Rachael Lorenzo on the Need for 'Indigenous Women Rising'

Erica Sloan November 27, 2022

Ever since the leaked draft of the *Dobbs* decision revealed that the Supreme Court would rescind the constitutional right to abortion, non-Native political pundits have proposed the idea of using Indian reservations as abortion safe harbors. So their thinking goes: If the Court's decision allows states to freely enact abortion bans, couldn't Indian reservations (which are sovereign entities) set up clinics and become abortion oases? Take a glance at the history of reproductive care on reservations, however, and you'll find just the opposite. Far from oases, tribal lands across the country have historically been abortion-care deserts.

Rachael Lorenzo, a longtime activist for reproductive rights of Mescalero Apache, Laguna Pueblo, and Xicana heritage, personally ran up against this reality in 2013. After learning that a pregnancy they wanted was no longer viable at the start of their second trimester, they were told to "just wait it out" because of the legal restriction against abortions in Indian country. "Indian Health Services [which is the primary source of health care for Native Americans, including Lorenzo] is operated and funded by the federal government," says Lauren van Schilfgaarde, a member of the Cochiti Pueblo and an assistant professor of law at University of California Los Angeles School of Law. "And as a result of the Hyde Amendment passed shortly after

Roe, no federal dollars can be put toward abortions, with *very* few exceptions in the cases of rape, incest, and mortal danger to the mother."

> "Indian Health Services is operated and funded by the federal government, and no federal dollars can be put toward abortions." — Lauren van Schilfgaarde, research fellow at UCLA School of Law

Not falling into any of the above buckets, Lorenzo was forced to wait until things became dire, rather than receive the care they needed to remove the non-viable fetus from their body. So, they waited and waited some more until weeks later, they were miscarrying and actively bleeding out on a hospital exam room table when, still, they were denied care. "I waited for hours to be seen in a room with the door open, so when people walked by—not just providers, but patients—they could see me bleeding," they say. All the while, Lorenzo was also refused pain management on the basis of their weight, so "I was fat-shamed, too," they say. Hours later, an OB/GYN took them to the operating room for a dilation and curettage—a common, low-risk procedure to empty the uterus (for abortion and after miscarriage). But the emotional scars of the experience cut much deeper.

"Afterward, I felt incredibly depressed and dehumanized," says Lorenzo, who, at the time, had also been the only Native person working on the Respect ABQ Women campaign to defeat a 20-week abortion ban in the city of Albuquerque. It struck them then that they didn't have anywhere or anyone within their community with whom they could openly share their story. This was the genesis for what would become, in 2014, Indigenous Women Rising, a health-care advocacy nonprofit supporting Indigenous people, which also now runs the only abortion fund dedicated to Native Americans.

Why abortion care has long been inaccessible for Native Americans—and is increasingly under threat

Lorenzo's reproductive healthcare experience is neither isolated nor tied to one-off acts of discrimination (though these are also rampant against Native people in medical settings). It's part of a system of biased practices codified into law by the Hyde Amendment long before *Roe* was ever at risk of being struck down.

To be clear, restricting abortion care of any sort was the point of Hyde, says van Schilfgaarde. "It stemmed from a reflex to *Roe* that said, 'If we can't

constitutionally ban [abortion], we can at least control the federal dollars that go toward it.'" Naturally, that has a disproportionate impact: Only those whose health care is federally funded—namely, veterans, Native Americans, and Medicaid recipients—are affected.

Untangle how that's panned out for Native Americans in particular, and the outlook for abortion care only grows grimmer. Not only are abortions conducted by IHS restricted by law to the above exceptions in the Hyde Amendment (rape, incest, mortal danger to the pregnant person), but in practice, they're limited even further by the fact that IHS is "woefully underfunded," says van Schilfgaarde. As a result, many IHS facilities don't even have obstetrics clinics, much less the capacity or equipment to administer a rape kit (in order for someone to meet the rape requirement of the amendment) or provide an abortion, anyway.

This often forces Native people to wait until the last minute—when medical care is absolutely necessary, as in Lorenzo's case—to seek reproductive care and, in some cases, to travel many miles to receive it, all of which compounds the associated health risks. Indeed, the IHS facility closest to Lorenzo's home, Acoma-Canoncito-Laguna Indian Health Center, has no OB/GYN or emergency services, requiring community members to drive 50 miles to Albuquerque to get reproductive or emergency care. In the wake of new state-level abortion bans post-*Roe*, that distance is even longer for many Natives seeking abortions who are now required to commute not only to a private clinic outside of IHS but one that's, in many cases, in another state.

> "You have a population that is being targeted for sexual violence and from which reproductive-care is being withheld." —van Schilfgaarde

Meanwhile, the need for this kind of health care is also disproportionately high in Native communities. Native women are 2.5 times more likely to experience rape or sexual assault than other women in this country, "and we can speculate that a certain percentage of those violent attacks are going to result in unwanted pregnancies [whether or not they're recognized legally as rape]," says van Schilfgaarde. "[It's] a population that is being targeted for sexual violence and from which reproductive care is being explicitly withheld."

Worse yet, it's been that way for decades due to a long pattern of "policies rooted in the sense that Native Americans needed help or saving or civilizing," says van Schilfgaarde. Just take the once-common practices of forcefully

removing Native children from their families and placing them with white families in the interest of “assimilation” or the forced sterilizations of Indian women “to help prevent pregnancies that would 'keep them trapped in poverty,'” says van Schilfgaarde, who contends that abortion restriction is just the latest offense in this legacy of misplaced paternalism. “It’s never just been about abortion,” she says. “It’s about the lack of self-determination, the sense that Native people need their reproductive-health decisions determined for them or on their behalf.”

Against this historical backdrop, the idea of tribal lands becoming abortion-care oases for non-Indians is as ethically absurd as it is legally unsound. It’s questionable whether reservations would legally be able to offer abortions in states where abortion is banned—even if they were to fund them privately—given that state criminal jurisdiction continues to encroach on tribal authority. But even in that unlikely scenario, why shouldn’t that care be offered first to the Native people who’ve so long been denied it?

“The ask of tribal nations to expand their very limited resources now because white women, in particular, are afraid of losing abortion access when Native people have never had good abortion access is a slap in the face,” says Lorenzo. The fact that Native people have long been excluded from the conversation on reproductive justice—until now, when they might suddenly be useful to white people—is why Indigenous Women Rising and its Native-centered abortion fund plays such a crucial role.

“Considering our history, we really needed to include all of these lived experiences and generational trauma into something that was just for us, by us,” says Lorenzo, describing their decision, in 2018, to launch IWR’s Native-focused abortion fund through the National Network of Abortion Funds. “It’s already hard to discuss these issues with non-Native people, but it’s now getting easier to share our stories among each other.”

How Indigenous Women Rising provides access to culturally competent abortion care for Native Americans

In the early days of IWR, Lorenzo and their co-founders Nicole Martin (Navajo, Laguna, Chiricahua Apache, Zuni) and Malia Luarkie (Laguna Pueblo/African American) were focused on expanding reproductive justice through political avenues. They were joining campaigns to ensure Plan B was available over-the-counter in IHS clinics (after it became clear that many were

restricting its purchase unnecessarily) and cultivating relationships with New Mexico's federal delegation. But after they received a grant, in 2018, to participate in MIT's "Make the Breast Pump Not Suck" hackathon and garnered national recognition for their invention—breastfeeding-friendly prototypes of traditional Pueblo regalia—they started to get Instagram DMs from Native people: Could IWR help them get abortions?

So the IWR abortion fund was born to help Native people access and pay for abortions, given that they're largely unable to use their traditional healthcare infrastructure (IHS) to do so. Today, that assistance extends to Native people nationwide and consists of funding for any element of abortion care that someone may need, says Lorenzo: "Our deal is, you tell us what you need, and we're going to do our best to make it happen for you."

While that certainly includes paying for an abortion procedure—as well as the transportation, lodging, food, and childcare required to receive one—IWR will also fund folks seeking help paying for medication abortion pills or an abortion doula. And like many abortion funds, they've experienced a surge in requests since *Roe* was overturned, as state-level bans have made accessing any kind of abortion even more costly, risky, and time-consuming for Native people, just like non-Native ones.

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What makes IWR's fund unique is its ability to offer not just assistance with accessing abortions but culturally competent assistance. "We get clients who grew up in very traditional or Christian households who might feel dirty or ashamed [about seeking out an abortion] and many times can't even say the word 'abortion,' and we have to be respectful of that," says Lorenzo, adding that her team is dedicated to providing the kind of abortion care that a client requests, no matter what shape that takes. "I think that feminism—white feminism, in particular—can make us feel like we should just be glad that we can get an abortion at all, rather than taking into account the nuance of our experiences with religion and colonialism and tradition."

To that end, IWR's support doesn't stop at the abortion itself, either. "Some of our traditional clients may want ceremony or to have a medicine person visit

them after their abortion," says Lorenzo, "and often, that involves the fetal remains." Because clinics can only release those to a funeral home, IWR will coordinate with and compensate funeral homes and medicine people, "so that our client can engage in their cultural practices as a form of healing after the procedure."

This cultural sensitivity is inherent to Lorenzo's mission. We've spent years building that trust, they say. "When someone calls us or texts us or fills out our form, they also know that they're talking to a Native person"—someone to whom they can relate—"because representation is important," says Lorenzo. "We wouldn't exist if that need was already being met."