



Emilie Egger // Of her archival research process for her 2019 monograph *Reproduction on the Reservation: Pregnancy, Childbirth, and Colonialism in the Long Twentieth Century*, historian Brianna Theobald writes that she “never knew where biological reproduction would pop up in the historical record or what would emerge as important context” (14). This realization holds the core of her book’s thesis: reproductive politics is embedded in every part of a society—its politics, its health systems, and its archives. Theobald’s two-fold argument entwines histories of Native history and reproductive politics. Foremost, she argues that Native women have been active players throughout the centuries of reproductive injustice they have been forced to endure at the hands of colonial power. Second, she asserts that reproductive justice forms part of the foundation of Native sovereignty activism. And there is the corollary: that the colonial project has always been one of reproductive violence (4).

The colonial context is critical to Theobald’s narrative; while most chapters of *Reproduction* address events from the twentieth and twenty-first centuries, Theobald frames her analysis within the long history of European colonization of the American continent, the goals of which began with “complete extermination” of Native people (5) before shifting to cultural assimilation as a continued means of extermination. She argues that colonial policies have continued to shape “women’s reproductive experiences” into the present day. Theobald places her narrative within

historiographies of Native History, Native Studies, and women's history. More broadly, it belongs in scholarly conversations of reproductive justice, which it traces through its many [political, social] forms. To accomplish this, Theobald provides an outline of Native history in what is currently the United States and a more detailed study of the Crow Nation supplied through oral histories and deep archival research.

Central to Theobald's thesis are the "politics of blame" which have facilitated surveillance of Native women's reproductive behavior since the colonial encounter and, especially, the implementation of the reservation system (6). Here, she engages with the same structural racism and what historian Patrick Wolfe has called a "logic of extermination" that inspired early colonizers' goals of explicit genocide, as present in the critique of Native women's behaviors in public health structures (6-7). Yet her framework of reproductive politics complicates a simplistic view of these structures on Native women's lives: although public health has indeed functioned as a structure of surveillance, it is also one that Native people need and continue to utilize.

Scholars of Native history will recognize keystone events that frame Theobald's thesis and her study of the Crow people, such as the General Allotment (Dawes) Act of 1887, the boarding school era, the Indian Reorganization Act of 1934, and the Termination Era. Historians of medicine and public health will notice moments and themes critical to the history of reproduction in the United States, such as the increase of health insurance in the United States during the 1940s and 1950s, the Family Planning Act of 1970, and Hyde Amendment 1976 (154). Read together, these histories illustrate how the intrusion of the US government on Native reproduction has taken the forms of regulating sociocultural reproduction, as well as physical reproduction.

The boarding schools that accompanied reservation and land reform worked to negate Crow family structures. Officials emphasized the nuclear family and surveilled families to ensure they maintained nuclear family norms, such as requiring children to live in their "rightful homes" (38). Coercive Christianity was an impetus in outlawing pregnancy termination, which had been a typical part of Crow health care and the practice of which the Office of Indian Affairs blamed on Crow midwives (30).

During the first decades of the twentieth century, public-health officials translated a relatively lower survival rate of Native babies as a reflection on Native women's behavior and began an "era of constant inspection" (44), which primarily came through a push for hospital birth (between 1900 and 1911, the federal government increased hospitals on reservations from 5 to 50 [56]) and training birth attendants who officials hoped would replace Native midwives (61). Still, hospitals were not available for every Native woman (many reservations still do not have them) and infant mortality did not decrease uniformly (70). Some Native women sought out hospitals; others resisted them.

These paradoxes highlight both Theobald's skillful use of local history and her framework of reproductive politics. For example, her use of oral histories like those of Susie Yellowtail, a Crow woman and midwife, whose traumatic birth experience, which culminated in sterilization, shaped

her life of advocacy and activism around reproductive issues (87), illuminates more familiar political and economic histories of John Collier's term as Indian Commissioner for reservations. (The Crow Nation voted against Collier's Indian Reorganization Act.) Yellowtail exemplified the increase in visibility of Crow women in activist roles during the 1930s.

This theme continues in Theobald's discussion of the Termination Era, which Vine Deloria, Jr., has called "the most traumatic period of Indian existence" (128). Among other things, this era led to fewer reservation hospitals and an increase in the use of health insurance, which Theobald argues itself became a "means of assimilation" (108). Beyond attenuating hospital health care, which was blamed on economic necessity "when...[it was] quite clearly a matter of policy" (132), the era also saw the creation of the Crow Women's Health Committee, of which Susie Yellowtail became the first chair. The Committee's first report "insisted on the need for Indians to band together to secure their health and welfare" (146).

Even non-expert readers will recall massive coercive sterilizations of Native women (between 25 and 42% of Native women living in what is currently the United States), which became the "focal point" of reproductive organizing in mid-1970s (1), during which many Native women activists "called for reassessment of Native biological reproduction and a reincorporation of historical practices and beliefs" (171).

Theobald's primary contribution is her use of reproductive politics to highlight the imbrications of historical events that might otherwise appear as contradictions. *Reproduction* belongs alongside Margaret D. Jacobs, Loretta J. Ross, and other scholars who take this framework as primary. The text opens room for future scholarship on reproductive organizing in other Native tribes, as well as that of intertribal coalitions, as well as studies on how public health and financial infrastructures intersect with neoliberalism.

It was indeed coercive sterilization, but also everything else Theobald includes in her analysis, that pushed Native women to organize for a reproductive justice platform that included the right to have children and raise healthy children, in addition to the right to control family size (172, 182). In 1990, Native women from Northern Plains Nations gathered in Pierre, South Dakota, to establish the next phase of reproductive organizing. One of the 19 points included the "right to all reproductive alternatives and the right to choose the size of our families"; the "right to give birth and be attended to in the setting most appropriate, be it home, community, clinic or hospital"; and the "right to active involvement in the development and implementation of policies concerning reproductive issues," as well as the inclusion of sexual assault, domestic violence, and AIDS as reproductive issues (172).

Brianna Theobald, *Reproduction on the Reservation: Pregnancy, Childbirth, and Colonialism in the Long Twentieth Century* (Chapel Hill: University of North Carolina Press, 2019).

