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Settler Colonialism and the Contemporary Sterilizations of Indigenous Women

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Within the context of settler colonialism, this paper investigates the contemporary coerced sterilizations of Indigenous Women in Canada. By going through the history of coercive sterilizations in Canada, and then delving into the efforts in light of these supposedly historical coerced sterilizations, of culturally safe care in hospitals in Canada. This paper goes on to investigate the case of M.L.R.P., who was coercively sterilized in 2008. Lastly, this paper relates to Audre Lorde's work on the "master's tools" to the activism put forth around the case of indigenous women's coercive sterilizations highlighting again, the settler colonial contexts of these cases.

Introduction

Indigenous peoples in Canada have been strategically and systematically targeted for assimilation, or as Palmater explains, "extermination" from Canadian society through settler colonial policies (Palmater 2014, 28). The control of Indigenous women's bodies has been pivotal for this purpose, through the imposition of Western medical practices on Indigenous women since the founding of Canada, although this has been carried out "under the pretense of humanitarian concern by the federal government", it has given the state a way to "maintain its colonial grip and undermine the health and integrity of Indigenous peoples" (Stote 2015, 5). The practice of coercive sterilization of Indigenous women, when situated in the settler-colonial context, has historically been "rationalized as a means of protecting society and Indigenous women from the burdens of additional births" (5).

I will be making the connections from these presumably historical coercive sterilization practices to those happening contemporarily (5). As of December 2018, over one hundred[1] Indigenous women have come forward with experiences of being coercively sterilized in the province of Saskatchewan, Canada, with the most recent case occurring in 2017 (Kirkup 2018b). Alisa Lombard represents these Indigenous women in leading a class-action suit against the involved physicians, the Saskatchewan Health Authority, the province of Saskatchewan, and the Government of Canada (Moran et al. 2018).

[1] When I first started researching this paper in November 2018, the number of women who have come forward with coerced sterilizations has gone from 40 women to 100. This is important to note in the contexts of the medical trauma and shame many women experience from coerced sterilizations.

Lombard has taken this case to the United Nations Committee Against Torture to highlight how Canada is violating international human rights laws it has agreed to uphold, specifically that coerced sterilizations are considered a violation of human rights law (Arsenault 2018). Despite the apologies issued in 1999 addressing the Government of Alberta's eugenics practices, the practice of coerced sterilization, although violating medical ethical laws, is not an illegal practice in Canada. Therefore, in a way, the lack of legislation aids in the persistence of coerced sterilizations in Canada (CBC News 1999; Samson 2018). Settler-colonialism and its transcendence onto Indigenous peoples lives today can be specifically outlined in the case of Indigenous women's coerced sterilizations. In following the beginnings of the court case headed by Alisa Lombard, we will be looking closely to a woman she is representing, who has been named "M.L.R.P". M.L.R.P.'s specific experience is important for us to investigate as it gives us one of the lived experience of being an Indigenous woman in Canada, and how certain policies and actions, which are settler-colonial and assimilative in nature, have affected her.

The seriousness of the coercive tubal ligations of women was emphasized when the "External Review: Tubal Ligation in the Saskatchewan Health Region: The Lived Experience of Aboriginal Women", was published in the summer of 2017 (Boyer and Bartlett 2017**).** After this were a noticeable number of media reports which came out, that signified that many Indigenous women were being coerced into having tubal ligations in Saskatchewan (Lombard 2017). This review looked into the healthcare system, interviewed Indigenous women from Saskatoon and surrounding areas who reported their forced sterilization experiences to the review (Boyer and Bartlett 2017**).** The review found, by hearing the women who came forward with allegations of their coerced sterilization, their stories showed the "pervasive systematic racism" in the health care system, which is underpinned with deep roots of settler-colonialism as Canada as a state. After this review was published, there was an apology issued by the Saskatoon Health Region, but since those apologies, a year later, there has been no change in policy by the Saskatoon Health Region **(**Globe and Mail, 2010**).** This paper will be focusing on the experiences of one of the sixty women who has come forward through Alisa Lombard's case, for the sake of their privacy, named "M.L.R.P" " (Lombard 2017). The experiences of M.L.R.P., an Anishinaabe, Status Indian woman, outline specifically the ways in which settler colonialism, as a structure that is upheld through the Canadian healthcare system, and highlights the importance of culturally safe care in hospitals.

Brief History of Coerced Sterilizations

The legal coercive sterilization of Indigenous women gives us a glimpse into the violence that Canada, a settler-colonial state, inflicts upon on Indigenous peoples lives. This violence is a part of the larger colonial project that colonizes Indigenous lands and shows at the most basic level of colonization, the control of Indigenous bodies (Wilson 2015, 4). The case of forcible sterilizations, and controlling Indigenous women's bodies, specifically their abilities to reproduce, is embedded in Canadian history; as Indigenous women are seen as "unfit" mothers this idea has played a large part in coerced sterilization of Indigenous women (Stote 2015, 26). The idea that Indigenous women are unfit mothers were also reciprocated through Residential Schools and the Sixties Scoop, where the taking of children from their parents was paternalistically justified as being for the Indigenous child's benefit (Stote 2012, 30). Although the case we are looking at is in situated in the province of Saskatchewan, it is important to note the rampant government-led eugenic practices in British Columbia and Alberta which were based in

racist, ableist and colonial ideologies, which disproportionately affected Indigenous mean and women (26). Negative eugenics[2] was the practice used by these provinces to "alter" societies by controlling which people, namely women, were able to reproduce (Stote 2015, 26). These racist practices highlighted the state's focus on creating a settler-colonial society, where white mothers were the ideal mothers, and "other" mothers, in this specific case, Indigenous mothers, were "unfit" because their bodies were the "wrong" race and they reproduced the kind of children the settler-colonial policies and practices were trying to "eliminate" (Stote 2015, 27; Palmater, 2014). Specifically under this western ideology of creating a perfect state the provinces of British Columbia and Alberta introduced their own Sexual Sterilization Acts, where both provinces encouraged and legalized the sterilization of peoples whom the provinces saw as "unfit" (Pegoraro 2015, 167). Specifically, the Sexual Sterilization Act of BC allowed a Residential School's principal, as they were students legal guardian, to permit the sterilization of any native person under his charge (162). In Alberta, the Eugenics Board which was created and run through the institution I study at, the University of Alberta, passed the sterilization of over 2,800 Albertans many without their knowledge or consent (163). While Indigenous populations in Alberta at the time took up 2-3% of the population, but Indigenous people were the "most prominent victims of the Board's attention" (163).

Medical Practices, Culturally Safe Care

Sharma et al. (2016)'s work is premised on the understanding the disparities of maternal health in Canada for Indigenous people and non-indigenous populations. Sharma et al. (2016) find that "inconsistent and non-comprehensive policies" cause impediments to maternal health and healthcare access (341). Interestingly, Hole et al. (2015)'s analysis of Indigenous peoples and culturally safe and unsafe care, contextualize the culturally unsafe care in the bureaucratic biomedical systems and which are *physically* placed in buildings that were the houses of colonist institutions (1668). Hole et al. (2015) find that the interpersonal experiences of marginalization are prevalent in the cases, especially M.L.R.P's Alisa Lombard is coming forward within the lawsuit against Canada. Patients experiences in Hole et al.'s study, show that Indigenous patients are not listened to, and even if they are, they are not believed, in some cases patients were even "ignored" and "left in hallways" (1670). If after going through this process, Indigenous peoples treatments would "lack information about their diagnosis and treatment", which creates stress in the patient (1670). The 60 women, and the many more who have not come forward, whom Alisa Lombard is fighting for, experienced all of the above methods of "unsafe care", which all resulted in the "medical authority" given to physicians and medical professions over the control of a patient′s body. The coercion of these women happened in the context of the power relations between the western-contextualized power of a doctor, and the sometimes small ways to overlook or diminish the autonomy, and decision making authority of an Indigenous patient. Hole et al. (2015) describe doctors, who are in positions of power "looks, movements, tone, comments" that can, in some cases make Indigenous peoples feel "powerless", and that sometimes the medical professionals "don't even know" that they are doing so (1671). This has to be understood in the contexts of the imbalance of powers in the doctor-patient relationship, where doctors and other medical professionals have a considerable amount of power over the patient′s body in deciding how it gets treated. The coercive sterilization of Indigenous women that Lombard is fighting for, is coercive because the consent the

[2] Negative eugenics is a eugenic practice, which involves discouraging, by sterilization or other means of persons thought of have undesirable traits.

women gave to their tubal ligations was not informed, ongoing consent. Hole et al. (2015) find that the that when physicians and medical care staff and institutions like hospitals are given training in how to work with culturally safe practices there is a big difference made in the comfortability of the patient, and it is more likely that the patient is able to understand what procedures are being performed on them (1673). If there were culturally safe care practices, such as an Indigenous person on staff, as Hole et al. suggest and prove in their study, the aspects that lead up to a coerced sterilization, such as misunderstandings, asking for consent during labour would go down. This is not to excuse that the doctors do indeed violate several medical ethical laws themselves through their practices of coerced sterilizations, but perhaps a way to remedy a part of the issue if possible.

Contemporary Cases Sterilizations

As Alisa Lombard articulates, the "primary injury" with the doctors unethical coerced sterilizations is "sterility", and sterility can mean different things to each individual (Moran et al. 2018). In M.L.R.P.'s experience, her sterility meant "patience, pain, suffering and misery", and for other women it sterility means "decades of repressed feelings of inadequacy, deceit and fear of authority" (Lombard, 11). This deceit and fear of medical authority has also led these women to not seek medical care, because of their fear of mistreatment, which makes them "vulnerable to life-threatening risks of preventable and treatable illnesses" (Lombard 11). Besides the physical symptoms victims of forced sterilization face, such as tissue scarring, the coercive and deceitful nature of coerced sterilizations often results in victims developing symptoms of and being diagnosed with depression and anxiety (Moran et al. 2018). As Lombard notes, "many are no longer with us because of these ailments and those circumstances" (Moran et al. 2018). Pam, who did not disclose her last name for safety reasons, said her daughter died by suicide 10 months after her tubal ligation in 2009 (Kirkup 2018a). In Pam's daughter′s case, she explains it was as if her daughter was "bullied to death", in that her daughter was made to believe that having the procedure would result in getting her children back from foster care (Kirkup 2018a). Many women have told Cora Morgan, a family advocate with the Assembly of Manitoba Chiefs, about their experiences with social workers making Indigenous women believe they would get their children back if they abort their baby, or receive tubal ligations (Kirkup 2018a).

A central idea to Indigenous feminism is the concept of body sovereignty. Body sovereignty is the ability to make decisions about how to define and identify one′s body. This concept of body sovereignty, in the colonial context, is tied to the control of *production*, where the movements of "sovereignty over [indigenous] lands is inseparable from sovereignty over [indigenous] bodies (Wilson 2015, 4). The violation of body sovereignty of Indigenous women is a thread in the blanket of colonialism that has suffocated, namely, oppressed Indigenous peoples as a part of a larger settler colonial context. It was not only the physical act of doctors performing tubal ligations on women that caused this, but a larger structural racist, deceitful ideas displayed by social workers, and other government-family-relations knowledge producers, such as gynecologists and support workers who severely affected women's positions before they received their tubal ligations (Kirkup 2018a). Now that I have given a general overview of the historical contexts and contemporary happenings of coercive sterilization and the control of Indigenous women's bodies in the larger settler colonial experiences can be highlighted in the specific case of M.L.R.P. There have been apologies issued by the Alberta Government on this issue (CBC News 1999), but the futility of these apologies, without any action on the part of the government shows the

cyclical nature of the settler-colonial state. Cyclical, in that enforcing the *premise* of settler-colonial policies which have the goal to "eliminate" Indigenous peoples on the land, have a tendency to occur even without the legislation of the state (Palmater 2014). Although in the cases Lombard is defending the sterilizations occurred where there was no formal legislation that encouraged it, the racist ideals of Indigenous women as being "unfit" mothers still occurs, this is especially shown in the case of M.L.R.P.

The Case of M.L.R.P.'s Coerced Sterilization

M.L.R.P., and several other Indigenous women did not take action on these matters until they went to the media with their experiences in 2015 (Lombard, 11). It is important to look at the details of M.L.R.P.'s coerced sterilization, and the way she was misled in the context of the settler-colonial society, which includes the Saskatoon Health Region as one of the settler-colonial institutions. t is also important to note that these women, once they started to come together and gained more media attention, were able to propel other Indigenous women to come forward about their own experiences with coerced sterilizations so that they could create some sort of legislative change and be compensated for the harm done to them. First, we will delve into M.L.R.P.'s specific experiences.

As an Anishinaabe Status Indian woman, M.L.R.P. describes the ability for women to bear children and rear their children as sacred, and that it has been, continuously for Anishinaabe women since before European contact (Lombard 9). As Lombard notes, "procreation goes into the very existence and continuity of all civilizations" (9). The coercive sterilization takes away these abilities for women, and in turn takes away their ability to maintain the "continuity" of their peoples, cultures, traditions and so on, which therefore highlights the settler-colonial nature of coerced tubal ligations (9).

When M.L.R.P. became pregnant with her second child, whose due date was October 5, 2008, and her pregnancy is described as physically and emotionally challenging (9). During her pregnancy she was subject to "bleeding, lower back pain, pelvic cramping, headaches, fatigue, dizziness, pre-eclampsia and gestational diabetes, trauma-induced depression, anxieties and emotional difficulties" (9). This long lists of pain that M.L.R.P. was in, points to the condition of her pregnancy being difficult, but also highlights the effects of her trauma-induced depression, anxiety and emotional difficulties. M.L.R.P. is a Sixties Scoop survivor who suffered physiological symptoms and subsequent difficulties in her pregnancy were in part caused because of the trauma she had experienced because of Sixties Scoop[3], and the maltreatment she received after being displaced from her family. This experience of M.L.R.P. shows the way the settler colonial system affects Indigenous women's, (and others) *bodies* as the sites of where colonial violence is inflicted at the most basic level. From being taken away as a child from her home, then having her ability to have children taken away is just one example of the experiences of being an Anishinaabe woman in Canada. During her pregnancy she visited the emergency department at Royal University Hospital approximately six times where she was attended to by various physicians, there were no conversations about birth control options including the several types of tubal ligation procedures (9). Almost one month before her delivery date on September 12, 2008, M.L.R.P., was admitted into the Royal University Hospital after she went into labour (9). During her labour, M.R.L.P. experienced "placental abruption", a painful and stressful condition that creates a high level of risk for mother and

[3] The "Sixties Scoop apology" and process of compensation for the trauma caused by the government in Saskatchewan is still being researched and mitigated.

baby (9). Because of this condition the doctor determined a caesarian section was needed, which M.L.R.P. agreed to immediately, believing the doctor knew what was best for her, and her baby (9). The nursing reports characterize M.L.R.P. as "unstable, belligerent to staff, unpredictable, demanding, and an emotional wreck" (9). Lombard highlights that M.L.R.P.'s emotional state was affected by the stress of labour, the placental abruption, and her "history of trauma at the hands of people in authority" (9). While M.L.R.P. was in the excruciating "throes of active labour" M.L.R.P. recalls a medical professional approaching her about having a tubal ligation, and remembers the professional said that "she [M.L.R.P.] wouldn't want to be in this kind [painful pregnancy and pre-partum] of position again" (10) At the same time M.L.R.P. was waiting in labour induced pain, for the administering of her epidural, a "powerful mind-altering medication", Dr. Kristine Mytopher approached M.L.R.P. to discuss the tubal ligation procedure for the first time(10). This "10 minute" discussion lead M.L.R.P. to sign the tubal ligation form only because Dr. Mytopher made her believe that the procedure was reversible, even though it was not deemed medically necessary (10). When a person is in incredible amounts of pain and stress, as M.L.R.P. was, and is misled by the doctor to believe that a certain procedure is reversible, even though it is not medically necessary, is a vehement violation of consent laws, as the doctor did not disclose all the information (Stote 2015, 43). It is important to note here, that the sterilization of M.L.R.P. and other women should not be "misconstrued" to frame these women solely as victims, but as women who have "absolutely resisted, adapted and survived" in the face of all these coercive policies (Stote 2015, 43). In this case, M.L.R.P. and other women who have experienced coerced sterilization, are activists who have told their stories to bring awareness, with the goal to some extent, end this violence against Indigenous women's bodies.

The sterilization of M.L.R.P. represents a human rights violation and an ethical violation by the physicians around the consent of a patient. The case that Lombard is representing is asking for the changing of the legislation around sterilization, the compensation of those affected, and an apology. Lombard recognizes that an apology is important, but not enough, as apologies have been given by the state-institutions around sterilizations, but no change has been made until now (CBC News 1990, Moran et al. 2018). Perhaps it's because these apologies that are issued by the state are issued by just that, the settler colonial state, that is in danger of uprooting its legitimacy as an institution and governing body; if the Supreme Court of Canada ever addresses that the country is built on taking, and deception of Indigenous lands and peoples. What is important to note is that Indigenous peoples have always resisted against the state on several levels, and using the "master's tools" is the most effective in making legislative change, but as a result of the power relations where the Canadian state has physically and legislatively dominated Indigenous peoples (Audre Lorde, 1979). In light of these coercive sterilizations, it is surprising, to say the least, to see that there have been instances where doctors in Canada were "denying" tubal ligations to women under the age of 30, who have no medical conditions warranting a tubal ligation but are wanting to receive tubal ligations as they chose not to have children (Kirkey 2017). In the case of Indigenous women's sterilizations, there was also no health reason to perform tubal ligations, but they were unethically performed by physicians anyways. In both cases of denying or unethically performing tubal ligations, medical professionals are making decisions about women's abilities to reproduce. As Kirkey (2017) does not give insight into which doctors denied tubal ligations, the question I ask is which women were the ones denied the ability to reproduce through coercive sterilizations, and which ones were, in a way encouraged by denying them tubal ligations? Were Indigenous women sterilized, or where they predominantly white? The opposing argument, as is

underpinned with colonist ideals, is that what we discussed, the Indigenous women are "unfit" mothers who do not have the right type of children and by having children are an added expense on the "public purse" (Friske and Browne 2006, 106). These ideologies of Indigenous peoples as unfit to raise the right type of children, stem from the same colonial ideologies and thoughts that justified policies like Residential Schools. The fact that Residential Schools, the Sixties Scoop[4], and their position as being a present-day "evolution" into the Child and Family Services (CFS), and these cases of non-consensual, coerced tubal ligations of women like M.L.R.P. are created under the same ideologies of what the predominantly white settler-colonial state should look like (Barghout 2014). In fact, M.L.R.P. is a "sixties scoop survivor", and as Lombard describes, M.L.R.P. has experienced considerable trauma in her lifetime (Lombard 9).

The Settler Colonial State: Superficial Apologies and '*The Master's Tools*'

"For the master's tools will never dismantle the master's house. They may allow us temporarily to beat him at his own game, but they will never enable us to bring about genuine change" (Lorde, 1979).

Suzack (2015) defines, how Indigenous feminism can be seen as restoring indigenous women's collective status as it had been eroded by the colonial and patriarchal system (262). What the Lombard case is doing by fighting for 7 million dollars in reparations for the "physical, psychological, spiritual and emotional," is using the international courts and tactics of "shaming" of Canada, and using the Canadian Charter of Rights and Freedoms to highlight these injustices (Lombard 13). Using the tactics of shaming has worked for Indigenous women fighting for their rights internationally, and is a symbol of Indigenous feminism, and Indigenous women's activism. One specific case being the one of the activism against the explicit gender discrimination in Section 12[5]of the Indian Act that was propelled by Sandra Lovelace, who took her case to the United Nations Human Rights Committee in 1981, where she argued that discriminatory measures in the Indian Act violated international law (Boyer 2009, 82). The Government of Canada sees itself as a "leader in the area of human rights" and is signed on to many treaties that confirm the human rights of its citizens, to uphold these treaties Canada submits reports of its human rights records for UN monitoring bodies to include (81). To sustain this self-reputation of being a leader in human rights, Canada created a parliamentary subcommittee on Indian women and the Indian Act was formed in August of 1982 which ultimately propelled, alongside with many other Indigenous women's activists, Canada to amend the Indian Act through Bill C-31 (84). Although Bill C-31 eliminated most gender discrimination the new, amended sections of the Indian Act still caused perfunctory discrimination against women (Nelson 2018). And now thirty-six years later, Bill S-3, which is designed to bring the Indian Act in line with the Canadian Charter of Rights and Freedoms (Nelson 2018). Sandra Lovelace, now a Senator is calling to amend Bill S-3 for not amending its gender-based discriminatory policies[6] (Nelson 2018). This example shows the pitfalls, but necessities of activists, especially women's

[4] The Sixties Scoop refers to the Canadian practice of taking children of Indigenous peoples and placing them in foster homes or adoption with non-Indigenous homes (Lombard 2017).

[5] Section 12 of the Indian Act caused Status Indian women to lose their Indian status and subsequently their treaty and land rights, if they married a non-status Indian person, even if a woman was to divorce from her non-status husband, her status would be diminished.

[6] This discrimination in the Indian act, even after the amendment of the Indian Act through Bill C-31, women's descendents still lost status because of the "cousins rule" (Boyer 2009).

rights activists, such as Lovelace and Lombard, resort to using the "master's tools" (Lorde, 1979). So to draw a comparison between Lovelace's case and Lombard's case, we see how Lombard is taking a similar route in going to the international bodies, such as the UN, in order to "shame" Canada into changing its discriminatory practices (Nelson 2018). Although Lovelace is still fighting for the gender discrimination amendment in Bill S-3, those who have lost status would be able to be reinstated by the state, even if the state was in compliance with Lovelace's proposal to amend Bill S-3. In the case of Lombard, the compensation required from the state for the women who were forcibly sterilized is ethically sticker, because of its entanglement with medical trauma. This is not to say that women who lost their Indian Status do not feel adverse effects, but that the medical procedures associated with a coerced sterilization cannot be "reinstated" the way Indian Status can be. In the end, these women's sterility is symbolic of a larger settler-colonial goal that has been continued through the coercive sterilizations. Although Lombard's case can fight for reparations for these women, and for subsequent legislation and apologies from various settler-colonial institutions, examples such as Lovelace's case are an example that shine light on the idea that "the master's tools will not dismantle the master's house", they may only allow Indigenous women like Lombard to beat the Government at their own game, in the courts, but these tools will never enable Indigenous women to bring about "genuine change" (Lorde 1979).

M.L.R.P. and the other women Alisa Lombard is defending are in practice using the "master's tools", by using the avenues made available by the "masters", the Canadian government and the United Nations (Lorde 1979). The United Nations "shaming tactics" are useful, but only to a certain extent, as seen in the case of Lovelace continuing the fight for ending gender discrimination in the Indian Act with proposing amendments to Bill S-3, as previously discussed, therefore; shaming tactics can only go so far. The reason these shaming tactics do not let Indigenous activists goals come to fruition, although their goals are often in line with what is expected through the Canadian Charter of Rights and Freedoms (Bill S-3), is because Canada is a settler-colonial state. If Canada were to address the underlying colonial issues that stimulate the rationale behind doctors and states to practice coerced sterilization to occur they would be dismantling the settler colonial premise that Canada is built upon (Dyck, 2018). The insufficiency of apologies, without compensation, is deeply problematic and does not change anything, but the question of how these women would be reinstated by their "masters" is interesting as well. To create complete change of this institution it would be useful to look at a complete overarching change of perhaps the medical system as well, where movements of Indigenous resurgence and reclamation and perhaps could look towards another approach, that is able to "dismantle" the house in a way that would bring about systemic change (Lorde 1979).

Conclusion

In seeing that the contemporary sterilizations of Indigenous women is not a new phenomenon, but is involved in the larger contexts of medical practices being a way for the settler-colonial state to control Indigenous women's bodies. In seeing that although states have apologized for their eugenics practices that took place in the form of sterilizations, created no legislation that would ban the unethical coercive sterilization of Indigenous women or any person. We see that although cultural care practices would be one way to ensure that cases like M.L.R.P. do not happen again, the changing of policies and instating culturally safe care may look a lot like the case of Indigenous women's activism, namely Lovelace's work around gender-based discrimination in the Indian Act. As a result of the settler-colonial

state's policies being so deeply embedded in institutions like hospitals, medical practices, and the Indian act, a different sort of activism that does not use the "master's tools" may be required to bring about substantive change that can eliminate this violence, like coerced sterilizations, more thoroughly.

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