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Mending the Clay Pot: Katsi Cook's use of Indigenous Midwifery as an
Act of Sovereignty in the United States and Canada, 1970-2020

HIST 5400: Indigenous Peoples and American History

Dr. Rosenthal

Spring 2021

Over time, the trauma of genocide, displacement, and assimilation has eroded the cultural knowledge of Indigenous populations. Traditional healing practices have been replaced with standardized Western medicine which often disregards spirituality and identity in its prescribed healing methods. This has led to a recent rise in Indigenous-led healthcare efforts that seek to restore Indigenous identity, sovereignty, and generational knowledge through traditional healing practices, one of which being midwifery. The trajectory of Indigenous health knowledge lies in the hands of few Elders and Knowledge Keepers, one of them being Katsi Cook, a Mohawk Elder who describes the current state of Indigenous health knowledge as “brittle,” likening its condition to a clay pot.¹ Cook elaborated in saying at “any moment, those messages, those stories, those teachings, can be broken, just like [when] you take a pot and drop it, it shatters. And that’s what happened to our traditions.”²

The clay pot metaphor is a recurring theme of Katsi (pronounced Gudji) Cook’s healing practice, indicating a sense of urgency to revive Indigenous health knowledge, which Cook accomplishes through midwifery. Cook is a product of her time, influenced by the call for radical change introduced by the Red Power movement and the American Indian Movement. To Cook, her midwifery practice seeks to restore an aspect of ceremony and identity for Indigenous mothers. Cook began her midwifery practice in 1978 and to this day, still teaches Indigenous women the art of midwifery throughout the United States and Canada.³ Cook saw an intrinsic value in maternity as it relates to Indigenous identity, placing incredible importance on the women and midwives to act as keepers of cultural knowledge. Through midwives, this

¹ Katsi Cook, interview by Joyce Follet, transcript of video recording, October 27, 2005, Voices of Feminism Oral History Project, Sophia Smith Collection, 13.

² Cook, “Voices of Feminism Oral History Project,” 13.

³ Cook, “Voices of Feminism Oral History Project,” 29.

knowledge continues to be carried down through mothers and babies, and helps to develop a sense of community and cultural safety rooted in motherhood.

Indeed, through the lens of Cook's activism, it is clear that Indigenous midwives are keystone actors in the institutionalization and proliferation of self-determination, as well as role models of Indigenous identity who can empower women to reconcile with their cultural heritage. Midwives continue to serve as agents of Indigenous sovereignty through their current efforts to protect Indigenous interests by authoring and consulting on original health and environmental legislation in both America and Canada. This, in turn, has helped liberate Native peoples from Western institutions of medicine and has also allowed Indigenous people to resist oppression by protecting their rights to self-determination.

These arguments are consistent with major scholarship on Indigenous motherhood written from the perspective of Native mothers. Scholars Dawn Memeé Lavell-Harvard and Kim Anderson bolster this thesis in their 2014 book, *Mothers of the Nations: Indigenous Mothering as Global Resistance, Reclaiming and Recovery*. As stakeholders in Indigenous communities, both Lavell-Harvard (Wikwemikong First Nation) and Anderson (Métis) consulted with Indigenous mothers across the globe to identify common experiences and obstacles that arose at the intersection of identity and motherhood. Of the themes that arose, survival and resistance came to the forefront of the conversation as many mothers articulated how the practice of midwifery helped to restore the matrilineal structure and matriarchal role of midwives in their views of Indigenous society.⁴ This matriarchal structure was disrupted by the patriarchal models of motherhood introduced by colonization.

⁴ Tabobondung, Rebeka, et al, "Indigenous Midwifery as an Expression of Sovereignty," in *Mothers of the Nations: Indigenous Mothering as Global Resistance, Reclaiming and Recovery*, ed. Lavell-Harvard D. Memeé and Anderson Kim (Bradford, ON: Demeter Press, 2014), 5; Cook, 40.

Thus, the mere existence of Indigenous midwives intrinsically challenges colonial structures by prioritizing women and their children while simultaneously reinvigorating the task of nation-building. One Dakota Elder, Ivy Chaske, vocalized this connection in her statement that Indigenous women not only “birth the people,” but are also given the “lifetime responsibility to nurture the people” and in turn, function as the “life blood of the Nation.”⁵ Midwives represent a return to traditional Indigenous ways of life on a global scale and have recently made incredible strides in reclaiming Indigenous spaces in mainstream society, as Katsi Cook’s experience and practice will illuminate.

Cook represents a generation of Indigenous peoples who became radicalized by the overarching Red Power movement, internalizing the messages of sovereignty and demands for better living conditions, including improved education and healthcare systems.⁶ Historian David Treuer discusses this phenomenon by training his analytical lens on how Indigenous individuals have resisted systems of oppression rather than framing them as victims of colonization, much like this research attempts to achieve through Katsi Cook. Treuer’s book, *The Heartbeat of Wounded Knee: Native America from 1890 to the Present*, follows the recent historiographical trend of telling Indigenous stories as inextricable facets of American history as a way to trace how Native people have adapted to modernity and continue to resist oppression through countless different local, state, and federal avenues.

While Treuer’s research covers a more general overview of the Red Power movement and the American Indian Movement, the reinvigoration of Indigenous midwifery serves as a potent case study of the movement’s attitudes. In line with Treuer’s investigation of self-determination

⁵ Tabobondung, "Indigenous Midwifery as an Expression of Sovereignty," 3.

⁶ David Treuer, *The Heartbeat of Wounded Knee: Native America from 1890 to the Present*, (NY: Riverhead Books, 2019), 309; "Proclamation: To the Great White Father and All His People," *Journal of American Indian Education* 9, no. 2 (1970): 16.

and the AIM's goals to restore Indigenous sovereignty, Cook often regards childbirth and reproduction as a component of community healing and survival, as well as "a process of empowerment through which women revive Indigenous culture and restore Native peoples' connections to ancestral land."⁷ The mission of rejecting long-held myths about Indigenous extinction, and combating them with "[acts] of radical living," underpin Treuer's thesis, as well as Cook's efforts as a midwife and Indigenous rights advocate.⁸

Cook's dedication to her community in Akwesasne was made apparent in the roles she assumed as a community leader and as a liaison between the reservation and external funding agencies. Born and raised in Akwesasne Reservation No. 15 as the niece of two prominent Mohawk chiefs, Cook's inclination towards activism was instilled in her from a young age.⁹ By her early twenties, Cook was already an active midwife on the reservation and was involved in several other nation-building initiatives. This was accomplished by securing independent grants from various government agencies and non-profit organizations.¹⁰ These grants were put towards funding an Akwesasne ambulance, radio station, Mohawk-immersion schools, health programs, and midwife training.¹¹ Later, Cook would use this skill set to jumpstart her first major research project into the pollution of the St. Lawrence River.

As a Mohawk woman, a majority of Cook's work focuses on her immediate community in the Akwesasne Reserve No. 15 near upstate New York. The reservation is bisected by the St. Lawrence River, which serves as the boundary between the United States and Canada with the entire reserve spanning from New York into the southwestern corner of Ontario and the southeast border of Quebec. Due to the international border within the Akwesasne Reservation, the internal

⁷ Cook, "Voices of Feminism Oral History Project," 11.

⁸ Treuer, *The Heartbeat of Wounded Knee*, 460.

⁹ Cook, "Voices of Feminism Oral History Project," 3.

¹⁰ Cook, "Voices of Feminism Oral History Project," 80.

¹¹ Cook, "Voices of Feminism Oral History Project," 31.

politics of the Mohawk people are divided into two councils: the St. Regis Mohawk Tribe (SRMT) who oversees the New York population and the Mohawk Council of Akwesasne (MCA) who oversees the Canadian portion of Akwesasne. In a similar vein, the health agencies that will be discussed in relation to Akwesasne are the Indian Health Services (IHS) and Six Nations Health Services (SNHS), respective to the United States and Canada. Both the SRMT and MCA are themselves functions of sovereignty as the Mohawk people manage their infrastructure with their own elected officials through tribal government before defaulting to their respective country's government.¹²

Cook's midwifery practice dovetails with the American Indian Movement of 1968 as she sought to fight for environmental and reproductive justice for the Mohawk Nation by participating in mainstream protests. Cook was inspired by the national attention that the AIM garnered and planned to attend the 1973 Wounded Knee occupation in Pine Ridge, South Dakota. As a girl, Cook recalled hearing her uncles, who were both chiefs at the time, "banging the kitchen table with their fists" as they argued about "the power of authority, the State of New York, and their encroaching control over our environment, our lands, our resources."¹³ Indigenous rights advocacy propelled Cook's personal and professional goals from a young age.

Cook and her sister, Millie, loaded two cars with food to bring to the demonstrators occupying the town but were stopped short by an FBI roadblock where their car was searched and the pair were arrested for alleged possession of marijuana, which turned out to be Indian tobacco.¹⁴ The next day, the two were escorted to the Nebraska state line and ordered to "stay out of South Dakota."¹⁵ Coincidentally, Cook would later return to South Dakota to practice

¹²"About the Tribe," Saint Regis Mohawk Tribe, accessed March 25, 2021, <https://www.srmt-nsn.gov/about-the-tribe>.

¹³ Cook, "Voices of Feminism Oral History Project," 3.

¹⁴ Judy Peer, "Millie & Katsi Never Made It To Wounded Knee," *Akwesasne Notes*, 1973, 14.

¹⁵ *Ibid.*

midwifery and train midwives. At the end of the encounter, Cook still felt a sense of “pride and confidence” in the American Indian Movement as a way to “return to an already existing, rich, textured [Indigenous] culture.”¹⁶

On par with this sentiment, Cook’s most notable project began in returning this rich culture to Akwesasne. Cook’s lineage in Akwesasne can be traced as far as the 1600s through Jesuit baptism records, made possible by the fact that the Mohawk Nation has never been physically displaced from their ancestral land.¹⁷ This fact signals an elevated importance for Mohawk people to protect and preserve the land; however, this also makes the people of the Akwesasne reservation particularly susceptible to long term health complications caused by changes in the environment. Further building from the AIM’s goals of improved reservation infrastructure, Cook along with the mothers in Akwesasne took it upon themselves to remediate the ecological and reproductive injustices occurring in their reservation.

Cook and other Mohawk women acted as primary actors in securing research funding to investigate and treat the impacts of superfund sites near the Akwesasne Reservation. Superfund sites are hazardous waste sites that require long-term clean up and as of 2021, over 1,300 active superfund sites exist in the United States with 121 located in New York state, with an additional 6,500 sites across the Ontario and Quebec provinces combined.¹⁸ As early as the 1950s, Mohawks living in Akwesasne were exposed to toxic chemical runoff from several industrial plants, all located within one mile of the reservation border. The most notorious was the General Motors plant. Runoff from the plants traveled downstream on the St. Lawrence River, polluting the water supply and inundating the fish with toxic amounts of polychlorinated biphenyls

¹⁶ Ibid.

¹⁷ Cook, “Voices of Feminism Oral History Project,” 4.

¹⁸ “National Priorities List and Superfund Alternative Approach Sites,” Environmental Protection Agency; “Find Sites by Province or Territory,” Treasury Board of Canada Secretariat.

(PCBs), a compound used in heavy machinery that, with prolonged exposure, can cause thyroid complications, stunted development in children, and sometimes cancer.¹⁹

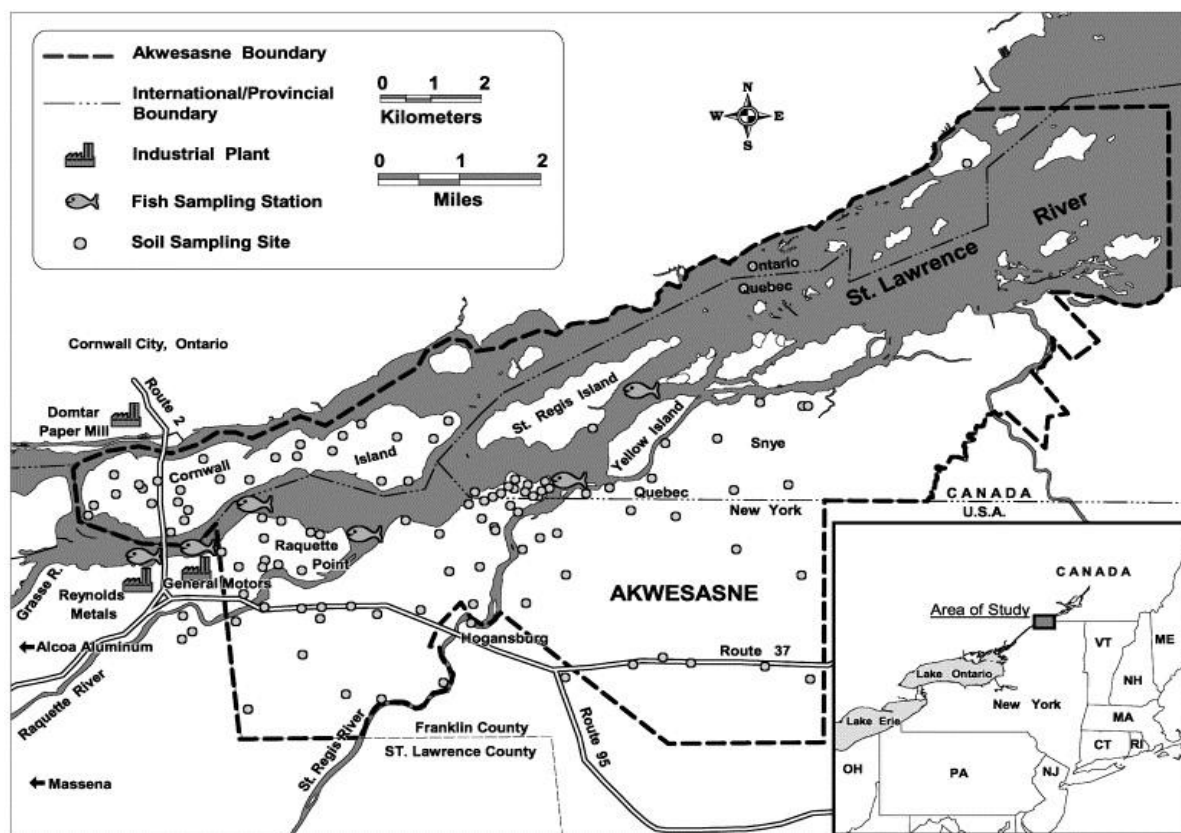


Figure 1. Map of Akwesasne Reservation No. 15 showing locations of industrial plants.²⁰

For nearly thirty years, General Motors illegally dumped PCBs on this property which the New York State Department of Environmental Conservation only reported in the 1980s.²¹ As seen in Figure 1, the General Motors plant was located at the west end of the reservation, carrying pollutants down the entirety of the St. Lawrence River that bisected Akwesasne. The GM plant was also utilized as a junk yard where Mohawk men went to “salvage copper and

¹⁹ Kim Ellen McRae, "Effects of PCB Contamination on the Environment and the Cultural Integrity of the St. Regis Mohawk Tribe in the Mohawk Nation of Akwesasne," (PhD diss., University of Vermont, 2015), 41.

²⁰ Edward Fitzgerald, "Fish consumption and other environmental exposures and their associations with serum PCB concentrations among Mohawk women at Akwesasne" (2004).

²¹ McRae, "Effects of PCB Contamination," 45.

different metals” to sell them for scrap, increasing their exposure to toxins.²² Cook, who at the time was working for her reservation’s newspaper, the *Akwesasne Notes*, saw the first reports in 1983 stating that GM’s water wells were found to be contaminated with high levels of PCBs.²³

The close proximity of the contaminated wells to Akwesasne prompted Cook to believe that their wells in the St. Regis region were contaminated too, and she was correct. The children who attended the Mohawk Freedom School, including Cook’s own children, would play in the St. Lawrence River at a location that is now known as “Contaminant Cove.”²⁴ Cook was no stranger to advocating for the needs of the Mohawk community, and did so rather successfully, and paved the way for one of the first formal environmental research procedures in Akwesasne.

In collaboration with the U.S. and Canadian branches of Akwesasne, Cook organized environmental justice research that placed Native women at the forefront of their investigations into PCB contamination. The first study was carried out by Mount Sinai researchers, sent by the state of New York, who tested for harmful toxins in the soil, crops, livestock, and wild animals but neglected to test the individuals who lived in Akwesasne. One mother asked Cook if it was still safe to breastfeed her child, to which Cook could only reply: “I don’t really know. I wish I did.”²⁵ Unsatisfied with their research procedure, Cook formed her own research team by bringing together the MCA and SRMT to form the Akwesasne Task Force on the Environment.²⁶ With another grassroots grant, Cook personally recruited external researchers and oversaw the collection and testing of the milk of 30 Mohawk women. Cook did this as a way to vet the results herself because she knew that the community distrust in New York State agencies was so potent in Akwesasne that no one would trust the Health Department’s results.²⁷

²²Cook, “Voices of Feminism Oral History Project,” 80.

²³ Cook, “Voices of Feminism Oral History Project,” 38.

²⁴ *Ibid.*, 40.

²⁵ *Ibid.*

²⁶ McRae, “Effects of PCB Contamination,” 44.

²⁷ Cook, “Voices of Feminism Oral History Project,” 84.

Moreover, it allowed Mohawk women to take authorship of scientific papers, and personally co-investigate scientific research within their community. The breast milk was found to contain high levels of PCBs, pesticides, flame retardant, and dioxin, a highly toxic waste product of industrial processes that can rapidly bioaccumulate in the body.²⁸ Realizing that Mohawk breast milk was contaminated, Cook applied this knowledge to empower her midwifery practice with an ecological context. The lesson Cook derived was that “nursing infants were at the top of the food chain” because they only consumed what their mothers ate.²⁹ Therefore, Cook prescribed that new mothers should avoid eating fish from the St. Lawrence River in order to protect their own health, and in turn, their baby’s. The idea that women’s bodies are the first environment was the beginning of the aptly named First Environment Project.

The First Environment Project was Cook’s comprehensive study that prioritized mother’s health in a way that put Indigenous women at the locus of control over their environment and body. However, some concessions still had to be made. Fish was the primary pathway that PCBs entered the body at Akwesasne, and the PCB levels found in fish from the St. Lawrence river made it unsuitable for human consumption.³⁰ Mohawk mother, Cecilia Francis, recognized that the Mohawk way of life was being corroded by industrial pollution as many Mohawk people relied on the fishing industry as a stable economic base and as a main staple of their diet.³¹ The Mohawk fishing industry was already jeopardized by early industrialization but was now further restricted by the call to eradicate fish from women’s diets. Fishing was also a cultural activity enjoyed by generations of Mohawk people that created opportunities for large family gatherings and bonding events, which had now warped into concerns over food insecurity.³² Francis, a

²⁸ Cook, “Voices of Feminism Oral History Project,” 85.

²⁹ Ibid.

³⁰ McRae, “Effects of PCB Contamination,” 56.

³¹ Priscilla Worswick, “First Environment Project,” *Akwesasne Notes*, 1995, 17.

³² McRae, “Effects of PCB Contamination,” 27.

member of Cook's task force, shared these sentiments in a 1995 interview with the *Akwesasne Notes*, nearly a decade after the initial trials of the First Environment Project:

“Why do we have to be the ones to make the adaptations? Our traditional economic base, our very culture has suffered severe impact from industrial hazardous waste. Our children are growing up with pollution... we are concerned about our babies who are breastfeeding now and those who are about to be born. The only reason our [milk's PCB] levels are not higher is because we were responsible enough to do the right things, not because GM did the right thing.”³³

Cook's investigation led her to define a novel concept of Indigenous resistance: environmental reproductive justice.³⁴ The First Environment Project was one of the earliest studies to address the intersection of environmental justice and reproductive justice through the lens of feminism, creating an avenue for midwives to advocate for Indigenous needs in these areas. The World Health Organization defines ‘health’ as a “state of complete physical, mental and social well-being, not merely the absence of disease or infirmity,” as well as the ability to lead a “socially and economically productive life.”³⁵ As a critique of the definition, Cook noted that she would also add “cultural well-being” to the definition, essentially defining the mission statement of her First Environment Project.³⁶ Indigenous women's reproductive rights are directly influenced by environmental injustice as poor living conditions can interfere with their ability to conceive, carry, and give birth to healthy children. Indigenous communities are also particularly susceptible to these complications since Indigenous communities in the U.S. “live in

³³ Worswick, “First Environment Project.”

³⁴ Elizabeth Hoover, “Environmental Reproductive Justice: Intersections in an American Indian Community Impacted by Environmental Contamination,” *Environmental Sociology* 4, no. 1, 13. doi: 10.1080/23251042.2017.1381898.

³⁵ Ibid.

³⁶ Ibid.

close proximity to approximately 600 Superfund sites” where regulation for mitigation of pollution is “significantly behind non-tribal communities.”³⁷

Cook’s First Environment Project made women more aware of these environmental injustices and allowed them to adapt in order to protect themselves and their children. A follow up study found that Mohawk women did see a decrease in their overall PCB levels by cutting back or completely eliminating fish from their diets; however, this came at the cost of long held cultural practices.³⁸ Thus, the continuation of the First Environment Project was contingent on the success of Cook’s midwifery program, serving as a bridge between Mohawk people and other sacrificed cultural practices that came as a result of colonization. The Indian Health Services, established in 1955, did not employ midwives until 1969 and only tested the pilot program in a remote Alaskan village until the mid-1970s, creating a gap that Cook aimed to fill.³⁹ Meanwhile in Canada, Indigenous midwives were subject to standard nursing regulations, making Cook’s burgeoning midwifery programs critical to the development of new and improved Indigenous health alternatives.

Concurrent with the First Environment Project, Cook designed and led the Women’s Dance Health Program, which became the template for her later midwifery programs in Canada. After Cook completed her own midwife training, she was almost immediately approached by Patricia Bellanger—an Ojibwe leader in St. Paul, Minnesota and an early AIM organizer—who asked Cook to design a women’s health and midwifery program in Minnesota.⁴⁰ Midwifery in Minnesota was largely unregulated, allowing Cook and other groups of midwives to practice

³⁷ Ibid.

³⁸ Worswick, “First Environment Project.”

³⁹ American College of Nurses-Midwives. “Certified Nurse-Midwives and the Indian Health Service ...a perfect match,” http://www.midwife.org/acnm/files/cclibraryfiles/filename/000000002226/ihs_packet_june_08.pdf.

⁴⁰ Brianna Theobald, "Bringing Back Woman Knowledge: The Women's Dance Health Program and Native Midwifery in the Twin Cities," *Journal of Women's History* 32, no. 4 (2020): 71.

without sanction.⁴¹ This also gave Cook the opportunity to tap into established midwife networks, making her growth into Canada more accessible.⁴² The Dance Health Program represents a transformative aspect of Indigenous health as it allowed Native mothers to “reclaim [control of reproduction]” by moving away from clinical hospital settings, and instead offering traditional birthing services to Indigenous and non-Indigenous women alike.⁴³ Scholar Brianna Theobald commented that the “DHP’s very existence, as well as its multifaceted work, directs our attention to the institution— and community—building that made Red Power possible.”⁴⁴

With this in mind, Cook’s DHP and birthing programs aligned with the early developmental stages of government midwife programs, providing an opportunity for Cook to exert considerable influence on the protocol of midwife practices alongside the IHS and SNHS. This serves as an example of the potent community building and institution building that Cook could accomplish. This was also made possible through the passage of Ontario’s 1991 Midwifery Act which, similar to Minnesota’s ambiguous midwifery laws, allowed an exemption for aboriginal midwives to freely practice traditional midwifery and healing services without government regulation.⁴⁵ The distinction between traditional/aboriginal midwives and certified/nurse midwives reveals more depth into their holistic roles as midwives, but also reveals a new legal avenue by which Indigenous midwives could reclaim authority.

Until the midwife exemption in Ontario, Cook’s activism was confined to the few reservations with ambiguous midwifery laws, or where she held influence and could personally

⁴¹ Theobald, "Bringing Back Woman Knowledge," 72.

⁴² Theobald, "Bringing Back Woman Knowledge," 71.

⁴³ Cook, "Voices of Feminism Oral History Project," 1.

⁴⁴ Theobald, "Bringing Back Woman Knowledge," 78.

⁴⁵ Katsi Cook, "Restoring Indigenous Herbalism and Midwifery," filmed October 1999 at the National Bioneers Conference, San Rafael, CA, video, 17:26, <https://www.youtube.com/watch?v=9LR4Aa3tt5g>; Regulated Health Professions Act, 1991, SO 1991, c 18, <<https://canlii.ca/t/547j6>> retrieved on May 1, 2021.

lead health curriculums. On top of training new midwives, Cook prepared her apprentices to become permanent installments on their reservations where they would serve indefinitely. Echoing the findings of Lavell-Harvard and Anderson, midwives were seen as respected keepers of knowledge who were duty bound by a social contract to serve the entire community, as opposed to nurse/certified midwives who were only present for limited windows in a woman's pregnancy and birth process.⁴⁶ However, the idea of 'traditional midwives' still carried a heavy stigma due to the fact that it lacked a formal curriculum or institutional support. Like many of Cook's self-driven initiatives, she "took that canoe with no paddle and started making the paddle to use for it."⁴⁷ Consequently, Cook made it a goal to establish an infrastructure of midwifery education programs throughout Ontario and co-founded the National Aboriginal Council of Midwives, a council who currently collaborates with the Canadian Association of Midwives on health legislation before the House of Commons.⁴⁸

Approaching midwifery in Canada with a new sense of control, Cook was already regarded as a highly respected Elder and Knowledge Keeper for her work on Akwesasne and attended numerous Indigenous conferences to speak on the importance of midwifery as a tool of survival. It was at one of these conferences that Cook and other Indigenous rights advocates, including Métis writer Maria Campbell and Mohawk healer Jan Kahehti:io Longboat, drafted a proposal to establish an aboriginal birthing center in Toronto.⁴⁹ Today, the Aboriginal Midwifery Training Program operates out of the Six Nations Birthing Centre in Ontario.⁵⁰ One attendee

⁴⁶ Cook, "Voices of Feminism Oral History Project," 56.

⁴⁷ *Ibid.*, 56.

⁴⁸ "CAM and NACM Present to House of Commons on Act respecting National Day of the Midwife," Canadian Association of Midwives, accessed May 1, 2021.

⁴⁹ Tabobondung, "Indigenous Midwifery as an Expression of Sovereignty," 82.

⁵⁰ "Aboriginal Midwifery Training Program," Six Nations Health Services, accessed May 1, 2021. <http://www.snhs.ca/midBackground.htm>.

framed the birthing center as a long awaited “safe space for families to birth their babies with love and dignity since the sanctity of our homes was compromised by colonization,” while also emphasizing midwives as models of cultural identity.⁵¹ Aboriginal birthing centers carved out a space for Indigenous practices and people to thrive in mainstream society and also allowed mothers and midwives a space to revive and reconnect with their ancestral roots.

One Indigenous mother recalls her experience with her midwife as a spiritual journey for not only herself, but her midwife as well. Rebeka Tabobondung (Wasauksing First Nation) felt isolated by the standard care she received at Western institutions and believed she could receive better care by seeking out people of her own culture who understood her as kin.⁵² When she eventually arrived in Toronto to seek out a suitable midwife, Tabobondung noted that “it soon became apparent that the midwives and [her were] on the same journey,” one of creating a space for Indigeneity to survive in the modern world.⁵³ In the same vein, it was rediscovering a community of people who were committed to carrying birth traditions that she believed had nearly been “silenced by the process of colonization.”⁵⁴

The Six Nations Birthing Centre is now a site of decolonization, creating an environment where cultural safety and Indigenous identities can coexist. Cultural safety is a term originally coined by Māori nurses to describe nursing practices that are cognizant of cultural identity as a factor in one’s treatment as a patient.⁵⁵ The concept in itself is a function of Indigenous self-determination as it lays out the necessary conditions for success on the terms of Indigenous peoples. A tenet of cultural safety is that only a patient may determine if their treatment is culturally safe by looking holistically at the methods, tools, and language used by health

⁵¹ Tabobondung, "Indigenous Midwifery as an Expression of Sovereignty," 81.

⁵² Ibid., 72.

⁵³ Ibid., 75.

⁵⁴ Ibid., 75.

⁵⁵ McKenzie Churchill, “Conceptualising Cultural Safety at an Indigenous-Focused Midwifery Practice in Toronto, Canada: Qualitative Interviews with Indigenous and non-Indigenous Clients,” *BMJ Open* 10, no. 9 (2020): 2.

professionals.⁵⁶ Cook cites an example of language barriers as a common source of misunderstandings to overcome. As Cook explains, Indigenous language describes actions in terms that are easier to conceptualize and can help when discussing unfamiliar concepts with young mothers. In the Mohawk language, terms used to describe the body and bodily functions vary greatly from the clinical language often used in health offices, one example being that the term for the mucous membrane of the vaginal vault, *otsiskwa*, roughly translates to “it’s slippery.”⁵⁷ Rather than use English vocabulary to explain breastfeeding to an anxious new mother, Cook opted to use the Mohawk term which translates to “she’s feeding him her drops,” making the process easier for mothers to visualize.⁵⁸ Cook explained her use of Indigenous language as a way of “[restoring] consciousness” to the community, and as she put it, “you’re not just restoring a language so that you can order a McDonald’s hamburger in Mohawk... you’re restoring a totality.”⁵⁹

The continued success of Indigenous health centers in achieving better health outcomes signals how self-determination has informed and improved Indigenous wellbeing as a result of Indigenous-led health activism. A 2020 survey of Indigenous-led healthcare centers and partnerships in Canada found that since the introduction of the midwifery program, infants with low birth weights among Indigenous mothers decreased from 33% to 24% which was attributed to improved access to prenatal care and maternal nutrition.⁶⁰ Moreover, midwifery programs at dedicated birthing centers drastically reduced the number of labor inductions, cesarean deliveries, and episiotomies while also lowering perinatal mortality rates to below the provincial

⁵⁶ Churchill, “Conceptualising Cultural Safety,” 3.

⁵⁷ Cook, “Voices of Feminism Oral History Project,” 19.

⁵⁸ Ibid.

⁵⁹ Ibid., 31

⁶⁰ Lindsay Allen, “Indigenous-Led Health Care Partnerships in Canada,” *Canadian Medical Association Journal* 192, no. 9 (March 2, 2020), <https://doi.org/10.1503/cmaj.190728>, 209.

average (0.9% compared to 1.9% in Northwest territories).⁶¹ While the statistical data is important in understanding quantifiable health outcomes, this study also argued that qualitative research is a critical piece of the puzzle in reviving traditional Indigenous health practices, a data set that Western nation-state institutions often ignore in politics and policymaking.⁶² Outside of Indigenous health clinics, the same study found that 92% of Indigenous respondents felt uncomfortable seeking or disclosing the use of traditional healing practices from health professionals which underscores a growing demand for Indigenous-centric care.⁶³ The qualitative anecdotal evidence from Indigenous mothers who gave birth in birthing centers highlights the importance of Indigenous-led health care in preserving Indigenous identity.

Women who gave birth in the Toronto birthing center reported a sense of cultural safety and belonging that is often absent from standard hospitals with one mother noting that her birthing process felt like “welcoming her [baby into] a sisterhood.”⁶⁴ A shared sense of sisterhood was prevalent among several of the participants, with a second First Nations mother commenting that she felt as if she was “amongst sisters and not with a medical professional.”⁶⁵ Birthing centers are reviving generational knowledge that was nearly erased by colonial efforts to erase or assimilate Indigenous cultures. Older generations who were affected by those attempts can now participate in cultural activities in a nurturing environment, as one daughter told her mother during their visit, saying it was a chance to “[celebrate] her culture where she felt safe to do it.”⁶⁶ Midwives have made cultural healing possible by providing traditional midwifery services in mainstream avenues of society, allowing for the breadth of Indigenous self-determination to proliferate into more fulfilling healthcare options.

⁶¹ Ibid., 210.

⁶² Ibid., 210.

⁶³ Ibid., 215.

⁶⁴ Churchill, “Conceptualising Cultural Safety,” 5.

⁶⁵ Ibid.

⁶⁶ Ibid., 6

Without the strides made by Katsi Cook and her growing fleet of midwives, the state of Indigenous healthcare may not be as comprehensive as it is today. As Cook once described Indigenous knowledge and tradition as a broken clay pot, her initiatives have helped mend the broken pieces together, and has said “the pot will never look the same as it did when it was dropped, but we’ll recognize it.”⁶⁷ Midwifery has served as a catalyst for action over the past several decades, spurring new movements of environmental activism, reproductive justice, and a medium by which culture and knowledge can be restored to Indigenous communities. Not only is knowledge being restored, but it is also being institutionalized as seen by Cook’s role in formalizing midwifery curriculums throughout Canada and the United States.

As carriers of both traditional and Western biomedical experiences, midwives today are equipped with the best information and practices that translate to an Indigenous audience, allowing cultural safety and better health outcomes to be a reality of midwifery programs. Moreover, midwifery institutions are allowing younger generations to seek out their cultural knowledge in professional settings. In 2017, the National Aboriginal Council of Midwives reported that 25% of the incoming midwifery students at Ryerson University in Ontario identified as Indigenous.⁶⁸ As more women enter the field of midwifery, the mission of preserving knowledge and Indigenous sovereignty becomes more possible and can perhaps even heal some trauma for future generations.

Indigenous midwifery is more than a job, it is a source of empowerment that has revitalized a sense of community and culture for countless women looking to reconnect with their ancestral roots. Cook remains a prominent and vocal advocate for midwifery as a stepping stone to achieving cultural sovereignty, and she currently advises U.S. legislation through the

⁶⁷ Cook, “Voices of Feminism Oral History Project,” 31.

⁶⁸ National Aboriginal Council of Midwives, “History & Strategic Plan.”

American Public Health Association's National Tribal Environmental Health (NTEH) Think Tank.⁶⁹ The expansion of Indigenous midwifery is only beginning, and as it grows, so will the ability for Indigenous peoples to recognize themselves in institutions that have historically underrepresented them. Cook views the future of Indigenous health knowledge with an optimistic trajectory as the pieces of the broken pot are pieced back together. As Cook said, "the pot will never look the same as it did when it was dropped, but we'll recognize it. We'll recognize its shape, its form, and its purpose, and begin to make new ones."⁷⁰

⁶⁹ American Public Health Association. "National Tribal Environmental Health Think Tank." Last modified February 23, 2013. Available at <https://www.apha.org/-/media/files/pdf>.

⁷⁰ Cook, "Voices of Feminism Oral History Project," 126.

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