

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. The Vancouver Women's Caucus (VWC)—from which the Caravan emerged—had 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. However, none of the women who set out on the Caravan were Indigenous. This lack of racial diversity, in part, reflects the fact that VWC members met through Simon Fraser University - a predominantly white institution like most Canadian universities in the 1960s.

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 Liberal 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. Kanien'kehá:ka (Mohawk) elder Mary Two-Axe Early, for example, opposed First Nations women's loss of status under the Indian Act when they married non-Indigenous men, framing it as an assimilationist policy that forbid 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 beginning 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.



PHOTO CREDIT: Simon Fraser
University, Indigenous Studies

The Canadian state enacted other forms of reproductive violence against Indigenous people throughout the 20th century. From the late 1920s to the '70s, Indigenous women in British Columbia and Alberta were systemically targeted under a series of *Sexual Sterilization Acts*, leading Vancouver-based activist Lee Maracle to argue in her 1990 book *Bobbi Lee Indian Rebel* that Canada was using abortion as an instrument of genocide. Relatedly, the National Aboriginal Council of Midwives 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 of on-reserve medical services, has led many Indigenous people to be profoundly distrustful of mainstream healthcare in Canada.

CURRENT ISSUES

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

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



PHOTO CREDIT: Toronto Birth Centre

OUR DEMANDS

- Indigenous women, girls and two-spirited people must be trusted and empowered to make their own sexual and reproductive health care choices.
- 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.
- Every Indigenous person must have access to medication abortion in their own communities. This may require a systematic overhaul of on-reserve healthcare access.

SUPPORT OUR WORK

- Donate to Indigenous organizations that do sexual and reproductive health work, such as the [Native Youth Sexual Health Network](#).
- Read "[Reclaiming Power and Place: The Final Report of the National Inquiry into Missing Murdered and Girls](#)" and think about which of the calls to action you can work on in your own community.
- Support Indigenous-led movements, including [No More Stolen Sisters](#), [Idle No More](#), and [1492 Landback Lane](#).

LEARN MORE

- Read why the National Abortion Council of Midwives [views midwifery as central to reconciliation](#).
- 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**