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Reproductive Justice as a Human Right for Indigenous Peoples

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Colonization has had a clear effect on the overall health and welfare of Indigenous communities. Indigenous women experience the intersecting oppressions of race/culture, gender, and pregnancy/parenthood, often in addition to poverty and living in rural areas. Kyley Warren (2020) summarizes the plethora of reproductive healthcare issues facing American Indian women today. These include lack of access to hospitals, lack of sex education, culturally insensitive healthcare workers and practices, and statistical likelihood of fatal complications. The increased risk of death during pregnancy and childbirth, as well as the state's neglect of accessibility for Indigenous communities, is a human rights issue in various ways. The United States government fails to adequately address issues outlined in international human rights frameworks such as the 1979 Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the 2007 United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), and others.

The Window Rock Navajo reservation is the largest reservation in the U.S., spanning 27,000 miles over several states. Warren (2020) discusses the oppression of Indigenous people, particularly in regard to healthcare and reproduction, against the narrative backdrop of a group of native women in Window Rock training to become doulas. Of countries in the “developed world,” women in the U.S. are more likely to die from complications related to pregnancy or childbirth. The statistics are astounding. Here, Indigenous women are more than twice as likely as white women – and slightly less likely than

black women – to die from reproductive complications (Warren, 2020). Political and popular culture are bringing more attention to racial issues in reproductive healthcare, but Native women are often ignored in this conversation. Lack of access to adequate healthcare compounds this risk. They may live too far away from a hospital, be without reliable transportation, or lack insurance. Additionally, America's Westernized medical practices aren't always well-aligned with those of Indigenous traditions, so they may hesitate to seek specialized pregnancy care in culturally different American hospitals. Many Indigenous women have also reported experiencing cultural/racial bias in healthcare. To tackle these issues and ensure proper care, Warren (2020) reports, Indigenous women partake in reproductive activism by establishing accessible care centers, training others as doulas and midwives, offering culturally compatible education, doing home visits, and assisting with pre- and post-natal care.

In Window Rock, many people reside far away from hospitals; transportation alone might take an hour or more. Hence, many patients miss pregnancy-related appointments that could catch potential complications early, increasing their risk for harmful or fatal complications later on. Nicolle Gonzales, founder/director of the Changing Woman Initiative and nurse midwife, says that women should typically have ten to twelve prenatal visits, but Indigenous women are lucky if they have five or six (quoted in Warren, 2020).

The most obvious human rights issue associated with this situation is the lack of access to an adequate living standard, including healthcare, which is specified in Universal Declaration of Human Rights (UDHR), Article 25 (United Nations General Assembly, 1948b) and CEDAW, Articles 10 and 14 (United Nations General Assembly, 1979). Article 1 of the UNDRIP asserts the right to the enjoyment of all rights specified in the UDHR and other international human rights established by the United Nations (United Nations General Assembly, 2007). In other words, the UNDRIP encompasses all human rights documents that preceded it, as well as the unique rights it applies to Indigenous peoples. Further, CEDAW Article 12 asserts women's right to access health services, including family planning services. It

also calls on states to ensure adequate pre- and post-natal care, to grant “free services where necessary,” and ensure adequate nutrition (United Nations General Assembly, 1979). Additionally, CEDAW Article 14 specifically acknowledges the unique experiences of women in rural areas (United Nations General Assembly, 1979). Predominantly Indigenous communities are often located in rural areas, such as much of Window Rock, which contributes to the lack of easy and affordable access to healthcare.

Coerced and forced sterilization is still happening to Indigenous women in Canada (Zingel, 2018). Via the Convention on the Prevention and Punishment of the Crime of Genocide (United Nations General Assembly, 1948a), the U.N. includes "imposing measures to prevent births" within an identity group as a form of genocide. Systemically barring a group of people, whether intentionally or not, from accessing adequate reproductive healthcare (sometimes causing death) is one human rights issue, interconnected with this deliberate prevention of births that has been going on for decades. The hindrance of Indigenous women's right to healthcare leads directly to increases in pregnancy-related death among this group, which compounds the lack of births resulting from forced sterilization. The state is obligated to protect reproductive rights but is not making the efforts necessary to do so.

Furthermore, discrimination and exclusion of Indigenous cultural knowledge and practices can be considered a form of cultural oppression. Preventing, disrespecting, and discriminating against Indigenous people's cultural rights has been linked to poor mental and physical health in Indigenous communities (Claridge & Xanthaki, 2016). Culture is important to group identity, and repression of that culture has tangible effects. Cultural rights are less acknowledged than other types of human rights but are still prevalent, particular applied to ethnic and cultural groups that have been subject to forms of genocide. In regard to cultural rights, UNDRIP Article 31 asserts the right of Indigenous people to maintain, control, protect, and develop their culture(s), which includes their own traditional knowledge and sciences such as healthcare and medicine (United Nations General Assembly, 2007). Traditional

knowledge and practices are central to cultural identity. UNDRIP Article 24 establishes the right of Indigenous people to their own medicinal and healthcare traditions, as well as the right to access, "without any discrimination," all other social and health services (United Nations General Assembly, 2007). Warren (2020) discusses Indigenous women's accounts of prejudice and cultural insensitivity in the American healthcare system. Clearly, providers and public servants could benefit from better training on culture, prejudice, and sensitivity, such as those offered by the Changing Woman Initiative in Santa Fe (Warren, 2020). The government should sponsor the establishment of more (affordable) hospitals, dissolve the limit on medical residency training slots for aspiring physicians (Attias, n.d.) and invest in better, more accessible transportation on Native reservations like Window Rock. States should also (following CEDAW Article 12) dismantle one of the barriers to enjoying the right to healthcare by taking further steps to ensure access to more affordable or free services.

The UNDRIP and CEDAW, in conjunction with the UDHR, assert unique rights for Indigenous women in light of their unique experiences. Systemic hindrance of these rights makes it exponentially harder for Indigenous women to obtain quality reproductive healthcare, and they are at higher risk of death as a result. They continue to experience limited access, discrimination, and cultural oppression in the American reproductive health system. Indigenous women deserve better.

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