledge and past generational experiences with the IHS and the federal government degrading traditional midwifery practices (Gurr 2014). Native midwives have been better acclimated to the communities' needs and one Chickasha midwife from Oklahoma told Gurr that her patients valued both her Dine heritage and her hierarchical power as a certified field midwife (Gurr 2014). As we will see, the education surrounding Native midwifery and the connection to sacred practices is key in overcoming past degradation of the practice and further reproductive justice tenets of a healthy pregnancy and raising of a child. The use of social media to elevate midwifery practices and promote business also provides access to resources to Native communities such as birth loss, lactation consultation, cradle boarding and post-partum care for the mother.

1 new notification

1 new notification

My computer fades as I continue to write, and the room goes dark. My phone chimes with notifications as my desk morphs into the discussion roundtable. The projector behind shows the image of an advertisement from a New York based Indigenous doula and lactation consultant. Posted by a community learning center in New York, the caption reads:

"Mothers Support Group w/ Monica S. Nya: wēh sgē nō'. Akino ēh. Come celebrate Motherhood- It doesn't matter who you are, where you're from, your age, beliefs or what your background is, Monica is here to empower and support you as a Full Spectrum Indigenous Doula and Lactation Counselor. She is the proud owner of the accredited

webpage “Love What I Doula” which was created to reclaim traditional birth, postpartum and parenting practices for her community. By fostering a culture of knowledge sharing, being a doula positively impacts the birth experiences of the countless she has supported,”.

In the image of the advertisement, the community center presents the “Gathering of Mothers” which is labeled as “accessible culturally appropriate care”. The event featured conversations around motherhood, breastfeeding tactics, and more empowering support. As I delved more into the work of Monica and explored her website, her work was expansive. She provides a multitude of services including babywearing support, support during both vaginal and cesarean births as well as extended care during the post-partum period. This care involved education of spouses, preparing meals to nourish the mother, as well as assisting in light housework to take off any stress. She makes her work extremely accessible with free doula access under NY Medicaid. Her work can be accessed here: <https://www.lovewhatidoulaofwny.com>

Here the successful raising of a healthy child and the continual thriving of Indigenous folks past pregnancy is valued. Under the tenets of reproductive justice where a woman can choose to have a baby and raise that child within a safe environment, this doula and caregiver was knowledgeable in her social boundaries as well as support for more negative outcomes such as stillbirths or lack of social support from the mother’s community. Monica identifies as a Seneca woman of the Wolf Clan and resides on the Seneca Nation reservation in Western New York. By understanding and processing the inequities and experiences she felt during her own pregnancy and birth, she felt motivated to provide care. She also combines abortion counseling and pregnancy loss, as there is a higher chance for depression due to the loss. This acknowledgement of the emotions involved in receiving an abortion for a wanted pregnancy is

incredibly emblematic of reproductive justice-oriented work. In the larger advertisement by the community center, Monica is highlighted as an expert and space for resources for the broader Western New York indigenous population and community. By placing her as a holder of very specific epistemological methods, she acknowledges both personal experiences as individuals as well as community work.

We can see the importance of midwifery and birth support in past traditional instances. For example, in Brianna Theobald's analysis of the Crow community's experience through the overshadowing of traditional reproductive practices and move towards American biomedicine. In the opening of Chapter 1 of Theobald's book *Reproduction on the Reservation: Pregnancy, Childbirth, and Colonialism in the Long Twentieth Century*, Crow woman Pretty Shield recalls a practice led by an experienced midwife and healer Left-hand. In typical Crow fashion, she hopped across hot coals and her child was born. Her birth was supported by an all-female support group and led by a culturally knowledgeable figure. Birth and childrearing were considered a spiritual and cultural journey, rather than exclusively a biological one. The importance placed upon Crow women was great and while the community wasn't matriarchal by definition, the control of resources and labor towards reproduction was considered with great affection (Theobald 2019). While men controlled political affairs, women were intrinsic to the continuance and future of the community. Clans were and continue to be matrilineal and childrearing was not exclusively within the nuclear family, as seen in biomedicine. The extended family was seen as vital to the process of childrearing. "Flexible childrearing" involved aunts, grandparents, and uncles and allowed for loss to be mitigated by community care (Theobald 2019: 19). The full community consideration when raising a child can also be seen in the community responsibility of caring for a disabled child in Gammeltoft's book, where the whole

kinship space is implicated in the societal outcomes of the child even if they're not related (Gammeltoft 2014). We can see in social media how the broader community is involved in pregnancy and childrearing, such as cradleboard making.

1 new notification

1 new notification

My phone pings again with notifications and I look away from my computer. The room shifts back into the roundtable, with the creaky white table and the projector screen. A video is playing from an Indigenous language acquisition group, who are oriented towards Diné language revitalization for urban Navajo communities. Their video features a community programming of creating cradleboards and learning background/traditional knowledge from a community leader. The cradleboards are made of wood, possibly hide or leather straps and other wood framing. The caption is thought provoking and moving when considering the importance of cradleboards for culturally appropriate parenting support. It reads:

Over the weekend, Brian shared his knowledge at our Cradle Board Workshop. Through a presentation, families of ORG listened to the stories and background knowledge from Brian. Afterwards ORG parents assembled their own cradleboard for their young ones to use. This is only one of many workshops provided by ORG to Org parents and families. We support our community by providing them with cultural knowledge and traditions to pass on to their younger ones. Take a glimpse into the workshop and see what we're talking about. Ahehee' to Brian for coming out, assisting our parents and sharing your knowledge about the cradleboard.

The caption is directly tying the practice of making a cradleboard to community care via passage of ontologies. By understanding the stories and meanings behind its usage, the cradleboard can

be known as a tangible symbol of flexible childrearing and community kinship that was overshadowed by the broader American society via the overarching implementation of American biomedicine that we witnessed in Chapter 2.

ICWA and Affirmations of Indigenous kinship:

In my collection, Indigenous social media users have also brought attention to the shifting connection between tribal sovereignty and community kinship, via the movements around ICWA. Some Indigenous commenters discuss the “*power of coming together*” and “*generations learning from one another*” when discussing tribal sovereignty. They state, “*in order to protect our sovereignty, we must learn from one another, just like our ancestors*”. In a direct tie to the land, broken treaties and infrastructure misgivings, fights toward protecting Indigenous kinship and relations are evident in the push for Indigenous kin in the foster care system and value surrounding women within tribal spiritual knowledge. Some social media users discuss the emotional pain of having their children removed and how it “*fucks up our community*”. They discuss how it felt getting their children back and how “*they wouldn’t want non-Indians taking care*” of their kids. The focus on ICWA or the Indian Child Welfare Act has been continuous through history, however it was very publicly deliberated in 2023 in the case of *Brackeen V. Haaland* (Brackeen et al v. Haaland et. al). The ICWA which was originally passed in 1978 to place Indigenous children with kin or Indigenous foster parents rather than adopt them out to non-Native parents, came under deliberation within federal circuit courts in Texas. The courts argued it was racial discrimination to exclusively place Native children with Native foster or adoptive parents if the non-Native parents were considered to be the safest. However, this was overruled and ICWA was affirmed in the Supreme Court. This was a huge win for tribal nations due to the continuous abuse and degradation of tribal nations and their people via relocation,

adoption out of Native children, and lack of adequate social services to fight inequitable social infrastructure. The emotional trauma and intensity of having your children removed by social services, especially as an enrolled member under a “sovereign” nation, is indescribable and goes beyond the intention of protecting the child. In examples from Facebook, we can see how one woman felt about ICWA being disregarded in 2024 and what means for tribal/community sovereignty.

1 new notification

1 new notification

My phone pings yet again and the notification shows a lengthy paragraph. The roundtable shakes, with the sound of the train outside my apartment ringing in my ears. A woman enters the room and the energy in the room shifts. As I will find out soon, she is incredulous and finds deep systemic flaws with the current Minnesota court proceedings surrounding ICWA. In early March, a white couple took in Indigenous twins from the Red Lake Nation after their mother was found using substances during pregnancy. However, after living with the Reyelts, an expert witness found that it would be best if the twins lived with Indigenous kin, and they were thereby transferred to the care of their aunt on the Red Lake Nation. In the deliberation, the Reyelts’ lawyer contended that the removal of the twins was deliberate racial discrimination under the 14th Amendment and directly violated the Reyelts constitutional rights. However, advocates of ICWA contended that placing the twins in non-Native care would be continuing a cultural genocide (Spears 2024). The contention on the issue and the treatment of Native mothers is evident in the present social media analysis. Carrie, the woman sitting across the table from, begins her speech:

To read this is a slap in the face. Where was ICWA and Red Nation when I asked for help? My case involved a white foster home for nine months, five tribes that should have had a say according to ICWA, but only two were notified and “involved”. The Red Lake Nation, where I am an enrolled member, and the Upper Sioux Community were more harm than help. Not only were my children and I victims of racism to begin with but the Red Lake had the nerve to honor a Minnesota state court order on our sovereign land without knowing the facts!! The most fucked up part of this racism to where ICWA is involved is the fact that my children have more Native blood than both the current chairman’s, if we don’t fight to keep our children home or with our own people there will be no more Indian children to fight for. The trauma that is caused by taking children away from their mothers or families will never be healed in reality.

She continues but my brain is already thinking of analysis.

...We as indigenous people need to hold on to the members we have because the government is still practicing genocide! Through their white system where it be social services or the judicial system, they are still working on exterminating our people and our existence!

I feel my chest get tight at the thought of this woman’s children being separated from her. To experience a loss such as that amongst the continuous avenues of colonialism is deeply painful. However, her words call out some great points regarding federal jurisdiction, the importance of membership and kin for cultural survival and the perspectives regarding cultural genocide in a greater argument for social support and return to traditional methods. As we saw previously in Chapter 2, many Black and Indigenous feminists pushed back on the primary focus of abortion within white middle-class feminism. In actuality, they validated the need for abortion care, birth

control and family planning materials, but they argued their primary focus was the reeducation of forced sterilization practices, the protection of Indigenous kinship and the affirmation of the marginalized woman (Nelson 2003). When understanding this in the framework of an ideal consumer under capitalism and neo-liberalism, the use of population control politics relates directly to Foucault's biopolitics, and the structural violence used to discredit non-dominant communities. This excerpt explains both the lack of support and access to resources felt by a Native woman during her struggles with separation from her children and the epistemological beliefs underlying the support for ICWA. In understanding the systemic degradation of resources and beliefs of care, as seen in the attitudes reflected by doctors performing forced sterilization, the consideration of the Indigenous mother and the community around her was completely defunct. The Indigenous mother and reproductive ability are villainized and categorized as dangerous to any children, furthering the hostile womb narrative. They were not seen as adequate caregivers and now, to fully support tribal sovereignty and the true meaning of the term, ICWA has become a legal case that has turned into a movement to move away from cultural genocide. We can understand how sovereignty is perceived, not just from a federal trust perspective but also in the misunderstandings present in Chapter 1 with the discussion of sovereignty by non-Native social media users and the safe-harbor fallacy.

Conclusion

In an analysis of social media interactions, the macro and micro forces that influence the public perceptions of abortion and tribal involvement are nuanced and varied. However, the fight for reproductive care goes past abortion access and legal particularities. As we have seen above the value surrounding traditional practices and further Indigenous kinship has been deemed important for the survival of Indigenous communities, but also speaks to the heightened value placed on well-rounded analysis of both historical and present-day instances of agency. Further this project can be expanded towards conversations around LANDBACK, Missing and Murdered Indigenous Women and Indigenous water rights. When considering the expansion of Indigenous kinship into Indigenous futurity, the relationships that are cultivated everyday do not stay stagnant and are not stuck within present time. In order to understand present day inequities, the cultural connections to the land and water and how it nurtures and fosters our relationship is key.

This thesis is based upon a collection of social media conversations that are good for thinking with. My analysis focused on the micro-interactions of social media that influenced public perceptions of legal and political decisions. By understanding how social media commenters viewed the repeal of *Roe v. Wade* and the misinterpretations of the safe harbor fallacy, we can further comment on the tensions between imagined social worlds and actions on the ground. The misunderstandings and perspectives of social media commenters directly reflects the issues and misconceptions of law that affects people everyday. Additionally, by comparing the social media critiques and the practices of specific movements, there is space for expansive connection and collaboration in order to disperse accurate information regarding abortion. But there are limitations to this methodology as well. An in-person ethnographic study or direct

conversations with the social media users themselves might have allowed for more personal stories and background, to illuminate how different perspectives on abortion arise. However, because of the sensitive nature of the topics discussed here, the most ethical form of ethnographic research would rely upon robust, reciprocal relationships formed with a specific community over a period of many years, and even then, would only be able to accurately represent that one community's perspective on the topic. The topics researched within this thesis are intended to be galvanizing as a way to expand and connect to other social infrastructures and help us to think through other cultural practices. I wish to leave this space open for critique and collaboration to raise good, informed questions rather than dictate closed answers. In a sense, I am expressing the action of refusal, where I acknowledge that I lack the information and background to explain every topic of this thesis in full and would rather leave it open to the Indigenous experts, scholars, artists, water protectors, midwives, doulas, activists, and community members to dictate what stories are told and when they are released.

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