The Native American Women’s Health Education Resource Center Successful in Assuring Access to Emergency Contraception at Indian Health Service.

After five years of tenacious policy and grassroots organizing work, the Native American Women’s Health Education Resource Center (NAWHERC) in Lake Andes, South Dakota, is proud to share that the Indian Health Service has included Emergency Contraception in the written policies for all I.H.S. service units. This move puts the agency in compliance with federal policies to provide equal access to safe, emergency contraception in the form of Plan B, over the counter, no questions asked, without age restrictions - especially important for survivors of sexual assault.

“The potential for Native American women to need reproductive choice or emergency contraception (EC) because of a violent incident statistically far exceeds that of the general population. Native Americans are raped at a rate nearly double that of rapes reported by all races annually – 34.1%, more than 1 in 3, Native American women will be raped in their lifetime. Three-fourths of Native American women have experienced some type of sexual assault in their lives.”

Although, Plan B has been available over the counter to all women seventeen years and older, Native American women have not been provided standardized access to Plan B over the counter by their primary health care provider- the Indian Health Service.

Earlier this year, the NAWHERC Resource Center submitted a report card to the Indian Health Service and the Department of Health and Human Services outlining just how short their “verbal directive” was missing the mark in protecting Native American women. This report card and a GAO Status memo (Oct 2014) led to a meeting with the DHHA and I.H.S. and eventually the White House Office of Violence Against Women. Charon Asetoyer and Pam Kingfisher worked closely with Amnesty International and ACLU attorneys to provide draft policy changes to assist the I.H.S. to make the necessary written changes in order to meet federal standards for Native women.

The link to the new policy directives is here: www.ihs.gov/ihm/index.cfm/index.cfm?module=dsp_ihm_pc_p1c15
These newly written policies are the systemic answer to a patchwork of healthcare for Native women.

Asetoyer stated, “We are very pleased that the Indian Health Service and Health and Human Services have chosen to follow the Federal law by institutionalizing this policy so that Native American women across the country will have standardized access to emergency contraception." “There is still more work to be done in terms of following the Federal law and the implementation of the TLOA of 2010”, such as developing a national protocol for responding to child sexual assault and the forensic witness approval process for victims of rape”.

Working with the American Civil Liberties Union, Asetoyer and her team met with the lead attorneys for the director of the HHS and the chief medical officer for the I.H.S. in Washington DC where they

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1 American Indian Women’s Chemical Health Project report.
provided draft written policies for consideration and adoption. This work is the culmination of five long years of advocacy work on the part of Asetoyer and the Resource Center team.

Human Rights are created and adopted to be applicable across the board, but we continue to hear Native American women’s stories of restrictive and inconsistent policies, un-funded health care needs, difficulty in accessing preventive and emergency services – whether the institutions are ran by the Indian Health Service, a treaty tribe or non treaty tribe, a PL 638 situation, or a “self-governed” tribe.

This long time advocacy also requests the I.H.S. to immediately enforce the application of Standardized Sexual Assault Policies for all hospitals and clinics in its purview and to work with Tribal Nations to understand and implement standardized emergency room services for all Native American women.

All of the NAWHERC health reports are available for free download and distribution at: www.nativeshop.org

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