

# The Unconceived Truth: 19th-Century Obstructions in the Bodily Autonomy of Crow Women

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## Introduction

Throughout Indigenous Peoples' history, a painful and unrelenting pattern emerges: the narratives and hardships of Indigenous men are stories often amplified over those of Indigenous women by historians. Stories of the Zapatista Movement, the Chiapas' rejection of oppressive policies, and the Seminole people's resistance against the government are often recounted in history books. However, the crudest injustice, often overshadowed, is how governmental institutions have encroached upon the most sacred and intimate element of Native tribes' existence: Native women's bodies and reproductive freedoms. Despite the United States' efforts to diminish the bodily autonomy of Crow women through deliberate and eugenic practices, Crow women and all Native women broadly have discovered successful outlets to preserve and safeguard their bodily autonomy throughout the early to mid-20th century.<sup>44</sup> Through the exploration of the Crow tribe, this research paper grants a more expansive lens into the reproductive barriers faced by many Indigenous tribes across the US.

## Pre-European Contact Bodily Autonomy

Prior to the US government's involvement in the early 1900s, detailed data and documentation regarding Crow life were difficult to obtain, particularly regarding how Crow women asserted their autonomy. Brianna Theobald's *Reproduction on the Reservation: Pregnancy, Childbirth, and Colonialism in the Long 20th Century*, (University of North Carolina Press, 2019).

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<sup>44</sup> D. Marie Ralstin-Lewis, "The Continuing Struggle against Genocide: Indigenous Women's Reproductive Rights," *Wicazo Sa Review* 20, no. 1 (2005): 71–95; "Key Findings of Women of Color Reproductive Health Poll," 1991, *New Journal and Guide* (1916-), Oct 02; Brianna Theobald, *Reproduction on the Reservation: Pregnancy, Childbirth, and Colonialism in the Long 20th Century*, (University of North Carolina Press, 2019).

*and Colonialism in the Long 20th Century* was the only source that provided specific insight into Crow reproduction and birthing culture. Nevertheless, Southern Montana's Crow tribe and their social conventions remained relatively unaffected by Western influences—especially those relating to the reproductive and medical health decisions of Crow women and their children. Theobald, a historian and writer of Indigenous history, reported that “Crow women maintained a significant degree of sexual and reproductive autonomy prior to federal intervention.”<sup>45</sup> They were able to freely govern their own decisions about their body without external forces—otherwise known as one’s bodily autonomy.

Crow women maintained their bodily autonomy in a variety of ways. Reproduction was a liberating process for Crow women, with each experience being uniquely tailored to the individual. This was most often observed in the traditions that Crow women honored during their pregnancies. In the earlier phases of carrying a child, Crow women selected from a range of herbs and plants to incorporate into their diet, recommended by the elder women, herbalists, friends, and family. Most commonly, herbs such as calamus, tansy, and juniper were rationed by tribe members and given to pregnant women for their antibacterial and antioxidant properties.<sup>46</sup> Herbalists also provided remedies for women seeking to terminate unwanted pregnancies. In both circumstances, Crow women maintained significant degrees of autonomy, as the variety of treatments available for them reflected a broader framework of how women could independently make their own decisions about healthcare. For decades, Crow women navigated childbearing with the support of their “female generational networks” within the tribe.<sup>47</sup> These communal bonds formed tight-knit networks, as the child-birthing process was a space solely designated for

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<sup>45</sup> Theobald, *Reproduction on the Reservation*, 21.

<sup>46</sup> Theobald, *Reproduction on the Reservation*, 21.

<sup>47</sup> Theobald, *Reproduction on the Reservation*, 20.

Indigenous women. Through their guidance, pregnant women were encouraged to engage in rituals such as avoiding eye contact with spaces in nature that looked deformed and communal prayer over the baby.<sup>48</sup> In regard to the delivery, Crow birthing culture had its own set of traditions. Mothers usually gave birth inside teepees and in close proximity to the outdoors, believing nature would grant them spiritual strength.<sup>49</sup> Mothers “labored in female-only space[s],” relying on the expertise of midwives and elder women to help deliver the baby and placenta.<sup>50</sup> During early interactions, the Europeans recognized the medical expertise that Native midwives and women had in the realm of childbirth, often keeping their distance to observe with interest. This showcases how Native women’s expansive knowledge of their reproductive health garnered the respect of the Europeans.

This pattern of women-dominated settings can also be seen in the reproductive customs of women not seeking to have children. It was common for Indigenous women to participate in fertility ceremonies that honored their monthly menstrual cycles.<sup>51</sup> For young women experiencing menarche (their first period), they would be placed into seclusion, fasted, and encouraged to seek spiritual visions by their family members.<sup>52</sup> Avoiding men was also key to these ceremonies. Recurring themes of no male participation during these sacred traditions, both for expecting mothers and not, reinforce how Crow societies viewed reproductive practices as distinctly gendered spaces.

In Native social hierarchies, Crow women were highly valued for their ability to create life, a skill they leveraged to elevate their status within the rest of their community. Contrary to

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<sup>48</sup> Theobald, *Reproduction on the Reservation*, 22.

<sup>49</sup> Becky Flournoy Matthews, 2002, “Wherever that Singing is Going: The Interaction of Crow and Euro-American Women, 1880–1945,” Order No. 3044013, Auburn University.

<sup>50</sup> Theobald, *Reproduction on the Reservation*, 15.

<sup>51</sup> Ewa Maria White, “Reclaiming the Native Mother: Native American Traditionalism and the Politics of Reproduction, 1960- 1980,” Order No. 31234806, Brandeis University, 2024.

<sup>52</sup> Theobald, *Reproduction on the Reservation*, 11.

Western societies, Crow communities did not place women in a subordinate position to men. Lisa Udel, co-writer in *A Journal of Women Studies*, argues that this dynamic motivated mothers to pursue high positions within their communities, as “[i]n order to do motherhood well, women must have power.”<sup>53</sup> Overall, the mid-15th to early 18th century demonstrates how Crow women honored and asserted their own agency in reproductive practices, exercising autonomy over their bodies at every stage of life without European interference.

### **Infringement of Bodily Rights: Crow Interactions with the US Government from the Early 20th Century Onward**

The reproductive autonomy of Crow women was short-lived, as it ended once watchful eyes began tracking their health. The first time that Crow people came into contact with Americans in the early 1800s, they were forced to cede two million acres of land to the federal government by 1868.<sup>54</sup> Crow women’s bodies came under threat as there was an increased federal presence surrounding women. This decline of autonomy was driven by a range of political and ideological factors, beginning with harmful portrayals that distorted and devalued the roles of Crow women. Writer Megan Benson from the *Montana Magazine of Western History* traces these stereotypes to the first federal supervisor of the Crow peoples: Henry Armstrong and his intolerant rhetoric.<sup>55</sup> His disdain for Crows was not only reflected in his allotment policies that removed Crow families from their communities, but also in the stereotypes he and other government officials perpetuated against them. Women, in particular, were deemed savages, immodest, and unhygienic mothers due to their adherence to traditional methods of healthcare.<sup>56</sup> Dr. Ferdinand

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<sup>53</sup> “Revision and Resistance: The Politics of Native Women’s Motherwork,” *Frontiers: A Journal of Women Studies* 22, no. 2 (2001): 43–62.

<sup>54</sup> Frederick E. Hoxie, “Searching for Structure: Reconstructing Crow Family Life during the Reservation Era,” *American Indian Quarterly*, vol. 15, no. 3, 1991, 287–309.

<sup>55</sup> Megan Benson, “The Fight for Crow Water: Part I, the Early Reservation Years through the Indian New Deal,” *Montana: The Magazine of Western History*, vol. 57, no. 4, 2007, 24–96.

<sup>56</sup> Theobald, *Reproduction on the Reservation*, 24.

Shoemaker's 1910 public healthcare initiative similarly embodied these stereotypes. Author Rebecca Wingo examines his research and highlights how Shoemaker compares and contrasts traditional daily life on the Crow reservation with modern allotment houses that Crow people gradually transitioned to living in. Among the hundred lectures, not a single image portrayed Crow traditional life in a positive light, only spotlighting the rampant tuberculosis and trachoma across the more culturally rooted living spaces.<sup>57</sup> Although Shoemaker's project was seen as an effort to improve living conditions at the time, it's understood today as a forceful imposition of Western norms, as it delegitimizes the traditional lifestyles and Indigenous practices of Crow women on both a public and national scale. This reveals how federal and public health initiatives systematically eroded Crow women's reproductive agency by devaluing their traditional knowledge and laying the groundwork for future interventions into their practices.

Following these stereotypes, the ideological push for pro-natalism (a social approach to promoting higher birthrates, typically under a nationalist agenda) further reduced the personal autonomy of Crow women. Throughout the 20th century, in response to a 46% rise in infant mortality on Crow reservations and a broader focus on public welfare, agencies such as the Office of Indian Affairs (OIA) became more engaged in the healthcare of Indigenous mothers and their children.<sup>58</sup> Despite this heightened interest, the US government failed to acknowledge how its colonization efforts contributed to the rate of infant mortalities, attributing the infant mortality to Indigenous mothers instead.<sup>59</sup> This criticism reflects the Western ideology that

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<sup>57</sup> Rebecca S. Wingo, "Picturing Indian Health: Dr. Ferdinand Shoemaker's Traveling Photographs from the Crow Reservation, 1910–1918," *Montana: The Magazine of Western History*, vol. 66, no. 4, 2016, 31.

<sup>58</sup> Theobald, *Reproduction on the Reservation*, 28.

<sup>59</sup> Barbara Gurr, "Mothering in Borderlands: Policing Native American Women's Reproductive Healthcare," *International Journal of Sociology of the Family* 37, no. 1 (2011): 69–84.

equated womanhood with motherhood, revealing how federal intervention often harmed women and diminished their value to only their reproductive and child-bearing roles.

For Crow women, this framework brought national scrutiny to their bodies, most evident in the 1920s during the OIA’s “Save the Babies” campaign: a US effort to reduce infant mortality and abortions on Indian reservations. Government officials began to objectify Crow women’s bodies, sending field matrons, doctors, and nurses to routinely examine Crow women. Allowing reservation doctors, specifically men, to “check whether or not they were fertile … or pregnant” was a deeply invasive and disorienting process.<sup>60</sup> White male intervention in these female-only spaces impeded Crow women’s bodily freedoms, as the women had no say in undergoing deeply intimate examinations by strangers.<sup>61</sup> This expansive access to information even allowed US government officials to punish Crow women who miscarried or terminated their baby, subjecting them to fines or even jail time.<sup>62</sup> The Save the Babies campaign transformed reproductive care into a system of surveillance and punishment, leaving Crow women with diminished bodily autonomy and a deep mistrust of federal intervention.

The establishment and operations of reservation hospitals on Crow lands reflected both the federal government’s pro-natalist agenda and its broader efforts to control Indigenous women’s reproductive practices. Hospitals typically advanced a pro-natalism agenda, contributing to the increase in medicalized births on Crow reservations by 15% in the 1930s.<sup>63</sup> Through these assimilationist techniques, the US government aimed to transition Crow women away from their conventional medical practices and impose Western forms of healthcare. Many Indigenous women didn’t trust reservation hospitals and were apprehensive of what kind of care

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<sup>60</sup> Theobald, *Reproduction on the Reservation*, 28.

<sup>61</sup> Theobald, *Reproduction on the Reservation*, 29.

<sup>62</sup> Ralstin-Lewis, “The Continuing Struggle against Genocide: Indigenous Women’s Reproductive Rights.”

<sup>63</sup> Theobald, *Reproduction on the Reservation*, 32.

they provided.<sup>64</sup> Reservation hospitals were reported to receive minimal federal funding, and were staffed with doctors who refused to even touch some of their patients.<sup>65</sup> Reservation hospitals typically lacked the necessary resources and infrastructure to operate at the same standard as non-reservation hospitals. The Crow Indian Hospital, for example, was inadequately equipped to offer the level of obstetric and gynecological care necessary for the number of women on the reservation.<sup>66</sup> Miss Porter, a nurse from the Crow Creek Hospital, recalls witnessing a “pregnant mother painfully lying on a quilt on the floor as there were no more beds.”<sup>67</sup> Despite pressure from the federal government to depend exclusively on this method of healthcare, Native women were left with minimal access to adequate care. The increase in pro-natalist ideology and growth of reservation hospitals catalyzed the imposition of bodily autonomy and limited healthcare access for Crow women—a significant shift away from the unmediated reproductive autonomy they previously held.

Finally, the rise in eugenics and the sterilization of Crow women represented the most striking assertion of federal overreach into Indigenous bodily autonomy. By the mid-20th century, medical rhetoric began reinforcing the belief that only Anglo-Saxon races should produce offspring.<sup>68</sup> Professional medical literature warned against racial mixing, and popular media and educational materials depicted non-whites as a threat to societal progress.<sup>69</sup> Fueled by existing stereotypes of Crow women and the presence of Indian hospitals on reservations in the mid-1930s, medical professionals began to advance the practice of eugenics, or in other words,

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<sup>64</sup> Jane Lawrence, “The Indian Health Service and the Sterilization of Native American Women,” *American Indian Quarterly*, vol. 24, no. 3, 2000, 400–19. *JSTOR*.

<sup>65</sup> Thomas W. Volscho, “Sterilization Racism and Pan-Ethnic Disparities of the Past Decade: The Continued Encroachment on Reproductive Rights,” *Wicazo Sa Review* 25, no. 1 (2010): 17–31.

<sup>66</sup> “Construction of Hospital on Crow Reservation,” U.S. Congressional Serial Set, 1930, pp. 1-4. *HeinOnline*.

<sup>67</sup> “Miss Porter of the Crow Creek Hospital Writes,” *The Indian’s Friend*, vol. 6, no. 4, Dec. 1893, *Indigenous Peoples of North America*.

<sup>68</sup> Theobald, *Reproduction on the Reservation*, 48.

<sup>69</sup> Theobald, *Reproduction on the Reservation*, 48.

the prevention of reproduction for certain races deemed ‘undesirable.’ The enforcement of eugenic-like procedures began to ramp up after a 1931 federal investigation exposed financial mismanagement and embezzlement at various federal reservations.<sup>70</sup> The federal initiative, *The Meriam Report: Problems of Indian Administration*, attempted to combat these issues by refurbishing hospital conditions and raising the standard of living for both federal workers and Crow people on the reservation.<sup>71</sup> Among these standards, *The Meriam Report* implemented social workers who played a pivotal role in organizing eugenic-based arrangements.<sup>72</sup> Social workers were permitted to conduct mental assessments of Crow women before any medical consultation—assessments that often distorted Crow women’s statements by exaggerating the state of their mental health.<sup>73</sup> Simple health inquiries were reframed as indicators of mental illness and diminished mental capacity, thereby enabling medical professionals to justify interference in their reproductive autonomy. Combined with the pervasive stereotypes that framed Indigenous women as unhygienic, these practices opened the door for reservation hospitals to begin increasingly invasive medical procedures. Together, these developments reveal how eugenic-like practices became embedded in reservation healthcare as they took advantage of women on the reservation and stripped them of control over their bodies.

The process of how reservation doctors got consent for the sterilization procedure itself was also deceptive. When Crow women were presented with paperwork, they unknowingly signed mislabeled consent forms, believing they were agreeing to routine treatments, such as postpartum care, IUD insertion, or other temporary birth control procedures.<sup>74</sup> In reality, patients

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<sup>70</sup> US Congress, House, Committee on Expenditures in the Interior Department: Hearing on the Matter of the Investigation of the Indian Bureau, April 9, 1912.

<sup>71</sup> Theobald, *Reproduction on the Reservation*, 49.

<sup>72</sup> Theobald, *Reproduction on the Reservation*, 46.

<sup>73</sup> Theobald, *Reproduction on the Reservation*, 46.

<sup>74</sup> Lawrence, “The Indian Health Service and the Sterilization of Native American Women.”

were unaware that the procedures were permanent sterilizations, carried out through tubal ligation, tying the fallopian tubes, or hysterectomies, the surgical removal of the uterus.<sup>75</sup> Doctors often redirected their medical care to prioritize sterilization over the patient's medical well-being.<sup>76</sup> Doctors were also "flexible" with what they considered essential to their patients' health, at times encouraging hysterectomies for the patient's "wellbeing."<sup>77</sup> A 1991 Reproductive Health Poll from Norfolk, Virginia, revealed that Crow women were disproportionately pressured into having hysterectomies performed on them, with doctors most commonly presenting this procedure as medically necessary for women with painful menstrual cramps or hernias.<sup>78</sup> Similarly, a reproductive poll of female minorities in the US reported that Native women were twice as likely to be surgically sterilized as any other women of color during the 1920s, exposing the alarming pattern of doctors bolstering sterilization under false pretenses. They received birth control pills with disguised labels to minimize the chance of pregnancy without their knowledge. In other medical contexts, women were also misled by their doctors.<sup>79</sup> The Indian Health Services, implemented by *The Meriam Report*, began using Indigenous women as "guinea pigs" for "intrauterine devices and experimental Depo-Provera shots ... to diminish their fertility."<sup>80</sup> Ultimately, these abuses expose a disturbing legacy in which Indigenous women's bodies were subjected to medical decisions made out of the scope of their bodily autonomy.

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<sup>75</sup> Lawrence, "The Indian Health Service and the Sterilization of Native American Women."

<sup>76</sup> Sarah A. Nickel, "'I Am Not a Women's Libber Although Sometimes I Sound Like One': Indigenous Feminism and Politicized Motherhood," *American Indian Quarterly*, vol. 41, no. 4, 2017, 299–335. *JSTOR*.

<sup>77</sup> Theobald, *Reproduction on the Reservation*, 51.

<sup>78</sup> "Key Findings of Women of Color Reproductive Health Poll," 1991, *New Journal and Guide (1916-)*, Oct 02, 1-9.

<sup>79</sup> "Beyond the Numbers: Access to Reproductive Health Care for Low-Income Women in Five Communities - Crow Tribal Reservation" Kaiser Family Foundation, 5 Dec 2019.

<sup>80</sup> Volscho, "Sterilization Racism and Pan-Ethnic Disparities of the Past Decade: The Continued Encroachment on Reproductive Rights."

Amid the growing momentum of government-backed sterilization, the Supreme Court's decision in *Buck v. Bell* affirmed the rise of state-sanctioned eugenics policies across the United States. In its 8-1 ruling, the Supreme Court upheld the constitutionality of a medical procedure that had been performed on US citizen Carrie Buck without her consent. The procedure, a salpingectomy, in which portions of her fallopian tubes were removed and cauterized, was justified by the state on the basis of her supposed "feeble-mindedness." Although Buck was not Indigenous, her treatment closely mirrored the experiences of many Indigenous women, whose mental or social circumstances were similarly exaggerated to rationalize their sterilization.<sup>81</sup> This decision not only legitimized and mirrored similar procedures across hospitals on Indigenous reservations but also set a troubling legal precedent across the country that sterilization could be carried out under the false pretense of medical necessity. *Buck v. Bell* symbolized a profound setback for Crow women's bodily autonomy on a national scale, as it deepened false stereotypes and paved the way for more systematic targeting of Indigenous women's bodies.

### **Means of Resistance: Unity Among Indigenous Female Networks**

Prior to federal intervention, Indigenous women occupied high positions alongside their male counterparts within their tribe. Their authority was typically grounded in their reproductive capabilities, abilities that were valued by their male counterparts rather than belittled. Once European authorities arrived, they attempted to elevate Indigenous men's status at the expense of Indigenous women.<sup>82</sup> By enforcing Western gender norms that subordinated Indigenous women, a disconnect grew between the men and women, particularly in terms of how men recognized

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<sup>81</sup> *Buck v. Bell*, 274 U.S. 200, (1927).

<sup>82</sup> Martha Harroun Foster, "Of Baggage and Bondage: Gender and Status among Hidatsa and Crow Women," *American Indian Culture and Research Journal*, 17 Aug. 2023.

women's reproductive rights.<sup>83</sup> This is exemplified in the Crow Tribal Council, where prior to the 1940s, Crow women were only represented through the male relatives of the tribe, despite the men having little understanding of the matters pertaining to the Indigenous women. Male leaders consistently resisted women's concerns, either ignoring their political participation or arguing for political claims to citizenship, which undermined the women's other needs.<sup>84</sup> This displays a broader, underlying pattern of how misogyny and patriarchal norms undermined Indigenous women's ability to defend their autonomy and bodily freedoms.

Nevertheless, Indigenous women drew strength from their communal bonds, relying on one another to advocate for their fundamental rights. They did this partly through their active roles within their communities, turning forms of oppression into constructive outcomes. The earliest documented example was the American Homemaker's Club in the early 1900s.<sup>85</sup> Originating in Canada and later reaching the US, these clubs were initially established to improve Indigenous women's domestic skills, such as cooking and household upkeep, as a form of assimilation.<sup>86</sup> Indigenous women extended their impact far beyond the kitchen, as the Lakota and Cherokee tribes were able to transform the club into a platform of social and political advocacy for Indigenous women. In doing so, they were able to regain a sense of agency and fight back against the US government's efforts at cultural conformity. Activist and former Crow Hospital nurse, Susie Yellowtail, exemplifies this, becoming the first female leader of the Crow Health Committee, one of the largest Indigenous public health committees that negotiated with

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<sup>83</sup> Angela Parker, "Photographing the Places of Citizenship: The 1922 Crow Industrial Survey," *Native American and Indigenous Studies* 2, no. 2 (2015): 57–86.

<sup>84</sup> Nickel, "'I Am Not a Women's Libber Although Sometimes I Sound Like One': Indigenous Feminism and Politicized Motherhood," *American Indian Quarterly*, vol. 41, no. 4, 2017, 299–335. *JSTOR*.

<sup>85</sup> Nickel, "'I Am Not a Women's Libber Although Sometimes I Sound Like One': Indigenous Feminism and Politicized Motherhood."

<sup>86</sup> Matthews, "Wherever that Singing is Going: The Interaction of Crow and Euro -American Women, 1880–1945."

America's Public Health Services.<sup>87</sup> Under her leadership, Yellowtail transformed the committee into an entirely female-led organization, forcing the government to negotiate directly with female tribe members rather than sidelining their concerns. Both commitments illustrate how, when presented with the opportunity, Indigenous women across the US leveraged their roles to bring progress and beneficial change to their communities.

Another form of collective resistance among all Indigenous women occurred when they united to navigate and push back against unprecedented social and legal barriers. Hidatsa women, for instance, were forced to adapt to the newly developing legal framework surrounding Indigenous divorce in the US. Federal courts prevented Indigenous women from leaving their husbands, especially after they had been legally registered as an American couple.<sup>88</sup> Through a series of public ceremonies, Hidatsa women symbolically reintroduced the (newly) single woman back into society—an open act of defiance against the US's legal restrictions. Equally difficult was Indigenous families' adjustment to urbanization and their move into bigger cities. Urban Indigenous people centers emerged as places of refuge and security, especially as Indigenous women were looking for jobs, affordable health insurance, and improved living conditions.<sup>89</sup> Not only did these centers provide essential resources, but they also fostered a sense of community amid the challenges of leaving their homeland and federal neglect. In both cases, it is evident that female networks played a crucial role in resistance and sustaining one another.

From a medical standpoint, women relied on their communities through their preservation of traditional healthcare methods. Even with the establishment of hospitals, women still heavily relied on herbs and other traditional methods of healthcare, despite disapproval from

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<sup>87</sup> Theobald, *Reproduction on the Reservation*, 37.

<sup>88</sup> Foster, "Of Baggage and Bondage: Gender and Status among Hidatsa and Crow Women."

<sup>89</sup> Theobald, *Reproduction on the Reservation*, 67.

government physicians and healthcare workers.<sup>90</sup> Often, herbal remedies were stored for safekeeping by women, allowing Indigenous people to avoid relying solely on federal hospitals, which didn't have much credibility among local communities. Herbs would even be discreetly transported by herbalists who would pass them from female to female.<sup>91</sup> Midwifery, much like herbal medicine, was its own form of resistance, as it reduced Indigenous women's reliance on hospitals. Through their efforts to deliver babies without federal intervention, midwives resisted US intrusion into the private lives of Indigenous women and gave them more autonomy in how they sought their own methods of healthcare. At times, Indigenous women even combined Western medicine with these traditional outlets.<sup>92</sup> Ultimately, the continued use of traditional medicine and midwifery allowed Indigenous women to assert agency over their reproductive health, preserving cultural practices and resisting the full imposition of federal medical authority.

### **Means of Resistance: Public Activism and Resistance**

Alongside their reliance on female ties, Indigenous women also asserted their authority through public activism and speaking out against the injustice they faced. Although their sphere of influence varied, Indigenous women weren't afraid to vocalize wrongdoings at the hands of the US government. Crow women frequently took back agency during their time at reservation hospitals, rearranging furniture, sneaking in herbs and medicine, and even openly criticizing doctors.<sup>93</sup> These seemingly small acts of defiance were meaningful in how they reassured their autonomy and challenged the rigid structures of US authority. By the 1950s, the US government shifted from interventionist policies toward a termination agenda, effectively relinquishing federal responsibility over all Indian tribes. This disproportionately affected Indigenous women.

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<sup>90</sup> Foster, "Of Baggage and Bondage: Gender and Status among Hidatsa and Crow Women."

<sup>91</sup> Gurr, "Mothering in Borderlands: Policing Native American Women's Reproductive Healthcare."

<sup>92</sup> Theobald, *Reproduction on the Reservation*, 77.

<sup>93</sup> Theobald, *Reproduction on the Reservation*, 39.

The closure of vital services deprived the Crow tribe of the resources they had grown reliant on after being forced to abandon their traditional medicinal practices, eliminating essential healthcare and reproductive support. The Crow Indian Women's Club expressed their anger in a telegram they sent to Harry Truman, pleading with him to keep the hospitals open: “[t]here will be death for some Indian mothers and their babies born on the open prairies.”<sup>94</sup> Through their letter, the Crow Indian Women's Club displays their political activism, as they not only fought for their own bodily autonomy but also the rights of other Indigenous women as well. These written forms of communication were also exemplified in *The Ottawa Citizen* newspaper, which described how Hopi, Navajo, and Crow women demanded justice against federal termination and the removal of Indigenous communities from their reservations in the 1970s. In the article, Phyllis Young, a Sioux woman who led the protest, condemned the US complicity in Indigenous genocide.<sup>95</sup> Through both everyday acts of resistance and organized political activism, Indigenous women consistently fought to protect their communities and assert their autonomy, especially when their health and cultural survival were at stake.

This activism is also exemplified by Women of All Red Nations (WARN). Composed of all women from 30+ Indigenous tribes, WARN articulated the earliest vision of Indigenous women's reproductive justice in the 1950s, protesting the forced sterilization of Indigenous women and the “genocidal motives” of reservation hospitals.<sup>96</sup> While WARN embraced feminist principles, these ideas diverged from Western feminism as they advocated for the preservation and embracing of traditional methods rather than individual expression or capabilities.<sup>97</sup> In the

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<sup>94</sup> President (1945-1953 : Truman), Office of the President, 4/1945-1/20/1953, Retrieved from the Digital Public Library of America.

<sup>95</sup> *The Ottawa Citizen*, November 28, 1980 (1973-1986), Nov 28, 72.

<sup>96</sup> Theobald, *Reproduction on the Reservation*, Introduction.

<sup>97</sup> White, “Reclaiming the Native Mother: Native American Traditionalism and the Politics of Reproduction, 1960-1980.”

*Indigenous Peoples of North America Magazine*, reporter Janet McClout took note of the “energetic and determined” WARN members, speaking to one who “pledge[d] support into holding US hospitals accountable for killing … babies.”<sup>98</sup> This level of spirit was also seen at a 1970s civil rights hearing held in Washington, D.C., where WARN’s article, *The Theft of Life*, was presented to Congress. There, they angrily expressed how Indigenous women were “political prisoners … victims of sterilization abuse who needed immediate justice.”<sup>99</sup> Similarly, a news article depicts WARN activist Yvonne Warrow publicly pleading for the US government to stop the “destruction of our families and tribes.”<sup>100</sup> Warrow shows how it’s necessary to bring these sterilizations to light, arguing “[t]he more we get our message through to the people of the world, the more difficult it will be for the United States to ignore.”<sup>101</sup> Overall, WARN maintained a strong public presence in condemning the US and relied on its public activism to demand systematic change.

Today, Indigenous Americans are building on their past resistance efforts to empower and give equity to the voices of their communities in the 21st century. Through the work of the Crow Tribal Court and its collaboration with the US government, the Crow tribe has become a separate “entity” from the US once again, delegating a chairwoman as the main authority over the court.<sup>102</sup> Within its governmental body, initiatives such as the Crow Legal Aid Office, the expansion of smaller judiciary courts, and the development of a constitution seek to aid and “rejuvenate the tribe’s former authority.”<sup>103</sup> Not only does this highlight the Crow’s active

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<sup>98</sup> The Indian Rights Association, 1882-1986: Series 2, Organizational Records, 1881–1989 Box 325, Folder 6. Historical Society of Pennsylvania. *Indigenous Peoples of North America*.

<sup>99</sup> US Commission on Civil Rights, *National Indian Civil Rights Issues: Hearing Held In Washington, D.C., March 19-20, 1979*, Washington: U.S. Govt. Print. Off, 1979.

<sup>100</sup> Lolita Lebron, “Let This Be a WARNING,” *Off Our Backs* 8, no. 11 (1978): 9–9.

<sup>101</sup> Lebron, “Let This Be a WARNING.”

<sup>102</sup> “Crow Tribal Courts in the 21st Century: Changing Paths - Strengthening the Vision.: Crow Tribe of Montana.”

<sup>103</sup> “Crow Tribal Courts in the 21st Century: Changing Paths - Strengthening the Vision.: Crow Tribe of Montana.”

engagement in politics and the political landscape of the US in the 21st century, but it also reflects a broader reassertion of Indigenous women's authority in leadership positions.

## Conclusion

Through the course of the 20th century, the United States played a significant role in shaping, and often restricting, Crow women's access to reproductive healthcare. This control was deeply embedded in a broader agenda to control Indigenous people and undermine their sovereignty. Nevertheless, the sterilization procedures carried out by the Indian Health Services did more than perpetuate an agenda—they waged a war against Indigenous existence itself by robbing thousands of women of their ability to reproduce. Nevertheless, Indigenous women were not alone in this war for reproductive rights. The sterilization of Native women mirrored similar abuses happening in the African American community. During the Jim Crow era, African American women also underwent a disproportionate amount of sterilizations under the guise of public health and medical necessity.<sup>104</sup> Although African American women did not experience the same pressures of forced medicalization and erasure of traditional healthcare practices as Native women did, both groups fell victim to widespread medical malpractice and systematic abuse within the healthcare system due to eugenic ideologies. These parallels in history affirm the significance and necessity of my research. Not only does this topic allow readers to consider overlooked experiences faced by Indigenous women, but it also unveils a broader pattern of oppression faced by women in many marginalized communities. By bringing these issues to light, historians can move past the dominant male-centered narratives in the United States and instead reclaim stories that were previously neglected, untold, or erased. The unwavering

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<sup>104</sup> Myla Vicenti Carpio, "The Lost Generation: American Indian Women and Sterilization Abuse," *Social Justice* 31, no. 4 (98) (2004): 40–53.

determination embodied in female figures such as the Crow women serves as a new source of inspiration as their legacy to protect their culture and identity continues to shape the present.

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