



# How to Annotate an...

# Academic Article

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# Health and Well-being: Federal Indian Policy, Klamath Women, and Childbirth

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Health and Well-being: Federal Indian Policy,  
Klamath Women, and Childbirth

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**Step 2:**  
Survey the title and subheadings to find the main topics of the article. Color-code these topics.

**TIP TIME!**

For example, anywhere you see the topic of "Federal Indian Policy" or subtopics related to it in this article, you will highlight in GREEN to keep the info organized.



# Health and Well-being

*Federal Indian Policy, Klamath Women, and Childbirth*

CHRISTIN HANCOCK

AS SCHOLARS OF CHILDBIRTH have pointed out, “birth” is always more than a mere biological event.<sup>1</sup> It is inherently a social process as well, one that is shaped by cultural norms and power structures that are both raced and classed. For Native American women, the **historical experiences of birth** have been shaped by the larger context of **settler colonialism**.<sup>2</sup> Despite this reality, very little attention has been paid by historians of childbirth to the ways that **Native women’s experiences** are bound up in this broader **tension** between **assimilation** and **resistance** to dominant **colonial structures**. Similarly, few historians of American Indians have focused their attention specifically on **birth**.<sup>3</sup> And yet birth is inherently tied to our beliefs about, as well as our experiences and practices of, health and health care. Always, the regulation and practice of birth is also about the regulation and practice of health. What constitutes health? Who defines “good” health? And who has access to it? As reproductive justice scholar Barbara Gurr has noted, social and political forces must be considered in any attempts at answering these questions for marginalized women. One cannot explore the history of **Native women’s experiences of childbirth** without also engaging in a larger history of the ways that their **health and health care** have been **defined and shaped by federal Indian policies**. Gurr argues that such an approach is “particularly relevant to many Native American women, whose group identity has been historically targeted for removal and assimilation by the U.S. federal government.”<sup>4</sup> As explained by scholars Lorenzo Veracini and Edward Cavanagh, settler colonialism seeks to eliminate indigenous peoples; rather than being relegated to a single past event, it is an ongoing process that continues indefinitely.<sup>5</sup> **Framing Native women’s lives in terms of settler colonialism is essential to understanding the larger context in which Native women birth**. Similarly, highlighting the **social processes and experiences of childbirth**, which are clearly **connected to health and well-being**, illuminates the ways

**Step 3:**  
**Skim the material to identify the main argument of the material. Then, highlight the main arguments and topics.**

**settler colonialism continues to impact individual Native women’s lives**, even as it also asks us to think more broadly about how social, political, and economic policies influence the way all American women birth.

In Oregon, **Klamath women’s health and experiences of pregnancy and childbirth** have been dramatically **transformed by shifting federal Indian policies** that have structured their lives from the **nineteenth-century** institution of the **reservation era** through the **mid-twentieth-century period of termination**. Over the course of that hundred years, **federal Indian policies** that may, at first glance, appear disconnected from health and health care have nonetheless **devastated the Klamath** people’s overall **“well-being,”** a term used by American Indian Policy Review authors in the 1970s to define and explain “health” among Native peoples.<sup>6</sup> As a result, the **Klamath suffered in two** distinct but equally important **ways**. **Federal policies**, beginning with the **reservation system** but also including the later policy of **termination, disrupted traditional Klamath birth practices**, replacing them **with the western medical model of care**. After disrupting those traditions, the **federal government** repeatedly **failed to provide** both **funding** for and **access** to any

*Hancock, Health and Well-being*

**adequate level of western health care**. These **continuous failures** reflect the ongoing nature of **settler colonialism** and its **impact on Klamath women’s birthing experiences**.

## TIP TIME!

Make sure to keep your highlights color-coded! Let your colors overlap if the topics are related to one another.

For example, Hancock states, “Federal policies...disrupted traditional Klamath birth practices.”

This sentence demonstrates the relationship between the 3 main topics of this article, so make sure to highlight accordingly so that you can pay attention to that later.

# Health and Well-being

*Federal Indian Policy, Klamath Women, and Childbirth*

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CHRISTIN HANCOCK

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A. Settler colonialism:  
- shaped N.W experience of birth  
- tension btwn assimilating + resisting  
- continues to affect N.W today

**AS SCHOLARS OF CHILDBIRTH** have pointed out, “birth” is always more than a mere biological event.<sup>1</sup> It is inherently a social process as well, one that is shaped by cultural norms and power structures that are both raced and classed. For Native American women, the **historical experiences of birth** have been shaped by the larger context of **settler colonialism**.<sup>2</sup> Despite this reality, very little attention has been paid by historians of childbirth to the ways that **Native women’s experiences** are bound up in this broader **tension** between **assimilation** and **resistance** to dominant **colonial structures**. Similarly, few historians of American Indians have focused their attention specifically on **birth**.<sup>3</sup> And yet birth is inherently tied to our beliefs about, as well as our experiences and practices of, health and health care. Always, the regulation and practice of birth is also about the regulation and practice of health. What constitutes health? Who defines “good” health? And who has access to it? As reproductive justice scholar Barbara Gurr has noted, social and political forces must be considered in any attempts at answering these questions for marginalized women. One cannot explore the history of **Native women’s experiences of childbirth** without also engaging in a larger history of the ways that their **health and health care** have been **defined and shaped by federal Indian policies**. Gurr argues that such an approach is “particularly relevant to many Native American women, whose group identity has been historically targeted for removal and assimilation by the U.S. federal government.”<sup>4</sup> As explained by scholars Lorenzo Veracini and Edward Cavanagh, settler colonialism seeks to eliminate indigenous peoples; rather than being relegated to a single past event, it is an ongoing process that continues indefinitely.<sup>5</sup> **Framing Native women’s lives in terms of settler colonialism is essential to understanding the larger context in which Native women birth**. Similarly, highlighting the **social processes and experiences of childbirth**, which are clearly **connected to health and well-being**, illuminates the ways

B. Federal Indian Policies  
- define + shape experience of birth, health + health care

C. Main points to frame N.W experiences  
- settler colonialism  
- social process of birth: health + well-being

**Step 4:**  
Separate the information into sections based on the key information that you highlighted to summarize each section. Continue this step until you have finished the entire article. Happy annotating!

**TIP TIME!**  
Separate each section by labeling them "A," "B," "C," etc. Then, write the main topic of the section to the right of these labels. See "A. Settler Colonialism" in Section 1 for an example.

A. Settler colonialism:  
- shaped N.W experience of birth  
- tension btwn assimilating + resisting  
- continues to affect N.W today



**KLAMATH WOMEN SUPPORTED** one another through pregnancy and childbirth. Here, a baby swings in a basket at a campsite near the Klamath Agency under the watchful care of two women

## Step 4 (Continued): Separate the information into sections.

### TIP TIME!

See "D. Shifting Federal Policies (19th-20th) - Reservation + Termination" for another example of how to write a main topic to summarize the key points of a section of an article

settler colonialism continues to impact individual Native women's lives, even as it also asks us to think more broadly about how social, political, and economic policies influence the way all American women birth.

In Oregon, Klamath women's health and experiences of pregnancy and childbirth have been dramatically transformed by shifting federal Indian policies that have structured their lives from the nineteenth-century institution of the reservation era through the mid-twentieth-century period of termination. Over the course of that hundred years, federal Indian policies that may, at first glance, appear disconnected from health and health care have nonetheless devastated the Klamath people's overall "well-being," a term used by American Indian Policy Review authors in the 1970s to define and explain "health" among Native peoples.<sup>6</sup> As a result, the Klamath suffered in two distinct but equally important ways. Federal policies, beginning with the reservation system but also including the later policy of termination, disrupted traditional Klamath birth practices, replacing them with the western medical model of care. After disrupting those traditions, the federal government repeatedly failed to provide both funding for and access to any

D. Shifting federal policies (19th-20th) - Reservation + termination

- transformed Klamath health + experiences + ruined their well-being

1) disrupted traditional birthing practices + replaced w/ w.

2) no access / funding to decent health care

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