Forced Sterilization of Indigenous Women: An Act of Genocide or Policing Women's Bodies?

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Abstract

Canada's history of forced sterilization and eugenics is one that is rarely discussed, however, this topic has become prevalent in light of the recent cases of Indigenous women being forcibly sterilized, and who have been and remain a target for such procedures. This paper will take an exploratory approach to the topic and argues that these occurrences of forced sterilization should be examined through the lens of sterilizations as a reflection of ongoing colonial practices, as well as an expression of policing and regulating the bodies and sexuality of Indigenous women. It will begin with an extensive discussion on Canada's history of settler practices, genocide, and the changing perception of Indigenous women. Next, Canada's history of eugenics and forced sterilization towards Indigenous populations will be examined. In addition, this paper will explore the stories of Brenda Pelletier and Melika Popp, two recent cases of Indigenous women who have experienced forced sterilization in Saskatchewan. Using these cases, sterilization will be discussed through two lenses: as an act of biological genocide, and as a mechanism for controlling Indigenous women's bodies and sexuality.

Keywords: Canada's Indigenous peoples, ongoing colonial practices of genocide, the regulation of Indigenous women's bodies and sexuality, eugenics, sterilization

INTRODUCTION

Imagine that you are a pregnant woman entering a hospital, experiencing tremendous pain from your contractions. Your mind is overwhelmed with thoughts of finally being able to hold your child after nine months of waiting, as well as fear of enduring the childbirth process. After hours of labour, you finally give birth to your child, and are mentally and physically exhausted. While you are still in this state, a nurse comes up to you with papers, demanding that you sign them. You ask the nurse what the papers are for and you are told that it is for a tubal ligation procedure.[1] You never asked for this procedure, yet the nurse is persistent: either you sign this paper and undergo the surgery, or the nurse will not allow you to see your child. Through the exhaustion and the fear of not being able to see your child, you finally sign the papers simply to get it over with.

Most reasonable Canadians would find it inconceivable that women are sterilized under such conditions in contemporary hospitals and healthcare settings. There have been numerous instances of Indigenous[2] women being forced to sign the consent papers for sterilization procedures immediately after giving birth (See, for example, Soloducha, 2017; Moran, 2018; Hamilton, 2017; Crosier, 2017). Some Indigenous women have reported that they were told that the procedure is reversible if they change their mind later on, and that it is simply a form of birth control (Soloducha, 2017; Moran, 2018; Hamilton, 2017; Crosier, 2017).

Given the various settler methods and policies used to assimilate and exterminate Indigenous populations, the forced sexual sterilization of Indigenous women is not one that is often discussed. This paper argues that the occurrences of forced sterilization of Indigenous women should be examined through the lens of sterilizations as a reflection of ongoing colonial and settler practices, as well as an expression of policing and regulating the bodies and sexuality of Indigenous women. To begin, this paper will extensively discuss Canada's history of

[1] The surgical procedure known as tubal ligations involves the severing, burning or tying of the Fallopian tubes that carry eggs from the ovaries to the uterus (Kirkup, 2018a).

[2] I use the term *Indigenous* to refer to all of the peoples native to the lands within Canadian borders, including groups otherwise referred to as Status and Non-Status Indian, Inuit, and Métis. I acknowledge that Indigenous peoples have different histories with the Canadian government, and policies have been imposed in different ways on different groups, yet for this paper, I include all groups and communities of Indigenous background under my conception of the term. When alternative terms are used, it is only in conjuncture of using historically accurate terms when referencing quotes or the names of policies (i.e. *Indian Act*).

colonialist practices including those that equate to biological genocide, as well as the effects of these practices, which include the changing perceptions around Indigenous women. This contextualization will be followed by an examination of the history of eugenics and forced sterilization in Canada, especially pertaining to Indigenous populations. These sections will provide the context to situate the current state of forced sterilization of Indigenous women. This will be followed by an analysis of two recent cases of Indigenous women, Brenda Pelletier and Melika Popp, who have experienced forced sterilization in Saskatchewan. Lastly, sterilization will be discussed through two lenses: as an act of genocide, and as a mechanism of controlling Indigenous women's bodies and sexuality.

COLONIALISM AND THE USE OF GENOCIDE

According to the Truth and Reconciliation Commission (TRC) of Canada (2015), Canada's Indigenous policy was designed to eradicate Indigenous peoples in Canada through practices of persistent rights violations, the termination of treaties, and policies of assimilation. This goal of the government is made clear in a quote by former Deputy Minister of the Indian Department, Duncan Campbell Scott, in 1920,

> I want to get rid of the Indian problem… Our object is to continue until there is not a single Indian in Canada that has not been absorbed into the body politic, and there is no Indian question, and no Indian Department (Napoleon, 2001, p. 116).

As outlined in the TRC report, Canada has used genocide as a tool for imposing settler practices unto Indigenous peoples in numerous ways. The report mentions three distinct types of genocide: physical, cultural, and biological, all of which have been used against the Indigenous peoples of Canada. Physical genocide involves mass killings as seen in the days of first contact with the settlers, aiming to eradicate the Indigenous populations through slaughtering thousands of Indigenous peoples. Cultural genocide is described to be "the destruction of those structures and practices that allow the group to continue as a group" (Truth and Reconciliation Commission of Canada, 2015, p. 1), such as the use of residential schools to destroy Indigenous ties to their communities and their cultures by assimilating them into the 'civilized' society. As the National Inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG) report (2019) identifies, the use of assimilation is regarded as a "policy of cultural genocide" (p. 408). Lastly,

the TRC (2015) defines biological genocide as "the destruction of the group's reproductive capacity," as seen in the cases of forced sterilization practices throughout Canadian history (p. 1).

As Gerald Taiaiake Alfred (2009) explains, "colonialism" is the theoretical framework for understanding the complexities of the relationship that evolved between Indigenous peoples and Europeans at the time of first contact. Colonial practices specifically refer to "the development of institutions and policies by European imperial and Euroamerican settler governments" to manage and control Indigenous peoples (Alfred, 2009, p. 45). Although Europeans arrived as settlers, they rationalized their dominance over the land of North America based on the doctrine of *terra nullius* (empty lands). Having discovered an already-present population on the shores of North America, the Europeans sought to eradicate Indigenous populations and legally dispossess their land to claim it as their own (Alfred, 2009). As mentioned previously, genocide was a mechanism by which the settlers decimated the Indigenous peoples of Canada. As a population, Indigenous peoples have experienced numerous forms of genocide. According to some sources, one early example was during first contact[3] through the dissemination of smallpox to the Indigenous populations, a virus that was carried to North America and presumably weaponized by the Europeans (See, for example, Alfred, 2009; Kirmayer et al., 2014; Aboriginal Affairs and Northern Development Canada, 2013, p. 20). An additional example of cultural genocide is the use of residential schools. These schools were deemed to be the most effective way to eliminate Indigenous culture by breaking the chain of transmission: to remove children from their cultural environments and families and indoctrinate them into settler society in complete isolation (Cherrington, 2007; Truth and Reconciliation Commission of Canada, 2015; Menzies, 2007). Residential schools were labeled as a boarding school for Indigenous children as maintained by the Government of Canada and operated by churches, including the Anglican and Presbyterian Churches, the United Church of Canada, and the Roman Catholic Church (Cherrington, 2007; Menzies, 2007; Logan, 2015). As Peter Menzies describes, residential schools separated children "from family for months, even years at a time, [which] resulted in children losing their language, culture, and spiritual beliefs, as well as sense of belonging to a family, community and nation"

[3] First contact refers to the arrival of European explorers on Indigenous-occupied North American land in the 11th century.

(Menzies, 2010, p. 66). These schools served as institutions to indoctrinate Indigenous children spiritually, and to eliminate their identity and culture.

The use of forced sterilization as a genocidal tool is similar to the use of residential schools as a tool of cultural genocide, in that by permanently preventing Indigenous women from giving birth, they are prevented from repopulating their own communities and passing on their cultures, values, and traditions. Sterilization serves as both a cultural and biological form of genocide against Indigenous peoples by severing the cultural link between generations, and by destroying Indigenous women's reproductive capacity, which causes the population to decline.

INDIGENOUS WOMEN IN A HISTORICAL CONTEXT

Before examining Canada's history of forced sterilization, it is important to understand the historical position of women in Indigenous societies, in terms of their role as mothers and as respected figures in society. As Boyer and Bartlett (2017) state, Indigenous women have "historically held the highest degree of respect within their communities as the givers of life and family anchors" as they kept the traditions, practices and customs of their nations alive and flourishing (p. 6). In addition, "they were respected for their ability to create new life and their ability to facilitate these new relationships with the Creator" (Boyer & Bartlett, 2017, p. 6). A woman's reproductive capacity and ability to give birth was traditionally seen as sacred; thus, motherhood was highly regarded in many Indigenous communities (Soloducha, 2017). The respectability for women is further illustrated in the work they were tasked with, as well as the social structure of some Indigenous communities. Many communities adopted either egalitarian or matriarchal social structures, both of which regard women as important members within the community. While men's roles included hunting and community protection, women's roles ranged from household chores, gathering food, childbirth, infant care and raising and educating children in accordance with traditional values (Boyer & Bartlett, 2017, p. 6; Aboriginal Affairs and Northern Development Canada, 2013, pp. 11, 13, 16).

In addition to the importance of childbirth, children themselves are considered sacred in Indigenous communities. According to many Indigenous worldviews, children are viewed as "prized gifts from the Creator," as children are regarded as being closest to the Creator, having

left the spirit world most recently (Sinha & Kozlowski, 2013, p. 3; Soloducha, 2017). Women are thus viewed as a conduit for the Creator by populating the communities. With the sacredness of children and the birthing process as the ability to connect to the Creator to bring new life, a woman's reproductive capability is important in both a demographic sense to populate the community, as well as a cultural and spiritual sense.

With the arrival of settlers and the colonialist mechanisms of control, Indigenous populations were under the influence of forced acculturation. Western European patterns of patriarchy and male-dominance were introduced through missionary work, new forms of trade relations, we as well as Western institutions of governance and state (Boyer & Bartlett, 2017; Logan, 2015). After the European arrival and effective imperial control over the land now regarded as North America, the position and perception of Indigenous women changed for the worse. Settlers made sense of Indigenous societies by viewing them through a Eurocentric and androcentric lens, assuming that Victorian principles represented the natural order of things. The colonization of Indigenous populations in Canada brought with it the emergence of European patriarchal laws, policies, legislation and regulations that served as institutional attacks on Indigenous women in their roles as respected members of the community, and as family anchors and life-givers (Native Women's Association of Canada, 2007, p. 21). As outlined by the MMIWG (2019) inquiry, "European women could not own property because they were actually considered property – belonging first to their fathers and eventually to their husbands" (p. 238). Such male-dominated foundational principles that were brought by the European settlers functioned as a key aspect of colonization – assimilating and exerting control over Indigenous women. Assimilation was a fundamental tool used by the settlers and was seen through the use of colonizing actions such as the *Indian Act*, the implementation of residential schools, and the forced removal of children, such as the 'sixties scoop'[4] (Boyer & Bartlett, 2017, p. 6; Sinclair, 2007).

[4] The sixties scoop refers to the adoption of Indigenous children in Canada between the years of 1960 and the mid 1980's. In many instances, children were literally scooped from their homes and communities by government authorities and social workers without the knowledge or consent of families and Bands. This was justified by the assumption that Indigenous people were culturally inferior and unable to provide the necessities for their children. For more information on this, read Sinclair, R. (2007), Identity lost and found: Lessons from the sixties scoop. Available at https://fncaringsociety.com/sites/default/files/online-journal/vol3num1/Sinclair_pp65.pdf.

These methods of colonization served as ways in which the European settler population downplayed and degraded the role of women in Indigenous communities. The *Indian Act*, for example, provided the settler population the ability to enforce Victorian notions of womanhood and property ownership onto Indigenous peoples. Firstly, while many Indigenous communities were matrilineal, whereby inheritance and power was passed down through the mother, the *Indian Act* defined a "Status Indian" to be based on paternal lineage. Section 12 (1)(b) of the 1951 amendments to the *Indian Act* states, "a woman who married a person who is not an Indian… [is] not entitled to be registered" (Hinge, 1985, p. 319). The *Indian Act* even went so far as to revoke the Indigenous status of many women and their children who "married out" and cannot pass on their Indigenous status and membership (Missing and Murdered Indigenous Women and Girls, 2019, p. 48, 53). Indigenous women lost not only their Indian status, but their treaty and health benefits, the right to live on their reserve, the right to inherit their family property, and even the right to be buried on the reserve with their ancestors (Jamieson, 1978, p. 1). Thus, while an Indigenous woman and her children lost their Indian status if she married a non-Indigenous man, an Indigenous man would not lose his status if he married a non-Indigenous woman. Secondly, the Victorian notions of womanhood and property were also incorporated, where "good moral character" was written in the *Indian Act* to enforce values such as chastity and virtuousness, and women were denied the right to own property. The ramifications of this presented in instances of divorce, which was not permitted under the *Indian Act*. Thus, Indigenous women cohabitating with a new partner could be charged with bigamy by an Indian agent (Sangster, 2001, p. 311-312). Lastly, the *Indian Act* also denied women the right to possess land and marital property. Government agents modified the Act in 1884, with an amendment in section 5 that allowed men to will their estate to their wives, but only if the wife was determined to be "a woman of good moral character" by the Indian agent (Hinge, 1985, p. 94). Thus, Indigenous women's ability to receive property depended on their ability to conform to the Eurocentric notion of womanhood.

Indigenous women's status was further eroded through the dissemination of stereotypes and labels. Such labels suggested that Indigenous women were primitive and promiscuous beings, and they created "the false colonial perception that [Indigenous] women were worthless

and free to be exploited" (Boyer & Bartlett, 2017, p. 6; Lawson, 1709). These stereotypes have persisted to the modern context, with comments made towards Indigenous peoples as being "drunks," "drug addicts," "prostitutes" or even "violent abusers" without consideration given to the centuries of intergenerational trauma[5] as a result of colonial practices (Boyer & Bartlett, 2017, p. 7). These stereotypes, although introduced as a mechanism of influencing the perception of Indigenous women by settlers, have now trickled into systemic acts of abuse towards Indigenous peoples. One such example can be seen in the healthcare system, which will be detailed later.

CANADA'S HISTORY OF EUGENICS AND FORCED STERILIZATION

In 2015, the public was shocked to discover a wave of recent cases of forced sterilization in a Saskatoon hospital after multiple Indigenous women came forward to share their stories (Soloducha, 2017; Boyer & Bartlett, 2017; Crosier, 2017; Hamilton; 2017; Kirkup, 2018a; Kirkup, 2018b; Moran, 2018). These cases have occurred as recently as 2017, leaving Canadians horrified that such atrocities could be happening in this country. Forced sterilization is not unusual for Canada, and remains a part of our hidden history to this day.

The term "forced sterilization" refers to the practice of reproductive sterilization "performed on subjects who are … unwilling to have the procedure but who are required to … because the state believes they would not be fit parents or would have defective children" (Robitscher, 1973, p. 7). This practice has a long history in Canada, dating back to the introduction of eugenic policies in the early 1900s (Peiss, 2002; Stote, 2012). Eugenics was introduced as a solution to the consequences of a rapidly industrializing population, with increasingly high rates of poverty, illness, and social problems for those being marginalized by the current system (Stote, 2012). Eugenics was proposed by mostly White middle- and upper-class reformers in Canada as a way to maintain social order and to control the growing marginalized population congregating in larger urban areas in search of work. Rather than considering the position of marginalized peoples as stemming from their social and economic

[5] Intergenerational trauma refers to the cumulative impact of trauma experienced by both children and their parents as a result of Canada's residential school policy continues to have consequences for subsequent generations of children. For more information, see Peter Menzies (2010) "Intergenerational Trauma from a Mental Health Perspective."

disposition under a capitalist and industrialist system, the social problems were viewed as stemming from the innate traits of the poor and marginalized. Problems such as poverty, illness and feeble-mindedness were viewed to be individual rather than social issues.

The basis of the eugenics policy is related to social Darwinism, or the idea of "survival of the fittest," in that the population must be socially engineered to ensure that the *right* kinds of women are giving birth to children who are as fit as possible (Peiss, 2002; Johansen, 1998). British and North American eugenicists understood "fitness" to be able-bodied and physically fit, as well as possessing specific traits such as having a high mental and intellectual capacity, belonging to a specific race (White), holding a high economic status (middle- and upper-class), being morally and religiously fit (Protestant), and lastly, nationalistically fit (English-speaking) (Peiss, 2002; Stote, 2012). Although Darwin discussed fitness in terms of biological categories, Eugenicists erroneously equated biological and hereditary categories to be in conjuncture with social and normative categories. This ideology gained credibility through the many important political and social figures in support of the policy at the time, with notable examples such as Tommy Douglas, Helen MacMurchy, Emily Murphy, Nellie McClung, and various other medical, philanthropic, and women's organizations advocating for the sterilization of "unfit" populations (Devereux, 2005; Stote, 2012; Henderson, 2003; McLaren, 2014). As Kline (2002) identifies, two dichotomous views of women emerged, according to which a woman was labeled as either the "mother of the race" or the "moron girl," depending on the fitness or unfitness a woman possessed (Stote, 2012, p. 119). Ultimately, advocates of eugenics wanted a formal public health policy that encouraged the reproduction of fit women and to ensure that unfit women were sterilized.

Although the practice of sterilization technically applied to all races, ethnicities and genders, Indigenous women remained the prime target of these policies. As authors Grekul, Krahn and Odynak (2004, p. 475) report, Indigenous peoples were overrepresented in the cases brought before the provincial Eugenics Board, and, once approved for sterilization, they were far more likely to be subject to the procedure. Other marginalized groups targeted by eugenic policies were immigrants, homosexuals, and those suffering from mental illnesses. Included in

the category of the mentally ill were those women who were "promiscuous" or "hysterical", as these behaviors were viewed as signs of nymphomania or hysteria. Many women were institutionalized and labeled as mentally unfit on these grounds (Robitscher, 1973, p. 5; Grekul, 2008, p. 255). To mask this blatantly discriminatory policy, the women targeted were labeled as mentally defective, or "feeble-minded," thus supposedly justifying the actions taken against them (Stote, 2012, p. 121; Grekul, 2008, p. 251). Oftentimes, these sterilizations took place in residential schools, penal institutions, and mental asylums, as these institutions contained a plethora of 'unfit' people who were in no position to resist the procedure, and were oftentimes unaware that any procedure had taken place (Boyer & Bartlett, 2017, p. 8).

Within the context of the larger colonial system, eugenic policies were being implemented through legislation and individual actions by strong supporters of the ideology throughout Canada. Two provinces in particular enacted formal sterilization legislation that legitimized the practice. Alberta's *Sexual Sterilization Act* was in effect from 1928 to 1972, and British Columbia enforced similar legislation from 1933 to 1973 (Peiss, 2002; Stote, 2012; Boyer & Bartlett, 2017). In Alberta, sterilization procedures were performed on nearly 3,000 supposedly mentally unfit people, and Indigenous women were overrepresented among those people sterilized (Stote, 2012; Boyer & Bartlett, 2017). When this legislation was initially introduced, the procedures could only take place if consent was given by the person having the surgery, or by their legal guardian. This changed in 1937, however, when an amendment to the Act was created that allowed for sterilization without consent if the patient were deemed to be mentally defective (Grekul, 2008, p. 255). This amendment made a distinction between psychotic persons and those considered mentally defective, whereby consent was only required for the former group. Although this amendment was initially designed to reduce the numbers of sterilizations, the reality is that the proportion of Indigenous peoples sterilized by the Act rose steadily from 1939 onward, ultimately tripling from 1949 to 1959 (Stote, 2012, p. 120). As Stote (2012) mentions, "consent for sterilization was only sought in 17 percent of Aboriginal cases. More than 77 percent were defined as mentally defective, and hence their consent was not needed" (p. 120-121).

The Canadian government took many actions that strengthened the eugenic ideology as a means of imposing settler practices on Indigenous peoples. Government officials, medical professionals and White middle-class social reformers, such as Helen MacMurchy and Emily Murphy, viewed Indigenous peoples as an inferior race (McLaren, 1997, p. 30; Devereux, 2005; Stote, 2012). Through the registration of Indigenous peoples as "Status Indians", this in turn labels Status Indians as wards or 'children' of the state, thereby allowing for the paternalistic role of federal government (Department of the Interior, 1877, p. xiv). With Indigenous peoples being labeled as wards of the state, the federal government of Canada was responsible for protecting them from harm. Instead, however, the federal government amplified their susceptibility to sterilization laws. One such example of this occurred in 1951, when an amendment to the *Indian Act* was created that increased the application of provincial laws to Indigenous peoples. This allowed for mental competency (or incompetency) to be defined according to the laws of the province in which individual Indigenous peoples resided (Grekul, 2011, p. 18; Stote, 2012). In other words, a mentally incompetent Indigenous person was whatever a province deemed him or her to be, making them susceptible to provincial laws, including the *Sexual Sterilization Act*.

Although the Alberta and the British Columbia sterilization acts do not overtly discriminate against Indigenous women, the implementation of the laws had devastating effects partially due to the high populations of Indigenous peoples living within those provinces (Boyer & Bartlett, 2017). As for the other provinces and territories in Canada, no official sterilization legislation was enacted, yet there have still been instances of sterilizations performed. In Ontario, for example, as many as 1,000 sterilizations were performed by eugenically-minded doctors on a "goodwill" basis (Stote, 2012, p. 124). Although the other provinces did not legally enact sterilization policies as did Alberta and British Columbia, the use of sterilization procedures remains a part of Canada's healthcare practice to this day.

UNDERSTANDING FORCED STERILIZATION IN A MODERN CONTEXT

The focus of this paper will now shift towards understanding the practice of forced sterilizations in recent years, by looking at the practice through two different lenses: as an act of biological genocide, and as a method of policing Indigenous women's bodies and sexuality.

Given the background information provided, these lenses will provide two different understandings as to how and why such procedures are used in a modern context against a vulnerable population. To contextualize the topic of forced sterilization, the recent cases occurring within Saskatchewan will be presented as case studies.

CASE STUDIES: THE VICTIMS OF FORCED STERILIZATION IN SASKATCHEWAN

In the fall of 2015, several Indigenous women stated they were coerced into having a tubal ligation immediately after childbirth in a Saskatoon Health Region hospital (Boyer & Bartlett, 2017; Hamilton, 2017; Moore, 2017; Moran, 2018). As of 2017, four women have come forward to share their experiences of how they were pressured and coerced at Saskatoon's Royal University Hospital to undergo a sterilization procedure. With increasing media coverage on the story, Ontario Senator Yvonne Boyer spoke out and called for this issue to be studied nationally, after which more women came forward about their similar experiences. As of December of 2018, approximately 100 women have come forward (Kirkup, 2018b). All of these women are of Indigenous descent, and although their stories may differ in circumstances, they were all forced or otherwise coerced into being sterilized by hospital staff (Crosier, 2017). Two of the victims' stories will be detailed below, representing only the information currently available to the public.

Brenda Pelletier

When Brenda Pelletier arrived at the Royal University Hospital in Saskatoon to deliver her child, she was harassed by hospital nurses and doctors to sign consent forms (Crosier, 2017). Once signed, these papers would provide her consent to receive a tubal ligation after the delivery of her child, ensuring that she would be unable to have more children. As an Indigenous woman, and with the stigma of being a recovering drug addict, Pelletier was red-flagged by social workers and nurses, suggesting that this may have been the impetus for the pressure to have her undergo the procedure (Crosier, 2017; Kirkup, 2018a). Pelletier reports that she was harassed consistently throughout the night after delivering her child (Crosier, 2017). Initially, Pelletier agreed to sign the consent forms after hours of pressure from nursing staff, but ultimately changed her mind and continued to refuse the surgery even while on the operating table. Despite her protests, however, the procedure still took place, leaving her sterilized (Crosier, 2017).

Melika Popp

Melika Popp was a single mother, who entered the same hospital as Pelletier while in full labour and ready to deliver her child, even though the birth was premature. Prior to being admitted, she was cornered by hospital staff about her pregnancy, with nurses asking her insensitive questions, such as "what kind of birth control are you on?", "why didn't you use a condom?", and telling her that she "should consider adoption" (Crosier, 2017). When it came time to deliver her child, Popp reported being pressured by a doctor into receiving a tubal ligation procedure. The doctor repeatedly stated that the procedure was reversible if she was to change her mind, and that there were no side effects to having the surgery (Crosier, 2017). Based on the pressure and the trust in her doctor's position of authority, Popp agreed to the procedure. Later on, when Popp entered into a relationship and wished to have more children with her new partner, she returned to the hospital to have the procedure reversed, where she was then told of the extent of the damage done to her reproductive organs and the permanence of the surgery. This left Popp devastated, and she states that she feels as though the doctors "took away a huge part of her identity as a woman" (Crosier, 2017).

An External Investigation Regarding the Allegations

In 2017, an external review was published by researchers Dr. Yvonne Boyer and Dr. Judith Bartlett to examine the issue of forced post-delivery tubal ligations of Indigenous women in Saskatchewan (Boyer & Bartlett, 2017). The researchers conducted interviews with victims of forced sterilization and their report shed light on the extent of the problem in Saskatchewan. Aside from the stories shared by Pelletier and Popp, other women have described being asked to consent to the procedure while in labour, while another woman states that she explicitly denied consent yet was sterilized against her will after giving birth (Soloducha, 2017; Moran, 2018). One woman who experienced the procedure describes, "It feels like, if you go to the doctor to have a broken finger fixed and they cut off your hand to fix the finger problem. I went to have a baby, not a tubal ligation" (Boyer & Bartlett, 2017, p. 19). This woman's sentiment is shared by the other women who came forward, stating that the use of sterilization was inappropriate given the context, and it was also a blatant act of discrimination against them based on their Indigenous identity.

With the release of this review and the publicity gained from these cases, more news stories have come out to report on this issue, causing a public outcry by Indigenous peoples for the government of Canada to implement concrete changes to prevent such miscarriages of care to occur. As of December of 2018, the federal government rejected a resolution set forth by Indigenous nations to explicitly outlaw the practice of coerced sterilization, refusing to make the appropriate changes within the *Criminal Code of Canada* to allow for the prevention of this injustice against Indigenous peoples (Kirkup, 2018b). The consistent inaction by the federal government glaringly displays their active role in the continued persecution of Indigenous peoples in Canada.

STERILIZATION AS AN ACT OF GENOCIDE

As mentioned earlier, the TRC identifies three types of genocide – physical, cultural, and biological (Truth and Reconciliation Commission of Canada, 2015) – and the act of forcible sterilization serves as an example of both cultural and biological sterilization. The process of preventing the reproduction of a social group, as seen through the forced sterilization procedures performed on Indigenous women from the 1920's up to the recent cases as of 2018, constitutes an act of genocide that continues to target Indigenous women in Canada. With the approval of Resolution 96 by the United Nations (UN), five activities were outlined as the definitions for what constitutes 'genocide' under International Law. These activities were: (a) killing members of the group, (b) causing serious bodily or mental harm to members of the group, (c) deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part, (d) imposing measures intended to prevent births within the group, and (e) forcibly transferring children of the group to another group (Rutecki, 2011; Office of the High Commissioner for Human Rights, 1994). Given Canada's participation in the UN and in the global community, the UN's definition of genocide can be applied to Canadian cases. As exhibited by Canada's recent cases of forced sterilization, Canada meets activities (c) and (d) of acts of genocide as outlined in Resolution 96. This definition reflects the issue of the sterilization of Indigenous women in Canada, and must be considered in the context of Canada's long history of enforcing colonial policies aimed at eradicating the Indigenous populations. While it may

seem that the cases of forced sterilization against Indigenous women were isolated incidents, it would be more accurate to frame these cases within Canada's long-held history of eugenic measures of sterilization towards Indigenous women with the purpose of preventing the births and repopulation of Indigenous populations.

To understand forced sterilization under the context of the practice as a form of genocide against Indigenous peoples means to contextualize the practice as a continuous effort to eliminate the Indigenous populations through different institutions. As Stote (2012) summarizes through her research on this issue, forced sterilization is not simply an isolated instance of abuse, but rather it is "one of many policies employed to undermine Aboriginal women, to separate Aboriginal peoples from their lands and resources, and to reduce the numbers of those to whom the federal government has obligations" (p. 117). Sterilization as a form of genocide proves to be a far more insidious method of exterminating a population. The question thus arises as to who is the perpetrator of the genocidal actions taken towards Indigenous peoples? It can be suggested that the federal government, in a historical and modern context, continues to uphold settler policies that allow for provincial institutions and governments to utilize genocide as a tool to subdue a population under their control.

Authors Kiedrowski, Petrunik and Ruddell (2017) present the concept of "benign neglect" that captures the essence of the relationship between the federal government and Indigenous peoples of Canada. Benign neglect refers to the lack of action taken, or the process of the government actively ignoring the problem (Kiedrowski et al., 2017). In other words, this is indicative of a noticeable trend in the way in which the government interacts with the Indigenous community; they appear to be restorative through public apologies towards Indigenous communities, as well as implementing the TRC and the MMIWG reports, yet this is simply a façade of justice. With the creation of the TRC (2015), the goal of the report was to bridge the settler and Indigenous communities, not simply as a way to promote forgiveness, but as a promise to promote healing. As the Commission indicates, "Without truth, justice, and healing, there can be no genuine reconciliation. Reconciliation is not about 'closing a sad chapter of Canada's past,' but about opening new healing pathways of reconciliation that are forged in truth

and justice" (Truth and Reconciliation Commission of Canada, 2015, p. 12). The continuation of benign neglect on the part of the federal government is not facilitative for reconciliation to occur, as ignoring the issue of Canada's past and present history of sterilization practices is not addressing the problem and allows for these injustices to continue. Vicki Chartrand (2019) challenges the myth that colonialism is a thing of the past. Chartrand's (2019) argument suggests that modern injustices faced by Indigenous peoples are not simply a result of the legacy and effects of colonialism, instead, colonialist policies that persist today, such as the hospital protocol for sterilizations, demonstrate the unfinished history of colonialism and genocide still present in Canada. Statements provided by the TRC that promote healing and justice will not be effective until existing colonial policies and practices are addressed and eliminated.

STERILIZATION AS A METHOD OF CONTROLLING INDIGENOUS WOMEN'S BODIES

Women's bodies and their sexuality are controlled and governed in numerous ways. Many women are judged and valued according to Eurocentric standards of beauty set by the dominant White population. For example, light skin and 'fair' facial and bodily features are all praised and commodified by mainstream society as the standard of appearance to which women should strive (Wolf, 1991, p. 11). As Naomi Wolf (1991) describes, "'beauty' is a currency system" whereby women are assigned value according to their ability to meet the culturally-set standards (p. 12). Women are also controlled in their behaviors and sexuality, whereby women are caught between a juxtaposition of being sexual enough to be deemed attractive to others, yet submissive and virginal so as not to appear to be 'promiscuous' (Wolf, 1991, p. 11). In addition to this, women are also controlled in their reproductive abilities by external sources, including individuals who dictate whether or not a woman should get pregnant, if she should keep the child or not, and controlling their ability to bear children at all. Abortion debates occurring in Canada and the United States perfectly exemplify this, as women's reproductive rights are heavily contested by politicians and lobbyists seeking to enforce regulatory restrictions on women's bodies (Levenson, 2019). The common theme in these methods of controlling women's bodies is that women's autonomy is taken away by external sources, whether it be the opposite gender, religious organizations, or the government, who attempt to exert control over every aspect of

womanhood. The ways in which Indigenous women are controlled is far more constricted and quite literal in their restrictions.

Indigenous women experience policing and governance over their bodies and sexuality in two main ways: through the dissemination of gendered and racialized stereotypes, and through the implementation of sterilization laws and practices. The first method of policing involves the creation and promotion of derogatory stereotypes of Indigenous women as "sexually depraved," "morally loose," "promiscuous," and "bad mothers" (Peiss, 2002, p. 329; Stote, 2012, p. 119). These labels reflect similar derogatory and discrediting language used against Indigenous women during early contact by the settlers, as a method of reducing the equal status of Indigenous women to match the patriarchal views of women as brought forth by the settlers. The reinforcement of these sexist and racist notions of Indigenous women served as a way to diminish their agency and control over their bodies and their identity. These stereotypes are similar to the moral judgements passed on women who were perceived to be unfit mothers during Canada's eugenics movement. While White middle-class women were viewed under the "Mother of the Race" archetype, unfit women's moral and sexual behavior were equated to their fitness, and were described as promiscuous, 'feeble-minded' "Moron Girls" in need of regulation (Kline, 2002).

As mentioned earlier in this paper, the social and living conditions of some Indigenous peoples, mainly that of homelessness, poverty, alcoholism and drug use, and poor health were regarded as evidence of their "unfitness" to reproduce and care for their child (Stote, 2012, p. 118). The connection between the use of stereotypes and the reasoning behind the practice of sterilization is subtle. These harmful stereotypes typecast Indigenous women as irresponsible, hyper-sexualized unfit mothers, which feeds into various institutions, including the healthcare system. Sherene Razack (2015) has noted that there is a "failure to care" on the part of government or healthcare officials, due to the dissemination of stereotypes of "drunken Indians" or unfit mothers that are racialized and considered innate characteristics of all Indigenous peoples (Razack, 2015, p. 59, 73). These negative beliefs about Indigenous women influence and impact their treatment by healthcare staff, as seen in the case of Melika Popp. Popp was

interrogated by nurses and staff about her pregnancy, with questions that suggest moral judgement about her status as a single mother (Crosier, 2017). The sexual stereotypes associated with Indigenous women and with single mothers may possibly have been the motivating reason for paternalistic behavior demonstrated by certain healthcare staff. Popp was subjected to the policing of her body and her sexuality by an authority figure, imposing moral judgements that was, what she believed, for her "own good" (Crosier, 2017). The measure by which the healthcare staff actively enforced control over Popp's body was through deceitful and coercive tactics to sexually sterilize her.

The coerced and forced sterilization vividly demonstrates the prevention of women's choice and autonomy in their reproductive abilities, as healthcare professionals engage in abuses of power to dictate whether or not an Indigenous woman should be able to bear children. An important distinction to make is that this paper is not against all cases of sexual sterilizations that occur in healthcare settings; the informed and willingly consenting woman who seeks out this procedure either out of personal desire or for the safety of their health is not equated to the women who arrive in healthcare settings only to have such a procedure forced upon them. All sterilizations performed on Indigenous women cannot be labeled as coercive; to do so would be to deny the agency of Indigenous women once again to make choices about their own reproduction. This paper focused solely on the Indigenous women who did not consent, or did so after experiencing coercion, deceit, and exploitation of their vulnerable state to receive the sterilization procedure.

CONCLUSION

The forced sterilization of Indigenous women is an ongoing issue in Canada. Canada possesses a dark history of imposing colonial policies and practices unto Indigenous peoples, including the introduction and implementation of eugenic policies through legislated and non-legislated practices from the 1920s to the 1970s. Despite the repeal of formal legislation in 1972, however, the Canadian government abandoned such practices, or so it is assumed. The reality of the situation is that forced sterilization as a eugenic measure remains imprinted within Canadian

provincial healthcare systems and legislation, thus allowing for the continuation of such practices to occur in the present day.

The recent cases of forced sterilization in Saskatchewan are indicative of a persistent issue that has been revealed by countless scholars, newspapers, activists, and affected individuals, but has yet to be addressed through formal action by the state. Indigenous peoples have and continue to encounter blatant injustices and discrimination. These injustices ultimately stem from the colonial policies enacted by the federal government and the White settler society to subjugate and eradicate the Indigenous population in Canada. This paper argued that the forced sterilizations of Indigenous women should be examined as both a reflection of ongoing colonial practices, as well as an expression of policing and regulating the bodies and sexuality of Indigenous women. These two perspectives were introduced as a method of contextualizing the forced sterilizations of Indigenous women. The first perspective held that forced sterilization is an act of genocide, and is one of many tools utilized by the Canadian government to prevent the continuation of Indigenous populations by restricting the reproductive capacity of Indigenous women. In addition, it suggests that forced sterilizations served as a continuance of colonial practices to eradicate Indigenous peoples. The second perspective holds the stance that forced sterilization is a method of policing Indigenous women's bodies and sexualities through the dissemination of stereotypes, which inform the biases present in healthcare settings. Furthermore, the sterilization of Indigenous women is used by those who wield higher status (doctors or nurses) to take away a woman's agency and autonomy over her body. Although we cannot undo the harm done to the women who have been forcibly sterilized, the next step is to put an end to this practice and for the government of Canada to acknowledge the harm done to Indigenous women. As indicated by the TRC (2015), reconciliation is needed for healing to begin through truth and justice.

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