DECOLONIZE ABORTION CARE: REPRODUCTIVE JUSTICE FOR INDIGENOUS COMMUNITIES

HISTORY

While the Caravaners' 1970 call for abortion on demand sought to unite women across Canada on this gender equality issue, their campaign did not address the unique concerns facing Indigenous women living in a country that was founded upon the brutal and oppressive colonization of their peoples. While the Vancouver Women's Caucus (VWC) – from which the Caravan emerged – published writing that recognized the "double oppression" of Indigenous women, girls and two-spirited people and organized with the Native Alliance for Red Power in British Columbia, none of the women who set out on the Caravan were Indigenous. In part, this lack of racial diversity reflects that VWC members met through Simon Fraser University, which like most Canadian universities in the 1960s was a predominantly white institution.

Indigenous people have resisted the colonial structures of Canadian society for more than 500 years. Around the time of the 1970 Caravan, First Nations women, including Rose Charlie of the Indigenous Homemakers Association of British Columbia, , mobilized around abortion by opposing Prime Minister Pierre Elliot Trudeau's 1969 White Paper - a policy they argued allowed the federal government to absolve itself from taking responsibility for historical injustices it had committed against Indigenous people. For example, Kanien'kehá:ka (Mohawk) elder Mary Two-Axe Early opposed First Nations women's loss of status under the Indian Act when they married non-Indigenous men - an assimilationist policy that forbid these women from living on reserve communities they belonged to.

Indigenous feminists also drew attention to the forcible removal of their children, who were put into residential schools from the 1880s until the mid-1990s and apprehended by child welfare officers starting from the 1950s onwards. Residential schooling and the period now known as the "Sixties Scoop" were policies that were explicitly colonial in intent, rendering motherhood and child rearing exceptionally difficult for First Nations women and their extended kin.



The Canadian state enacted other forms of reproductive violence against indigenous women, girls and two-spirited people throughout the 20th century. From the late 1920s to '70s, Indigenous women in BC and Alberta were systemically targeted under a series of Sexual Sterilization Acts, leading Lee Maracle, a Vancouver-based activist to argue in her 1990 book Bobbi Lee Indian Rebel that Canada was using abortion as an instrument of genocide. The National Aboriginal Council of Midwives further asserts that First Nations communities have always had midwives who supported all pregnancy outcomes, including abortion. The centuries-long and continued suppression of these traditional healing practices, compounded by the lack medical services on reserve, has led many Indigenous people to be profoundly distrustful of mainstream healthcare in Canada.

CURRENT ISSUES

Indigenous women, girls and two-spirited people <u>face particular challenges</u> when accessing sexual and reproductive healthcare. For one, those who must travel for abortion care often experience an associated loss of privacy, since most reserves are tight knit communities. Additionally, registered nurses are often the primary care providers on reserves, which poses a problem since <u>only nurse practitioners can provide</u> <u>abortions</u>, as we discuss below (see "Expanding Abortion Training and Provision" below).

Indigenous feminists continue to organize to establish culturally-sensitive sexual and reproductive health services for and in their own communities. The 2019 National Inquiry into Missing and Murdered Indigenous Women and Girls urgently demanded that the federal government fund community-based, Indigenous-centred healthcare across Canada on- and off-reserve, including abortion. Indigenous feminists have also been opening birthing centers across Canada in recent years (e.g., Toronto Birth Centre and the Tsi Non:we lonnakeratstha Ona:grahsta Six Nations Maternal and Child Centre), as well as lobbying policymakers to expand midwives' scope of practice such that Indigenous midwives would be able to provide medication abortion in their communities.



OUR DEMANDS

- Indigenous women, girls and two-spirited people must be trusted and empowered to make their own sexual and reproductive health care choices.
- Every Indigenous person must have access to Mifegymiso in their own communities.
 This may require a systematic overhaul of healthcare access on reserves.
- On-reserve nursing stations must have local Indigenous staff, and off-reserve abortion clinics must hire Indigenous people.
- All abortion providers in Canada must receive ongoing anti-oppression training that is Indigenous-led and informed.

SUPPORT OUR WORK

- Donate to Indigenous organizations that do sexual and reproductive health work, such as the Native Youth Sexual Health Network.
- Read <u>Reclaiming Power and Place: The Final Report of the National Inquiry into Missing Murdered and Girls</u> and think about which of the calls to action you can work on in your own community.
- Show up and support Indigenous-led movements, including No More Stolen Sisters and Idle No More.

LEARN MORE

- Explore the work of the <u>Native Youth Sexual Health Network</u>.
- Read why the National Abortion Council of Midwives <u>views midwifery as central to reconciliation</u>.
- Listen to Episode 74 of the podcast Media Indigena. It features historian Mary Jane McCallum, who discusses the historical mistreatment of First Nations people by Canada's healthcare system.

In the abstract, we understood that birth control pills were being tested out on racialized women from poor countries and that Indigenous women were more likely to be forcibly sterilized. We realized this was very wrong... but in reality we had no contact with racialized or indigenous women in our daily lives and no consciousness about the importance of reaching out to these women.

MARCY COHEN,
ORIGINAL CARAVANER