

Rain and Thunder
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South Dakota: Killing Ground for Choice

By Suzanne Sunshower

In 2004, one million women returned to their homes, jobs, and towns with a lingering high from the "Women's March" on D.C. for reproductive freedom. I returned to South Dakota, the most dangerously repressive state in the U.S. in which a woman can become pregnant.

Newly transplanted from Detroit to rural South Dakota, I had been shocked when on the 30th anniversary of *Roe v. Wade*, South Dakota lawmakers used tax-paid session time to attend an anti-abortion candlelight vigil inside the state Capitol. The ceremony was held in the rotunda, the symbolic foyer to the world of government, the very spot where legislative duty and public interest meet. I was appalled that no one in South Dakota seemed to find this behavior highly inappropriate, let alone downright odd. The ceremony was reported by local media as if the legislature was taking an elaborate break from the daily grind inside the Capitol.

With a population hovering just above 750,000, South Dakota averages about 7 residents per square mile, which recent studies reveal is fewer than during frontier times. The ethnic breakdown is about 7% Native American, next to a Caucasian population towering near 90%.

The rural landscape is relentless and isolating, giving rise to a parochial world-view uniformly present in each tiny, disconnected South Dakota town. This parochialism - an abject refusal to accept influence from the outside world - fired by omnipresent evangelicalism, fuels the rabidity of the anti-Choice mentality here.

Although not outlawed, access to abortion remains difficult to obtain even by private means, and the procedure is still unlikely to be performed unless the woman's life is endangered by the pregnancy. In fact, the Catholic Church bought two of the three largest public hospitals in the state and runs their satellite health clinics in the small towns.

An outright ban was dodged again this year. In March 2005, the South Dakota legislature passed a bill requiring that physicians secure a signed waiver, from any woman seeking an abortion, stating that the woman understands she is terminating the life of "a whole, separate, unique, living human being."

Unfortunately, I have learned that within this already uniquely constrained environment, the reproductive rights of Native women are being further manipulated and eroded to an abominable degree. For Native American women dependent upon the federal government for reproductive health

care, Choice has been virtually non-existent for many years. Ensured they will not find remedy within the state health care system, Native women truly have nowhere left to turn.

Listening to Public Radio one day - my daily link to civilization when the signal isn't blown out by the obnoxious prairie wind - I heard a report about the Indian Health Service, citing the number of abortions undergone by Native American woman in its care to be 25. I assumed the statistic was from South Dakota, a reflection of the fervent anti-abortion climate, but I discovered it was a national statistic for all Indian Health Service (IHS) units reporting in the country. Not twenty-five hundred abortions nationwide, but yes, only twenty-five! In 21 years of statistics keeping.

This was particularly stunning in light of the high incidences of reported rape on reservations where IHS units are located. According to *American Indians and Crime 1996*, 7 per 1000 Native women were victims of rape, compared with 2 per 1000 white women, which is a disparity in crime victim likelihood that is well-known.

So, why the low abortion rate for Native women? Turns out, the low rate is due to an unequal application of the notorious Hyde Amendment, passed in 1976, which limits access to public funded abortions for low-income women. All IHS units are required to provide the minimal access to abortion services that Hyde dictates. In Hyde's current (1997) incarnation, abortion services are to be provided in cases of rape, incest, and the mother's physical endangerment. The unbelievable statistic of 25 abortions is not a reflection of any one state's anti-abortion climate, nor is it an accurate reflection of organic Native thinking about reproductive choices, it was found that IHS units are simply arbitrarily ignoring the provisions of the Hyde Amendment.

Meanwhile, Native women are being routinely denied their own treaty-guaranteed health care, through gross systemic abuse. This is shameful and unlawful; another treaty violation, one for which women are paying with their health and well-being. Also paying, surely, are the unwanted children these women are forced to bear.

I was angered to learn of this willful breaking of federal law by federally funded clinics. What we have seen time and again in the abortion fight, as with other social issues, is that first the rights of low-income women of color disappear. When no one

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stands up for them, and their cries are history, the pathway is clear to oppress others.

I knew that, given the Bush administration's evangelical taint to legislation out of D.C., what was happening in South Dakota, and what the government was already doing to Native women, could be the future for all U.S. women. I tracked down a co-author of the report I'd heard on the radio, Ms. Charon Asetoyer, Executive Director of the Native American Women's Health Education Resource Center in Lake Andes, South Dakota, and made an appointment to visit the Center to discuss the issue of Hyde Amendment non-compliance.



Charon Asetoyer

There are no expressways in South Dakota; the sixty mile drive to Lake Andes was over country roads, through the maddening wind. The town of Lake Andes, pop. 800, is 60% Native American, and has an almost tangibly oppressive feel to it. The dingy business section has a deserted Old West meets Contemporary Urban

Poverty look that is prevalent in many of South Dakota's economically depressed small towns. Ironically, abandoned storefronts create a 'ghetto' look that makes driving through these utterly rural communities a surreal experience.

On this day, there was a carnival staked out in the 'downtown' area, yet I saw more residents heading through the door of the town saloon than toward the amusement locale. The ferris wheel and other welcoming rides circled round and round - empty.

On a residential street, I was buoyed to see the sign for the Native American Women's Health Education Center (NAWHERC) hanging out front of a pleasant, brick bungalow. Inside, Ms. Asetoyer met me with a wary handshake and a curious look, which I get a lot out here. People are surprised to find out I moved here from a metropolis, and even more surprised to see that I am Black. There aren't too many lone Black women in South Dakota.

Charon (pronounced: Sharon) Asetoyer, is a tall, purposeful woman, who was looking a tad tired when we met because she'd already spent a full day interviewing candidates for a job opening at the Center. Charon founded the NAWHERC in 1988, after having spent 8 years serving on the National Women's Health Network Board. As we sat down to talk in the airy conference room, I could clearly see

that the NAWHERC, and its mission, is a labor of love for its busy Director.

Interview

Q - Are you aware of a change in attitude toward abortion, among Native Americans, because of the influence of Christianity?

A - Oh, jeez! It's a major hurdle. The Catholic Church has a stronghold on almost every reservation in the U.S. An historical stronghold, what with the boarding school history, it's still a major influence on many families. It's hard to make people understand they have to respect other people's choices.

Traditionally, women elders have told us, we had medicines to make our periods come and to keep us healthy...there was no word for abortion, but basically it was to terminate a pregnancy. Reasons might be failed birth control, famine, wars, or we had to move camp...decisions were made based on issues other than what they are today, they were based on survival. Birth control was the business of women and not open to scrutiny in the political arena.

Q - How many IHS units are there in South Dakota, and who works at them? Are they federal employees?

A - There are 11 units; with federal employees; a mix of Native and white. The least resistant you are, the higher you climb in that bureaucratic system...if you're not an advocate for our people, you'll do well. If you're someone who's trying to fight the renegeing of their [IHS] trust responsibility of providing healthcare for us, you're not going to last.

Q - If there's no standard protocol for abortion counseling at IHS units, isn't it conceivable that, especially in South Dakota, the person 'counseling' a woman could be anti-abortion?

A - Very much! They just wouldn't be doing any counseling; you're just not provided any information. In this state, if the pharmacist in your community doesn't want to carry contraceptives, they don't have to. The next town over from here is like that. There is a movement within the Federal government, even for federal employees, not to provide abortion services under any circumstances, and that's what's so dangerous.

Q - 17 states have expanded options outside of Hyde, within their Medicaid system. South Dakota does not. Since all Native women are eligible for IHS, but not all Native women are eligible for Medicaid, IHS is the first logical place for a Native woman to turn

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for health care unless she has private insurance. Are we talking about low-income women?

A - Yes. But you have to understand, for Indigenous people within this country, health care is not a privilege, it's a treaty right! It's a privilege

for everyone else, but we are supposed to be guaranteed health care through the IHS, regardless of means.

Q - As South Dakota law becomes more restrictive, is there still abortion funding after rape and incest for Native women? I'm asking you what's really going on.

A - Within South Dakota, there is a very poor track record of IHS providing that information, and providing abortion, because they [IHS] don't provide abortions within their facilities; they contract it out. For instance, one weekend on Pine Ridge reservation there were over 50 reported rapes, and you can rest assured some pregnancies occurred with that, but was IHS there to say 'You have the right to an abortion...or how about the morning after pill?' No! You have to fight for that!

Q - Have you gotten information that women have requested abortions and been denied?

A - Oh, yeah! Women have! Without even emergency contraception, you just have the baby... it's a very, very serious situation that we have. We're entitled to, at least, the provisions of the Hyde Amendment, and we're being denied abortion at that basic level. There are cases of women in South Dakota being denied abortion even in life-endangerment situations, they were denied. When it's rape, incest, or life endangerment - life endangerment - and you're being told 'No,' then there's something seriously wrong with that! It's contradictory to the mission of the Indian Health Service. They're supposed to be there to help us, to provide medical service for us, and it's not.

Q - What about current legislation?

A - They [legislature] just tried to pass a bill excluding even rape and incest...but it didn't get through. It got to the Governor's desk, but he didn't sign it. It'll probably come up again next year. Years ago, an anti-abortion bill came up, and Native women spoke at the state capitol, and the legislators were

very touched by their testimony. That time, it never got out of Committee; that bill to ban abortion stopped there.

I told Planned Parenthood they blew it with their strategy. Their response was 'We needed to raise funds to get rural women there from different

communities to stay a week and lobby, etc. If the bill passes, we'll just take them [the state] to court.' But then the state's response was, 'If we have to spend a million dollars to fight against abortion, we will.'

Well, where's that million dollars going to come from? Planned Parenthood doesn't give a crap that it's going to come out of Medicaid, food stamps, shelter programs...programs that service low-income women. It's a lose-lose situation, for us. Meanwhile, Planned Parenthood is doing mail drops to generate income off the situation. Fighting in court, after it becomes law, is a very dangerous political game for these large non-profits. They keep themselves in business off of our misery. Just think, where's the state going to get the money to fight in court, but from programs that serve women of color, and low-income Indigenous people - we know it!

Q - If 85% of nationally surveyed IHS units weren't in compliance with Hyde, can I assume that 100% of South Dakota IHS clinics were or are not?

A - [Smiles] You got it.

Q - Do you feel national IHS headquarters was stonewalling giving you the statistics you needed for your report, because they knew it would be proof of non-compliance?

A - Oh! We got shuffled from department after department after department, and still never got these statistics from them. We had to get hold of our Congressional representative, Senator Tom Daschle. His office requested them, and it still took months.

Q - Your report indicates that the percentage of Native women in South Dakota who sought abortions (10.6%) in 2000 was 145% higher than the total percentage of Native Americans in the state (7.3%). Please explain.

A - It means we are disproportionately represented...it breaks the myth that Native American women don't believe in abortion.

There are cases of women in South Dakota being denied abortion even in life-endangerment situations...

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Q - Ah. That's like the myth that Black women don't have abortions, but the numbers prove otherwise...

A - Exactly. Native women have to pay for those abortions; we have to scrounge up the money, or leave the state...whatever it takes. Those stats tell us 'Yes, there is a need for abortion', which is not being met by our primary health care provider, the Indian Health Service.

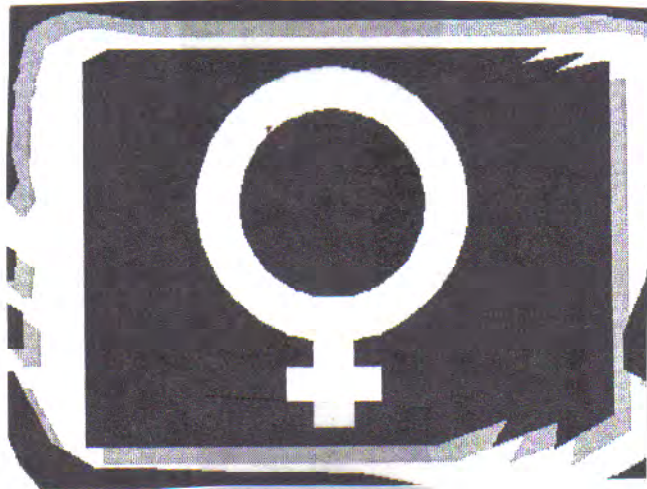
Q - What about Stephanie Herseth getting elected (first woman sent to D.C. from S.D.)? Her opponent made a big deal about where her money was coming from (Emily's List; NOW) and her Pro-Choice stance.

A - I really don't think that'll make a difference. The Catholic Church is buying up all the clinics here... the largest hospital in the state doesn't even do tubal ligations. Why is abortion in the political arena anyway? A lot of the right-wing movement in this state is driven by white males. It's all controlled by men, trying to control our bodies and the decisions that we make. They have no right and no business to do that; decisions shouldn't be made by these men who don't even bear children.

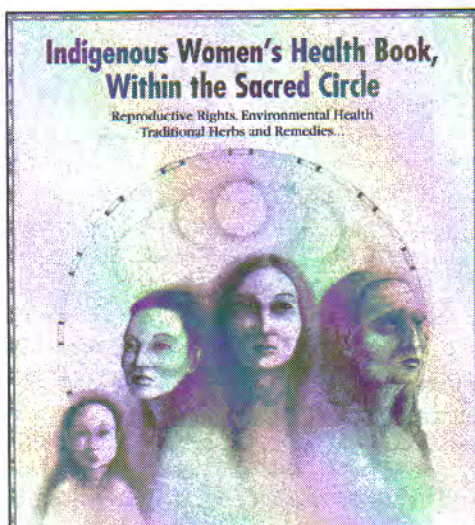
To purchase reports concerning Indigenous women's reproductive rights and Hyde Amendment non-compliance, contact the Native American Women's Health Resource Center at: P.O. Box 572, Lake Andes, South Dakota 57356-0572. Donations are also gladly accepted. In addition, NAWHRC's Native Shop can be found at www.nativeshop.org where visitors can purchase products that directly raise funds for the resource center's programs.

Suzanne Sunshower is editor and administrator for QuietMountainEssays.org, a monthly e-journal of women's writing.

Congratulations to Suzanne Sunshower on her inclusion in **Who's Who of American Women's 25th Silver Anniversary Edition!**



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