

Iranian Thalassemia Society

Submission to the Committee on the Elimination of All Forms of Discrimination against Women

The 89th Session (07 Oct 2024 - 25 Oct 2024)

Subject: Indigenous Women Sterilization in Canada

By: Iranian Thalassemia Society

Introduction

For over 150 years, Indigenous peoples in Canada have been compelled to adapt to Eurocentric patriarchal values and beliefs, imposed through policies of assimilation, conversion, extermination, and blatant cultural genocide. Violations of Indigenous human rights have been an ongoing issue since colonization. Coerced sterilization is a major violation of human rights, bodily autonomy, reproductive rights, and gender equality for women across Canada.

This report examines the situation of Canadian indigenous women; especially regarding their forced sterilization based on Articles 2, 3, and 12 of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), which Canada is a party. The coerced sterilization of Indigenous women in Canada directly contravenes the Articles of the Convention. This report includes the historical background of this issue, presents cases of affected individuals, and offers recommendations for Canada to fulfill its human rights commitments. Furthermore, it underscores the urgent need for systemic reforms and accountability to align Canada's healthcare policies with international standards.

Historical context and structural inequalities

The root causes of contemporary racial injustices are intertwined with the colonial history of Canada and the ongoing legacies of state policies aimed at assimilating Indigenous peoples into Euro-Canadian society. Initially, contact between Indigenous peoples and European colonizers was characterized by commercial relationships marked by cooperation, with the indigenous holding advantages in population and land knowledge essential for survival. However, the imperial ambitions of European colonizers instigated a dramatic decline in Indigenous populations through disease, war, massacres, and famines. By the mid-nineteenth century, power dynamics had shifted. The loss of land and lasting aftereffects of the diseases severely undermined Indigenous economies, which were now regarded as incompatible with the imperial objectives of the colonizers.

Indigenous women and children have borne the brunt of these violations. They have been subjected to the dispossession of their traditional territories, disassociation from their roles within their communities, exclusion from political and social decision-making processes, and a disconnection from their identities, cultural orientations, and family structures.

General health conditions of indigenous peoples

Healthcare in Canada has historically mirrored and reinforced colonial ideologies aimed at controlling Indigenous populations. Indigenous communities experience significant health disparities compared to their non-Indigenous counterparts. These disparities directly stem from historical and ongoing colonial practices that have entrenched social and economic inequalities.

Life Expectancy: Indigenous individuals exhibit a considerably lower life expectancy than non-Indigenous Canadians.

Chronic Diseases: Indigenous populations endure disproportionately high rates of chronic conditions, such as diabetes, heart disease, and respiratory illnesses.

Mental Health: Indigenous communities report elevated rates of mental health issues, including depression, anxiety, and suicide.

Access to Healthcare: Indigenous peoples, particularly in remote regions, encounter substantial barriers in accessing healthcare, including a shortage of healthcare professionals, long travel distances, and a lack of culturally appropriate care.

Social Determinants of Health: Indigenous communities are disproportionately impacted by poverty, housing instability, and food insecurity, all of which exacerbate their health condition. Besides, limited access to clean water and overcrowded living conditions further aggravate the situation.

Indigenous women, in particular, have been devalued, and their rights systematically undermined by a medical system that often fails to respect their autonomy and dignity. The intersecting factors of race, gender, and socioeconomic status create layered vulnerabilities, exposing Indigenous women to coercion and exploitation by medical professionals, frequently marked as medical necessity.

Indigenous women and unceasing violations

Indigenous women face violence daily. For many, this violence has become normalized, due to a lack of awareness of better alternatives. Statistical evidence indicates that Indigenous women in Canada report consistently higher rates of intimate partner violence compared to the overall female population, with at least one in three experiencing abuse from a partner, compared to one in ten women overall.

Moreover, Indigenous women have continually been reported missing across Canada. In recent years, data indicates that approximately 500 Indigenous women have been murdered or reported missing over the past 15 years. The media coverage has been scarcely, and law enforcement often appears to lack urgency in searching for these women. Many Indigenous women have also been murdered without thorough investigations into the circumstances surrounding their deaths.

The criminal justice system has repeatedly failed Indigenous peoples, a fact acknowledged by the Royal Commission on Aboriginal Peoples and reiterated in numerous federal, provincial, and territorial reports and inquiries.

The legacy of centuries of oppression: coerced sterilization

Coerced sterilization is part of a long history of reproductive control in Canada, particularly targeting marginalized groups. Historically, Indigenous women have been overrepresented among the victims of Canada's sterilization policies, which were motivated by eugenics and aimed at those deemed "mentally unfit." A research indicates that approximately 1,150 Indigenous women were sterilized in federally operated "Indian hospitals" during a ten-year period ending in the early 1970s.

Archives related to these cases reveal embedded racism and paternalistic attitudes, which lead to the belief that sterilization was in the best interests of the women involved, irrespective of their wishes. This practice was viewed as a means to ultimately eliminate the Indigenous population.

While the legislative framework has evolved since the repeal of forced sterilization laws in the 1970s, the practice persists. In October 2017, two Indigenous women who alleged being sterilized without consent initiated a class action lawsuit. Subsequently, over 100 Indigenous women from seven different provinces and territories contacted the attorney leading the case, claiming to have undergone sterilization without free, prior, and informed consent, often under troubling circumstances of coercion. It is evident that forced or coerced sterilization constitutes a blatant violation of Indigenous women's human rights.

Under international human rights law, Canada has clear obligations to prevent such practices. Article 2 of CEDAW mandates States Parties to condemn all forms of discrimination against women and to pursue policies aimed at eliminating such discrimination. The sterilization of Indigenous women, rooted in a legacy of racial and gender-based oppression, constitutes a violation of this obligation.

Furthermore, Article 12 of CEDAW guarantees women equal access to healthcare, particularly concerning reproductive health, and obliges States to eliminate any discrimination in healthcare services. Canada's failure to prevent coerced sterilization represents a significant breach of these commitments.

A 2020 investigation by CBC revealed that there were more Indigenous women across Canada with similar experiences of coerced sterilization. These cases illustrate the systemic nature of this violation, where Indigenous women are targeted due to their vulnerability and the lack of cultural competency within healthcare services. Such practices contravene international human rights standards, including Article 16(1)(e) of CEDAW, which guarantees women the right to freely and responsibly determine the number and spacing of their children.

Ramifications of coerced sterilization

Today's violations of reproductive rights must be understood within the context of the long-lasting negative effects on Indigenous women's physical, mental, and social health, stemming from policies shaped by patriarchal values. The repercussions of coerced sterilization extend to psychological well-being and trust in the healthcare system. Many women endure long-term trauma, including depression, anxiety, and feelings of disempowerment, as a result of having their reproductive autonomy stripped away.

In addition to the loss of liberty and enjoyment of life, the delegitimization of Indigenous motherhood has served to justify the removal of Indigenous children from their families, either by placing them in non-Indigenous families or by preventing their existence altogether. Therefore, contemporary violations of Indigenous women's sexual and reproductive rights must be understood as part of the historical efforts to eradicate Indigenous nations.

This practice also contravenes Canada's obligations under other treaties, such as the ICCPR, which prohibits inhumane and degrading treatment.

Additionally, coerced sterilization violates Article 24 of the Convention on the Rights of the Child (CRC), which emphasizes the importance of respecting mothers' health as part of ensuring children's right to healthcare.

Conclusion

The issues of inequities and coerced sterilization, which affect Indigenous women cannot be resolved without addressing the harms and challenges caused by colonialism, racism, sexism, and other systemic injustices that are rooted in the past and still continue to this day Indigenous women face violence, disappearances, and murders without adequate responses from official entities. Such a context inevitably leads to further cruelties, like coerced sterilization.

Given that many Indigenous peoples in Canada still lack access to clean drinking water, it is unreasonable to expect asking women for their permission during sterilization procedures.

Recommendations

To address these violations of human rights, the following recommendations are proposed to the Canadian government:

Policy reform: The Canadian government must implement comprehensive policy reforms that prioritize the rights and autonomy of Indigenous women in healthcare settings.

Legal reforms: Amending Canadian healthcare laws to explicitly prohibit coerced sterilization and ensure compliance with international human rights obligations.

Cultural competency training: setting up mandatory trainings on cultural competency and human rights for healthcare professionals, particularly those serving Indigenous communities.

Independent oversight: Establishing an independent oversight party to investigate allegations of coerced sterilization and ensure accountability within the healthcare system.

International monitoring: Requesting UN monitoring of Canada's compliance with its obligations under the CEDAW ensuring that Indigenous women's rights are upheld.