

Life on the Reservation: My Reproductive Rights Activist service Corps (RRAsC) internship with the native American Women’s health education Resource Center

By Ellen Gattozzi

Pulling into Lake Andes, South Dakota to begin my RRASC internship I realized exactly what “small town” means. The area of Lake Andes is less than one square mile—so small that there is not a single traffic light near the town. The “business district” consists mostly of empty storefronts converted into homes, a grocery store, a gas station and a pharmacy.

About a half mile down the main highway is the tribal housing of the Yankton Sioux (Ihanktonwan Oyate in the Dakota language) reservation—a few streets of trailer shaped houses that are either boarded up or in disrepair next to powwow grounds. The reservation itself is about 62 square miles (although the tribe is currently involved in defending its jurisdiction) and subject to extreme rural isolation that even I experienced during the ten short weeks of my internship that seemed to fly by.

My time in Lake Andes was divided between working at the Native American Women’s Health Education Resource Center and working and living at the Women’s Lodge, a domestic violence shelter. At the Resource Center, which sits four blocks from the center of town, I spent forty hours a week along with three other interns working upstairs on various projects while downstairs the food pantry was open and the Dakota language immersion program was in session. The children in the program brought an incredible spirit to the Resource Center where they learned the Dakota language, drumming and various songs. The program exists in order to preserve culture as elders pass. The program creates a sense of Native pride in the children aged 3-14 despite the immense racism in Lake Andes.



Students and staff celebration another successful DLP

The majority of my time at the Resource Center was spent conducting a survey of the Indian Health Service to find out where Plan B or emergency contraception is available over-the-counter (OTC) and during the delivery of sexual assault services. The Indian Health Service (IHS) is the primary care provider for the majority of American Indians and Alaska Natives but has a history of inadequately providing care and abusing its power, especially when it comes to women’s reproductive health. In the 1970s many Indigenous women were sterilized without their knowledge or consent and

throughout the years Depo-Provera and Norplant have been administered without informed consent, proper documentation or follow-up. It was therefore not surprising to find that IHS is also lacking in its availability of Plan B, especially as an OTC drug. This only continues to illustrate the perpetual failure of IHS to properly and adequately provide services to American Indian and Alaska Native women, specifically in regard to developments in women's reproductive health.

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The shortcomings of IHS are also highlighted in the recently released report from Amnesty International, *Maze of Injustice: The Failure to Protect Indigenous Women from Sexual Violence in the US*, which was part of my orientation at the Resource Center and set the tone for my internship this summer. I spent the first few days in Lake Andes reading handbooks of tips and information about advocacy and domestic violence and the many reports the Resource Center has conducted over the years. The reading helped to solidify my understanding of the importance of the work I was involved in this summer (as Amnesty reports one in three American Indian and Alaska Native women will be sexually assaulted in her lifetime) although no amount of theory could have ever prepared me for my work at the Women's Lodge.

At the Lodge I shared a room with the three other interns. We all got along well and made a great team, each bringing our own strengths and personalities to the table. We went on adventures to the river after work together and on the weekends, we drove an hour north to go food shopping and to the movies. The support we provided for each other was essential to decreasing the intensity of being on call and living in a domestic violence shelter where we were advocates 24 hours a day, seven days a week, whether or not we were officially on call. Interacting with residents on a regular basis was a huge part of the job from which I learned the most, whether it involved playing with a one-year-old, talking with a ten-year-old or listening to a mother talk about her current custody case. Women and their families were in and out and sometimes the shelter was bursting at the seams while other times the other interns and I were all alone watching movie after movie together. Every day was unpredictable and work was literally non-stop.

Living on the rez and working with the families at the Lodge was an experience incomparable to anything I have ever done. One of my greatest struggles was initially negotiating my place and role in working and living in a community that was not my own. This was only heightened by my fear of the role of racism in the community. I realize now what a privilege it was to be welcomed into the community by residents at the Lodge, children in the language program and the other women who work in the office. **I was also fortunate to attend two powwows during the summer as well as various community events through the language program, all of which gave me the opportunity to experience the living culture that is often written about as a culture of the past.**



Ellen Gattozzi was a reproductive rights Activist Service Corps (rrASC) intern at the Native American Women's Health Education resource Center in 2007.