

CRITICAL CONVERSATIONS: SHEENA ROETMAN ON BODY SOVEREIGNTY AND JUSTICE



[Sheena Louise Roetman](#) is the editor of the groundbreaking website [Sovereign Bodies](#) which is centered around indigenous women's health. "By putting the concept of bodily sovereignty at the center of the mainstream dialogue about human rights and social justice, it is intended to ignite important new conversations about sexuality, reproductive health, rights and justice."

<http://www.adiosbarbie.com/2016/01/a-critical-conversation-with-sheena-roetman-on-body-sovereignty-and-justice/>

Adios Barbie's Vanessa Leigh interviewed Sheena Roetman to learn more about the site and its transformative message.

1. AB: How did *Sovereign Bodies* get started, and what is your mission?

SLR: Sovereign Bodies was actually started as a companion project for a feature documentary, Young Lakota, produced by Incite Pictures and co-presented with Vision Maker Media. We focus simply on indigenous healthcare, and whatever that might encompass – we've done pieces on birth control, child birth, mental health, eating disorders, self-care, child care and healthy relationships, among other things.

2. AB: Body sovereignty is such a compelling and powerful subject. How do you define body sovereignty, and why is it so important to center that topic within communities of native women?

Body sovereignty is having agency over one's body. Not just having the ability and right to make decisions about your body, but having the knowledge to make educated decisions. At Sovereign Bodies, I try to focus on community and tribal knowledge just as much, if not more, than traditional Western medical knowledge. While Western medicine does and can have its place, our communities, traditions and knowledge have survived since time immemorial *without* Western medicine, up until very recently – the past 100 or so years.

Our tribal communities are deeply rooted in the idea that everything is connected, so sovereignty of one's body involves sovereignty of everyone's bodies, of land, of belief systems. All of these things affect each other – that's why I prefer not to say that we focus solely on women's health, but the health of all Indigenous people, and the health of our land. One cannot survive without the others. It is crucial that we focus on our traditional knowledge first.



3. AB: How does the pushback on women's health access, reproductive rights, and the attacks on Planned Parenthood have a unique effect on Native women?

It has a strikingly unique effect on Native communities in that this pushback is preventing us from gaining access to what *many* populations have had access to for nearly half a century now. Many of our communities are isolated and access to knowledge and care are, and have been, restricted by that simple fact. Additionally, forced assimilation devastated our stores of traditional knowledge, and until 1978 it was still illegal to practice traditional ceremonies, which are crucial to our healing and growth. So it feels as if things were finally starting to turn around and we were finally gaining ground on what most other American and Canadian women had access to, and then BAM!, back to square one, because all women are being threatened.

4. AB: How can this ongoing analysis of Native women's healthcare and justice impact the mainstream dialogue on human rights and women's reproductive healthcare?

Because it's inclusive in that it's focusing on a group that just hasn't been focused on before in any respectable way. Human and civil rights conversations very often leave Natives out of the equation entirely, so by focusing on these issues we can bring ourselves into the mainstream and control our own image. Making sure that the mainstream dialogue is inclusive – how can you have a valuable conversation about

human rights and women's healthcare when you're excluding (accidental or not) an entire group of people?

5. AB: How can people committed to social justice be effective allies for sovereign communities in their fight for justice and access in healthcare?

Anyone who truly hopes to be an effective ally needs to understand that, frankly, sometimes you just need to shut up, sit down and listen to the people who have actual, lived experiences. You need to have faith in their truths and understand that any suspicion you might feel – if you feel they are trying to get attention or are being too sensitive, stuff like that – is racist, or sexist, or what-have-you. It's indoctrinated and probably not intentional, but it's real and it's there, and the best way to be an ally is confront that fact head on. We can't really discuss further actionable items until that barrier has been overcome.

6. AB: Are there any upcoming projects from Sovereign Bodies we can let our readers know about?

We're currently working on a bit of restructuring and trying to gain more diverse funding. We have some great things planned for 2016, including a redesign and a little more structure in our posting frequency, and I have some great guest columnists lined up, as well as continuing some of the current themes.

7. AB: What is the most important thing about your work you want our readers to know?

These are stories that *are not* being told elsewhere, but telling them is crucial. We are providing a platform that hasn't existed before. When I was doing research for the initial eating disorder series it was practically impossible to find statistics – these are topics that aren't even being studied in highly diverse academic environments, much less being put into mainstream media. But, of course, that doesn't mean these things aren't occurring – I knew it was happening because it was happening to me, to my sisters and cousins and friends. And, using this example to go back to the previous point about Western medicine, since there were no conversations, there were no answers. Literally zero treatments available that were culturally based. And this

happens over and over, in pre- and postpartum treatment, in parenting support, in alcohol and drug treatments, the list goes on. So if we can start creating conversations, we can start creating solutions.

8. AB: What gives you the most hope for your work in the future?

It seems like people are paying attention, at least more so than I thought. We're getting a lot of interaction lately, and that's leading to more partnerships and exposure, and it keeps compounding. If we can continue to do what we do, but on a larger scale, I think that's a huge step in the right direction.