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A Repro Changemakers conversation on 11/18/2021 between Imani Gandy, *Rewire News Group* Senior Editor of Law and Policy, and Rachael Lorenzo, the founder of Indigenous Women Rising, on the intersection of race and reproductive rights.

Imani Gandy: Oooh, Indigenous Women Rising joins. So I have to do something else here. I have to click a thing. Hang on. Send invite, if it goes well, we'll be live. I don't see Rachael, I don't see them. Nope. I can't hear anything or see anything. Sent request, view request. I don't know, it's not working.

Rachael Lorenzo: Hi.

Imani Gandy: Oh, here we go! Yay, hi Rachael.

Rachael Lorenzo: Hi.

Imani Gandy: Thank you. I'm always so nervous when I do these things and I feel like, oh no, it's not going to work and I'm going to miss them. Thank you so much for joining. This is really exciting.

Rachael Lorenzo: Of course.

Imani Gandy: Thanks. And to everyone who's watching... Hang on. Let me just find my notes here. This is very exciting. I'm very excited. So for anyone who's watching, I am here with Rachael Lorenzo. They are the head and co-founder of Indigenous Women Rising. I'm just really grateful that you took the time to come and talk to me, to talk to us about some of these really critical issues. Especially now we're in a really fraught time obviously with abortion rights, with SB 8 in Texas, with the Mississippi 15-week ban, and that case is coming up in two weeks for argument. And I wanted to talk specifically about the way that these issues intersect and affect Indigenous communities, because we don't get to talk about that very much.

And I wanted to start off by talking about Brittney, Brittney Poolaw, who was arrested and charged with first-degree manslaughter after having a miscarriage at 17 weeks. She was also a member of the Comanche Nation. The evidence that put her away was dubious at best. There was no real clear evidence connecting her drug use with the miscarriage that she had. So, can you help fill in some of the context around why it is that Indigenous people particularly are vulnerable when it comes to criminalization of adverse pregnancy outcomes?

Rachael Lorenzo: Yeah. Thank you so much for that. So one of the things that I see in the work that we do every day and has absolutely been verified in literature and statistics and written about by Dorothy…

Imani Gandy: Dorothy Roberts?

Rachael Lorenzo: ... Dorothy Roberts, who wrote *Killing the Black Body* and wrote about how the so-called criminal justice system is one of the main culprits and institutions that criminalize our reproductive autonomy. So whether it's substance use, whether it's anything at all, that it's Black and Indigenous people in particular who are most at risk for being incarcerated for making certain decisions or not making certain decisions, being coerced by the court system to get an abortion, to have a baby, to get certain kinds of birth control, like a LARC or a Long-Acting Reversible Contraception. I myself am a survivor of LARC coercion.

And unfortunately, Brittney's case is not uncommon. I'm glad we're talking about it though. But we are surveilled so much by state governments, municipal governments, the federal government, we are the only ethnic group in the country that is required, not necessarily required, but we do carry a card to prove what nation or what tribe we're from, almost like we're dogs or horses. And that policy has been in place since the early 20th century. And so all of these things that might seem historical carry on to today and are much more nuanced. And unfortunately, Brittney is now a victim of this very messed up system that has been forced on us, but at the same time, I'm glad we're talking about it now.

Uh-oh, I can't hear you. That's me.

Imani Gandy: No, it's me. I'm just the worst when it comes to mute buttons. I tell myself, remember to unmute, remember to unmute, then I never remember to unmute.

But you mentioned LARC coercion, and I was wondering if you could explain what that is. Just talk about what that is and the connection to reproductive coercion as it's existed in this country for hundreds of years.

Rachael Lorenzo: Yeah. So, LARC coercion is where medical providers, whether in collaboration with law enforcement or a court system, or not, just on their own because of medical providers who are mostly white and their value judgements on how we live our lives as Indigenous people and can also be applied to Black folks and immigrant folks, anyone who's not white. And so being pressured into having a LARC inserted, whether it's an IUD or Nexplanon, the little match stick that goes in your arm, and once it's in there, refusal to take it out. And be told like, "Oh, all of these adverse side effects that you're experiencing are actually normal. That's a sign that it's working."

Very short story, I had an IUD inserted after I had my first kid, the copper IUD. And for 10 months I bled the entire time. And I went to the ER three times in the city and was told that they would not take it out because it was working. I went to Indian Health Services, they didn't even have anyone trained to take out an IUD. When I finally got it taken out on the fifth try, the bleeding stopped almost

immediately. And so that's an example that a lot of my cousins and aunties have gone through with essentially this Long-Acting Reversible Contraception, which can stay in our bodies for years at a time, impacting our ability to make our own decisions about when we want to have children or even just trying to get relief from some of the adverse side effects that might come with having a LARC.

Imani Gandy: So, I wanted to talk about access. I wanted to talk about the ways in which Indigenous communities suffer in different ways. The different ways in which Indigenous communities suffer as a result of winnowing access or access that has been virtually eliminated, particularly in Texas. What are you hearing from providers and from patients on the ground? And I just wanted to say, if you're just joining us, I am speaking with Rachael Lorenzo. They are the co-head and founder or head and co-founder of Indigenous Women Rising. And this is part of our new Rewire News Group series called Repro Changemakers. And they are Repro Changemakers. So we're very excited. So please talk to us about access and how it affects Indigenous communities differently.

Rachael Lorenzo: Yeah, so we exist. First and foremost, this is Native American history month. We are all... This is... Where I'm at in Albuquerque, I'm on my ancestral Pueblo land. We've been here. We will continue to be here. There are Indigenous folks in Texas. There are federally recognized tribes in Texas. They are going north a bit more to Oklahoma. The folks, even though we are a nationwide abortion fund, I will tell folks right now, the main states that we fund are red states, Oklahoma being one of them. We're starting to expand to the Carolinas, Georgia, Florida, Montana. Another chunk of who we serve is in Arizona and in the Dakotas, we have excellent working relationships with independent clinics in Arizona, and the Dakotas, and in Oklahoma. And we're seeing folks from Texas go to the few clinics that they have in Oklahoma. And these are states by the way, that are going to start implementing their own abortion bans or their own restrictions on access.

So this is incredibly concerning for us because we're probably going to have to start expending more resources and more time to get people to another state. It's going to push our people further into another trimester. And we're not the only abortion fund who's experiencing this. Southwestern Women's Options, one of the few clinics in the country that provides abortions into the third trimester, is seeing an influx of folks coming from Texas to get care. So whether it's abortion funds or clinics or advocacy groups that help people find abortion access, there's a lot of moving parts that we're trying to monitor, whether it's upcoming abortion laws, changing restrictions or interpretations of a court decision.

One thing we're starting to find now is that people... that crisis pregnancy centers, which are anti-abortion, quite frankly disgusting places, are tricking people who need abortion care into thinking that they provide abortions. So, that way they can convince a pregnant person to carry their pregnancy to term. And we have had callers who fall victim to that. So there's a lot of things on the

ground that are happening, that are impacting the callers that we hear from every day.

Imani Gandy: I wanted just to talk about the cases specifically, because we're seeing a lot of discussion about what maybe a compromise would look like. And the thing that I always come back to when I think about what a compromise on abortion care would look like is first, we don't compromise on human rights, but secondly, Roe versus Wade in and of itself was a compromise, right? Because it legalized abortion, but it didn't provide access to everyone. And in fact, later measures, for example, the Hyde Amendment specifically said, "We don't like abortion. And what we're going to do is we're going to try to take it away from the people who we can, and those people who are on Medicaid, those people who are people who do get their health services from Indian Health Services." So can you just talk, I mean, I guess just make me feel better about the fact that I've been saying that there's no compromise from either end and in and of itself, Roe was a compromise that didn't work for everybody.

Rachael Lorenzo: You are absolutely fucking right. There is no compromise on abortion. I will not compromise on gestation, on income, on shit. My people deserve access to any kind of healthcare that we need on our own land. And it is disgusting that this colonizer government can create laws that inhibit us making our own decisions. And this extends not just to our bodies, but to our land bases. And I try to get people to expand their vision of what reproductive justice means. And that includes the ability for us to manage our own land. Our ancestors knew the plants, knew the landscapes, knew where the water was around us so that way we could take care of ourselves, whether it was arthritis, whether it was birthing, whether it was abortion, because our people have been having abortion since time immemorial. We've been using our natural resources to care for each other and care for ourselves.

Our medicine people were also midwives. They were also people who did different medical things using traditional medicines. And now you see things like wildfires in California. Now, the state of California who had initially banned controlled burns are now going to the Indigenous people in California and begging them for help. How can we do these controlled burns so that way these fires don't get out of control? When colonizers got to California, they're like, "No, you can't do controlled burns." And so that's an example of how when we don't have resources or access to our own land, to healthcare, to clean water, to good education, our families suffer the most. And if we just took the time to center Indigenous families, everyone benefits. So Roe v Wade. I hate when white feminists are like, "Anything for Roe."

You know what? Roe doesn't even exist to Indigenous people. We still have the Hyde Amendment. Indian Health Services doesn't even have OB-GYNs at every facility, they don't. The IHS that I grew up with doesn't even have an ER that's open 24/7. We have to drive 45 miles to Albuquerque. We have a rotating dentist. Can you imagine, a rotating dentist that visits three tribes, and you got

to wait six or seven weeks before you can see a dentist, unless you can pay out of pocket to go into Albuquerque and see a dentist. Roe is the bare minimum. So yeah, I guess uphold Roe, but we need much more than that. And if people are going to put stock in voting and candidates, I hope you're asking your candidates, "Do you support unfettered access to abortion care?"

Imani Gandy: One of the things, I mean, the way you framed that it really does seem particularly insidious to tell Indigenous communities here what kind of healthcare they can and cannot get on land that was stolen from them. I mean, that's a really, really powerful point. And I think that that's something that's going to resonate with me for a while. Can you talk about just Indian Health Services, and the way that it's supposed to provide care, the way that it fails to provide care, I feel that's a specific area when it comes to reproductive justice that we don't really talk a lot about because the fact of the matter is, is that Indigenous communities are supposed to get their healthcare from the government, but the government discriminates in the delivery of healthcare services. So what is it like when it comes to trying to access any kind of healthcare, including reproductive healthcare?

Rachael Lorenzo: So there's another aspect to that. And I'm going to call out our tribal leaders, because tribal leaders absolutely have the power to say, "Hey, we want sexual health, reproductive health, breastfeeding support, midwives, CNMs, whatever." We need those folks in our Indian healthcare facility. So when our tribes go to negotiate with Indian Health Services about what kind of healthcare IHS is going to provide, our tribal leaders, who are mostly cishet men, fail time and time again to advocate for half of their population, for the children in their community, for young people in their community, for babies whose birthing parents want to be able to breastfeed them but can't afford a lactation consultant, or can't go into the city and get the health that they need, right? It's mind boggling. How even during COVID our tribal leaders didn't even have the wherewithal to be like, "Oh, on top of food and all of these other donations, we also need diapers and menstrual hygiene." Everyone go look up TikTok Indigenous or high prices at Native tribal stores. Go Google it.

You will see that in nearly any Native community getting basic things like tampons, pads it's 10 bucks for a pack of 15 or 20 pads, generic, right? Things for us are so much more expensive on the reservation and Indian Health Services, which is a treaty, right? The federal government said, "In exchange for taking your land, here is healthcare, quality healthcare." That's what the treaty says. And the federal government has failed that. IHS is underfunded by 7 billion dollars. Not every IHS hospital in this country has obstetric care, so if someone's having a miscarriage, having a complication with their pregnancy, God help them. God help them. A lot of the programs that Indian Health Services serves are a lot of the, I guess like, more prevalent health conditions like diabetes, heart disease—which are good things, we should be taking care of those things because our communities are food deserts. We only have access to low

nutrition, high calorie food that's affordable. So yes, take care of those. And also help us out with that sexual health.

My org should not exist. Our people should be providing that stuff for us, where the federal government fails. And that's what IHS does. In a lot of ways, I'm so grateful to IHS because I can see a psychiatrist there. I can get counseling there. I get my medication through there. And for so many of us, it is a lifeline. It absolutely is, but it can do better.

Imani Gandy: It's a lifeline, but it's just not enough. Yeah. So I want to wrap up here, but I do want to give you a chance to talk about something positive. I like to end these things on a positive note. So what is it that has inspired you as we are sort of devolving into this reproductive wasteland or-

Rachael Lorenzo: Oh, absolutely.

Imani Gandy: ... what is it that is keeping you motivated, keeping you getting up in the morning?

Rachael Lorenzo: So I will say being able to work with my cousins, I'm so grateful. In this, I'm very grateful. Another thing that helps keep me going is that we have a new abortion fund manager, Jonnette, who is so passionate and so kind and understanding to our callers and does a very hard job. And I am so grateful that she's so good at it that I can take time to raise money. One of the awesome things we're able to start doing last week is fully funding first trimester abortions all over the country. And I am so proud of that because when we first started, it was $50 first trimester that we were able to contribute. Now we can cover the full cost of a first trimester abortion. We're hoping to be able to get to second and third trimester coverage.

One of the things that keeps me going is people all over the country, who I don't even know, are creating their own fundraisers and using their talents and their passions to raise money for us. We had a gentleman who did a fricking marathon and raised money for us. We had Women to the Front who did a comedy show for us at Union Pool in New York city. We have the Democratic Socialists whose member dues are going to be donated to us. So people all over the country are starting to listen to us, hear what we say, and want to help because they also care about reproductive justice.

Imani Gandy: That's brilliant. And where can they go to help you if they wanted to donate?

Rachael Lorenzo: PayPal, it's paypal.me/iwrising. We have a Venmo, @iwrising. If you can't donate, that's okay. Just share our stuff. If you have an abortion clinic in your town, tell them that we exist. Email us, we're happy to send you some fliers, anything to let people know that we're here to help.

Imani Gandy: Wonderful. Well, I wanted to thank you so much for taking the time to join us. This has been a really lovely conversation. For everyone watching, I've been talking to Rachael. They are the, I keep mixing this up, they are-

Rachael Lorenzo: Just co-founder.

Imani Gandy: ... co-founder of Indigenous Women Rising. And this has been a lovely conversation. And thank you so much. And thank you for all the work that you do. Thanks.

Rachael Lorenzo: Thank you so much. Thank you. Bye.

Imani Gandy: Bye.