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Doomed to be Barren: Sexual Violence and Sterilization of American Indian Women in the United States

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DOOMED TO BE BARREN:
SEXUAL VIOLENCE AND STERILIZATION OF
AMERICAN INDIAN WOMEN IN THE UNITED STATES

A Capstone Experience Manuscript

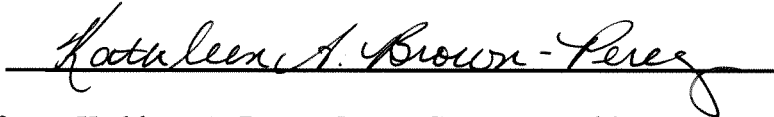
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ABSTRACT

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Author: Kelli McCarty, English

CE Type: Course Capstone Thesis

Approved By: Kathleen A. Brown-Perez, Commonwealth Honors College

This paper examines the ways in which the United States has perpetuated and exacted structural, cultural, and direct violence against American Indian women in order to rid itself of the “Indian problem” - the problem that this ethnic group still exists today. Because warfare, disease, famine, relocation, and blood quantum have not yet eradicated American Indians from this country, the United States government has resorted to directly and indirectly affecting the reproductive abilities of American Indian women. From the legislature that has been passed legalizing sterilization to the lack of preventative measures needed to protect American Indian fertility, the United States has essentially reinforced structural, cultural, and direct violence against this ethnic group. As a result of the United States' racist motives, this small group of people has suffered and endured domestic violence, coerced sterilization, STD sterilization, birth control sterilization, and even environmental sterilization and continues to do so today. By attacking the female reproductive organs of American Indians, the United States is discretely and indiscreetly promoting a eugenics policy that will ultimately have an unimaginable effect on this group's already dwindling population. This paper will argue that, although there are no obvious, outward occurrences of violence at this time, structural and cultural violence are just as damaging to American Indians. By the United States assaulting American Indians' ability to procreate and continue their “race” through sterilization and other types of sexual violence, it is in fact committing an act of genocide.

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CHAPTER ONE

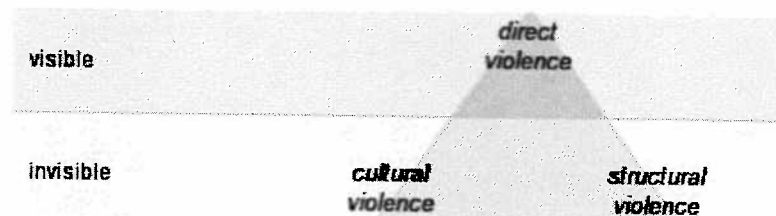
INTRODUCTION

What is Violence?

According to the *Oxford English Dictionary*, “violence” is “the exercise of physical force so as to inflict injury on, or cause damage to, persons or property” and “treatment or usage tending to cause bodily injury or forcibly interfering with personal freedom.” However, violence cannot be simply reduced to relating to “bodily injury” or “physical force” as the *Oxford English Dictionary* does in its first definition. Rather, it can also mean “undue constraint applied to some natural process, habit, etc., so as to prevent its free development or exercise.” While physical abuse or preventative measures constitute “violence,” there are still more aspects that come into play when relating it to the sexual violence American Indian are forced to deal with – facets not covered by a dictionary.

Galtung's Theory of Violence

Johan Galtung, a Norwegian scholar in Peace Studies at Saybrook University, theorizes violence as comprising of three major categories: direct, structural, and cultural violence. This specialist does not view direct, structural, and cultural violence as all separate entities that occur outside one another, but instead believes in a triangular relationship among all three.



(Galtung. “Violence, War, and Their Impact.” 2)

As evidenced in the above picture, Galtung views these types of violence as affecting one another, with cultural and structural violence being the foundation on which direct violence is grounded. In his essay “Cultural Violence,” Galtung writes, “Direct violence is an *event*; structural violence is a *process* with ups and downs; cultural violence is an *invariant*, a 'permanence,' remaining essentially the same for long periods, given the slow transformations of basic culture” (294).

In accordance with his theory, direct violence consists of physical acts of violence, whether they are against people or property. This type of aggression is easy to see because of its physical manifestation with examples ranging from a physical altercation to a verbal argument. For this reason, direct violence can be viewed as the “event” that precipitates the other two forms Galtung proposes. This form of violence is a tangible, easily-recognizable, outward aggression, but both structural and cultural violence are harder for a society to identify and works towards fixing.

Structural violence, on the other hand, is embedded in social structures, whether it be connected to legislature supporting discrimination or just hierarchical beliefs that promote inequality. As its name implies, structural violence is based on the structure of the society it is in, meaning that it is only present when that society allows it to exist. Unfortunately, because the United States is a hierarchical, patriarchal society that dominates and oppresses minorities, this often translates to affecting African Americans, Asian Americans, Latin Americans, and most notably, American Indians. Disregarding race altogether, structural violence also supports gender discrimination in this country, with women often taking the more menial jobs and at lower wages and being subject to certain stereotypes.

Related to direct and structural violence is the idea of cultural violence. In his own words, Galtung defines cultural violence as “those aspects of culture, the symbolic sphere of our existence – exemplified by religion and ideology, language and art, empirical science and formal science (logic, mathematics) – that can be used to justify or legitimize direct or structural violence” (“Cultural Violence” 291). To put simply, cultural violence is a way for a society that oppresses any group of people to justify its unjust beliefs and actions. Cultural violence then translates to blaming the victim for his or her disposition, such as blaming a rape victim for the rape itself.

Confortini's Theory of Violence

Galtung's triangular relationship with violence can be viewed as a good way to understand the injustices suffered by American Indians in the United States, but other research offers an alternative way of looking at this. Other research finds a flaw in that Galtung does not account for gender:

Violence needs to be seen as a *process* rather than as a system or structure.

Talking of violence as a structure, or a system, hints at a static and a monolithic entity. Conceptualizing violence as a process allows us both to understand the complexities and contestations behind violence as a social practice and to envision possibilities of change (Confortini 341).

For this feminist writer, violence should not be seen as triangle, but as a process that is never static because gender, in her opinion, “has much to do with power in social relations” (342).

Even though Galtung does not account for gender in his theory of violence, it still explains the phenomena occurring in this white-dominated, paternalistic culture. Through

the existence of direct, structural, and cultural violence, it is evident that the United States is not as “peaceful” as it pretends to be. Despite not being at war with American Indians, this nation chooses to oppress the original inhabitants of this land not only because of a limited amount of resources, uneven distribution of wealth, and racism, but also due to American Indians' inability to fight against it.

Sexual Violence

This paper will primarily focus in on the sexual violence American Indian women face and endure at the hands of the United States. For the scope of this work, “sexual violence” will refer to acts of domestic violence between partners, rape, and multiple forms of sterilization. It should also be noted that the sexual violence in this paper mainly concerns itself with the violence perpetrated against American Indian women and not both sexes.

CHAPTER TWO

LITERATURE REVIEW

In the United States' brief history, there have been plentiful instances of violence against those of a different race or creed, something which is ironic considering the founding principles of this nation. Instead of allowing its native inhabitants to have freedom of religion, the ability to pursue happiness, and various other freedoms and rights, the United States has stripped the American Indians of their land, culture, language, freedom, rights, religion, and even their sense of identity. While the federal government of the United States still perpetuates acts of violence, whether it be physical or non-physical, against American Indians, there is more oppression against the women of this racially-constructed group. Rather than embracing the people who aided the early colonists, the white, patriarchal government sees the existence of American Indians as a “problem” that can be solved by exacting, perpetuating, and enforcing violence against American Indian women.

According to Johan Galtung, a widely-published Norwegian scholar in peace studies and professor at Saybrook University, there are fundamentally three categories of violence that can be broken up into six subsets. In both of his articles, *Cultural Violence* and *Violence, War, and Their Impact: On Visible and Invisible Effects of Violence*, Galtung proposes a triangular relationship between direct violence, structural violence, and cultural violence. While direct violence is visible, tangible violence, both structural and cultural violence are deemed invisible by Dr. Galtung. In *Cultural Violence*, Galtung writes, “Direct violence is an *event*; structural violence is a *process* with ups and downs; cultural violence is an *invariant*, a 'permanence,' remaining essentially the same for long

periods, given the slow transformations of basic culture” (294). All of these pieces are important in that they help to not so much justify but to help understand the violence the United States exacts against American Indians, and American Indian women in particular. One aspect that is particularly interesting in Galtung's violence theory is that his “violence triangle” has a cyclical pattern, suggesting that all these types of violence can lead to other types, which is particularly distressing.

Catia C. Confortini, a professor at Saddleback College, agrees with the basis of Galtung's violence theory but argues that he does not incorporate feminist theory into his peace theory. This Ph.D. holder of International Relations identifies in her article *Galtung, Violence, and Gender: The Case for a Peace Studies/Feminism Alliance* that Galtung does not account for the role of gender in his writings on violence and peace theory. While she uses Galtung's conception of violence (structural, cultural, and physical) as an acceptable theory, Confortini suggests that

Violence needs to be seen as a *process* rather than as a system or structure. Talking of violence as a structure, or a system, hints at a static and a monolithic entity. Conceptualizing violence as a process allows us both to understand the complexities and contestations behind violence as a social practice and to envision possibilities of change. (341)

While Confortini agrees with the basis of Galtung's violence arguments, she points out where they fail. For example, she writes, “Failing to understand gender as an analytical category, which has much to do with power in social relations, has profound consequences for Galtung's thought, as it makes him unable to recognize the vast implications gender has for violence and peace as social practices” (342). For this

feminist writer, Galtung needs to adapt his language and recognize that men are not all susceptible to violence, but that it is a product of socialization. Her article is somewhat hopeful in the future in that it advocates change through recognition of feminism in peace.

Transitioning from discussing about violence theoretically, physical, structural, and cultural violence are all evident in the case when it comes to American Indian women. Angela Gonzales, Judy Kertesz, and Gabrielle Tayac tackle the cultural violence against American Indians in their piece *Sociohistorical Processes and the De(con)struction of American Indians in the Southeast*. Angela Gonzales is an assistant professor of Developmental Psychology at Cornell University, Judy Kertesz is a Ph.D. candidate in History of American Civilization at Harvard at the time of this publication, while Gabrielle Tayac is a member of the Piscataway Indian Nation and is an historian at the Smithsonian's National Museum of the American Indian. These three contributing authors suggest that, "The construction of a physical identity steeped in biological race-based notions of human types was a late eighteenth-, early nineteenth-century European development" (55). Even though race does not exist scientifically, it is a socially-constructed notion of separation and ultimately, a source of cultural violence and eugenics. Gonzales, Kertesz, and Tayac write about the notion of "racial blood" and how the "systematic categorization of race with its rules governing identity served to maintain not only white power and authority, but also as justification for black slavery and the dispossession of land from Native peoples" (56). While Gonzales, Kertesz, and Tayac focus in on the American Southeast as a place of antimiscegenation, their work is

important in that it gives figures of how many American Indian women were sterilized and the legislature of North Carolina and Virginia in passing sterilization.

Stemming from direct, structural, and cultural violence is the sexual violence against American Indian women in the United States. Through legislation, doctors could effectively sterilize those deemed “feeble-minded,” which definitely accounted for those of “lesser” races. Even when this legislation was repealed, Indian Health Services coerced women to be sterilized for fear of losing other benefits. As if forced and coerced sterilization were not bad enough, sometimes patients were sterilized without them knowing, or through birth control methods not yet deemed safe through IUD's, etc. Another type of sterilization is through STD's like Chlamydia and Gonorrhea, in which American Indian women become infertile due to lack of available information and treatment. Finally, domestic violence is so prevalent among American Indian women that it is imperative to discuss due to lack of punishment and law enforcement surrounding the issue.

Concerning the issue of forced sterilization, Sarah Lucia Hoagland, a professor of Philosophy and Women's Studies at Northwestern University in Chicago, published *Undivided Rights: Women of Color Organize for Reproductive Justice/Policing the National Body: Race, Gender, and Criminalization/Conquest: Sexual Violence and American Indian Genocide*. In her article, Hoagland “addresses 'enforcement violence'- the repressive actions of law enforcement, challenging the mainstream movement against violence against women for its reliance on the state, and making clear the interrelationship between domestic, state, and global violence against women” (182). Hoagland explores the reproductive and enforcement violence American Indian women

experienced as opposed to Asian, Latina, and African American women. From her piece, Hoagland suggests that only by rectifying the federal government's colonialist attitudes might repression and reproductive violence change for women of color.

Like Hoagland, Jane Lawrence, a Ph.D. candidate at Arizona State University at the time of its publication, writes about sterilization. In her paper, *The Indian Health Service and the Sterilization of Native American Women*, Lawrence

Investigates the historical relationship between the Indian Health Services (IHS) and Indian tribes; the right of the United States government to sterilize women; the government regulations pertaining to sterilization; the efforts of the IHS to sterilize American Indian women; physicians' reasons for sterilizing American Indian women; and the consequences the sterilizations had on the lives of a few of those women and their families.

(400)

An important aspect of Lawrence's paper, who studied under Dr. Peter Iverson, an emeritus professor in the School of History, Philosophy, and Religious Studies at Arizona State University, is that she does not solely blame the decrease in birth rates among American Indians on sterilization alone. She compares the birth rates of the Navajo, Apache, Zuni, Sioux (combined), Cherokee (Oklahoma), and the Ponca/Omaha from 1970-1980- all experiencing a substantial decrease in the number of children being born contrasting a slight decrease in white women. Lawrence attributes the sex education and contraception as playing a role in this, while also alluding to important court cases such as *Griswold v. Connecticut* and *Jessin v. County of Shasta*, in illustrating the historical background of sterilization. *Griswold v. Connecticut* upheld the right to privacy and

thereby allowing the use of contraceptives whereas *Jessin v. County of Shasta* in which a California couple fought to have voluntary sterilization and won, as they could no longer support any future offspring due to their poverty, thereby upholding voluntary sterilization. Perhaps the most important aspect of her article is the issue of informed consent surrounding sterilizations, whether they are forced, coerced, or voluntary, something that was often robbed of American Indian women.

When discussing forced sterilization, it is absolutely imperative to mention *Buck v. Bell*, a case involving Carrie Buck and her right to reproduce. Harry Bruinius' book *Better for All the World: The Secret History of Forced Sterilization and America's Quest for Racial Purity* goes into detail concerning this case and even earns its title from Justice Oliver Wendell Holmes, Jr.'s decision stating, "It is better for all the world... if instead of waiting to execute degenerate offspring for a crime, or to let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their kind" (7). For Carrie Buck, she was deemed an imbecile with a poor moral faculty because she had a baby out of wedlock very young; therefore, in the eyes of the Supreme Court, she should not continue to produce offspring. Although this case marked the Supreme Court deeming forced sterilization as legal, it had been occurring all along, even before Carrie Buck. In his writing of the effects of *Buck v. Bell*, Harry Bruinius, a professor of Journalism at Hunter College, writes, "Scientists persuaded state legislatures-and, in the case of Carrie Buck, the U.S. Supreme Court- to enact laws giving states the power to sterilize these genetically 'defective' Americans" (9). Bruinius' book also brings to light Henry Goddard's book about Deborah Kallikak, a high-grade moron, according to

Goddard who coined the word, other legal cases surrounding sterilization, pictures, the history of the eugenics movement in America, and many other useful concepts.

Like Bruinius' book, the article *Eugenics Past and Present: Remembering Buck v. Bell* by Michael J. Berson and Barbara C. Cruz recounts the history leading up to the eugenics movement in the United States that made forced sterilization legislature pass. Michael J. Berson is a social science coordinator in education at the University of South Florida who obtained his Ph.D. from the University of Toledo while Barbara C. Cruz is a professor of Social Science Education as well. Just because a physician had informed consent does not mean the sterilization performed was ethical. Oftentimes, many American Indian women were coerced into being sterilized due to fear of losing other aid from Indian Health Services and the Bureau of Indian Affairs.

Sally J. Torpy, a woman who holds a M.A. Degree in history from the University of Nebraska: Omaha, blames the federal government for more than just the sterilizations of American Indian women; she also blames them for putting American Indians in a situation where they could be easily victimized in her article *Native American Women and Coerced Sterilization: On the Trail of Tears in the 1970's*. Torpy cites the federal dependence of American Indians on the federal government, whether it be through the Bureau of Indian Affairs (BIA), Indian Health Services (IHS) or Health, Education, and Welfare (HEW), as being primary factors into allowing Native American women to be sterilized.

Like the works by Harry Bruinius, Michael J. Berson, and Barbara C. Cruz, Myla Vicenti Carpio also addresses involuntary sterilization. This assistant professor at Arizona State University of American Indian Studies writes in her article "The Lost

Generation: American Indian Women and Sterilization Abuse,” about the sterilization of American Indian women in Indian Country and the leading factors of this phenomena.

This Jicarilla Apache, Laguna Pueblo/Isleta Pueblo woman posits,

Various ideologies have contributed to the involuntary sterilization of women, especially women of color. Imperialism, capitalism, patriarchy, and Malthusianism have shaped social and socio-economic standards by which many women and their fertility are valued. As capitalism and industrialization have expanded, so too has international interest in fertility over 'lower-class people.' (np).

Like Torpy, Carpio also notes American Indian women's dependence on the federal government as contributing to their susceptibility in being sterilized when she asserts, “The continued political, social, and economic oppression has left American Indian people, especially women, vulnerable to systematic abuse- in this case Indian Health Services (IHS)” (41). What is particularly disturbing in this article that Carpio highlights is the fact that the federal government, through the institution of IHS is supposed to act for the benefit of these women, when it does anything but.

Besides forced and coerced sterilization, there is another type of reproductive issue that concerns American Indians, and that is the issue of birth control. In several of the aforementioned sources, they address the role of contraceptives, whether they are taken knowingly or not. According to Sarah Hoagland, in her *Undivided Rights* piece, “Sterilization abuse, long-term and unsafe contraceptives, welfare reform, criminalization of women of color, immigration policies, medical experimentation, coercive and intrusive family planning policies and programs, and more” are attempts to regulate the population

growth of non-white women in the United States (183). Not only were unsafe and unregulated forms of birth control provided for American Indians, but they were also implanted against their will or knowledge. Several IUD's, or intra-uterine devices, have prevented women from getting pregnant, thereby delaying and decreasing the amount of American Indian children being born. While birth control sterilization, as I am going to call it, is not always permanent, it still is a form of repression and cultural violence perpetrated by the United States against American Indians.

Yet another form of sterilization is STD sterilization. Linda W. Dicker, Debra J. Mosure, Robyn S. Kay, Laura Shelby, and James E. Cheek, address this very issue in their study called *An Ongoing Burden: Chlamydial Infections among Young American Indian Women*. While Dicker, Mosure, and Shelby are members of the Center for Disease Control and Prevention's STD Prevention Division, Robyn Kay works in the Department of Epidemiology at Emory University. Both Shelby and Cheek are employed by Indian Health Services' Division of Epidemiology in Albuquerque, NM. According to their work, "Sexually transmitted diseases (STDs), primarily Chlamydia and Gonorrhea, are the main preventable causes of infertility in women" (25). Despite alleged Chlamydia screenings in the 1980's and 1990's, a "2001 nation survey documented a Chlamydia prevalence of 13.3% among young American Indian women, five times higher than the prevalence among whites" (25). This article studies the prevalence of Chlamydia of American Indian women in North Dakota, South Dakota, and Montana, and then comparing it to the predominantly white population screened for Chlamydia at family clinics. Because of the extremely high prevalence of Chlamydia among American Indian women in these three states, Dicker and her colleagues call for "an evaluation of

Chlamydial screening, treatment, and intervention activities in the American Indian community” because it is important for “any program whose goal is to improve the reproductive health of American Indian women” (28). This Dicker et al. piece is extremely thought-provoking and interesting in that it suggests funding at Indian Health Services does not address screening, testing, and treatment for Chlamydia- an STD that affects reproductive health – another way of limiting the number of American Indian children being born. With less diagnoses of this STD, the occurrence of this disease can spread, affecting more and more American Indian women, and ultimately hurting the population rate of this group even more.

Another form of sterilization suffered by American Indian women is environmental sterilization. In her book *Conquest: Sexual Violence and American Indian Genocide*, Andrea Smith, a Cherokee woman who holds her Ph.D. in History of Consciousness, writes of the many issues dealing with sexual violence plaguing American Indian women in the United States. Recognizing the roles state and federal funding play in sexual violence, Smith identifies rape, jurisdiction, racism, and lack of funding for tribal courts as prominent matters that directly affect American Indian women. This academic discusses the ideology behind the justification of sexual violence against fellow American Indian women, tracing its roots to white patriarchy, colonialism, and imperialism. Aside from describing physical acts of violence, such as wife beating and rape, Smith describes multiple forms of sterilization, including surgeries performed without the patients’ knowledge and various forms of birth control. As a feminist and anti-violence activist, Smith relays yet another form of sterilization - environmental sterilization.

Environmental sterilization is an indirect way to affect the reproductive capabilities of American Indian women. By poisoning the land with PCBs, DDT, dioxins, mercury, lead, benzene, and toluene, the fertility of both American men and women are directly impacted in a negative way. The places where the United States chooses to drop atomic bombs or dump chemical waste are not random, they are chosen for a particular reason. Set away from white suburbia and metropolitan areas, chemicals, minerals, and toxins are released, mined, dumped, and tested on Indian reservation land, killing two birds with one stone. Not only does this allow major corporations and the military to get rid of its waste, use unethical business practices, and generate a profit, but it also helps to prevent future generations of American Indians from being born.

With the forced, coerced, birth control, STD, and environmental sterilization of American Indian women, there is a pattern suggestive of not only violence, but also “sterilization racism” - an idea supported by Thomas W. Volscho, an assistant professor of Sociology at the City University of New York- College of Staten Island. In his article, Volscho compares the sterilization racism against American Indian girls and women to the sterilization racism against African American girls and women. Because the United States is a “total racist society,” an idea Volscho borrows from Joe Feagin, he feels Eurocentric, white society justifies American Indian and African American sterilization. He coins the term “sterilization racism,” defining it as, “the organization of racist controlling images, policies, and practices of delivering reproductive healthcare that operate to constrain, minimize, or completely eliminate the reproductive activities of women of color” (20). In his definition, Volscho suggests this notion of racial discrimination in healthcare practices that is all too evident in the sterilization practices of the United

States. Not only is this article important due to its focus on the tubal sterilization of African American, American Indian, and European women received in the United States and their disparities, but also because it notes on the stereotypical perceptions of “colored” women and the medical care they receive.

Another aspect of sexual violence experienced by American Indian women in the United States is domestic violence. While this form of violence is not exclusive to American Indians, the rate at which it occurs is higher than every other race in this country. Through discussion of the context of the domestic violence against American Indian women, the risk factors, and the statistics, will this issue come to be understood as at least partly the fault of the federal government.

In her article *Navajo Women and Abuse: The Context for Their Troubled Relationships*, Mary J. Rivers, an associate professor in the Department of Communications at Milikin University, writes of “one of the more depressing consequences of Anglo and 21st century intrusion into Native American culture” as being “the rise in domestic abuse” (395). Rivers cites alcoholism, unemployment, poverty, loss of balance between the power of men and women, patriarchal influences the United States has on tribal government (even though the Navajo were matrilineal), material ownership, and most importantly, the “disruption in the transmission of cultural values and lore created by the U.S. government's efforts from 1930 to 1970 to 'Anglicize' the Native American” (399). These Navajo women Rivers writes of is seen in other tribes and they experience a sense of not belonging – they are “rejected by Anglo society and unfamiliar with the byways of their own” (399). Rivers goes beyond what happens to these women and tries to explain why the Navajo women who are abused stay with their

partners. She cites low self-esteem, lack of education, teenage pregnancy, fears at being unable to provide for oneself and child, and isolation as factors in why an abused woman on the reservation would stay with her partner. However, Rivers then moves to refute these reasons arguing that Navajo families are quite close (negating isolation), Navajo women are more likely to be employed than Navajo men (negating potential poverty), and they do not have to fear losing custody of their children. Rather, Rivers believes Navajo women are perpetually in abusive relationships, for the most part, because they believe in “hozho” - a Navajo word meaning beauty and balance (401). Two other traditional beliefs come into play - “hogan” (a home with one's mate) and “kinaalda” (the female puberty ceremony). By giving the reasoning behind Navajo women remaining in abusive relationships, Rivers gives some understanding as to how violence is interpreted differently to women on the reservation.

Related to the context of domestic abuse on the reservation and for American Indian women are the risk factors for such violence. In their article rightfully titled *Risk Factors for Physical Assault and Rape among Six Native American Tribes*, Nicole Yuan, Mary P. Koss, Mona Polacca, and David Goldman cite demographic variables, history of victimization, alcohol use, and cultural factors as contributing to the victimization of men and women. Nicole Yuan is an assistant professor at the University of Arizona, holding a doctorate in Clinical Psychology, Mary Koss is also a professor at the University of Arizona where she specializes in sex violence, while Mona Polacca has her Master's degree in social work from Arizona State University. David Goldman contributed to this piece as a member of the National Institute on Alcohol Abuse and Alcoholism, the same organization that funded this study. Because of where this study received its funding, the

focus of this article might be skewed to depict alcohol in a more negative light than need be. Continuing with the article, Yuan et al. cite historical trauma, or “high rates of victimization” as being “associated with oppressive traumatic events and practices contributed to losses of cultural affiliation” (1571).

Citing examples of American Indian children being ripped away from their homes and parents, lack of acknowledgment from the federal government of past atrocities, alcohol dependence, boarding schools, etc. “Historical trauma is passed from one generation to another. ... Researchers also believe that European colonization may have taken away the traditional roles of Native men, causing them to adapt a European model of control over intimate partners” (1571). From this article alone, one can argue that the United States government perpetuates violence against women through failure to recognize past wars, murders, rapes, etc. This paper is also extremely interesting because it puts numbers and statistical analysis on both physical and sexual violence experienced by American Indian women.

An important factor to consider when dealing with statistical analysis is that one must realize that it is very easy to adapt statistics to convey what one is trying to prove. As noted by Kathleen J. Ferraro, a professor of Sociology at Northern Arizona University, one must be warned about the ability to manipulate any form of statistics to support a position or idea. In her article *Invisible or Pathologized? Racial Statistics and Violence against Women of Color*, Ferraro criticizes the statistics gathered by certain studies, such as the National Violence Against Women Survey (conducted in 1995-1996), commenting that they must be viewed skeptically and critically because of whom the data represents – only the men and women who chose to report their encounters with violence.

While undermining one study, Ferraro supports another, more comprehensive study that “indicates that American Indians have the highest level of violent victimization of all races, a per capita rate twice that of the US resident population” (198). Ferraro's article supports my claim that American Indian relationships are more violent than any other racial group's relationships.

Like Ferraro's work, Laura A. Williams' co-authored piece *Family Violence and American Indians/Alaska Natives: A Report to the Indian Health Service Office of Women's Health* uses statistical analysis in reporting domestic violence of American Indians. Laura A. Williams, M.D., M.P.H., a physician of Temecula, California and her research staff Yahola Simms, II, Mayra Gomez, Steve Gomez, Carrie Chase, MS, Nicole Seraki, Shawn Gonzales, and Susan Dominguez explain victimization of American Indian women as not really occurring before European contact. Williams et al. cite American Indian women as clan mothers and owners of the family home, establishing an important role in society. However; this changed when “U.S. federal policies often undermined the traditional tribal leadership, law enforcement response, and the tribe's economic stability” (1).

As issues arose in the American Indian communities, such as alcoholism and unemployment, so did the violence. According to Williams's report, “In 1999, the Bureau of Justice Statistics reported that American Indian women suffered 7 rapes or sexual assault per 1,000 compared to 3 to 1,000 amongst Black, 2 per 1,000 among White and 1 per 1,000 among Asians” (1). Through analysis of data collected on the violence experienced by American Indian women and the general health of American Indians, it reveals that this group of people is suffering more so than any other group in the United

States. Like Ferraro's work, this study also concludes and proves that American Indian women experience more domestic violence than any other racial group in the United States.

Because of the legislation passed by the United States legalizing forced sterilization, the coercion of taking away reproductive rights, the implementation of unsafe birth control methods, and STD sterilization, this infringement on the reproductive health and abilities of American Indian women suggests eugenics. Although some of the previous sources discussed, such as Harry Bruinius' book *Better for All the World: The Secret History of Forced Sterilization and America's Quest for Racial Purity*, Berson and Cruz's article "Eugenics Past and Present: Remember Buck v. Bell," David J. Smith details this in his book *The Eugenic Assault on America: Scenes in Red, White, and Black*. Smith has a Ph.D. from Columbia University in Special Education and works at the University of North Carolina at Greensboro as a professor. In his book, Smith details the race antagonism existing in America between European, white Americans and the non-white Americans. He draws a link between the race relations existing not only in 20th century America, but also before this time period, expounding upon the sterilization procedures performed on both African American women and American Indian women.

Although Smith writes a substantial amount on eugenics, his primary focus is on African Americans. For Harry Bruinius, he explores the notion of "Nordic stocks" being superior to other races and those of lesser status, i.e. mental retardation and other ailments. He also writes about the concept of racial supremacy and ethnic purity as being the most important thing "progressive" thinkers and intellectuals had to do in order to prove their superiority and understanding of eugenics. Angela Gonzales, Judy Kertesz,

and Gabrielle build on Bruinius' research in their *Sociohistorical Processes and the De(con)struction of American Indians in the Southeast* article when noting of Francis Galton's theory of fractional inheritance.

Regarding Berson and Cruz's article *Eugenics Past and Present: Remember Buck v. Bell*, they discuss the origins of the word "eugenics," a Greek term coined by Francis Galton meaning "good in birth" or "well-born." As noted by Berson and Cruz, Galton was a cousin of Darwin and "incorporated the Darwinian law of the survival of the fittest into his notion of eugenics" (np). Through positive and negative eugenics, proponents hoped to achieve a better gene pool from which better, smarter, more-talented offspring would arise. This idea did not only pertain to the mentally handicapped, the sexually promiscuous, and the "feeble-minded," it also spread across to those with undesirable traits, criminality, social maladjustments, developmental delays, physical handicaps, mixed ancestry, etc. Although this movement was allegedly noble in cause, it seriously encroached upon a person's reproductive rights in order to complete the "eradication of inherited defects" (np).

After World War II, the eugenics movement finally died out in the United States with propaganda illustrating how evil the Nazis were in Germany, murdering the Jews, gypsies, handicapped, elderly, etc. Interestingly enough, Germany modeled their eugenics policy after the United States, which undoubtedly silenced the eugenics in this nation. Although it ended legally, sterilization and the notion of eugenics was still secretly popular in the United States and continued to attempt to "better the gene pool." With the alleged "end" of eugenics movement in the United States marks a new phase in how the American Indians were treated by the federal government. What happened to the

American Indians, and still happens today, is an act of genocide. In justifying this violence and injustices against American Indian women, Ervin Staub, an emeritus professor at the University of Massachusetts Amherst, writes of genocide in his work *Genocide and Mass Killing: Origins, Prevention, Healing and Reconciliation*. In his article, Staub writes, “Genocide is an attempt to eliminate, directly by killing them or indirectly by creating conditions (e.g., starvation) that lead to their death, a whole group of people” (368). He further builds on this by adding the United Nations Genocide Convention's definition of the term as “acts committed with the intent to destroy in part or in whole a national, ethnic, or religious group...” (368). By using this source, it is apparent to me that the United States' attempt to eradicate itself of the Indian problem through the sterilization of Indian women is, in fact, genocide.

In conclusion, the United States government commits acts of genocide against American Indians through the perpetual support or non-action in the sexual violence against American Indian women. Rather than protecting these citizens of a nation that completely stole everything from them, the United States is still seeking ways to rid itself of the “Indian problem” - the problem that they still exist. Because the United States cannot go out blatantly killing members of this “racial” group, they attack the women's reproductive health and ability, thereby making reproduction impossible or strained. Through multiple types of violence, varying sterilization practices, and lack of intervention, the United States is indirectly killing off its “problem.”

CHAPTER THREE

EXPLANATION OF CURRENT METHODOLOGY AND GOALS

Research Methods

The primary focus addressed in this research is the sexual violence experienced by American Indian women in and by the United States. This work aims to prove that domestic violence, rape, forced sterilization, coerced sterilization, STD sterilization, birth control sterilization, and environmental sterilization all occur because of subverted hatred of this ethnic group in this country. Through direct, structural, and cultural violence, the United States promotes the injustices and abuse American Indian women have to face and endure, ultimately affecting their reproductive abilities and fertility.

One of the problems that has been faced in collecting information is information explicitly relating the Supreme Court decision *Buck v. Bell* to American Indian women. While many sources mention “imbeciles” being affected and eventually sterilized because of this decision, few actually relate this to American Indians. Another issue experienced in researching the sexual violence against American Indian women in this country was the lack of scholars writing about all the dimensions of this issue and finding the individuals who did. Despite these two “issues,” this paper will still supply the reader with a lot of textual evidence supporting my claims.

The approach that is used in this research is a careful review of peer-edited, scholarly literature surrounding not only violence and sexual violence, but also the Eugenics movement in the United States and genocide. The sources will be collected over a nine-month period so as to be as current, thorough, and as detailed as possible. Through

the cautious and detailed research of academic articles and books published by scholars and experts in their respective fields, this piece should sufficiently prove the aforementioned topic. Because this is an undergraduate capstone manuscript, the primary research methods do not include fieldwork, but mainly include written and electronic sources. Although fieldwork is not necessary or required, it could be performed in the future to give a more complete understanding and personalization of the hardships American Indian women face.

Purposes and Scope of the Paper

Since the founding of the United States of America, tribes such as the Cherokee, Lakota, Pequot, etc. have been forced to not only die from disease, warfare, relocation, and famine, but also made to question their culture and identity. Because this ethnic group was colonized by racist, patriarchal Europeans, American Indian women have suffered the most under the prejudices of this country. This thesis proves to assert that American Indian women are intentionally violated by the United States not only physically, but also mentally, spiritually, and emotionally, by affecting their reproductive organs and fertility. It is through sexual violence that the United States sets forth to rid itself of the “Indian problem,” thereby eradicating itself from future generations of this ethnic group.

In this thesis, I explain what violence is and how “sexual violence” will be used to describe what American Indian women face. I will examine the history, causes, statistics, and risk factors that relate to each form of sexual violence presented in this paper. I will also relate these topics back to the original point that the United States brings about these instances of sexual violence, or does nothing to prevent them, in an attempt to completely

get rid of American Indians. Through all of this research, I will conclude that this sexual violence against American Indian women is, in fact, genocide. Furthermore, I will aim at possible points of expansion in this presentation of research, whereby there might be a potential solution to this problem.

CHAPTER FOUR

DOMESTIC VIOLENCE

In the *Oxford English Dictionary*, “domestic violence” is defined as “violent or aggressive behavior within the home, especially violent abuse of a partner.” While domestic violence is not something that is exclusive to American Indian couples, the rate at which it occurs is significantly higher than any other race in this country. For such aggression to happen at astonishing rates, seeing as how American Indians only constitute for about 1.5% of the country's population according to the 2000 U.S. Census, there is a link between the federal government and this domestic abuse (Ogunwole, n.p.).

Context

Domestic violence against American Indian women occurs for many reasons: alcoholism, resentment, history of abuse, etc. However, when a man hits an American Indian woman, whether he is Indian or not, this speaks to the inbred ideas of violence in the United States. Because she is a woman, her partner feels that he (or she, depending on sexual orientation) has a dominant role in the relationship, and a say to how she behaves or what she does. While some American Indian societies, most notably the Iroquois, allowed women to have positions of authority, this all changed with the colonization of this country and subjugation of Native cultures. Instead of being treated as equals or even revered as they once were, Native American women are now subjected to relationships filled with abuse with no means to really escape them. This struggle for fairness and equality between partners illustrates the direct, structural, and cultural violence surrounding the issue. Obviously the violence is direct, for there punches being thrown,

verbal assaults, etc. but for one to recognize domestic violence as structurally violent, one must identify the role in which society plays on such altercations.

“One of the more depressing consequences of Anglo and 21st century intrusion into Native American culture” is “the rise in domestic abuse” (Rivers 395). Alcoholism, unemployment, poverty, loss of balance between the power of men and women, patriarchal influences the United States has on tribal government (even though the Navajo were matrilineal), material ownership, and most importantly, the “disruption in the transmission of cultural values and lore created by the U.S. government's efforts from 1930 to 1970 to 'Anglicize' the Native American” (Rivers 399). These Navajo women are similar to women in other tribes as they too experience a sense of not belonging – they are “rejected by Anglo society and unfamiliar with the byways of their own” (Rivers 399).

The research goes beyond what happens to these women and tries to explain why the Navajo women who are abused stay with their partners. Low self-esteem, lack of education, teenage pregnancy, fears at being unable to provide for oneself and child, and isolation as factors in why an abused woman on the reservation would stay with her partner (Rivers). However, Navajo families are quite close (negating isolation), Navajo women are more likely to be employed than Navajo men (negating potential poverty), and they do not have to fear losing custody of their children. Rather, Navajo women are perpetually in abusive relationships, for the most part, because they believe in “hozho” - a Navajo word meaning beauty and balance (Rivers 401). Two other traditional beliefs come into play - “hogan” (a home with one's mate) and “kinaalda” (the female puberty ceremony). By giving the reasoning behind Navajo women remaining in abusive

relationships, there is some understanding as to how violence is interpreted differently to American Indian women both on and off the reservation (Rivers).

Risk Factors

Related to the context of domestic abuse on the reservation and for American Indian women are the risk factors for such violence. There are demographic variables, history of victimization, alcohol use, and cultural factors as contributing to the victimization of men and women (Yuan, Koss, and Polacca). Historical trauma, or “high rates of victimization” are “associated with oppressive traumatic events and practices contributed to losses of cultural affiliation” (Yuan, Koss, and Polacca 1571). When citing examples of American Indian children being ripped away from their homes and parents, lack of acknowledgment from the federal government of past atrocities, alcohol dependence, boarding schools, etc., “Historical trauma is passed from one generation to another. ... Researchers also believe that European colonization may have taken away the traditional roles of Native men, causing them to adapt a European model of control over intimate partners” (Yuan, Koss, and Polacca 1571).

Because of the United States' failure to recognize past wars, murders, and rapes, American Indians experience something unique to them - “historical trauma.” As a result of this neglect, many American Indian men harbor resentment and anger from a culture that refuses to acknowledge past injustices, leading up to increased tension between partners. Due to this deficiency of admission, the United States federal government is instituting and perpetuating violence against American Indian women. In doing so, this nation's government is then redirecting the blame on American Indians in abusive relationships instead of owning up to their own part.

Statistics

An important factor to consider when dealing with statistical analysis is that one must realize that it is very easy to adapt data to convey what one is trying to prove. In the National Violence Against Women Survey, which was conducted between 1995 and 1996, the data collected does not effectively represent men and women involved in domestic violence (Ferraro). In this study, 8,000 men and 8,000 women participated in telephone interviews, with the questions revolving around stalking, intimate violence, and other forms of interpersonal violence. The data that the survey is based on comes from men and women who chose to report their encounters with violence, skewing the results, because not all people report their crimes. Another issue with this survey is that it wants the participants to identify with a race, with “Hispanic” being an ethnicity instead. Yet another factor is that “at least half of American Indians households living on reservations were excluded from participation” (Ferraro 197). Despite this, American Indian women were recognized as being more likely to be victimized in relationships than their other counterparts (Ferraro).

According to the National Crime Victimization Surveys (NCVS) conducted between 1992 and 2001, Perry “American Indians have the highest level of violent victimization of all races; a per capita rate twice that of the US resident population” (qtd. in Ferraro 198). While American Indian males, as well as men from other races, are more likely to fall victim to a crime than their female counterparts, Native American women are more likely than women from other races to be the victims of violence (Ferraro 198). Perry also writes,

The rate of violent crime victimization among American Indian females (86 per 1,000) was 2½ times the rate for all females. The victimization rate among American Indian females was much higher than that found among black females (46 per 1,000 aged 12 or older), about 2½ times higher than that among white females (34), and 5 times that of Asian (17) females (qtd. in Ferraro 198).

In Laura A. Williams' article *Family Violence and American Indians/Alaska Natives: A Report to the Indian Health Service Office of Women's Health*, she also collects and analyzes data concerning sexual violence and American Indians. This report states, "In 1999, the Bureau of Justice Statistics reported that American Indian women suffered 7 rapes or sexual assault per 1,000 compared to 3 to 1,000 amongst Black, 2 per 1,000 among White and 1 per 1,000 among Asians" (Williams et al. 1). As issues such as alcoholism and unemployment rose in American Indian communities, so did the violence. Through analysis of data collected on the violence experienced by American Indian women and the general health of American Indians, it reveals that this group of people is suffering more so than any other group in the United States, even though they constitute one of the smallest racial and ethnic groups in this country.

Role of United States Government

The United States government plays a major role in American Indian domestic violence. Not only does it affect the relationships American Indian women have through failure to recognize past atrocities, but also because of their lack of respect for tribal sovereignty. The federal government robbed tribes of being able to delegate punishments for crimes committed by American Indians against other American Indians in Indian

Country. This means that even if an American Indian woman is hit by her American Indian husband, the tribe has no jurisdiction over the issue, and instead, it must be dealt with by the state or federal government, depending on the state and circumstances (A. Smith).

Leading up to relinquishment of tribal jurisdiction over rape, murder, kidnapping, and manslaughter was the highly publicized 1883 Dakota trial involving an American Indian man named Crow Dog. Crow Dog murdered an Indian man named Spotted Tail, a Chief of the Brule Sioux, and was later punished by the tribe by being shunned and ordered to pay a fine. The United States federal government did not view this as a fair punishment for such a crime so they apprehended, charged, and convicted Crow Dog of murder under federal jurisdiction. However, Crow Dog later appealed his conviction all the way to the United States Supreme Court, “arguing that federal officials had no right to prosecute him for something that occurred on an Indian reservation between two Indians,” which later led to his release (Pevar 78). In response to the Supreme Court decision to *Ex parte Crow Dog*, Congress passed the Major Crimes Act of 1885 as a way of guaranteeing jurisdiction.

The Major Crimes Act of 1885 chipped away at the already diminished sovereignty of tribal governments across this country. Essentially, this act takes away the jurisdiction of the tribe whenever a “major” crime is committed, crimes including assault, kidnapping, incest, child abuse, murder, manslaughter, assault with a dangerous weapon, sexual abuse of a minor, and several other “heinous” crimes. In her book *Conquest: Sexual Violence and American Indian Genocide*, Andrea Smith argues that the “criminal justice system, rather than solving the problems of violence against women, often re-

victimizes women of color who are survivors of violence” (157). An example Smith uses to prove this point occurred in Alert Bay, Canada, in which “A Native woman calls the police because she is the victim of domestic violence, and she is shot to death by the police” (157). Rather than protecting the victim of domestic violence, those sent to aid her end up taking her life.

While domestic violence might be regarded as a private issue only happening in the domestic, private sphere, the only hope American Indian women have at overcoming this abuse is by speaking out. Although the federal government has undermined tribal governments' ability to prosecute, convict, and punish perpetrators of domestic violence thinking it would “help” Native Americans and cause them to become “civilized a great deal sooner” (Pevar 78). Despite what may be construed as good intentions, domestic violence in Indian Country has skyrocketed over the past few decades. As Stephen L. Pevar notes,

According to recent studies, including a report issued by the U.S. Justice Department in 1999, violent crime occurs more than twice as frequently per capita on Indian reservations as elsewhere, with sexual abuse against women occurring three times as frequently; and violence crime in Indian country is increasing, while it is decreasing nationally (146).

While the statistics surrounding domestic violence in Indian Country are startlingly high, this is sadly not the worst form of violence American Indians endure. Though structurally and culturally violent in that the United States does not prevent or protect this ethnic group's women, as evidenced by the increasing amount of crime on reservation land, sadly there are worse forms of aggression Native American women

face. In the forthcoming chapters, the reader will encounter the tragedy surrounding the rape and sterilization of American Indian women and the role the United States plays in these.

CHAPTER FIVE

RAPE

History

From the early colonization of what makes up the present-day United States, white settlers have harbored feelings of prejudice, racism, superiority, and an inherent right to both the land and bodies possessed by American Indians. The white male colonizers attacked the different ways of life many Native Americans exhibited, for if they agreed with their lifestyles, there would be no just means for seizing their property and food and assaulting their culture. By classifying these people as “heathen” and concocting myths that American Indian women, white women, and white children were brutalized by Native American men, European men were in fact satisfying two male egos – “the protector and the menace” (A. Smith 22).

For Andrea Smith, as she posits in her book, *Conquest: Sexual Violence and American Indian Genocide*, “Patriarchal gender violence is the process by which colonizers argued that they were actually somehow freeing Native women for the 'oppression' they supposedly faced in Native nations” (23). In order to fully subjugate these peoples, white colonizers had to assault American Indian men and women exclusively. By likening Native American men to brutally vicious monsters and American Indian women as dirty, helpless, little “squaws,” white settlers were able to legitimize the rape of this ethnic group's women. As for trying to understand the justification behind raping Native women, Smith writes, “Because Indian bodies are 'dirty,' they are considered sexually violable and 'rapable,' and the rape of bodies that are considered inherently impure or dirty simply does not count” (10).

Literature

Interestingly enough, fictional accounts of captive novels sprung up around the 18th and 19th centuries surrounding this notion of Native American men being rapists, murderers, and pillagers. However, upon uncovering data from legitimate accounts of white women being held as “captives” with American Indian tribes, “European women were often surprised to find that, even in war, they went unmolested by their Indian captors. ... Between 1675 and 1763, almost 40 percent of women who were taken captive by Native people in New England chose to remain with their captors” (A. Smith 20). Unlike the malicious depiction white men imagine American Indian men as being, they actually treated women better than them. Why else would so many captives choose to stay with their captors? It cannot be all linked to Stockholm Syndrome, so there must be something wrong with the way in which white, European men view and treat “the fairer sex.”

While these “captive” narratives were allegedly first-person accounts of white women being forced to endure and undergo savagery at the hands of Native Americans, the authors often consisted of white men, promoting their own goals. With the demonization of American Indian men and women, these white men were able to control European women by instilling fear and hatred amongst this ethnic group. In doing so, white males could not only control their wives, daughters, sisters, mothers, etc., but they also could make European women appreciate their position in a patriarchal, hierarchical society that abuses them. By forcing white women to view American Indian men as evil, they not only valued their place with their husbands, but also were able to turn a cold shoulder to the rapes of American Indian women and children. From this propagandized

literature, white women often began to see Native American men as the enemy, and in turn, American Indian women as well. This allowed for white men to continue to sexually violate and abuse Native American women and for women to identify this as her lot in life.

Occurrence

While the rape of American Indian women has been occurring for centuries, the reasoning behind such cruel, aggressive acts has slightly changed. Prior to the forced assimilation of many Native tribes, in which they adopted Christianity and learned English, American Indian women were raped as a means to create, control, and maintain white male dominance in a newly-forming society. By asserting their power over American Indian women, white men were keeping European women in check and also reinforcing their dominance over Native men.

Even after tribes such as the Cherokee and Iroquois adopted “European” customs, such as learning to speak English, this did not save the American Indian women from sexual violence. In fact, during the Trail of Tears, when the Cherokee were marched to land in Oklahoma in the nineteenth century, “Soldiers targeted for sexual violence Cherokee women who spoke English and had attended mission schools instead of those who had not taken part in assimilation efforts. They were routinely gang-raped” (A. Smith 25-6). Instead of raping women for establishing a patriarchal society, these soldiers raped Cherokee women to demonstrate colonial rule and power.

Still today, white men rape American Indian women and continue to go unscathed for such crimes. Instead, similarly to the ways in which white men blamed Native men for their women's predicament, European men shift responsibility from themselves onto

male Native Americans. Even when victims identify their attacker as white, newspapers and authorities seek out American Indian men to blame for these crimes. It is ironic that local, state, and federal governments propose that American Indian women need protection from American Indian men, when it is, in fact, white men perpetrating most of the sexual violence and rape.

While this section might make it appear that only white men rape Native American women, with American Indian men being completely victimized, emasculated, and powerless, this is not true. American Indian men also rape women of their same ethnic group and members outside their race as well. There are many factors leading up to the reasoning behind an Indian's motivations to rape a woman, as with any other race, but because of the historical context, cultural implications, and structural restrictions, these men have some sort of stipulation.

Punishment

As referenced to before in Chapter 4: Domestic Violence, the punishments made available to those who commit rape against American Indian women is not regulated by the tribal governments. In 1885, with the passage of the Major Crimes Act, the United States essentially obliterated the rights of tribes to prosecute “major” crimes, which include rape. With the passage of this act, the original four major crimes, now totaling to over a dozen, must be adjudicated through the federal court system. During the 1950's, the United States underwent a termination period regarding American Indians. This means that the United States terminated the tribal status of many Native American tribes, which seriously undercut and underfunded tribal court systems and law enforcement. Because so many once federally-recognized tribes could no longer afford to prosecute

criminals and violators of civil infarctions, the United States then decided to give some state governments jurisdiction in Indian Country.

By 1953, three years after the beginning of the termination period, Public Law 280 was passed, requiring six states “to exercise full criminal jurisdiction in Indian country, with certain Indian reservations within those states being excepted” (Pevar 143). The remaining forty-four states “were permitted to accept similar jurisdiction in Indian country” (Pevar 144). Regarding the six mandatory states, California, Oregon, Wisconsin, Minnesota, Alaska, and Nebraska, there are large numbers of American Indians in these states. Because this issue over jurisdiction can be extremely confusing, below is a chart from Pevar's book *The Rights of Indians and Tribes*:

When the Crime Committed is a “Major” Crime (rape, murder, manslaughter, etc.)

PERSONS INVOLVED	JURISDICTION
Indian accused, Indian victim	Federal government (Major Crimes Act) and tribal government (inherent sovereignty)
Indian accused, non-Indian victim	Federal government (Major Crimes Act) and tribal government (inherent sovereignty)
Non-Indian accused, Indian victim	Federal government only (Indian Country Crimes Act)
Non-Indian accused, non-Indian victim	State government only

(Pevar 145)

For Andrea Smith, this limit on tribal sovereignty causes more problems with sexual violence against American Indian women that it solves. She writes,

Because sexual assault is covered under the Major Crimes Act, any tribes have not developed codes to address the problem in those rape cases the federal government declines to prosecute. Those with codes are often hindered in their ability to investigate by a wait that may last more than a

year before federal investigators formally turn over cases. In addition, the Indian Civil Rights Act (ICRA) of 1968 limits the punishment tribal justice systems can enforce on perpetrators. For instance, the maximum time someone may be sentenced to prison through tribal courts is one year (32).

While the Major Crimes Act of 1885 poses its own problems for tribal sovereignty, P.L. 280 complicates the issue of prosecuting crimes even tougher. Because P.L. 280 gives at least six mandatory states criminal jurisdiction over reservations in those states, tribes must work with them if they want to have a crime reported, efficiently solved, or even have a criminal prosecuted. This creates even more issues as most state governments do not have favorable feelings towards tribes, as they must now pay to patrol, prosecute, and house criminals without any tax support from these American Indians. P.L. 280 then generates much more hostile tensions between state and tribe. Finally, as decided by the Supreme Court decision *Oliphant v. Suquamish Indian Tribe* (1978), tribes do not have the right to prosecute non-Indians for crimes that occur on reservations.

Because tribes and other Native American victims cannot fully seek justice for acts of sexual violence against them, it becomes easier and easier for others to continually violate them. Referring back to the three types of violence Galtung theorizes (direct, structural, and cultural), all three are present in the rape of American Indian women. They are directly affected physically through the forced sexual assault and any other emotional issues stemming from such an ordeal. Structurally, American society actually promotes the rape of Native women because of the lack of laws and abilities of tribes to prosecute offenders. Both the federal and state governments have robbed tribes of getting

justice for crimes and placing directly in the hands of governments who are racist, prejudiced, and hostile towards them. As if this were not bad enough, the offenders of such laws are usually white males, the people who actually “run” this country! By allowing these injustices to continue, the United States government is proving its cultural violence and racism against American Indians.

CHAPTER SIX

FORCED STERILIZATION

Eugenics in the United States

The term “eugenics” was coined by Francis Galton, a word using Greek roots that came to mean “good in birth” or “well-born” (Berson and Cruz). “By 1883, when he published *Inquiries into Human Faculty and Its Development*, Galton was convinced that humankind could modify and improve its own species” (Reilly 3). Although his cousin, Charles Darwin promoted the notion of the “survival of the fittest,” Galton instead supported the idea that a society could better its “stock” by preventing those of less-desirable traits from reproducing. By advancing Darwin’s theory of evolution into a societal competition of who is deemed “fit,” Galton essentially stripped the “undesirables” from bearing children in order to encourage and engineer the evolutionary advancement of mankind.

While Philip R. Reilly, author of *The Surgical Solution: A History of Involuntary Sterilization in the United States*, credits Galton as being the father of the eugenics movement, “it is difficult to estimate Galton's impact on American thought. He never visited the United States” (4). Despite not actually setting foot in this nation, Galton still undoubtedly had an effect on the eugenics movement in the United States, as he was a prominent Victorian scientist who published many articles and studies on his beliefs. Other “scientists” at the time also wrote works and essays appealing to the eugenics movement. One such scholar, Herbert Spencer, wrote in his 1950 piece *Social Statistics* that, “'Nature' was a great court in which people were tried: 'If they are sufficiently

complete to live, they do live, and it is well they should live. If they are not sufficiently complete to live, they die and it is best they should die' ” (Reilly 4).

Regardless of who caused or started the eugenics movement in the United States, it is imperative to note that while these scientific ideas of evolution harmed the predominantly Protestant-held beliefs in creation, natural selection advanced the racism harbored by most Americans. Eugenics “had the benefit of providing a method with which to rationalize the widely held belief that the Negro was inferior to the Caucasian” (Reilly 5). This notion can also be extended to other ethnic groups existing in the United States in the early 20th century, whether they are Asian, African, or Native American. For many popular thinkers at this time, the existence of race proved that whites were superior to those of darker skin tones and features. Due to the varying colors of “race,” white North Americans proposed that those of a “lesser” race were degenerative forms an “original type” (Reilly 5). Of course this idea of the “unfit” did not apply to those not of the white race. Eugenics also sought to discourage reproduction among the poorer classes because they were too prolific and their offspring were “rapidly dumbing down the population” (Mosher 33).

Related to the fear of an increasingly defective human race is the notion that the Earth would not be able to sustain future generations (Mosher 31). According to Thomas Malthus, an Anglican member of the clergy, America’s population was increasing geometrically while the food supply was only increasing arithmetically (Mosher 31-32). Published in 1798, Malthus’ *An Essay on the Principle of Population* created a sense of fear and urgency through the promise of future catastrophe if the death rate was not kept in check. Due to the improvement of work and living conditions and advancements in

medicine in Victorian England, fewer and fewer people were dying, contributing to Malthus' fear. Malthusianism, along with Darwinism, led to the eugenics movement both domestically and abroad.

What first started out as a hypothetical idea later turned into practice. In the beginning, the eugenics movement was used to reinforce structural and cultural violence against African Americans, Asian Americans, Native Americans, and other immigrants. However, eugenics later came to view those who engaged in sex outside of marriage, having children out of wedlock, and criminals as being morally and mentally degenerate. Unfortunately for those deemed "feeble-minded," this often included epileptics, those of lower mental capacity, syphilitics, and poor individuals. This often translated to white, rich Americans seeing themselves as evolutionarily superior to almost any other race and disability – an idea that led them to think it is just to take away others' reproductive rights.

Shortly after the eugenics movement caught on in the United States at the beginning of the twentieth century, a Eugenics Records Office was founded with the support of one of the United States' richest women. With the establishment of this board and the institutionalization of epileptics, criminals, feeble-minded persons, prostitutes, the insane, and other "burdens," states grew more daring in how they were going to treat this "problem." While there were some opponents of legislation allowing forced sterilization, many proponents were pinnacle members of society – doctors, scientists, judges, lawyers, journalists, and wealthy philanthropists. Even John D. Rockefeller, Dr. John Harvey Kellogg (brother of founder of Kellogg's cereal), and Theodore Roosevelt supported the sterilization of "defectives" (Reilly 43). With the support of such members

of society, Connecticut, New York, California, and many other states passed legislature legalizing sterilization.

STATE	STERILIZATIONS	YEARS LAW IN FORCE
California	2558	1909-1921
Connecticut	27	1909-1921
Indiana	120	1907-1919
Iowa	49	1911-1914, 1915-1921
Kansas	54	1913-1921
Michigan	1	1913-1918
Nebraska	155	1915-1921
Nevada	0	1915-1921
New Jersey	0	1911-1913
New York	42	1912-1918
North Dakota	23	1913-1921
Oregon	127	1913, 1917-1921
South Dakota	0	1917-1921
Washington	1	1909-1912, 1921
Wisconsin	76	1913-1921
Total	3233	

(Reilly 49)

It is through positive and negative eugenics that proponents helped to achieve a better gene pool from which better, smarter, more-talented offspring would arise. While the asexualization of mentally handicapped, sexually promiscuous, criminal, physically handicapped, mixed race, etc. men and women might have been viewed as noble in cause at the time, it seriously infringed upon the human rights of those who were thought of unfit and their ability to reproduce.

Buck v. Bell

While the first wave of sterilizations died down between 1918 and 1922 after many state laws were invalidated, a second wave of sterilization state legislature soon emerged. This time around, there was a new stipulation added to the forced sterilization of imbeciles – “the candidate for involuntary sterilization” was “required to have a hearing, followed automatically by a jury trial and the right of appeal,” as suggested by Harry Laughlin (Reilly 85). Opponents of the new legislation still existed, but could do little to change the attitudes and laws passed surrounding involuntary sterilization or asexualization.

For Carrie E. Buck, an eighteen-year-old woman committed to the State Colony for Epileptics and Feeble-Minded in Virginia in January 1924, this meant she was subject to become sterilized. As the daughter of an allegedly feeble-minded woman, Buck was believed to have inherited her mother's status, as she followed in the same footsteps and also gave birth to an illegitimate child. Fearfully anticipating the birth of another “feeble-minded” child from an already “defective” woman, the superintendent of this hospital, Dr. Priddy, petitioned for Carrie Buck to forfeit her reproductive rights. Because of the new statutes that were implemented concerning asexualization, whether this young woman could be sterilized became the test case of Virginia, as she was viewed as sexually immoral and representative of the worthless whites.

Carrie Buck was appointed legal counsel after the board approved her pending sterilization in September 1924. The judge who heard the case, Judge Bennet Gordon, decided in April 1925 that Virginia's sterilization laws were to be upheld and ordered that Buck be sterilized within ninety days. Unfortunately for Carrie, her attorney failed to ethically plead her case, lacking key witnesses and experts that could have saved her

from sterilization. Instead, Carrie Buck rejected Gordon's decision and appealed to the United States Supreme Court less than a year later. Despite her attempts at keeping her ability to reproduce, on May 2, 1927, by vote of 8 to 10, the Supreme Court ruled “that the Constitution did not prohibit the compulsory sterilization of a U.S. citizen. Hence, the Commonwealth of Virginia could proceed to sterilize Carrie without her consent” (Bruinius 71).

The *Buck v. Bell* Supreme Court decision marked a new era in eugenics (Bruinius). After Carrie Buck's sterilization, Indiana, North Dakota, Mississippi, and twenty-five other states adopted or revised their sterilization laws by 1931. Bruinius also writes on the rate at which these sterilizations were performed after *Buck v. Bell* – a rate which doubled the “total number of sterilizations in the United States... from the previous two decades” (72).

American Indian Forced Sterilization

With the legalization of forced sterilization, many states could rob men and women of the right to reproduce without fear of repercussions. Dr. Henry Perkins, a professor of zoology at the University of Vermont, advocated for a sterilization bill to be passed in Vermont after the first one was vetoed by the governor in 1912 (Gallagher). “In 1927-28, he took a sabbatical to solicit funding and organize a comprehensive survey of rural Vermont, including all aspects of rural life that might explain the causes and effects of rural decline in the state” (Perkins). This survey led to the creation of the Vermont Commission on Country Life, which allowed Perkins to incorporate eugenics into his motives, especially after the Supreme Court decision *Buck v. Bell*.

From 1925-1928, Dr. Perkins sought to develop “pedigrees of degeneracy” among the rural poor in Vermont (Perkins). By January 1931, Perkins and his team reported their findings in *Rural Vermont: A Program for the Future*, which suggested ways the state could “restore the land, culture, and values to the kind of people who had colonized the state and who were deserving of the title ‘Vermonters’” (Perkins). Through the collecting of town records and other government documents, Perkins concluded that delinquency, dependency, and mental defect were all factors that prevented one from deserving the title “Vermonters” (Perkins).

For the Abenaki, an American Indian tribe in present-day Vermont, this translated to a slaughtering of their culture. Not only did Vermont’s new-found racism shame the Abenaki from their culture and identity, but it also caused many to hide who they truly were and disguise their children. If the Abenaki could not fit in with the French-Canadians of Vermont, they were institutionalized and sterilized, along with other handicapped people. Eugenics in Vermont permitted the “sexual sterilization and denial of marriage licenses to those deemed ‘mentally unfit’ for parenthood. ... This went on for years and was backed by the Vermont Sterilization Laws passed in 1931” (Perkins).

What happened in Vermont is not unique. Many American Indian women, as well as members of other races, were sterilized against their will during this time period. Unfortunately for the Abenaki of Vermont, more than 300 women were robbed of their ability to reproduce (Perkins). By sterilizing members of this tribe, “Vermonters” were hoping to rid the “Vermont stock” of inherited, unwanted traits, which often meant darker skin and “feeble-mindedness.” For the Abenaki, their culture and identity as a whole were

shaken by Vermont's passage of sterilization laws and may never fully recover - an
unfortunate result of racist motives.

CHAPTER SEVEN

COERCED STERILIZATION

Context

Related to forced sterilization is the concept of coerced sterilization. However, unlike forced asexualization discussed in the previous chapter, coerced sterilization is not explicitly performed against the will against the soon-to-be sterilized person. Instead, these people give their consent to surgically lose their ability to reproduce, whether they are given all of the facts concerning sterilization or not. Through promises of better health benefits, money, and fear of the loss of benefits, many American Indian women forfeited their reproductive rights.

After World War II, the forced sterilization of minorities was extremely frowned upon by the United States and often kept very secret. The United States did not want to be compared or likened to Nazi Germany in their extermination of Jews, the physically-handicapped, Russians, gypsies, homosexuals, the mentally-handicapped, and other “less-desirables” that would affect the Aryan stock. Because of the WWII propaganda illustrating Germany as an evil country ruled by a madman, this nation had to subvert its eugenics policy and shy away from forced sterilization methods. In its place developed coerced sterilization.

During the 1970's where the United States was a political war-grounds flooded with protestors regarding the Vietnam War, civil rights, feminism, black power, many Americans became aware of the injustices suffered by African Americans and American women in general. “During the 1970's, the majority of American protest efforts focused on the feminist, civil rights, and anti-government movements... Little publicity was given

to another form of Native American civil rights violations- the abuse of women's reproductive freedom" (Torpy 1). However, Mark Largent, author of the book *Breeding Contempt: The History of Coerced Sterilization in the United States*, states that,

Throughout the 1960's and 1970's, feminists publicized the coerced sterilization of women in the United States as well as Puerto Rico, India, Bangladesh, and Brazil. Poor women, they explained, were particularly vulnerable, especially in efforts to reduce the number of people on welfare (138).

Native American activists claimed that "the Indian Health Service had sterilized at least 25 percent of Native American women who were between the ages of fifteen and forty-four during the 1970's" (Largent 138-9).

The federal government should not only be blamed for coercing American Indian women into forfeiting their fertility, but also for allowing them to fall into a position where they can be easily manipulated in agreeing to do so. American Indian women's dependence on the federal government contributes to their susceptibility in being sterilized. In her work *The Lost Generation: American Indian Women and Sterilization Abuse*, Myla Carpio asserts, "The continued political, social, and economic oppression has left American Indian people, especially women, vulnerable to systematic abuse- in this case Indian Health Services (IHS)" (41). What is particularly disturbing about coerced sterilization through IHS, or Indian Health Services, is that is a federally-funded organization whose sole purpose it is to care for the well-being of American Indians. Rather than ensure and promote the health of members of different tribes, they try to prevent future generations from being born. Instead of acting for the benefit of the

patient, the IHS is threatening, bullying, and lying to American Indian in order for them to give up their reproductive abilities.

Methods

Regarding the methods used in coerced sterilization, many asexualization surgeries are completed by tubal ligation, or getting one's "tubes tied." Some American Indian patients are led to believe that this surgery is reversible. Still, others sign the consent forms in the hospitals, allowing surgeons to completely remove all of their reproductive organs, with the threat of losing health benefits. It was not uncommon for young Indian women to have complete hysterectomies and thinking they were reversible with the transplantation of a womb:

A young Indian woman entered Dr. Connie Pinkerton-Uri's Los Angeles office on a November day in 1972. The twenty-six-year-old woman asked Dr. Pinkerton-Uri for a "womb transplant" because she and her husband wished to start a family. An Indian Health Service (IHS) physician had given the woman a complete hysterectomy when she was having problems with alcoholism six years earlier. Dr. Pinkerton-Uri had to tell the young woman that there was no such thing as a "womb transplant" despite the IHS physician having told her that the surgery was reversible. The woman left Dr. Pinkerton-Uri's office in tears (Lawrence 400).

Coerced sterilization, like forced sterilization, still led to the infertility of American Indian women. The only benefit it served was for the conscience of the white-dominated, patriarchal government ordering these surgeries. What makes coerced sterilization that much worse is that even though patients sign away their reproductive

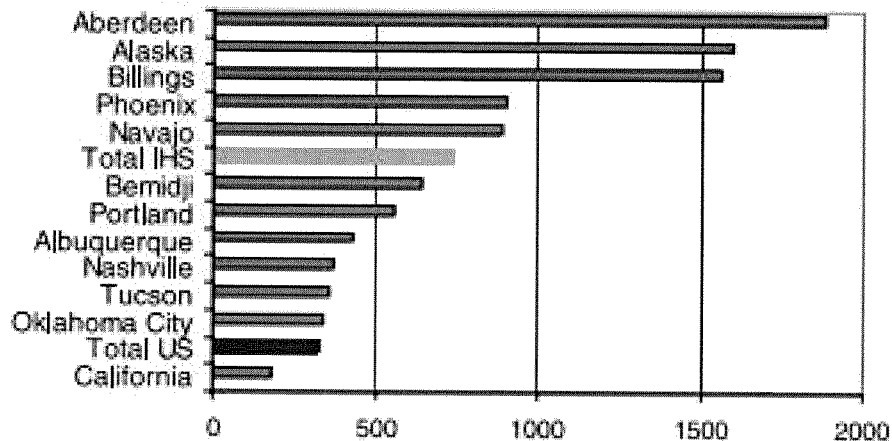
rights, many do so without realizing the repercussions. Just like the young woman who entered Dr. Pinkerton-Uri's office back in 1972, other women were lied to about their future fertility. Doctors violated the Hippocratic Oath, the oath they must swear to upon entering the medical profession, performed wrongful sterilizations and used unethical practices.

CHAPTER EIGHT

STD STERILIZATION

Chlamydia

Yet another form of sterilization present against American Indian women is STD sterilization. In their study called *An Ongoing Burden: Chlamydial Infections among Young American Indian Women*, Dicker et al. write, “Sexually transmitted diseases (STDs), primarily Chlamydia and Gonorrhea, are the main preventable causes of infertility in women” (25). Despite alleged Chlamydia screenings in the 1980's and 1990's, a “2001 nation survey documented a Chlamydia prevalence of 13.3% among young American Indian women, five times higher than the prevalence among whites” (Dicker et al. 25).



Source: Wong, 2006

Fig. 2. Chlamydia rates per 100,000, by IHS service areas, 2004.

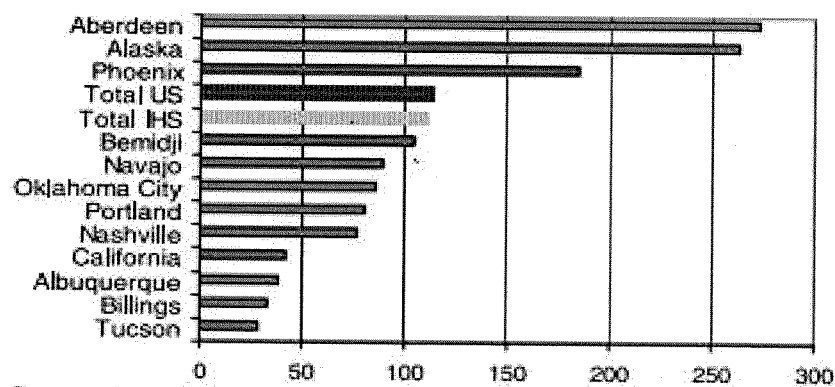
(Kaufman et al. 3)

In the Dicker et al study, it proved that American Indian women have higher rates of Chlamydia than the national average, with the age group most affected ranging from 15-19 years of age, by analyzing the data from 11,485 Chlamydia tests in 23 IHS

hospitals in North and South Dakota and Montana. In the Kaufman et al. study, California is the only region to have less reported cases of Chlamydia than the national average, while the Aberdeen area (North-Central Plains) is about “six times higher than the overall US rate” (2).

Because of the extremely high prevalence of Chlamydia among American Indian women in these three states, Dicker and her colleagues call for “an evaluation of Chlamydial screening, treatment, and intervention activities in the American Indian community” as it is important for “any program whose goal is to improve the reproductive health of American Indian women” (28). With less diagnoses and awareness of this sexually-transmitted disease, the occurrence of this disease can spread unknowingly. Contracting this STD would affect more and more American Indian women, raising the prevalence rate and ultimately hurt the population rate of this group even more.

Gonorrhea



Source: Wong, 2006
 Fig. 3. Gonorrhea rates per 100,000, by IHS service areas, 2004.

Unlike the rate of Chlamydia among American Indians, the rate of Gonorrhea was close to the national average (Kaufman et al.). Despite this, the annual increase for diagnoses of Gonorrhea is going up 3% for American Indians, while only 2% for the total US rate. While Gonorrhea may not be as prevalent among American Indians as Chlamydia, the number of cases it creates each year is increasing at a rate faster than the national average, which is interesting considering the actual amount of people constituting this racial group. American Indians and Alaska Natives only account for around 2% of the US population, so the numbers of cases and the elevating rate of incidence are significant.

STDs as a Form of Violence

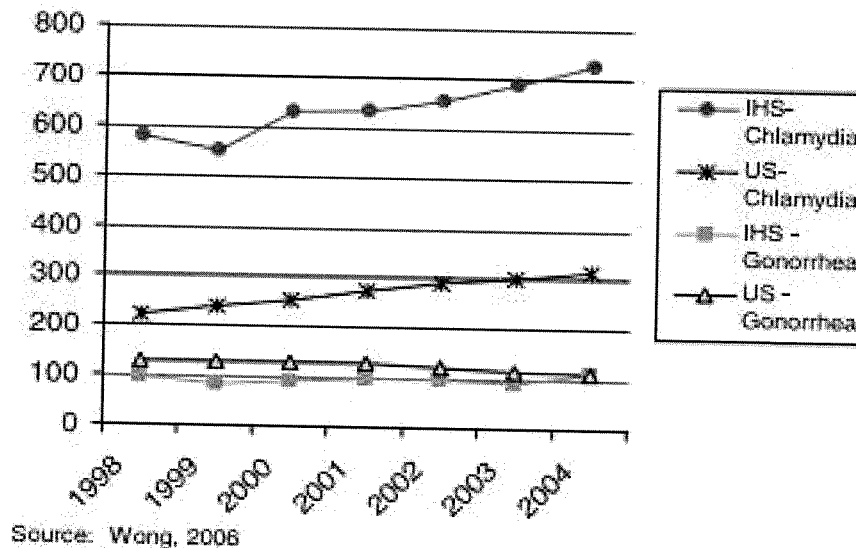


Fig. 1. IHS and US chlamydia and gonorrhea, rates per 100,000, 1998-2004.

(Kaufman et al. 3)

Why is the prevalence of these STDs so high (proportionately and statistically) when comparing them to the national average and the IHS average? There are several

reasons to consider: lack of preventive means available, underwhelming healthcare facilities, insufficient screening, geographic isolation, and relationship dynamic. For some American Indians, the distance to the closest clinic or IHS physician would take hours to reach by a car, never mind those who have no means of transportation. Even if there are healthcare facilities that are reachable, many are underfunded, and may not have condoms, diaphragms, or other barriers of protection at their disposal. Yet another factor to consider when evaluating the screening process is that some state laws have special regulations and limitations when it comes to doing this, thereby unfortunately inhibiting some preventive measures.

The ways in which American Indians contract STDs are both distressing and alarming due to the violence imbedded in this form of sterilization. As a dependent, sovereign nation, American Indian tribes and people are vulnerable and susceptible to whatever unethical, unjust practices the American government may employ. Because of its trust responsibility, the United States has an obligation to take care of American Indians not just financially, but also health-wise. By not providing the proper education to inform this group or the funding to treat cases, the United States is promoting the spread of sexually-transmitted diseases, which can result in infertility. Due to its racist and prejudiced stance on the American Indian, this route of inaction proves that this country still wants to rid itself of the Indian problem.

CHAPTER NINE

BIRTH CONTROL STERILIZATION

Aside from forced and coerced sterilization, there is another type of reproductive issue that concerns American Indians, and that is the issue of birth control sterilization. In several of the aforementioned sources, they address the role of contraceptives, whether they are taken knowingly or not. According to Sarah Hoagland, in her *Undivided Rights* piece, “Sterilization abuse, long-term and unsafe contraceptives, welfare reform, criminalization of women of color, immigration policies, medical experimentation, coercive and intrusive family planning policies and programs, and more” are attempts to regulate the population growth of non-white women in the United States (183). Not only were unsafe and unregulated forms of birth control provided for American Indians, but they were also implanted against their will or knowledge.

Intra-uterine Devices (IUDs)

Intra-uterine devices are a form of birth control that is surgically implanted into the uterus. By causing an inflammatory response in the wearer, the sperm cannot exist in the uterus and therefore pregnancy is averted. This T-shaped object is historically known as the Dalkon Shield, a shield that led to many young girls’ deaths through infection and excess bleeding. As if the surgery to insert the IUD was not bad enough, the structure of sad IUD was particularly damaging to a young girl, and could lead to Pelvic Inflammatory Disease and other issues (Mosher).

While some women requested the IUD be placed in their uteruses, others took different routes. Other options available were Norplant and Depo-provera, both less invasive than IUDs, but each with their own set of side effects. Even though several

IUDs prevented women from getting pregnant, whether they were known to be implanted or not, and the side effects were so common and severe that many times the IUD caused sterilization upon removal (Mosher 130).

Norplant

A new form of contraceptive was being tested in the 1980's, a drug called Norplant. This drug was given out at clinics as a free contraceptive "which is surgically inserted under the skin and which chemically sterilizes a woman for five years" (Mosher 136). Although this drug was not yet considered safe by the Food and Drug Administration in the United States, it was still given out to members of low-income communities and targeted for those not belonging to the white race. While this contraceptive might be considered breakthrough in that there is no daily need to take a pill, it is actually much more harmful and has many adverse side effects.

The market Norplant was targeted for, as it is now discontinued in the United States, African American, Latin-American, and American Indian women. Why target these groups of women? Well, there might be more of a media uproar if a white woman suffered while taking this drug as opposed to another woman of a different race. There are many stereotypes that are present in this country, stereotypes that affect our opinions and ultimately help to justify injustices. As for the side effects of Norplant, blood clots, migraines, bleedings, and complete blindness were reported (Mosher 136). According to Loretta Ross, author of *Sterilization and 'De Facto' Sterilization*, Norplant "can be dangerous to those with diabetes, liver disorders, blood clots, breast cancer, high blood pressure, heart or kidney disease, and to smokers. Yet it is aggressively marketed in overcrowded inner-city clinics and on Native American reservations" (p. 7).

Native Americans have notoriously high rates of diabetes – the highest rates in the country. Why then is a drug that is dangerous for those with this manageable disease being marketed to those who can barely afford to treat their diabetes and prevent them from having children? The United States intentionally markets Norplant to African American and American Indian women because of racist motivations and for the fear that they will have more children. Related back to the eugenics movement and Thomas Galton, white America fears becoming the minority and being dumbed down by other less-desirables. By attacking the reproductive abilities of American Indians, and other racial groups, white America can rest easier at night, especially if Native Americans became sterilized out of existence.

Depo-Provera

Like Norplant and the Dalkon Shield, Depo-Provera was marketed and shipped out to racial minorities before the Food and Drug Administration approved it in the United States. Depo-Provera, unlike IUDs, is a progesterone-based contraceptive that is injected into the skin and works “by inhibiting ovulation and implantation” (Mosher 187). Injections are required every three months to guarantee infertility. This contraceptive was also marketed to women of color, including American Indian women, in order to prevent pregnancy, despite not yet being deemed safe by the FDA.

Whenever a woman decided to go off of Depo-Provera, she found difficulty regaining fertility and being able to conceive. Other side effects included headache, menstrual bleeding, hair loss, osteoporosis, the elevation of the incidence of Gonorrhea and Chlamydia, and even pregnancy. Depo-Provera, then, is one of the least effective

contraceptives yet one of the most dangerous. This would explain why the drug has been marketed to women of color rather than white women.

CHAPTER TEN

ENVIRONMENTAL STERILIZATION

Context

“Katsi Cook, a Mohawk midwife, argues that attacks on nature are also attacks on Native women's bodies, and by extension, attacks on the bodies of Native children” (qtd. by A. Smith 64). Because Native cultures are so dependent on the land and the resources that are around them for food and ways of life, polluting or destroying the land affects American Indian fertility. The most important assault on the land concerning American Indian female sterilization is pollution. Because “Toxins are generally stored in fat, and during pregnancy and lactation, women's fat is metabolized, exposing fetuses and newborns, at their most vulnerable stages of development, to these chemicals” (A. Smith 64). Dumping chemical waste and toxins on Indian reservations most directly affects the women and children, something that does not matter much in a patriarchal society.

Environmental Toxins

As if American Indian people did not have enough issues standing in their way when trying to conceive, now there is another factor to contend with – environmental toxins. PCBs, DDT, dioxins, mercury, lead, and benzene are listed as some toxins plaguing the reproductive health of American Indians, especially those on the reservation (A. Smith). PCBs, or polychlorinated biphenyls, “have been used as organic diluents, plasticizers, pesticide extenders, adhesives, dust-reducing agents, cutting oils, flame retardants, heat transfer fluids, dielectric fluids..., for hydraulic lubricants, sealants, and in carbonless paper” (Safe 88). PCBs are everywhere in the environment, primarily

reservations, as most of this toxin ends up in the environment because of careless disposal, leakage, and accidents (Safe 88).

DDT is a pesticide that was used throughout the United States and other nations as an insecticide. Combined with PCBs, the effect these two chemicals have on fertility is astounding. In a study based on the effects prolonged ingestion of commercial DDT and PCBs on a mature female rat, Haldor Jonsson et al. concluded that “PCB, particularly at high levels (150 ppm), produced characteristic changes in the ovarian stromal cells, as well as reducing the number of follicles” (487). The study also indicated “High levels of DDT or PCB, alone or in combination, abolished reproduction altogether” (Jonsson et al 488).

As for other poisons and elements negatively impacting reproduction, dioxins, mercury, lead, benzene, and toluene contribute to infertility (A. Smith 64). All of these toxins are prevalent on American Indian lands due to unethical waste being dumped purposefully and accidental leaks. Whether or not how these toxins arrived on Indian land, little is being done to remedy the situation because there is not enough pressure on big businesses to fix and clean their messes.

Other Forms of Environmental Sterilization

Three other examples of environmental sterilization affecting the fertility of Native Americans occur as a result of radiation poisoning, uranium mining, and depleted uranium. In 1943, weapons grade plutonium was disposed of in the Columbia River, next to the Nez Perce reservation in Washington. As a result of this, the Nez Perce women now have a five times higher rate of lupus than other women in the country (A. Smith 65). Lupus, an autoimmune disease, goes on to attack the body's organs and other

systems, and can eventually lead to death. Clearly if the Nez Perce are dying from lupus, there are less around to have children and since lupus is also inherited, it could deter some American Indians from wanting children. In Utah, Arizona, New Mexico, Nevada, and the Black Hills of South Dakota, "Indian people face sky-rocketing rates of cancer, miscarriages, and birth defects. Men and women who grew up in Four Corners develop ovarian and testicular cancers at 15x the national average" as a result of uranium mining (A. Smith 66).

Yet another source of environmental sterilization is the presence of depleted uranium. In the mid-1950's, the United States dropped 66 depleted uranium (DU) bombs in the Marshall Islands. These DU bombs were 1,300 times more destructive than the bombs dropped on Hiroshima and Nagasaki during WWII, which is interesting to note because at the time, the Marshall Islands were a territory of the United States (A. Smith 67). Between 1954 and 1958, one in three births resulted in fetal death. The rate of Hepatitis B was thirty times higher in these Pacific islands than on the mainland United States. Women also had cervical cancer sixty times higher than the mainland US, as well as breast and gastrointestinal cancers five times higher and lung cancer three times higher. Women on the Marshall Islands were not the only ones to suffer. The incidence of lung cancer increased four times, while oral cancer ten times in the men of the Marshall Islands (A. Smith 67).

CHAPTER ELEVEN:

GENOCIDE

Sterilization Racism

Because the United States is a “total racist society,” Eurocentric, white culture justifies American Indian and African American sterilization (Volscho). Thomas Volscho, in his work “Sterilization Racism and Pan-Ethnic Disparities of the Past Decade: The Continued Encroachment on Reproductive Rights,” coins the term “sterilization racism,” defining it as, “the organization of racist controlling images, policies, and practices of delivering reproductive healthcare that operate to constrain, minimize, or completely eliminate the reproductive activities of women of color” (Volscho 20). In this definition, it suggests that racial discrimination in healthcare practices that is all too evident in the sterilization practices of the United States. Unfortunately for American Indian women in white America, they are often robbed of their ability to procreate, along with other members of different races.

Eugenics

Through the practice of eugenics in the United States, many women of color have been repressed and sterilized. As written earlier in this thesis, eugenics allowed for the prejudices many white, European-descendant, upper-class Americans to expand exponentially. As a means of perpetuating racism and classism, Galton’s eugenics theory was transformed into a movement that was set on saving the good, remaining stock of mankind, at the expense of the “unfit.” Through various forms of sterilization inflicted upon African Americans, Hispanic Americans, American Indians, “imbeciles,” the

mentally-handicapped, the poor, and more, the United States accomplished its goal of preventing future offspring from these groups.

Genocide

With the alleged “end” of eugenics movement in the United States marks a new phase in how the American Indians were treated by the federal government. What happened to the American Indians, and still happens today, is an act of genocide. In justifying this violence against American Indian women as genocide, this term needs to be defined: “Genocide is an attempt to eliminate, directly by killing them or indirectly by creating conditions (e.g., starvation) that lead to their death, a whole group of people” (Staub 368). According to the Convention on the Prevention and Punishment of the Crime of Genocide, a meeting at the United Nations on December 9, 1948, defines “genocide” in Article II as,

Any of the following acts committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group, as such: (a) Killing members of the group; (b) Causing serious bodily or mental harm to members of the group; (c) Deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part; (d) Imposing measures intended to prevent births within the group; (e) Forcibly transferring children of the group to another group (“Convention on the Prevention”).

According to this U.N. Treaty, the United States is clearly in violation of genocide. Some of the forced and birth control sterilizations resulted in death through infection or other complications from surgery, as well as the environmental toxins

affecting fertility. As if breaching this section (a) was not bad enough, sections (b), (c), and (d) all apply to the way in which the United States “deals with” American Indian women. Unwanted sterilizations and even those done unknowingly impact those affected psychologically, mentally, and emotionally, not to mention physically. Not being able to continue on one’s legacy, name, and culture severely damages American Indians. Through the sterilizations and other forms of sexual violence, the federal government is preventing the continuation of this race.

The United States cannot argue before the United Nations that the birth rates of American Indians have sharply decreased, as well as its population, merely because of coincidence. There is clearly intent behind the robbing of tribal sovereignty, health benefits, financial and political independence, and even the identity of American Indians, especially women. By wrongfully taking away this group’s ability to reproduce through various means, the United States is, in fact, destroying this ethnic group.

CHAPTER TWELVE

CONCLUSIONS AND RECOMMENDATIONS

In conclusion, this paper provides ample evidence of the sexual violence American Indian women endure at the hands of the United States. Whether it is through domestic violence, rape, forced sterilization, coerced sterilization, STD sterilization, birth control sterilization, or environmental sterilization, American Indian women are suffering gross injustices that assault their ability to produce future generations. Through multiple forms of violence – direct, structural, and cultural – the United States is effectively decimating the American Indian population, thereby ridding itself of the Indian problem.

In order to combat this genocide, it is my recommendation that teachers, professors, parents, law-makers, politicians, and other people of importance try to spread the truth about American Indians. Yes, they do still exist and no, not all Native Americans own or even want a casino. What the United States has done and is still doing to American Indians is not only unethical, but wrong and evil. As a major world power and member of the United Nations, it is astounding that no charges have been filed against this country for acts of genocide. The United States even signed the agreement at the United Nations in 1948, effective in 1951, against genocide, yet it continues to perpetuate genocidal tendencies without any recourse. By writing this paper, I hope to spread awareness on the issues of sexual violence, sterilization, eugenics, and racism present in the United States both past and present and shed light on at least some of these injustices.

Works Cited

- Berson, Michael J. and Barbara C. Cruz. "Eugenics Past and Present: Remembering *Buck v. Bell*." *Social Education* 65.5 (2001): 300. *Academic OneFile*. Web. 10 Oct. 2010.
- Bruinius, Harry. *Better for All the World: The Secret History of Forced Sterilization and America's Quest for Racial Purity*. New York: Knopf, 2006. Print.
- Carpio, Myla Vicenti. "The Lost Generation: American Indian Women and Sterilization Abuse." *Social Justice* 31.4 (2004): 40-53. *Academic OneFile*. Web. 11 Oct. 2010.
- Confortini, Catia C. "Galtung, Violence, and Gender: The Case for a Peace Studies/Feminism Alliance." *Peace and Change* 31.3 (2006): 333-367. *EBSCOhost*. Web. 6 Nov. 2010.
- "Convention on the Prevention and Punishment of the Crime of Genocide." *Prevent Genocide International*. Prevent Genocide International. 15 Oct. 2006. Web. 10 Mar. 2011.
- Dicker, Linda W., et al. "An Ongoing Burden: Chlamydial Infections among American Indian Women." *Maternal and Child Health Journal* 12 (2008): 25-29. *EBSCOhost*. Web. 9 Oct. 2010.
- "Domestic." Def. "domestic violence." *The Oxford English Dictionary*. 2nd ed. 1989. Web. 10 Dec. 2010.
- Ferraro, Kathleen J. "Invisible of Pathologized? Racial Statistics and Violence Against Women of Color." *Critical Sociology* 34.2 (2008) 193-211. *Sage Premier 2010*. Web. 10 Oct. 2010.

- Gallagher, Nancy L. "Sexual Sterilization in Vermont." *Vermont Eugenics: A Documentary History*. The WEB Project. n.d. Web. 18 Feb. 2011.
- Galtung, Johan. "Cultural Violence." *Journal of Peace Research* 27.3 (1990): 291-305. *JSTOR*. Web. 15 Oct 2010.
- . "Violence, War, and Their Impact: On Visible and Invisible Effects of Violence." *Polylog* 5 (2004). 19 Dec. 2010.
- Gonzales, Angela, Judy Kertesz, and Gabrielle Tayac. "Sociohistorical Processes and the De(con)struction of American Indians in the Southeast." *The Public Historian* 29.3 (2007): 53-67. *Caliber*. Web. 8 Oct. 2010.
- Haller, Mark H. *Eugenics: Hereditarian Attitudes in American Thought*. New Brunswick, NJ: Rutgers State UP, 1963. Print.
- Hoagland, Sarah Lucia. "Undivided Rights: Women of Color Organize for Reproductive Justice/Policing the National Body: Race, Gender, and Criminalization/Conquest: Sexual Violence and American Indian Genocide." *Hypatia* 22.2 (2007): 182-188. *EBSCOhost*. Web. 9 Oct. 2010.
- Jonsson Jr., Haldor T., et al. "Prolonged Ingestion of Commercial DDT and PCB; Effects on Progesterone Levels and Reproduction in the Mature Female Rat." *Archives of Environmental Contamination and Toxicology* 3.4 (1974) 479-490. *SpringerLink*. Web. 14 Feb. 2010.
- Kaufman, Carol E., et al. "Within the Hidden Epidemic: Sexually Transmitted Diseases and HIV/AIDS Among American Indians and Alaska Natives." *Sexually Transmitted Diseases* 34.5 (2007) 1-11. Web. 1 Mar. 2011.

- Largent, Mark A. *Breeding Contempt: The History of Coerced Sterilization in the United States*. New Brunswick, NJ: Rutgers UP, 2008. Print.
- Lawrence, Jane. "The Indian Health Service and the Sterilization of Native American Women." *American Indian Quarterly* 24.3 (2000) 400-419. JSTOR. Web. 10 Oct. 2010.
- Mosher, Steven W. *Population Control: Real Costs, Illusory Benefits*. New Brunswick, NJ: Transaction Publishers, 2008. Print.
- Ogunwole, Stella U. "The American Indian and Alaska Native Population: 2000: Census 2000 Brief." United States Department of Commerce, Feb. 2002. Web. 10 Dec. 2010.
- Park, Deborah and John Radford. "From the Case Files: Reconstructing a History of Involuntary Sterilisation." *Disability and Society* 13.3 (1998): 317-342. *Academic Search Premier*. Web. 8 Oct. 2010.
- Perkins, Henry. *Abenaki and Eugenics: A Culture Torn Away*. Mount Holyoke College, n.d. Web. 16 Feb. 2011.
- Pevar, Stephen L. *The Rights of Indians and Tribes: The Authoritative ACLU Guide to Indians and Indian Rights*. 3rd ed. New York: NY UP, 2004. Print.
- Reilly, Philip R. *The Surgical Solution: A History of Involuntary Sterilization in the United States*. Baltimore: Johns Hopkins UP, 1991. Print.
- Rivers, Mary J. "Navajo Women and Abuse: The Context for Their Troubled Relationships." *Visions of an Enduring People: A Reader in Native American Studies*. 3rd Ed. Walter C. Fleming and John G. Watts. Dubuque, IA: Kendall/Hunt, 2009. 395-406. Print.

- Ross, Loretta. "Sterilization and 'De Facto' Sterilization." *The Amicus Journal* 15.4 (1994): 29. *Academic OneFile*. Web. 11 Oct. 2010.
- Safe, Stephen H. "Polychlorinated Biphenyls (PCBs): Environmental Impact, Biochemical and Toxic Responses, and Implications for Risk Assessment." *Critical Reviews in Toxicology* 24.2 (1994) 87-149. Web. 04 Mar. 2011.
- Smith, Andrea. *Conquest: Sexual Violence and American Indian Genocide*. Cambridge, MA: South End Press, 2005. Print.
- Smith, J. David. *The Eugenic Assault on America: Scenes in Red, White, and Black*. Fairfax, VA: George Mason UP, 1993. Print.
- Staub, Ervin. "Genocide and Mass Killing: Origins, Prevention, Healing and Reconciliation." *Political Psychology*. 21.2 (2000) 367-382. *JSTOR*. Web. 9 Oct. 2010.
- Torpy, Sally J. "Native American Women and Coerced Sterilization: On the Trail of Tears in the 1970's." *American Indian Culture and Research Journal* 24.2 (2000) 1-22. *Academic OneFile*. Web. 11 Oct. 2010.
- "Violence." Def. 1a, 1d. *The Oxford English Dictionary*. 2nd ed. 1989. Web. 10 Dec. 2010.
- Volscho, Thomas W. "Sterilization Racism and Pan-Ethnic Disparities of the Past Decade: The Continued Encroachment on Reproductive Rights." *Wicazo Sa Review* 25.1 (2010): 17-31. *Project Muse*. Web. 10 Oct. 2010.
- Williams, Laura A., et al. United States. Indian Health Service: Office of Women's Health. *Family Violence and American Indians/Alaska Natives: A Report to Indian Health Service Office of Women's Health*. Bethesda, MD: U.S.

Department of Health and Human Services. 2002. Print.

Yuan, Nicole P., et al. "Risk Factors for Physical Assault and Rape Among Six Native American Tribes." *Journal of Interpersonal Violence* 21.12 (2006): 1566-1590. *Sage Premier 2010*. Web. 11 Oct. 2010.