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**STATEMENT TO THE INTER-AMERICAN COMMISSION ON HUMAN RIGHTS
FORCED STERILIZATION OF INDIGENOUS WOMEN IN SASKATCHEWAN, CANADA
February 27, 2018**

Thank you, Honourable Commission, for inviting us to present on a critical topic relating to the bodily autonomy of women and girls in the Americas.

My name is Alisa Lombard and I am a lawyer practicing with the first – and only – national law firm in Canada that is Aboriginal owned, Maurice Law. We represent an increasingly large group of Indigenous women in Saskatchewan seeking justice, behavior modification and compensation from federal and provincial governments, health authorities and health professionals for their unwanted sterilization.

There is evidence that the forced sterilization of Indigenous women has been a consistent practice in Canada since the 1930s into modern times. Since July 2017, we have been contacted by over 50 women reporting that they were sterilized without their proper and informed consent. The cases of the courageous women who have come forward make clear that discrimination and biases have operated with impunity to undermine professional ethics and the standard of care owed to every woman.

Forced or coerced sterilization refers to the practice of sterilizing women and girls without the proper and informed consent of the individual patient. It may take the form of seeking “consent” from a woman through coercive means, including a misrepresentation of the permanency of the procedure and/or encouraging tubal ligation, to the exclusion of other birth control methods, when the woman is in a stressful state, including during and immediately before or following natural or caesarian-section births. **Reported harms include, but are not limited to:**

- physical side effects including hormonal imbalances, early menopause, and obviously, sterility;
- mental anguish including anxiety and depression;
- a decreased sense of value as a woman and exclusion from family and community;
- the women have also report suffering associated with spiritual beliefs and identity as Indigenous women; and,
- some women were lost to suicide, while others have been thrust into a cycle of addictions.



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Media reports in 2015 on the lived experiences of many Indigenous women subjected to sterilization without proper and informed consent triggered authorities to commission an independent study which found “pervasive structural discrimination and racism in the health care system in general” impacting the delivery of health care services to Indigenous women seeking obstetric health services.

In the cases of *Maria Mamérita Mestanza* and *I.V.*, this Commission and its counterpart have recognized that forced sterilization is a violation of multiple human rights, and that States have an obligation to prevent forced sterilization, including by making necessary policy changes and by ensuring proper training of medical professionals on women's human rights and informed consent.

Further, in this Commission’s recent report addressing *Indigenous Women and their Human Rights in the Americas*, the Commission interpreted obstetric violence as a form of violence prohibited under the Inter-American Convention on the prevention, punishment and eradication of violence against women “Belem do Para Convention”.

The practice of forced sterilization is *facilitated* by “pervasive structural discrimination and racism in the health care system in general”, including:

- the designation of race on Saskatchewan health cards appearing because disclosure of Indian status is mandated on the health card application form;
- Saskatchewan being a frequent user of the federal program that covers non-insured health benefits for registered Indians;
- lacking cultural competence including language barriers that are not exclusive of oral communication;
- a failure to understand that no life circumstances, real or perceived, operate to displace a health professional’s obligation to obtain proper and informed consent to a non-medically essential, non-urgent sterilization procedure;
- the existence of a potential financial incentive to the advantage of surgeons arising from the structure of the delivery of health care services to Indigenous peoples in Canada.

We respectfully ask that the federal government, provincial government, health authorities and regulatory bodies who license health professionals:

- **Cease** the practice of mandating the disclosure of Indian status in health care applications and the practice of identifying status Indians with an "R" on health cards issued in Saskatchewan and to issue new health cards to those with that designation



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which results in differential treatment for an already disadvantaged group of vulnerable Indigenous women and girls;

- **Require** training for health professionals on cultural competency and on proper and informed consent;
- **Screen** health professionals for racial biases and refuse licensing where candidates do not meet the required degree of cultural competence;
- **Instruct** Health Canada to produce an information brochure for health care providers and patients on proper and informed consent in the context of women's health services;
- **Instruct** Health Canada to issue guidance regarding sterilization procedures, including that such procedures are never urgent in nature, and most often not medically necessary, that consent for such procedures must never be sought while a woman is in labor, delivery, or postpartum, and that the risks, side effects and permanency of tubal ligation are clearly understood. Further, women should be advised of the full spectrum of birth control options available to them, without undue encouragement of permanent sterilization over temporary methods of birth control; and,
- **Establish** a healing fund for women who can ostensibly conceive and deliver natural children using technologies that are prohibitively costly, including in-vitro fertilization.

In closing, I wish to express our sincerest gratitude to this Honourable Commission for listening to the pressing concerns of Indigenous women who until this day legitimately fear seeking publically funded health care services from the very professionals who are duty bound to care for their health and wellness.

In Canada, Indigenous peoples are finally engaged with governments who regularly express good will. This is a welcomed change. However, benevolence without concrete immediate measures results in preventable harm and, inevitably, stagnation in the status quo. Reconciliation, however designed, requires action. We request your immediate assistance in holding governments and those responsible for decades of forced sterilization perpetrated against Indigenous women and girls to account and to mobilize those governments and actors in the direction of enduring structural and systemic change.

Thank you. Gracias. Obrigado. Merci.