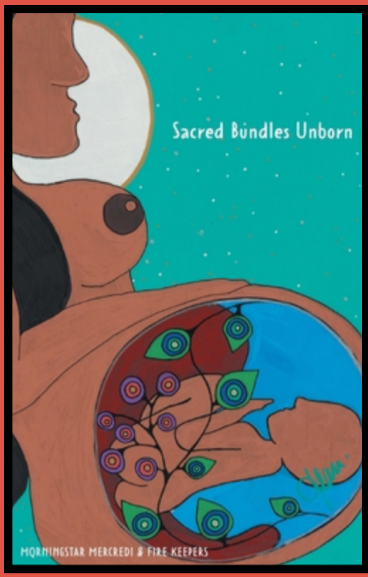


# STERILIZATION OF INDIGENOUS WOMEN IN CANADA



"HE [GYNECOLOGIST] ASKED, "WHAT HAPPENED?" HE THEN EXPLAINED TO ME, "YOU HAVE SCAR TISSUE DAMAGE IN YOUR UTERUS, AND YOUR LEFT OVARY AND FALLOPIAN TUBE HAVE BEEN REMOVED...THE SPECIALIST SPOKE CANDIDLY, IN ANGER AND DISGUST, "IN MY PROFESSIONAL OPINION, THERE IS NO MEDICAL REASON YOU HAVE THE SCAR TISSUE DAMAGE YOU HAVE IN YOUR UTERUS. YOU WERE MUTILATED...YOU ARE NOT A CANDIDATE FOR INVITRO"" (MERCREDI, 30)

## DEFINITIONS

**STERILIZATION:** A surgical procedure in which a body is made permanently unable to have children. The most common way to sterilize a body with a uterus is tubal ligation. Sterilization is a non-emergent surgery.

**FORCED STERILIZATION:** "happens when someone is sterilized even after saying they do not want to be sterilized" (Mercredi, 13)

**COERCED STERILIZATION:** "happens when someone is tricked or lied to, to sign a consent form" (Mercredi, 13)

**BOTH COERCIVE AND FORCED STERILIZATION** are illegal practices because they infringe upon the inalienable right to bodily autonomy as protected by section 7 of the Canadian Charter of Rights and Freedom

## LEGISLATIVE ACTS

**B.C. Sexual Sterilization Act:** Active 1933-1973

- Approximately 400 people sterilized

**Alberta Sexual Sterilization Act:** Active 1928-1972

- Legalized the sterilization of 2834 people, 25.7% Métis or Indigenous
- Amendment in 1937 that removed the need for consent of the sterilization

**BOTH** functioned through a eugenics board that would assess the 'mental capacity' of persons and if deemed 'mentally incapable' would order a sterilization

## ILLEGAL STERILIZATIONS

- 1000+ Indigenous women sterilized in the Northern territories
- Sterilizations also occurred in federally operated Indian Hospitals in the 1960s to 1970s
- Indigenous women sterilized in residential schools and tuberculosis sanitariums
- Also accounts of coerced sterilizations in Manitoba, Saskatchewan and Ontario despite no legislative acts
- Cannot be sure of these statistics because the sterilization of Indigenous women was not well documented

## CONSENT AND COERCIVE STERILIZATIONS

"When a procedure is non-essential, non-emergent, and/or non-therapeutic, such as a permanent form of birth control, the requirements for consent are amplified. It is incumbent on the doctor who is obtaining consent to prove that a patient's consent is legitimate. Legitimate consent must be: voluntary, and free from coercion or undue influence; provided by a patient with capacity; referable to both the specific procedure and operation surgeon; and informed" (Mercredi, 63)

- The repeal of the Sterilization Acts did not stop sterilizations and the 1970s saw an increase in coercive forms of sterilization
- Coercive sterilizations targeted Indigenous women through pressuring women to consent when women were in stressful situations, such as active labour
- Coercive sterilizations also happen through unclear language used in consent forms, as well as not providing an interpreter

"Informed consent, though important, is not enough to ensure freedom from coercion. The focus on individualized choice inherent in the notion of consent also denies the larger context in which decisions are made. It obfuscates the existence of any systematic abuse directed toward certain populations, like Aboriginal peoples, and it assumes all women make choices within the same context and that the implications of these choices are the same for all" (Mercredi, 75)

## COLONIAL + EUGENIC BACKDROP OF STERILIZATION WOMEN

- Growing Indigenous populations in Canada threatened “race betterment” based on eugenic thinking in which poverty is reproduced through traits, not society (Stote, 2022)
- Eugenic ideology claimed that poverty prevalent in Indigenous communities would be solved by lowering the birth rate, completely absolving the role of colonialism and genocide
- Cost effective to lower birth rate of Indigenous peoples due to the federal government’s financial responsibility as stated in the Indian Act
- Sterilization as a way to continue the colonial project of taking the land

## WHY TARGET INDIGENOUS WOMEN?

- Controlling reproduction denies Indigenous sovereignty
- Indigenous women held leadership roles in communities and were viewed as intrinsically connected to the land which threatened the colonial project of turning land into a resource and women into housewives
- “Indigenous women are the bearers of life, keepers of knowledge, leaders within the Indigenous communities... controlling their reproductive rights also meant controlling land and resources” (Clarke)

## HOW STERILIZATION TARGETED AT INDIGENOUS WOMEN

- Colonial ideas framed Indigenous women as hypersexual and promiscuous and then these reasons were used to justify their sterilization
- Sterilization of Indigenous women was “rationalized as a means of protecting society and women from the burdens that additional births might bring” (Stote, 5)
- Legislation through the Indian Act separated Indigenous women from their land which made them more vulnerable to assimilation and sterilization
- Criminalization of Indigenous mothers as a way to frame them as the problem and justify their sterilization
- “IQ testing was a primary method used to establish mental deficiency and this tool provided a certain scientific legitimacy to the diagnosis”, but this testing was solely on Western knowledge which made Indigenous folks vulnerable (Stote, 47)
- Unclear and coercive ways of maintaining consent, as mentioned above
- Legislation in the Indian Act that meant losing Status or not passing Status onto children, complicated the reality of having children, making them more vulnerable to coercive sterilization

## WHAT’S HAPPENING NOW?

- 2018: Over 100 Indigenous women in Saskatchewan filed a class action lawsuit against “the Government of Canada, the Saskatchewan Health Authority and other government bodies and agencies they allege forced Indigenous women to undergo sterilization” on the grounds that they had been coercively sterilized (Clarke)
- This is not a history, but an ongoing occurrence because the health care system still functions through a colonial system that does not take the health of Indigenous women seriously
- Indigenous women continue to enact agency and we must recognize that they are not passive victims of sterilization
- Resistance includes actions like: “As a Metis midwife, I refuse to be part of the atonement in the current discourse on forced and coerced sterilization that wants everybody to “play nice” and use soft words to describe what is defined as one of the acts of genocide” (Mercredi, 107)

## GENOCIDE

**“The federal government fell short of enacting legislation directly sanctioning the sterilization of Aboriginal peoples, but through its refusal to condemn the practice, by enacting policies and legislation affecting other aspects of Indigenous life that made sterilizations more likely and through its financial support, it allowed sterilizations to be carried out more effectively” (Stote, 58)**

**Imposing measures to prevent births within a group counts as genocide according to the UN’s Genocide Convention. Forced and coercive sterilization of Indigenous women in Canada is genocide.**

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