

April 3, 2019

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Standing Senate Committee on Human Rights

RE: Forced/Coerced Sterilization of Indigenous Women in Canada

Dear distinguished Senators,

Thank you for organizing this panel and bringing attention to the issue of the coerced/forced sterilization of Indigenous women in Canada.

I come to this hearing today with about 10 years of researching and thinking about the forced/coerced sterilization of Indigenous women in Canada, but Indigenous peoples have been experiencing this issue for many more years than this. I am the author of *An Act of Genocide: Colonialism and the Sterilization of Aboriginal Women*. My research is informed by the desire that colonialism in Canada come to an end, and that settlers uphold their end of the original responsibilities and relationships laid out between them and Indigenous peoples, so that a future can be created in which Indigenous lands and resources, ways of life and bodies are respected.

I am encouraged to see that Indigenous women's experiences of coerced/forced sterilization are slowly being acknowledged, including by this Committee. Thank you for this. However, I would like to qualify that I am cautiously optimistic – and this caution is based on my reading of history and the record of previous governments who have had many opportunities to intervene in this issue, but instead have often sought to minimize allegations of coercion and avoid accountability, rather than approach the issue with the openness and honesty it requires.

The coerced sterilization of Indigenous women has taken place from the 1930s to 1970s, under what is often referred to as “eugenic” legislation, in Alberta and BC. But it also took place outside of this legislation, including in federally-operated Indian hospitals across Canada.

The documents I examined reveal that over 1000 Indigenous women were sterilized over a 10-year period, up until the early 1970s. Although these documents are only partial, and do not tell the experiences of each individual woman, they show the loosening of guidelines on when sterilizations could be performed, a failure to translate consent forms into the language of patients, and that qualified and properly trained interpreters were not always used. They also show a climate of racism and paternalism leading to the view that sterilization was for some women's “own good,” as a means of dealing with poverty and other public health issues prevalent in Indigenous communities.

This trend has continued following federal legislative and policy change, since the 1970s, under the banner of family planning. Approximately 100 women have come forward alleging forms of coercion and systemic racism, resulting in their sterilization without full, prior and informed consent, up until as recently as 2018.

While other individuals may have experienced coerced sterilization in Canada, Indigenous experiences need to be understood within their own unique context, and unique actions are needed to address the issue. This includes holding those responsible for coerced sterilization criminally responsible. It can also include the implementation of immediate and tangible policies that outline how services are to be offered, when and under what conditions consent can be sought, with clear consequences for when these are not followed. This must also include the establishment of a monitoring body, led by Indigenous peoples, whose role is to ensure policy is followed, as well as the availability of culturally-grounded supports for Indigenous women who must navigate decision making in western medical institutions.

For Indigenous peoples, systemic change is also needed -- to the relations that continue to fundamentally shape every interaction Indigenous women have with Canadian institutions. It is important to remember that the coerced sterilization of Indigenous women is connected to colonialism and the failure of Canada to respect Indigenous title to land, and is one of many forms of violence experienced by Indigenous women in Canada.

Coerced sterilization undermines the ability of women to make decisions about their own lives. This practice can be linked to other explicit policies stemming from the Indian Act, such as the sexist and raced-based definition of who is an "Indian" traced through male lineage, which have undermined Aboriginal women and denied them the ability to participate fully in their communities.

The practice is also consistent with how other medical services have sometimes been offered to Indigenous peoples, for instance, through Canada's evacuation policy for pregnant women or the historical regulation forcing Indigenous peoples to submit to western medicine, which has often resulted in the control of Indigenous bodies and the criminalization of Indigenous health and reproductive practices. For Indigenous women to be able to freely chose western medical options, fully funded and fully supported Indigenous options, created by and under the control of Indigenous peoples, need to be viable alternatives.

The coerced sterilization of Indigenous women works to destroy the connections between women and their peoples while reducing the number of those to whom the federal government has obligations. Sterilization breaks the link between Aboriginal women and future generations. Other policies did this as well, like residential schooling or the "sixties scoop," which forcefully transferred Aboriginal children out of their communities and into state-run institutions and/or non-Aboriginal families. Indigenous children continue to be disproportionately overrepresented in the child welfare system today. Interventions like this further perpetuate assimilation as Indigenous children are often disconnected from their communities and ways of life. They also continue to reinforce the stereotype that Indigenous women are unfit mothers, unable to care

for their children. However, there is finality to the practice of sterilization. The break that comes from robbing Indigenous women of the ability to reproduce cannot be undone, and effectively terminates the legal line of descendants able to claim Indigenous title to lands and resources.

To coercively sterilize Indigenous women allows the Canadian state to deny responsibility for and avoid doing something about the deplorable social, economic and health conditions in many Indigenous communities, conditions recognized as being a direct result of dispossession and colonialism. It is more cost effective to limit the ability of Indigenous women to reproduce than to do what is required to improve the conditions into which children are born. This context leads to a credible charge that coerced sterilization is a human rights violation and an act of genocide.

I am left wanting to ask questions such as: Is there an internal paper trail, including Cabinet documents, that would either substantiate or refute this charge? What is the full extent to which government knew, or knows about the coerced sterilization of Indigenous women? Who performed these operations and who approved them? Where are these documents and where is this data? Where are those who are criminally responsible, either directly or indirectly? Why has the government failed to act on this information up until now?

Women who have experienced forced/coerced sterilization deserve any and all possible supports that can be made available to assist them in sharing their experiences and dealing with the continued impact of this violation in their lives – but gathering the experiences of these women will not establish answers to these broader questions.

So, with all due respect, I want to reiterate that until government responds with the transparency and humility required to fully investigate this issue, and until conditions of colonialism are ended, and Aboriginal peoples are returned lands, resources and the freedom to meet their own needs in their own ways, without stipulations, we will be falling short of what is required to fully address this issue. My hope is that Indigenous women are not asked to share their experiences of violence without getting this systemic change in return.

Recommendations to this Committee:

Recommendation One: *That immediate and clear policy be implemented, informed by the experiences of and in consultation with those who have been affected by coerced sterilization, on when and under what conditions consent for sterilization can be sought out, clear legal and/or professional consequences for those who do not follow this policy, and the establishment of a monitoring board with authority, under the leadership of Indigenous peoples, whose purpose is to evaluate policy effectiveness and ensure its proper implementation.*

Recommendation Two: *That those responsible for the coerced/forced sterilization of Indigenous women be held criminally liable.*

Recommendation Three: *That immediate and mandatory training be implemented for western health and welfare workers (doctors, nurses, social workers, and any other support staff who interact with Indigenous women) and those in professional training schools, on issues of colonialism, racism, poverty, stereotypes, treaty obligations and Indigenous rights and title.*

Recommendation Four: *That culturally grounded, Indigenous supports be immediately implemented for Indigenous women navigating western medicine.*

Recommendation Five: *That full financial and other forms of support be provided for Indigenous health systems, informed by Indigenous worldview and practices, under the direction and control of Indigenous peoples and their knowledge holders, and for the training of Indigenous health workers to occupy positions in Indigenous health systems and/or the western system.*

Recommendation Six: *That full and open access be provided to the documentary record held by government, including memorandum, cabinet and policy documents, and all available data on policy, practice and federal/provincial intersections informing the context and extent of the coerced/forced sterilization of Indigenous women, to be housed under the control of an identified Indigenous organization with a mandate to support Indigenous women and their communities.*

Recommendation Seven: *That an open access fund be made available to women who have been coercively/forcibly sterilized, to assist them in sharing their personal experiences if they so chose, and to help them in accessing the professional supports necessary to deal with any and all possible emotional, social and health consequences stemming from being subject to this violence.*

Recommendation Eight: *That any and all discriminatory legislation, policies and funding practices be addressed which undermine Indigenous women and contribute to the poverty and vulnerability they face while simultaneously increasing their likelihood of being subject to forced/coerced sterilization, and that this be done in consultation with Indigenous peoples.*

Recommendation Nine: *That any and all current and future resource exploitation and economic development projects be ended that are not based on nation to nation negotiations with Indigenous peoples – the failure to uphold the right of Indigenous peoples to determine what happens on their territories is directly connected to the failure to uphold the right of Indigenous peoples to decide what happens to their bodies.*

Recommendation Ten: *That treaty responsibilities be upheld and Indigenous title to lands and resources be respected.*

Thank you very much for your time and attention to this issue.