LFMO Policy Statement on Forced and Coerced Sterilization
Background

On March 19-22, 2019, Les Femmes Michif Otipemisiwak hosted a Women’s Forum. To ensure holistic representation and lively discussion, LFMO webcast the Forum to reach as many Métis participants as possible. Several pertinent issues were discussed, and a large focus centred on the issue of forced and coerced sterilization of Métis women in Canada. Breakout groups exchanged personal, firsthand experiences with the healthcare system, racism experienced within the system and as a result, experiences with coerced or forced sterilization.

At the Forum, President Omeniho recognized the need for both federal and provincial governments to address the issue. Omeniho also stated that it is important to raise awareness in communities to ensure young Métis women entering hospitals are informed of what constitutes forced sterilization and what their rights are (Women of the Métis Nation, 2019). As recently as 2017, Métis women have been coerced by social workers, doctors and healthcare professionals to have tubal ligations and have even been told that they cannot leave the hospital or see their newborn babies if they do not undergo the procedure (Morgan, 2018).

The House of Commons Standing Committee on Health called on Ottawa to investigate the issue as its extent remains clearly rampant but unknown (Kirkup, 2019). In 2018, The United Nations Committee Against Torture also recommended that the federal government take immediate action to end the practice and to fully and impartially investigation every case (United Nations Committee Against Torture, 2018). Yvonne Boyer, a Métis researcher, Independent senator and former nurse, has been outspoken about the issue, citing the need for concrete reparations (Kirkup, 2019). It is imperative that Métis women’s voices are at the centre of these conversations so that effective, appropriate and distinctions-based redress is provided.

Colonialism, Birth Control and Sterilization of Indigenous Women

Métis women have always played pivotal roles in Métis families and communities; their lived experiences have provided important insights into priority areas, including education, health, violence against women and economic development. In the past, many Métis women acted as interpreters between European fur traders and local communities, as providers in preparing hides, products and goods to be sold and as traditional knowledge keepers (Women of the Métis Nation, 2007). Women are and always have been integral to the Métis Nation.

In Canada, Indigenous people and their relationship with the healthcare system has been shaped by colonialism in such a way that many Indigenous people have been excluded from mainstream healthcare (Browne, et al., 2001). As status First Nations are entitled to a few non-insured health benefits for which the general Canadian population is not eligible and even though these benefits are subject to incredibly restrictive regulations, resentment has grown within dominant society towards these benefits and these individuals, as has the erroneous notion that these individuals are not only accepting charity that they do not deserve but are also financial burdens on the federal government (Browne, et al., 2001). This stereotype has extended to include those who do not receive these benefits, such as Métis, non-status First Nations and many Innu. Because the federal government bears the cost of these services, it has always been in the federal government’s best fiscal interest to reduce these services, which entails reducing the number of individuals who receive them.
Furthermore, since European contact, the image of an Indigenous woman – indeed, a conflated image of an Indigenous women that ignores the distinctions of First Nations, Métis and Inuit groups and their many unique communities – has been constructed as a woman at risk, a woman who is vulnerable, promiscuous and in need of assistance and provider-controlled reproductive regulation.

Depo-Provera, now approved as a form of contraception, is an injection containing progestin that is taken every three months to inhibit ovulation and prevent pregnancy. Before its general use was approved in Canada in 1997, the federal government gave Indigenous women experimental Depo-Provera shots (Dyck, 2018). After Health Canada approved its use, Caucasian women reported using the contraceptive to delay pregnancy and pursue higher education and career goals; Indigenous women, however, reported being coerced or pressured into the receiving the injection with no informed consent (Hampton & McWatters, 2003). This practice paved the way for coerced and forced sterilization as a normalized means of reproductive regulation.

Sterilization without the consent of the patient constitutes torture (Amnesty International, 2018). Forced and coerced sterilization, as well as other forms of reproductive coercion, are also committed acts of genocide against Métis communities (Stote, 2012). Imposing measures to prevent births within a group is an inherent element of genocide and has been one of many policies and practices enacted by the Canadian federal government to reduce the number of Indigenous people in Canada and as a result, to reduce the federal funds allotted to them. A.R. Kaufman, long considered the father of birth control in Canada, promoted sterilization as a means of addressing economic issues in the country (Stote, 2012). The Truth and Reconciliation Commission also found that the federal government, in its policies and practices, “wished to divest itself of its legal and financial obligations to Aboriginal people and gain control over their land and resources. If every Aboriginal person had ‘absorbed into the body politic’, there would be no reserves, no Treaties, no Aboriginal rights” (The Truth and Reconciliation Commission, 2015). Depo-Provera, as a long-term form of birth control, was an avenue frequently used by the federal government to limit the number of Indigenous persons in Canada. However, this has not been the only method of reproductive regulation that medical professionals have employed, nor the most drastic.

Between 1971 and 1974, over 580 documented sterilizations of Indigenous women took place (Stote, 2015). Preventing Indigenous women from becoming pregnant by way of permanent sterilization is rooted in an attempt again to limit the federal government’s inferred responsibilities to Indigenous communities. Once again, a forceful, devastating, and indeed paternalistic approach was shared among the healthcare professionals performing these procedures, but this time with permanent consequences.

As recently as 2017 across Canadian hospital rooms, Métis women have been forced or coerced into tubal ligations. Since 2018, over 100 Indigenous women have come forward and spoken about being forced or coerced into the procedure. Recently, a class-action lawsuit in Saskatchewan shed light on the insidious phenomenon, with at least sixty Indigenous women having undergone forced tubal ligations over the past 25 years in the province. Another class-action lawsuit is underway in Alberta (Kirkup, 2018). There are also reports of forced sterilization against Indigenous women in Manitoba, Ontario, Nunavut and the Northwest Territories that suggest the procedure is still happening (Kirkup, 2018).
Tubal Ligations

Tubal ligation permanently prevents those with uteri from becoming pregnant by severing, burning or tying fallopian tubes so that eggs do not travel from the ovary to implant in the uterus. It also has vast consequences on one’s mental and physical well-being and one’s family’s and community’s wellbeing. It is an unnecessary procedure in most cases and its health risks and implications put those who undergo the procedure at great risk.

Some Métis patients have outright denied consent; some have been threatened by Child and Family Services and healthcare workers; some were not allowed to see their newborns until they underwent the procedure; some were not even asked at all. In many cases, procedures have been performed while the woman was in labour or immediately postpartum, when women are both physically and emotionally exhausted or still under the influence of anesthetics and cannot provide informed consent. Some women have been led to believe that they will still be able to bear children in the future after the procedure.

The choice to perform a tubal ligation on a Métis woman without her consent is often based on presumptions, stereotypes and misinformation about Métis women. Métis women living in poverty, with HIV/AIDS, Métis women with disabilities, and Trans, Two-Spirit and intersex Métis women are doubly disadvantaged. For rural Métis women with limited access to healthcare, infections and botched procedures can lead to a lifetime of pain and illness.

Until as recently as 1973 and 1972 respectively, British Columbia and Alberta had legislation in place that allowed for the sterilization of Indigenous women (Stote, 2012). British Columbia passed An Act Respecting Sexual Sterilization in 1933, which outlined who was considered eligible for sterilization, including those with perceived “undesirable traits” (Kersten, 2013). Alberta’s Sexual Sterilization Act detailed conditions for the sterilization of individuals also deemed to have “undesirable traits” based upon the recommendation of a medical superintendent (Kersten, n.d.). While consent was legally recognized in these Acts, the Acts themselves set the tone that Indigenous women were undesirable, and they became the targets of this legislation, comprising up to 25% of those being sterilized, despite being only 3% of Alberta’s population (Parker, 2018).

Issues with Informed Consent

The UN defines informed consent as a “collective decision made by the right holders and reached through a customary decision-making process of the community” which must be freely given, must take place well in advance of the procedure and must be an informed decision (United Nations General Assembly, 2007). The challenge here lies in ensuring that this definition is made Métis-specific and includes Métis values. Informed consent must include language that is understood by all parties about all decisions pertaining to every aspect of a Métis woman’s being, including physical, mental, spiritual and emotional.

At the Women’s Forum, delegates raised several key points. Many Métis women feel intimidated when going to the hospital or when visiting their doctor. Delegates shared firsthand experiences and witness experiences as friends and family experienced racialized treatments at the hands of medical professionals, including doctors. As a result, many of these women do not visit the doctor and if they do, they are often
Les Femmes Michif Otipemisiwak – Women of the Métis Nation

not told the full picture or their reasons for visiting are dismissed. Dr. Judith Bartlett, a Métis woman and co-author of the external review of the issue in Saskatchewan, has also mentioned that many women will not come forward to the RCMP either following these experiences because there “is no safety there for them” (Kirkup, 2019). Very few safety nets are in place for Métis women in the current healthcare system.

Just as each language spoken in Canada is different, so too are there different meanings in Cree, Michif and French; thus, specific words may not work from the Métis perspective or may mean something completely different than they do in English. Additionally, if a patient is unable to read or write, they cannot properly read a document and consent to a procedure. As a result, consent should include action to eliminate language barriers, to simplify medical terms and to include access to support provided by trained Métis advocates and healthcare professionals who have Métis cultural competency and understandings.

**Métis Experiences of Coerced, Forced Sterilization**

It is not just doctors performing the procedures that Métis women are concerned about when they enter hospitals to give birth; coercion also comes from other players in the healthcare system, as well as social workers (Kirkup, 2019). In some instances, social workers in place at hospitals have assessed that a patient has - what the social worker considers to be - too many children that the patient cannot properly care for; social workers have also erroneously concluded that there are poverty or other social issues at work and as a result, have encouraged these documents to be signed at the hospital (House of Commons Standing Committee on Health, 2019).

A culture of secrecy, shame and silence surrounds women who experience forced sterilization. When LFMO travelled to communities to speak with Métis women about the issue, we found that the topic was not at all discussed because women were both traumatized by and ashamed of what had happened to them. To bear children is to pass on knowledge and culture; following forced sterilization, many Métis women feel that their ability, given to them by Creator, has been taken from them (House of Commons Standing Committee on Health, 2019).

Métis experiences of coerced and forced sterilization exist but are currently anecdotal at best due to the lack of distinctions-based data and attention surrounding the issue and because of the trauma and shame that is so deeply felt by these women. It is currently unknown how many women have been impacted by forced sterilization; it is unknown where specifically these procedures are happening; it is unknown how many women are Métis, First Nations or Inuit.

What complicates the issue further is that there is no commonly agreed upon definition of Métis between Métis organizations and provincial and federal governments. There must be new identifiers to accurately and consistently track statistics surrounding Métis people, particularly Métis women and gender diverse people.

Furthermore, an ongoing issue surrounding coerced and forced sterilization is that there is no disaggregated data available to explore the unique circumstances Métis women find themselves in leading up to and following the procedure. To combat this, it is essential that further research is done, and that data collection is disaggregated and disseminated. Research must be undertaken by the federal government, by the provincial governments so that they can fully know the extent of the practice in their own province and by civil society groups to engage with the women involved and to help bring redress to
those affected. If research shows that criminalization is the appropriate response to these gross human rights violations, Canada must take steps to introduce immediate measures to criminalize the practice of coerced and forced sterilization.

**Métis Rights to Reproductive Freedom**

Although many medical professionals may be unaware, there are a number of rights that Métis women, including 2SLGBTQ+ Métis persons, have with regard to their reproductive capacities. Métis women have the right to make informed choices about their own bodies according to their own Métis values, as well as the right to consider all options and to be given as much time as they need to make an informed decision about those options, including time to speak to someone who is a friend, counsellor or Elder. Métis women have a right to choose what is right for them as it relates to their physical, mental, emotional well-being and health.

Métis women also have the right to have all of the risks and benefits associated with medical procedures explained in a way that they can understand thoroughly and, if they so choose, to have a neutral advocate of their choice with them to attend any consultations and decision-making appointments.

Most importantly, Métis women have the right to refuse tubal ligation up to and including the designated time of the scheduled procedure and to have that decision respected unconditionally. Looking to the future, Métis women have a right to lead the way in healing from forced and coerced sterilization and to find solutions to end this violation of their human rights. This means including them in discussions surrounding redress and reparations and putting their voices at the centre.

**Raising Awareness to Combat Stereotypes and Forced Sterilization**

Raising awareness of the issue of forced sterilization is essential to ending its practice. Not only do Métis women disproportionately experience forced sterilization when compared to non-Indigenous women, but they are also assumed by medical professionals to not understand procedures, potential risks and their own bodies. There is also a great lack of understanding of Métis women’s experiences and contributions to their communities and Canada as a whole. Consequently, medical professionals and service providers are prone to believing stereotypes and are prone to acting upon these stereotypes in order to reduce Métis women’s reproductive capacity.

Awareness must be raised across several domains. There must be government-mandated engagement with healthcare providers who are on the ground, in rural and urban communities and who are providing services to marginalized Métis women. It is also essential that service providers are engaged at the grassroots level so that they are aware of the inherent value of Métis women as well as the devastating implications of these procedures.

To ensure that this knowledge is ongoing, information should be integrated into post-secondary education for nurses, doctors and all healthcare providers, which includes cultural competency training focusing on Métis history, values and principles such as the one promoted by the Royal College of Physicians and Surgeons of Canada (Scott et al., 2014). A step further would include building this history into elementary and secondary school curriculums to ensure students of all ages are aware of human rights, Métis rights and what has happened when those rights are violated.
Métis youth need to be engaged and included in this conversation as well so as to empower them to know about their reproductive health from a Métis perspective and with Métis values in order to protect them from forced or coerced sterilization. Furthermore, Métis youth are the leaders of today and of the future and to effectively do this, they must have a full understanding of their ancestors’ histories and lived experiences.

Other strategies to raise awareness include advocacy on social media such as Twitter, Facebook and Instagram; word of mouth; publications in the Moccasin Telegraph and additional public forums such as the one hosted by Les Femmes Michif Otipemisiwak in March 2019 so that Métis women can come together and share their experiences and solutions to this crisis.

Conclusion

The forced and coerced sterilization of Indigenous women has been a targeted practice in Canada that is rooted in colonialism. Prior to contact, Indigenous women held many roles of high esteem in their communities but these roles stood in stark contrast to European patriarchy. Shortly after contact, Indigenous women were been painted as vulnerable, at-risk and as individuals in need of intervention. As a result, the healthcare system has experimented on Indigenous women to assess the benefits and risks of reproductive medications such as Depo Provera and oral contraceptives. This has evolved into the coerced and forced sterilization of Indigenous women across the country as a form of eugenics to address poverty and other economic issues. Since 2018, over 100 Indigenous women have come forward to shed light on their experiences, some occurring as recently as 2016. There is evidence to indicate that this practice is happening across the country.

Many Métis women have experienced racism within the healthcare system and as a result are hesitant to visit their doctors and are unable to build a relationship built on trust, knowledge and respect. This has had drastic implications on the lack of understanding surrounding what constitutes informed consent and the culture surrounding forced sterilization is built on secrecy and shame.

It is imperative that healthcare providers are given the proper tools within their training and in post-secondary education to ensure that they have a thorough and accurate understanding of Métis women’s experiences of colonialism and the healthcare system, as well as Métis rights. Raising awareness is critical in ending this brutal practice in order to create a narrative that recognizes and celebrates Métis women’s values, traditions and contributions to society, the country and the world.

Recommendations

LFMO recommends to the Government of Canada:

1. To put in place cultural competency training that is federally mandated for doctors, nurses and healthcare providers who are working with Métis women and gender diverse people.
2. To include cultural competency programming in the post-secondary education of nurses, doctors and healthcare providers.
3. To work towards implementing a Patient Advocate system to ensure Métis patients can provide informed consent and are able to navigate the medical system.
4. To ensure that all data collected regarding coerced and forced sterilization is distinctions-based and disaggregated to account for gender.
References


