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Reframing Reproductive Oppression: Medical Research into Mortality at San Juan Pueblo

This presentation examines medical anthropological research conducted by Sophie D. Aberle, M.D., Ph.D., on the fertility rates of indigenous Pueblos in Northern New Mexico in the early twentieth century. As the first scientist to publish data on the astronomically high rates of infant, child, and maternal death at San Juan Pueblo, Aberle played a defining role in constructing meaning about Pueblo reproductive health and disease. Furthermore, Aberle's research, undertaken in the late 1920's and early 1930's, coincided with debates about eugenics in the social sciences and the meaning and function of race in U.S. society. Aberle was an active participant in constructing Pueblo racial identity and, in particular, in racializing the sexual and reproductive functions of indigenous New Mexicans. In this presentation, I will first discuss reproductive justice as a framework for my analysis of Aberle's research into reproduction at San Juan Pueblo. Secondly, drawing from this scholarship I examine Aberle as a researcher and contextualize the funding institution that supported her. Finally, drawing on the intersections of reproductive justice, native sovereignty, and white women's complex roles in colonial sites, I analyze how Aberle's research findings shaped understandings about gender and racial formation and how these constructions had material consequences for the inhabitants of New Mexico.

Reframing Reproductive Justice and Oppression

According to the SisterSong Women of Color Reproductive Health Collective, to fully grasp the concept of reproductive justice, it is first necessary to understand reproductive oppression. According to the SisterSong model, reproductive oppression is the "control and exploitation of women, girls, and individuals through our bodies, sexuality, labor, and reproduction."¹ Understanding reproductive oppression is crucial in any movement towards justice since most colonial/imperial endeavors were/are based on controlling reproduction. As a

theory and praxis, reproductive justice works to eliminate reproductive oppression through recognizing that the “control, regulation, and stigmatization of female fertility, bodies, and, sexuality are connected to the regulation of communities that are themselves based on race, class, gender, sexuality, and nationality.”² A reproductive justice framework allows me to first identify infant mortality as a key site of reproductive oppression that must be incorporated into reproductive scholarship and activism. Further, this framework helps contextualize the incredibly high rates of infant mortality at San Juan Pueblo—a Pueblo in 1930 with a population of 504 and where fully one third of all infants died before reaching age three—as part of a historical attempt at genocide of Native peoples by the U.S. government.

Building on the theories and praxis of reproductive justice there is a growing body of scholarship addressing the intersections of reproduction and indigenous sovereignty. As Paula Gunn Allen (Laguna Pueblo) succinctly states: “The central issue that confronts American Indian women throughout the hemisphere is survival, literal survival, both on a cultural and biological level.”³ Survival for indigenous communities is intimately tied to reproduction—both the physical reproduction of future generations and cultural reproduction of spiritual traditions. In a broader sense scholar Andrea Smith (Cherokee) asserts: “the attacks on the reproductive rights of native women are frontline strategies in the continuing wars against Native nations.” She further explains, “the ability of Native women to reproduce the next generation of Native people continues to stand in the way of government and corporate takeovers of Indian land.”⁴ For native people, reproductive oppression endangers more than reproductive autonomy; it is also used as a tool in continuing colonial and genocidal relationships between the US and indigenous peoples.

In Allen's and Smith's interlocked understandings, reproduction extends beyond simply an issue of women's rights and exceeds an analysis based solely in gender. Rather, these scholars recognize indigenous reproduction as inseparable from land, the environment, and the cultural survival of native people. Insights developed by scholars of indigenous reproduction are central to my analysis of Aberle's work. As we will see, Aberle was unable to draw meaningful connections between the continuing effects of U.S. colonization evidenced in the poverty and land-degradation faced by New Mexico's indigenous communities and the extremely high rates of infant mortality in the Pueblos.⁵

Researching the Researcher

Born in New York, Sophie D. Aberle distinguished herself as a scientific scholar during a period when few women received advanced degrees. She earned a Masters (1925) in genetics and endocrinology and a Doctorate (1927) in anatomy from Stanford University. Aberle was quite possibly the first woman ever to receive a PhD in the field of mammalian genetics.⁶ Following her doctorate, Aberle went on to receive a medical degree from Yale University in 1930. She was one of only three women out of thirty-six in her graduating medical class.⁷ Her time in medical school was made more challenging by the overt sexism of her colleagues. Male students, threatened by a woman's presence in the traditionally masculine terrain of medicine, pressured her to quit. As a white woman in the medical sciences, Aberle's race and class background opened the doors of educational opportunity, while at the same time, she also experienced sexism and gender-based oppression in a male dominated field. Once she moved to New Mexico, Aberle's mixed experience with privilege and oppression only continued. Scholars such as Anne McClintock, Ann Stoler, Louise Newman, and Vron Ware have all addressed the complexities, resistance, and acquiescence of white women to white supremacy in colonial

contexts. Insights about the ways white women were, at times, complicit with the structuring and entrenchment of racial hierarchies, even while they fought against gendered restrictions, must remain in the forefront of an analysis of Aberle's work in the colonial state of New Mexico.

Following her PhD, Aberle was awarded a grant by the Committee for Research in Problems of Sex (CRPS) to study sex and sexuality at the San Juan Pueblo of New Mexico. The CRPS was established under the professional umbrella of the National Research Council and with the financial backing of the Rockefellers to further academic research into sex and sexuality. The CRPS was credited with funding pioneering research into the identification of the hormone estrogen and later financed Alfred Kinsey's research into human sexual behavior.⁸ While not explicitly stated, the CRPS was also interested in funding research into the supposed sexual variance of people from different races and in particular into the sexuality of Native Americans. In outlining her course of grant-funded research, the CRPS stated that: "As a group we are interested in the 'primitive' as a new field for sex studies."⁹ The use of the term 'primitive' to describe the indigenous inhabitants of New Mexico—people who had established cities and advanced agriculture even before Pilgrims landed on the East Coast—was indicative of the CRPS investment in a specific racial logic that privileged European descendents as the apex of civilization. This position was further justified through a simultaneous construction of Native Americans as uncivilized or what Philip Deloria has identified as the dialectic of "primitivism and progress" that animates national narratives of conquest and manifest destiny.¹⁰ This undercurrent of the intertwined nature of race and sexuality shaped Aberle's research and findings about the fertility rates of indigenous women.

Quantifying Death

The goal of Aberle's research was to document the fertility rates and birth intervals among the women at San Juan Pueblo in New Mexico. The current science of the time, based on the idea that racial difference was inherent, held that fecundity increased with civilization.¹¹ Anthropologists and researchers throughout the United States noted that indigenous women had few children. According to the Thirteenth Census of the U.S., Indian women were recorded as having an average of 4.5 children. From these observations and records, researchers concluded that there was a link between fertility rates and levels of civilization. Thus, Native women's low fertility rates were attributed to their "uncivilized" status—a hypothesis that reinforced white supremacy. Using Parish baptism records and interviews with San Juan Pueblo women, Aberle found that Pueblo women, like white women, had the same predominance of births occurring at an average of two-year intervals. Based on this data, Aberle extrapolated that Pueblo women could expect to have nine to fourteen pregnancies during their lifetime.¹² What accounted for the discrepancy between the number of children in white families and in Pueblo families was the high incidence of infant mortality among the later.

Perhaps Aberle's most important finding was the astronomically high rate of infant mortality in New Mexico's northern Pueblos. She found that Pueblo infants were dying at over two times the rate of white infants and at almost double the rates of African American infants.

Population (1920-1930)	Pueblo Indian (San Juan and Santa Clara)	U. S. White	African American
Infant Mortality Rate (per 1000)	246.7	108.3	154.4

Aberle also published statistics regarding the causes of infant mortality. For example, in records kept for San Juan, Santa Clara, San Ildefonso and Tesuque Pueblos, over the course of approximately ten years she found that there were a total of one hundred and thirty seven deaths among children from birth to five years of age.¹³ Out of these deaths, forty percent occurred

with no doctor present and subsequently no specific cause of death was recorded. The large percentage of infants and children dying without a doctors' attention is evidence of the medical neglect of Pueblo communities. While it is also possible that some Pueblo members purposefully did not seek western medical treatment, Aberle reported that "there was no hospitalization provided by the government for maternity cases in the Rio Grande Pueblos...during the summer of 1927" indicating that even if these services were desired, they were not available. Of those deaths attributed to a specific cause, respiratory diseases (23%) were most prevalent followed by epidemic and other communicable diseases (17%) and gastric and intestinal diseases (13%).¹⁴

Aberle's research was path breaking in unhinging the connection between civilization and fertility. Her findings disrupted the widely held belief that fertility rates were the result of biological differences between native and white women. However, while Aberle disproved the existence of race-based, biological fertility differences, she interpreted her own data as proof of the Pueblos' cultural inferiority. She argued that infant mortality rates were high because Pueblo women, in essence, were unable to adequately care for their own children. She sited improper feeding practices, the use of cradleboards, midwives, and superstitions as the major causes of mortality. She drew these outlandish conclusions even when her own evidence pointed to repertory, digestive, and communal diseases—all a result of and exacerbated by U.S. colonial relations with the Pueblos—as the major killers. Aberle's findings simply dislocated reproductive difference from human biology to cultural practices leaving intact a hierarchical model of civilized progress that always privileged the culture of Euro-Americans while rendering Native Americans permanently outside the purview of civilization. According to her logic, the dearth of children at San Juan Pueblo was a result not of biologically differential fertility rates,

but rather a lack of “civilization” that lead to higher infant mortality. Following from this logic, Aberle would increasingly call for more “civilizing” efforts on behalf of the Pueblos.

¹ SisterSong Collective, Reproductive Justice 101 Training Handout, Albuquerque, New Mexico, November 18, 2006.

² Jael Silliman, et. al., *Undivided Rights: Women of Color Organize for Reproductive Justice* (Cambridge: South End Press, 2004), 4.

³ Paula Gunn Allen, *The Sacred Hoop: Recovering the Feminine in American Indian Traditions* (New York: Beacon Press, 1992), 189.

⁴ Andrea Smith, *Conquest: Sexual Violence and American Indian Genocide* (Cambridge, Massachusetts: South End Press, 2005), 106-107.

⁵ For sources on the poverty resulting from land degradation in New Mexico during the 1920's and 1930's see: Suzanne Forrest, *The Preservation of the Village: New Mexico's Hispanics and the New Deal* (Albuquerque: University of New Mexico, 1989); Maureen Reed, “Leaving Home,” in *A Woman's Place: Women Writing New Mexico* (Albuquerque: University of New Mexico, 2005).

⁶ Sophie D. Aberle Papers, 1913-1987, Center for South West Research, University of New Mexico (CSWR).

⁷ Ibid.

⁸ Sophie D. Aberle, *Twenty-Five Years of Sex Research: History of the National Research Council Committee for Research in Problems of Sex, 1922-1947* (Philadelphia, Pennsylvania: W. B. Saunders Company, 1953).

⁹ Clark Wissler to Aberle, 17 June 1926. Sophie D. Aberle Papers, 1913-1987, CSWR.

¹⁰ Philip J. Deloria, *Playing Indian* (New Haven, Connecticut: Yale University Press, 1998).

¹¹ S. B. D. Aberle, “Frequency of Pregnancies and Birth Intervals Among Pueblo Indians,” *American Journal of Physical Anthropology* 16, no. 1 (1931): 63.

¹² Ibid. 17.

¹³ S. B. D. Aberle, “Child Mortality Among Pueblo Indians,” *American Journal of Physical Anthropology* 16, no. 3 (1932): 343, table 3. I write “approximately ten years” because the table of causes of death for children under five years of age is dated “since 1921.” There is no end date for these statistics, but assuming it was sometime before Aberle published her article in 1932, it would span approximately ten years.

¹⁴ Ibid. 347.