



Native American Youth and Family Center

5135 NE Columbia Blvd, Portland, OR 97218 | p 503.288.8177 | f 503.288.1260 | nayapdx.org

August 23, 2018

To: Deborah Kafoury, Chair, Multnomah County

CC: Commissioners Meieran, Smith, Vega Pederson, Stegmann

O-si-yo, oh-she-goo-ja, dagwado. Chair Kafoury and County Commissioners, for the record, my name is William Miller, I'm Cherokee and Blackfeet and I serve as the Future Generations Collaborative Policy Coordinator at the Native American Youth and Family Center. Our work is centered on trauma informed approaches, Fetal Alcohol Spectrum Disorder prevention and intervention, indigenized processes, and reproductive justice. As Jillene Joseph mentioned, colonization is not a term that is used only in historical context. Colonization is very much alive today in reproductive health. Some examples are:

- Due to historical and intergenerational trauma, there are power imbalances between Native American communities and health systems that lead to barriers and inequities.
- Mistrust as a result of forced sterilization; Elders in the Native American community have stories about being forced sterilized by the government.
 - In December of 2002, former Governor John Kitzhaber apologized for the state's past eugenics laws that led to the forced sterilization of thousands of Oregonians stating, "To those who suffered, I say the people of Oregon are Sorry...Our hearts are heavy for the pain you endured" (AP, 2002).
 - Our own state practiced racist, ableist, transphobic and homophobic practices to forcibly sterilize people deemed "undesirable" by the Board of Eugenics. This practice was in operation for 66 years of our state's history, until 1983. Many of our people sent to boarding schools were victims of this racist policy.
- Traditional birthing practices are rarely understood or honored in western-focused health systems.
- People of Color and individuals with disabilities are disproportionately impacted by reproductive health inequities and are the ones likely to have their rights taken away. These same people will be most impacted if we do not continue to honor and uplift reproductive health.

These are just some of the many examples of the inequities that the Native American and many underrepresented communities have faced.



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I tie these historical comparisons to reproductive health, not because I want to point out what has gone wrong, but rather, give a broader understanding of where we've been as a state and the work left to be done. The passage of the Reproductive Health Equity Act (RHEA) was a giant step forward in providing health equity and access to all people regardless of race, religion, background, sexual orientation, or documentation status.

Today, it is crucial that we continue supporting reproductive health within Multnomah County even when the Federal Administration and organizations are pushing back on reproductive health access. There is urgency; we cannot remain stagnant in times when we've done great work, we must move forward – hand in hand, community by community to continue bringing health equity for all.

I sit before you today as an ally, utilizer, and a supporter of reproductive health equity. I speak in support of my brothers and sisters, as reproductive health isn't just about buying more Viagra but when the patriarchy is in charge, that is exactly what it looks like.

Thank you,

William Miller
FGC Policy Coordinator
Native American Youth and Family Center
5135 NE Columbia Blvd, Portland, OR, 97218
williamm@nayapdx.org
O: (503) 288-8177 ext 306
C: (971) 288-7783