The Enemy is the Knife:
Confronting the U.S. Government’s Sterilization of Native Americans in the 1970s

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Paper Length: 2,499 Words
“We have a new enemy, and the enemy is the knife.”
Dr. Connie Redbird Uri

The 26-year old Native American woman who visited the California office of Dr. Connie Redbird Uri in 1972 was ready to have a family. She asked Dr. Uri, herself of Choctaw and Cherokee descent, to reverse the hysterectomy that a doctor at the Indian Health Service (IHS) had performed. The woman was devastated when Dr. Uri explained that a hysterectomy was not reversible, insisting that the IHS doctor had told her she could reverse it when she decided to have children.2

Dr. Uri originally thought the woman’s experience was isolated. However, when she began reaching out to other Native women, she heard similar stories of sterilizations that were performed without the women’s knowledge or full consent. Worried, she conducted a detailed investigation of the IHS facility in Claremore, Oklahoma, including setting up a teepee on the front lawn to intercept women before they entered the hospital.3 Her conclusion was stunning. In recent years, Claremore doctors had sterilized hundreds of young Native American women, sterilizing one of every four women who gave birth.4 According to Dr. Uri, Claremore doctors were running a "sterilization factory."5

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1 Dr. Connie Uri, Remarks at the Oklahoma City IHS Area Advisory Board Meeting, November 9, 1974, Costco Archive, MS 170, Box 34, Folder 034.001.001, Special Collections and University Archives, University of California, Riverside.
4 Dr. Connie Uri, Statement Prepared for the Jackson Hearings, September 16, 1974, Costco Archive, MS 170, Box 34, Folder 034.001.001, Special Collections & University Archives, University of California, Riverside.
5 “Indians and Medicine.”
After a Native-American newspaper reported Dr. Uri’s findings in 1974, members of other tribes began to investigate other IHS facilities. They too found that hundreds of young women in their tribes had been sterilized, sometimes one-third to one-half of the women of childbearing age.

Expanding her investigation beyond Claremore, Dr. Uri examined records of 26 of the 35 IHS hospitals with obstetric wards. She found that these IHS hospitals – run by the federal government supposedly to serve Native Americans – had sterilized 25 percent of all Native women of childbearing age in the United States.

Realizing the barriers that these sterilization victims faced, Dr. Uri began to advocate for them. She quit her medical practice and enrolled in law school, becoming the first Native American woman to obtain both medical and law degrees. As the leader of the opposition to sterilization abuse, she spoke to newspapers, medical associations, and legal groups, arguing that the U.S. government was “using the vehicle of healthcare as a way of genocide.” Eventually, Dr. Uri convinced the U.S. government’s General Accounting Office (GAO) to investigate IHS facilities.

The GAO investigation confirmed that the IHS had sterilized a substantial proportion of Native American women. For its study, the GAO investigated the sterilization practices in four facilities.
of the twelve IHS areas and for only four years, 1973-1976. It found that 3,406 Native women had been sterilized, 3,001 of whom had been of childbearing age.13

The impact of these sterilizations when there were only 780,000 Native Americans in the United States was significant.14 According to the IHS, 59,100 women of childbearing age resided in the four service areas investigated by the GAO.15 The sterilization of 3,001 of these women means that 5.1% of the women of childbearing age were sterilized in just a four-year period. If citizens in the general population had been sterilized at this same rate, over 2.2 million women would have been sterilized in four years.16 Moreover, sterilizations occurred from 1965 to 1979, eleven years in addition to the period studied.

**Sterilizations Without Valid Consent**

The IHS sterilizations were alarming because most of the sterilized women had not given valid consent. Many of the women were sterilized without their knowledge or without understanding the procedure. Some reported believing they were receiving a different surgery, such as an appendectomy.17 Others had consented only when they were sedated or in labor.18 Some women were not told that sterilization was irreversible.19 Many were minors, unable to legally consent.20

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13 See Appendix A.
15 The four IHS areas that the GAO studied served 280,108 Native Americans, of which 21.1% were women of childbearing age. U.S. Department of Health, Education, and Welfare, *Indian Health Trends*, 45.
16 Applying a 5.1 percentage to the total U.S. population at the time, 213 million, results in over 2.2 million sterilizations. U.S. Department of Health, Education, and Welfare, *Indian Health Trends*, 42.
18 “Indians and Medicine.”
For others, the IHS obtained consent only through coercion. Doctors often pressured patients to agree to sterilization, threatening the loss of welfare benefits or the removal of their children.\textsuperscript{21}

Moreover, because many of the women did not speak English well, they could not understand what their doctors told them.\textsuperscript{22} Although a 1969 IHS report acknowledged that “communication is further complicated, in many instances, by the Indians’ inability or limited ability to speak English,” interpreters were rarely offered.\textsuperscript{23} Likewise, many women could not understand the consent forms that were written in 12th-grade English without translation into Native languages.\textsuperscript{24}

The GAO investigation concluded that the majority of the sterilizations were illegally performed without the patients’ informed consent, despite a federal court order that “federally assisted family planning sterilizations are permissible only with the voluntary, knowing, and uncoerced consent of individuals competent to give such consent.”\textsuperscript{25} Indeed, the GAO concluded that every consent form it reviewed was invalid because it neither described the sterilization procedure nor explained what the women were told before signing the form.\textsuperscript{26} Additionally, although the court order and guidelines from the U.S. Department of Health, Education, and Welfare (HEW) required that consent forms state that women could decline sterilization without losing their welfare benefits, the forms did not inform women of this right.\textsuperscript{27}


\textsuperscript{22} see appendix b.


\textsuperscript{24} “Sterilization of Native Women Charged to I.H.S.”


Eugenics Relabeled

The roots of the IHS sterilization of Native women can be traced back to the eugenic sterilizations of the first half of the 20th century. The goal of eugenics was to improve the gene pool to prevent disfavored traits that included, among others, "dependency" – that is, people who would be unable to support themselves.\(^{28}\) By the 1930s, most states had eugenics programs that featured compulsory sterilization of disfavored groups, including those in poverty.\(^{29}\) The U.S. Supreme Court held these laws to be constitutional, with Justice Oliver Wendell Holmes asserting that “it is better for all the world if instead of waiting to execute degenerate offspring for a crime, or to let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their kind.”\(^{30}\)

During World War II, Americans began to associate eugenic sterilization with Nazism, and compulsory sterilization fell from favor.\(^{31}\) However, sterilization re-emerged in the 1960s, but no longer under the banner of eugenics. Instead, it was promoted as a way to end poverty. President Johnson's War on Poverty promoted family planning programs to help poor people control their fertility. Although most programs focused on providing contraception, concerns about overpopulation and the burden of public welfare costs led to renewed support for sterilization.\(^{32}\)

In the 1960s and 1970s, thirteen states proposed sterilization laws to reduce the number of poor and illegitimate children.\(^{33}\) Lawmakers expressed paternalistic views about poor women’s

\(^{31}\) Nourse, *In Reckless Hands*, 32-36.
inability to make good reproductive choices. For example, in 1973, an Ohio representative defended a bill mandating sterilization for women on welfare with two children by arguing that “[i]f a man decides to live like an animal he should be treated like an animal.”

Several states' rationales for this new sterilization program resembled the rationales for earlier eugenic sterilization. Both prescribed sterilization to prevent poverty. Both indicated that sterilization was necessary because poor women could not be trusted to make good choices about family size. And both used dehumanizing language about the poor.

As the Chief of the Cherokee Nation, today's largest tribe, recently explained, "A good portion of a generation of Native Americans was wiped out as a result of the sterilizations, which is a familiar theme in American history. But, it takes on a particularly sinister connotation when we're talking about sterilizations by the government. There's another government in world history that did that too."

**Widespread Support for Sterilization**

Several institutions and groups enabled the sterilization of Native women.

**Physicians.** Doctors claimed they were helping both society and the women themselves by sterilizing poor women. For example, in interviews, doctors admitted they believed that as "physicians we have obligations to individual patients, but we also have obligations to the society of which we are a part. . . . The welfare mess cries out for solutions, one of which is

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fertility control” and that “a girl with lots of kids, on welfare, and not intelligent enough to use birth control, is better off being sterilized.”

**Physicians’ Boards.** Private licensing groups created incentives for doctors to perform sterilizations. The American Board of Surgery required residents to perform a certain number of surgeries to complete their residencies. Sterilizations of the poor offered an easy way for residents to meet these requirements. As one physician admitted, “[w]e practice on the poor so we can operate on the rich. Hysterectomies and simple tubal ligations are performed all the time just for the practice.”

**The Federal Government.** In 1965, federal IHS facilities began family planning programs that included sterilization. Initially, the programs provided doctors with little reimbursement for sterilizations. However, in 1970 the government began subsidizing 90 percent of the cost of sterilizations performed through the IHS. Although doctors and hospitals received only small subsidies for most forms of birth control, a sterilization could earn as much as $720. Not surprisingly, the number of federally-funded sterilizations increased by more than five times during the next decade.

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38 Health Policy Advisory Center, “Sterilization,” 4-6, 9-11.
Moreover, even though HEW mandated that the federal government not pay doctors for underage sterilizations, the IHS continued to make payments.\textsuperscript{44} The GAO study found that, although the government had banned underage sterilizations, doctors sterilized 38 women under age 21, and most of these sterilizations were reimbursed by the IHS.\textsuperscript{45}

**Concentration of Native American Healthcare in the IHS.** Because the IHS was effectively the only provider of healthcare to most Native Americans, IHS doctors were in a powerful position to increase sterilizations. Since a treaty with the Winnebago Indians in 1832, the federal government has agreed under multiple treaties to provide medical services to Native Americans.\textsuperscript{46} In 1955, the government established the IHS to take responsibility for all health services provided to Native Americans. By 1970, “virtually all Indian births” took place in IHS facilities.\textsuperscript{47} Although the federal government's Medicaid program subsidizes the healthcare of all poor women in the U.S., only Native women, through the IHS, are served by government doctors in government facilities. Apart from Veterans' Administration facilities, no other population’s healthcare is provided as exclusively by federal facilities as is Native Americans’.

Because of the IHS' dominance, Native women had few alternatives to escape the aggressive promotion of sterilization in IHS facilities. For these women, there was no place to turn for a second opinion.

Moreover, because there was no other source of healthcare, many Native Americans feared that rejecting an IHS doctor's recommendation of sterilization might anger the doctor, leading to

worse care. Indeed, after Dr. Uri published her findings about sterilizations at the Claremore IHS facility, the Association of American Indian Physicians issued a press release expressing its concern “that if the Indian activists continued complaining about the problems at Claremore, the Oklahoma area IHS might close it down completely.”

**Feminists and Native American Men.** Native women opposing sterilization received little support from other groups that might normally have been allies. During the 1960s and 1970s, most feminist groups were working to secure women’s rights to abortion and birth control, which were both methods to prevent childbirth. As a result, many viewed opposing sterilization as conflicting with their other goals. Similarly, established Native American advocacy groups and movements, such as the Red Power and American Indian Movements, were generally focused on broader issues such as tribal sovereignty and forced assimilation. For these groups, which were dominated by men, nonconsensual sterilization was not a priority.

**Change**

In her fight to end nonconsensual IHS sterilizations, Dr. Uri confronted widespread acceptance of eugenic sterilizations, economic incentives promoting the procedure, and paternalistic views about women’s reproductive choices. Yet she persisted in her advocacy. After pressing successfully for the GAO investigation, she continued to give interviews, lead

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48 “Sterilization of Native Women Charged to I.H.S.”
50 These groups were busy with various forms of political activism including the occupations of Alcatraz, Wounded Knee, and the Bureau of Indian Affairs headquarters in Washington, D.C. and the establishment of transnational alliances based on perceived similarities between the U.S. treatment of Native Americans and U.S. imperialism during the Cold War. Alvin M. Josephy Jr., Joane Nagel, and Troy Johnson, eds., *Red Power: The American Indians’ Fight for Freedom* (Lincoln: University of Nebraska Press, 1999), 13-64.
52 Uri, Statement for Jackson Hearings.
53 See Appendix C.
protests, provide speeches and testimony, and help with lawsuits. She was eventually joined in her efforts by other Native American women and women of color.

Prompted by their activism, Congress held hearings about sterilization abuse in 1978. During the hearings, lawmakers acknowledged that sterilizations after a woman is “admitted to a hospital for childbirth, or is in labor, or under sedation for labor pains” are “among the most common forms of sterilization abuse – particularly in women who because of educational or linguistic deficits, or cultural differences, cannot under these stressed conditions always understand what is being proposed to them.” Asserting the need for stricter regulations, they cautioned that “this is a time for prudence….Poverty is not a crime of individuals against society, and does not call for such punishments as sterilization abuse of poor individuals by an affluent society.”

Following the hearing, HEW published new guidelines to prevent nonconsensual sterilizations. They mandated that consent forms explain alternative birth control methods, state that federal benefits would not be withdrawn for refusing sterilization, and include an interpreter’s signature. The guidelines also stated that consent was impossible if a woman was in labor or under the influence of medication. They also eliminated federal funding for hysterectomies done for sterilization purposes, removing a significant financial incentive of

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54 See Appendix D.
55 See Appendix E.
56 Dr. Connie Uri. Letter to Ms. Margarite Smith, Attorney at the National Labor Relations Board, December 19, 1974, Costco Archive, MS 170, Box 34, Folder 034.001.001, Special Collections & University Archives, University of California, Riverside.
57 Native American women were joined by other women of color who were also experiencing nonconsensual sterilizations around the country. These groups worked together and often separately to push for stricter restrictions on federally-funded sterilizations. Orleck, Rethinking American Women’s Activism, 99-100.
physicians to perform the procedures. With the guidelines’ publication, the IHS practice of nonconsensual sterilization finally came to an end.60

**Sterilization’s Legacy**

The federally-sponsored sterilization of Native women had long-lasting impacts. Many of the sterilized women suffered psychologically and experienced higher rates of addiction and divorce.61 The sterilizations were especially traumatic because of the importance of reproduction to tribal survival.62 As Katsi Cook of the Mohawk Nation indicated, "women are the base of the generations. Our reproductive power is sacred to us."63 Similarly, Mary Crow Dog of the Lakota tribe explained that many Native women believed they had a responsibility to “make up for the genocide suffered by [their] people in the past.”64

Tribes in which a significant number of women were sterilized suffered both by losing power in tribal councils whose representation was based on population and by losing federal services based on population. They also lost the respect of other tribes because the IHS sterilizations were viewed as a direct affront to a tribe’s sovereignty.65

Sterilization devastated some tribes. In 1977, Dr. Uri predicted that "[a]ll the pureblood women of the Kaw tribe of Oklahoma have now been sterilized. At the end of this generation, the

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61 Lawrence, “Indian Health Service,” 410.
65 Lawrence, “Indian Health Service,” 411; Hoskin, interview by author.
tribe will cease to exist.” She was correct. The last pure-blood Kaw died in 2000. For the Kaw and other small tribes, sterilization threatened tribal bloodlines. As Dr. Uri explained “where other minorities might have a gene pool in Africa or Asia, Native Americans do not; when we are gone, that’s it.”

Seen in this context, the IHS sterilizations fit with the 500-year history of mistreatment of Native Americans. The current Chief of the Cherokee Nation noted that whether it was “the removal of Indians from their lands,” the “taking of Indian children from their families,” or the “stopping of Indian reproduction,” all “fit, unfortunately, with the historical relationship between tribes and the United States.” An activist opposing sterilizations during the 1970s warned that “[t]hey took our past with a sword and our land with a pen. Now they're trying to take our future with a scalpel.” But for the bravery and activism of Dr. Uri, the IHS sterilizations would have indeed taken the future of many more Native Americans.

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68 “Theft of Life.”
69 Hoskin, interview by author.
71 Although Dr. Uri was the hero of the movement to end the illegal sterilization of Native Americans, her identity is confused in the few secondary sources that mention her. She is incorrectly referred to as “Connie Pinkerton-Uri.” My own research revealed that she was born Connie Pinkerman, not “Pinkerton,” and used the name “Connie Pinkerman, Esq.” in her legal practice (Uri was her married name). Research using her correct name reveals that she continued fighting for the legal rights of Native Americans until her death in 2009. “Attorney Licenses Profiles,” State Bar of California, accessed January 28, 2020, http://members.calbar.ca.gov/fal/Licensee/Detail/94666; Bataille and Lisa, Native American Women, 242-243.
Appendix A

This table is from the GAO investigation into the sterilizations at IHS facilities. Across the four IHS areas investigated, the GAO reported that it sterilized approximately 1.5% of the women of childbearing age every year. At this rate, it would have taken only about 16 years for the cumulative effect to reach 25 percent of the women, the percentage of Native women that Connie Uri asserted were sterilized.

Doctors used visual aids like this image, produced by the Department of Health, Education, and Welfare, to convince Native American women to sign consent forms that they often could not read or understand. This image implies that Native women will be wealthier if they have fewer children. *Akwesasne Notes* published a copy of the image along with a warning by Dr. Uri explaining that “Women who are poor don’t get rich by having their tubes tied.”

Appendix C

Connie Uri gave several interviews trying to spread the word about IHS sterilizations. This picture is from one of these interviews.

Dr. Uri led protests about the sterilizations of Native women, including this one at the Claremore IHS facility. The names “Talmani,” “Remmie,” and “Richards” on the protest signs were medical providers at Claremore.

These are pictures of Connie Uri’s copy of a speech that she gave at an IHS board meeting soon after discovering the problems at Claremore. It includes several handwritten notes and shows her commitment to activism. This speech is unpublished and I have not seen a reference to it in any other secondary source.

Dr. Connie Uri, Remarks at the Oklahoma City IHS Area Advisory Board Meeting, November 9, 1974, Costco Archive, MS 170, Box 34, Folder 034.001.001, Special Collections and University Archives, University of California, Riverside.
Annotated Bibliography

Primary Sources

“An Interview with Barbara Moore, on Sterilization.” *Akwesasne Notes*, Spring, 1979.

This article was published in the Mohawk newspaper *Akwesasne Notes*, which was the primary news source for Native American people across the country in the mid-20th century. It includes an interview with a Native American woman who travelled to Europe in 1978 to inform the international community about IHS sterilizations. This first-hand interview provided me with another Native American female voice through which to understand the sterilization problems.


This source reports the dates on which states enacted eugenic sterilization laws in the early 1900s. From the various maps in the report, I understood how support for eugenic sterilization swept across the country during this period.


This infamous U.S. Supreme Court case held that Virginia’s compulsory sterilization law permitting sterilization of the unfit was constitutional. The opinion in this case, written by Justice Oliver Wendell Holmes, illustrates the general support for eugenic sterilizations during the first half of the 20th century. I include a quote from this opinion in my paper to show that the court thought the world was better off when the unfit were sterilized.


This book chapter discusses Native American views on women’s fertility and reproduction. It was important to my research because it explains, from the perspective of a Mohawk woman, how sacred women’s reproductive abilities are to Native Americans.


This article summarizes the findings of the GAO report for its primarily Native American audience. From this article I learned that, while Native Americans were shocked and angry at the GAO’s findings, many also thought the report underestimated the extent of the problem and the number of women sterilized. I start my paper with a quote from this article from an unidentified Native American activist.

This article was the first to report the results of Connie Uri’s expanded research into 26 IHS hospitals with obstetric wards across the country. It is important to my paper because it explains how Dr. Uri concluded that at least 25 percent of Native American women of childbearing age had been sterilized between 1972 and 1977. This article is also the first to estimate that 25 percent of Native American women translated into at least 25,000 women sterilized.


This book, written by a member of the Lakota tribe and a Native American historian, is an in-depth description of Native American culture and life. This book was important to my research because it explains how important reproduction and children are in Native culture, and why sterilizations that eliminated women’s reproductive capabilities were so psychologically devastating.


This Act, passed by the U.S. government, provided federal funding for family planning services, including sterilization, to Native American and low-income women receiving public support for medical treatment. This Act is important to my paper because it establishes the historical context in which sterilizations of Native American women took place. As a result of this law, doctors and hospitals received at least 90 percent reimbursement for the costs of performing sterilization procedures.


This article by Francis Galton, the founder of the eugenics movement and Charles Darwin’s cousin, explains Galton’s thoughts about and hopes for eugenics. This article was eye-opening because it explicitly claims that people from different social classes contribute more to the community than others.


This article explains the expanding movement against sterilization in Native American communities after the publication of the GAO report. From this article, I learned about an investigation after the GAO study by Lee Brightman, United Native Americans President, from which he concluded that as many as 42 percent of Native American women of childbearing age were sterilized. The article also discusses the results of some of Brightman’s interviews that reveal that many women believed they were receiving a completely different procedure when they were sterilized.

This bulletin describes how the perspectives of physicians and training requirements in the medical profession contributed to dramatic increases in the rate of sterilizations in the 1970s. This bulletin was important for my paper because it explains that funding for sterilizations increased in the 1970s and that many doctors and residents practiced their surgical skills by performing hysterectomies on poor women.


In this interview with the Chief of the Cherokee Nation, the largest of the Native American tribes, I learned about the legacy of sterilizations on the tribes today. Chief Hoskin explained how the sterilizations are similar to many other injustices that Native Americans have experienced throughout history. He also explained that the impact of the sterilizations can still be felt today in tribes with smaller populations.


In this interview, Connie Uri explained her initial investigation at the Claremore IHS facility and why, after discovering how many sterilizations were taking place, she set up a teepee on the Claremore lawn to consult with women before they visited their doctors. This interview was important to my paper because I was able to hear first-hand what Dr. Uri thought and did as she began uncovering the scope of the sterilization problem. Dr. Uri also explains why she thought the sterilizations were a form of genocide against Native Americans.


This special report presents some of the statements made at the Geneva Conference organized by the Economic and Social Council of the United Nations, Special Committee on Human Rights, Subcommittee on Racism, Racial Discrimination, Apartheid, and Decolonization, in 1977. From this report, I learned more about the Native American activists that traveled to Geneva to protest different injustices and threats to sovereignty in America.


This article discusses Native Americans’ reaction to various investigations that revealed a significant number of sterilizations in IHS facilities without informed consent. From this article, I learned about many Native Americans’ concerns that sterilizations would wipe
out small tribes and have an irreversible impact on the already small Native American population in the United States.


This article discusses the response to the GAO report from the Native American community. From this article I learned that many Native Americans believed the GAO report underestimated the number of women sterilized. I also realized that IHS doctors were young and at the beginning of their careers, and that many Native Americans believed the doctors were trying to perfect their skills on Native American patients.


This article describes the various motivations for Native American participants in the Longest Walk, the 3,000 mile walk from San Francisco to Washington D.C. Several Native women activists joined the walk to protest uninformed sterilization. This article was important to my research because it described the different concerns that Native American activists had at this time, which helps to explain why the organizations run by Native American men believed they had more important issues to attack than sterilization.


This article reprints a statement from Marie Sanchez from the United Nations Conference in Geneva, Switzerland in 1977. It helped me understand the lengths to which Native American women went to protest the sterilization abuse they believed their communities were experiencing.


This article discusses two injustices that Native American women faced during the 1960s and 1970s – uninformed sterilization and the forced removal of Native American children into non-native families. It helped me understand that Native American women were treated unfairly in many different ways during this period.


This resource guide was distributed by the National Women’s Health Network. This guide explains how women were pressured into sterilization and provides information and people to contact for women hoping to avoid sterilization. This helped me see first-
hand some of the activism that Native American women were involved with and understand how they were trying to educate women so they could avoid nonconsensual sterilizations.

“Physician Attitudes: MDs Assume Poor Can’t Remember to Take Pill.” *Family Planning Digest* 3 (January 1972): 3-4.

This article reports the results of a physician survey in which 94 percent of obstetricians and gynecologists favored either compulsory sterilization or withholding welfare benefits from unwed mothers with three or more children. This survey showed me how prevalent support for sterilizations of poor women was among physicians. When combined with personal incentives to perform procedures and the federal subsidization of sterilization, it is easy to see how sterilizations of the poor increased dramatically in the 1970s.


This federal court case involved the sterilization of two young black women, age 12 and 14, who did not give their informed consent to the procedure. The court found in favor of the sterilization victims and mandated that all federally-funded sterilizations be performed only with the informed consent of the patients. It also required consent forms to state that women could decline sterilization without jeopardizing their welfare benefits. This case showed me that all IHS sterilizations performed without informed consent after 1974 were violating a federal court mandate.


This newspaper article interviews Connie Uri about her investigation from which she concluded that 25 percent of Native American women were sterilized in the 1960s and 1970s. This investigation is very important to my paper because it shows the scope of the sterilizations at IHS facilities.


This article discusses the legal case brought by Norma Jean Serena who claimed she was sterilized without her knowledge in 1970. Ms. Serena lost the sterilization claim in her case, with the jury deciding that she had consented to the procedure even if she hadn’t understand exactly what sterilization was. This article is important to my research because it illustrates the uphill battle that victims of sterilization faced as they tried to take a stand against the practice.


In this case, the Supreme Court declared that Oklahoma’s compulsory sterilization law was unconstitutional because it did not treat all habitual criminals the same. Although the court did not declare all compulsory sterilization unconstitutional, it did recognize the
dangers of sterilization as practiced by the Nazis. This case helped me understand how sterilization fell out of favor for a few decades after World War II because it was associated with the Nazi practices. Unfortunately, it would find new support in the 1960s as a way to alleviate poverty.


This website includes information on all California attorneys. I used this source to figure out that Connie Uri’s surname at birth was “Pinkerman” and not “Pinkerton.” Almost all modern academic articles report her name incorrectly. In her legal practice, she used only the name “Connie Pinkerman, Esq.” and completely dropped her married last name “Uri.” Research using her correct name reveals that she continued fighting against injustice and protecting the legal rights of Native Americans until her death in 2009.

“Sterilization of Native Women Charged to I.H.S.” Akwesasne Notes, Early Winter, 1974.

This newspaper article contains the first interview with Connie Uri about her investigation at the IHS facility in Claremore, Oklahoma. It is critical to my paper because it shows how a female Native American doctor was the first to identify the problem of uninformed sterilizations and how she worked to bring attention to the issue. This article also discusses one important barrier that the Native American activists had to overcome – the fear among many Native Americans that they could lose access to healthcare altogether if they criticized the IHS. In addition, I include two visual aids from this article: one that shows an illustration that HEW distributed claiming that Native American women would be wealthier if they didn’t have children and another showing a protest organized by Dr. Uri.


This newspaper article reports that in July 1974 alone, 48 Native American women were sterilized at the Claremore IHS facility. It also discusses other problems at the facility including questionable medical practices and restricted access to medical care. This article helped me understand the substandard healthcare that Native Americans received at IHS facilities. It also showed that once Dr. Uri began investigating sterilizations at Claremore, other people also began to pay attention to the problem.


This short article explains to Native American women what their rights were regarding sterilization after the new HEW guidelines became effective in 1979. From this article, I learned how activists worked to educate Native American women about the sterilization problem and help them resist uninformed procedures.

This article describes Dr. Connie Uri’s first encounter with a woman sterilized without consent and her subsequent investigation into Native American sterilizations. From this article, I learned that several women interviewed by Dr. Uri were unaware of the procedure they were receiving or felt pressure to receive the procedure from their doctors. It also describes how Dr. Uri pressured the federal government to conduct its own investigation.


This photograph and the accompanying description were first published in 1915. I used the photograph as a visual aid for my paper, and from the caption and description of the photograph I learned about how widespread the support for eugenics was in the early 1900s.


This is the first treaty in which the U.S. government agreed to provide healthcare to Native Americans. The treaty documents the Winnebago Indian Tribe’s grant of a considerable amount of land to the U.S. government in exchange for various benefits including a monthly payment, a school, agriculturists and livestock, and two physicians. It was fascinating for me to read the actual language of this treaty to understand the significant imbalance between what the Winnebago’s were giving up versus getting.

Uri, Dr. Connie. Letter to Ms. Margarite Smith, Attorney at the National Labor Relations Board, December 19, 1974. Costco Archive. MS 170, Box 34, Folder 034.001.001. Special Collections & University Archives, University of California, Riverside.

I found this signed letter from Connie Uri to a lawyer in an archive. It details several of the lawsuits Dr. Uri planned to bring against the Indian Health Service related to the nonconsensual sterilizations occurring at IHS facilities.

Uri, Dr. Connie. Remarks at the Oklahoma City IHS Area Advisory Board Meeting, November 9, 1974. Costco Archive. MS 170, Box 34, Folder 034.001.001. Special Collections & University Archives, University of California, Riverside.

I found Connie Uri’s copy of the speech she gave at an IHS meeting in 1974, soon after discovering the problems at Claremore. Seeing her own handwritten notes and signature was intriguing. The speech expressed her concerns about the sterilizations taking place at Claremore and her larger concerns for the survival of tribal bloodlines. This speech is unpublished and I have not seen a reference to it in any other secondary source. I include a picture of an especially evocative excerpt from the speech in my visual aids.
I found this statement prepared by Dr. Uri in an archive. It includes some of her own handwritten notes and explains her Claremore investigation and details about her results. As far as I can tell, this is the only first-person account of Dr. Uri’s Claremore investigation and findings. It has not been cited by any other secondary sources; instead they all cite to newspaper articles summarizing her results.


This testimony given before the U.S. Commission on Civil Rights documents several different problems that Native Americans were experiencing during the 1970s.


This entry in the Congressional Record, submitted to his colleagues by Senator Edward Kennedy, includes several reports about sterilization abuse in Native American and poor communities. It includes details of Connie Uri’s investigations and evidence that medical doctors targeted the poor for sterilization. This information is important to my paper because it establishes that many doctors had personal incentives to sterilize poor women and viewed sterilization of the poor as beneficial to society.


This entry in the Congressional Record reports evidence of uninformed sterilizations in federally-sponsored programs. It also details the arguments made for stricter HEW regulations to ensure informed consent. This entry helped me understand how the advocacy of Native American women and other women of color eventually brought national attention to the sterilization problem, ultimately leading Congress to enact stricter regulations. I include a quote from this entry in my paper.


This entry in the Federal Register presents the new HEW sterilization guidelines that went into effect in 1979 in response to activism by Native American women and other women of color. The significantly stricter guidelines, compared to the 1974 guidelines, showed me how influential the women were in effecting change to HEW procedures.
Even the length of the entry – roughly 30 pages in contrast to the 2 pages in the 1974 Federal Register – show that HEW was taking the problem much more seriously in 1978.


This entry in the Federal Register presents the guidelines regarding sterilizations that were enacted by HEW in 1974. Although the guidelines mandated that all women give their informed consent to sterilization in federally-assisted family programs, the subsequent GAO report confirmed that that often did not happen. These guidelines helped me understand what procedures the IHS doctors were supposed to follow in obtaining informed consent from Native American women.


This pamphlet distributed by HEW describes the presumed benefits to Native Americans of using the IHS family planning services. From this source, I learned how the government tried to encourage Native Americans to use these services during the 1970s. It is also striking how simple the language and pictures in the pamphlet are, compared to the consent forms for sterilization procedures that are reported to have been in 12th-grade English.


This report by HEW describes the contractual nature of Native American healthcare that is rooted in various treaties between tribes and the federal government and explains trends in the IHS’s provision of healthcare over time. This report is important to my paper because it shows how Native Americans were especially vulnerable to federally-sponsored sterilization because of the unique provision of their healthcare. It also provides evidence that HEW knew that many Native Americans had poor English skills, yet they rarely had interpreters present when obtaining consent for sterilization.


This report provided data on the number of Native Americans receiving various types of healthcare services from the IHS in the 1970s. I used these data to calculate that the GAO-reported sterilizations were equivalent to sterilizing at least 4.6 million non-Native American women during the 1960s and 1970s.

This report indicates the current number of Native American members in each of the 573 federally-recognized Indian tribes. I used this information to explain that many tribes have such small populations that sterilization could significantly harm them.


This GAO study reports the results of an investigation into the sterilization practices at 4 of the 12 IHS areas. This study is critical to my paper because it shows that even the federal government recognized that sterilizations at IHS facilities were not meeting HEW’s regulations. All of the sterilizations lacked informed consent and some violated other HEW provisions, such as sterilization of underage women. I also include a table of results from the GAO report as a visual aid in my paper.


This article discusses the Native American outrage to the findings of the GAO investigation and argues that some of the words used in the GAO report suggest that the scope of the problem was larger than the GAO suggested. From this article, I learned that the actor Marlon Brando was a major supporter of Native Americans during the 1970s. The article also helped me understand how the GAO report may have underestimated the scope of the sterilization problem.


This recorded interview with Connie Uri explains her investigations into sterilization practices at IHS facilities and her subsequent activism to protest sterilization abuse. By hearing her story in her own voice, I was able to grasp how outraged she was and how determined she was to stop the problem. I include as a visual aid in my paper a picture of Connie Uri giving this interview.


In this article, Dr. Curtis Wood explains how many doctors in the 1970s believed they were helping society by performing sterilizations on poor women. This article was important to my paper because it showed how doctors viewed sterilization as way to control the population and reduce the welfare burden on the federal government.
Secondary Sources


This book provides biographical data about many important Native American women. I used this book to, first, confirm the correct name of Connie “Pinkerman” Uri (rather than “Pinkerton” as all modern secondary sources call her), and then to explore all of her other accomplishments that didn’t related to the IHS sterilization practices.


This article describes the history of the federal provision of healthcare to Native Americans. From this article, I learned that the government originally provided some services to Native Americans, such as smallpox vaccines, to protect U.S. soldiers rather than benefit the Native Americans. However, over time, through treaties with individual tribes, the government committed to provide broader care to Native Americans. Yet, throughout much of the 20th century, the healthcare services were insufficient and rarely met the government’s contractual obligations. This helps to explain why some Native Americans were concerned that complaining about sterilizations at IHS facilities could result in the government shutting down the facilities altogether.


From this article, I learned about the history behind the Family Planning Services and Population Research Act of 1970. It showed me how the desire to control the growing population in the U.S. was an important consideration for the lawmakers that eventually passed this Act.


This book describes the author’s study of the family structures in different Native American tribes. It was important to my research because it explains how children have a special role in Native American cultures because they are critical to the survival of the tribal bloodlines.


This book discusses the background of the infamous *Buck v. Bell* legal case. This was important in my research because it helped me understand the support for the eugenics movement and how much of the motivation was to prevent dependency on the government.

This article published in a newspaper of the Winnebago Tribe discusses the history of the Akwesasne Notes newspaper. From this article, I learned that Akwesasne Notes was the primary news source for Native Americans across the country from the 1960s to the 1990s. The influential role of the newspaper explains how its reporting of Connie Uri’s findings reached other Native Americans and called them to action.


This newspaper article reports on a debate occurring in the Ohio legislature about a mandatory sterilization bill. I used this in my paper to illustrate many people’s paternalistic views about poor women’s inability to make good reproductive choices.


This book describes the history of Native American activism during the 1900s and includes many first-person accounts and statements by the actual Native American activists. I used this source to learn more about the activism of Native Americans.

Lawrence, Jane. “The Indian Health Service and the Sterilization of Native American Women.” American Indian Quarterly 24, no. 3 (Summer 2000): 400-419.

This article is one of the few academic articles examining the sterilization of Native American women. This article was important to my paper because it discussed some of the investigations conducted by Native American women themselves and explained the consequences of the sterilization to both the female victims and the tribes themselves. However, like the other secondary sources, this article incorrectly refers to Connie Uri as “Connie Pinkerton-Uri.”


This newspaper article documents the death of the last full-blooded Kaw Indian. In the 1970s, Connie Uri announced that all of the full-blooded Kaw women had been sterilized and that the tribal bloodline would come to an end at the end of that generation. This article was important in my research because it confirmed that the Kaw tribal bloodline did indeed terminate after the IHS sterilizations.

This book explains how women of color came together in the 1970s to fight for various reproductive rights, including the right against nonconsensual sterilization. This book was important to my paper because it helped me understand how women of color around the country were often experiencing the same injustices, and how they came together to protest these injustices.


This book explains the legal history of eugenic sterilizations, including state compulsory sterilization laws and the legal battles opposing forced sterilization. This book was important to my paper because it explained how impressive judges and important politicians could embrace forced sterilizations, at least until it became associated with the Nazi sterilization campaign. I also learned how advocates of sterilization used (and misused) science to back up their arguments.


This book explains the history of the eugenics movement in America and argues that many eugenic sterilizations were an abuse of human rights. From this book I learned how the arguments in favor of the sterilization of medically “unfit” women in the early 20th century differed from the arguments in favor of sterilization of the poor in the 1960s and 1970s.


This book describes this history of women’s activism in the United States. It helped me understand how many women’s groups viewed the problem of nonconsensual sterilization facing women of color as incompatible with their advocacy in favor of access to birth control and abortion in the 1970s. As a result, women of color, for the most part, had to advocate on their own behalf to bring about an end to sterilization abuses.


This is one of the few academic articles exploring the nonconsensual sterilization of Native American women. This article was important to my paper because it describes some of the activism of Native women to bring an end to the sterilization abuses. It also discusses some of the financial incentives doctors had to perform hysterectomies. However, like the other secondary sources, Connie Uri is incorrectly referred to as “Connie Pinkerton Uri.”

This book documents the role of women of color in the reproductive rights movement. I used this book to learn more about the similar injustices facing women of color and how they worked together, but also separately, to advocate for their reproductive rights. Like most modern secondary sources, Connie Uri is incorrectly referred to as “Connie Pinkerton-Uri” in the book.


This book describes how different abuses inflicted on Native women, including the removal of their children and nonconsensual sterilization, were connected to the longer history of American colonialism over Native Americans. I used this book to understand how sterilization fits into the historical relationship between the U.S. government and Native Americans – a point that Cherokee Chief Hoskin also made during my interview with him.


This book documents the long history between the U.S. government and Native American women’s reproductive rights and familial decisions. From this book, I learned how Native American women viewed their reproductive autonomy as linked to tribal sovereignty. Like other modern secondary sources, Connie Uri is incorrectly referred to as “Connie Pinkerton-Uri” in the book.


This book documents the history of Native Americans from the time before European settlers to the end of the 20th century. This book was useful because it gave me more insight into the long history of injustices experienced by Native Americans. It also helped me understand how the Native American women in the 1970s and Chief Hoskin in my interview with him viewed nonconsensual sterilization as a continued form of genocide against Native Americans.


This article argues that coercive sterilization of women of color is the result of racist and sexist stereotypes. From this article, I learned that some scholars believe that stereotypes of Native American women as “squaws,” whom are supposedly violent toward white
people and less-sensitive to pain, may have contributed to the nonconsensual sterilization of Native American women.


This article discusses how the eugenics movement evolved from the early 1900s to the 1970s. This article was important for my paper because it showed how many important people, such as John D. Rockefeller III, supported eugenic policies to reduce poverty and welfare expenses.