

Voices of Feminism Oral History Project
Sophia Smith Collection, Smith College
Northampton, MA

KATSI COOK

interviewed by

JOYCE FOLLET

October 26-27, 2005
Berkshire, New York

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Narrator

Sherrill Elizabeth Tekatsitsiakwa (Katsi) Cook was born January 4, 1952, the youngest of four children of Evelyn Kawennaïen Mountour Cook of Kanawake, Quebec, and William John Cook, both enrolled members of the St. Regis Mohawk Tribe. Katsi's mother was educated by Catholic nuns. Her father, a Dartmouth grad, was a Captain in the U.S. Marines and a World War II fighter pilot. Her mother and father died when she was a child. Katsi grew up in the Akwesasne community on the St. Regis Reservation, which straddles the U.S. – Canada border along the St. Lawrence River. Cook describes Akwesasne in her youth as “a reservation community of subsistence fisher-people, gardeners, herbalists and midwives.” She attended private Catholic boarding schools but began participating in longhouse culture as a teen.

Cook attended Skidmore College from 1970 to 1972, then transferred into the first class of women accepted at Dartmouth College. She soon left college to become involved in the American Indian Movement (AIM).

After a brief first marriage, she married José Barreiro, a Cuban-born activist and academic. In the early 1970s, and again in the 1980s, Cook and Barreiro worked with the Kenienkehaka Longhouse Council of Chiefs at Akwesasne, where she was Women's Health Editor of *Akwesasne Notes*, a clearinghouse of information for the emerging Indian consciousness movement. She toured the U.S. and Canada with White Roots of Peace, a group she describes as a traveling university through which participants learned Native knowledge from elders and imparted it to others.

Cook sought out traditional birthing methods as she prepared for the birth of her first child in 1975. She took up midwifery after participating in the 1977 conference at Loon Lake, NY, where traditional chiefs, clan mothers, and young activists from the Six Nations worked to define sovereignty for Native peoples and identified control of reproduction as one of its essential elements. In 1978 she did an apprenticeship in spiritual midwifery at The Farm in Tennessee, followed by clinical training at the University of New Mexico Women's Health Training Program. She was struck by Pueblo and Navajo women's lack of knowledge regarding reproduction in general and Native birthing traditions in particular, and recognized this loss of self-knowledge and cultural ways as a consequence of colonization. This awareness, coupled with community concern about the sterilization of Native women, led Cook to reclaim childbirth as key to community healing and survival, a process of empowerment through which women revive indigenous culture and restore Native peoples' connections to ancestral land.

After moving to South Dakota, Cook became active in AIM. In September, 1978, she attended the founding meeting of Women of All Red Nations (WARN). She then worked at the Red Schoolhouse Clinic, a WARN project in Minneapolis-St. Paul, where she trained an Anishnabe Birthing Crew and created the Women's Dance Health Program.

When Cook and Barreiro returned to Akwesasne in 1980, the sovereignty movement was militant and the community was under siege. Cook helped develop the Akwesasne Freedom School and continued midwifery practice. With a grant from the Ms. Foundation, she introduced the Dance Health Program to Akwesasne (1983-89). When concern arose about the safety of breastfeeding, Cook launched the Mothers' Milk Project in 1983 to monitor the environmental impact of industrial development promoted by the St. Lawrence Seaway Project of the 1950s. The Mothers' Milk Project provides direct services and advocacy in Akwesasne,

which Canada has singled out as the most contaminated of 63 Native communities. As a result of Cook's efforts, Akwesasne became the first community to include human health research in the Superfund Basic Research Program. The Mothers' Milk Project is cited as an example of an emerging reproductive rights activism that challenges the "pro-choice" movement to expand its focus beyond abortion and adopt a broad social justice agenda.

Cook has participated in national and international women's health movements, including service on the board of the National Women's Health Network, involvement in the Nestle boycott, and work with Mayan midwives in Guatemala. She monitors indigenous rights in the drafting of midwifery legislation and is the founding aboriginal midwife of the Six Nations Birthing Centre where she assists with student training, curriculum development, and community education. Cook is Director of the Iewirokwas Program of Running Strong for American Indian Youth. Supported by a Ford Foundation grant, she is currently developing the First Environment Institute to restore indigenous puberty rites as means of advancing maternal and child health on the Akwesasne and Pine Ridge reservations. She is also conducting research with the Indian Health Service and writing *Daughters of Sky Woman: A Cultural Ecology of Birth*.

Cook and Barreiro are relocating to Washington, D.C., where he has become director of research at the new National Museum of the American Indian. They have 5 children.

The Papers of Katsi Cook, including the Records of the Mothers' Milk Project, are at the Sophia Smith Collection.

Interviewer

Joyce Follet (b.1945) is a public historian, educator, and producer of historical documentary. She earned a Ph.D. in Women's History at the University of Wisconsin-Madison. She is Coordinator of Collection Development and Director of the Voices of Feminism Project at the Sophia Smith Collection, Smith College.

Abstract

In this oral history, Cook traces her family roots to the encounters among African, indigenous, and European peoples in the colonial era. She describes her early formal and informal education and her decision in the 1970s to "bail out" of the assimilation track and embrace indigenous culture and political struggle. She details the development of the Mothers' Milk Project and its community-based research. Midwifery is the persistent theme of the interview as Cook recalls her attraction to the work, recounts the Mohawk origins story and its application to her own practice, and offers examples of births in which she integrates biomedical protocols with traditional customs including dreams, Mayan methods, and peyote. The oral history is a passionate statement by a leader of a transitional generation, who practices midwifery as a process of restoring cultural integrity and achieving environmental justice through the empowerment of women.

Restrictions: Pages 129-130 are closed until after Katsi Cook's death, or until January 4, 2035.

Format

Interview recorded on miniDV using Sony Digital Camcorder DSR-PDX10. Nine 63-minute tapes.

Transcript

Transcribed by Luann Jette. Audited for accuracy and edited for clarity by Revan Schendler. Reviewed, corrected, and approved by Katsi Cook and Joyce Follet.

Bibliography and Footnote Citation Forms

Video Recording

Bibliography: Cook, Katsi. Interview by Joyce Follet. Video recording, October 26 and 27, 2005. Voices of Feminism Oral History Project, Sophia Smith Collection. **Footnote example:** Katsi Cook interview by Joyce Follet, video recording, October 26, 2005, Voices of Feminism Oral History Project, Sophia Smith Collection, tape 2.

Transcript

Bibliography: Cook, Katsi. Interview by Joyce Follet. Transcript of video recording, October 26 and 27, 2005. Voices of Feminism Oral History Project, Sophia Smith Collection. **Footnote example:** Katsi Cook, interview by Joyce Follet, transcript of video recording, October 27, 2005, Voices of Feminism Oral History Project, Sophia Smith Collection, pp. 34–35.

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Transcript of interview conducted OCTOBER 26, 2005, with:

KATSI COOK

in: Berkshire, New York

by: JOYCE FOLLET

FOLLET: OK. So here we are. Thank you so much for taking the time.

COOK: Oh, that's perfectly fine.

FOLLET: This is Joyce Follet with Katsi Cook in her home in Berkshire, New York, on the 26th of October, 2005. I've been looking forward to this for a long time. So, we're going to record your story, a compressed version of your life story, over the next –

COOK: Wow, the whole life story?

FOLLET: The life story, yeah — the compressed version.

COOK: *The Reader's Digest* version.

FOLLET: *The Reader's Digest* version. But fortunately, you've been a great saver of records and you're writing an autobiography, so it takes the pressure off a little. We don't have to get everything in here.

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COOK: Yeah, that's true.

FOLLET: Well, where to start? Where, as you think about your life, where would you plug in?

COOK: Well, I'd plug in with where you said I was writing my autobiography. I should explain that I'm not writing it with the intention of writing just about myself, but because I want to write something that will serve the training of a new generation of aboriginal midwives. I can't just write everybody's birth stories, because of confidentiality and privacy issues. There will be excerpts of people's birth stories in there from a selected number of home deliveries, but because of that ethical dilemma — I know that any mother I would ask would let me use her material, and that's not quite fair either, because, you know, they won't say no. So I thought to write it from the perspective from my own experiences,

because as with every woman, it's her own experiences that motivate her. And I think there's good stories in there: why I chose to have a baby outside of the hospital and what elements of the movement, the Indian movement at the time, fit into those choices and decisions. And so, in that sense, I guess it is an autobiography, but the reasons are because women have to start at that center of themselves always, whenever doing anything meaningful, I think you have to look at your own motivations and those things that had an impact on you. So, I guess I never heard it described as an autobiography, but I guess it is, you know.

There's elements in my story that really captivated my own attention as I grew as a young woman. I think actually, for me, writing the way that I do has to do with the fact that I lost my parents at a very young age, and you have to get a sense of where you're standing at any given time. And for me, growing as a young woman, that was always a very strong impact, because I had to kind of make things up as I went along, I guess, is one way of saying it. I had to be really introspective about what I was doing at any given time, because I was blessed. The blessing of having lost my parents so young was that I got a lot of independence from it, not a lot of people telling me what to do and when to do it, although certainly they left us in a very strong and powerful extended family situation, and my mother had arranged for us to go to Catholic boarding schools, so I was in a very, I guess you would say, controlled environment, but at the same time had the freedom of thought and very good training academically to consider all those elements of my life and what I was going to do with it.

So, I guess, for me, writing this story of my own life in relation to the indigenous experience in this particular episode of history that I was born into has helped me actually think about how to do community organizing and what will work and what won't and where the women are at and what we're dealing with in our lives and how that impacts on any particular issue that the communities are dealing with. I can't possibly write everything that had its influence on me, but one of those is a real strong sense of geography, of place, of the St. Lawrence River and how our people utilize that river in a number of ways, not just for an economic base but as a spiritual direction, as part of our own kind of cultural physiology, if you will, that gave me this strong sense of the politics of place, a sense of place that even over time helped me formulate the notion of woman as the first environment.

So, all of that plays into it. Growing up in my home, in my grandmother's home, not just my own mother's home, I would listen to my uncles on Saturday mornings banging the kitchen table with their fists, with copies of treaties from the piano bench — they were stored there — arguing about the power of authority, the State of New York, and their encroaching control over our environment, our lands, our resources. And just being a little girl and hearing those conversations, going to tribal council meetings with my uncles who were chiefs at that time — in that generation, the Cook name was the largest family on the

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tribal rolls — and then learning, as I got older, how colonialism had its impact on all of those aspects of community life, of family life —

My own ancestor Colonel Louis Cook, who's on the Internet on the *Wampum Chronicles*, was an activist but served in the American Revolution. He was an ancestor unknown to me growing up and I'm always surprised why they never really put him out there for us to see. Even though there was a strong sense of history in my family, the details of that history have only been really laid out because of this generation, our access to media, the way our — probably, that's why. There were family stories, oral histories that were kept, but again, never really laid out. And then, you're talking about four different sets of grandparents that begin to — you know, as you look through family genealogies and family histories, they get exponential, the number of grandparents you're looking at. So, I have my family genealogy back to the 1600s, thanks to the Jesuit missionaries who, because of their rites of baptism, would keep track of baptisms and births and marriages and deaths, and so the very early data base of our community is tracked in those Christian institutions. And so, all of that resides in the community in one form or another.

But the story of my father's patrimony is documented on the *Wampum Chronicles* on the Internet. And it's a very interesting grandfather, through my father's line, the Cook line, who was the son of — they figured it was of an African slave married to an Abenaki woman, who in Saratoga, New York — this would probably be the 1700s, because he fought in the American Revolution on the side of George Washington and in fact was recruited personally by George Washington. There's even a painting of him in Boston somewhere that I need to research of my ancestor Louis Cook.

He was given a pipe, a corn cob pipe, by George Washington as a sign of friendship and he was recruiting him for the American Revolution in the 1700s because he had fought successfully on behalf of Quebec to throw the English out. So, he had a track record of having fought the English and being successful. There's even a story that survives in the Cook family of him coming home to the Akwesasne community in his red jacket that was a jacket worn by a colonel, Colonel Louis Cook in the American Revolution. So I am a daughter of the American Revolution. Having heard that when I was 18, but having no clue of how, and then in later years, understood this enigmatic figure, Louis Cook, who not only threw the English out of Quebec but then threw the English out of the early American colonies — and the land grant at the reservation, the reserved lands that we now reside on as part of his service to the American Revolution, was given a tract of land along the St. Lawrence River.

So, all of that — I mean, the history even before that, where the Mohawk comes in, because if he's the child of an African slave and the son of an Abenaki woman, then why is he identified as a Mohawk? Well, because at Saratoga at that time, the English wanted to take him as a slave, to serve their army, and it was the Mohawks from Kahnawake

— because the Mohawks were quite active in this whole geography from the Ohio River over into Vermont, and so they were often in Saratoga trading, and they saw this struggle between the English army and this little boy whose parents, of course, were upset [because the English] were going to kidnap their child. So, the Mohawks claimed him and his mother as theirs and took them home to Kahnawake. So it was either be a captive of the English army or a captive of the Mohawks. The captive narratives are a whole body of material that are interesting to explore. And so, my brother Tom Cook is researching his exploits while being in the American Revolution and he's tracked quite a bit of his history.

And anyway, I don't want to use our time too much on looking into those particular elements, but I have ancestors that were captives from Deerfield, Massachusetts. In Marlborough, there's documents of my Rice ancestors, who were taken out of a skirmish in the early 1700s, when the Mohawks raided those villages in Massachusetts. So, I have those documents in my files of our Rice ancestors, and that's just one set of ancestors.

But the Mohawks at that time, having been one of the first tribes to be colonized by not only the English but by the Dutch, the French — we were inundated with people that thought they'd reached the Garden of Eden. And the multiple resources of the incredible agriculture that was going on in this world when the colonizers showed up, that they thought that was just by accident. They thought this Garden of Eden just happened that way because, of course, these savages weren't capable of an agricultural system. But in fact, the people that I descend from, not only were they Mohawk people but those captive ancestors who were given a choice later on —

There's even a story of this Rice ancestor. His family, of course, wanted to rescue him from the Mohawk captivity, but when given the opportunity at the age of 17 or 18 — by then he had married a Mohawk woman and had children — when given the opportunity, [he] said, "No, I'm glad to meet my family but in fact, my family is the Kahnawake Mohawks," and didn't want to go back to Marlborough, Massachusetts. And that's all documented there in those archives in Massachusetts, in Deerfield, that my brother Tom Cook unearthed.

So, I am Mohawk through and through, you know. I guess you could talk about genetics and biology as a form of identification but if you're going to go to that depth, then you have to say, Well, which one of those chimpanzees is my uncle, too, because 95 percent of our genetic material as human beings is the same as a chimpanzee in the jungles. So, I don't tend to measure identity so much by biology, although there is a place for that. The stories are where the identity resides and where the love and the passion and compassion emerges.

And so, for me, having a mother and father who were enrolled members of both the St. Regis Mohawk tribe and the Mohawk council of Kahnawake — they were both Mohawk people, that's where I draw my sense of who I am. And our societies, our traditional societies,

meaning our societies in the colonial period, were still matrilineal and matrilineal. I was raised at Akwesasne, by my mother's choice, so that we would get to know our Cook relatives, since he passed away when I was only nine months old.

FOLLET: Your dad?

COOK: My dad, yeah. He died in a plane crash and he was a hero of World War II and in the Korean conflict, or Korean War, and died training a cadet how to pilot one of the first jets. But even that is a remarkable life. He lived to be 30 years old, having had four children. [He was] one of the few graduates of an Ivy League school, Dartmouth College, in 1948, and I believe, had he lived, would have been a U.S. Senator, like Ben Knighthorse Campbell, because he had the connections in many ways: politically, socially, academically. You know, you go to an Ivy League school and you meet people that are now running the world. So, it's that kind of sense of legacy I was born into, one of service, and you need to use your life to make a difference. And so, I'm writing about some of those characters in this book called *Daughters of Sky Woman* — interesting that I would talk about that male side in a book about daughters.

But in fact, as I began to become active in my community, overcoming some of those generational pressures to assimilate, to become a professional, doctor, lawyer, those things our people needed to survive in this struggle with the state — whether that state was Ottawa, Ontario, Quebec City, Quebec, Albany in New York State, or Washington in the United States — those were the main points that our struggle was focused on, and all of the power structures that were represented by those political realities.

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So I grew up in a world that straddled all of those jurisdictions. I never felt like I just belonged to the U.S. I grew up pledging allegiance to the Canadian flag as well as the U.S. flag in the classrooms that I attended in my community at the Mohawk school and in summer catechism classes in Quebec, at the St. Regis Mission Church. But even at that time, I was raised in a church where there were three different altars, one for each of the clans — wolf, turtle, and bear clan — because the Jesuit priests knew they had to incorporate cultural elements for the people to really buy in. And so the Mass was held in Mohawk; the songs were sung in the Mohawk language. So, there's a real strong identity, even within the Church. And so our people saved a lot of who we were underneath.

One indigenous healer that I work with said — in Guatemala, who had the same colonial history we did, just at a different time — said, “We used the Catholic Church as a shield to hide what was ours, to cover what was ours, to protect what was ours.” He himself, because he spoke a dialect of the Mayan languages that the Christian missionaries didn't yet speak, was not raised with the Christian teachings, so he was saved from having to recover himself from those teachings.

And so, that's one of the reasons I enjoy working with him, because I've been always fascinated by [the idea that] had we never been exposed to the virus of the European intellectual world, where would our intelligence have guided us? I know that's kind of a purist approach, but still, my spirit, my mind, and my body wonder how we would have evolved our own knowledge, you know, and I'm sure it would have been wonderful.

Just as I look in my own history and realize that young man taken out of Deerfield that they named Skawerowane, because he would blush and he would get all red — something you wouldn't see, Mohawks getting all red when they blush, because their skin is not light enough — and they named him after the comb on a turkey's head, that red comb. So, they called him Turkey, because he would blush when they would tease him, and Mohawks love to tease. That's the main way we get along with people and with each other.

So, all of that, you know, the wholeness of who we are, the colonization we endured, and yet some of the fruitful interactions of that colonization — in fact, there was a character in my youth; he's an elder now, and he informed the thinking of not just my generation but my parents' generation. He was an educator. Ray Fadden is his name; Aren Akweks, I believe, is his name. His name speaks of an eagle. His mother was Tuscarora and his father was not Native, but he was a teacher and he taught at the Mohawk school and he taught both my father's generation and, through them, our generation, and gave us a great consciousness of just what it meant to be a Mohawk.

He was the antidote to the colonial pressures of assimilation, reminding us that who we are and what we know has great value. And he would tell us about how the colonists were the ones that were the slave keepers, the torturers, the scalpers — you know, that all this stereotyping on our generation, the things that we were learning in school, were in fact lies. So, he gave us the critical mind that was necessary at that time in our history to think beyond just what's going on on the TV and in the media and in school, [that it] wasn't necessarily true.

FOLLET: How did you come in touch with him?

COOK: Through my family. He has a museum in the Adirondacks that now his son — he's actually in our community, Ray Fadden is housed in our community in an elders program, because he now has Alzheimer's and he's in his nineties. But his son keeps the museum going, and it's the Iroquois Indian Museum in the Adirondacks. But my mother would take us there seasonally: spring, summer, and fall. We would climb Mohawk Mountain there and listen to Ray Fadden's stories and he literally drew our world in wampum belts and in storytelling belts, the history. And so, we were exposed to that as young children and growing up. And so was my father's generation. He had a counselor organization that would go

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out around Indian country and explore what other Native people were having to cope with.

And so, I grew up in this time frame where the emergence of an Indian intelligence began. And so, to jump over all of those elements of my own community experience to an important moment, a conference in the Adirondack Mountains held in 1977, where I had already decided to bail out of the academy:

I was one of the first Native women recruited to attend the first class of Native women at Dartmouth College. And in the intervening summer between leaving Skidmore College and getting ready to go to Dartmouth, I spent the summer in my community working with *Akwesasne Notes*, which at that time was the largest Native international journal in the world. When you track Native activism — I remember the fishing rights' struggle in the Northwest and Janet McCloud and some of those emerging leaders, and we began to document their struggles in relation to our own, which was manifested in the border struggles of the '60s and the '50s. And *Akwesasne Notes* grew out of just taking articles from other media outlets, newspapers — at that time, all we really had were newspapers — and then applying them to our own political struggles at Akwesasne.

So that being immersed in *Akwesasne Notes* and understanding our community history, finally, how our traditional chiefs' council had been put in prison in Ottawa to force our people to accept an elective system of government: it was revolutionary for me to hear this. I had no idea that this is what our people had endured. And by that time, at 15 years old, I bailed out of the Catholic Church and went into the traditional longhouse in the Okiweh ceremony and was just blown away by understanding who we are. I was told, Be proud you're a Mohawk, but speak really good English and go and get your degree and become a doctor or a lawyer. I mean, it's not an antithetical message, but there was no bridge between the two realities, what our historical reality was and why we were under so much pressure to become just like non-Native people.

So it came together for me at the moment in 1977 when my generation hosted a conference, meaning my generation of activists, of community Iroquois people out of the different Iroquois reservations. John Mohawk, who is an Iroquois intellectual and writer and educator at SUNY-Buffalo, and others like him gathered at Loon Lake in the Adirondacks and had a conference on just where we were headed. What did all this mean? The teachings of Ray Fadden and the pressures in colleges, where our history wasn't quite the same as the history we knew from our family stories. So, at that moment, having already had my daughter, Wahiahawi, in 1975, I already knew I wanted to be a midwife, I just didn't know how I was going to become a midwife without becoming a nurse first.

And a number of cousins — not all of them, but some of them who were nurses — were terrified to do a home delivery and it made me think, Well, nurses aren't confident to do births, so there must be

another way to be a midwife without being a nurse. And so, along with that same thinking of, How would we have done this had we never been colonized, so all of those came together and I had to construct my own education with the assistance of some physicians who came to visit *Akwesasne Notes* and in fact, laid \$10,000 in stocks on us so that we could do our work, whatever that work was going to be. And that \$10,000 in stocks was cashed in to send the first White Roots of Peace trip to Guatemala in 1976 to help the Guatemalan Mayan people overcome a devastating earthquake.

So we had a communications group that grew out of *Akwesasne Notes*, and that was essentially the longhouse intelligence, the longhouse imperative to sovereignty. It came in my community through that. At that time, the tribal council wasn't talking about sovereignty. None of these tribals spoke about sovereignty anywhere in Indian country. They were all concerned about how to get more program funds into the community so they could take care of health and welfare issues of our community. But sovereignty: to them, that was being blanket-ass Indian. One of my own uncles criticized me for going to the longhouse. "Are you going to become one of those blanket-ass Indians?"

Well, that meant we sat on a blanket on the ground — and that's kind of a nice thing to do, to sit on a blanket on the ground, because it implies that you're in a ceremony, which is just about the only time an Indian in this day and age sits on the ground any more, is when they're humbled to remember who we are. And so, that's not such a bad thing to do. In fact, it's something at this age and at this point of my work, it's what I do before I do anything else: I sit on the ground and pray about where to go next, because there's so many distractions in this generation — the Internet — there's so many directions. You can take your organizational work and dilute it to where you're not effective. But when you focus a prayer, a thought, an intent, you find success where that takes you, because you focus on one particular aspect.

And so, this conference in '77 focused on the question of sovereignty. What did it mean to be sovereign? Because we started saying nation-this and nation-that, and sovereign-this and sovereign-that, without really thinking about what we were. We had a general idea of what we were talking about, but there we got specific. John Mohawk laid out five areas of sovereignty that have to do with: control of land; control of our language and psycho-religious life; control of jurisdiction on our land; control of our education; and the part that got me was the control of production and reproduction, which is where midwifery — women's health, health and well-being of communities comes from that aspect of our sovereignty.

How are we going to do that? And yeah, after you talk about the Indian Health Service [IHS] and different government-funded programs, the bottom line in every workshop that I've ever been in where the old ladies were there, [they] would say, You know, the day is going to come when the white man can't afford to take care of us any more and we're going to have to know how to take care of ourselves again. And I think

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the people in New Orleans can really speak just as well as I can about that reality [reference to recent Hurricane Katrina].

So, I'm really glad to be at this point in my life where a lot of the prophesies that were talked about in our longhouses and in our traditional gatherings are beginning to be better understood in ways that you couldn't when this life that we have, which is so prosperous and rich compared to any other community on this planet — it's hard for our young people to appreciate those old messages about how to take care of yourself and your family and your people, in a world where we're used to just getting on the Internet or going to the doctor or having that expensive lab test. We really live in a privileged society and it's hard for our young people to understand the true meaning behind our teachings, that really are about sovereignty and taking care of your own world.

And so, the essence of my work has been to have what I didn't have growing up, which was the integration of having to cope with institutional settings that we didn't define and then using our own knowledge, our community intelligence, our family intelligence, our spiritual intelligence, our political intelligence, our governance intelligence, and our family intelligence to create new institutions so that we could better control these aspects of our lives as Onkweweh, or as real people, as indigenous people, so that we weren't all about dependency on government funding, and being able to use opportunities of funding to maintain knowledge and to restore knowledge and to build new institutions that would hold that knowledge. When I say institutions, I don't mean buildings, I mean networks of knowledge.

I see in my work in women's health and midwifery, for example, natural, social circles that exist in our communities that are the repositories of knowledge. And it got to be so brittle because of the dominance of the other model of how we're going to organize our lives, so that the first job was to restore, was to feed, was to water, nurture our circles. And they were made up of women. And as I began to do my organizing, I realized from my research in the literature of different aspects of organizing, in the case of the environmental health organizing, I got into communications. How do we communicate environmental health issues to on-the-ground community people who really don't want to get any more bad news about how oppressed we really are, (laughs) how little control we really have? How do we propose to do a major environmental health research program funded by the National Institute of Environmental Health Sciences, who themselves are only beginning to understand the impact of chemicals on human health? How do we build bridges so that we can use the tools of science and not use it to oppress any more than already has been — the best example being the generations of social scientists who went into Native communities beginning with anthropology, of further disempowering our people and getting their degrees and writing their books and empowering themselves but not being able to do a whole lot for that community where they gathered their own empowerment.

And so, a lot of this is just the historical moment, because you look at anthropology and as a discipline, it itself has gone through its changes and has become more empowered so that it, too, can be a tool of empowerment. So, it's a critique where you have to look at the time frame, because science itself has only in the last 15 or 20 years become empowered by a new way of understanding the universe that isn't reductionist, and looking at the smallest unit of organization of a given system or structure of the universe.

And so, it's important when using science or tools of science, as you have to in women's health or midwifery — you have to engage science. You have to engage research. It's the intelligent design, and I don't mean the kind that's being talked about in the halls of politics and religion today. I'm talking about intelligence itself that resides in human beings, that resides in natural systems, that can be utilized to help people live on this earth in a healthy and balanced way.

FOLLET: You mentioned the importance of a historical moment and how things were changing by the time you were, say, 15 and ready to leave the Catholic Church, and by the time you got to Loon Lake a while later, but in the years before that, as you were growing up — now, you were born in '52?

COOK: Yes.

FOLLET: And you grew up at Akwesasne?

COOK: Yes.

FOLLET: You mentioned the coexistence of different cultures, the Mohawk culture — your mother spoke Mohawk and, as I recall, the Catholic schools and the way that they kind of blended — were those cultures disassociated from each other? You used the word brittle for the older traditional culture — was it integrative? How did you experience your — what was your formal education, I guess, is one way to come at it.

COOK: Well, I think it's — I should preface what I'm going to say with how my mother's first cousin — that means, my maternal grandmother had a sister, she had a number of sisters, but one of her sisters had a son named Michael. And when he was out on the river as a young boy, his younger brother fell in the river and drowned. And Kahnawake is known specifically in Catholic history for being one of the oldest missions in this hemisphere, the Kahnawake Mission Church, and for a particular woman named Kateri Tekakwitha, as they say in English, who was a Mohawk, probably will be the first Mohawk saint. And so, Michael promised his mother, when his brother drowned, that he would devote his life to prayer and sacrifice because of the loss of her son. And this must have brought her some measure of comfort, because he became the first, if not the first then the second, but one of two first

Native American ordained Jesuit missionaries in this whole hemisphere, and that's historic. It's a historic moment.

And so, he was, in the Indian way, my uncle. In the non-Native way, they would maybe say my first cousin once removed or my second cousin. But in the Indian way, that's mother's brother, because they have the same mother. And in the language, in the Mohawk language, when you refer to relatives, any of your grandmother's sisters are your grandmothers. They're not your great-aunt, as they would be in the English way. But in the accounting of relatives, it's a lot closer in the Indian world.

And so, my uncle was one of the first ordained Jesuit missionaries in this whole hemisphere. And so my mother, whatever he said, that's what she would do, because she was a very devout Catholic. And he told her, "Don't raise them with the language because it'll hold them back in school." They knew very little about children's capacity for language in that generation. Like I said, science drives a lot of how people think about the world. And so he thought we needed to speak the good English that we do so we could become lawyers and doctors.

And in fact, I can even feel grateful about that, but not for very long, because I struggle to — I love my language — I struggle to speak it and I struggle to understand it, but I love it. I know I truly love it because as a midwife, I know that as children grow, as fetuses develop in the womb, by the seventh month, they are already learning the language of their mother. They become attuned to the cadence, the tone, the sound, the feeling the mother has when she is speaking her primary language, which for my mother was always Mohawk.

She spoke Mohawk, she spoke French, because she was raised in Quebec and because she fell in the ice when she was a little girl and couldn't go to school after the age of seven. So they came to her home — and that's the thing about being in a Catholic school that is really true even today: you get such one-on-one attention. It's such devotion from the teachers, because they're in an order, a spiritual order, where their whole focus is to educate the young. And so my mother spoke Mohawk, French, Latin, and then at 12, she learned English. And so she knew a multitude of languages. And this was the same woman that believed a child could only speak one language coherently. And so, it defies, you know, her own experience to have raised us speaking only English. So, go figure.

But it had a huge impact on me. I know that when I'm around a Kahnawake Mohawk speaker, someone born and raised at Kahnawake, who speaks Mohawk, Kahnawake Mohawk, I immediately love them, you know, unless they're a real jerk, and I've yet to meet anyone from there who's an absolute jerk. I just know — when I hear Kahnawake Mohawk, something in me melts. Something in me totally accepts what's being said, and something in me understands that Mohawk a lot quicker than Mohawk that's spoken from any other of the Mohawk communities.

For example, the Mohawk at Akwesasne is real guttural and rough. So my name in Mohawk from Akwesasne is Tekatsitsiakwa. It's said like that and it sounds — you take Katsi and it sounds like a part to a motor, it sounds real rough. But you hear my name spoken by a Kahnawake Mohawk speaker and it's Tekatsitsiakwa. It's more light and it's prettier, and in fact, it's a beautiful name that I have. Katsi is easier to say in English than Katsi. It's almost Asian, it's so light. Katsi. And so I have a new granddaughter, she's two months old. Her name in the Mohawk of Akwesasne is Tewatsirokwaks, which is, you know, real (pounds fist), but in the Kahnawake Mohawk is Tewatsirokwaks, you know, Tewatsirokwaks. It's real light. And in fact my name means "she's picking up flowers."

My granddaughter's name means — you know how, when someone's stirring the coals of a fire and maybe they're putting on a log, and the sparks kick up from the fire: that's what her name means. But it also means any illumination that flashes. So the intent my daughter had in naming my granddaughter was to name her after her sister-in-law, whose name in Ojibwa means Thunder Woman, which is powerful, but the lightning, not the sound of the thunder, the lightning, the flash of light that lightning is. By the time you translate an Ojibwa name to English into Mohawk — you can't do it directly all the time — our clan mothers would say, That's too powerful a name for a little girl to have. So they gave her the name Tewatsirokwaks, and it refers to any brief bright light. And so, one speaker heard her name, he looked at her and [said], "Oh, lightning bug." So anywhere where you have the quick flash of light, that's what her name is.

And I just sat in a ceremony all night long, through the whole night; we were praying for a grandchild for an injury, a traumatic brain injury she suffered — this is another granddaughter — and as they were stirring the fire — and the ceremonial fire is a discipline in itself, how the wood is cut, how the wood is placed, how the coals are spread in different pictures as the people in the ceremonial circle — that's their primary focus through the night, and the spirits that we relate to speak to us partly through that fire, and so the fire is really important. And I saw as the fireman was putting those logs that were prayed over, that were cut by the patient's own grandfather — I paid a lot of attention, and I could see the sparks of light, I could see my Tewatsirokwaks in that all through the night.

They say we construct our world through the use of our language. It's so deep and so scientific and so intelligent, that I have a great respect for my language, because it always cues me in for what's really going on in any given situation. And for a midwife to be able to reflect on the multidimensional experience that birth is, it's like that fire. That woman, her uterus is that fireplace, and her whole body is that fire that's speaking to you at many different levels, not just what her blood pressure is and what's the data for the chart, but the stories of her life, stories in her dreams, what's going on in her family at that particular moment that she's carrying that new life, what's going on at that

47:23

moment the baby enters the world. But even that, the story begins at the moment of conception: How is this woman thinking as she plans to bring — or doesn't plan, because we know that over 50 percent of pregnancies aren't even planned — but all of that becomes the narrative.

And so in my autobiography, I'm trying to show how birth works through using stories of my own life, because it's easier than having to invade other people's lives. I know that my clients can't give me proper informed choice because they'll agree to whatever — because they love me so much, (laughs) you know. I have to inform them, you don't really want people to know all the details of a birth because it's so sacred. It's too holy. On the other hand, you want people to be respectful of pregnancy and childbirth the same way you'd like them to be respectful of the earth. But you can't share it all, because it's too individualized and it's too full of medicine for that individual life and you don't want to reveal all of that beauty. That's why people have to seek for their own stories, their own beauty, their own power that's encoded in their experiences.

So, I guess that's a better way of saying it: I didn't set out to write my autobiography, I set out to write about the power of birth and the power of being a woman. And so, when you ask the question about the brittleness of our knowledge — when I say brittle, I mean that any moment, those messages, those stories, those teachings, can be broken, just like [when] you take a pot and drop it, it shatters. And that's what happened to our traditions. The pot shattered because it was dropped, because of the pressures of colonialism.

How many of our people died due to the diseases? Two thirds of the genetic pool of Mohawk people was shattered by smallpox and all the other diseases that we were exposed to, and continue to be exposed to. There are new plagues, new influenzas, new viruses, new kinds of life forms on this earth, prions now that can wipe out a whole village. And that's before you even get to HIV and everything else.

So that's why I say brittle. We can lose knowledge, but you can also gain it, because that knowledge came from somewhere to begin with. And that's why I'm such a strong believer in doing. You only learn by doing. You can *talk* about doing and you can *think* about doing, but it's only when you *do* that that knowledge is restored. And so, I really am motivated by all of that doing, of practice of knowledge, of indigenous knowledge, because it's so rich.

FOLLET:

It sounds as if you grew up at a time where you had to struggle to embrace this knowledge, to embrace this language — the fact that you were pressured not to learn Mohawk language. So, in this, you mentioned that in the church, there were different altars respecting different clans, but you went to a Catholic school?

51:30

COOK:

I went to Catholic school off my reservation, which would be, on the maps, called Hogansburg, New York, but now New York State and the Post Office will accept mail that says Akwesasne. That's one of our

generational victories — small but big in the minds of people who address letters there. I should explain that when I was a very little girl, the priests who ran the church were French Jesuits who understood they had to respect the culture. It wasn't until my mother's first cousin, my uncle, Father Michael Jacobs, came on board that he began to get rid of those altars. The Jesuits were very smart, and it's even written in their documents that are stored in Ottawa, they said, With the Iroquois Confederacy, with this confederacy, we're going to be like the tree that rots from the inside and then a great wind will come and knock it down. (phone ringing) And that was their strategy for destroying our people culturally. And so the main way to do that was through the language, so that you not only have — someone's trying to reach me — you not only have a moment where — I wonder who's trying to reach me. I'm sorry. They're being pretty persistent. I'd better take that call. Can we shut this off?

FOLLET: Sure. (pause in tape) The stuff you haven't talked about before but that's the stuff we should be sure to try and get to.

COOK: Yeah, because a lot of this, you know, the work stuff, is well written and documented in videos and stuff like that.

FOLLET: Yeah, yeah. But I guess what I was wondering about, with that question, is that there's something that made you break away from the pressure to assimilate, the pressure to professionalize, whatever would have come with Dartmouth College, for example, and then led through you into another direction?

COOK: I was tired of academia, for one thing. When I got to Skidmore College, I was amazed by the social aspects of that particular knowledge. It just had no real depth to me. The social world of, you know — I don't know. I'm not saying this very well. But what really did it was going home for the summer. My brother Tom — and we were very close: when you lose your parents, the siblings just really watch one another closely — he had told me, because at that point I was being courted by the tribal council and a particular chief who sat on council to direct my career, and he [Tom] told me, "Go spend the summer *at Akwesasne Notes* and understand our history before you choose to go one way or another in your life." Because at that point, I had just graduated from high school. I had spent the summer after I graduated from high school on a vision quest on Cranberry Lake in the Adirondacks, and already my spirit was just guiding me into a way of being in this world that had more to do with who we are as Native people — not to say that you can't have a professional degree, a lawyer, a doctor, whatever— but my motivation was primarily to learn what is it in our own knowledge base that can have an impact on our life, everyday life, and not just something you hang in a museum or you talk about in a nice class, or

you go in the longhouse and dance and say, This is our women's dance. I really wanted to know what difference does all that make.

And so, it's not that I didn't benefit from academia, in fact, I have. The knowledge that I gained from being trained in a Catholic school, a convent boarding school, for heaven's sakes, the focus on how to think, the discipline, the training of science itself, I'm really grateful for that.

FOLLET: And the school was at Akwesasne, the boarding school?

COOK: Well, no. the St. Mary's parochial school is in Fort Covington. My mother had to arrange for us to be driven there because there was no bus service to that. So she went out of her way to raise us in Catholic schools because the public school systems were not that great, you know. I did go to kindergarten at the Mohawk school, which is the state-funded public school that serves reservation resident children. I went there for kindergarten, and I loved it, but she wanted us to be trained in Catholic schools. Again, it's a smaller ratio of children. The teachers are excellent. On the other hand, some of the stereotypes persisted in catechism.

I remember in second grade, being the only Mohawk in a class of rural white children, having to read the section on the Jesuit missionaries among the Mohawk, [who were] torturing them, pulling the fingernails out of St. Isaac Jogues, and just feeling so embarrassed, and having to [read] it. You know, you read aloud in class, and I'm holding my head in my arms, looking at the book, reading this and feeling embarrassed, feeling every eye in the class on me, and having only the psychological choice of denying that I was a Mohawk, or these were Mohawks but they weren't the same kind of Mohawks that I was, or feeling really ashamed that my people would do such a thing. And then, getting home and telling my mother what I had read. She looked at me and she said, "You just remember who wrote that book." And it just opened up a whole new way of thinking for me, that it's possible that the stuff you read in books is wrong, because who wrote it doesn't know any better. (laughs)

And so, my mother raised us well. I wouldn't change a thing in the way she raised us, with the exception of, I wish she had spoken to us directly in Mohawk. We heard it all around us, but she made an effort not to speak it to us. And so for that reason, I don't have the depth of it. On the other hand, there are whole Native communities in the north, in Ontario, Quebec, who speak fluently their language but don't know a thing about their traditions. So it doesn't necessarily hold that everything we have is in the language. I mean, it's true that our knowledge lies in the language, but there's also many layers of interpretation and dimensions — just like in birth. There's a lot of ways to describe a delivery. You can describe it totally from first stage, second stage, third stage. It lasted this long. You know, that's very superficial. Well, language can be like that, too. And so, there's some

very good writers about the limits of language and words and there's a whole literature around that.

But in my own work and thinking and metamorphosis over the years, I love language and how words get used to describe and help you to understand those many dimensions of any particular experience. And I take my cues from my own Mohawk language about how to think about whatever it is I'm trying to think about deeply, beyond just a superficial understanding. And so, all of that informed my shift into a world that was more of a Mohawk epistemology and not of a Latin one.

FOLLET: But were you attending, say, Catholic school and Catholic Church services as well as participating in the longhouse traditions simultaneously?

COOK: No. Temporally, from birth to 15 years old, all of my ceremonial practice was within the Catholic Church. I was in a convent boarding school, for heaven's sake, waking up every morning, going to Benediction, which is something only nuns do, something only people inside of that devotion do, and so I was inside the inside, and totally devoted to that particular construct of understanding who we are within nature and the universe. But by the age of nine, it was already cracking for me, because I loved science at a very young age and it didn't answer all of those questions. And my education was so good, (laughs) I began to understand that a lot of this sounds like fairy tales to me. But really, what hooked me was when my mother died and I was not any longer, you know, [told to] go to church, go to — and even in Catholic school, at the convent boarding school, I began to realize, living with nuns, These people have their contradictions. There is no paradise. This doesn't make sense to me. And the critical me started to come out and you start to grow up. It's just a process of development.

FOLLET: We're just out of tape on this.

COOK: That's good. It's a good time to stop.

103:15

END TAPE 1

TAPE 2

FOLLET: Over lunch, we were talking about boarding schools, and you were saying that the one you went to — that you were glad you didn't go to school in your community, that you went outside the community. This was a boarding school of a different sort than we usually associate with —

1:20

COOK: Yeah, it's not the ones where you hear the terrible stories of sexual abuse and the dampening of spirit and the removal from the family for extended periods of time. Already my parents were deceased, so it wasn't like I was being removed from my mother's bosom. I already had been, and it was her strategy to keep us safe in an environment that she could count on.

The interesting thing is that of the schools she had researched while she was still alive, one of the places she took us to visit was an Ursuline Academy in Quebec, and they all spoke French there. And when she asked us, "Do you want to go to school here," my older sister said, "We don't understand what they're saying. We don't want to go to school here." But it's interesting to me that one of her considerations was the Ursuline Order, which is a French order of nuns. You know, we might have ended up being fluent French speakers, which wouldn't have been a bad thing. I really love and enjoy the French language.

Some of my colleagues formed a college of midwives of Quebec, the *Régrouperment des Sages-femmes du Québec*, and they have a college of midwives at Trois-Rivières, Three Rivers, where you must be fluent French-speaking to attend. All their coursework is in French. So when I go to there professional meetings, I have to dust off what little French I know.

But no, my mother's family had all been to boarding schools in Montreal. On her side of the family was the first Mohawk physician in Kahnawake, was the first Mohawk lawyer, my cousin Wilma Montour. So it was kind of a family tradition at that point to send children to boarding school, if you could afford it, and they afforded it by doing a whole variety of crafts — basket making, fishing, construction — they just somehow managed to do it.

But no, I think the worst thing that might have happened to me at our boarding school was an elderly nun who had Alzheimer's, who would go down the hall [with her] walker. She said, "Where's my cane? Those Indians stole it. I know they stole it." (laughs) We used to laugh at her. She was a such a sweet old woman, but off her rocker.

FOLLET: How many of the other children at the school were —

COOK: Well, by the time we went there, the school was beginning to close down. It was Immaculate Heart Academy in Watertown, and we were the last of a handful of women that went there for high school. At the mother house in Watertown was the girls' boarding house and we were

there with two other women from the North Country in New York State, from Canton and Gouverneur. And my mother had just managed to charm Reverend Mother Immaculata into allowing us to finish out our high school there, because she knew she wasn't going to make it. And Reverend Mother Immaculata, you know, bless her heart, made it so we could go there. When the other girls graduated, we still each of us had two and three years left, so she put us in a smaller house that the convent owned and we stayed there with two house mothers. We were well — I don't think I ever dated in my whole high school years, because I never saw a boy other than in my classroom. So, it was an interesting kind of experience that I don't regret. I really got a good education that sustains me still.

FOLLET: Were there other Native girls there?

COOK: No, nor were there at Fort Covington St. Mary's School that's closed down now. It was all rural, non-Native children. I remember there, in the first grade, one little girl asked me where my scalping knife was, so I brought a little butter knife from my grandmother's silverware, because it was different from any of the other knives, and I gave it to that girl. I said, "Here, here's my scalping" — you could cut butter with it, that's about it — "you can have it." Just to make sure she knew I didn't have it any more. (laughs) I didn't know how to answer stuff like that.

And then, one kid said, "Are you a real Indian squaw?" And I went home and asked my grandmother, "What's that, a squaw?" She looked at me and she said, "If the old ladies heard a white man say that word, they'd chase him down the road with a stick." So, she never did tell me what it meant. Now I know what it means, but at that moment, I just knew, That's a bad word. You don't say it. So I grew up knowing it was a bad word, I just didn't know why.

Then, when I was developing my programming as a midwife, I used the language to research the way our people think about the body. So I was asking of the people in our community — there's many people that speak and write curriculum from our language. And so one of them, it was a man, I asked him, "How to you say breastfeeding," for example, because one of the most clear problems women have in breastfeeding is that their family members, who have never breast-fed or who exclusively bottle-fed, don't know what milk is other than the image of pouring a gallon of milk onto a bowl of cereal: there's a lot of it, it's thick and it's white. So they'll always say, or invariably say to the daughter in the family who's trying to nurse a baby, You're not making enough milk. So, I thought the word in Mohawk was brilliant. It means in English, "she's feeding him her drops." And it is so clearly, exactly what's going on. All you've got to do is express a little bit — press the milk ducts, and you see those beads of bluish-white milk coming and she's feeding him her drops, not pouring out a gallon of milk.

And so, he was describing different parts of the woman's body and — this is a lot for any man to do, especially a Mohawk speaker — and he said, "The vulva in Mohawk, it translates to 'a nice canoe.'" And it's perfect: when you think about [it] — you know, as a woman's healthcare provider, it does, it's in the shape of a canoe and it's a brilliant interpretation of that part of the woman's body, "a nice canoe," (laughs), on top of all the other meanings you can draw from that explanation.

And then, the mucous membrane of the vaginal vault, that's called *otsiskwa*, meaning "it's slippery." And one of the most important Mohawk medicines for birthing is slippery elm. The inner bark of the slippery elm tree is used to help facilitate mucous membrane to create more mucous. So mothers that use it in pregnancy, they'll have a lot of bloody show or a lot of mucous plug. So, it's interesting, once you're involved in the culture and the language, what images and what connections to nature — it's really a complete study.

And so for me, midwifery became a way to understand women's knowledge, because at that time, it wasn't really out there. It's not really out there. It was enough that at that time in history, the feminist movement was starting to emerge. *Ms.* magazine, Gloria Steinem, all the other feminist writers were beginning to emerge in the '60s about the same time the Indian movement was gaining momentum, the black rights' struggles — all of that was going on at the same time. And even within our own cultural worlds of the Indian community, of the indigenous communities, those same historical patterns impact our communities, too. Christianity or not, whatever or not, it's all affecting us, too. And so, there are some interesting trends in our own history as Native people that can disempower women by disempowering knowledge.

And midwifery, for me, was a very clear path to regaining women's knowledge in its purist form without being sullied by Christianity or sullied by social movements. And the one I'm thinking of in particular was a prophet that emerged at the time of the mid-1700s. He had a vision in 1799. His name was Skaniatartariio [in Seneca: he carries the good words; in Mohawk: Ganiotaiio], or Handsome Lake. He was a Seneca, and if you ever read the book *Death and Rebirth of the Seneca*, you can understand why his teachings were so important to the survival of the Iroquois people at that point in our history, because of the devastation of alcohol and its trafficking in Iroquois communities as a part of the methodology of conquest, to get our leaders to sign on the dotted line, or just to get anyone to sign on the dotted line. Losses of land always implicated barrels of whiskey and rum and liquor, and even at Akwesasne, the Indian agent — there are records of what they would order for the people, and there'd be so many pounds of flour and so many pounds of sugar, and so many pounds of lard, and always barrels upon barrels of liquor.

So, it was like that at that time, and Handsome Lake himself was a drunk, and almost died as a result of his drinking. And at one point, did

die and a relative of his just noticed a place on his chest that was still slightly warm so they didn't bury him. Four days after being in what we would probably think of as a coma, he came back out of it and shared with the people messages that included messages from the spirits, that the women should no longer use the abortion medicines because it would threaten the survival of the people. He didn't put it that way, but that was what his intention was. And so, to this day, that proscription against abortion survives in our community in a religious form that as a practitioner I have to be aware and understand where it comes from and think about its application, client to client.

You know, not everybody follows the Handsome Lake Code, or the Handsome Lake teachings. That's more the Senecas in Cattaraugus, in Tonawanda and Allegheny, and the Onondagas. There are Mohawk communities that don't accept his teachings at all and will say he was an evil man. But at a time when our people were suffering and continue to suffer for a variety of reasons — there's still a lot of drug and alcohol problems in our communities, like any other community, but I noticed that in the men, when they finally do reach a point of healing in themselves, they become very talkative about their healing process. And there are those that want to share that with others that could almost be described as an awakening, or that, now that they've overcome in their own spirit the oppression of their spirit with drugs and alcohol, now they want everybody to enjoy that kind of awakening. And so, that Handsome Lake kind of teaching persists because drug and alcohol persists. And so, that's not a bad thing, it's a good thing. It's one of the trends that helped our people to make it this far.

That's why, in womanist, feminist movements, you'll see that difference between Native American and other Americans, that we bear the burden of knowing that our people barely made it through the colonial period and that our use of controlling our reproductive power — we need to be aware that there's a lot of ways you can lose your people, and it isn't just a matter of what birth control method you're going to use or not use. There are communities that are so small, one bad bout of HIV spread could wipe a community out. Some of our communities are only two thousand, 25 hundred people. In some communities I can think of but will not name, where they're small populations, the diabetes rates are so high, and we know that diabetes is associated with birth defects and problems with reproduction. So I think of it in those larger pictures, not just about individuals but about population. And so, those are the concerns that our people have about any discussion that revolves around that aspect of our sovereignty that we would call production and reproduction.

FOLLET:

That kind of goes back to the Loon Lake Conference. That piece of sovereignty issue seems to have captured your imagination at that point. Had you been interested in it before?

17:10

COOK: Of course. I was born at home, delivered by my grandmother, an aboriginal midwife who served her community, and everybody called her Mother or related to her on a level of great love and respect, including myself. I was born in a room that, when I stayed with her, I slept in, and stayed in until I was about 17 years old.

FOLLET: Now was it her house that was home to you when you were not at boarding school?

COOK: And in my mother's home. As a young girl, there was my mother's home, but she was sick a lot and in the hospital, and so I would spend whole seasons at my grandmother's house.

FOLLET: Your maternal grandmother?

COOK: My paternal grandmother. My maternal grandmother died in 1950 and I wasn't born until two years later, which also accounts for why my mother raised us at Akwesasne. I think if her mother had been alive, she would have raised us in her own community. So, my father's mother was the midwife, and she was a remarkable woman.

I always was aware of my birth and my birth story, because it was such an interesting story. My mother never should have had children at all to begin with. She wasn't well from having fallen in the river as a little girl in the winter, and they used to tease me, my cousins and my siblings, as I was growing up: You'd better not make grandma mad; she's going to take her thread back. Because when I was born, she worried mostly about my mother.

I was a healthy eight-and-a-half-pound baby girl and she put me in a basket, had bundled me up, put me in a basket, put me off to the side, and about an hour later, circled back and noticed I was bleeding through the blankets from my cord stump. And who tells this story was my aunt, my paternal Aunt Betty, who was my father's favorite sister. He had only three sisters and he had twelve brothers. And so, she was at my delivery and she said that Grandma went and checked you and you were bleeding at the cord stump. Well, today, we know that's probably a baby that needs a vitamin K shot. Back then, she just took a needle and thread and sewed up the belly button, which falls off anyway after three or four days, to try and stanch the bleeding. And it worked. Here I am. I didn't hemorrhage to death or anything.

But it's because of her and growing up in her home and having that continuity, that sleeping in the very bed that I was born in, and then later being off in a little bed next to the bed I was born in — and had I known as a young woman, could have actually saved that bed, but I didn't understand then how these things are. But anyway, my birth story was saved for me on a daily — as a teasing, as a joke, and then being in the room, because there was only a curtain that separated my grandma from where I slept.

So, that had an impact on me, and I always knew I was going to have my children in similar circumstances, which meant not in the hospital. And then, when sovereignty emerged, I thought, This truly is an expression of sovereignty. And when I got pregnant for my daughter in 1975, I just knew I would have her at home. [But] I realized, Who's going to deliver her? Well, my cousins were afraid to, and one of them, who's a nurse, to be fair, was pregnant herself, she could — of the three, she's the one who could've done it, and who later did deliver my son Anontaks, in the mountains, in the middle of nowhere, and his birth story is documented: "The Coming of Anontaks," in Joy Harjo's anthology *Reinventing the Enemy's Language*.

FOLLET: Really?

COOK: Yeah, so, I'll send that with you.

FOLLET: Great.

COOK: So, in '75, while I was pregnant, I read everything I could find, including Williams' *Obstetrics* —

FOLLET: Now, where were you at the time?

COOK: I was living in St. Regis, Quebec, on that portion of our reservation that's in the jurisdiction of Quebec, on the river. And my practice of sovereignty was that we ate our food from our garden and fish from the river. And I was proud that only the salt, the pepper, the flour, you know, maybe a few things on my table, were from the store. And to me, this was where I wanted to live off the land, I wanted to live the way our people had always lived: fish from the river, corn from the gardens, you know.

FOLLET: So when you left Dartmouth, you went back to —

COOK: I went back to my community.

FOLLET: Back to the community.

COOK: And worked at *Akwesasne Notes* and traveled with White Roots of Peace communications group. And while I was there, I met my daughter's father and we made a home in Quebec on the reservation and worked at *Akwesasne Notes*. So it was after that time that I got pregnant for her. And you know, when you work for any kind of journal, do any kind of journalism, you're getting input from all over the world, what's going on in the world: all kinds of third-class mail, different magazines. So, I'd seen early on that classic pen-and-ink drawing, taking off from an abstractionist artist drawing of a woman with a baby in her arms by L&S News Service, an alternative press news service, where they were

23:00

decrying PCBs [polychlorinated biphenyls] in mothers' milk. That's a classic pen-and-ink drawing. And so, that stayed in my consciousness.

[I read] articles by all kinds of alternative press, including the feminist press, and so I read a lot and I did a lot of different jobs at *Akwesasne Notes*. So I was, even though living on the reservation, inundated every day by mailings from all over the world, from different kinds of movements. And every day, people are walking in from all over the world to the *Akwesasne Notes* office that was at that time in Hogansburg, New York. We had an international consciousness.

And given my own history and background, my own birth story, by the time I became pregnant, I never imagined I wouldn't have my baby at home. So, we know from international health research that midwifery resurges at times of war, of any kind of trauma, you know, political unrest — something's going on and the people have to get back to basics — and midwifery is one of those clear things you need to get back to basics.

So, our work at *Akwesasne Notes* attracted two physicians, Dr. Ann Boyer and her husband, and they came and stayed at my home, because at that time, when visitors came from around the world, they stayed with me and I'd give them a bed and feed them and we'd go to the *Notes* during the day. And she was an obstetrician gynecologist and knew that I wanted to become a midwife and encouraged me to go to medical school. She was teaching at Dartmouth Medical School obstetrics at that time. And as charmed as I was by her, and continue to be — she's my neighbor, she bought that part of my farm. She lives right over the hill and works in New York City every week taking care of HIV mothers, you know, does home visits to them and making sure they get the care and that their infants get the care that they need. So she's a constant in my life and in my training as a midwife. I told her, I don't want to be in medical school or undergraduate class work when I'm having my baby. So she gave me books.

And my first choice was to go to her home and have my baby in her house outside of Hanover, New Hampshire, where she was teaching obstetrics at Dartmouth Medical School. She was willing to deliver my baby at home for me. The problem was she had a new position starting June 1st in Albuquerque, New Mexico. My daughter was due May 23rd, so I thought, Oh, I'll have her by then. Well, I go over 42 complete weeks, well into 43 weeks.

So, June 1st came and went and the moving van pulled up and took her away, so I went to my second choice, which was Kaniienkeh, where the Mohawks of Kahnawake had decided, We're tired of spending all our energy fighting the white man, fighting the government, when every day we should be living the way we want to live instead of being at meetings all the time. So, they literally got three school buses and drove through the Mohawk villages and said, Come on, get on board: we're moving to the mountains. And they took over an old Girl Scout camp at Moss Lake, outside of Utica, New York, and set up shop there, started living there. And they wouldn't allow any non-Native people in there.

And physicians would literally come to the gate house there bringing IV solutions — and silver nitrate at that time was still being used in newborns' eyes — and teaching women how to deliver babies at the gate.

So I went there and the two women who delivered my daughter were Norma Delarande and Julia Jacobs. They're still alive, and I'll always be grateful to them for the care that they gave me. But having read so much, to where I thought, I'll deliver this baby at home by myself if I have to, because there's plenty of women who have delivered babies at home by themselves because they had to, and I know that there's basics they didn't know, that they hadn't integrated because they hadn't practiced. They were just going by what the doctors were saying. If this happens, do that.

So, my sister and I pretty much delivered that baby all by ourselves, because they had, between the two of them, delivered 20 children, but in the hospital, so they were following what they had experienced in the hospital. So they were saying things, like, As soon as the doctor would leave the room, we would take a pillow and put in on top of our fundus, or on top of where the baby was, and push as hard as we could. Well, I knew from my reading, you can't push against an undilated cervix. You can damage the baby's brain. And they would say, Don't stand up while you're in labor: lay down, because if you're upright, the baby falls forward and can't move down. Well, we know that that's not true. It's just plain not true — maybe in a woman who's had ten children. Remember, these women had 20 children between the both of them. Maybe the loss — pardon me?

FOLLET: Their own births?

COOK: Their own births in the hospital in Montreal. Once you get up to having that many children, if you're not doing the postpartum exercise to bring your muscle back together, then, yeah, women that don't take care of their musculature after the pregnancy, they have more fetal malpresentations and malpositions, because the girdle of muscle isn't there to properly position the baby. That's just the physiology of pregnancy. So maybe that's where they got that notion. But because they were telling me things like that, I just didn't fully trust them.

FOLLET: Yes. And here you were in labor.

COOK: I'm in labor with ruptured membranes and didn't get into active labor until sometime later and ended up calling my cousin who was a maternity nurse over in Utica, and we talked about a plan, that if I didn't go into active labor within 24 hours, that I would go to her hospital in Utica, which I didn't want to do. So I got out on that Adirondack Park and I walked all day and I ate and I drank, and by 7 o'clock at night, I went into active labor and had my daughter at 5:30 in the morning. So I had a wonderful delivery, except that when she was delivered, one of

them got right on top of my belly, because her shoulders must have got sticky, tight shoulders, and they forced her out that way, so I know I tore a lot. So I got in the car with her when she was only about six hours old and drove back to the reservation so that I could go see Dr. David Gorman, who had done my prenatal care.

FOLLET: Now, was your husband with you?

COOK: Yes.

FOLLET: This was José?

COOK: No, this was my daughter's father, and at that time, he was the one that was with her at her delivery. So we rode back to Akwesasne and I went to see David Gorman, who was the obstetrician who was the son of the country doctor, of the family practice doctor, the general practitioner that helped my grandmother. And he would tell me stories: "I remember going with my dad in his model T to your grandma's farm as a little boy. I remember [when I was] 12 years old, my dad pulled up to her farmhouse and told me to sit in the car and wait. He said, of course, I got bored immediately and your grandma came to the door and waved me inside to her kitchen and put pie, fresh-made apple pie and milk, in front of me, and I just loved your grandmother for that." He said, "My dad would go help your grandma with difficult deliveries." And he said, "I grew up knowing about your grandmother."

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So when I came into practice, he supported my practice. He was my backup doctor if I needed lab tests and I needed things that you couldn't order as a lay midwife, is what they called us at that time. Midwifery hadn't yet been professionalized in any of the jurisdictions at Akwesasne.

And if that wasn't cool enough, his grandfather, Dr. [William] Macartney, who was his father's father, was a country doctor that wrote the book *Fifty Years a Country Doctor*. And he helped my grandmother's mother with her deliveries. So that continuity is so precious, you know. For things to be continuous over time, because things change all the time, is one of my favorite parts of being a midwife. Anyway, I said, "I know I tore and they said I didn't. Can you fix it?" He put 60 stitches in.

But he was wonderful because one of his most challenging cases was a Mohawk family, when Kanienkeh moved from Moss Lake, New York State, in negotiations with our leadership, finally settled on creating a not-for-profit organization where Kanienkeh is now located, outside of Plattsburgh, New York. And we started doing home births there. But one couple that Dr. Gorman was taking care of had a first-time breech pregnancy and we know that that delivery's got to be most likely [caesarean]-sectioned, because it's such a high risk of morbidity and mortality. And they refused, which is a measure of the defiance of the Mohawk people. They got up from his office. She was starting to go

into labor and went back to Kaniienkeh. So he got some basic equipment together that you could take out to the middle of the mountains and delivered a breech, primate breech, under a Coleman lantern. He said it was the most satisfying delivery he'd ever done. He specialized in breeches.

So, stories like that that are even more elaborate than how I'm sharing them — to me, there's so many teachings in there. And in today's world, there's artifacts of behavior that practitioners will see in their clients that they don't understand. Why did they think that way, or why do they believe that way, or why are they defiant like that? There's always something behind that.

And then, there's ways that people are in the world that don't exist any more because of laws and the way we structure medicine. I mean, look, we're the wealthiest country in the world, with not very good statistics when it comes to infant and maternal morbidity and mortality. And so, anyone who's a student has to think about, Why is that? It all [reflects] how we partition out resources and have such an inequitable distribution of those resources. Because we know that societies that do distribute things more equitably have better statistics than we do. So it's not that hard to figure out.

And so all of these things imbedded in all of these stories is a general direction of where we should be thinking about how to put our services together, how to put it together so that the mothers and the children can benefit. Because being an aboriginal midwife for me didn't mean, Well, now I want to be a certified nurse midwife or an obstetrician. What I do differently is bring in the cultural element of it, the community consciousness of it, an empowerment consciousness that goes beyond just the rhetoric of the nursing textbook or the OB text, because one has to improve outcomes. It's much deeper than that.

It's a consciousness that says, How do we reconstruct a model of practice, a model of being in family, in relationship, in nature, in the universe, so that mothers and children and families can benefit? Because identity, relationship, and the psychological promise of purification that our ceremonies hold are all part of what births should be, and any time we're looking at women's health issues, you're always having to engage history, the medical history. How many pregnancies has she had? How many live births has she had? The history taking is so important and, at its most meaningful, covers even her own birth story: how did her mother give birth to her? It informs everything that a woman is and does. I know from my own experience that that's true and I know as a midwife the great implications it has in the care of mothers and babies.

So for all of those reasons, I love midwifery in all of its forms, but especially am encouraging, at this point in my life, the development of aboriginal midwifery now. The Canadian government just funded an aboriginal midwifery education program at the University of Manitoba in Winnipeg, specifically to educate aboriginal community women — aboriginal being a legal term that's of an English legal heritage, meaning indigenous or Native or Amerindian; it's just another way of

describing indigenous people — but specifically, the Cree communities of northern Manitoba who need midwives badly. So, anyway.

FOLLET: How did you go from your experience of pregnancy and home birth in '75 to the Loon Lake Conference in '77, where the group identified control of reproduction as a key element of sovereignty — how did you go from there to developing this approach to midwifery? Where did you learn to do it differently?

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COOK: Being a woman and being a Mohawk brought me to a place where I knew I needed to — you know, because I had already denied finishing my baccalaureate degree, going onto a professional degree, but I still had this impulse. Something needed to be done. And so, I took my own experience and learned from that, and I left Kanienkeh, where I gave birth to my daughter from that experience. That wasn't whole. It wasn't whole medically and it wasn't whole traditionally. I wanted it to be whole. We deserve nothing less.

So I knew then I want to be a midwife, and I want to be the kind of midwife that I wanted. I had a vision of what that was. I didn't have all the pieces together, because I didn't know enough yet, but I had a strong belief that it existed. So, I had to make up my own training programs. And the keys to that were that I had traveled with White Roots of Peace, and one of the places we traveled, because we always balanced our time — half of it being on university campuses, going into lecture halls and making presentations to classes, anthropology, biology, political science, you name it, Native American studies, women's studies, all these different disciplines, and talking about indigenous traditions and political movements, activism, all of it — and the other half we would spend in Indian communities, on reservations, in urban centers. We always had a good balance of practice. And during that time in my travels, I learned a lot from old ladies, from Indian communities all over the U.S. and Canada — birthing traditions, fragments of memories — and I became more and more interested in aboriginal midwifery, traditional midwifery: what was that? And when I asked in my own longhouse, they said, We forgot all that.

And even some of our leadership of the men who were already going out to big conferences — I read the transcript of one, Ernie Benedict, [who] had been to a conference in the Southwest where they talked about Native children. And everyone was sharing, Well, when our children are born, we take a perfect ear of corn and lay it next to the child, to protect that child. The child is like this ear of corn: it's precious, it's full of knowledge. Beautiful things like that. When they came to the Mohawk elder, he said, "Gee, I know we had something we did that was special, but I don't know what it is."

And I'd get frustrated by that. I'd think, How come nobody knows anymore? Well, because since my grandmother's generation had passed on and New York State had centralized all of our experience, from our medical care to our education to our social structure — now we had

social services, we didn't have families — it got all lopsided. And all that fed into my knowing I have to create my own way of learning to be a midwife.

And one of the places we had gone was a place called The Farm, in Tennessee. I was so blown away by these hippies that had just gotten in school buses like we had to go to Kanienkeh, but the difference was they had their own school. They had their own school. They had their own food. They had their own economy. They had their own dairy, soy dairy. All the food on their table they got out of that bean they grew in their garden. They had their own infirmary. They had their own intensive care unit. They had their own midwifery program: they called it the birthing crew. They had their own ambulance. They had everything that I thought we should be doing, but weren't.

These people are not even related. They don't even know each other. They're just a bunch of hippies out of Haight-Ashbury in San Francisco, and look what they've done on 15 hundred acres of land. We have 52 thousand acres of land and we're all huge extended families with a common vision, common ancestry, common land base, and yet — they even had a way of getting along, a way of thinking about how to get along, that I thought we lacked.

And I mentioned that at the Loon Lake Conference. I said, "You know, here's all these hippies and they get along well enough that they have all these institutions. They decided how they were going to do it on their own. Why can't we learn from that?"

And so we did. We started sending a delegation down there and pretty soon, they started the Plenty International Midwives' Training Program. So, I and a dear friend at Tuscarora named Sue Patterson, who's now a clan mother there, and her daughter Kanuntareh got in a Greyhound bus with our little kids and rode out there on the tail end of a welfare check and started going to births at The Farm.

Now, meanwhile, Dr. Ann Boyer, the obstetrician who had moved to the University of New Mexico, also had taken an interest in the Farm and had been writing to Ina May Gaskin. And she knew that I was going to the Farm to go to births and she wrote to me, she called me, she said, "Katsi" —

FOLLET: This is —

COOK: Dr. Ann Boyer, the OB/GYN. She had a correspondence going with Ina May Gaskin. And she had a colleague named Dr. John Slocumb [now at University of Colorado-Boulder], who had just received funding from Planned Parenthood of North America to put up a special training. It was a model project. Dr. John Slocum has a lot of articles he's written on research he's done in birth control on the Navaho reservation in Arizona. And he was committed to birth control among Native people, and committed to getting birth control practitioners out.

Remember, this is post-World War II, Vietnam time, when a lot of medical practitioners were trained during, before, and after Vietnam.

You found specialties like physician's assistants coming out of the Vietnam experience. Again, war creates opportunities like that on top of the devastation, but it begins to make governments realize, We don't have a lot of practitioners. At that time in New Mexico, if you didn't live in Albuquerque or Santa Fe, you weren't going to see a doctor. And so, this program was designed to train paraprofessionals to work in areas where there were no physicians. And we came out of there in New Mexico legally able to do pretty much everything in women's healthcare except caesarean sections.

FOLLET: So, you went to The Farm and did some observation –

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COOK: And participation in the birthing crews, going to prenatal clinics. I was learning to take blood pressures, you know, blow up the cuff, listen to the needle — when do you stop hearing the lub and when do you stop hearing the dub, the systolic and the diastolic — and then chart the number. But I didn't have a clue what it really meant.

FOLLET: Were you there for a few days at a time, or a month at a time?

COOK: I was there for three months the first time and then in the following years, I would go for one-month intensives. A couple more times I went — I lived in a school bus with my husband and my children and I'd go to births. I was there again in 1985. The Farm came up to Akwesasne when we resettled Kenienkeh. Their midwives came and helped do births there and I had planned to attend some births with them but one birth came so fast, we missed it. And so, The Farm became part of my experience. There's also a farm in Canada, in Lanark, about an hour and a half's drive from Akwesasne, and I started delivering babies for that community in Ontario.

And so, I stayed closely related to The Farm and its extensions out into Washington, D.C. and I became friends with many of the midwives there, not just Ina Mae. In fact, Ina Mae was always gone when I was there on the ground. I think I've only been to a couple of deliveries with her, the one she mentioned in her book *And One at the Longest Walk*, where a baby was born on a school bus and she was the primary midwife. And Jeannie Shenandoah and I were there at the delivery, and the little baby that was born was Penobscot, who was named in his language a name that means "long walker," or "He Who Walks a Long Way." That was in 1978, 1979.

So I have a lot of history with The Farm, not just in the midwifery training but in the bigger picture of community development. The Farm also came and provided us technical assistance in establishing the Akwesasne ambulance service. When New York State pulled its jurisdiction off our lands, the local services of the ambulance said, We're not coming on that reservation: the state has no jurisdiction there and so our liability isn't covered in this place. So we had to set up our

own ambulance. And it was a Farm trainer who came up to train a Mohawk Ambulance Service.

And there was also the school that they assisted us with, the Freedom School, and also the CKON [Sag:kon] [pronounced SAY-go] radio. So my cousin, Ray Cook, went down to the Farm to learn how to run — they had their own radio station, their own communication system — he learned how to manage a radio system, came back to Akwesasne and started with CKON radio. Sag:kon in Mohawk means hi, hello. So The Farm has done remarkable things in our community over the generations that this new generation isn't even aware of. But that's how we exchanged with them.

But from there, I went to New Mexico, because I needed a little bit more structure and education. The six months' training program was incredible and I know, because of it, you don't need four years of a baccalaureate degree and a masters and postgraduate degree to be a competent care provider, especially in a community where — you need good information, you need knowledge. You need to know how to do it and you need it now, not 20 years from now. And at that time, all the things that I've been working towards, were 20 years away.

This aboriginal midwifery education program, it exists now. It's in its first year, just this fall. I sat in its curriculum committee meeting in April and that was a vision — I'm not saying it's just my vision. As the rock rolls, more moss and consciousness gets gathered. Messages and images and all those conferences and all those workshops and all those videos and all those newspaper articles and speeches you gave hit other people who are coming to similar notions, and it just becomes a tsunami. The next thing you know, the government is funding something that will make the tipping point, that will tip it over.

And so now, I'm really grateful for all those years I used to drive to deliver babies in old cars that I'd have to reach out the snowy window and pull the ice off my windshield enough so I could see where I was going at two in the morning, because I couldn't afford to fix the car. I was lucky to have a car. Those were the — that's what an activist does, where you do things and you don't know where the next tank of gas is going to come from. That's how devoted and committed we were.

I remember being at odds with the tribal council in my community over jurisdiction, because at that time in our history, you never heard the tribe talk about sovereignty. They were all Mom-God-and-apple-pie kind of Indians, and again, there's a reason they were that way. It was the next generation that was going to rally for sovereignty. In the beginning, it was just a handful of us, but now, everybody assumes it's always been that way. It was our generation that built a bridge [between] the generation that says, Be proud you're a Mohawk but don't talk Mohawk, Be proud you're an Indian but don't dare think like an Indian, to this generation that won't have it any other way. It's almost like they took the church and dumped it into the longhouse.

In fact, the church at Kahnawake they closed down two years ago. They don't have enough infrastructure to maintain the ceremonial

practices of their church services. I'm not *happy* about that. If someone finds their comfort in that particular epistemology, history, identity, well, let them. That's their prerogative as a human being. But you know, to me, it's just an indication of the rising consciousness of the Mohawk people about how much there is to value in our ways.

And so, it's recovering, it's restoring, and it's becoming institutionalized. And that's what I've been living to see. Now my grandchildren can benefit from going to a Mohawk-immersion school, having been born at home, or having had their grandma deliver them or be with them when they were delivered, to go through some of those things I enjoyed. Some of those things I didn't have for my own immediate children but now my grandchildren are enjoying the benefits of that, and so our family is that much healthier for it, in this era when Native communities are overrun with disease and diabetes and drug and alcohol and all the bad stuff of our oppression. Now, all over Native America, that consciousness exists of, Let's incorporate who we are into programs that will help us heal. You can't do it any other way. Even the government understands if you're going to do education, it has to be culturally competent, culturally relevant, culturally sensitive, integrative care.

So I like to think that all those sacrifices that we made, that our grandparents made, that their grandparents made, that Louis Cook made, that the ones generations before him — it's all been carrying us to this point in the current of that river's flow, because that St. Lawrence River has always been a metaphor for me in my life of how time passes by and yet that river is still flowing. Even though that particular water that went by there all those generations ago ended up in the ocean, you know, it really does circle back through the sky in the rain and comes back again. Life is like that. It goes up and down and things resurge, that there will be more restorations to come.

I'm really enjoying this part of my career and my work, where I get to point out, Don't forget to understand how this works. Pay attention to that particular ceremonial practice. You of the medicine societies where our knowledge is held, know that what you do has relevance for how these babies get born. You're not just restoring a language so that you can order a McDonald's hamburger in Mohawk, you're restoring a language because you're restoring a consciousness. You're restoring relationships. You're restoring a totality.

And so, the challenge now is to take that shattered pot and to glue those pieces together the best way that we can. The pot will never look the same as it did when it was dropped, but we'll recognize it. We'll recognize its shape, its form, and its purpose, and begin to make new ones. And so, that's why I remain encouraged, why I remain devoted and passionate about these things, and grateful to the young people who are willing to sacrifice in their lives to go learn to become an aboriginal midwife, to sit up all night with someone in labor and to love them no matter what, even though sometimes they're not related to you.

I just think midwifery is a natural when it comes to women's health, because it incorporates all of the women's life cycle. It's the perfect repository for women's knowledge, midwifery, because it's such deep knowledge. It's not just superficial. It's not just storytelling. It's going from understanding mechanisms at the cellular level, not just physiologically but spiritually, and how those two knowledges, whether it's spiritual knowledge from a tradition or scientific knowledge — I hate to use that term, scientific, as if this weren't scientific also, because they complement each other. The knowledge you're integrating is also that. And this new generation that understands alternative and complementary medicine, the research that's being done even in that shows that how those mechanisms, that holistic approach, is really the way to go — how the multidisciplinary, interdisciplinary, metadisciplinary approaches make anything so much stronger than just the single approach, which eventually is not strong enough to really make a difference or to tip that individual into a place where they can be responsible for their own well being, or a community, for that matter.

Empowerment is a process and an outcome. It involves control, as we've heard of the kind of control of education, of reproduction, of language, of jurisdiction, of psycho-religious life — control from the perspective of capacity to do, capacity to know, capacity to look again, as in re-search, our own ability to practice and to implement these things that we value into building institutions that can really function, can really make a difference for our people. And so, I think of empowerment that way, that as a midwife first empowers herself with knowledge and competency and capacity, she then shares that and helps awaken young women to what their power as a woman is, in puberty.

And so, in my work now, what I'm very excited about is my kind of organizing work around the families that I delivered babies for. Some of those women that I delivered babies for are now midwives themselves, creating new circles of empowerment in the families that they touch. And each one of these women evolved into their leadership. Some of them are now clan mothers in our longhouse. Some of them now are chiefs or counselors or directors of health programs.

You know, I'm not claiming credit for them, but I was there when I saw them have their baby in the context that they themselves envisioned, which was always a cultural context [that] involved the language, involved the ceremonies, involved cultural forms, involved the extended family, and not someone telling them, OK, now you can push, or someone saying, No, you can't do that, you have to do it this way — you know, making them feel and reinforcing in them this feeling of being dispossessed of their own power, of being out of control, of being not capable. To see them grow over time over the last 20, 25 years and take on an authority and a responsibility within their own community makes me feel very grateful (phone ringing). I forgot to unplug it.

FOLLET: OK, we'll stop the tape. (pause in tape)

COOK: It was just pure belief, just pure confidence — youth. But look, my mother was told, Don't ever have kids, you can die. She had four of us. What was she thinking? She had an uncle who was a physician who could have either made it so she never had kids, aborted her fetuses. Out of pure faith, pure sense of destiny, I don't know what I was thinking. I can't say I wasn't thinking. I didn't sit there for nine months reading Williams' *Obstetrics* for nothing, you know, I was seeking control and mastery, and I thought I had pretty — I had an OB/GYN who taught obstetrics ready to deliver my baby at home. And we know it's not an out-of-hospital birth that's dangerous. It's when you don't have proper connection with the resources when you need to transfer care.

FOLLET: But it was so off the beaten track. I mean, look at the lengths you had to go to accomplish this.

COOK: Yeah, but it's a measure of how determined I was.

FOLLET: Is that kind of determination that you had for giving birth at home, was that typical of your personality growing up?

COOK: I think it's typical of some women. I don't think it's that unusual. The clients that I've had and the women I know of, you know, they're pretty determined women, and it's like — it's such an intimate thing. This isn't like deciding what car you're going to buy or even what man you're going to marry or mate with. This is something very visceral, very much beyond personality, I think. I think someone who knows a lot of anxiety, or [has] whatever fear in their life, probably wouldn't be the personality type to make that choice, because anything would scare them. You know, anything scares anxious people. And so to that point, it is a product of personality, but it's way beyond that, I think, from my own experience and from my experiences as a midwife who specializes in home delivery. I mean, I never did hospital deliveries unless it was a transfer of care and I stayed and helped the mother deliver in the hospital. And then, later in my career, I would do hospital deliveries with the physician, under the OB. But —

FOLLET: You know what? We've gone over here.

105:10

END TAPE 2

TAPE 3 [no image on DVD until 2:30]

COOK: They're long stories that point out where the locus of woman's determination is and part of it is belief, spirituality, you know. I think no matter what religion my mother raised me in, I would've been the way I am. It's just the spirit I have. And a lot of women have that kind of spirit, and I'm not even thinking about me, I'm thinking about some of the mothers that I cared for. They've blown me away. And I know the difference between what is determination and what's downright stupidity, and I don't mind pointing out the difference to my clients. I'll tell them, "We're in this partnership together. I am not a certified nurse midwife. I'm not even a licensed professional. There is no licensing body over me."

I helped developed a licensing body, the College of Midwives in Ontario, and was actually a professional member of it. But we have a law that exempts aboriginal midwives and aboriginal healers from any regulation by the government, and I told my colleagues, "Once the law is proclaimed, I'm out the door, because if I stay with the college, that exemption — unless you use your rights, you lose your rights." And at the time, I was, like, one of two or three. You know, I really am afraid. There's nobody that was going to do what I did, and I don't say that, oh, I'm so proud of myself. I say, that's the fact. In taking the risks I took, if you want to call them risks, now we have a college that's funded by the government to train aboriginal midwives.

And we have a birthing center that the chiefs are responsible for overseeing, so that the one baby that died there over the midwife that took over after I left, we had a QA/QC committee to look through the charts. We professionally reviewed the infant death. This baby would have died no matter where it was born, you know. It was just the first time the community ever had to deal with the birth and death, and that's one of the reasons communities say they want to do birth, is because they want the responsibility. And you only get that level of responsibility by taking control and responsibility for your choices. If you don't give women experience in doing that at the most intimate levels of who they are, they're never going to know what that means. So someone had to do what I did and what other mothers do when they had their babies outside of the hospital. So, to some women — oh my God, these women are so irresponsible, but babies die in the hospital, too.

2:30

FOLLET: OK. OK.

COOK: So, did we just go through an hour?

FOLLET: We did. We have to have had.

COOK: Well, let's make this hour work.

FOLLET: This thing doesn't lie. I know. We were talking about the — it's hard to define what it is that made you do what you did.

COOK: About responsibility, oh yeah. Determination.

FOLLET: Determination. What it took to decide on your own, more or less, to have your child at home and to pursue this traditional midwifery that didn't exist but that you felt the need for.

COOK: An interesting way of putting it: a traditional midwifery that didn't exist. But it did exist, and it existed in the experience of women. And the only reason they said we forgot it is because they stopped doing it. And when you start doing it again, it comes out just as fully as ever. And it's in the constellation of families that participate in it you begin to see it. So I would see it [as] an artifact of behavior, I call it.

Just like an archeologist finds a piece of pottery or a piece of bone and you're going, Hmm, what does this fit in with? What's the puzzle this belongs to? And so, I would see it in families, like, after the baby was born, if the grandmother wasn't there because of fear. Usually, in the beginning, they were terrified of their child's decision to have a home delivery because they were in a generation of twilight sleep. They were knocked out or they weren't well enough, you know, maybe they had preeclampsia, you know, all kinds of things going on and the doctors would knock them out. And then there was a trend historically, anyway, for twilight sleep. So they didn't know about birth and they were afraid of it. And that's not even getting to the boarding school experience that every community had participated in.

So, grandmothers would show up at deliveries, after the babies were born, with girdles. [And I would] think, Well, OK, it makes sense, you know, the mother's body has changed so dramatically and a girdle would help the musculature. But that's going to take six weeks before she can work on that. Why the girdle? And so, to me, over time, as I saw mothers of mothers doing that, postpartum, I realized that it belongs to the lying-in period. My grandmother, according to my Aunt Betty, who participated in the home deliveries in her home, and with her father when my grandmother was gone, my aunt would help her dad do the deliveries of women that would show up at the door, had to do with the lying-in period. She said, "Your grandma would keep them in bed for ten days." The ten-day period, they piled quilts on top of them to induce pyrexia, make them get a fever, because postpartum infection was a big fear and risk at that time, and then blood clots, too, are associated with a dangerous aspect of the postpartum period, which is why you want to get up and have them ambulate.

But as I studied the postpartum period that my grandmother and those that did have their babies at home used to do, it always had that rest period, paying attention to keeping infection at bay, and restoring the mother's body to its proper shape, because they understood that the uterus could fall, could get infected, could have any number of things.

And my grandmother was quoted by my Aunt Betty in an interview I did before she passed away, she said, “You watch it. The day will come when they’ll get them right out of bed after they have a baby and they’ll have more problems when they get older.”

Being 54 myself and having gone through my menopause, I understand now on a deeper level, not just intellectually, why postpartum, even in a young woman, why they wouldn’t let them swim in cold water when they were bleeding, why they would limit their behavior during their reproductive life, because these things were protective of the woman’s body and of her function, of her reproductive function. And so the girdle was an example of this belly binding that used to happen after the woman had her baby. They would bind the woman’s belly with some kind of a wrap or a binding material so that her uterus could go back to its proper position within her abdomen.

When I met the Mayan midwives and the midwives of Mexico who still practice their indigenous techniques — because there are no hospitals, there are no transfers of care immediately in most of these remote villages, they still practice their uterine massage techniques, where everything is done abdominally. There is no internal exam unless there’s a dire need to correct a malposition of the baby. They don’t go inside the woman; they liken that similar to a rape. So everything is done abdominally and they do a manipulation with their hands where they literally will rake from the top of the pubic bone up to the belly button to deliver more blood flow, more lymph supply, more nervous messages to the pelvic area, because tendons and other kinds of specialized tissues that support the uterus in its proper position within your abdomen, within your pelvis, don’t have a lot of vasculature, don’t have a lot of blood supply to begin with, and so this helps the tissues to help themselves to hold the uterus in its proper position.

And the Mexican and Mayan midwives will attribute a list of over 33, 35 women’s health complaints to the improper positioning of the uterus in the woman’s body, to falls that young girls will have and maybe the ovarian, the fallopian tube will be twisted somehow or come off the peritoneal tissues that support it in its proper position in the peritoneal cavity. They do all that correction using this massage technique that any woman can learn now from a practitioner, Rosita Arvigo, who teaches it in a center in Massachusetts, and goes out to different areas of the country to teach that to practitioners, whether they’re nurses or midwives or OBs, or even doulas. I think her one requirement is that you be a licensed professional, because you can’t be doing this uterine massage on someone that might be having an ectopic pregnancy or some kind of GYN problem, [because] you could damage them.

So, it’s brilliant, you know, this technology, reproductive technology, that’s not a pill, that’s not a machine, that involves hands-on of the woman on herself or of a care provider who could be her own mother, grandmother, midwife, doula, whatever. And it doesn’t cost

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anything. It's not experimental. It's been used forever and it's not likely to cause any harm.

But in that list of complaints is everything from reproductive cancers to prolapse of the uterus to varicose veins to infertility. Things that are hard to imagine, how something that simple could have any impact on, but once you begin to do it, you realize that it does, it helps the body maximize its function in relation to blood flow, lymph flow, and nervous energy. And [you realize] how, as women, there's so many ways we don't take care of ourselves, by lifting that heavy object when we're pregnant or immediately postpartum, picking up that heavy little kid that wants to be held. You know, we're always caught in these dilemmas of lifestyle where we can't properly take care of ourselves, and so we end up with all these GYN complaints.

And so, all of that was in a world that I never would have found at Dartmouth College, that I never would have found in a medical school or a nursing school. Now maybe you will, because the pressure is on the medical professions because everybody's running off to alternative practitioners and they need to gain skills in these alternative methods or lose their patients. Just the way medical care is structured in this country and in this capitalist society, people can't afford it. But it doesn't cost anything to do a Mayan uterine massage. It's a wonderful preventative care that's not that hard to learn, and when added to a great body of knowledge about OB/GYN, wow, it's very useful.

So, I love where all those worlds come together in midwifery practice, because the midwife can train her clients and they in turn train others. One of my mothers who was one of these determined women that wanted to have her baby outside of the hospital, because she'd had three or four of them there and already gone through what she describes as feeling like an assembly line, disempowering, feeling like a piece of meat, having no say in anything that was done, and even being embarrassed, feelings of immodesty — wanted to have a home delivery.

And when she finally did have two babies at home, they involved such amazing aspects of who she was as a Mohawk woman that it really awakened her in many ways. And so, for an example, this mother has given me permission to share elements of her story where, when I would do the home visits, my first visit with the mom would always be three hours, and we know from research that the midwife, any midwife — nurse midwife, registered midwife, aboriginal midwife — always spends more time with the individual woman than say, an OB/GYN or other care provider. So we have more opportunity to educate and to listen.

And typically, she had her sisters there. They'll never have their partner, necessarily, the father of the baby. They'll have their mother or their grandmother or their sisters. In this case, she had her three sisters who all had their opinion about [how] her baby should be born. Well, I had my baby in the hospital and my husband was there holding my hand, but if you're going to have a traditional delivery, no men should be in there, because in our language, when our grandmother told us

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about having babies, she said the babies were born by the power of the women, the moon, the earth, and her family women. No men were allowed, because that was so sacred. The men are afraid of blood, so there was a practical element there.

FOLLET: This is something your grandmother said?

COOK: This is what her grandmother — because I always ask the mothers. They usually say, Well, I want a traditional home birth. Well, you know, to an anthropologist, traditional is analytically meaningless. “What do you mean by tradition?” She said, “Well, I want it to be traditional.” And it would be in this discussion that the sisters would say it wasn’t traditional having a man there, because their younger sister was saying, “I want to have my husband there.” But of course, they themselves had their husbands there when their babies were born in the hospital. So it’s interesting how this conversation evolves about what a traditional birth is and why, the reason behind it.

So in the old longhouse society, and I feel pretty certain about this from my own research going to old longhouse sites, seeing where they were positioned in nature, hearing the oral tradition around longhouse and going to the language about descriptions like this piece about the women had their babies by the power of the women, the moon, the earth, and the women in their community. What a lovely thought. What does that mean? Well, the same lodge they made in the woods to take the woman in to teach her about menstrual periods was, they would make a pit, line it with moss, and she would hang from the roof of that lodge and give birth to her baby in a squatting position, and stay there until she finished bleeding, and then they would bring her back into the longhouse society, to the longhouse.

Meanwhile, no men were a part of that because blood has an impact on the men. It’s a different physiology, it’s a different hormonal function, it’s a different social expectation of the men. You see residues of that in the men’s beliefs and behavior in our communities around birth, which isn’t to say men no longer go to birth. It depends. It’s up to the woman. It’s not up to the grandmother, it’s not up to her sisters, it’s up to the woman.

And if there’s any essential difference between today’s aboriginal midwife and maybe past aboriginal midwives, it would be that, that it’s woman-centered. It’s the mother who’s going to have a baby that gets to choose. In the past, probably more it was about what the grandmother wanted. And being a grandmother myself, I can understand and appreciate why that was so, because it was protective of women.

In the old days, the grandmothers, who were usually the midwives, would even decide whether or not this baby would live. And while that doesn’t sound like a really nice thing to talk about, when you think about it, it was the mothers, the grandmothers, who were responsible for the daughter, for the mother. Even today, grandmothers are raising their grandchildren. And so, in a society where there were no social services,

no intensive care units for babies that were not likely to live, the grandmothers bore the responsibility of whether or not the grandchildren would live. Was there a way for her daughter to nourish this child, given her current circumstances? And so, I believe that the grandmothers who were the midwives in the old days would make those decisions. And so, that involves –

FOLLET: If it were a decision between the life of the mother, for example –

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COOK: Or, even in one of our prophets, a peacemaker whose name we're not allowed to — or we don't, out of respect, don't repeat — he was just a peacemaker. This isn't Handsome Lake, this is an earlier prophet who was a Huron, who came to our people. And the story is that he was born of a woman who was a virgin. Sounds familiar. I used to wonder, Is that a Christian fragment? And I don't think it is, because when you look at the births of teachers like that throughout history in all cultures, usually there's a story of a virgin delivery. Even Buddha, I think, didn't have a father. I don't really know, but it's an interesting research piece. I don't think it's necessarily a religious construct as much as it is a statement about women's power in traditional societies. But in the birth story of the peacemaker, the grandmother, for whatever reason, decided to put him to death. So she took him to the river to drown him. And a measure of his power was that when she returned to her daughter's side, the baby was nursing in his mother's arms. Somehow, that kid managed to get back to his mother.

So we have these kinds of oral histories, oral stories that give us some indication about where the junctures are. And it changes over time. We have cultural narratives, beginning with our creation story, that go on over our historical timeframe to the peacemaker and then to Handsome Lake. And in between, there's all kinds of narratives that survive in the culture, that give us some teachings about the care of women and reproductive power.

FOLLET: I wanted to ask you about the creation story, because I know from what you've written that your belief in and practice of midwifery is tied in with your belief in and practice of the Mohawk creation story. Is that a fair statement?

COOK: It is, absolutely. I'm just focusing in on the word belief, which I've used quite a bit. But again, it's an English word that restricts us to thinking, Well, belief: that has to do with religion, it has to do with spirituality, it has to do with consciousness. And so, I would say more the creation story isn't so much a function of a belief structure as it is a guide, as it is an indicator, as any story is a matter of interpretive possibility.

So, I believe, given that, I strongly feel that in training a new generation of aboriginal midwives, you can't just throw at them biology and chemistry and medical knowledge, that you have to research epistemologies, indigenous epistemologies, ways of knowing. Because

again, I go back to my own wanting to understand the indigenous, had it never been influenced by the colonial. It's just an interest I have. When I go to the creation story, our creation story in particular, which again has many versions depending on who's telling it, and isn't it interesting that in our longhouses you will hear Handsome Lake's visions formally told every four years, hosted formally by a whole longhouse community. And we'll all come together and we'll sit and we'll listen to the teachings of Handsome Lake. But in none of our longhouses do we have a formal recitation of our creation story. And I think that's because, number one, it's so old. Number two, there are so many versions of it, depending on whether you're going to the Mohawk version, the Tuscarora version, the Seneca version, the Cayuga version, the Oneida version, and they've all been colored by time and to some extent Christian exposures.

But in the Mohawk creation story — and these are very well documented by a Tuscarora ethnologist named J. N. B. Hewitt, and so our community has actually gone through his taped Mohawk version to the original Mohawk version, not his interpretation, and redone it based on the language itself. And there's so much imagery in it, and I love it because our creation story, the Mohawk creation story, begins with a birth, begins with a pregnancy, begins with a woman at puberty.

FOLLET: Tell us the story.

COOK: So you have this story where the primal relationship is a brother and a sister. There's the mother of these brother and sister, and her brother, their uncle, who downfends them. The word downfend means literally to take cattail down at the time of their puberty, and to put them aside and cover them, make a circle of cattail down and cover them in corn husk. And the circle of cattail down is to see if anyone ever tries to approach them, because it would betray that someone's trying to bother them. It's almost like a vision quest: they're being put away, aside from the people. They're kept away from the people. They're being downfended –

FOLLET: They both are.

COOK: – fended by the down, put in solitude at a time when they're coming into their reproductive power, both the young man and the young girl, brother and sister. Socially, because it was a matrilineal, matrilocal society, the primary relationship was brother and sister, so that the uncles of the children, the woman's children, he was to teach the children, which suggests the father wasn't available to teach them. Well, right away, that doesn't fit well in Catholic or Christian society, because there must be a nuclear family for God to sanction these children. Well, before that thought frame existed, of course you would have a male that was always present, the clan relative, because the clans were structured that the chieftainship titles went through the women. That's what made

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it matrilineal and matrilineal. It was the women that held onto the leadership titles and gave it to the men. If the men didn't listen, they would remove it and give it to a man who would. And so, when you start walking back and researching and looking again at the epistemology that informs us about how to control production and reproduction, you necessarily end up with the women and what powers did the women have, and you see it in the creation story by just how the women formed their sociality.

And the story you first run into is that this uncle then dies and they never knew death in the Sky World. These are Sky World beings who are not necessarily human beings. Maybe they were the spirit of celestial beings, like comets or stars or the sun and the moon itself. But once you enter that Sky World, you're not talking, necessarily, about human beings the way we understand us right now, or ever.

But the behaviors are, they're downfending these children at puberty and raising them apart from the rest of society to begin with, even in their childhood. So there's something special about these children, and in particular, the girl, who's being prepared for a destiny.

And dreams are pervasive in this creation story. In fact, there is a chief, a keeper of a sacred tree that grows at the floor of the Sky World. And the keeper of the sacred tree has a dream, and in his dream he sees this sacred tree starting to wither and die. And it upsets him, and so he does what anyone even today does when something big is happening, whether it's a birth or a death or a ceremony: you call a feast. You make a feast, and you call all the people. And you send runners, messengers who go out and call the people to this feast, to a dream-guessing feast. And this is even a ceremony that's still maintained in one of our longhouses of the Six Nations at midwinter. They still will do a dream-guessing rite. You see it in the creation story. So just about every ceremony we have, you'll see it in our creation story.

And so, he sends these runners out and they think they've gone everywhere, but there's this family downfending this boy and this girl. And they haven't been invited, so ultimately the messenger ends up at their home. But before he gets there, the girl, who misses her uncle, climbs to the back of the tree where they bury him. In the old days, they would bury them in the trees and then the animals, the birds, would come and feast and clean the bones, and then they would put the bones in the ground, because that's really all that survives in the ground is the bones. So she climbs this tree, she's lonesome for her uncle who taught her so much, and she's grieving his death, this little girl, who at the time in the creation story is about 12, and in those days, you're not little. You're able to be a reproductive age.

So, he instructs her and her mother instructs her about her special destiny, that she's going to make a journey and she's going to behave a certain way, she's going to make a relationship and she's going to have to be going through trials and challenges, but that she has to keep her mind on what her purpose is in making that journey.

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So, to make a long story short, she's on her way to this feast, to this dream-guessing rite, and sure enough, a fox shows itself to her and becomes this handsome lacrosse player who asks her to give him a drink of water. And she's remembering her mother's words: "Don't listen. Keep on your path. Go to that ceremony." And she pities him and gives him a glass of water and continues on. Well, when she gets there, of course, in this dream-guessing rite, she comes into relation with the keeper of the tree, the Sky World chief. And I put it that way because there are so many interpretations, and it's usually told by a man. In this day and age, these stories are usually told by men.

And so, in training midwives and in helping our communities reconstruct who we are and how we need to behave around our reproductive power and capacity in our own health and wellbeing as women, women have to start talking this story again. And what we understand in our experiences of women and what it means, given what we know today –

FOLLET: So how do you tell that part differently than a man may?

COOK: I say, because she comes into relationship with the chief. It doesn't matter who the father is. Is it the lacrosse player? Is it the chief? The men use that as a story to deal with, like, maybe in a social services program: Oh, well, the father, the uncle and the mother of that little girl and little boy were in an incestuous relationship, and they're the father of that boy. You know, you'll interpret it all kinds of ways, which, to me, is — OK, if the issue is in fact incest, then use the story that way. But isn't that the nature of story and dream to begin with?

When you have a dream yourself, you wake up and if it's the kind of dream that you need to study, you'll have a certain impression of the dream that makes you feel a certain way. But then you'll go tell your partner in the morning after you just had the dream, or a child or a friend, or someone you go to as healer in your life, and they'll interpret it a different way. They'll help you see something different. And so, that's the nature of mythology. Joe Campbell did a really good job of helping us understand the relationship of dream and mythology.

And while our people don't like the ascription of mythology to our creation story, in fact, it's all about dream. It's all about story and interpretation. And so I like to say, she came into relationship with the chief. It really doesn't matter who the father of this child is, because the function is, she serves to be the one. Again, for whatever reason, she goes to the tree when she's already pregnant. And some will say, Oh, because Sky World chief was jealous that he found out the lacrosse player was the father, he's going to push her through this hole that was created when the celestial tree was uprooted. I mean, it's a very negative interpretation when it comes to women.

I like to say — as one longhouse leader that I consulted about this story and who has written about this story has said — you know what? In Hewitt's version, there's a little yellow flower growing at the base of

that tree. Maybe that's a birthing medicine. Maybe she picked that flower to prepare her for the time and in uprooting that, she uprooted the tree. And she got curious and looked through the hole that was created. And she leaned down so far, wondering about this world of blue below that she leaned too far and fell. And as she fell, she grasped seeds and bits of sacred things that grew on that sacred tree under her fingernails. They became imbedded. And as she fell, why, a comet — or some say a dragon, some say that was the spirit of the lacrosse player — came and brought her the mortar and pestle she would need to prepare her for her life in this new world she was going to create and be instrumental in creating and becoming a part of, and also gave her a song, or gave her a rattle.

We know that the sound of that rattle was in the universe as she fell. This is embedded in our ceremonial teachings. Some of the ceremony leaders will talk about the creation story in ways that you won't read about or even hear about in some of the spoken versions the men give. And that turtle rattle, the little woman's rattle, is used in the seed-blessing ceremonies in our longhouse.

And this one woman, whose birth story I started talking about earlier, she used that little rattle when she was in labor, and I'd never seen that before. I asked, "Why are you doing that?" — which I don't normally ask. She said, "I'm calling my baby." And it helped me understand something about the seed-blessing rattle. I'd already been to the ceremony and [seen] how that seed-blessing ceremony, [the] image of it recapitulated from the creation story fit in childbirth, pregnancy, and all of that. So that's where the artifact of behavior comes in. The woman using the seed-blessing rattle, from the seed-blessing ceremony that we still practice, but yet we have women in our culture saying today, Oh, we forgot all that. See what I mean? We didn't forget it. We just stopped doing it. But once you restore birth to the woman, to the family, to the women's community, it comes back. And where do we see that, but in the creation story.

And so, there's more there. It's just, keep doing it more, and that's why I'm anxious for home births, out-of-hospital births, or at the very least, control of our births, women healthy enough to have control over their births, so we can see these teachings recapitulated, you know, voiced again, taught again, that nature speaks to a sincere voice. And I find it so — again, it goes back to those dimensions of experience that you get when you are in control of the experience overall. The mother herself brings out of her own experience of culture.

I never would have figured that out had I not seen that, had I not known the story, had I not made myself available to the kind of thinking that keeps you open. Had I gone to medical school at Dartmouth, I don't think I would have been in that situation at all. I would've been worrying about how to get these traditional women to accept inductions of labor and all the statistics that I know from epidemiology, you know. It's a different way of thinking. It doesn't have to be antithetical. It

needs to be integrated. But first you've got to know what it is you're going to integrate.

And so that's, I think, the role that I've been able to play, having practiced midwifery for 25 years under the wire of medical thinking, but with enough scientific training to be critical enough of what I'm seeing in traditional practice to really interpret. You have to have biomedical knowledge to interpret the imagery to beyond just the turtle rattle to understand that that woman's turtle is about seeds. It's about the ovary. It's about the eggs. Because how do turtles reproduce? Why is the image of the earth a turtle, a seed turtle? And we've all seen those *Discovery* shows about the turtles at Galapagos, pulling themselves onto the sandy beaches once a year to lay all those eggs in the sand, only to see those baby turtles break out of their shells with that piece of hard thing on top of their heads to open the egg.

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Well, when Sky Woman lands on the back of the turtle with the assistance of the bird life and the instructions from this comet male being to give her gifts to help her survive on this great turtle, she gives birth to a girl. And that girl begins to behave as her mother does, and they notice as they plant seeds and bits of sacred things that were imbedded under her fingernails that come to us from that hole in the Sky World, with that water being, the muskrat brings up a clump of mud. And in the Ojibwa creation story, which is very similar to ours, it's the beaver. They put that bit of soil from the bottom of the ocean on the back of that turtle. She plants those things there, moves about those things, and they grow. And that girl grows, and very soon becomes impregnated, the Ojibwa say, by the west wind — we say by the turtle itself, the male being.

And she has a set of twin boys who are left- and right-handed. Well, what is that but an image of human beings are characterized and stand out against all other animals because of our lateralized brain, our right and left brain, our right and left hand. It's the story of evolution, in my mind. And what characterizes the left-handed twin who creates things in nature that are nasty, like mosquitoes, but balance — the message of our creation story isn't good and evil, as some will interpret, but of balance that nature needs to maintain.

So what is the left-handed twin's name in Indian but Flint, because he has a flint in his skull where he opens their mother. The right-handed twin sees a light the end of the tunnel and positions himself in her pelvis to be born towards that light. But Flint is positioned breech and sees under her armpit the light and using that flint in his skull, opens their mother. And the mother of the twins, the daughter of Sky Woman, dies in childbirth from hemorrhage.

And Sky Woman, as every grandmother will that is healthy enough, will take those grandsons of hers and raise them. But she's angry at the right-handed twin — at the good twin, because Flint says it's his fault. He killed our mother. So she throws him away. Again, you see the first image of this wonderful Sky Woman, who transforms our world from the Sky World to this world, the creatrix of this world, with the male

twins and throwing away a grandchild and favoring the left-handed twin, the (gestures with fingers) “bad” twin.

And in having been cast off from his grandmother’s breast and losing his mother through no fault of own, [the right-handed twin] begins to create the world, begins to create animals. He goes to his father the turtle. He goes under the muck to where he lives and his father gives him the gift (blows) of breath, of life, to use this power to create. And so, our people in the longhouse speak of him as our Creator, as the one who has the power of the breath to create life.

And of the left-handed twin, the bad twin — I know this story and I’ve studied it so well, because I have twin sons. And I had to prepare them for being teased in our longhouse communities: Which one of you is the left twin? Which one of you is the evil twin? They have a t-shirt they both wear: “I’m the evil twin.” And it didn’t come out of the Indian world, it came out of J.C. Penney, who had a t-shirt that says, “I’m the evil twin.” So this must cross all cultures, this notion that twins — and it does, because twins are inherently dangerous. Multiple births are inherently dangerous.

So you can use lessons from our creation story, not just for cultural teachings but for scientific teachings. In fact, multiple gestations are very dangerous. They’re a threat to the woman and they’re a threat to the fetuses. When I carried my twins, my OB did two ultrasounds a month because twin-transfusion syndrome, cords around the neck, you know, malpositions of the fetuses, transverse lies, it’s doubled with multiple gestations, tripled even, in the case of triplets.

And so, you can use this to help early midwifery students to get into both the culture and the science of reproduction. And it makes it more fun to learn! Who wants to go through embryogenesis without a culture teaching? It’s not a whole lot of fun to have to memorize all the stages of embryology. But if you can marry it to Native culture and teachings, it becomes so much more full, so much more useful, so much more exciting, and so much more memorable. So that when you get to practice and when you get to clinic, you’re more likely to remember the phrase in Latin luteinizing hormone.

You know, there’s more creativity to it. Like the twins who were the creative force of this world, there was more creativity. You make it exponentially creative because you’ve integrated tradition and culture and biology, chemistry, and endocrinology. Because endocrine function is the basis of reproduction — all of that messaging that a female body does that men’s don’t.

That’s why there’s no effective men’s birth control other than the barrier method, because men’s reproductive function is so simple, it’s hard to trip it up. But a woman’s reproductive function is so dependent on feedback mechanisms. And guess what? In the new science of chaos and complexity, it’s all about feedback mechanisms in nature. The simplest input into a system can make that whole system transform into something totally different than it would’ve been over here, where the input was subtly different. They call that the butterfly effect.

So science is finally able to cope with the subtleties of tradition and culture and its impact on the hard-core reality of the patient that's presenting in front of you. That patient isn't just a blood pressure or a weight or a medical history. It's also a bunch of dreams, of stories, and of inputs that are subtle, and you can utilize those subtle inputs to tip over into a healthy outcome. And if you don't do that, you're not giving holistic care.

FOLLET: What do you mean when you say – (pause in tape)

48:31

COOK: Yes. Because I would get written permission, it's just, you know.

FOLLET: Well, you talk about in your writing, or someplace, about recording birth stories — these mommographs, right?

COOK: Yes.

FOLLET: Now you just said before we took a little break, you said — you know what? I want to go to go back and listen to exactly what you said. Hold on a minute (pause in tape)

OK, finally. I think I retrieved it. You were saying it isn't just about integrating scientific and the cultural, but it's about using the stories and the dreams. Take me into some of the practicality of this. I don't mean practicality, I mean actual practice. Can you take me through a woman's pregnancy and childbirth and suggest how the model that you've developed works? What actually happens?

COOK: OK. I had started her story earlier, talking about going to the first prenatal visit and her three sisters were there and discussion about whether men should be there or not. And then the same mother had finally — I turned to her and I said, "Well, your sisters have a pretty good idea of what a traditional birth is. What do you think? You're the one having the baby." And she said, "Well, I do want my husband there because he's been through issues in our life and I think this will strengthen us because we've been through a lot together and there have been hard times and this will cement another opportunity for our family to be strong together." So it was a good sentiment.

And so another question I ask is, What has your family taught you about birth? Because the images that children receive as they're growing up in their culture in their society have relevance for how they think, how they feel, how they believe about what birth is. And so people will structure their behavior around those experiences. A smidgen of what Auntie said or they overheard this conversation, or something like in the media now. I remember walking through this living room and the TV was on and they were doing segments of an upcoming show called *Mommies*, a pilot that didn't last long on the networks, and the conversation was, "Oh, an epidural is better than sex." And it was

supposed to be funny. But that's a way that media projects ideas on young people about what birth is.

And of course, whenever anyone thinks about birth, right away they'll think about the pain of childbirth, and cultures believe and construct reasons for why women endure such pain in childbirth. And so pain in childbirth will drive even a lot of what technology is available for childbirth. And being modern people, we all have the expectation that life is supposed to be pain-free, and so is childbirth. So, this is an example of an indigenous technology and its impact on pain, which is such an essential part of birth and cultural approaches to birth.

So, [when I was] asking her, "What has your family taught you about birth," she couldn't think of anything. Finally, when she thought about it long enough, she said, "You know, my uncle told me something once when I was 15." She said, "I loved him dearly. He was a bear clan chief in our longhouse. And I remember him telling me, 'Our children die at birth because they're often cut open from their mother's stomachs and they're born hearing a foreign man's tongue. And then he's tossed from nurse to nurse, and if he's lucky, finally, he gets to be with his mother.'" And the core of what he said — I have a good memory of [it] — she repeated.

She said that, and I thought, wow. I said, "You know, I'm always amazed at how the men in our families influence us as women — how we grow, how we develop, how we think about ourselves and our functions as women. And here's a powerful example that you probably never would've had to remember had you not been asked this question in this particular circum[stance]."

No OB is going to ask her that. So, just tuck that away in your mind. Maybe it'll help you somehow. So that's an example of the things that you find in a woman's memory in the oral history of her experiences — that and her dreams. I always will use the dreams the mother had. And some will say, I never dream. But usually, in about every pregnancy, there's always one salient dream. And I look for dreams where the baby is already 18 months old, nine months old, three years old, and the mother's playing with the baby, because that tells me that child in the medicine of time is already in the world. It's already born. And so, it's not something I hang all my decisions on, but it's something I notice, something I keep track of. It's a good dream to have.

FOLLET: These are dreams that she's having while she's pregnant, you mean?

COOK: While she's pregnant. The baby's already in the world. The baby's already born and is already 18 months, three years old. Or, I'll see dreams where the anxiety she feels, that she's not telling me, come out. Like, Oh, this happened. I had this dream or that dream. I can't think of any good examples right now, but I look at the mother's dreams. And there are so many of them, it's hard to share with you because we have limits of time. But one brief example would be, another mother — to answer your question and go back to this particular woman we're

talking about — another mother in my care was coming in the last months, seeing me every week, and I said, “Have you had any dreams in the last week?” “Oh, no, I’m fine. Nothing’s wrong. I haven’t had any dreams.”

So then we have lunch. I serve her and her mom lunch and we have tea. And I ask her, “So, you haven’t had any dreams since I saw you?” “Oh, wait a minute,” she said. “I had a dream. Oh, that was a weird dream.” I said, “What did you dream?” She said, “In this dream, oh, in this dream, I was in a tent and it was full of snakes.” I said, “It was, huh? How did you feel in the dream?” She said, “I wanted to get out of that tent.” And I said, “Go back in the tent in your mind. What are the images? What are the colors — what color were the snakes?” She said, “They were black.” She says, “And some of them were white. They were just around the floor and maybe, you know,” she said.

I said, “What else do you remember?” She said, “Well, this tent was one of those tents that have a number of rooms in it, like a big Coleman tent that has this gauze and you zip it and there’s another room.” I’ve seen tents like that. I said, “What’s in the other room?” She says, “There’s a woman and she’s working with snakes in a pot. She’s working with them and there’s all these people.” “And how does it make you feel?” She says, “Like this woman’s working really hard and I want to get out of there.” I said, “OK. What happens next?” She says, “I realize I really want to get out there, so I go unzip the tent.”

And right there, I know this woman’s going to have a caesarean section, because the image of the zipper and the metal staples they use now to close the external wound is very clearly a caesarean section. But you don’t formulate any opinion out of it. You just note this is a caesarean section she’s seeing.

And she goes through the tent door after she unzips it and she says, “I get out of the tent and all of a sudden, rearing up in front of me is this huge white big snake with feathers coming out of its head. Katsi, I’ve never seen a snake like that before. What do you think that is?” I said, “Tell me the rest of the dream first.” She says, “I don’t feel threatened by this snake, but I turn in the path and I run and I’m jumping over these snakes and finally, I’m jumping over this big black one laying in the road and then the dream finishes.”

I said, “So, you haven’t had any dreams since you saw me last.” And she says, “You know, I must’ve dreamt that because I saw on TV one of these reality shows, a man showing off a snake and he’s trying to show the audience how safe snakes are, so this snake, he puts it at a baby’s face and the snake, of course, is licking at the baby’s face. And that’s how snakes check out their world, is with their tongue. But the minute he brings the snake back to himself” — she’s seeing this on TV — “he lunges and snaps at the snake handler, who’s trying to show us how safe snakes are.

Well, we’re viscerally already afraid of snakes, human beings are. It’s encoded in our DNA to be afraid of them, which is odd, because we are half snake. We’re half sperm. As a Native woman, I respect snakes.

59:00

They're very knowledgeable. They're very powerful. I just read the book a biologist named Jeremy Narby wrote called *The Cosmic Serpent*. And so, I tell my mothers, Don't even watch TV, don't watch the 6 o'clock news — well now, 6 o'clock news is on 24 hours a day — because in our Mohawk teachings, you don't ever let the mother become frightened. You never want to activate your fright-or-flight response — and she had it activated just watching this TV show that wasn't even the news — because the endocrine mechanics of the fright-or-flight response feeds into the baby who has an immature nervous system and can't handle that heavy dose of adrenalin and norepinephrine and cortisol and stress hormones that dump into the blood stream when anyone gets frightened, let alone a pregnant woman.

FOLLET: So, how do you use that information, like the dream of playing with the child?

COOK: I'm telling you that.

FOLLET: OK.

COOK: I'm getting to that.

FOLLET: OK.

COOK: Because it's all storytelling. I can't sit and — so, I know what the trigger is: it's the snake she saw on TV. Then she has this dream. And by then, I'm saying, "There's more to this. What has happened to you since I saw you last?" She said, "You know, just the other day, I went shopping. My friends came to get me. And I was sitting in the back seat of the car, behind the passenger. And we're at a stop light. And I'm sitting there, chatting with my friends. We're going to the mall because I'm going to have my baby soon and I'm likely not going to be able to get shopping. So this is our last time out as girlfriends. And WHAM, a car hits us from behind."

I said, "What happens next." This is in real life. She says, "I fall forward." I said, "What are you thinking?" I take her back through it. She said, "I'm afraid." She grabs her belly she and starts to cry. And I said, "And you're coming back in the car. Does your head hit the back?" She says, "No, but I see my friends up front. Their head has hit the steering wheel and the dashboard even with their seat belts on." And she's crying by now, so her mother and I comfort her. And I said, "So you really took a fright and this is an untreated fright that you've experienced."

Stepping out of this immediate experience, babies can die in utero for no reason at all. Usually there's a cord around the neck or some cord accident, but you see it, that babies will die in the womb and we don't know why. They just die. And I think, from my humble experiences, it may be untreated fright. And our old people knew this, and it was why

they didn't want mothers to be afraid or to be frightened or to be unhappy, because somehow they knew that these hormones — what the mother saw, the baby saw. What the mother felt, the baby felt. What the mother heard, the baby heard. Duh. It doesn't take an OB/GYN to figure it out.

So, from her dream imagery, I know she needs a big ceremony. That's what that snake, the white snake that got out — when she got out of the tent, she saw this snake. That's a cosmic character in the Mayan creation story that is Quetzalcoatl. That's a big ceremony. So, without telling her, I believe you're going to have a caesarean section, I say to her and her mom, "You know, you come from a family that knows ceremonies. The men in your family are leaders in ceremonies. You go home and you tell them what we just talked about. All of it. The fright you had from TV, the fright you had this past week going to the mall."

FOLLET: Excuse me. Is the red light flashing?

COOK: Yes. So, she needs a ceremony and that's this clinical impact of dream and ceremony and what happened to her, in her everyday prenatal life. That's where it comes together. That's where it integrates.

FOLLET: I think we'd better switch.

COOK: Yes, because there's more.

FOLLET: OK.

103:20

END TAPE 3

TAPE 4

COOK:

...integrate the clinical, the medical, and the spiritual, and the traditional. Well, I already sent her to my other set of backup doctors, which are our traditional doctors, our medicine society people, and they put her through a ceremony that I don't care to discuss on this tape, to protect her from a hemorrhage, is their own take on it. And on the way out the door to the car, her mother informs me that they've already seen two other cultural practitioners that informed her that she's going to have a caesarean.

So, I go with her to an induction in the hospital because she's over the number of weeks it's safe to have a home delivery, and the doctor, the consulting OB, initiates the induction early in the morning and she goes through the whole day and finally around midnight he said, "I've gone as long as I can. She needs to have a section." I said, "We already know that. We've known that even before you induced her. We're just trying to do everything we can to get her to the point of knowing she needs" — because women have to have the opportunity to psychologically go from "I'm going to have a vaginal delivery or a home delivery" to where "I need to have a caesarean," so they can accept that. It's major abdominal surgery, from which you can die. So she has the caesarean and the baby's completely healthy and so is she, and that's the most wonderful birth this woman could have.

So you go to something like that and then you see something as subtle as a memory this woman is carrying of an uncle in her pregnancy who says, "Our babies can die at birth because they're often cut from their mother's stomach. They're born hearing a foreign man's tongue," da-da-da-da-da. So as she describes her optimal traditional birth, in there is the language. She's one of the few young people in our community who still speak fluent Mohawk, to the point where she will hire only a babysitter who speaks Mohawk. Her children are going to public school. She's bemoaning the loss of language. They get it at home, but they go to public schools, where it's all English. They come home and turn on the TV. It's all English. They play video games, it's all English. So, finally she sent her kids to an immersion school.

So, I keep track of her dreams. I keep track of her family, impressions. And her mother comes to the delivery. They're using the deerskin of a deer that was taken by her husband in one of his hunting trips, but not during her pregnancy, because that's one of the proscriptions for the men: they can't take any life while their wife is pregnant. And she has a wonderful delivery. But before we could get her into active labor, the family she herself is starting has brought back — with the help of many other practitioners who started to say, We needed to bring it back — the full-moon ceremony.

So I moved into the community just around her due date, because I was living here by that time and staying with my sister, and we would be doing this full-moon ceremony for four days straight around the full moon and she'd start her labor and stop. She'd go through a lot of

prodromal early labor, Braxton-Hicks, strong Braxton-Hicks contractions.

Finally, at the fourth full-moon ceremony, the fourth night — two days before the full moon itself, the day after — we go into her kitchen for the full-moon bread, so this is late at night. Everybody's there, and all of a sudden, this big ball of wind comes through the kitchen window over my left shoulder where I'm sitting at her kitchen table, eating the full-moon bread, which is the fulfillment of the ceremony. And it just goes tearing through the kitchen, down the hallway, slamming the door of the room that she's prepared to have the baby — with new curtains, new paint, everything pretty.

And this storm kicks up and it starts raining heavily and the full-moon fire by the driveway, people are running around, raising the windows of their cars, the wind is blowing, making the fire build up instead of go down. And I go to the room where I hear the door slam. Meanwhile, I've sent her into a hot shower, because she started feeling a lot of back pain as we were doing this full-moon ceremony and I told her, "Go in the shower. Just put on the night light. Don't turn on the big light. Take a shower and relax, and maybe you'll go into active labor."

So I go in the room where this wind is just blowing. The windows are open and I see that full-moon fire out over the driveway. It's, like, five feet high. The wind just built it up, and yet it's raining heavy. It was really bizarre and the curtains were just flying and flailing. I had to shut one window, and I noticed that fire because the window over her bed looked right out over the driveway where the fire was, and I thought, Look at that. It's like a wall of fire. Someone was yelling, "Don't let that fire catch the cars." And I go to shut the window just a crack but the wind was so powerful, I had to shut the window all the way.

Well, not long after, the house got calm and she comes out of the shower and she settles into the bed and we're in active labor. Her husband positioned himself on the bed to hold her between his legs. She picks up that seed-blessing ceremony rattle and she's shaking it and she's saying, "I'm calling my baby." And all of a sudden, this mother who's already had three children, but at the hospital, is lifting her butt off the bed and she goes, Aaaaaahhhhhhh, as women will, but it's the only noise she's made in the whole labor, and I see the head start coming, and I have only a flashlight that I use to keep the room quiet and dark.

To see the baby's head is a good color, you press against the head and it comes back to pink right away, meaning the baby's got good oxygen. There's no trouble with the cord. You take the heartbeat, the heartbeat's fine. All the assessments you have to do, but then I see the baby come out in the dark, turn his head to her thigh. I can feel how healthy he is in my hands. There he is. I give him right to the grandmother. He's getting good oxygen from the cord that's still pulsing, and this baby has a wonderful delivery.

And so, I stay four hours after the birth, make sure the mother and baby are fine, and then I called her the very next morning, very early. I

want to come over and do the one-day visit. “How are you?” “Oh, Katsi, I’m so high. I’m on a natural high. I have so much energy. I don’t feel at all like I did at the hospital. When I had my babies in the hospital, I just wanted to sleep. I felt depressed.” She said, “Now, compared to that, I could do anything.” She said, “I had this dream. I dreamt my birth all over again while I slept.” I said, “What did you dream?” She says, “Remember when you sent me in that shower?” I said, “Yeah.” She says, “Katsi, in the dream, I was standing in the shower, and this happened when you sent me in the shower. I was standing there in that hot shower, going, I can’t do this. It hurts so much, I can’t do this.” She says, “And in the shower, I turned.”

And remember, this is the woman who wants only Mohawk spoken as the baby’s being born. That was the other part of it. That’s her traditional birth. She says, “I turned, thinking I can’t do this, and as I turned in my shower, in the corner standing there was my uncle, that bear clan chief who died so many years ago. And as he stood there, he had a light coming out of his face and it was a blue, blue sky with white puffy clouds and he was standing. It was green, green grass and he spoke to me in our language. And as he spoke to me, Katsi, I could feel my baby move down into my pelvis, into my bones. I was so afraid it would hurt before, I had kept the baby out of there with my muscles. But my uncle talking to me in Indian relaxed me and I felt my baby move down my pelvis and I knew I could do this.”

She said, “When I came out of that shower, I was ready to have this baby. And remember when I yelled when I pushed him?” I said, “Yeah, I was really surprised, because it didn’t seem like it was about pain. It seemed like it was an intensity from something else.” She said, “When I yelled like that, my spirit left my body out of my mouth and went around the room and came back in my ear and went down inside where my baby was.”

She says, “You know how you can see, your baby sees what you see, the baby hears what you hear, the baby feels what you feel?” She said, “I could see, I could hear you guys talking and I could feel him floating in the water, and I could see a light at the end of a tunnel.” She said, “It must have been your flashlight.” She said, “And I knew my baby was going to be born healthy and strong and when my baby was born, Katsi, I was born. I’m not going to go one more day not speaking my language. I’m not going to go one more day not being who I am as a Onkwehonweh woman,” a real woman. [Onkwehonweh: original people]. She says, “I feel so much energy from that delivery. I feel high from it. It’s a revolution.”

And in fact, that’s a good example of the power of a well-done home delivery, of incorporating the medical and the cultural. Because look how powerful that one memory she had of her uncle to deal with pain. She didn’t need an epidural. She needed the memory that was tied to a powerful emotion inside of her, of empowerment. And it wasn’t even the words he said. Remember, he said to her, “Our babies die at birth because they’re often cut open from their mother’s stomach, hearing a

10:00

foreign man's tongue, tossed from nurse to nurse, before he gets to his mother."

He went from my hands right to the grandmother. I knew I didn't need to even clear his mouth or suction him or any of that, which hospitals still will do in spite of a body of research says you don't need to suction the baby. But they do it because if something happens and they didn't, they're liable. So face it, hospital practice is mostly based on cover-your-ass experience from law suits, not on randomized controlled trials that are supposed to guide clinical practice. So, you don't have to be a practitioner [or] anything medical very long to understand really what drives practice.

So, those are very simple stories that illustrate the integration of the traditional and the cultural and the power of the internal life of the patient or the client compared to, get an epidural, stick an IV up her arm, and fill her full of Pitocin to get the uterus contracting, get the baby out.

(Sons Phillip and Thomas enter the room). I think we're done for today. You guys came home on the bus. He's in Buffalo.

- ONE SON: The coach is getting his wisdom teeth taken out.
- COOK: OK. (spills drink) Whoops. That's two. Well, as you can see, we're here. And with them home, we don't have a prayer.
- FOLLET: Welcome to the movie set.
- COOK: These are my twins. This is Philip and this is Thomas.
- FOLLET: Hi, Philip. I'm Joyce.
- COOK: This is Joyce Follet. Watch out. They want to wrestle you right away.
- FOLLET: This is Thomas? Hi. Nice to meet you.
- MALE: What's your name?
- FOLLET: Joyce.
- MALE: Hi, Joyce.
- COOK: She comes from Smith College and we're doing videotaping.
- FOLLET: I'm interviewing your mom about her life and the world.
- MALE: (kiddingly) Why don't you make ___?___ for your kids?

COOK: (laughs) Because they're such a pain in the butt. They're so demanding. (laughter) So, can we quit this part for today? Maybe I could show you my office and start unloading some of these boxes.

FOLLET: Can I ask you one question –

COOK: Oh, sure.

FOLLET: – that comes to mind as a result of this?

COOK: OK. (to Phillip and Thomas) Be quiet, absolutely quiet, for about five more minutes.

FOLLET: I just don't want –

COOK: Don't chew loudly, even.

FOLLET: That just renders moot the whole question of how it comes together –

COOK: How it integrates –

FOLLET: How it integrates, the place of midwifery and childbirth and cultural revitalization and –

COOK: – the imagery, and the women know before they even know here what the birth is going to be. They can dream the birth. Now, an OB would hear that and go, Oh my God, this woman is off her rocker. But if you have a community of extended families and they're all — I mean, people will dream a dream for another, and we know this is women, but we don't ever do randomized controlled trials about it because it's not practical.

But when I talked about complexity and chaos and subtle inputs into a system having a big impact on the system, we know this from hurricanes. Complexity came out of the study of the weather, which is so unpredictable. But we know with the question, Is it global warming or is it just nature's patterns, that labor is like that. How much is nature's pattern in a labor pattern and how much of it is, How much has this woman been messed with? She's suffered sexual abuse. There's no way she's going to dilate reasonably, even though it's nature's patterns to dilate across a specific range of normal. But because she's suffered abuse, you're going to have to figure out what the keys are in her to undo that abuse so that she can give birth. You know, midwives see all this stuff all the time in women. We're that mysterious.

The beauty of it is, we have our own healing internal to all that place where it was abused also. So, if you can use tools available in the culture, and now, just as in other therapeutic treatments, in psychotherapy or group therapy or whatever, you can make — you can save a lot of money to the medical system by avoiding caesareans when

you can. It's not always possible. Thank goodness we have caesarean section. So, women have to endure all kinds of things in this day and age and in previous époques. So, I like how my mentor, who's a Mayan day keeper, says, We have to use all of our knowledge. That's the bottom line.

FOLLET: You mentioned that hospitals typically wouldn't accommodate this kind of an experience because of issues of liability and other issues. And you mentioned that your work has been "under the wire," I think you put it? I assume you mean under the legal radar. What has been the legal –

17:00

COOK: Well, meaning I'm practicing outside of regulation, in terms of, I have a license, I have a professional body. That's what has been my vision to build. First, to just do it: get in the experience and see what needs to get done. And so, I do have in my résumé being the founding aboriginal midwife under the Ontario legal exemption for aboriginal midwives and healers in the province of Ontario, to practice without any regulation by the government. So I took that canoe with no paddle and started making the paddle to use for it.

So that now I'm at the point of asking the colleges of midwives of Ontario, Quebec, of whatever jurisdiction, now that they do have colleges — remember, midwifery was only professionalized in the '90s, and by then, I had already been practicing since '78, so I've helped establish those colleges, let them know there are community needs, cultural needs — here's how we can work together. Now we have a college of midwives, or a college of aboriginal midwives that's ready to train and license aboriginal midwives in the Province of Manitoba.

And now, I have two students in my community out training, and I'm making a soft bed for them to land in my own community, where they have to deal with Quebec, Ontario, and New York State. And so, we're finally — those sacrifices, because there's no funding for aboriginal midwives, there's no funding for lay midwives. I did it — I don't know how I did it — with the help of my husband, with the help of some funding for women's health projects, to get to this point where we could make a world where you can become an aboriginal midwife and get paid for it and have licensing for it and have liability insurance for it, and to use, incorporate the indigenous knowledge that it belongs to to strengthen the community that takes over the responsibility to legalize it. And so, I'm at the crescendo of my career: seeing it, being able to integrate, and understanding — not to get on the hospital. I need that hospital, both as a mother, a grandmother, and a practitioner. But I need to know *when* I need it. And that's the hallmark of good practice, is to know what tool to use when you need it.

Why go to the caesarean section when it's so expensive? Because in fact, in the last couple of years, in the absence of midwives, in the loss of OBs, Canada is in an obstetrical crisis. One of my consulting hospitals lost its OBs — and had one come in from New Zealand — to bigger cities. They lost them to bigger cities. And the OB, to keep safe

practice for 650 births a year, had a 50 percent caesarean rate. Now that doesn't mean he's a bad OB or a bad doctor, that just means we live in a world where there's not enough OBs to go around. We live in a world where babies are being born in trees in Africa during floods and newborns in NICUs [newborn intensive care units], where a tsunami is happening. You know, we need to be prepared and we need to use all our knowledge and not lose it to the hubris that we're always going to be wealthy, we're always going to have more and more technology. You know, it's ridiculous to think that way.

Most babies are getting born in this world in remote areas where there's no hospital, there's no technology, there's no drugs, there's not even a piece of cloth to put the baby in. That's most of the world. We live in the little 5 percent of the world that gets to have birth the way we have — all the choices, you know. We think we have all these choices. But what drives our choices is the 5 percent of our population that can't give birth without the high tech, and that high tech only gets paid for by inflicting the high tech on the 95 percent that would've been normal had we just let them alone.

And so, that's what I mean by that reality. It's nobody's fault. It's just the way the system is. Somebody's got to pay for those machines and those drugs, and that's just the way it is. Thank goodness for those machines and those drugs. I myself had a caesarean for my twins. I chose that. So, it's not an indictment necessarily of technology or choice. It's an indictment of a system of where people expect to have 100 percent perfection 100 percent of the time. You don't often hear the stories of the babies that die and we never know why, of the cord accidents that are going to happen in any percent.

You know, we strive for the best but we don't always get it. And the expectation of many people is that we deserve the best and we'd better damn well get it, and if we don't, I'm going to sue somebody's ass, you know. I like how the OBs in New Jersey took the day off to go protest in the streets, and one signs says, "Membranes ruptured? Call a lawyer." Now that's not to say that in this liability crisis either that there aren't OBs that aren't being good practitioners.

I mean, face it, the number-six cause of death in this country is hospital infection, hospital-acquired infection. Whose fault it that? It's not just the practitioner that forgets to wash their hands when they walk in the room. It's the mother that cedes total control to the medical establishment and insists that her snotty baby be given an antibiotic when in fact the causative agent is a virus, and there's no medication that's going to help that baby. She's going to have to stay up all night, exhausted as she is, with that snotty baby, clearing out the mucous so it can breathe, and making sure that baby is well. There's not a doctor that can give her any kind of drug to keep that experience from happening. Hopefully, she has a grandma or a mom or someone who loves her enough to come over and help her while she can get some rest. And that's what mothering is, exhaustion. So, whose fault is it?

This runaway antibiotic use where we have antibiotic-resistant strains now, of pathogens, you know, it's not any one person's fault. It's a matter of education, it's a matter of support, it's a matter of being sure that we know what we're doing when we're prescribing that drug. Because if the mother doesn't get the drug from the clinic, she'll go to the emergency room over the weekend to get the drug, and that's a three-hundred-dollar bill to the medical system, as opposed to the hundred-dollar bill it would have been if the doctor in the clinic had given her the prescription. So how's she or he, that doctor in the clinic, going to balance the huge medical bill in that clinic? He's probably going to say, Well, give her the antibiotic, because I don't want to get the three-hundred-dollar emergency room bill I'll get on Monday because she didn't have this antibiotic.

25:00

It's all a matter of maintaining balance. So, we're all challenged with that: mothers, practitioners, grandmothers — everybody's involved. The whole society's involved in the runaway costs of medical care and medical insurance and liability. You know, whose fault is it that there's people that die from heart attacks because of Celebrex, Vioxx, and Bextra? Is it the drug companies? Well, yeah, they have a certain liability. But I know my grandma, when I would have inflammatory response in anywhere because of my menstrual cycle, she'd go get wild cherry bark tea, boil that up for 20 minutes, make a gallon of it and I'd have to drink that till it was gone. It wasn't Midol from the pharmacy; it was a tree over on the other side of her property. You know, and even those cherry trees: do they have an environment where they can sustain themselves anymore?

That's why the woman is the first environment and the knowledge that comes out of her is all about the environment, all this beautiful, woven web of life that we're a part of. If we lose the indigenous knowledge that goes to that, well, people understand that now. But now we're challenged with, How do we protect the wild cherry? And how do we live a life where we can use that? Because that, too, is a COX-2 enzyme inhibitor, just like Celebrex, Vioxx, and Bextra. Does that cause heart attacks like them? I don't think so, because you're not taking it at the dosages you are taking those other enzyme inhibitors. So, I don't have any particular answers. I just know I enjoy doing that research.

I know there are people who grew up using that wild cherry bark. I know an old lady at Six Nations, you go into her house any day, any hour, she's got a stainless steel bucket of medicine, Indian medicine, brewing, and she drinks that all day long. So what does that mean? That means she's going on 90 years old, you know, and we're dropping dead of diabetes and heart disease and everything else.

So, to the young people, that's what I have to share, are those observations over time, and what got shared with me. And that knowledge doesn't belong to me. It belongs to the women whose experience of home — every time a baby is born at home, we learn something new that wasn't known before or remembered before, and becomes part of our capability to stay well. And so, that same woman

whose story I just told about having that baby in that storm, she's doing full-moon ceremonies now, 20 years later, 13 years later, for the women coming into puberty in her community. Yeah, she's taking it out. That's how you drop a stone of a birth into the water and it goes out into circles, concentric circles, in the community. That blessing she received from her empowerment goes to other women.

So I've since taken our health director to the ceremony she does so she could see where all the young women that come to her clinic are. Social circles, cultural circles: the clinic has to come back into the community. Instead of making the community come to the clinic and go to the pharmacy, take your knowledge out into the community. Show up in those ceremonies where the change is happening — across religious belief systems. It's not just about belief. It's also about cultural form, social circles where that culture plays out. It's holistic. That to me is what holistic is. OK?

FOLLET: Yes, yes. Thank you. We'll give the house back to the boys. Let them come home.

COOK: Yes. I've got to be mommy now.

29:20

END TAPE 4.

TAPE 5

COOK: OK. Are we ready to roll?

FOLLET: We are. So full from –

COOK: Yeah, we did a lot yesterday.

FOLLET: Yeah, from yesterday.

COOK: You said today you wanted to do the breast milk study.

FOLLET: Yeah, but first I thought, do you have things left over yesterday that you feel you missed or wish you could have said?

COOK: No, I don't. I can't think of anything.

FOLLET: Nothing in particular?

COOK: Yeah.

FOLLET: OK. Can I just clarify some factual stuff?

COOK: Sure.

FOLLET: Your date of birth.

COOK: January 4, 1952.

FOLLET: '52. OK. And is Katsi your full name?

COOK: No. My full name is Sherrill Elizabeth Tekatsitsiakwa –

FOLLET: Could you spell that?

COOK: It's T-E-K-A-T-S-I-T-S-I-A-K-W-A Cook Barreiro. It's a lot of names.

FOLLET: Well, I know you told me yesterday that Katsi was usually embedded as a piece of a larger name.

COOK: – of a larger name that has to do with flowers, because this Sky Woman, her name was Otsitsisohn and again, you hear that G. It means mature flowers. And so, they'll talk about woman's stages of life, so that when she's around puberty, they'll talk about that in relation to the flowers. But the flowers are also medicines, you know — in any culture, women carry a lot of that herbal knowledge. They're the healers, they're the ones that are doing the midwifery. That goes along with women's reproductive processes, the knowledge of medicine.

FOLLET: So, I don't see the Katsi in — oh, yes I do, too. There is it. And the names of the schools that you attended.

COOK: St. Mary's Catholic School in Fort Covington, New York, and then — well, my kindergarten was in Mohawk Elementary School in Hogansburg. And then, after my mother passed away, I went to Sacred Heart Academy, which was the middle school of the boarding school. And then Immaculate Heart Academy. And then I got tired of being — after my sister graduated from the boarding school, I was the only one left and it was really bizarre, so I asked my aunt and uncle to go live with them, so I graduated my senior year from Salmon River Central School, where finally I went to school with my peers from the reservation. I was at Immaculate Heart from ninth grade to twelfth grade, when I went to Salmon River. [It was like being in ninth grade, the twelfth grade that I went to.] So, I took college-level courses there. Teachers would come from Potsdam State and we did English and some math and we had tutors from St. Lawrence University. Otherwise, it was like a blown senior year to go to Salmon River.

3:00

FOLLET: Wow.

COOK: Yeah, it was really not a good education.

FOLLET: So, was that a one-on-one tutoring situation, or —

COOK: Um-hm.

FOLLET: — was there a group of you?

COOK: There was a group of us, but the tutors were one-on-one — you know, maybe a handful of students that wanted to do college-level courses. So, I mean, it was a testimony to how good the parochial schools were. And we learned Latin, and Latin's the basis of — anything scientific or medical in any language comes from Latin. I had to study Latin at the Catholic school, and I'm glad I did.

FOLLET: OK. José came into your life somewhere after Jonathan, when you moved back to Akwesasne?

COOK: Yeah. I had a first marriage, from which my daughter comes, and that didn't last very long. It should've actually been annulled, but I got divorced. And shortly thereafter, we had been given that gift by the family of doctors that I spoke of yesterday, and there was a plan to do a recovery tour of White Roots of Peace to Guatemala.

And my husband [current husband José Barreiro] at the time was recently divorced himself in Minneapolis-St. Paul, where he grew up from the age of twelve, being one of the Peter Pan generation out of

Cuba. And lo and behold, he felt most comfortable around Native American people in the Twin Cities, and as a journalist educated at the University of Minnesota, he was following the Wounded Knee trials from 1973, when a group of activists from the American Indian Movement [AIM] occupied the Wounded Knee site, which is a massacre site in South Dakota on the Pine Ridge Indian Reservation.

And White Roots of Peace had actually gone to that place — that's where my brother, Tom Cook, headed out in that, early, to hook up with the activism going on in that community. And we actually went on a caravan out of University of Buffalo — John Mohawk, Janine Jamieson, my sister Saka Pemberton, and a number of others who are now leaders in different aspects of the Iroquois Shawnee communities — we headed out of Buff State in literally a caravan of cars, I forget how many, but there were at least nine cars that headed out to Wounded Knee. And we were promptly arrested at one of the FBI check points and relieved of all our possessions and thrown in jail and interrogated by the FBI. When we were finally let go from the jail, our items were just ransacked, and even blankets we had were shredded into strips. It was my first actual understanding of just how aggravating that kind of process can be. There'd be bullets flying over our heads.

And so, it was quite a time in Indian Country. The BIA [Bureau of Indian Affairs] takeover [at its headquarters in Washington, D.C.], Alcatraz, Wounded Knee, and then in my own community, we were always engaging border-rights struggles and jurisdictional issues with New York State. And so, that was a time of great activism on behalf of Native rights.

So my husband, as a journalist, was documenting the Wounded Knee trials and would actually go out to South Dakota, to the Pine Ridge Reservation, and interview families who were involved in the struggles there. So, the editor of *Akwesasne Notes*, Jerry Gambill, had given me copies of the vignettes my husband had written, documenting the trials. And I really, really respected and appreciated his material on the development of those trials and the issues involved, and we decided we would hire him to document the Guatemala trip. So when he showed up, you know, we had many conversations and many meetings relevant to what was going on in our community. And I didn't go on that trip. My daughter was only eight months old, but I wanted to go. I just worried about being in a devastated area and if she needed medical care, I didn't know how I would provide that for her. So, I didn't go. So it just shows that you can be determined but you don't have to be stupid.

And so, anyway, he came back and worked for the *Notes* for many years and we just, right away, created a family, made a relationship, created a family. And here we are, almost 30 years later, still at it. But he's a very important part of my practice as a midwife. At the time — again, as a lay midwife, you're not working for a hospital or with any license and in an unregulated body of work, and so, many times [he] spent watching our kids and providing the income while I was off delivering babies for families.

We also share a number of disciplines of the spirituality of Native American communities, the Native American Church, the teepee society in our community, the sun dance, and we share tracking of the Mayan ways of the days, the Mayan calendar. My husband is a daykeeper in that tradition.

We have a mentor and a brother from Guatemala who came to our community at Akwesasne in 1981, having heard a tape that my husband translated for a previous delegation from Guatemala who were visiting a chiefs' council, asking the question, How have you escaped being between that rock and a hard place, where the government relieves you of all your resources and capacities for your communities and yet you don't — you know, we're being used in Guatemala as cannon fodder for the Marxists and being used by capitalists. We have 5 percent of the land and we're 95 percent of the population. How do you do it up in the north? And so, our chiefs' council proceeded to explain to them our White Roots of Peace, our great tree of peace, the way our government is organized and the fundamentals of our struggle. And he translated that. It went from Mohawk translation to English and he took it from English to Spanish. And –

12:00

FOLLET: He translated it from –

COOK: English to Spanish.

FOLLET: Is “he” José?

COOK: José, yeah. And that tape made its way into Guatemala and to the different villages and this daykeeper heard it. And he's also trained in the law. So he knew that he wanted to meet him. So the villagers put together a pot of money and they flew him up here. And when he first arrived in New York, he called our home and people were coming all the time to Akwesasne and all he said was, “I'm a Mayan priest.” Well, we imagined some missionary with a white collar and just [kept] putting him off. And he ended up spending a week in Manhattan with different support groups for Akwesasne. Finally, he was staying at Rigoberta Menchu's organization housing at the time, way before she was a Nobel Peace Prize winner, and finally he said, “I don't think you understand who I am. I'm a traditional Mayan priest.”

They got him on a Greyhound bus and he came to our community and stayed in our home. Because of [José's] capacity with not just translation from English to Spanish but also understanding the concept behind the English to do the proper translations to Spanish — the concepts were the key — so he also was the translator for the historic 1977 Geneva Convention of the first meeting of the world's indigenous people in Geneva, Switzerland, for the United Nations. He did the translations for that assembly and documented in his editing a book called *Native Peoples in Struggle*.

FOLLET: José did.

COOK: José did. So, he's a very well known — many books published, you know. People know his work and respect him. And I and my children are the beneficiaries of his intelligence and his knowledge and his writings and his thinking and his spirit and, of course, his love. And I don't believe I would have accomplished all that I have, you know, without having that kind of companion and partner in my life, because his own work dovetails mine so well that anything that we've done, it always fits into what the other is doing. So, it's been very exciting.

And so, there are activists who are well known, like our dear Ingrid Washinawatak, who was a young woman in our home when we lived in Minneapolis-St. Paul. And we had explained to her how important knowing Spanish was going to be to the future of indigenous organizing in this hemisphere. And she listened. She ended up going to the University of Havana, where she became fluent very quickly. And unfortunately, as we all know, she didn't survive her mission to the U'wa people of Columbia, but she's an example of a mother who stayed in our home for a month waiting for her baby to be born. She was delivered of her son, Mae-ki, in our home here on Cayuga Lake in Ithaca. And so —

FOLLET: Here in this home?

COOK: Not this particular home. We have had babies born in this home that were in my, our care. But Ingrid — we had just moved here from Akwesasne. And at that time, we lived in what I thought of as our halfway house, halfway from the reservation to Ithaca, which, to me, was a big urban area. And that's where Mae-ki was born, on Cayuga Lake. So, in those ways, he's been very supportive, you know, tolerant of me moving couples in when I couldn't go to them as I usually did. So, he's very central to everything that I do. I could go on and on, but I won't. (laughter) We should get to other stuff, I guess, the —

FOLLET: OK. Let's see. What would be other — actual things. That's about it. Not that there isn't more, but as you say, we should go on. My thought was that today, if we could bring you back to Loon Lake for just a moment and then move from your training, the end of your training in New Mexico, to South Dakota and your involvement with WARN [Women of All Red Nations]. And then, I believe, to Minneapolis and your work in the survival clinic there. And then, in 1980, to Akwesasne and the evolution of the Mothers' Milk Project and your work since then.

COOK: OK.

FOLLET: So, my question about Loon Lake is, Were you an observer? Were you a participant? Do you recall how reproduction became a key element of

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the definition of sovereignty? Who put that forward? Was it an argument?

COOK:

Oh, my husband José and I are part of what I would think of as an editorial board of a whole generation of thinking around sovereignty, John Mohawk being a real key mentor within that. It was John Mohawk who put together the structure of sovereignty as outlined in the book *Basic Call to Consciousness*. And so, as editors at *Akwesasne Notes*, John Mohawk and José Barreiro worked hand in hand, day to day. We lived just within a mile from one another. I delivered John and his first wife Carol's baby and our relationship was and continues to be of brother friendship. We'll be in New York with John next week talking about this new book that came out from *Indian Country Today*, because some of his writings are in there.

But John, being probably the premier intellectual of the Iroquois Confederacy, had pieced together this concept of sovereignty based on some of the activism coming out of the confederacy from the '50s, '60s, and at the time, the '70s. Loon Lake was in 1976, '77? I don't know. My dates could be wrong, but it was, as I recall, a two-day conference. And we were participants. It was literally a generation of about maybe 50, 60 activists. And there were speakers, John being one of them, who presented to us these schemata of sovereignty that really pinned down in a framework that we could all look at and realize there were pieces in that we all needed to work on — legal issues, documentation issues, communications and outreach issues. And so those were aspects where my husband José plugged in.

He founded, for example, the concept of the phone-tree organizing. He had to figure out a way to organize and not be on the road all the time, because we had small children to care for. And so, he developed the phone tree, Emergency Response International Network. And I notice, on CNN now, they're using that same concept and almost a similar name. And so, he would activate the phone tree to deal with any pressing issues going on at Akwesasne. But that's a bit ahead of myself here.

So, the Loon Lake Conference was significant because at that time, I already had a baby at home and I was beginning to understand that there needed to be a place for the woman's voice in this construct of sovereignty, because like any other woman's movement, our women too have suffered different kinds of oppression. And the matrilineal, matrilocal structure of our longhouse, well, that remains to be pretty much intact but has had to endure a lot of social change. And so there needed to arise a way for women to awaken to their power and to acknowledge that power and to implement it at many different levels.

So for me, as a woman, I focused in on that aspect of reproduction, because at that time, again, in the '70s, there was the pressing issue of sterilization abuse of Native women. And again, as a worker at *Akwesasne Notes*, I was reading all of this material coming in the mail at that time. Connie Uri, an IHS physician, had sounded the call to

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sterilization abuse in the IHS system. She became quiet awfully quickly, though.

And there was another case of a Native woman from Oklahoma, in Pennsylvania, Norma Jean Serena, who had been sterilized because she was a persistent social services client. And in my own community, there was a woman who had produced three fetal alcohol syndrome children at a time when there was no alcohol treatment programs or even a consciousness of what alcoholism was at that time. It was thought of as just a moral failing of the individual. And the government of Ontario had her sterilized.

Looking back, it's through those kinds of coercion — [in the face] of, you know, the need for social services — that these women buckled under. But more significantly, in my own thinking, based on my training in the clinic at the University of New Mexico's women's health training program, I began to see women in the clinic from tribes all over the Southwest who were presenting with classical caesarean scars at a time where the low-cut horizontal scar was coming into use, and I didn't understand why women so young were having classical caesareans, which are the vertical scar from the umbilicus to the pubic bone. And they could never explain why. They just said, Well, the doctor told me. And it struck me as really odd that we come from such beautiful traditions around reproductive health, the connection to corn, the agricultural cycle and the ceremonies that are part of that, that recapitulate human gestation. And so I wondered, Why are we so ignorant in our everyday fertility issues? Why do we lack control over our own reproduction?

So I carried that thought to a conference after I left the training program at the university, which was a six-month clinical training and then six-month didactic training. I had arranged for a clinical placement in Minneapolis-St. Paul, and I ended up doing a clinic out of the Red School House, one of the survival schools of the American Indian Movement, after I had attended the Women of All Red Nations Conference where the issue of sterilization abuse is being bandied about, rhetorically — different male speakers, Russell Means, in front of the AIM speakers, talking about sterilization abuse of Native women.

And in my training I had had to go through informed consent using benefits, risks, alternatives. Give the women information. Document that she received the information. Do more education and then document that she understands everything in that process. And understood what informed consent was. And understood beyond that — what I like now is to use, as a midwife, the model of informed choice, which is more appropriate, I think, than even informed consent, because all you're doing is documenting that you've talked to this woman and she understands what you've said. But informed choice goes deeper, because it looks at the context of the woman, not just the individual signing a piece of paper. And so, while at that time I didn't use the phrase informed choice, I had a broader vision of what it meant to have choice, rather than just agree to something being done to you.

And so, at the WARN conference, you know, they asked me to speak. I said, You know, it will be wonderful to send the speakers to Geneva, Switzerland, to take the case to a world court about the abuse of our women, the sterilization abuse that was, in fact, better documented in South America than here in North America. But given that lack of documentation in North America, of a comprehensive documentation, we're left with the reality that these women going under the knife are our sisters, our mothers, our cousins, our daughters, our granddaughters. And where are we when they're caught between this rock and hard place? Why are we not taking responsibility for these issues at the community, family, and personal level? We can't always blame the government for what's wrong. And certainly, at a time in the '70s when the Indian Health Service had even less of a capacity than it does now, the bottom line is that's where the power lies, that's where the real control is located.

So I challenged the conference to think again about how they were constructing their argument about sterilization abuse. And based on that, Pat Bellanger, Lorilei Means, Madonna Thunderhawk came up to me and wanted me to work more comprehensively within Women of All Red Nations, because I had sounded the call at that conference: we need to train new generations of Native American midwives if we're going to really get a handle on these issues — that that was the route to becoming responsible and regaining control of our reproductive power. I believed that then and I believe it now, that it's only in those family circles does the knowledge of reproduction, of the power that that is, and the cultural base of it survives at that level.

And we know from health research that you can use major media to get messages out, but change only happens within the women's web, within family circles of a community. So that is powerful, how women talk to one another, how we share our experiences, how we support one another. And in fact, in the last 20 years, you do see the emergence of support groups for every kind of problem that women have to deal with, from alcohol to breast cancer to any kind of women's health issues, always has a women's support group associated with it.

And so, I went to Minneapolis-St. Paul and conveniently, that's where José was and that's where we began to build our family. He was working at the Heart of the Earth Survival School, putting out the magazine for the Survival Schools. So, when Women of All Red Nations put out its first booklet, he was the editor. And he nagged me to write, kept after me to write, and so I wrote my first piece, called "Women's Dance," trying to take from different cultural backdrops elements of culture that could be used to support Native women in a new vision of women's health.

And I had also, in 1980, been asked to sit as a board member of the National Women's Health Network, having met Judy Norsigian and Norma Swenson over at Boston Women's Health Book Collective, so that track led me to Washington, where I sat many years' worth of board meetings and really learned a lot, just about the national women's health

movement, and met Byllye Avery, who later would become the founder of the Black Women's Health Network [National Black Women's Health Project].

And I remember one meeting where the board members were seated at a table and I was sitting on the other side in some building in Washington and here were all these founding fathers of some part of our government and I'm sitting there nursing my baby, who was within a year old, and seeing other mothers, board members, nursing their children underneath these oil paintings of men, and I loved it.

We had to deal with issues like, we have ten thousand dollars in treasury bills and do we cash them so that we can do this project, or do we hold onto them — you know, running the organization. So that was a really wonderful experience that unfortunately I couldn't keep up with, because you can't be a practicing midwife attached to everyone's due dates and be off on schedules that you have no control over, conferences. It was just too limiting. So I unfortunately had to resign, but only because I needed to do work in my own community. And you see that in Native organizing. At the national level, there's not a lot of people who are able to cope with the demands of those schedules, because of the demands of our communities.

So, in Minneapolis-St. Paul, I was asked to work on sterilization abuse of Native women. So as I began to train a birthing crew of women to do midwifery — and, again, learning by doing — they'd meet in my home once a week and I'd teach them how to do blood pressures and check urines and understand what prenatal care was about and take on a client load. There weren't a lot of moms, but there were enough to be actively doing pregnancy tests and doing births in large extended families who had relocated from reservations to the urban area.

32:20

And as I moved about circles, not just doing births, but speaking and getting to know the urban Native community and going to their conferences and workshops, to get to talk to a lot of the young women and realizing that in the Twin Cities, there was one hospital at that time that we began to identify as the hospital where a lot of the sterilization abuse was going on, and it was a religious order-based hospital. A lot of the stories I was hearing from women was, I don't know why I got sterilized. But it was that particular hospital.

And it was enough to get the attention of one journalist who took me out to lunch and said, "We could win a Pulitzer Prize if we can piece this story together." I wasn't interested so much in Pulitzer prizes as I was in doing a respectful process where we could identify just what were the conditions under which these women felt like they did not receive proper consent. And to me, it always led back to the context of how their prenatal care was given, how their birthing experiences were going, and how they were receiving information about birth control. And that, to me, was where the real work was, not in working towards, you know, a documentation, although that certainly was a necessary part of it. It's just, there wasn't a critical mass to tip that particular body of

work over into something that was as constructive. You know, we needed to lay the foundation for it first.

So, after about two years, in 1980, the struggles of my own community at Akwesasne came to a head when 33 of our traditional people were put under indictment by the State of New York in the ongoing battle with the State of New York over jurisdiction of our lands. And they asked my husband to come and help them wage that war. John Mohawk and some of the chiefs specifically requested his services. And so, I had to make the choice to support my people, and actually left a couple of my clients in a lurch — had to pass them on to other care providers.

And we returned home to Akwesasne in 1980, where I had my son Anontaks, high on the hilltop in the Adirondack Park, two miles off an old logging road. Once you got from the logging road to the county road, it was another thirty miles to the hospital where my dear Dr. Gorman was providing backup for not only my delivery for Anontaks but for my practice with other clients in the area. And so, I felt quite safe and quite comfortable and had him on that mountaintop. His birth is documented in Joy Harjo's book [*Reinventing the Enemy's Language*]. That book is still available and the name of the story is called "The Coming of Anontaks." And it documents and chronicles his birth story, the only complication being that after the placenta was delivered, my cousin Beverly Cook and my sister Saka Pembleton — we had no electricity, no running water, but we did have a phone. And they called from down on the reservation. Our *Akwesasne Notes* offices were situated in the Adirondack Mountains at that point. We also had an office on the reservation that was the center of a lot of the political struggles going on there. They called and said, We need everyone down here. The state has put up SWAT teams at each entryway to the reservation. And they said, literally, The shit's going to hit the fan.

Everybody was heading out, including my husband and John Mohawk, who was also at the delivery, and I said, "You're not leaving me here alone, worrying that you're all getting shot." So, I packed up my newborn baby and we went the 45 miles, 60 miles to the reservation and I held up there in my sister's home while we were coping with this SWAT team encircling the reservation. And it was the discipline of the men and the women and the families that kept that from erupting into a very vicious battle. It was touch and go for many months. That particular day, it came to a head. And so I say in my story, the only complication I had in my delivery was the State of New York.

Anyway, so that's how I went from my heroine's journey to become a midwife in my own training program, because after I'd left the University of New Mexico, I felt confident and competent, because in that brief six months, it was an intense program that combined didactic and clinical training. We were in lectures all day, and in the evenings, we'd go out to clinics, and all kinds of women's health clinics, whether it was VD clinics, county-supported venereal disease clinics, maternal and child health clinics, surgical clinics over at Bernalillo County

Medical Center [BCMC], where my dear friend Dr. Ann Boyer, the OB/GYN that I had met at *Akwesasne Notes*, I stayed at her home with my children.

José wasn't with us at that point. He was organizing the Longest Walk publicity over in Washington where I met up with him after I finished the program. And her husband was a family practice doctor serving a clinic that took care of illegal immigrants. And so, in my program in women's health training, of course, as a Planned Parenthood-funded program, our focus was on providing primary care to clients who attended the Planned Parenthood clinics.

And I had to learn to insert the different IUDs — at that time, IUDs were a very popular method of birth control — insert and remove the Copper 7, the Lippes Loop, even the Dalkon Shield, [which] was not that popular at that time, but we still had clients that we were seeing in the clinic who had the Dalkon Shield in situ. So it was really a comprehensive immersion in women's health training.

And it was fascinating, because we would go to remote clinics north of Santa Fe, and I recall seeing an 89-year-old Spanish woman who had never had any physical assessment in her life, and unfortunately, we palpated a mass in her rectum. And so, had she been able to receive care during her course of life, maybe that mass would've been found a lot sooner and I'm sure her prognosis was not very good, considering the size of it.

But so, in surgery clinics at BCMC I would sit with the physicians who had done grand rounds in the maternal and child health program there. I would go to birth with Ann to see how complicated cases that an OB took care of were managed, and just everything, from venereal disease, maternal and child health, surgery, birth control, adolescent care — interesting variations of problems that women present with.

Seeing Native women from pueblo communities, Zuni Pueblo, Taos Pueblo — because they would congregate into the Albuquerque area — Navaho women, just the gamut of tribes in that area. And so, I would go to the clinic that Ann's husband served and do the IUD removals, because, as our clinic director told us, "When you leave this program, in preparing for your professional practice, you need to understand that you're able to do things that family practice doctors don't even know how to do, such as insert and remove IUDs. Usually it's an OB who does that."

And so, I was, again, this particular program, the women's health training program, came in that post-Vietnam era where the government needed medical practitioners such as the physician's assistant, and now the family nurse practitioner, the certified nurse practitioner, came out of the same kind of thought frame of the government. And so, we could pretty much do anything in women's healthcare, except do a caesarean section.

One of the things they prepared us for was how to cope with professional jealousy. And in fact, when I left New Mexico, I wasn't in any jurisdiction that would allow me to practice as a women's health

specialist, to do the things that I was trained to do. But at least I had had the clinical experience and the knowledge now to understand what it meant to translate the blood pressure into the overall picture of what was going on with this individual in my care. And so, the strength of my training was to know what was normal, to screen out, and to transfer care when I saw what was not within normal limits.

Well, then I went to South Dakota, because I wanted to learn the traditional element of it. I know the medical skills now. I feel like I can competently deliver a baby and provide all the skills that are necessary to practice safely. But it's all medical, biomedical. I want the cultural aspects of it. And having been told by my own people, We don't remember any of that, I went to my brother's family. His family he married into is the American Horse Afraid of Bear family, Tiospaye, in the Pine Ridge reservation. And I wasn't there very long when my sister-in-law Loretta Afraid of Bear Cook, her mother had delivered many babies, had had her children at home and had delivered babies for other families in their extended family net, and I wanted to learn from her traditional midwifery. And she told me, "Daughter-in-Law, if you want to learn that, you have to go in that teepee."

And she indicated to me the ceremony of what's known as the Native American Church of North America, which is the peyote religion. And I told her, "You know, I'm longhouse and our people believe that we should not use these mind changers." Again, this is the Handsome Lake influence, of keeping away from alcohol and then, as time went on, drugs and alcohol. And my sister-in-law looked at me. She said, "I don't think you know what this medicine is. It's not a drug. Our people refer to this medicine as the breath of the Creator." I thought, Wow, that's something to be respectful of. So I said, "I'll go in there if you sit next to me." And she said, "Whatever you want to know, just ask this holy medicine. Some call it grandfather, and relate to it that way. So you need to talk to this old man. He's going to help you with whatever it is that you need."

And I have to say that most of what I know about birth comes from that medicine, comes from that ceremony, and it's a powerful healer, powerful spirit. And it's specifically for birth. And so, I've always engaged that reality in my practice.

FOLLET: Most of what you know — I mean, you had already been to The Farm, you had just spent months and months in New Mexico in focused training, and yet, you say, most of what you know about medicine —

COOK: About birth, comes from —

FOLLET: Most of what you know about birth comes from that experience in the teepee. Can you describe that?

COOK: One description of one ceremony won't cut it, but by the time the midnight came — that ceremony begins as the sun sets and goes

through the night and into when the sun rises, if you sit up all night. And you eat this medicine, and everything in you doesn't want it. I mean, it's not a medicine that you can abuse or, to use another language, it's not a drug of abuse, because it tastes like the earth and your body wants to not swallow it. And so, my sister-in-law explained, and there is a beautiful video called *The Peyote Road*, where my sister-in-law and my brother and the Native American Church organized a training video specifically about this medicine. But its applications for childbirth are never discussed.

So this is a rare opportunity for students to understand that this is — again, it's women's knowledge. And Native women, of all women, don't talk about medicine openly. They don't. It's too intimate, too private. But I talk about it because there has been so much repression against it. It was made illegal and now we have the right to use it, thanks to the work of the people documented in the film *Peyote Road*.

But in the ceremony, I had to struggle from the onset of the ceremony to the midnight water. At midnight water is brought in, and the water represents spiritual help. But think of what the water is. I mean, it's life itself. And it is such a sacred ceremony, it's hard to describe, because it's like describing birth to someone who's never had a baby. There's nothing you're going to say to prepare that individual for having a baby. Not really. Not at that level. And so, the teepee ceremony is like that.

But of the things that it taught me was you struggle — this medicine — you have to struggle to create a relationship with a spirit and that involved engaging your own spirit. And a lot of people are separated from their spirit, for one reason or another, not that familiar with their own spirit. And so, I had to engage my own spirit and then relate to the spirit of this medicine, humble myself, and ask this Grandfather Peyote to pity me, to help me to understand.

But before I could even get to birth, I had to deal with stuff that I was carrying from my own life that needed healing. And so, as I struggled to first eat the medicine and then to focus and concentrate my prayer into the night, to midnight, it was like engaging a battle inside of myself. And the only time I'd ever felt that kind of struggle was in the first stage of labor, where you have to focus, you have to concentrate, you have to humble yourself to pain. You can't be a big baby. You have to really use the gift and the power of your thought, of your spirit and your body and line that up to make something happen.

And I realized by the time morning came, This is a birth. This is a birth going on here. This is a ceremony that the forms — first stage, second stage, third stage of labor — it's all in here. And by about three in the morning, I had done the work of my own spirit, in terms of my own baggage that I was carrying in my life that helped heal me in that one night, put me into a place in my being where I could clean up.

And a mother, a grandmother, a midwife needs to do that work of her spirit to be able to provide care for others — first to care for yourself, and then to care for other people, especially something as

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precious as a newborn baby. I mean, these babies that come out into my hands, they make me feel — you know how in the winter, there's a fresh new snow on a full-moon night and you see that light glittering and it's so pure and clean? To me, that's what a newborn baby is, and everything you think, everything you say, everything you do, the way you touch them, they feel it, they understand it. They can't speak words to you, but they are so sentient, and that was all there in that ceremony.

So, by about three in the morning, I finally get around to understanding this Holy Spirit and asking Grandfather, "I really want to have this in my life, this ability to assist the women, and humbling myself, ask you to help me to do this work. How will I know that this is what I'm meant to do?" And I thought, you know, the way that I was feeling at that time, it was such a sacred time. And my sister-in-law says, "At three in the morning, that's when everything on the earth stands still. It's the most sacred moment of the day. That's when your prayer" — and having not known that at the time, I learned this from her later, but at that moment I asked this question and, you know, it was comical, because it wasn't the sky opened up and light came down through the clouds, but simply, Just do it. Way before the Nike commercial ever came up with that, that Grandfather Medicine said that to me: "Just do it. You'll know what to do."

And you know, "a prepared mind, chance favors that," Louis Pasteur says, and certainly in that ceremony are all the elements of complexity, of synchronicity, even the way you move in that circle, is a certain way. You just don't move any old way in there. And that's true also in birth. You have to begin something and complete it. You don't start it and decide, I'll do this tomorrow. And any woman in labor, you're going to hear, Oh, I want to do this next week, or, Do I have to do this? or, I can't do this anymore — you know, and of course, they have to. There's no turning back.

And so all of those elements, and I've just skipped over a few of them, were in that ceremony. And so, I understood at a very visceral level, that's how the knowledge comes back, that anything we need to be midwives, given that we have the biomedical training and preparation of our minds for how to think very clearly and very carefully what a complete blood count means and what those numbers mean and what the applications to care are, you have to have all of that.

But you also have to have the capacity of spiritual training, because you're going to have to cope with life and death. Eventually, there's going to be a loss. And those losses are not always the dramatic, oh, a baby dies in childbirth. I've never — thank you, Creator — lost a mother or a child in my care. But I've been around it. I've seen it, where a mother will carry her pregnancy and in the last trimester, or four days before her due date, there's a cord accident. Again, I've never had a mother in my care have this happen to her, but I have had a mother bring her daughter to my practice four days before her due date and tell me, "We want her to have a home delivery." Well, you're a bit late.

But it's all part of educating the community about what that means to have a baby somewhere besides the hospital, how much responsibility that is, and even for a woman to go into pregnancy not understanding that anything can happen. And so that even, to me, in my mind, a traditional practice — a woman should have a ceremony in each of the trimesters, [should] connect to that spiritual aspect, connect to her baby through whatever ceremonial practice she herself observes.

And as a Native American midwife, I have had to use my own spiritual practice to empower and strengthen the client when she in fact desired it. It is also a matter of informed choice. But if she's stuck at a place that she can't herself use the tools or find tools in her own family to use, then she will request that of me. And so, I will use the backup system of the medicine societies of which the peyote road is one — one that I have a great respect for, and one that has great efficacy in its applications to childbirth and labor and delivery.

And so, I gained a lot of strength from being around my sister and my mother-in-law, who is the mother-in-law Beatrice Weasel Bear is a CHR [Community Health Representative]. She's 86 years old, and she sun danced last year. These women are incredible because they're culture carriers. They carry the knowledge of the sun dance ways, of the peyote road, of their own family medicine, the language, the old language. The knowledge that they have I benefited from over the last many years that my brother's been married to that family.

And so, for example, Beatrice tells of her son Aloysius's birth. She was in a peyote ceremony when she went into labor for him. And as she went into labor, she made peyote tea for her to drink for her delivery. And she went in the house before she could drink the tea, so some old man drank it for her. He ended up getting stomach pains while she was in the house having her baby and my sister-in-law Loretta, who was about 15 at the time her little brother was being delivered at the house, she said, "My mother was amazing." She said, "I was making morning food for the ceremony and my mother, in between contractions, would say, 'Now, don't put too much ground in that coffee.' Have another contraction. 'Now, make sure that you knead that bread properly so that it can rise.'" Having a baby like that. And then, when the baby was born, took the baby, wrapped him up, took him back in the teepee and finished the ceremony. I mean, these are powerful stories. And my sister-in-law, too, used that medicine when she was in labor. And I find that it has great efficacy for inducing labor. It doesn't have the same mechanism as pitocin, which specifically will use receptor sites in the uterus to cause the uterus to contract. But what it does is make the woman more in tune with her own spirit, to help her understand that she can — to hear her body, to hear her baby.

I've been in clinical situations where the mother's membranes were ruptured and she just wasn't getting into labor and so [I would say], Now we must go to the hospital. You know, even though her blood didn't show any sign of infection, I didn't want to wait till it did, so, Let's go to the hospital. And in the case where this mother had never

ever been in a teepee meeting, you know, [she'd ask me,] What would you do? And I would say, I can't separate my training as a midwife as who I am, as a Mohawk woman and as a ceremonial participant. I know what I'd do but it's not necessarily what you would do. Well, what is that? And I'd say, Well, I'd take peyote, you know, and did that to get in labor for my twins.

And so in that one case, the woman took the medicine. We called the society together that prepared the medicine, burned the tobacco, sang the songs. Three hours after she took the tea, her baby was born. So that's how useful it is. Anyway, your light is blinking.

FOLLET: OK. Well that's the world telling us we need to shift and start a new tape.

COOK: Yeah, but I mean, this one thing of the peyote alone. Now, over the years — my favorite study would be to look at a comparison between Native women who use the peyote for labor and delivery and those who don't, and look at the outcomes. I think they'd really show it, but it's not something that Native women are likely to do. But they do it anyway, even in the hospital. It's just getting them to reveal that they're using it. Because, again, it's called a hallucinogen by the DEA [Drug Enforcement Agency], by science, but it's a reductionist approach to medicine that would label it. And so, this medicine is so sacred and holy and it just has such great use. And it is a women's medicine. So, that's an example of the "under the radar" of my work. That's what I mean. I don't publicize that. I don't talk about it too easily. But at some point, it needs to be understood as part of protecting it, because it has so many applications, in everything, not just labor and delivery, but in everything. And again, the peyote attached to the ceremony itself. If it were not used in a respectful and sacred way, then it probably would scare you, because any drug would. And again, I use that word drug, because that's how people in American culture are used to perceiving it.

FOLLET: Well, we're out [of time].

COOK: That's good.

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END TAPE 5

TAPE 6

COOK: ...in medicine are researchers and scientists and whatever works and do no harm. It doesn't harm the baby. I told a few OBs what it is, [because they asked,] What is that stuff? I said, "You're not ready to know that yet." He did such a good job with the delivery, helping me with the delivery, later, I said, "This is peyote." His eyes got big. He said, "Does it cause any depression in the newborn?" I said, "What do you think? This baby had an apgar of nine at one minute. Do you think Indian people would use this if it caused depression of respiratory effort in a newborn? Do you think it would survive in practice if it did?" He said no. (laughs)

FOLLET: And how did you put it about the effect on the mother? It takes her to –

COOK: Psychologically, [Richard E.] Schultes at Harvard, a psychologist, studied peyote and it's well documented. It's probably the most, best documented. There's a new paper out in October in *Biological Psychiatry* that a Harvard psychiatrist just did a study on Navajos, three cohorts of people: who only use peyote, who completed rehab and have been documented drug and alcohol free for the last three months and have gone into the Native American Church ceremonies, and a cohort of people who drink and drug and occasionally go to use peyote. Well, the healthiest ones are the NAC members who never use drug and alcohol. The second healthiest are the ones who came out of drug and alcohol and are now NAC members. And then the third, the unhealthiest, are the ones are that are just messing around, you know. I have the paper if you want it.

So I called this guy at Harvard and I said, "I would love to do this study on the efficacy of peyote on the induction of labor," although I decided not call it induction of labor, although it does induce labor. I've just used it so many times that way in women who have never even been in a peyote ceremony, and it works. It doesn't work all the time, because she's just not ready to be in labor yet. But this one mother, she took it, she said, "I don't want to go to the hospital." She's the one who said, "What would you do?" I said, "I'd take peyote." I said, "But you're a longhouse clan mother." This isn't running, is it?

FOLLET: Yes, it is.

COOK: Oh. I don't have my stuff [microphone] on.

FOLLET: Oh.

COOK: I don't know if I should review that story.

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FOLLET: Then we'll break as soon as we finish. You said something about, It takes mothers to the core of their being. But that wasn't your words. It takes them –

COOK: It takes them to the depth of who they are. Because first of all, they have to overcome the mental training from this American society that this is a drug, you know. It is classified as a hallucinogen. But there's a lot of things in nature. And then, is there parts of nature that are bad, inherently, and some that are good? I mean, even alcohol has a medicinal value. And so, it's more a form of social control, labeling it a hallucinogen. I accept that social control because the only ones who can legally use peyote are members of the Native American Church of North America. I don't happen to like the name of that organization, but when it was founded by Quannah Parker in the late 1800s with the help of academics, after he was healed of a gunshot wound being packed in the wound with peyote powder.

Once they get past that intellectual barrier and humble themselves and take that medicine, it's those women who experience why labor is the way it is, including the pain. I mean, in this society, women want to avoid that pain of labor, because frankly, myself, I know it can feel like getting run over by a Mack truck. But the medicine, you're engaging your mind, body, and spirit holistically. You're all there. Every part of your being is engaging labor. And women who have used it report, I never knew labor could be that sexual, that sensual, and yeah, there was the intensity of pain, but it wasn't like with my other labors where I never used this medicine.

And stories they have — one said, because we had this society [that] was drumming in her living room as her baby was being born. She was lying on her back in the dark, and going in to check on her, I wasn't sure what she was going through but she was quiet and handling her labor very well, so I left her and her husband and only bothered them to check the heart rate and check her blood pressure and do the basics, because they were doing quite well on their own. But after the delivery, she said, "That drumming was going on and all of a sudden, there was this female monkey with large breasts and she was drumming, and her breasts were going back and forth and it was so comical," she said, "but it was also very sensual and sexual." And she said, "I never experienced how sexual labor was before. I didn't know that's what labor really was."

And so that woman to woman is the kind of thing that indicates the opening of the flower of each woman, you know, and that we really are ripped off by having only the experience of pain when we're in labor and trying to keep it at bay, you know, which is what frameworks like Lamaze and, you know, breathing — those elements will all help but there is a depth of experience of labor and delivery that is extremely powerful, extremely potent, in terms of identity and expansion of relationships and of opening of the woman, the proper opening of the woman, not just physically, but mentally and spiritually.

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And to me, that's the ultimate. That's the optimum of labor and delivery. It should be a transformative experience, because you're bringing spirit into flesh. And so, for women to experience that is extremely powerful. Those are the women who are awakened and who understand who they are. And maternity can do that. I mean, you don't have to necessarily use this particular medicine to comprehend and experience that either. I'm sure that this isn't the only way. But of the ways Native American people use in this hemisphere, it's a very powerful route, and in fact, is used in Native American communities around the U.S. and Canada without any knowledge of the medical staff, because if the medical staff knew, they would probably document in their charts a referral to drug and alcohol or social services, because of lack of cultural understanding and a training of the intellect that is very reductionist.

It's not the only medicine that I use, but in my heroine's journey to empower myself so that I could empower others, the Creator put in my path that sacred medicine, the ways of the days of the Mayan calendar and sun dance religion, and my own longhouse ways and the different medicine societies that still exist to serve the needs of mothers and children and families and to help the practitioners of those different ceremonies to understand that connection, because they've been separated from birth for so long. We'd lost control of birth.

All we've known in our communities anymore is death. And part of the oppression of our communities has been that that's our only experience anymore. We know that people die. Well, lo and behold, the same cultural forms we use in our funeral rites are the same forms we use in childbirth. And so, to me, you learn by doing. You recover. You restore. You research. You look again at how people normally behave around these important moments in life, because death is also an important moment in life. And all of these ceremonial practices belong to that human reality.

FOLLET: Shall we take a break now?

COOK: Yeah. (pause in tape)

FOLLET: OK. We just agreed to –

COOK: Get to work –

FOLLET: – put our frustration about everything that isn't being said or that's being covered too quickly, but, yeah, we agreed to get to work and get you back to Akwesasne and to your work there. But I'm going to backtrack for a minute before we do that, because I can't resist asking you for just a moment to go back to the impressions you were just sharing with me over our bananas about the WARN Conference and what the gender dynamics there, the difference between your people and

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gender relations there and what the men were getting up and saying and what you sensed.

COOK:

Well, the main thrust of the meeting was, what issues were going to be taken to the Geneva conference, to the United Nations? And the men, specifically Bill Means and Russell Means and some of the leadership in the American Indian Movement, were getting up one right after the other, saying, The women are the backbone of the nation, and the sterilization abuse of Native women, we're going to complain to the government. All morning, I was listening to these men speakers say again and again how women are the backbone of the nation, and yet none of the women were talking.

So they had asked me to get up, knowing that I was a midwife and had a message and concern about sterilization abuse of Native women. And so, the first thing I told them was, "If women are the backbone of the nation, then certainly the men are the jawbone, because they're the ones doing all the talking here so far" — and then went on to talk about my own impressions about how we would cope with sterilization abuse. But it was a very productive moment in my journey, because it gained the attention of the women there and they really wanted to do something solid on the issue, which was to train a birthing crew of women in the Twin Cities.

In my community, the clan mothers and the women carry the political power — and the image of that political power is wampum beads — that is held by each of the elder clan women, who are not necessarily elderly. The men are chosen and put into their position to speak for the women, not to speak what they think. And so, they have the option, after three warnings, if the man doesn't listen to them, they can remove him from office.

And so, being in South Dakota, the men are the primary leaders but, of course, the women, as you begin to understand how their society works, they are leaders but they're the ones that take care of behind-the-scenes kinds of things. And their leadership is exercised in a very different way. They'll say things like, Everything in this teepee belongs to the women. But it is a different gender balance than I'm used to. I noticed that while I was out there.

FOLLET:

OK. So, to Akwesasne and your return to your home and your work there. You went there and resumed midwifery, brought the birthing training there. Tell me about your work when you returned to Akwesasne in 1980.

COOK:

We returned in the fall of '79 and I gave birth to my son Anontaks in June of 1980, when the battle with New York State jurisdiction on our lands came to a head. And we won that battle. I had started right away organizing with my family members, including a dear cousin of mine, someone who I consider to be a sister whom my children call Auntie, Beverly Cook, to organize a birthing crew there and train women in my

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own community and with the help of a \$10,000 grant from the Ms. Foundation. They came to do a site visit and I introduced them around.

And it was in the context of a lot of nation-building activities, getting our own ambulance, our own radio station. We were building our own Freedom School, Mohawk-immersion school. The *Akwesasne Notes* was still publishing. There was quite a bit of action going along at every level and midwifery was a very important aspect of that. So with that grant, we started doing training and doing births.

And as I began to move about in all of these different political and social and spiritual work circles in my community, I began to pay more and more attention to the St. Lawrence River, because in fact the *Notes* editorial offices at that point were physically located right over a cove of the St. Lawrence River called, now, Contaminant Cove. And that's where the kids in Freedom School, the first Freedom School, was located, just 15 feet away from the *Notes* office. And the kids used to go swimming in what's now known as Contaminant Cove, and they would take the clay and cover their bodies with it, playing mud men. My own children were part of these kids doing this, because we didn't know.

And then, there was the dump site within a hundred yards of us, behind the family home of the Thompson family, Loren Thompson, a longhouse chief. And for years, that dump adjacent to the General Motors factory was where General Motors was dumping all its waste from the factory and had several swimming pools or lagoons full of waste oils. And I resided myself within a mile of where this was all situated. My husband used to go at all hours and edit the paper and then put it together and get it to press. So it wasn't unusual in the middle of the night, about three in the morning, to walk over to the editorial offices to take him coffee, or, you know, walk home with him.

And I recall one night where, for some reason that I can't recall, I was engaged in ceremony and in prayer and a state of thinking that really got me wondering about what is going on around here, because growing up, I remember that the GM dump site was a place where our men would go to salvage copper and different metals and take it, like we do now with cans, get the money for it, and scrap metal, they would scrounge that out of the dump. And then I recall a 55-gallon drum exploding from a 15-year-old kid digging around in that dump. He must have got into that drum some way, but it scalped him, blew the top of his scalp off.

And you know, you'd hear stories like that and then spending time there, because it was also the site of encampment where 34, 33 of our longhouse people were under indictment and resided so that the state wouldn't throw them in jail. This struggle has been documented in other places, but essentially it was throwing the Youth Conservation Corps, a New York State-funded youth project, off the lands of this traditional chief's property and confiscating the chainsaws they had. That boiled up into this jurisdiction battle. So we were captive of this area that you could see the dump every day and because families were hostage there, they were harvesting wildlife, rabbits, fish from the river, growing

20:00

gardens and right there was a dump. And this was our everyday reality, part of our everyday consciousness.

And then I recall, in the editorial offices at the *Notes*, reading the headlines from the local newspaper, saying, in 1983, “GM Finds PCBs in its Wells,” its water wells. And so they closed one of the wells. And I was astounded. I said, “They’re right there. We’re right here. We’re in the same water table. What’s in this water? If they’ve got PCBs in their water, then it must be in ours.” And then, here are our people eating rabbits and fish, and we’re eating right from this environment, vegetables, you know, in the gardens.

So I carried this wondering with me. I remember one morning getting up, and in my garage, at the property where I lived — not far from this site, you know, there was a stream that went through my property that went to Contaminant Cove and emptied into the St. Lawrence River — there was a huge star-nosed vole. Huge animal. I’ve never seen one that large. The nose has these weird projectiles coming out of it, and it was just laying there, dead, for no apparent reason. And it was just bizarre. And I wondered what the cause of death was, because it was just died on the spot. There was no damage to this animal as if it had been in a struggle. But even if it was a struggle, why right here, right in plain view?

And at the same time, there was a heightened consciousness of the environment in our community, because in the ’70s, people in Cornwall Island, which was just across the river from where we were at this site, their cows were dying from fluorosis, from the rental stacks, which was within a mile of this whole industrial park that was designated in the post–World II period for industrial development. And the stacks were pouring, spewing fluoride ash into the air and it would land on the grass. The cows would chew it and wear down their bones. They would develop fluorosis.

So, Leonard Crook from Cornell University, a veterinary research scientist, came to the community and we thought, Oh, this will all be figured out and taken care of. And it was a process that ended up in some cash settlements to some of the farmers and, you know, it died with that. And then a big grant from Health and Welfare Canada positioned a very well-known epidemiologist at Mt. Sinai, [who] came and did a study on PCBs in our community and found that in a sub-population of fish consumers and fisherman, there are an increased level of PCBs. But even before we got to see the study in its finished form in our community, the analytical methods they used for the chemistry analysis of the bloods were already obsolete, because by then, we understood that PCB is not just one kind of a chemical. It’s over 200 different species of this chemical. And they all have fingerprints, chemically, and they have different impacts on different body tissues. And so, this multimillion-dollar study by a very well-known research organization led to a dead end.

And so, all of this was building in me and I’m raising children in this environment, and there’s even a research group from Europe coming to

our community, house to house, to collect water samples. Well, I had shut the water off in my house because I would bathe my children in it, and the tender parts of their body, especially on the thigh, when they were bathed in the water, their skin would turn the texture of an orange peel and reddish, like they were burned. I figured it was the high mineral content of the water, but I didn't really know what it was. And the pipes in the house were all black from probably the mineral content eating away at the different pipes. So, I just shut it off. And when they came to my house for a water sample, I said, "Well, you got to go in the cellar and turn the water on to get a water sample, because we're not using this water anymore."

So, I remember several things that happened. That evening, I had a dream, because I had taken care of a client who was spending a lot of time at this site, and all of a sudden, the women were telling me, Gee, there seems to be a lot of miscarriages of these young women around here. And one of them came into my care and she had symptoms that were the very same symptoms you'd see in a miscarriage, with the gestational sack and a lot of bleeding and then it seemed to be tapering down. But when I did an internal and checked her, she still had what seemed to be a pregnant uterus. And I told her, "You need to have an ultrasound." At a time when ultrasound was just becoming used as a technology, everybody was afraid of it. We didn't know the long-term effects of it. But I said, "This is what an ultrasound is good for. You need to go have an ultrasound." I spend just as much time informing my clients to engage medical services, rather than disengage. So she did have the ultrasound and in fact she must have had a spontaneous abortion of a twin, because there was another pregnancy still viable.

But that night after I saw her, I dreamt that I went into my own basement, after this water-sample issue and this miscarriage was becoming part of things I needed to pay attention to, and I went in my cellar in the dream and the whole floor of the cellar was covered with products of conception, of miscarriage. It was just blood and fetal tissue all over, and that's nothing that I had ever come up with as an image in my mind. I would never have chosen to dream something like that. But it startled me awake and it just got me to where I needed to pray about it. And so, it was in this state of mind that I walked over about two or three in the morning to the *Notes* office, where my husband was laying out the next issue of the *Notes* that had to be at the printer that morning, so he was pulling one of these all-nighters.

And somehow, on the way to the office, I saw the river being uncharacteristically placid in the lights, and it was in the wintertime. There was just a glowing off it, and I just went down to the river's edge and I got on my belly and crawled out on the ice to where the river was flowing, and I washed my face with it and I — prayer to me is connection, it's pure connection — and I just communicated to those sacred waters that I had known all my life, "Something's wrong, and I know that you know something's wrong, because you are our life, the waters are our life. And I pledge to you that I'm going to do something.

25:00

I don't know what it is yet. But I love you, Kaniatarowaneneh. I love you, the waters of this place. I feel my relationship to you. Help me to know what to do." [Kaniatarowaneneh is "majestic river," the Mohawk name for the St. Lawrence River.]

And I'll never forget that evening, that morning, because it was a holy moment for me, a moment of commitment. And I started to pay attention to the Mt. Sinai study, talking to people who had participated in it, going to the few community meetings the scientists were doing to recruit people to participate, talking to the Mohawks they had hired to be the ground staff. And I noticed several things, like some of the ground researchers were saying, You know, these people from Mt. Sinai, they're really strange. When we sit down to eat, they'll just stand with their apple at a window and look out the window and then turn around and look at us sitting at the table. And we're eating our ham sandwiches and our mashed potatoes and they're telling us, Oh, what you're eating is really unhealthy. No wonder you have such diabetes and heart disease — and stare out the window and eat their apple.

You know, the dynamics of eating and food are very culturally ingrained, and our people like to sit and visit and eat as part of that social — eating is a social exercise as well as to nourish your body. And here is the outsider, the scientist, telling people how they should be, and how they, you know, eat by yourself, looking out a window, which, to me, is not a healthy thing to do. So, just subtle things like that, or not so subtle things like that.

And of course, no breast milk samples were taken, in all of the fat. They were taking adipose tissue, taking biopsies from people's buttocks and thighs, and yet they didn't feel quite that they could go into a mother's house and get a breast milk sample, for obvious reasons. I mean, for a mother's milk to be available, she's got to be really relaxed. You can't just get milk on demand.

And it took us forever to yell at Mt. Sinai, to urge the local researcher to get those scientists back in the community to report to us what they had found. But of course, they couldn't report to the community whose tissue samples they were [studying] until they had told their funding agencies. And it just seemed an ass-backward way of doing research. What is the whole purpose of research except to inform the people?

And so, from all that experience and all of that research and reading and going to meetings and taking the time to get involved, I began to see huge gaps in the research process itself and in the tissue-sample collection. And I looked at all the literature I could find on breast milk contamination and began to understand that the story wasn't complete and that here were the opportunities, in terms of time frame, that if we were going to be doing PCB research, that it had better include Mohawk mothers' milk.

And so, I put together the sketch of a proposal addressed to the St. Regis Mohawk Health Services and to the Mohawk Council of Akwesasne's Health Department, that finally, the health services were

32:00

supporting breastfeeding, that the numbers of breastfeeding mothers was going up, after generations of being told, You've got to use bottle, feed your baby formula. And yet, we really didn't know the quality of the mothers' milk — not that I wanted to throw a wet blanket on increasing breastfeeding, right, because that's something I wanted to see as a midwife, that's something I'm working towards, but is that the proper — that is not informed choice, if you don't have that data.

So I met with the clinic and with the environment staff, such as it was at that time. They were all young men, fresh out of engineering and out of different colleges. And I saw also a lack of women's leadership in the environmental research. And so, talking to the health director, I said, "Look, we have a policy of supporting breastfeeding without any information about the quality of the milk in relation to toxic contaminants in the environment. We eat fish. We're fish eaters, and that's the main route of exposure. And you can't tell me what those exposures translate to in the body burden of the nursing infant."

And I knew from the research, of course, the literature searches that I was doing, that the nursing infant is at the top of the food chain. And this alarmed me. At the same time, mothers in my care who also lived in some of these geographic areas of our communities that were under special focus of the Mt. Sinai study because they were practicing traditional subsistence lifestyles — raising their own food, raising their own animals — and so the scientists were taking samples of ducks, of cattle, of vegetables, and the mother, who's ready to have her baby at home, is saying, Gee, Katsi, these scientists are coming to my home taking samples of everything but me. Is it safe to breastfeed? And I said, "You know what? I don't really know. I wish I did."

And so, the Akwesasne Mothers' Milk Project began as an effort to find that out. And so with a grant, a small grant again from the Need More Foundation, I began to have the cash to get in the car and go to Ottawa, to Tunny's Pasture, to the research scientists who were working with Mt. Sinai — because the money was coming from Canada for this study — and ask them what they knew. What studies were they doing? What could we do?

And there was one in particular who later became involved in, specifically, dibenzoyl furan and dioxin in mothers' milk. And we had to aggregate all of our mothers' milk samples to send one sample to him, to run one sample of about 30 milks from Mohawk women. And our first analysis we needed to pay for. So out of that grant, we paid for the collection, the shipping, and I wanted to use a private lab in Wisconsin that I had located, because none of our women would believe in the Health Department of the State of New York. I mean, we have always fought with New York State, ever since New York State created itself. And there was just no trust for it. I mean, my child was born on a day when New York State sent its SWAT teams to close up the reservation. So, there was no trust in New York State.

So we sent them to a private lab and we got the initial samples and it was in the milk. There was PCBs in mothers' milk. And not only PCBs but agricultural products: Marax, which is a flame retardant, all kinds of — hexachlorobenzene — different chemicals that at that time, it astonished me. And I began to realize, We're part of the dump. If this is in the river and in the GM dump, then the dump is in us.

So, that began to evolve into an increasing input into a body of work that yeah, Mohawk council had an environmental guy, and the tribe had an office of a few environmental guys that would collect water samples and they were starting to do monitoring wells. And not to put them down — these are wonderful men — but there were still no women involved at that particular level, at the scientific level. And I wanted to see part of Mohawk women's empowerment through the midwifery have a more ecological context.

And so, I began to understand what our elders meant when they said, Our babies see what their mothers see. Our babies feel what their mothers feel. Our babies hear what their mothers hear. Our babies eat what their mothers eat. Our babies drink what their mothers drink. Our babies nurse from their mothers' milk and in that way, we are part of that landfill. And I just got astounded out of these connections, these ecological connections. Even in our creation story, we know that the earth was formed on the back of a turtle upon which landed a pregnant woman from the Sky World.

I was finding in my literature search papers written by Ward Stone, the state wildlife pathologist, who collected samples of owls and turtles along the St. Lawrence River that were found convulsing or already dead. He would take tissue samples of the brain and their liver and was reporting massive amounts of PCBs in these tissues of these animals. In our traditions, the owl is a messenger of death, and the turtle is the earth itself, and so what more did we need to know? This is very intuitive, that in a world where we have a prayer, "all my relations" — you don't need expensive chemistries to understand there's a problem here. But unfortunately, to drive public policy, you need hard data. You don't need creation stories.

So I began to recruit scientists. I didn't feel the Mt. Sinai epidemiology people were doing the thorough job we needed done. We needed an ecological approach. So I went to visit Ward Stone in his lab in Albany. And he, too, was waging his personal war with the state of which he was a part, because they would conveniently lose his tissue samples or lose the blood samples in the lab, you know.

And now that I've worked with hospitals and state labs, I know that sometimes it's not just a matter of some politician trying to keep that out of the public eye so that General Motors is going to have to pay a clean-up bill. It isn't even that dramatic. Accidents and mistakes happen all the time in these institutions we trust our science and our lives with, you know. Medical accidents and hospital-acquired infections account in the top list of why we die in this country. So this undisciplined, uncritical trust we have over public institutions is not realistic. And so, with this in

mind, Ward encouraged me, Yeah, send the first milk samples to a private lab, because you may not ever get the results back at all, let alone ones that you can trust. So that's the kind of work that emerged in terms of the women, and I wrote what we were doing and submitted it at the urging of my friend Lynn Nelson, who was teaching medical sociology at Cornell.

And by that time, I was living here in Ithaca and going to school at Cornell University, where I had tried to make the mothers' milk sample part of my undergraduate work. But the scientists at Cornell would tell me, Well, this is a graduate-level research and I'm not paid to do undergraduates. So I had to leave the academy once again so that I could do this work that I felt compelled to do, because I had no hope of gaining any academic momentum from my own university for it. And I didn't mind doing it, because I have always believed you learn best by doing.

So from there emerged a relationship, because by that time my people were spending more time fighting over the victory we had won against jurisdiction of New York State [over] our lands. And the community was spinning out of control politically, so that the leadership wasn't paying proper attention to these issues. They were paying attention to other issues. And so, in that vacuum, I was able to work with the environment division, start saying, Hey, guys, where's the women in these meetings? The councils need to work together, and not just the tribe and the Canadian council but our traditional council. They have a voice in this most of all, because they're the ones with the ecological knowledge, the traditional ecological knowledge that can instruct scientists *where* to sample, *how* to think about this contamination.

And Ward Stone — I had told him the creation story and how, from where I sit, I already know there's a problem. But you're the scientist. You're not an epidemiologist. Epidemiology can find things with a net where the holes in it are big as boulders. And if you can see a boulder, you already see the effect going on. You just have to prove it with numbers. It's too limited a tool. We need you to come and start looking at the little animals around the dump.

And so he did that. Not only did he do that, but he used a culturally relevant, culturally appropriate communications approach. And of course, the newspapers all flocked when he gave a press conference and he said, "The Mohawk people believe that the earth is created on the back of a turtle. The turtles' eggs and their brain and liver tissues are contaminated with PCBs that are off the charts." And so it rallied a lot of attention and it started to get our community organizing.

So out of that came Akwesasne Task Force on the Environment. And I'm not taking personal credit for any of that, I'm saying that we needed the women's voice in that work. It couldn't be just the guys and their college diplomas and their university degrees and the epidemiologists at some research facility way over there, because we

weren't getting the answers we needed. We were just becoming more and more afraid of what's going on.

And so research, like healing, is a process. It's not just one night and one ceremony that's going to do it. It's a lifetime commitment. And research and ceremonies and healing are an empowerment process. It's a process and it's an outcome. And so, empowerment entails mastery, control, the ability to do education, communications, outreach, networking. So we had to bring all of those different facets of this research process together.

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And so at the very outset, I demanded that the only way we're going to work with Mohawk women in the precious intimacy of Mohawk mothers' milk and our relationship to our young is to ensure the mothers that they are co-investigators in this study. There's not going to be any one of you researchers that stand taller than the Mohawk mothers. We're all of the same height, which is a traditional principle in our longhouse. That we're not going to be guinea pigs. You're not going to run back to your funding agency with our analyses before you tell us. Those are our tissues. That's our data. It doesn't belong to your funding agency first. We want control over how this happens.

And so, in fact, in the generations of research that followed from that, we were able to position fluent Mohawk women speakers to do the field work, to go collect the samples. The first 30 or so samples I collected myself, beginning with clients, women that I had delivered their babies, and then extended out into the broader base of Mohawk women who were nursing. And it was fun. I'd go to their homes and hold their babies, visit with them, talk about their birth stories. They'd go take a warm shower, their milk would let down, and the next thing I knew, we had a milk sample of 500 mills [ml]. You know, piece of cake. (laughter) And those would get frozen and shipped, and attached with it a legal document, chain of custody, so that we could be assured that nobody in between was messing with those samples. And then even the biochemist that we had recruited in Albany came and met us in Syracuse to talk about how we would do the study from a biochemical perspective, what the protocols would be for the collection of the samples and how we would incorporate this respect and empowerment of Mohawk women in every process of the research, including timelines for the turnaround of those samples.

So, all of that is very well documented in the archives, the processes we used to empower the mothers so that by the time we did get some analysis back, we did things like not just bring the scientists into a workshop setting to tell us the numbers, but to hire professional listeners to record the mothers' responses right after they heard what the scientists had to say and facilitate their questions of these scientists. And I removed myself and the other researchers so that we wouldn't in any way — you know, from my perspective, it's not so much, Well, as a researcher, I'm going to influence the women, it's more like as a Mohawk midwife, the mothers might want to edit their responses based on what I might want to hear. So I didn't want any of that bias. So, we

removed ourselves. We hired babysitters so these mothers could attend, and their response is in this file.

The Mohawk mothers responded and they said, We're surprised that our numbers are not higher. Our first feeling is we're suspicious, but because we helped design how the study went, we understand that this is the real deal. And then, our next feeling is we're glad it's not as high as we thought it might be. It's not higher than anyone in the Great Lakes Basin.

But in fact, in a later intervention, we brought up the head of the Human Health Effects Research Lab. I'm sorry I can't recall her name at the moment, but it's a woman who came and applauded us for limiting our fish consumption so that we wouldn't have higher levels, but she said, "In fact, the levels now being reported throughout the Great Lakes Basin are already levels of action at which you would expect to see effects in children. So, it's not that you're any higher than that, but welcome to the big research study that, you know, the industries are playing. We're all guinea pigs in this big research about how these toxins that end up in our body, these chemical contaminants, move through the food chain, through the air, through the water, through the soil, through our skin."

And so, we began to look into every nook and cranny beyond just mothers' milk. And that was a research process of — just the mothers' milk, that was 15 years, and then extended into men's blood, followed the children over their development into adolescence, their thyroid function. And so, by then we had been funded. The first analyses that were done with New York State came about because the guys at the environment division took the guys at GM to lunch and said, We can either meet you in court, or you can fund this monitoring proposal. We're going to do three different tasks. We're going to look at water, we're going to look at fish, and we're going to look at Mohawk mothers' milk.

So I began to get this work out of the not-for-profit — because there's not enough money in the not-for-profit world to fund the expenses, expensive biochemical analyses we needed. So, we began to see General Motors and then the Centers for Diseases Control, ATSDR [Agency for Toxic Substances and Disease Registry], and the National Institute of Environmental Health Sciences. And even in the Superfund project, which was a special pot of money Congress authorized in the '70s began, we were the first community to come into the Superfund process to include human health research, and there is a file in this archives that talks about Akwesasne specifically, as being — now there's many communities that have benefited from that, I mean, have utilized the Superfund moneys to do human health research.

But we really are a beacon to the whole environmental justice movement. And now, in my work in doing qualitative research in 24 tribes in the United Southeastern Tribe of the Indian Health Service, one of the people I work with is a young scientist at the Agency for Toxic

Substances and Disease Registry, in an office that was created because of the work that we did.

So, the government responded and began to incorporate environmental justice principles into how they did research and funded a whole generation of research that brought research scientists, community members, and research institutions together, so that a community could better understand and begin to encompass at every level of education, of media, of even the medicine society's understanding of toxic contaminants and its movement through the food chain, schools, at work. We began to put this message of environmental research and the first environment through everything, just saturate the community with this. We did surveys, questionnaires, different generations of studies.

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One of the most dramatic findings I think we have is the impact on endocrine function — that more than you would expect to see in any population of women, Mohawk women have a higher incidence of thyroid malfunction. Menopause is already associated with endocrine problems, but in Mohawk women, there seems to be more thyroid problems than you would expect to see.

And there's a rapidly changing demographic of disease going on, in that up and down that I mentioned earlier, there's clusters of birth defects, of miscarriage that over time, you know, community members will say, Gee, there seems to be a lot of miscarriages going on in my family or on the road I live on. You know, so that's a resurging issue. It goes up, it goes down. It goes up and it goes down. Whether that's normal background for any population, those are the kinds of questions that continuing research begins to try to tease out.

Meanwhile, you have to respond as a community, and so I began to understand that if we think of human health as the interaction and intersection of your access to healthcare, your genetics, your nutrition, and your — access to healthcare, genetics, nutrition, and your environment, how could I forget that? — then you need to beef up all of it. You have to make sure that your community can be resilient enough to meet all of these challenges, because it's certainly not the first challenge my community has ever had to cope with.

And so, anything we do now to strengthen our clinical care of mothers and children, which is what my work now — you know, again, we're back to, we need midwifery. We need to empower the women. We need to make young women smarter before they go into their childbearing years. Make the clinic stronger, better, better able to cope and handle the rapidly changing disease demographics we're seeing.

The genetics — well, our people don't allow genetic research, but certainly, there're social ways in our families that we can look into to try to improve the marriages that our children make, that those children be healthier, that if we see different genetic diseases appearing in our young, then we need to plug into the March of Dimes and get training into the community, to better prepare [for] children who are born with

challenges so that they can cope in this competitive environment that is our American society.

And environment, we're already saturating our community, and that momentum needs to continue. And nutrition, I mean, is a big one right now because diabetes is just incredibly overwhelming. Most of the health care dollars that get spent are on the diseases of heart disease and diabetes, and they're all, of course, related. So nutrition is a major thing.

57:00

But environment, you know, we have this challenge of a contaminated food chain. How are we supposed to grow our gardens again? And so, the mothers ask that question in the document in these archives. It's called "Mohawk Mothers Respond." They're asking, How do we raise children in this environment? They see pollution all around. And so, one of the outcomes, for me personally, of all this research is to realize it's not just Mohawks. It's the black people in Georgia. It's the people in Tennessee. It's the Indians in Oklahoma with the lead piles all over their landscape. It's the Native people in the Southwest with uranium tailings [where] they're taking bikes, [and that] children play on. It's the continuing issue surrounding the nuclear fuel cycle. This is society's challenge, not just the Mohawk community challenge. And it belongs in women's work, like everything else in human experience. We need women's leadership to deal with all of this.

So, that essentially is the Mohawk Mothers' Milk Project that evolved into the First Environment Project, First Environment Communications Program, the Iewirokwas Program that specifically worked to get midwifery practice, a birthing center, going at Akwesasne to further provide good maternal and child healthcare to our community.

And in between there, we presented our research at the United Nations conference on environment and development in '92 in Miami, and all of that description is in these archives: the founding of the Birthing Center at Six Nations, which had to be done as a model before we could bring it to Akwesasne — you know, there were just so many things that were done in that time frame to build into this crescendo that we're in now — where finally, we have two women out in our community training as aboriginal midwives, one at the Birthing Center at Six Nations. That model birthing center became a training site for other aboriginal midwives and one in a program in New Zealand where Maori midwives still survive. And they'll both be coming back and I want to make sure when they land back in our community that they have liability insurance, they have the community, the chiefs' council, ready to be responsible for their practice, that they have clear standards of practice and a philosophy of practice that's defined by the community, [that] they have community-led midwifery.

So, it's a continuing process, like anything. That's why I keep saying research, like healing, is a process and an outcome. It's not ever something you're done, that the generations have to pick that up. Just as when I was sitting as a little girl at my grandmother's kitchen table, listening to my uncles argue about copies of treaties in the piano bench, about how the power of authority of the State of New York was

continuing to do this industrial development, further robbing us of resources and lands — look what that became. They had no idea that that huge hydroelectric development, the dilemmas that it was going to create for their grandchildren. And so, long after I'm gone, there's going to be Mohawk women working on these issues. So, I feel really good about that much, that our people were empowered to cope, to be resilient, to continue to be resilient. And your light is blinking.

FOLLET: It's blinking, so let's change tapes.

COOK: And the rest of the story is all in these boxes.

FOLLET: Which is so heartening to know that it's here.

COOK: Yeah, you know. It gives a human face to these papers, I realize, because it's one thing to have the academic opportunity to sift through all of this, that's job enough, but then finally to have a human face and voice behind it I think will help. I don't want to come off like a Lois Gibbs. She had to take that because she didn't have a people the way I have. And she did a pretty good job doing it. But that (with fingers) "charismatic leader" thing, I don't do that well. I resist it, because it's too — it's just not me. And there's so many people I was influenced by, that enabled me, that listened to me, that empowered me — those mothers, those Mohawk women, for them to participate — I couldn't guarantee they would benefit from any of this. It's hard to do research, it's hard to convince someone, Well, let's sit here and have you — so we did things like give them breast pumps, to help them, things that were an immediate help to them. Anyway.

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of tape

103:15

END TAPE 6

TAPE 7

COOK: How many tapes did we do this morning?

00:30

FOLLET: This is number seven, so this is the third one. We're just starting the third one, OK?

COOK: OK.

FOLLET: OK. So, you just shared the story about the Mothers' Milk Project, and I know that one of the pieces of your work has been dance. You started the dance, the women's dance. And the dance –

COOK: I forgot to mention that when I did that project at the Red School House Clinic — that was the name of it, the Women's Dance Health Project — the birthing crew, we had been given a grant of another ten thousand dollars by the Youth Project, situated in St. Paul-Minneapolis, and we used that to buy supplies for the deliveries and for the clinic, the progesterone and pregnancy tests. And I took a concept from my longhouse. The first time I went in there at 15, we did social dances, and among the social dances is a dance called women's dance. And it's literally a shuffling. The women dance in a circle around the singers, and when I asked my grandmother, "How come we do this dance, what does it mean, and how come the men don't dance with us?" She said, "The men honor the women. In the shuffling, we keep our feet close on the earth. We never leave the earth in the dance. We don't lift our feet, just shuffle. It's to remind the women that we, too, are mothers, with the same responsibilities to educate, clothe, feed, the laws — everything we need for a good life has already been provided by our mother earth, and we have those same responsibilities."

And so, I wanted to use that women's dance, which, as it turns out, is part of a ceremony to heal a woman — they'll have her do that dance in ceremony. The women dance, shuffle on the earth, to help bring her back to where she needs to be. I didn't know that at that time, in 1978, '79, but I knew that that it embodied an important message for women. And so, in an Anishnabe world of Minneapolis-St. Paul, we used that title for our project. (kitchen sounds)

So when I went back to Akwesasne, where the women's dance comes from, I had approached Ms. Foundation with the Women's Dance Project, but it ended up just being called loosely the Akwesasne Mothers' Milk Project, because it had to be described for the single intention to investigate the relationship of the contamination of the environment in the food chain in mothers' milk. So that was a very specific project that evolved into the First Environment Project and then First Environment Communications.

And then as that research took root and was able to hold and anchor a body of work, then we returned again to midwifery and it became the Iewirokwas Program, which is the word in our language for midwife.

And it means, “She’s pulling the baby out of the earth, out of the water, or a dark, wet place.” And I loved the mystery of that, because when, at the time, I was working with Marita Thompson, who was a fluent Mohawk speaker, educator, and an artist, and we would do an exegesis of the language to pull out phrases and concepts that hadn’t been used in a long, long time. And you only find these words again in the act of doing, like the word *iewirokwas*.

I would ask of the old ladies at a birth, “What did you use to call the midwives?” Then, over the years of my research, I realized, they never called midwives midwife, which is German-English for a wif-woman, which is a good description of what a midwife does, but I like, again, the ecological context of one of the words that refers to a woman who does that work, which is *iewirokwas*. And Marita, when she first explained the word to me, she says, “You know in the fall, you walk in the woods and the leaves have fallen on the ground and you’ll notice there’s a little stream and the leaves are kinds of covering that water? Well, when you hear that word, *iewirokwas*, you can see that context, and it’s like you’re pushing the leaves out of the way to get to the water.” Embedded in that word, that simple word, are all these thoughts, depending on the Mohawk speaker you talk to. Another said, “She’s pulling the baby out of the water. Somewhere where it’s dark and it’s wet, and it’s the earth.”

So I realized after talking to a number of speakers who interpreted it in different ways — because it is a contextual language, as all language is, but especially Mohawk — it came down to, “She’s pulling the baby out of the water, out of the earth, or a dark wet place.” And even the mystery, ecology — the womb is a dark wet place, but also in research, you’re trying to find truth. You’re trying to discover something, and it’s all in there. So, I love that word. It’s much more descriptive.

And in fact, I realized in our community, a midwife was never defined as an individual character per se, you know, like a policeman or a teacher, or a doctor, because you’re talking about a social context where birth was social. It wasn’t a medical thing, because the notion of a medical [profession], as opposed to anything else in society, didn’t exist yet. So, midwives were referred to by their names or by their relationship. Lizzie. You know, my grandmother’s name was Elizabeth Herne Cook Kanatires, and they gave me her name because she delivered me.

And so, I remember, of her three daughters, she had two of her daughters marry Englishmen. They were father and son, and she probably thought her daughters would do better if they married non-Native people. Well, because they were English, right from England, and my grandmother delivered a set of twin granddaughters, older than me, a surprise set of twins, born at home, delivered by my grandmother, they gave them English names, Sherrill and Terrill. And one of the twin girls, just before I was due to be born, passed away, and so, because their mother of these twins was my Aunt Betty, who was one of my father’s favorite sisters — she had been the one that lost the twin at

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three years old, and I was the next baby in the family to be born, so she gave that lost twin's name to me. So I never felt like a Sherrill. It's an English name, right from England. And the twin, Terrill, who survived, has since had a daughter she named Sherrill. So, I respect the name but I don't use it. I don't think of myself as a Sherrill, but I am Sherrill Elizabeth Katsi Cook Barreiro, and I just go by Katsi Cook because it's easier, and Katsi's all I've ever been. So, naming is really powerful, and what you call that woman, or that person that does that job [of midwifery is] another hint in the language.

I asked a Mohawk curriculum writer in my mother's community, Kahnawake, about the word for midwife. She says, "You know, we didn't have a word for midwife, but there is a word for the abortionist. And it means" — I can't remember the word, but she says, "You know, when we had longhouses, those longhouses belonged to the women, and when they moved" — and they moved through the seasons once they used up the wood and the deer, and they'd move on. It was part of the social technology. And she said, "The last woman to go to the longhouse and tear down the longhouse and get the last bit of things, the word for abortionist is the word they would give that woman that went to take the longhouse apart."

And so, we know from that, that the womb was thought of as a house. It makes sense in any culture that would think that way. But in their social world, they would take social relations and apply that to — you know, there was really no specialty. It was usually the grandmother that did the delivery and so of course, you're not going to call your grandma "my midwife." I have never referred to my grandmother as my midwife or my mother's midwife. I've referred to her as a midwife, but interviewing elder women who she delivered, they always would refer to her to as Lizzie or Aunt Lizzie or Mother. You know, you never hear them say, the midwife.

And so, I think that's particularly an English tradition or another people's tradition, to refer to a woman that delivers babies as a midwife. It's a different language. And those subtleties are important. That we had a word for the abortionist that was the same word we use for the woman that took the longhouse apart at the very end of a move means that we always had abortion. And it makes sense that we would, especially when women are in control of production and reproduction.

So that the production piece — usually you hear it referred to as food. You know, the producers of food were the women. Their purview was the gardens. The men's was the woods and hunting, but the women owned the gardens, and so that was part of women's power. And where did we learn midwifery but from the corn, which was the center of the gardens. We have a three sister's complex — the corn, beans, and squash — that teaches us that women have to work together. And so, there's many cues within the culture of agriculture, that inform us about midwifery. I believe even the songs that we sing to the corn as it's growing — it's in the video of *The Gift* where I talk about all this, so I'll skip over that part, but I always thought it was interesting.

And so, the word *iewirokwas*, when I first heard it, I thought, That's a beautiful description. But pulling the baby out of the water, you know, I couldn't quite relate to that yet. And the very next delivery I did, as it turned out, the mother was a grand multip [multiple pregnancies]. This was, like, her fifth baby and she was going to have it at home. And there's different landmarks in a woman's pelvis, the bony structure where the baby has to navigate through its delivery to be born. And some of our women, once they clear under the pubic bone, that anteroposterior diameter, then there's a broad pelvic outlet and some of our Native women — I mean, I've never had trouble with a contracted pelvis. If anything, the problem is the opposite: one push and the baby comes flying out. A few pushes and there's the delivery, precipitous delivery.

So, [the woman] had a really bulging water bag. But in our traditional ways, meaning the ways within our memory that we used to practice — and this, now, in the hospital, is done almost routinely, where the woman gets to four centimeters and they'll rupture the bag. The reason I don't do it routinely is because there's a tradition that a baby born in the intact membranes has the possibility to become a seer, where they see the future. You know, the membranes are a translucent material. You can almost — you can see through it. You can't see through it clearly, but you can see pretty much what's going on in there. The hair of the baby flowing and all parts of the baby. And so, I tell mothers in my care, "Well, you know, this is in our tradition. If I think you need your membranes ruptured, I'll talk to you about why and explain why, but otherwise, I usually — if you want it done, it'll quicken labor by about an hour and a half, two hours, but, you know, if you want to avoid that much more work, fine, but it carries with it a set of risks. You need to understand those risks."

And so this mother, the only thing that was keeping her baby still in her was this real strong bag of waters, and I told her, "If you want me to break this, I will. If you don't, well, that's fine, too. But if I break it, that baby's going to come like greased lightning, we need to be ready with this very quick delivery." So, as it turned out, I did rupture the membranes and water came, made a pool between her legs and that baby, it wasn't even a contraction, as soon as the bag broke, the baby slid into this pool of water.

It didn't even have time to reposition to one thigh or the other, which is one of the cardinal movements the baby makes to get born, so that the shoulders will go into the diameter where it's more easily delivered. And the baby was literally face down in the water. I had to lift down, rotate the shoulders and pull the baby out of the water.

And so, I stopped wondering, Well, why would they use a word like that, knowing that within our experiences, there are all kinds of possibilities, and language emerges from that broad range of possibility. And so, I've experienced all that word for midwife, designator of a woman who does that. *Iewirokwas*. And even the way it's constructed, the word, they said, This is a very important person. There's respect

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embedded in how that word is said. It's not just any woman. So, it's interesting, the cues you get in the language. Because when they say, Our culture's in the language, that's what they mean, culture being the way that you do things. So, in this particular instance, I had to pull that baby out of the water, because once the shoulders are out and the chest is coming, then the baby can take a breath, but if it's under the water, it can't breathe or it will take in a lot of fluid. So, it's interesting, isn't it?

FOLLET: You know, when you were out for your walk, José and I were chatting and he was commenting on how remarkable you are and how remarkable your work is, and we were talking about the particular context in which you do your work, and we were comparing it to South Dakota, for example — some of the comparisons you were making to the gender politics and the different communities. And he was saying that in your community, the power of women is everpresent and pervades the system, the society, and that what you do in a childbirth situation involves an entire family of women. So it's not just the one, you in a relationship with an individual woman, it's you and maybe eight or ten other key people, key women, who are part of that experience in which there are different generations, different assumptions about what childbirth is or should be, what kind of decisions that a woman can make, should make, might make, and that that puts you in a very — you're part of a group process. He was commenting on this as being quite exceptional as a social and family dynamic that you find yourself a part of at this moment of birth, and that you negotiate it ever so skillfully. Can you talk about that?

COOK: I hadn't realized myself at the very beginning in my training just what this work would be. If you had [told] me when I headed out on that Greyhound bus with my two little ones, that I would end up doing a major scientific research project with mothers' milk, I wouldn't have — I wouldn't have understood why. A lot of the things that I ended up doing, I never would've predicted, because all I wanted to do was to be a mother, a grandmother, and deliver babies. That was my bottom line, and I think a lot of that was because of the community I grew up with, the grandmother I had, the mother I had, the quality of the women in my bigger community. And that was even before I got to the longhouse and this wonderful image and icon of the clan mother of which many books have been written.

But once I saw the clan mother, I realized that history has played a part, too, in disempowering the clan mother as she once served the community, before the colonial period. And so, they, too, will speak of how silent they've become, that the male chief and faith keeper and medicine society leader has emerged, with the speeches, the language. And there was even a — it's not a fault that men have, it's a historical moment they met, because there was so much pressure from colonial governments to wipe us out, that it's been documented in the ethnology, in particular, Alexander General, chief at Six Nations, that when they

passed that Indian Act to create a council of men who would be elected, as opposed to who would be put in by a line of women with these clan beads, that he responded to the pressures of that outside world to get rid of the longhouse structure altogether, by accumulating power into the chief. So he became the one who knew all the songs, all the speeches, all six languages, knew how to put through all the medicine ceremonies.

And so the people started making this charismatic leader spiritual person out of the chief that never existed before, according to this ethnology. And it holds true in observation, because some have critiqued, Well, the clan mothers are no better than corn soup makers anymore, that they really don't have anything. They can't stand up to the chiefs. If the chiefs want to decide to let some land go, for whatever reason, there's nothing really the women can do about it.

But there are women standing up in these communities who are taking their power back as clan mothers. I think of one who was condoled and her chief said, "You can rest now. Your job is done." And she said, "No way, my work has just started, and don't you think that I'm finished with putting you in." He's not a bad man, he's a wonderful man, but that he would comment like that — maybe he meant to challenge her. But, I mean, it's in that gender politics, you know, there is that balance, and if there's anything about our creation story that reverberates, [it] is this need for the gender balance. Nowhere in our ceremonies or in our social, political, or spiritual world do you ever see where the men are supposed to get ahead of the women, or vice versa. You need to have both functioning in the universe, because it is a cosmic family that needs to be maintained for everything to be healthy.

So, when it came to the practice of midwifery, which is not just a cultural practice, it's a biomedical practice, it's usually licensed, especially now that midwifery's been professionalized — I had a historic opportunity to practice before professionalization, and so I could focus on cultural practice. But I didn't insert myself into any circumscribed set of shoes or any set role, because those roles were up in the air. I mean, our women hadn't delivered babies at home since my grandma passed away in 1963. Her last delivery was in 1957, when my little cousin Donald Cook was born at home at her farmhouse.

So, I followed what I needed as a mother giving birth out of the hospital and then I began with the training I got out West. When I did step back into my longhouse, I thought, We never forgot anything, we just stopped doing it. And every ceremony we have has a piece to teach us about midwifery and childbirth: the way we plant, the way we sing. So if I've served a role at all within my cultural traditions, it was to show again how — I mean, the whole world we have is about giving life, about preserving life, about celebration of life, and thanksgiving for life. And so, all the forms we have in our ceremonies through the image making of the woman, the mother that attends those ceremonies, that practices those ways, they are alive in her consciousness and may express themselves in that intimate moment of birth.

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Seeing mother after mother, family after family, making sense of this experience through the sieve of their own consciousness, I began to learn what traditional midwifery practice is. And just to live up to that by paying good spiritual attention to what was going on and to see where those reverberations of consciousness were — it's not just going to a ceremony and leaving it there, but taking it home and putting it into every aspect of our lives.

Now, our people know, when someone dies, the clan opposite the house takes over the chore of making the food and letting that family grieve, because the perception is, This family is ill, and the disease they're ill with is grief. And so, there's a set of speeches that the chiefs from the opposite clan will recite to the grieving family — the family being a whole clan, not just the immediate or extended family — that are beautiful. We take a feather and we dust the ashes from your ears, because you're not well and you can't hear the voices of the children running around. We still need you in this world. We know that you're so preoccupied with loneliness and grief over the one that you love who is lost to you that you can't hear properly. So, we restore your hearing so that you can hear the voices of the little ones who need you. We take water from the stars and wipe your eyes so that the blindness caused by your grief and your tears, so that you can open your eyes and see that your people are about and your relatives who are still here, you know, they need you. And then we take another instrument and clean your throat, offer you water to clear your throat, that lumpy feeling in your throat will be cleared and you can speak again using your capacity for reasoning, and you will become well again. You'll be restored in your spirit, your mind, and your body, so you can participate in life again.

I remember hearing these at longhouse funerals and thinking, My God, what a difference between, well, the way to eternity is through Jesus and you just believe in Jesus and Jesus will save you and you're going to go live in heaven and you can find comfort that you'll find life everlasting in heaven with Jesus. I mean, myself, growing up as a little Catholic girl, I never got too much comfort from that, because I just didn't get it. Where is this, you know — but when I heard the longhouse words for grief and condolence of the family at death, and that they make a journey, that dead spirit, they make a journey and you eat with them.

There's even a way to behave around making the dead feast. And they have a ten-day journey and they're walking that path of the Milky Way back to that Sky World where we come from. And so, you're supposed to behave a certain way in that ten-day period. You're not supposed to watch TV. You cover the mirrors and the windows in your home so that that spirit, as it makes its journey, maybe they're going to come and spend time with you in your home, and you don't put salt in your food and you make it so that they are comfortable. The spirits don't like bright lights or shiny things, a lot of noise, so you keep your home real quiet. You don't go out anywhere. You don't go shopping at the mall or to the movies.

So you observe this ten-day period of grieving, but once that's done, you're done. You have to be in this world with the living. You can't want to jump in that ground with them. So our people recognize grief for the illness that it is. And this was way before Elisabeth Kübler Ross and all the research on death and dying, and you find those same forms, the ten-day lying-in period, after a baby is born. Because the Hopi said, A woman who is pregnant walks nine feet off the ground: that's how close she is to death. And it's true. A woman can die just from being pregnant, let alone from giving birth and the postpartum period. There's a lot of risk in reproduction. And so, they would treat it as a special time where the woman had to be properly closed again. They knew that her body needed a rest period. And so, I remember when our people started getting familiar again with what that meant, to have a baby born at home, down the road, or next door, or in their family.

At one of these home deliveries, I went out to get something on the stove and her whole kitchen was full of people sitting there. They had all brought food, just like when you come to a wake, and someone even commented after, "Man, I thought it was a wake in this house, the way everybody was just sitting there, chatting, telling jokes. Everybody's cooking and eating. This is the way we behave at wakes." I said, "Well, guess what? This is the way we behave at birth. It's normal."

I remember at one family, in their home delivery, they'd never had a home birth for a generation or so. When I got to the home, there were maybe three sets of shoes by the door. When I left after that baby was born, there were, like, 30 pairs — and that's no exaggeration, 30 pairs of shoes at that door. I almost wanted a picture of it, because, to me, that image kind of showed how, you know, the birth had gone, that people were coming in and out. They brought food. They were happy. They were drawn to the experience.

And so, the midwife in the traditional culture was a social relation, not a hierarchical relationship. The beauty of that is I'm making relationships with my clients. Now, that's not the most professional thing in the world to do. I mean, the professional is objective, is above it all, signs off on a chart. They're out of their responsibility. And that's a very reductionist, compartmentalized approach to life, which accounts for why everybody is so darn confused.

Birth is so powerful and so potent that the spiritual world, the spiritual element of that child, is embedded in everything going on, in nature, in what the sun is doing, what the moon is doing, what time of day it is, what the weather is like, what the mother's dreams were, what the seer she may have seen early on in her pregnancy told her. They'll say, Your baby's going to be born in a thunderstorm. Well, I love thunderstorm deliveries, not only because a thunderstorm itself, the sound of thunder can turn a baby from breech to vertex as the mother's driving down the road, but the thunderstorm, there are stories in our culture about how we're related to the thunder beings and how we're supposed to relate to them on a spiritual level. And there's nine beings of the thunders and they each have their own names, and the youngest,

littlest one is half human. His name is Ratiweras. There's even teachings on how he came to be and how he went back to the thunder beings because his grandmother spanked him, struck him with her hand to discipline him. The story of Ratiweras is used in our culture to teach the grandmothers in the families, You never strike a child: they will return to the Creator.

There's so many things like that in the culture that can be used to reinforce behavior. So I come into this as an interpreter. Our people became used to the biomedical approach, where they were the recipient of specialized knowledge that they felt intimidated and displaced and disempowered by. And so, my approach as a cultural actor and as a biomedical practitioner [is that] the biomedical piece I save for the consulting obstetrician and the consulting hospital. I do not carry this other material in there unless I'm asked.

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And I've done plenty of workshops that hospitals 30 years later have caught on to: Oh, people are social beings, too; we need to do alternative and complementary practices, too, for the best care of our clients. So they'll invite me into the hospital to do a presentation to the maternity floor nursing staff, [and] then the OBs will listen to the tapes, because I work with them, too. And I will describe some of these practices that can work in the hospital, like smudging of the room and the use of song and rattle and drum and the relationship of the medicine societies to the birth: the family's significance, the identity of the baby, the speeches to the baby. There's a beautiful speech, a traditional speech, among our — every family has a greeting to the baby, which right away tells you Native people understood the sentience of the newborn, which only recently in medical science has begun to be understood.

Less than thirty years ago, medical science would do surgery, open-heart surgery, on newborns, premature newborns, with the belief they can't feel it, [because] they have an immature nervous system. They don't feel pain and it's too dangerous to put them out under anesthesia, so let's just go in and not give them anything, you know. Our people knew before any of this research that these babies already understand in the womb, they're already sentient beings. They're not just something they evolve into at two years old.

So one of the speeches goes, "I give thanks for peacefully you are born. I pray hopefully that peacefully your life will be ongoing, because it is that I think of you clearly, knowing you will always be loved." And I heard that and I thought, This is amazing. The thoughts in there, you know, are medicine in itself for this baby's life, and you have to embed in that fetus growing inside its mother that kind of thought, primarily through the woman.

I tell the mothers in the third trimester especially, Every thought that [you have], you're already teaching your baby. I learned this from Roderico Teni, the Mayan day keeper who I mentioned earlier. When I was carrying my twins, my pregnancy was complicated by a complete placenta previa, which is a major obstetric emergency. So he told me,

“Don’t even drive a car.” Well, the OB I had said, “Don’t work. Don’t be 15 minutes from the hospital. You can have a silent hemorrhage, lose your baby and hemorrhage to death.” OK. So I quit my job, I found a replacement. I was doing the breast milk study, and I found a really good woman to take over. And I stayed home. Not only that, I was supposed to stay in bed. It was just hard, psychologically, to do that. I felt well. But there were no models for doing this that were at all healthy. So, Roderico came and every trimester did a ceremony for me and in the last trimester, he said, “Anytime you see two of anything in nature — two birds flying or two deer crossing your field, or you’re driving down the road and two wild anything, you know, in this case, it would be the turkeys crossing in front of you — you acknowledge the two and in that way, both babies are going to be in this world safely.” Because with twin deliveries, it’s always the second twin who’s the concern. And so, he said, “And especially in the dream days before their births, they can learn from the emotions of the mother. Anything she thinks, they are going to learn it. If you want to teach them something, start now to teach them in this last trimester. And I did it.

These are things you don’t understand unless you do it. The prenatal teachings from the Indian world, you will never understand it, because we’re so trained to think about something critically and scientifically. But these are teachings you have to live to understand them. So, one of the things that Roderico says so beautifully, because he works with the medicine of time, which is a poorly understood medicine — I mean, this isn’t even the enigma that Einstein left us with: what’s this time/space mystery? And the Mayans have a pretty good handle it. It has to be approached through ceremony, through culture, through practice. So he says, “Like a dream, like a fingerprint, like a snowflake, every birth has its own interpretation.” Oh, I love that, because it’s so true — after 25 years of following his teachings and using that medicine of time and understanding, the message of the baby’s birth on top of everything else going on in nature.

It amazes me how, even if a family I’m working with has never heard of this Mayan calendar, invariably they’ll pick a name that reflects the spirit of the day on the calendar in the Mayan tradition that that baby was born on. And so, it works whether you know about it or not. The way they’ve constructed the knowledge of time, of 20-day spirits that rotate a cycle of numbers from 1 to 13, it really is part of the interpretation of the birth, what this baby is in this world to do.

And so, part of my job as *iewirokwas*, as Katsi, in the community, is to follow these babies as they grow. Some of them — the oldest one is 27 years old. And so, there’s one 13-year-old now who I’m watching growing in his adolescent years and knowing his day and being able to talk with his mother about his growth and development, going back to his birth story and seeing what his strengths are, what his medicines are, the ceremonies he’s engaging in as a young man, to just council her on the basis of our shared memory and knowledge around his birth.

And so, there's a number — not all of them, but a number of children that I'm following like that, because of the days. I can't stay in a full relationship with all of these families, but there's enough of them that I can, and over time, you know, I keep an eye on these children. I see them at the longhouse. I see them in the communities. I see them in ceremonies that I go to, and these children know me. And one of them I have an eye on to mate with one of my grandchildren, so I've already got a promise from a family that the baby I delivered will be matched with one of my grandchildren. It's an old way among the longhouse grandmothers that marriages were made by grandmothers' agreement. The mother of the man would go to the mother of the girl and trade a basket of cornbread and whatever she wanted to express: this is my wish that our children make a marriage and produce children.

And so, in our talk about control of reproduction, it's different from feminism. It's that piece of it, that the women control the sexual economy of her village. There wasn't this, Oh, I love him, you know. The notion of romantic love is a fairly new development in our social evolution as human beings. That came out from Europe. Before, it was very practical. Get the work done. I mean, yeah, there was sexual attraction, always: we're programmed biologically for sexual attraction. But romantic love is what I'm talking about, and the courtship, and even the word groom and bride and that relationship of those specific words to the behaviors of Europeans at a time in history when those were not nice words. Even the reproductive language, vagina, it's the scabbard that the sword of the Roman soldier was put in. And so, sexual language of a people needs to be deconstructed so we really understand what behaviors we're talking about when we're talking about the control of production and reproduction.

The power of the woman in my culture came from that essential control of her reproduction that first was practiced, not by the individual woman in choosing her birth control method, which is the way we understand it today, but by her mother's power to make a relationship with a young man she has her eye on. Not the woman. The woman can express her preference to her mother, but it's the mother who has to agree. And in today's marriage relationship ceremony, in our longhouse, the chiefs will ask the mother of the husband and the mother of the bride, Do you agree to this marriage, that these two are responsible enough to make a home, are responsible enough to bring children into the world and raise them responsibly? Do you agree?

The mothers are asked first, and that's where you see the remnant of that woman's power. But it used to be that a man did not get a woman unless the women agreed. I'm not talking about the bride. I'm talking about her mother and her grandmother and whatever other women were involved in that. The longhouse was matrilineal and matrilocal. The men went to his wife's people, not the other way around. That's why it's culturally acceptable for my brother to live out in the Lakota world. My longhouse fully accepts that. The other way around, it's — there's

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nowhere to sit in our longhouse. She has no clan. She comes from a different people and then her children have no identity in our longhouse.

So those social restrictions are still at play. You don't get a name unless you have a clan. It's like you don't get an identity unless you have a clan. That's why I tell my children, marry a Mohawk. And if you can't marry a Mohawk, marry a woman with a clan. And if you can't find one, well, then, marry an Indian, because that's down the line of what's desirable. And then, the bottom line is marry someone who's going to love you, you know, because we are in this day and age where romantic love is part of what keeps people together in a society that has a 50 percent divorce rate. You know, we're realistic. It would be nice to think you could love and treasure your partner. And we live in a world of many choices now. So, everything isn't all about — what marriage is about is about raising children. That's what it's really about.

So, you know, that's just a brief summary of this thing about control of production and reproduction. It's really much deeper than informed choice around birth control or place of birth or place of care provider.

FOLLET: You made an interesting distinction. A few minutes ago, you made the distinction between this practice of controlling reproduction and feminism, or just controlling what form of birth control you're going to use. And I wonder — we're in a moment now where there's been a reproductive rights movement in the politics of the United States right now that's highly contested and the mainstream women's movement has, some would say, more or less narrowed its base to the notion of choice meaning abortion. And you mentioned abortion being part of your historical practice. You've also talked about the Mothers' Milk Project and the connection between environment and birth and breast milk. If you could, how would you describe your reproductive — what would a reproductive rights agenda look like for you?

COOK: I'm very excited about that question. I like how the reproductive rights agenda is transforming itself beyond the narrow confines of informed choice and just campaigning Capitol Hill to make sure *Roe v. Wade* is ensconced in our rights palette. I think that's very important work that's been done, that is being done, that will continue to be done.

But again, just as the rally for sterilization abuse in Native women entailed a lot more detailed work than just going to the U.N. and protesting — not to say that the choice is that simple, either — but I think we're at a time where in my community, we've reconstructed a lot. We didn't have woman's ceremonies when I began. We didn't have the focus on restoring puberty rites, on restoring conscious birth, on looking at even the change of woman's world, woman's life at menopause, given that we have this influence on our thyroid function, not just from the physiology of menopause but from the environment which we're in.

And so, we've aged. I've aged. And I see now practitioners that grew out of the women who had their babies at home who are ready

now to take on a new way of constructing work at the community level that's integrative. I started this whole process by talking about integration. And finally, the clinic itself has evolved also, because Indian Health Service and government funding agencies are worrying about, Oh my God, it's so expensive to take care of the over two hundred clinic visits a year a diabetic might need — not just clinic but hospital, emergency room, dialysis. It's so expensive to take care of one diabetic. And yet the cost of taking care of a mother is miniscule compared to that.

So, I believe that we need to start — not get caught up in the chicken-or-the-egg debate, but once we have the egg delivered at home and follow that young woman into puberty, those young girls that I did deliver, and even those that I didn't, they become like the catalyst within a group of women, because their story is different. They go through puberty rite. They go through — you know, it's like talking to this one practitioner of the moon ceremony, I would like to develop a program with my community — Akwesasne, again, is a model community — to do a link between the clinic and ceremonial practice, so that the traditional practitioner not only knows the Mohawk language to put in the speeches for the ceremony, but to give her a little extra training in the physiology of puberty, to get her some training in Mayan uterine massage, because it's something you don't have to have a license to do. With a little bit of explanation you can understand that there's some situations where you wouldn't want to do Mayan uterine massage, as we discussed earlier, but that certainly you don't need to be an OB or a midwife to practice Mayan uterine massage.

It's a good training to give women an understanding of this part of their body. In doing Mayan uterine massage, you can explain the basic structures of the pelvis, basic reproductive function, the power of the uterus as the fireplace of the woman, its position in the pelvis in relation to the bladder and the rectum, the need for self-manipulation to help stimulate the natural mechanisms by which the body keeps itself well — and add that into a full-moon ceremony. Because where[as] the full-moon ceremony used to be just specific for a particular family in the longhouse that wanted to use it to facilitate a delivery, [now] it's used in pregnancy, the last full moon before the mother is due. Now, there's thirty people there and they may not even all be longhouse. They might be a Catholic great-grandmother and grandfather and they are transformed by attendance at the ceremony, because they've never been to a traditional ceremony before. The one who's leading it is a fluent Mohawk speaker, an authority in our traditional longhouse, and so I look at that, the pieces that weren't there 20 or 30 years ago, and start to build from that.

Not just that, but OK, over here in the clinic. In the research I'm doing now, we're identifying where in my particular clinic the gaps are. Because, yeah, we have state and federal grants but because of the way that money is moved around the system, our clinic loses continuity of care of that pregnant mother to an obstetrician who consults. He gets her

at 34 weeks and the clinic doesn't get that mother and baby back in the organization. There's a whole big opportunity there that I'm sorry, an OB cannot meet that mother's needs with just a five-minute, you know, blood pressure and chat of two minutes and out the door. I mean, the women are screaming, This is not what we need.

We have artists that I've stimulated in our community over the years with my workshops and saying, "You artists have to start incorporating into your artwork the images of pregnancy and childbirth and where it fits in our culture. To restore midwifery, we need artists to start putting these teachings into your artwork." So, lo and behold, there's a young artist named Natasha Santiago Smoke, who's Mohawk and who started doing what doulas — who are another special breed of practitioner, because midwives now are becoming like many OBs. They don't have the time we used to have, because now their scope of practice is increasing as the OB, maternal and child health structure started to collapse under the weight of liability, cost, and under the weight of there's just not enough practitioners. There's a maternal and child health crisis. So, I want in this new program to incorporate training a generation of doulas, of helpers of mothers who perform no controlled acts, meaning they're not doing vaginal exams. They're not doing physical assessments that you need a license or an exemption in the law to do. They're doing the technology of support.

When you research the literature, you'll find in the last 50, 30 years, that the biggest technology we have to improve maternal and child health outcomes is not the ultrasound machine or a drug or some high-tech machine that costs a lot of money, it's simply being in the room with the woman as she's laboring. It's simply going to the woman's home and reassuring her and talking with her. And that's what a doula does. You get a doula to follow a course of care from beginning to end.

And end is when? In our community, it never ends. You attach to that child-and-mother pair, and you're always there as a consultant to them, and as a friend — and in my case, a cousin in the extended family. I love it. You know, that's the difference between me and a certified nurse midwife. A certified nurse midwife that delivered my grandson, I've known [her] for years, but I noticed in her scope of practice, she gets to do the delivery, but the minute that boy is out he is handed over to a pediatrician. The continuity is broken. And unless I make a special effort, she'll never see that boy again. I think that's a crime, because she's part of his birth story. She belongs in his life. But because it's a highly technological biomedical construct, she's out of his life unless we make an effort.

And so, what I'm talking about brings together some of what we know from social constructs, from the new science of complexity. We know that the most powerful technology we have as human beings is how we get along, how we're biologically programmed to be with one another. And so, doulas are part of that. Cultural forms, like moon ceremonies and making the doula — [you can] go on the internet [to]

doulasofnorthamerica.org, and they have you read a set of books and go to three births and you're assessed for your helpfulness.

But I wanted to add to that the cultural aspects, the cultural training. Here's how our mothers are in this community, and here's how you can help. Here's some cultural tools to use. And then marry with the clinic, this huge whole, OK. So, the government has constructed our healthcare to meet very basic needs. You get your weight, your urine. But even then, you can't be guaranteed they're going to be able to screen you. An obstetrician will notice you've got pre-eclampsia. I mean, there are cases where the OB doesn't care, he's seeing so many people, he can't keep track, either. So, if we had mothers better informed because they had doulas, they had aboriginal midwives — I mean, midwives are still a piece of this.

I want to build that birthing center. I want to see the legal political environment in my community that's already three quarters of the way there, to have these midwives come back and be in practice. But they're going to be so busy, they can't really do the classical work of the aboriginal midwife. We're going to need doulas for that. We're going to need the grandmas for that. We're going to need the medicine societies for that.

1:00:00

I'm finally at the point where I'm writing a proposal for the model that will be in Akwesasne, that to me is what reproductive health is really about. It's about laws and it's about this and that, yes, and we do need to interact nationally with networks to put pressure on the legislators to protect woman's right to access to a medically safe abortion. But I would like to try to inform the women, give them choices, develop their consciousnesses so that we can interact as we have in the environmental health piece, across the board with other women's organizations, like SisterSong [SisterSong Women of Color Reproductive Health Collective]. But right now, it's only been me. I can't go to SisterSong when I have to be here. I have to be there.

So I want to, again, continue developing the women's leadership to pay attention to these issues, to sit down with the traditional women, say, At a historical moment, Handsome Lake emerged when our people were using abortion across the board, at a time when two thirds of our genetic pool was lost to diseases. How can we reconstruct our reproductive control agendas, because we defined it early on, is we need our midwives back for women to be happy. We're at that place now. It took me 20, 30 years to get here, working with National Women's Health Network, working with all these women's organizations across the country.

Well, we need our moment to build our model just as we did in environmental health. And environmental health will be a piece of it, but it won't be the only piece. It will incorporate all of these other aspects: the midwifery, the doulas, the traditional components, the language, the research, whether it's environmental health research or birthing research, or research on, Does slippery elm really make that big

a difference to outcomes of labor and delivery? Does peyote really make a difference to outcomes of labor and delivery?

These are things we need the opportunity to look at and we're three quarters of the way there already. I have an awakened community that can develop the model to show the other 23 communities I'll be working with over the next two years, doing qualitative research in maternal and child health and share it with them so there is a national piece. And as I evolve the midwives, they get their training, they get their experience and they come back and they practice under the responsibility of a council of chiefs. They have liability insurance. We have financing to train a set of doulas. Then I can send them out to the SisterSong conference. Then we can start to do, to engage, but so far, there haven't been enough of us.

And so, when I know a funding organization doesn't want to depend on the same old charismatic leadership that I've provided, I say great, because I would like to enjoy the rest of my life and get to be a mother and a grandmother and not have to be the one doing the births all the time and encouraging the women all the time. Now there are other people who've emerged, ready for leadership, but I need to help support them, develop that leadership, to get to that place where we do again have control of our reproductive health. And abortion rights has to be ensconced in a reproductive health agenda that makes sense to communities across the spectrum of culture, of politics, of social –

FOLLET: We're out of [time].

1:04:17

END TAPE 7

TAPE 8

FOLLET: Yes. Could you back — I think we may have lost a few seconds — back up a little bit to the bigger picture of which abortion is a part.

COOK: The reproductive rights agenda has to be much broader.

FOLLET: Broader than —

COOK: Because my own agenda, my community's agenda, as I'm beginning to understand it, incorporates all of those key elements that make us a Mohawk people, that make us Native American people, and to develop a model project that brings in the artist who is now — because we have a social web. That's the strength our communities still have. The reason Native American families still survive is because we've been put on land bases where we've still got Grandma living down the road, where we still have our cousins that we grew up with in our everyday experience.

And so, this young artist is now doing what's doing what's called the belly masks. She's doing paper maché of women who are pregnant and then drawing on the mask images that relate to that baby's birth. So I'm working with this young artist, keeping in mind I want to find the funds to train a cadre of doulas so that we increase the knowledge base of a cohort, a cadre, of women who can provide continuity of care and work hand in hand with midwives whose scope of practices are going up, because there's not enough obstetricians.

Midwives are now having to do everything except caesarean sections, to order and monitor epidurals, to use vacuum extractions, to do all of those technologies that used to be in the purview of only the obstetrician. And because those scopes of practices are on the rise, midwives are now in the hospitals, doing care in the hospitals and at home, and so they're going to have less time. But the doulas can fill in that gap. We know from the research that doulas are not only important in improving birth outcomes, [but] that whenever you have a doula, the caesarean rate goes down. You get more patient practitioners. We know from the research, it's just the way human beings interact — there's research, for example, that shows if you get one visit to a mother's home in her pregnancy, her birth outcomes improve exponentially.

It's simple. It doesn't cost a lot. Let's put our money where the truth is, and that is in this old-time way our Iroquois women have — the corn, beans, and squash. It's women supporting women, making the information along the lines that instead of having the nurse practitioner or the OB be the one to say, Well, your blood pressure is sky high, you're pre-eclamptic, and now we're dealing with this intervention, why not work with the preventive aspect? Get these women in a continuity of care that's not dependent on a medical license, but that has enough information base and consultation resource behind the doula to say, Yeah, I'll come over and do an internal exam, or here's a — I mean, in

the research lately they've just said, There's no evidence to support that [if] a woman goes into the clinic, every prenatal visit, and you stick a dipstick in her urine to screen for protein and glucose, and there're markers of pre-eclampsia, of diabetes, of glucose, you know something's going on, and then you screen her and send her on for more testing — there's no evidence to say that that does anything. So, I've been thinking, I would have liked in our prenatal classes for women to do that with one another, because it's really just a game that's being played. There's no research evidence to show that that improves anybody's outcome. So those tools can be put in the hands of women themselves in relation to doulas and make it less mysterious.

FOLLET: Is it right to say that you began motivated to find, for your own birth experience, some of the traditional ways? You learned that and you then trained other women to be midwives and worked to create the space in which they could do that legally and socially within your community. You are now ready to take it all another step, through this expansion –

5:00

COOK: To be even more descriptive: integration. It isn't just about finding your cultural knowledge and restoring that, because what's the context in which you're restoring it? It's essentially a biomedical context. The next step is taking more of that power and locus of control out of the biomedical, out of the clinic, and back into the community, into the women.

You know, now we have a new reproductive technology that may be really what we need, which is the morning-after pill. It's not put out in our media in our community as the morning-after pill. It's advertised as, Have you had unprotected sex and are you concerned about unplanned pregnancy? Come in and we can help you. You know, and then, the mother hears under the wire what they're really saying. Well, if abortion rights are threatened, what options do women have? Some options in indigenous knowledge, in terms of herbology that may or may not work. But they also have the morning-after pill, which can't be touched by legislators. And so, these are all the aspects of it.

I'm not saying, you know, but what are we going to do if they get rid of *Roe v. Wade*? Women are going to have to be resilient enough to respond, and it's always — you need practitioners on the ground, inside of women's experience. So that piece wasn't just about reinventing culture. It's also reinventing the biomedical constructions, so that there's a sharing of power and control and not just the white coat in the clinic, and not just the chief in the longhouse. There's a need to bring it all together into a place that belongs to the women and not to the legislators. And that to me is where the power is.

That agenda is what I'm looking at, because we know that this way they're going to be concerned about their licenses and they're going to be concerned about their voters and their Christian support base. And I've never been wrong so far, because if I were wrong, I wouldn't have the batting average I have, whether it's environment or midwifery. We

have a federally funded aboriginal midwifery education program, for heaven's sake. It takes my breath away. We're going to have a cohort, a humble Cree community of women going through a baccalaureate program to do births in remote communities in Canada. If Canada can do it, the U.S. can do it. The U.S. won't do it right now, because how their healthcare dollars is utilized is so off-balance. They just can't — they don't have the political structure to make it work. But women do, because we're the ones giving birth. We're the ones who can demand this level of care. It's better care. That's simple. Unless you're the 5 percent of women who need the caesarean section, the fetal monitor, the drugs and all of that stuff, you know, good. We have that, too.

But I never engaged this thinking, Oh, I'm going to get rid of the biomedical. I use that as a tool and nothing less, nothing more. It's a tool. But where people really learn, where they really change, where they really play out their reproductive power is in the social cultural arena. And so, how do we empower that social cultural arena with biomedical tools to provide the very best reproductive healthcare. It's about reproductive health.

And so, yeah, *Roe v. Wade* is a crown jewel in protecting women, but in the environment we're currently in, we need to expand that base of activity, so that we're not perceived as just pro-abortionists, is what they want to call it, you know, instead of pro-choice. And I know, in my own culture's history, that there are notions in the young women that persist, that if you have an abortion, you're not traditional.

I'm not saying abortion is the best thing to do or the best thing to have. But in a society where over 50 percent of pregnancies are not even planned, you've got to think about, OK, well, why are they not planned? To me, not planning is planning to become pregnant, and so I would use research to say, Why are these women becoming pregnant? Why are they not using birth control? What are the barriers they're still experiencing?

And if we're going to have an attitude embedded in Handsome Lake Code longhouses, and in some families — not all — it's just like anything. Some people are Mormons, some are not. Joseph Smith had a vision and some people follow that. And it's the same in our society. Some people follow the Handsome Lake Code; other people of authority think he was a dangerous man. But I've seen enough clients who have the value to accept the life the Creator gives them, you know, with gratitude. Well, that's a beautiful thought, that's a beautiful teaching, but is it realistic? Not necessarily.

So, you know, as a midwife, I have to love all my clients, not just, Well, I like you, but I don't really like you because you've got some warts over here. I refuse to do that. And we were trained, if you morally and ethically can't care for a woman because of her belief system, then you have to transfer care to another practitioner. There are ways in every system to [make it] failsafe.

But myself, I'm dealing with a particular community of women fully aware — from my work in the National Women's Health Network, and

my work in environmental health, and my work as a spokesperson in the Native American world, I'm aware of SisterSong. I would have loved to have gone to their meeting, but I can't do that and still be in my community doing the research I'm doing right now to support those midwives who are out on a limb, they don't have the funding they need to get the education they need. They ask me for help. Well, I have enough pieces now where I have a master proposal. I can make this happen with the proper support. So, I'm very excited by where things are at right now. I worked 30 years to get to this place.

FOLLET: Is this proposal that you're writing now, is it the First Environment Institute?

12:45

COOK: It's the First Environment Institute. Thank you, yeah. It incorporates everything that's ever been done to this moment, to this time, and this proper place. And I like it because I'm not the center of it. I'm just the one with the skills to write it out, to take to our health director, to take it to our nurse practitioner, to take it to that circle of young women who've said, Katsi, we want to be doulas. Will you help us know how to do that? [Or young women who say to me,] I want to do this full-moon ceremony but I would like to use — remember that pelvic rock you taught me when I was pregnant? Could I use something like that? How would I do that? What would that look like?

I can work with this leadership, all this experience I have and say, Let's write this up in a proposal to support you to go get training in Mayan uterine massage. Well, I want the doulas to have that training and I want these midwives to have that training. We'll bring Rosita Arvigo or one of her leaders here to our community and train, not just the doulas, not just the midwives, but the nurse practitioner, the doctor if they want. Let's invite everyone for this training that is in our biomedical sociocultural world here. See? I love it. It's a tsunami that we can create. Flood our community with capacity. We're finally there. We weren't there before.

I used to have to convince the hospital that it's OK for these women to sing when a labor is going on. It's OK to burn tobacco or sweet grass or cedar or sage. This is the ceremonial construct it comes out of. This is where you're putting the woman psychologically when that's going on, and that's protective of the mother and the baby, more protective than that expensive machine you got her hooked up to. And they listen. I had an OB say to me, "Katsi, anything you do in this hospital is OK with me."

Well, I'm going to use that equity that I've built of 30 years of scraping the ice off my beat-up old car to drive to a home delivery at three in the morning. I'm going to use that equity to finally get to where I should have been 30 years ago. This is the world I wanted to have 30 years ago. The midwives that are going to be practicing when they get back from their training, I wish I'd had them when my daughter was being born 30 years ago. I had to go to the middle of nowhere in the

Adirondack Mountains, depending on just my determination and my defiance against the white man, the way he constructed our world that made no sense. How is this going to guarantee me any safety? There's not my language, not my people. None of it's in there. Why would I feel safe in any of that, you know? Myself, drugs and machinery does not make me feel safe. It scares me, drugs and machinery, frankly.

16:00

So, in those circumstances, where you need those drugs and machinery, again, we're not being stupid about it. You're going to access whatever resources are necessary for safety. And in some cases that includes abortion. And so, women, young women especially, have not developed the dialectical thinking, because they simply have not had the experience that takes a woman to the point where she needs to access something as serious as an abortion.

Bless those young women that have never had an abortion. That's the optimum in my mind. But truly the optimum is that her life can continue, as that greeting to the baby says, "Peacefully you are born. Hopefully your life will be ongoing. I'm thinking of you clearly so that you may always be loved, knowing you will always be loved." So, it isn't just the moment of birth and it's happy and it's peaceful and it's wonderful. That child is going to grow up some day and have babies herself. And I want to see in my community a model that shows the rest of Indian Country how that can be done safely — and shows the government.

So now I'm finally in a position where I'm talking to the one in the Indian Health Service that's responsible for maternal and child health. She's part of my network. I know how to access the research the Indian Health Service is doing. I'm working in the tribal epidemiology center, one of the IHS-funded units. So, with all of that, I know we can construct a model that can be utilized throughout Indian Country. I know back in Minneapolis-St. Paul, there's the Turtle Doula Group that grew out of that birthing crew that I trained. You know, the consciousness of the women's dance is still there. And I'm very excited by all of it. The stories I'm trying to get down into a book called *Daughters of Sky Woman*, and to do that, you have to sit in a quiet place for hours and hours on end, and on top of that, do the research in these 24 tribes over the next two years. I can't possibly commit to all of that and still be a wife, a mother, and a grandmother — *and* go to a SisterSong meeting, you know? So, maybe this one who does the full-moon ceremony will go to the SisterSong meeting.

I was at a Native Women's Cultural Matters seminar in Santa Fe last spring, and there was a wonderful presentation by a group of women from the Palma Reserve in California who have reconstructed their ceremony for puberty rites based on language and ethnological literature. They did a wonderful presentation. They call it The Inspired Woman, as opposed to — well, not as opposed to, but we use the word empowered. But inspired is so beautiful. They use their cultural forms — the language, the social net the woman belongs to, the geography of the place she grew up, and incorporate running and physical activity and

fasting and feasting. And our community has a similar process that it's recovered.

I would love to send the clan mother — who speaks fluent Mohawk, who's doing a drug and alcohol program for youth as her day job but in the full moon, has four days to put women through puberty rites — and to go over there in California and spend a season with them, of the week in the spring that they're doing 20 women in this puberty rite. That's what I want to see happen. And then she'll bring that back to the way she's constructed her full-moon ceremony and maybe expand it out, train more people to fulfill the full-moon ceremony.

20:00

It's time. It's time to do it and I'm so excited about it. I can't wait to get to my computer. It's taken me until just now, doing this research, seeing where the holes in the clinic are, where the holes in the social fabric are and how to bring them together to make a whole tapestry, so that we can do that women's dance together and not have some over here and some over there and whoever falls in the cracks, too bad, you know. It's not fair. Especially when the question we started out with, in terms of the research, all those years ago was, What are we going to do about these contaminants in Mohawk mothers' milk?

Well, this is what we're going to do about it. We're going to improve our healthcare system so that it can meet the real needs of Mohawk mothers and children. We're going to use social constructs because we can't do genetic research. But we can certainly make families a lot smarter. Like when I grew up, my grandmother had a long driveway. When a car would pull in that driveway, she had about five minutes to tell me how I was related to who was in that car on both sides of the family. So that by the time they stepped in that door, I knew who they were as my relatives. Who does that anymore? That's a social behavior that feeds back to this notion of control of reproduction. That's my grandmother's generation's version of controlling reproduction. Here's who you can't marry because you're related to them. Well, in today's world, where is that information of relationships stored?

And that's the first question in my focus group in the maternal and child health research: How do you know who you're related to in your tribal community? That's a powerful question. I can't do genetic research, but I can ask a question that emerges from the social context that will tell me, Do these young people know who they're related to anymore? I know when my children go to date, I send them to my sister, because she's the auntie that keeps it all on a computer. There's a family tree on a computer and she went to all the bother to go visit and ask, "How are we related to that family?" We just found out, in our fifties, just how extensive our extended family is. We're related to every family on that reservation one way or another, you know.

And these genetic diseases are serious diseases. You can have everything from a child born without an organ system — you know, in the concerns the women expressed to me that provoked me doing the Mothers' Milk Project was [that] there was a child that was born with no intestines at all. No stomach, no gastrointestinal tract save the mouth

and the esophagus. Everything else was absent. That child died. I mean, just literally starved to death. There was no way to feed it except by IV. One, a torsion of the intestines that had to be surgically corrected and another, like an omphalocele, but of the intestines. An omphalocele is a neural tube defect in the spine. It's like spina bifida, but that is the stomach of the intestines born outside of the abdomen. It can be surgically corrected in most cases.

So when I got here to Cornell, one of the first papers I read at the vet school was, they were feeding PCBs to beagle dogs and in their litters they noticed intestinal abnormalities. So, that's research that isn't evidence that I can apply to the human babies born in my community, but it sure does provoke the question in me, What's going on with these intestinal problems, and a host of other birth defects, on top of miscarriage rates?

So, there you have it. Full circle. Back to the midwifery, back to the women, back to the issues of, What is control of reproduction? What does that mean? And it isn't just about writing laws. It certainly isn't. Because women behave and practice their womanhood and their reproductive power within sociocultural constructs. What do those look like in this generation? That's the body of my current research. So I think I've just about said it all. (laughter)

FOLLET: Oh, so you're developing this into an actual proposal for a multiyear –

COOK: Multiyears. I can't do it — the community can't do it in one year, and there's pieces to it. So how to glue it together and to do the networking within the community so that the clinic will sign on, that the traditional practitioner will sign on, the young women will know it's going to happen. We want to do this doula program. We already bought the books, because we're excited about it. They've invested in it themselves. So I know they're serious, because they did what I did. They used what resources they had to start.

FOLLET: The young women?

26:00

COOK: The young women. One of them-

FOLLET: Who are –

COOK: To train as doulas. You have to start by reading a bunch of books.

FOLLET: Right, right.

COOK: And, you know, books add up.

FOLLET: So, they're one of the partners, the young women who would train as doulas at the clinic.

COOK: The midwives. One's in Six Nations. One's going to New Zealand. I've been helping her look for money to pay [for it]. Just to fly to New Zealand with her two children is \$6,000.

FOLLET: So, two midwives at Akwesasne?

COOK: And a cadre of doulas. I don't know how many yet. I think I'd like to have six trained and then after the three years put them right into the clinic budget, so the clinic can carry them. Once we've proven in our evaluation that the outcomes are better, and we've filled in the gap that the clinics have –

FOLLET: So, the two midwives –

COOK: Two midwives, the doulas, a birthing center.

FOLLET: That exists now, or not yet?

COOK: No, that will be in the proposal. I want to go to Kellogg Foundation for that. And then the midwives, the doulas, the birthing center, and then the clinics, to incorporate the clinic stuff with the birthing center, the doulas, and the midwives. Because in my research now, I'm doing public health staff interviews, and I hear from the WIC program and the nurse practitioner and the health director what's weak and what's strong, you know, where the glue needs to be put to make it whole. And I'm interviewing the mothers themselves, and I've heard stories of the OB missed this major emergency. And he's a wonderful OB. It's not the OB's fault. It's the way he can only see her for five minutes.

FOLLET: What would you say to –

COOK: And research is a part of that.

FOLLET: Yes.

COOK: Research will be embedded in all of that, because there's a new challenge in Native America for our people to buy into research projects. We don't have a whole lot of data to know what's wrong and what to do about it. So, research would be a fundamental element of all of it, now that we have research protocols that are empowerment protocols and not just me, PI [principal investigator] and you, peon — you know, you're the guinea pig and [I'm] the one that's going to be empowered from this. That's another one of my little phrases I like to use.

FOLLET: That's great. Well, yeah, you said yesterday — I think we were off camera — that at one point you thought learning just what traditional midwifery had looked like and bringing it back and learning how to do

it yourself was fabulous. And then you thought training other women to do this was the crown of your work.

COOK: Yes.

FOLLET: And now –

COOK: I thought I was done with Six Nations, and then I thought, Well, I want to bring that home. Let's do a birthing center at home. And I set up in two years. I lived at Akwesasne, just seeing mothers and bringing — Roderico would even come up and do a clinic. And I did that with support from the Tides Foundation First Nations Fund. And my last year of that, the third year, was to build a birthing center, but I ran into a wall. It just wasn't time yet to get liability insurance, to be able to order lab tests, because I didn't have a license as an exempt aboriginal midwife. I had to go through someone else's license.

FOLLET: What does exempt mean — exempt from what?

COOK: Exempt from any regulation by the government, that we would take the responsibility of organizing, the responsibility under the council of chiefs. And I've been working with the Mohawk Council of Akwesasne on the Canadian side to do that very thing, and brought them on board, to buy into the birthing center project. They all agreed with it. And so, it just took a lot longer, you know. I feel like I'm always 15, 20 years ahead of everybody else, and that's why I've had to wait.

FOLLET: So this means that your accountability is to the chiefs and to the community? And you're exempt from –

COOK: Midwifery practice, community and culture-based midwifery. Not some guy, some college in Toronto that's full of, excuse me, white women, or any other women. *Our* women. *Our* people. *Our* community. Native American people want that responsibility again. That's how we're going to become whole. We know that death happens. You can't control everything, and that's one of the things I get to say to my community. You want babies born in your community in a birthing center. You want to experience life again, birth again. But that means when a baby dies, like the cord that gets pulled and you can't do anything about it. But there are ways within our medicine society, you can do something about it. There are spiritual ways to apply to pregnancy that are protective of the woman. That biomedical practice doesn't have it, doesn't even come near, and it's not supposed to. That's not what it is.

FOLLET: As a practitioner, how do you incorporate abortion into your work?

32:00

COOK: Um, I don't judge women. I take a complete history and I let them know that whatever warts or wounds they have is OK and I must know about

it so that I can care for them properly, that the proscription of Handsome Lake's teachings exists in our culture, insomuch as they'll say, Well, a woman who's had an abortion can't do this; she can't handle sacred foods; she can't handle sacred water in ceremonies. In fact, once you engage those ceremonies, there's always a way to recover her harmony and balance. She *can* prepare sacred food. She *can* carry sacred water. It's all between her and the Creator to fix that up. But if you end up with just, Oh, well, you had — nobody does that anyway in our community.

So instead, people [say], Oh, you know, don't have an abortion; accept the gift of life. Those are good teachings, but [for] the woman that, for one reason or another, needs to have an abortion, you know, I'm there. The family nurse practitioner is there to counsel her too. We do proper counseling and get her the help she needs. I have gone to an OB that we know, for his own religious reasons, will not provide abortion services, and had to locate an obstetrician for my community women that wanted an abortion.

So, I'd be the one to walk into his office and ask his nurse, Does he provide medically safe abortions? [And the nurse would ask,] What do you want to know that for? You know, I've had a nurse treat me like that, and I'm the midwife! I'm not even the mother asking. I wouldn't subject a mother to that. So I'll be the one. I'm the buffer between them and the biomedical. I'll say, We have mothers who want to know. It's a yes or a no answer I'm looking for here. And she, OK, no, he doesn't provide that. Do you know anyone who does? And she'll say, Well, actually, there's an obstetrician over — because you —

Our women, they were so meek. I've had to say to mothers, Call the obstetrician and tell him no, you don't want an induction at 39 weeks because your baby died [in your] first pregnancy. There's no evidence in their research to support an induction at 39 weeks just because your baby's cord got around its neck in your first pregnancy. Call him and tell him no. What is he, your daddy? Is he going to scold you? I said, I can't do that for you. That's something you have to do for you and your baby. You're the mother and that's your legal relationship with that obstetrician. Not mine. You have to do it. I can't do that for you.

So those are the ways I help these 17-year-olds who grow up, and pattern for them what they need to do to have their choice. You want to be in control? Then you have to call that office. And it's up to you. I'm not going to judge if you do or you don't. I'll be here no matter what you decide. But it's your decision, not mine.

FOLLET: Is abortion —

COOK: Lo and behold, three hours later, "Katsi, I did it. I called his office and you know what? He wasn't there and his nurse said, OK, that's fine." So I go with her to the next prenatal, thinking, Oh, he's going to get on her case. And he walks in the room and he goes, "Katsi is absolutely right. There's no evidence to support an induction at 39 weeks for a previous still birth. I just wanted you to walk out of the hospital with a live baby

this time.” I said, “You know what? You can’t guarantee that. You don’t have any control over that. Not in induction, not anything you have in your tool kit can guarantee her that.” You know, and these OBs are younger than me, now, so I feel free to talk with them any old way I want, within respectful bounds.

FOLLET: (laughs) Sure.

COOK: But you know, conversation. So, if I can be that barrier for that mother to a point, then she gets it. You mean I can say no? You mean I can question him? And I don’t know why young women are like that in this culture, but they are. They think they can’t say no. And if they can’t say no to an obstetrician, who else are they not saying no to?

FOLLET: I wonder about the setting of the actual birth with all the women around. The one that José was referring to earlier as such an amazing space where you work and how much of what you do there is also in negotiating –

COOK: It’s risky. It’s risky, because remember, this is a generation, the older women and her family who know only medical birth — and the worst of medical birth, mostly, because it’s Native women. They’re the ones who got knocked out by drugs because they were pre-eclamptic and they woke up and there’s a baby in their arms. How did that baby get there? I don’t know.

And so, I remember one mother, this was in the ’80s, she wanted her mother there. Her mother had had 12 children, delivered three of them at home all by herself. But she was terrified to go to a home delivery. Go figure. She delivered three at home all by herself. She says, “Well, because I had to. Then she can go to the hospital.” I said, “Well, her last two babies were born in the elevator. Do you think that’s safe? Maybe it will be born on the road. I think she’s kind of smart to have her baby in the house with someone who knows what they’re doing, don’t you?” “Well, I guess so.”

And so, nine of her family showed up, women in her family: her sister-in-law, her sisters, her mother. Her mother came with a whole bunch of food. And so, one example, they speak fluent Mohawk. And this is her fifth baby at home, and I’m telling her, “My fear is the baby will come too fast. So I’m going to lock eyes with you and I want you to listen to everything I say. Don’t think. Just watch what I say and do it.” OK. Well, then her mother’s saying in Mohawk — I’m saying, “Peg, don’t push. Don’t push.” Because this baby’s coming on too fast. I have to slow down the head, deliver it very— slower than phht, you know?

FOLLET: Now, are you speaking fluent Mohawk, too?

COOK: No, I’m not, because she hasn’t said to me, I want the baby to hear only Indian. If that were the case, I would use what little Mohawk I have. I’m

not competent in my language. But her mother is and she's saying to her in Indian, "Push as hard as you can." And she's going like this, so I know. I'm good at body language. I know that she's torn. So I take my eyes off her and let her look at her mother. By now, the baby's out anyway, so it's not an issue. But [it's] my risk. She said, "Katsi, if I don't listen to you, just punch me." I said, "Yeah, punch you. And you got nine women around you who would beat the crap out of me if I did anything like that." She's just teasing and so am I, but the risk is on me.

Ask an OB if he wants nine female relatives in that delivery room. No way. They won't even let you take a video recorder in there anymore, because of liability concerns. My goal is different. I want the women to see a normal, spontaneous vaginal delivery. Where are they ever going to get to see that? Yeah, you can see it on TV 24 hours a day now, but it still ain't the real thing. It's not the real thing.

FOLLET:

And I wonder, too, about when you were saying how women, including the clan mothers in Iroquois society, had lost the balance of power, had lost their voice, and I wonder how this setting in which you work, given the power of birth at the center of this — isn't that a place where some of that is being —

40:13

COOK:

The faith keepers and the chiefs know who I am. I've stood up in the longhouse at the invitation of one of the clan mothers that I delivered who made a conference for her program at the longhouse and stood up in front of the longhouse people and explained the power of birth and why we need midwives and why healthy women can deliver at home, and that it's safe and that it's part of restoring culture and language — that language belongs to an ecological niche, just like birth does. And there's language in birthing, in fishing, in lacrosse and everything we do in our culture, that language belongs to that.

And they know it's strong but they just leave me alone, because the way our community works, the minute I make a mistake or there's a negative outcome, everybody knows about it and the balance that's kept is, well, then nobody will ask my help anymore. I don't need a license in terms of knowing who's safe and who's not. And I don't say that in the way that it sounds. The community controls it. The women control it. If I ever messed up, I would never practice again. It's that simple. The word would get out: she doesn't know what she's doing. Because I know other midwives who call themselves midwives who don't know what they're doing and they don't get asked again. Or they want to have the doctor in the next room in case something goes wrong. Well, that's not a midwife. That's more like a doula. So, a midwife takes responsibility for a full scope of practice.

Now, I don't use hospital techniques because I do solely home deliveries and I will go and support the mother in the hospital in some special cases. But my community controls my practice. I mean, I've done things that involved using medicine that this family doesn't even know about and even might have had an attitude about. I had a

grandmother go to my sister's house and say, "I hear there's people in our community using that peyote drug. Did they see pink elephants?" She's a longhouse woman. And my sister tells me, "Oh, so-and-so was here. This is what she said." Well, not long after, she shows up at my practice with her daughter. And it turns out that there's a problem. I'd better not give too many details, but this woman [said], "Katsi, because of my birth experience, I want her to have a home birth so we can really experience what birth is."

It turns out, she's the one, her baby is dead. "How are you feeling?" I said, "I can't be your midwife. You would have had to come here as soon as you knew you were pregnant. But I could go with you to the hospital and make it more homelike. But at this late stage, you know, how are you? What've you been up to? When did you see your doctor last?" "Oh, I haven't seen my doctor in six weeks." "Why?" "Well, I went to a training, a workshop over there in another community. I stayed over there for four weeks." "Who took care of you while you were there?" "Oh, nobody." People can be lackadaisical about prenatal care. I said, "So, you haven't had any prenatal care in six weeks. Is the baby active?" "Oh, I haven't felt the baby move in four days." "Well, why don't you lay down on this rug and I'll get my Doppler, or I'll just feel your belly."

And the minute my hands are on that belly, there's no kick back. The tone itself is like Jell-o — not Jell-o, more like, there's no tone. And it doesn't take very long after a fetal death for the baby to begin to liquify. So, I get my Doppler and I'm very carefully looking for a heart rate in all the quadrants of the abdomen and there's none. And even then, I start saying, "Well, let's go see my cousin at the clinic. She has a different Doppler. Maybe it's just my instrument. And maybe it's just me. But I'm not finding a heart rate and the tone of your abdomen isn't what it should be." So she's starting to get the idea that things aren't quite right without [my] saying, Oh, my gosh.

My purpose — I'm not the primary care provider here. My role is not to do a diagnosis of fetal death, but to get her to where she needs to be, which is over to her obstetrician at the hospital. But first I'm going to take her the next step to the clinic, and my cousin can't find a heart rate either. So I tell her mother, "Go get the father of the baby and whoever you think she's going to need to support her emotionally." And the mother is hearing in my tone and in my choice of language what's going on. So, they get to the hospital with their support. I said, "I'll go if you want but I really don't need to go. You just came to see me and now we're here, and I'm not really part of this picture at this point. If you want, I can be, but you can go with your family and then if you need me for anything, just give me a call. You know where to find me."

So they go, and the diagnosis by ultrasound is a fetal death. And then in the morning, she called me. They were terrified. The doctor said this and now her grandma's saying that. And her grandma's saying, "Call the doctor give you a caesarean section and get that baby out. Can you come over and counsel them about what their options are?" So I did

and we ended up going for the hospital induction but also going to a peyote induction, knowing what that woman — what her thinking was. But I talked to them, because I'm already in it. She sees I know what I'm doing and she knew that already, but she had never worked with me directly. So at that moment, as I'm bringing this medicine to the hospital with us because it can help you, [I say to her], "Just know that it's available in the case that you feel the need."

And so, finally her mother says, "Katsi, get that medicine." And so I give it to the mother and I say to the grandmother, "You know what? I think you should take this, too, so that you can be a better help to your daughter, and the father and I'll even take it, so you'll know that we're not going to be seeing any pink elephants." She looked at me, you know, and she said, "What will it do?" I said, "It'll help her any way she needs it. Some women, it puts them to sleep. Some women, it gets them go into active labor. Whatever she needs, it's going to give that to her."

So, we all took that medicine. She started to rest. She said, "I think I'll go lay down." I said, "Great. Your mother and I will go to the mall and get a few things. We'll be back in half an hour. And we have a cell phone. Have the nurses call us if you need us sooner than that." So on the way to the mall, I talked to her mother about, "This is how we can help her. This is what you can expect. When that baby is coming out, it's not going to be the baby you're thinking." And I had already prepared the young couple for that. "It's going to be like the baby was scalded. Skin will be peeling and the color won't be nice and rosy pink, and there's going to be denial. It's natural. Your brain is going to want to be thinking, 'This baby's alive.'" But I never did say dead or death or any of that kind of words. I just said, "This baby will not be alive, and so you need to prepare for that." This I'm saying at the house. Once we're in the hospital, it's a birth.

And so we get back to the hospital and she's in the rocker rocking. She had a nap, she's in the rocker rocking –

FOLLET: This is the –

COOK: The mother.

FOLLET: The mother.

COOK: She's in active labor now. Her sisters are there, making her laugh and we're enjoying this. And then, she kneels down on the floor. I put a pillow there, and the OB just comes in, peeks in and goes away. He's letting me do the delivery. And so, the baby comes out. It's going to be like toothpaste is being squeezed out of a tube and the father comes down to take the baby first. The mother's facing that way, because she's on her knees, and she's struggling just to have the baby. Her mother's on the other side of bed, holding her hands, so her mother has got a role to play, a powerful role to play.

50:00

The father sees these bubbles come out of the infant's mouth. "She's alive." I said, "No, she's not alive." You have to break through that denial right away. And I said, "Those are just fluids coming out of her lungs." And I handed the baby to her. I said, "Now, we're going to bundle this baby but don't handle her too much because she's already going back to the earth." And then the mother doesn't want to see her right away, but eventually the father holds her and cries and then the mother, the grandmother holds the baby, and finally, the mother's got the placenta out. She's in the bed, and now she's curious. I said, "It's OK to hold the baby, but you don't have to if you're not ready." Finally she holds the baby. She has her time with her baby girl, and then she says, "Can we bathe her?" I said, "Yeah, we can bathe her but, you know, her skin and everything, her skull bones are loose." And so I kept her bundled. I unwrapped her from the back and all the family — by then, there's about 20 people there. I'm going to bathe her and then I'm going to bundle her, put her on a cradle board, and then we're going to take her back to the reservation.

By law, the Mohawk people don't have to go to a funeral home. They can take the baby and go home with it. And they had a funeral right after [for] that baby and a dead fetus. It wasn't a full ten days, it was shortened up. By that time, you've got the longhouse authorities involved with the speeches and the funeral rites.

So they know me through all of that and the evaluation I get is a month later. Someone says, "You know, you really did a good job with that family. The grandmother said, 'We got to experience a birth and not just a death.'" Isn't that beautiful?

FOLLET: Ohhhhh.

COOK: You know, and she never said a bad word about that medicine again. She even invited me to the longhouse to a full-moon ceremony. This is another practitioner, not the one I was talking about. She started to get the full-moon ceremony out into the other women's circles. And I sang peyote songs at the longhouse.

So, that's how it works, through the women's circles, through the family — natural organic processes. I don't [say], OK, now, we're going to do it this way. I'm not about that. I use the skills that I have where it will help, and do it through information. The mother said, "What would you do?" I said, "Well, I can't separate who I am from my biomedical training. But as an onkwehonweh person, I know what I'd do. I'd use peyote." "What is that? How does it work?"

And so I do informed choice and then I say, "Well, you agree to it. You want it. But you're going to have to go out and represent your choice to your family in that living room, because that's not my job. I don't have to talk anybody into anything. So, I'm going to go to the clinic and get that lab result. When I come back, if you still want to do it, fine. If you don't, that's fine, too. Just go to the hospital." I get back and her relative, who's a longhouse chief, is saying, "Katsi, we've

known you a long time. We think of you as a sister. If you say this will help, then let's go. Let's do it." But even then I have to be careful of that social equity. It's a kind of coercion, I think. I don't want to have people make up their mind just because Katsi said, you know. I'm real careful about that. You can abuse that. So, I make sure that they represent what they want to their families so it's not, Well, Katsi says.

I didn't go into that easily. I know the things I had to overcome in my own mind to go in that teepee, but I wanted to learn. I had a reason I went in there. And so I've been going in there ever since. And the amazing thing about the ceremonies [is that] once you engage ceremony, you're engaging complexity. Biomedical science was built on principles of the universe that are set in stone, but that are not appropriate for the subtlest form of matter, you know. And I like how Upledger, who wrote books on craniosacral therapy, said, "Think of spirit as the subtlest form of matter." And I've always wondered, How do I write about ceremonies and their place in birth without violating the knowledge and without people perceiving that, oh, I need to explain how things work. It's not that, either. So, I have a piece I wrote called, "Seed at the Core" that I'm going to send with you.

FOLLET: Oh, good.

COOK: I'll probably have to e-mail it, because I can't get into my e-mail right now — that talks about those elements of ceremony and their impact, using synchronicity and things that are discussed in complexity. The subtlest input can affect how a system goes. And so, prayer — I mean, there's a lot of research now on prayer and its efficacy. There's research, for example, on an infertility clinic in Manhattan. They randomized their clients and without the clients knowing and without the people praying knowing, half of them were prayed for and the other half weren't. And the ones that were prayed for had a higher incidence of achieving pregnancy and a live birth than the ones that weren't prayed for. And so, you see that in the literature around prayer. It's funded by the National Institutes of Health and the Office of Alternative and Complementary Medicine. So there's a growing body that documents the efficacy of prayer in any medical outcome. So, even that research has had an impact on my ability to get the message through all of these barriers in institutions.

FOLLET: And research is a component, will be a component, of the First Nation –

57:12

COOK: Another component. Outreach in communications, research, legal, sovereignty, community empowerment. All those aspects will be woven in. Community empowerment, beginning with women's empowerment, that's a given. It's almost trite to say that, but that's woven into all of it. I mean, empowerment is both a process and an outcome. So –

FOLLET: And the process continues.

COOK: Yeah. And it will after I'm gone back to the earth. You know, there'll be midwives, which was my goal, to be a bridge between my grandmother's generation, to keep the practice alive so that the next generation will keep it going. Here we are.

FOLLET: And here you are. You have –

COOK: I feel wonderful. I feel like –

FOLLET: You have done that. You have –

COOK: Well, not alone.

FOLLET: I know. (both voices) I know.

COOK: It took a considerable amount of energy, you know. I was just lucky. My own sister happens to be the director of the Mohawk Council of Akwesasne's Health Department, where the birthing center — they're the chiefs' council that will oversee it, because they're in the Ontario portion where the laws are for us.

But another contemporary, not a cousin but a nurse I've known all my life, is now health director at St. Regis Mohawk Health Service who's gone through her own healing process. And there was a memorandum of understanding in Geneva, Switzerland, in 2001, between the head of Health and Welfare Department and the head of the Department of Health and Human Services of the U.S. government that said, in communities close to the U.S.-Canadian border, we're going to share research and resources. And so, IHS will be able to pay for Mohawk women from the U.S. side who have their babies at our birthing center on the Canadian side.

So, in the medicine of time, everything's lined up for this to happen, and that's how I know it's time. And that's how I know it hasn't just been dependent on one or two or a handful, or even one community of people. And the model will grow and will be a beacon, just like Akwesasne's environmental justice movement opened up the Superfund pocket to other communities to do human health research. The whole environmental justice movement was informed by the model at Akwesasne. You get on the internet now, and all these different tribal communities — not all of them yet, but more of them have research protocols for how outside institutions will do research in that community. No longer can an anthropologist or any university-based researcher waltz into a Native community in the Americas anywhere without running into the barrier, the protector, of the research advisory committee of the community itself.

FOLLET: And the Mothers' Milk Project helped [establish] –

COOK: Helped that process of thinking, because Mount Sinai didn't even follow that. And so we institutionalized it in the Akwesasne Task Force on the Environment [ATFE] research protocols, because it had to be beyond just one organization. It had to be communitywide.

FOLLET: So the mothers' milk work informed the environmental work (both voices) and the environ[mental] –

COOK: We provided the funding that established ATFE, that established the bigger picture of the Hotinosanee Environmental Task Force through the whole Six Nations Confederacy. So, it's been a ripple effect out, and I imagine this birth project will be that way, too.

FOLLET: Well, we're at the end of –

COOK: First Environment Institute.

FOLLET: Yes. It will happen, I'm sure. I think so.

COOK: Build it and they will come. So we put it all in there, a big stew. And the birthing center, which isn't going to be some big building, it'll be a humble, maybe a log cabin that will be used to situate full-moon ceremonies. And young women can come and learn about birth control, dip their own urine, and understand some basic medical things, you know, because it blows doctors away when Mohawk women come in and say, OK, how dilated am I? Or, even now, women talk about dilation, effacement. They use OB terms, nursing terms, in their everyday conversations, you know.

FOLLET: But it will be a physical building that represents a movement –

COOK: A physical building, medium size, that serves all of our community [in the] U.S., Quebec, and Ontario.

FOLLET: And that consolidates and integrates all the pieces of the work that you've built over the past –

COOK: Not about buildings, either. When we opened up the birthing center, christened it at Six Nations, I told the chiefs' council and all our guests, "This day is not about this building. It's about the women. Don't ever confuse the two. It's a beautiful building, but it's just a building. It can burn down. We can lose the funding, you know. The knowledge will always be here, the experience and the knowledge." So that's what it's about: integrating the knowledge, using all of our knowledge and making it whole again — that clay pot that was shattered all those generations ago. I really like that. (long pause; tears) That makes me feel really good.

FOLLET: These are tears of joy.

COOK: Yeah. I haven't had to think about the totality of all these years this way before. You know, when I've gone in that teepee for ceremonies — in the teepee, we have a ceremony to bless the pregnancy, and I've prayed about any work I ever did inside of that teepee, whether it was training to be a midwife, training other midwives, starting a birthing center, and I realized that medicine showed me that that fireplace is the birthing center —

1:04:30

END TAPE 8

TAPE 9

COOK:

...the way time is and physics has gotten kind of close to it, where they say anything that ever happens still is happening, you know? And so, if that's true, then anything that's going to happen, you can see it happening. We have seers in our culture. People go to them and they read tea leaves, whatever mechanisms they use. They use nature's patterns to see something that's happened in time.

And so, one of the things I've uncovered in my research is that the old-time midwives, maybe two generations ago, they still had the knowledge where they would take a baby that was born in its sack and they rolled that out on a table, separate off the placenta and cut a piece of the membrane and put it up on the window, and read it. And they would read what the message of this baby was. They would see the baby's future. And so, that's why aboriginal midwifery is so important. It isn't just about, you know, pretty words or — there's a depth in there that's human. Not even just Mohawk, it's human. This is how human beings can know.

But to talk about that in the academic world, you have to talk about it as anthropology or psychology. But when you glimpse it, you know, you can't chart that. You can't chart that. But you can protect it and notice it and apply it and save it for that baby. So we do have dried pieces of the amniotic sack of some of these babies that were born in their sack.

There was a baby born in our bed upstairs, complete, intact in her water bag. The baby, here she is in her sack, you know — awesome. And I had to open the sack and she breathed as soon as the thing was removed. But that would never happen in a hospital, unless by total accident. So, again, that behavior, artifact of behavior. If it no longer exists in human experience, does it exist in the universe anymore? Only when it happens again, when it's allowed to happen again. Isn't that interesting? There's ways we've behaved in the past as humans that we don't remember. Knowledge that we've had that we don't remember. But it can come back to us in pieces and then you piece it together and you see the pattern, and it's all nature's patterns. When you're reading tea leaves, when you're reading an amniotic sack, when you're reading a placenta, when you're reading anything in nature, you're reading a pattern created by nature, and that's what complexity's about.

The whole science of complexity started from weather patterns, things nobody can control. There's no air balloon you're going to send up there to see the clouds to change it. These hurricanes are so devastating. There's no way they can impact it. But prayer can impact it. Ceremony can impact it. We have a ceremony in our mid-winter called the Dawn Song. You get up before the sun ever rises and the song speaks to the winds and tells the winds, Go around us: don't drop any trees on our homes. And for that next cycle, the wind won't damage your community. Those are the things that are done in the ceremonies.

White people don't know how to do that. (laughs) They'd rather pay taxes. (laughter)

FOLLET: For a tree warden.

COOK: Clean up the mess.

FOLLET: Or better yet, buy your own chain saw.

COOK: Or, we'll get to you once we're done with the rich people first.

FOLLET: Well, you've had the gift and been the gift of a person who has stepped into that, that river of time that you talked about.

COOK: A time when I was born.

4:50

FOLLET: Yeah, but stepped in –

COOK: The way I was, I landed in my grandmother's hands. I mean, I loved that — all the way back to that woman in that painting, including my daughter, up to my daughter. All the women in my line were born into the hands of our own women — not some hairy-armed, you know, Italian guy or whatever (laughter) but, you know what I mean — from the beginning of time. Who can say that? Not too many people in the human experience can say that. All the way back to my creation story. I love that thought.

And my mother was never supposed to even have children. And I say that not as a proscription against abortion. When I give my public talks, I say this not as a statement about abortion, but as a statement about how powerful is the love of a woman and a man, I guess, in that case. I'm just saying that's a part of who I am. I wouldn't be here if I didn't have the mother I had, and so I always acknowledge her in anything I say — that if it weren't for her, I wouldn't be here.

So, I'm really grateful to those women and for the messages of my birth, because I was born on the Mayan calendar day, the Day of Awakening. So I have to watch for — I have had one dream in my life that showed me I was doing those things I was supposed to be doing, and I've written it. I'll send it to you. I'll put it in the archives.

FOLLET: Oh, good.

COOK: So that on the Day of Awakening — and anybody, even if they're not born on this Mayan day, while you have a dream, and inside of the dream, you wake up from the dream but you're still dreaming? That's my day, where I sit in the cycle of days. At the front of the women's cycle, my job is to awaken the women to the power of birth, within the life cycle. That's just who I was born to be. And in my day, I have the — I don't want to say the power, but I don't know what English word

fits it, the spirit of my days about growth and development of children and of life itself.

So, you know, I follow these babies. I'm not done with them when they're born and when they're at six-week visit or four-day visit, but their cord and the ceremony that's used when they're in puberty and through their life — I want to be able to help these children through their life, because if I was aware of the messages of their birth, they're going to need that as they grow. They run into all kinds of challenges in their lives.

FOLLET: You mentioned earlier that you might want to talk to some of them in this interview in a way that they might access later. Do you want to do that?

8:00

COOK: I think I would like to talk to those little ones that were born over at Six Nations. And so, I'll address them directly.

**SEGMENT RESTRICTED
UNTIL AFTER KATSI COOK'S DEATH OR UNTIL JANUARY 4, 2035.**

FOLLET: OK, OK.

COOK: There's so much energy around how those births were and I can't do justice to it, having sat here for hours and hours.

13:30

FOLLET: Yeah, I'm glad you got a chance to do that.

COOK: Yeah, I'm glad I got to do that much.

FOLLET: OK. Let's –

COOK: Get these boxes together.

FOLLET: These boxes. And then, before I go, I definitely want to film this [painting on the wall] and maybe after you've had a chance to stretch and move, you can describe it [*The Birth Story of Creation*, painting by John Thomas] as we film it. Would you be willing to do that in a little bit? Great.

COOK: (unclear) Because the artist, John Thomas, he's the one, and I told him, "I want the Sky Woman on the turtle. Can you do that?" It took him, like, six months to come up with that.

FOLLET: Oh, he did this at your request?

COOK: Yeah.

FOLLET: OK.

COOK?: So, Joyce, do you think that's a project Ford would go for?

COOK: I wish John were here to interpret it.

FOLLET: Are you ready?

COOK: Yeah, I'm ready.

FOLLET: Can you do it?

COOK: Yeah, I'll do it.

FOLLET: We'd better hook you up to the –

COOK: OK, wait. Come in here.

FOLLET: OK. Let's make sure we're — I can hear me.

COOK: Katsi.

FOLLET: Got ya. OK. So, tell us what we're looking at.

COOK: This painting done by John Sowatis Thomas is called *The Birth Story of Creation*. And it creates an image of the Sky Woman, Otsitsisohn, Mature Flowers, who is the creatrix who fell through the hole of the Sky World and, guided by the wings of the birds [landed] on the back of this great sea turtle, the core of this continent we call the Precambrian shield. This is the turtle that she landed on. And these water animals went down to the bottom of this ocean and brought up a clump of mud, and pregnant as she was with seeds and bits of sacred things embedded under her fingernails from the hole of the Sky World that she fell through, she planted those sacred things, like the Indian tobacco that she's holding in her hands. Those things that we depend on in this world and use to communicate our prayers, our thoughts, our thanksgiving and appreciation for this creation to the Sky World rise up in the smoke of the tobacco and go back to that Sky World.

And so, on the right and left of the painting are two fetuses who symbolize the twin sons that were coming to her through her line. She's carrying in her belly her daughter Katsitsion ni, whose name I forget what it means — something to do with flowers. And her daughter Katsitsion ni was going to have these twin boys who are represented in this painting — the good and bad twin that really represent both the possibility of conflict and of symmetry in nature, the way the Creator made this world that we're in. We experience that balance of the right and left all the time, every day. And it isn't so much a matter of good and bad as it is you need the positive and the negative, like poles of a battery, you have to have both for the car to move. And so, for creation to gain momentum, you have to have that right and that left.

And just the way Joseph Campbell describes mythology as the accumulation of a people's dream, this painting represents the creation story of the Iroquois people, expanding from the Anishnabe, the Huron, and the Six Nations Confederacy. We all share a similar creation story of the fall of our Sky Woman mother, grandmother, who fell from a hole in the Sky World to this world. And when you look, each continent on the planet has a Precambrian shield, the continental core.

And in my research as a midwife in understanding traditional midwifery, I used this creation story as a way to backtrack and look again at what it means, going back to the first birth story. As a young woman in the longhouse, I asked my clan mothers, "How do we teach the young about birth?" And they told me, You have to go back to the first birth story. And so, when I asked John to represent that as he does in this beautiful painting, this is what he came up with. It has in it all the different elements of nature and the things that we relate to, even today.

This water bird that's at the front of the painting is a bird that's on there because that's a bird whose feathers we use in a sacred ceremony that makes us study ourselves, that in establishing peace or dealing with conflict, one of the first things we need to do is study ourselves, not so

much look out and around at everyone else and see what's wrong with them, but to look inside of ourselves and to know ourselves so that we can live humbly and peacefully and well in this world. And so, all of these different animal beings represented here have a role and a place in creation in maintaining the balance.

The hummingbird, too, is a bird of medicine representing love and the sweetness of life. The hummingbird is a wonderful animal that is also a doctrine bird. And so, every one of them in there, from the eagle to the otter and the beaver and the loon, the water bird, the Canadian goose, the ducks, the heron, they all represent clan families or medicine societies that come to us from the teachings in our creation story. And the turtle, too, is such a fundamental element of everything we are and everything we do.

But if you were to travel north of Toronto up into Sudbury and towards Thunder Bay, you would be traveling right on the back of the turtle, that pink granite bedrock that's exposed on the Canadian shield. This turtle is a metaphor for that. And so, I traveled in my research to a place called Manitoulin Island in the Great Lakes Basin. I've always been interested in the Great Lakes, because it's a shared ecosystem for all of the Native people who share this common creation story of this Sky Woman and different variations of it. They say that Manitoulin Island is where she landed and where she planted these seeds and bits of sacred things, because you step off the granite core of the continental shield and Manitoulin Island, while there's still much rock on it, is a lush, fertile, island — the largest fresh-water island on the planet, covered with orchards and vineyards and gardens. Indeed, the image of that island fulfills the teaching of this story, that she planted seeds and bits of sacred things and, dancing around those, the earth grew.

And so, when I traveled to Manitoulin Island, I went to Ojibwa Cultural Foundation, and I was most interested in a geode, which is a special kind of rock formed in the geology of the earth, that was dug up from the excavation of the site for the building of the Ojibwa Cultural Foundation. A geode looks like an egg and if you cut it in half, it's going to be all crystals embedded in its core. But on that geode, the crystals were all over the crust of the geode. And looking at it, I knew that I was looking at something very special, and I felt intuitively that it's related to this one, our grandma and her fall to the back of the turtle.

And so I happened to be in a curriculum writing meeting last spring with an Anishnabe intellectual who heads up the Native studies, indigenous knowledge program in one of the universities in Canada, and I asked him, "In your language, what is your name for Manitoulin Island? I know that Manitoulin used 'where the Manitous will gather.' Because in their prophecies, there's a time coming when all the spirit beings will gather on that Island." And he looked at me. I had told him about that geode. And he said, "We have a name for it." And he said in his language. And I said, "What does it mean in English?" And he said, "It's the woman's nest."

22:00

And so that's how I do indigenous research — through the language. By going there. By my intuitive experiences. And so the next thing I would like to do there is to initiate the First Environment Institute activities by holding a ceremony there and asking our grandma to support us in our work here on this turtle island on behalf of her grandchildren. And so, in all of this, that's what this painting means to me. Isn't that nice?

FOLLET: It's wonderful. I love the idea of going back there to —

COOK: And take John to run a ceremony, take the clinic director, one of the doulas, you know, to initiate the First Environment Institute. Because our vision for the First Environment Project was basin-wide, to organize in our own basin. I ended up on the International Joint Commission doing that in the Great Lakes United. So, I've traveled quite a bit to do all that.

FOLLET: And you said there's a cultural center there?

COOK: Yeah, Ojibwa Cultural Foundation. And they have no clue what they have. The guy that dug it up — because I asked them, "Where'd you get this?" They said, The contractor that dug our foundation scooped it up in the bucket and said, "This must belong to you." When something goes like that, pattern, there's something to it. There's all kinds of beautiful art work, you know, but they had this geode under a plain plexiglas and it was the most interesting thing in there to me. I realized, I'm on right where she landed.

I went up there to do dream theater for that Aboriginal Healing Foundation, with boarding school survivors. And at first, we were there four days. I was there with my friend Jan Longboat. She's a healer from Six Nations. And it was boring as all get out. I said, "It's a beautiful island, but there's nothing here but trees." We did our dream theater at an Indian-run restaurant where they made their apple pies from the apples on the trees growing right outside the restaurant. I've never had that experience anywhere. So the food — the apples, the orchards, caught my attention and there were gardens and it was just a — you know, everything else up there is rock.

So then we went over to the Cultural Foundation because we were so bored. And I saw that, and it was the last day we were going to be there. It took me all this time to realize why I'm here. I'm coming back. Then when that guy said that, that one of their names for the Manitoulin Island is the woman's nest, well, I looked at it and said, "This is an egg," what I was looking at. Because in the geode, it wasn't just smooth and round, it was, in the bas relief of the geode, you could see like a yolk in there. It was an egg. This is an egg. I wonder why? In those crystals, it's like there's seeds of teachings in that geode left there. I'm talking way out there, but this was all intuitive, I'm thinking.

So I got home and I researched geodes and I researched Manitoulin Island and I couldn't find anything useful. And so, then, at that meeting on midwifery, I asked this Anishnabe man, "In your language, what are the names for Manitoulin Island?" And he said it. I said, "What does it mean?" He said, "The woman's nest." Egg. Nest. Uterus. Nest. You know, my mother used to say, "You have a nest in here where the baby's going to grow." And that's what she had on the turtle's back.

So I loved — that's how it works, the connections, where synchronicity takes you next in your research. You know, you ask in a prayer and it gets put in front of you, the clues. And you take the next step. So I know if I go pray there, I'll learn more. I can't wait.

29:50

END TAPE 9

END OF INTERVIEW

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