



Position Statement on Forced and Coerced Sterilization of Indigenous Peoples

The National Council of Indigenous Midwives (NCIM) strongly condemns the forced, coerced, and involuntary sterilization of Indigenous Peoples. These reprehensible procedures are founded on eugenics laws, policies, and ideologies that are racist, sexist, ableist, and classist. Forced, coerced, and involuntary sterilization does not just affect individual Indigenous Peoples; it is an assault on our families, communities, and Nations and continues Canada's long-standing history of colonization and assimilation. The control of Indigenous People's fertility through forced, coerced, and involuntary sterilization is an act of genocide and is a human rights violation, which is explicitly prohibited by the *UN Convention on the Prevention and Punishment of Crimes of Genocide*.¹

NCIM asserts that Indigenous Peoples are entitled to dignity, respect, and autonomy in all aspects of health care. Indigenous Peoples have the inherent authority to bodily autonomy, which includes the right to decide if, when, and how they choose to have—or not have—children. Forced, coerced, and involuntary sterilization is an act of violence and torture.^{2, 3, 4}

NCIM believes those who have come forward with their experiences of forced, coerced, and involuntary sterilization and those who have had long-acting reversible contraceptives implanted without their consent or even without their knowledge. We acknowledge that the number of Indigenous Peoples who have come forward does not adequately reflect everyone who has experienced forced, coerced, or involuntary sterilization in Canada.

NCIM strongly insists on the IMMEDIATE ending of forced, coerced, and involuntary sterilization.

NCIM strongly advocates that all care providers MUST provide informed choice in the provision of health care for Indigenous Peoples and non-Indigenous people.

NCIM requests that care providers and their associated colleges and professional associations immediately and publicly condemn forced, coerced, and involuntary sterilization.

RECOMMENDATIONS

1. NCIM calls on all health care providers to:

- Examine how and when they counsel their clients about birth control, taking into consideration the client's cultural and medical history;
- Attend to the violence of colonization and assimilation in Canada, especially the control of Indigenous People's fertility, birth, and the forcible removal of children when providing health care to Indigenous Peoples;
- Intervene through appropriate mechanisms if they witness medical staff participating in forced, coerced, or involuntary sterilization, or offering long-acting reversible contraceptives without free, full, and informed consent; and
- Respect an individual's authority and decision-making when choosing sterilization or long-acting reversible contraceptives when made in the context of free, full, and informed consent.

2. NCIM calls on the federal government and law makers to:

- Register under the criminal code forced, coerced, and involuntary sterilization as a criminal act of torture and an act of genocide when performed on Indigenous Peoples; including a clear definition of free, prior, and informed consent; and
- Ensure that all allegations of forced, coerced, and involuntary sterilization are impartially investigated, that the persons responsible are held accountable, and that adequate redress is provided to the victims.

3. NCIM calls on all levels of government and stakeholders, including regulatory colleges and professional associations to:

- Ensure equitable access to sexual and reproductive health care; recognizing the role that Indigenous midwives have in improving access to such care, establish support through policy and funding mechanisms and the growth of Indigenous midwifery to ensure that all Indigenous women have the choice of Indigenous midwife;
- Establish policies and accountability mechanisms across Canada that provide clear guidance on how to ensure sterilizations are only performed with free, full, and informed consent and raise awareness among Indigenous Peoples and medical personnel;
- Work towards the implementation of the Truth and Reconciliation Commission's Calls to Action 23 and 24, which call for more Indigenous health care providers and cultural competency training for all health care professionals; and
- Recognize the importance of comprehensive, culturally safe sexual health education for the health and well-being of Indigenous Peoples and ensure equitable access to such education.

REFERENCES

1. United Nations General Assembly. (1948, December 9). *Convention on the prevention and punishment of crimes of genocide*, Paris. *United Nations Treaty Series* 78(1021). Retrieved from <https://treaties.un.org/doc/publication/unts/volume%2078/volume-78-i-1021-english.pdf>
2. Boyer, Y., & Barlett, J. (2017). *External review: Tubal ligation in the Saskatoon health region: The lived experience of Aboriginal women*. Retrieved from https://www.saskatoonhealthregion.ca/DocumentsInternal/Tubal_Ligation_intheSaskatoonHealthRegion_the_Lived_Experience_of_Aboriginal_Women_BoyerandBartlett_July_22_2017.pdf
3. United Nations General Assembly. (2018, December 21). *Convention against torture and other cruel, inhuman or degrading treatment or punishment*, New York. *United Nations Treaty Series*, 1465(24841). Retrieved from https://treaties.un.org/Pages/ViewDetails.aspx?src=IND&mtdsg_no=IV-9&chapter=4&lang=en.
4. World Health Organization. (2014). *Eliminating forced, coercive and otherwise involuntary sterilization: An interagency statement*. Retrieved from https://www.who.int/reproductivehealth/publications/gender_rights/eliminating-forced-sterilization/en/

Additional Resource

Stote, K. (2015). *An act of genocide: Colonialism and the sterilization of Aboriginal women*. Winnipeg, Manitoba: Fernwood Publishing.