HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

Standing Committee on Health

HESA • NUMBER 153 • 1st SESSION • 42nd PARLIAMENT

EVIDENCE

Thursday, June 13, 2019

Chair

Mr. Bill Casey

Standing Committee on Health

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● (1525)

[*English*]

The Chair (Mr. Bill Casey (Cumberland—Colchester, Lib.)): I'll call the meeting to order.

Welcome, everybody, to meeting number 153 of the Standing Committee on Health. We're going to start our new study, which is on the forced sterilization of women in Canada. It's going to be, I suspect, another very interesting study for us.

I'd like to welcome our guests today. We have Alisa Lombard, lawyer, from Semaganis Worme Lombard; Dr. Karen Stote, assistant professor, women and gender studies, Wilfrid Laurier University; from the Native Women's Association of Canada, Francyne Joe, president, and Chaneesa Ryan, director of health; and from the Women of Métis Nation, Melanie Omeniho.

I want to thank everybody for coming. Each group has an opportunity to make a 10-minute opening statement.

We'll start with Ms. Lombard.

Ms. Alisa Lombard (Lawyer, Semaganis Worme Lombard, As an Individual): Thank you for inviting me to present today, on behalf of my clients, the brave indigenous women who have painfully shared their experiences of forced sterilization to protect other women from the same experiences.

I would like to first acknowledge the land, the traditional territory of the Anishinaabe, and express my gratitude to them for allowing us to gather here. As well, thank you, honourable members of Parliament, for inviting the voices of the survivors of forced sterilization to be heard here today, while keeping in mind that some women have not survived.

I want to caution those present and those listening that we are about to describe very difficult and traumatic matters. If anyone thinks they may be impacted by these experiences, I strongly encourage you to make sure you have trustworthy supports available to you, or wait to listen until your supports are available.

If you require mental health supports or are in crisis, please call the toll-free help line at 1-855-242-3310. Counsellors are available in English and French, 24 hours a day, seven days a week. On request, counselling can also be delivered in Cree, Ojibwa and Inuktitut. lf it is an emergency, call 911.

I represent indigenous women in a putative class action in Saskatchewan, M.R.L.P. and S.A.T. v Canada and other defendants, as well as indigenous women in other provinces, alleging similar experiences. We've been contacted by dozens of women reporting that they have been forcibly or coercively sterilized in publicly funded and administered hospitals in Canada. When there is a spike in public attention in the matter, more women come forward.

First, there are no words to convey the amount of pain and suffering my clients have survived, being robbed of their sacred ability to carry life, give birth, pass on their knowledge and culture and watch children in the number of their choice grow and become parents themselves. Their complete bodily autonomy over any and all decisions relating to procedures affecting their reproductive capacity has been violated.

As indigenous people, wealth is determined by the good relations we cultivate with our children, grandchildren and community members. For my clients, the decision on whether to gain in this kind of wealth was stolen from them, and we must all remember in our work the tremendous weight of this loss.

Many of the women who have reached out did not know that they had rights, that they had a choice. Some did not know that, under Canadian law, no doctor, nurse or government has any right to make decisions about their fertility for them. They were not given a fair chance to partake in medical decisions about their reproductive capabilities. In fact, their wishes for their own bodies were ignored. lt is critically important that women know what their rights are and that their rights are proactively upheld by medical professionals, their self-regulating entities and governments alike.

For the few moments I have here today, I will share the stories of some survivors further to their instruction and with their consent to do so. I've condensed the stories as much as possible without risking the exclusion of critical information and experiences. I share these stories in hopes that you will honour the voices of these survivors by creatively crafting a resolution process in co-operation with them that will put an end to these atrocities once and for all.

Liz is an Ojibwa woman from northern Ontario. She reports being pregnant with her third child at approximately 20 years old, in the late 1970s, when child and family services told her, “You might as well abort the baby, because if you have it, we are going to take it anyway.” After a late-term abortion, she was also sterilized without proper and informed consent. Her body bears the physical scars of the unwanted abortion and sterilization to this day.

S.A.T. is a Cree woman who gave birth naturally to her sixth child in Saskatoon, in 2001. When presented with a consent form for her sterilization, S.A.T. reports hearing her late husband say, “I am not [expletive] signing that,” before she was wheeled into the operating room, over her own protests. She recalls trying to wheel herself away from the operating room, but the doctor stopped her and redirected her back to the same operating room. She repeatedly said, “I don't want this,” and cried while the epidural was administered. When she was in the operating room, she kept asking the doctor if he was “done yet”. He finally said, “Yes, cut, tied and burned there. Nothing is getting through that.”

S.A.T. is a strong advocate for the specific criminalization of coerced sterilization.

● (1530)

D.D.S. is a 30-year-old Nakota woman from Saskatchewan. She was scheduled to have a Caesarean section for the delivery of her third child, in December 2018, six months ago, in Saskatchewan. Immediately before the administration of an epidural, the surgeon interrupted the discussion with the anaesthesiologist in an abrupt and aggressive manner, directing her to sign a consent form for the C-section. D.D.S. noticed that a tubal ligation was also listed on the consent form and believed that she had no choice but to sign. She does not recall prior conversations regarding a tubal ligation beforehand and did not want one. She wished to have more children.

D.D.S. was sterilized following her Caesarean section. She was devastated and immediately asked a nurse whether the operation was reversible. She has suffered psychologically as well as physically in the past months.

D.D.S.'s injuries are all the more tragic given that they occurred after this action had commenced and government defendants—the health authorities, the College of Physicians and Surgeons of Saskatchewan, and the Saskatchewan Registered Nurses Association—had direct and specific knowledge of the practice of forced sterilization of indigenous women in Saskatchewan and in other provinces.

Sterilization without proper and informed consent continues to unnecessarily impact the lives of more women and families as responsible entities sit idle, decrying the heinous nature of the practice but failing to take any meaningful action to prevent it, punish it and provide reparations to the victims and their families. D.D.S.'s experience is evidence that the practice is ongoing, because it happened just over six months ago. Her beautiful daughter has not yet cut teeth and D.D.S. has yet to heal. From my experience in speaking with dozens of victims of forced sterilization, that healing is a very hard road.

D.D.S. was sterilized without her proper informed consent after the United Nations Committee Against Torture, having termed forced and coerced sterilization a form of torture, issued its recommendations to Canada and called on it to take measures to prevent it and punish the practice, and to provide reparations to the victims of the practice, over a year after a statement of claim was filed in this very matter. D.D.S.'s forced sterilization was foreseeable and preventable. D.D.S.'s unwanted sterilization falls squarely at the feet of those who were in a position to make change, who had notice and actual knowledge of this heinous practice, who yet chose not to take swift action.

Immediately following the release of the final report on the national inquiry on missing and murdered indigenous women, Prime Minister Trudeau announced hundreds of millions of dollars earmarked for the protection of women's reproductive rights—abroad. My clients are disappointed but, sadly, not surprised. They are growing accustomed to the failure of successive governments to humanize them, to protect them, to honour them and to make things right. The courageous women who I have the honour of representing call upon you to govern and to work collaboratively with various orders of government to create solutions to mitigate the harms and losses for the indigenous women who have suffered this enormous injustice. Further, we call upon you to make reparations to help these women and their families heal from the insufferable dehumanization arising from indifference, negligence and racism that has been visited upon them.

My clients have asked the Senate, when it examines the forced and coerced sterilization of indigenous women, to remember the women and their lived experiences, and the little spirits who, against their will, they were prevented from bringing into this world. My clients respectfully ask the same of you, honourable members of Parliament, and ask that, when you put their experiences at the centre of your understanding of this issue, you immediately create solutions that will put an end to these horrific violations of human rights, and to what the inquiry on missing and murdered indigenous women's final report properly qualified as an act of genocide.

Thank you.

● (1535)

The Chair: Thank you.

Now we go to the Native Women's Association of Canada.

Ms. Francyne Joe (President, Native Women's Association of Canada): *Weytk*, *bonjour* and good afternoon.

Thank you for inviting us here today to testify on a very difficult but important topic, the forced and coerced sterilization of indigenous women and girls.

I'm Francyne Joe, a proud member of the Shackan First Nation, just south of Merritt, British Columbia, and president of the Native Women's Association of Canada. I use she and her pronouns.

I would like to acknowledge that we are gathered on the unceded and unsurrendered traditional territory of the Algonquin people.

Since 1974, NWAC has represented the collective voices of indigenous women, girls and gender diverse people of first nations, on and off reserve, both status and non-status, disenfranchised, Métis and Inuit. By using a gender-based approach to the issues our people face, we are improving the overall well-being of individuals, and through extension, their communities, as our women are the foundations of the families. NWAC has 45 years of expertise conducting culturally relevant, gender-based analysis.

The forced, coerced and involuntary sterilization of indigenous women and girls is an extremely serious violation not only of human rights and medical ethics, but of the reproductive rights of indigenous women and girls. Impairing the reproductive status of indigenous women and girls against their will violates the rights to equality, non-discrimination, physical integrity, health and security, and constitutes an act of genocide and violence against women. This reprehensible procedure is not only an assault on the individual rights of indigenous peoples, but also affects indigenous families, communities and populations, continuing the history of colonization and assimilation in Canada.

Historically, forced sterilization was routinely inflicted on indigenous women in Canada and was permissible by law. This was an attempt by the Canadian government to reduce the population of indigenous peoples in Canada. This sterilization legacy remains intact through the intergenerational impacts of targeted cultural groups, distrust of settler systems and the complex socio-economic and health status of indigenous women. Racism and colonization are deeply rooted in the health care system and are fundamental mechanisms of the sexist and paternalistic health policies.

Combined with the forced assimilation of indigenous children of earlier generations in residential schools and modern-day failures of social services to place indigenous children in the care of indigenous parents in accordance with modern child welfare laws, the coerced sterilization of indigenous women continues to perpetuate mistrust within the health care system.

Canada's Charter of Rights and Freedoms expressly prohibits discrimination based on sex, race and ethnic origin, and further guarantees the right to life, liberty and security of the person. In 2018, the United Nations Committee Against Torture stated that forced and coerced sterilization is an act of torture. However, this practice continues within a country that holds itself as a champion of human rights.

The failure of health care practitioners to obtain proper consent perpetuates colonial attitudes where indigenous women and girls are treated as wards of the state, or less than human.

Canada has been aware of this issue for decades. In fact, this issue was brought up in the House of Commons at the very least in 1976, well after most eugenics legislation in the provinces had been repealed. At that time, there were still high levels of sterilization. These procedures were being performed on indigenous people in “Indian hospitals”. As well, there were high levels of sterilization of Inuit women in the north.

Remarkably, Canada did not take action then. There is no excuse for Canada to fail to act now. Immediate action must be taken to recognize and protect indigenous women and girls in a way that centres, respects and appropriately addresses their experiences and their voices.

I would like to take some time to discuss NWAC's recommendations to return birth closer to home and bring about reproductive justice that protects the rights of indigenous peoples.

Too many indigenous women and girls have had to leave their communities to give birth, which in many cases leaves them alone to give birth, far away from their families, communities and culture, increasing their vulnerability to forced and coerced sterilization. We need increased access to culturally safe birthing supports, such as indigenous midwives and doulas, immediately. If indigenous midwives and doulas were present, forced and coerced sterilization would not be happening.

● (1540)

In addition to these supports, which are necessary for prevention, we need to have adequate and appropriate culturally safe and trauma-informed supports and services closer to home to respond to women who have been impacted by forced sterilization and to respond to those who might be re-traumatized by the media attention surrounding recent allegations.

We recommend that the committee speak to the National Aboriginal Council of Midwives, NACM. They have recently released a position statement on forced and coerced sterilization of indigenous peoples.

Our indigenous women and girls deserve what anyone else deserves in the health care system: free, prior and informed consent and the right to have that consent respected and followed.

Therefore, health care providers need to examine how and when they counsel their patients about birth control, particularly when working with indigenous women, given the history of colonialism and the resulting systemic racism within the health care system.

Therefore, we also recommend that health care providers move beyond informed consent to informed choice.

Informed choice is a decision-making process that relies on a full conversation in a non-urgent, non-authoritarian setting. It provides the patient with autonomy and control and places authority on other forms of knowledge, values, lived experiences and relationships of the patient.

Oftentimes, informed consent involves providing the standard information, for example, the description, risks and benefits of a procedure, without recognizing the social context in which decisions are made and the relational autonomy of the patient.

Informed choice is a way of addressing this gap and of shifting from a physician-led to a client-centred conversation. Informed consent is the end goal of the informed choice process.

It is clear that hospitals need to be safer places for indigenous women and girls to attend, as there is clearly a risk for severe human rights abuses against indigenous women and girls.

We recommend developing funding and implementing an accountability mechanism or mechanisms within hospitals to hold practitioners accountable for obtaining consent in these medically unnecessary procedures. These mechanisms require the full co-operation of medical regulatory authorities and must be done with the leadership of indigenous women and their chosen representatives.

Hospitals in Canada need an indigenous ethics and advocacy office in every hospital, equipped with indigenous midwives and indigenous advocates.

This is not only to ensure the availability of traditional healing and equitable access to culturally appropriate service delivery, but it will also help ensure that patients are protected from racism, sexism and harmful stereotypes that are clearly informing the medical staff.

We recommend that both provincial and federal medical regulatory authorities work with indigenous women's organizations and governments to identify and improve on sterilization surgery policies and procedures at a minimum, obtaining and defining free, prior and informed consent and anti-racism in the medical practice.

Furthermore, NWAC recommends that annual reports must be generated from medical regulatory authorities to identity the number of indigenous women sterilized, in order to monitor trends and identify practices regionally and nationally. If troubling trends arise, then investigations must take place. This may be done with the assistance of the indigenous ethics and advocacy offices in hospitals.

We recognize that the final report of the national inquiry is calling for significant milestones and an important step toward identifying the causes of all forms of violence faced by indigenous women, girls and 2SLGBTQQIA people in Canada.

As forced and coerced sterilization constitutes an act of genocide and violence against indigenous women and girls, we recommend that the 231 calls for justice from the final report of the MMIWG inquiry must be implemented.

Last, the TRC calls to action that the Government of Canada has already committed to must be implemented, specifically the calls to action around health, numbers 19 to 24.

The direction forward, as we see it, is relatively simple. We must end all forms of violence against our women, girls, gender diverse people and communities. This includes forced and coerced sterilization of indigenous women and girls.

Thank you. *Merci*. *Kukwstsétsemc*.

● (1545)

The Chair: Thank you.

Now we'll go to Dr. Karen Stote.

Ms. Karen Stote (Assistant Professor, Women and Gender Studies, Wilfrid Laurier University, As an Individual): Thank you for having me today and for considering this issue. I've been researching and thinking about the issue of coerced sterilization for over 10 years now. I want to highlight that indigenous women have been experiencing this issue for much longer than that.

I also want to acknowledge that indigenous women have their own voices on this issue and I'm not purporting to speak on their behalf.

I am encouraged to see that women's experiences are slowly being acknowledged, including by this committee. Thank you for this. As I've said before in other forums, however, I need to qualify that I am cautiously optimistic. That caution is based on my reading of history and the records of previous governments who have played a role in enabling the coerced sterilization of indigenous women. Despite having had many opportunities to intervene, they have sought to minimize the issue and avoid accountability, rather than approach it with the openness and honesty it requires.

My hope is that our appearance here today and the many brave women who are coming forward will result not only in getting something on the official record for future researchers like me to find, but also that the necessary actions will be taken to address the issue and ensure that it stops.

The coerced sterilization of indigenous women has taken place under what's often referred to as eugenics legislation in Canada, in Alberta and B.C. in particular. The documentary record shows that indigenous women were disproportionately targeted for sterilization overall under Alberta's Sexual Sterilization Act from the late 1930s until its repeal in 1972. Though much is unknown about B.C.'s Sexual Sterilization Act, some indigenous women were sterilized in provincial institutions under this legislation. These women were often viewed as mentally defective, sexually promiscuous or inferior in some other way.

We know that the federal government was aware that coerced sterilizations were happening under provincial legislation in provincial institutions, that it was sometimes looked to for consent for these operations and that, through broader legislative and other means, it also contributed to these taking place.

Coerced sterilization also took place outside of eugenics legislation. The documents I examined reveal that over 1,000 indigenous women were sterilized over a 10-year period, mostly in the early to mid-1970s, often in federally operated “Indian hospitals” across Canada.

These documents are only partial and don't tell the experiences of each individual woman, but they do show there was a loosening of guidelines on when sterilizations could be performed, that consent forms were inadequate and that qualified interpreters weren't always used. They also show a climate of racism and paternalism, leading to the view that sterilization was for some women's own good as a means of dealing with poverty and other public health issues so prevalent in indigenous communities.

This trend was allowed to continue following federal legislative and policy changes since the 1970s under the banner of family planning. The historical record shows that federal officials hoped that by decriminalizing contraceptives such as birth control and, consequently, sterilization for non-therapeutic reasons, this would curb the indigenous birth rate.

Federal actions and inactions set out parameters in which medical practitioners could act more freely in persuading indigenous people to adopt birth control and to consent to sterilization. This, coupled with the continued relations of colonialism and systemic racism faced by indigenous peoples, contributed to the context in which the coerced sterilization of indigenous women would continue.

The historical record also shows that Canada was aware that it may well be ultimately responsible for any actions taken by those it employed to deliver services, including contractually delegated services, to indigenous people. More recently, approximately 100 women have come forward alleging forms of coercion and systemic racism resulting in their sterilization without full, prior and informed consent, as recently as December 2018.

While other individuals have experienced coerced sterilization in Canada, indigenous experiences need to be understood within their own unique context, and unique actions are needed to address the issue.

In terms of immediate actions, those performing coerced sterilizations need to be held criminally responsible. Clear directives need to be given to all health professionals that coercion of any kind in the delivery of health services is not tolerated, and clear consequences need to follow if coercion does take place.

The mandatory framing of health and welfare professionals on issues of colonialism, systemic racism, poverty and the stereotypes associated with those is needed. Culturally grounded supports should be made available for indigenous women who are navigating decision-making in western medical institutions.

I have submitted these and further recommendations in my written brief to you.

● (1550)

I want to highlight that, for indigenous people, systemic change is also needed to the relations that continue to fundamentally shape every interaction indigenous women have with Canadians and Canadian institutions that lead to the possibility of coercion in the first place.

The coerced sterilization of indigenous women is connected to colonialism and the continued expropriation of indigenous lands to the benefit of settler society and private corporations.

Coerced sterilization is one of many forms of violence experienced by indigenous women. The violence committed against indigenous bodies is connected to the violence committed against indigenous lands. Coerced sterilization also works to destroy the connections between women and their peoples while reducing the number of those to whom the federal government has obligations. It breaks the link between aboriginal women and future generations. It undermines the ability of women to make decisions about their own lives.

The practice is linked to other policies stemming from the Indian Act, including the sexist and race-based definition of who is an Indian, which has denied many the ability to participate fully in their communities. Other policies like residential schools or the sixties scoop forcibly transferred children out of their communities and into state-run institutions and non-indigenous families.

Indigenous children continue to be disproportionately targeted in the child welfare system today. Indigenous women are over-incarcerated in prisons. These interventions promote assimilation and reinforce the stereotype that indigenous women are unfit mothers, unable to care for children. The practice is also consistent with how other medical services have sometimes been offered to indigenous peoples. Systemic racism in health care is well documented and has often resulted in the control of indigenous bodies, the undermining of indigenous health and wellness and the criminalization of indigenous health and reproductive practices.

For indigenous women, to be able to freely choose western medical options or fully funded and supported indigenous options, created by and under the control of indigenous peoples, needs to be viable alternatives.

Coercively sterilizing indigenous women allows the Canadian state to deny a responsibility for and avoid doing something about the deplorable social, economic and health conditions in many communities, conditions that are recognized as being the direct result of dispossession and colonialism. It becomes more cost-effective to limit the ability of indigenous women to reproduce than to do what's required to improve the conditions into which children are born.

There's a finality to the practice of coerced sterilization. The break that comes from robbing indigenous women of the ability to reproduce can't be undone. It effectively terminates the legal line of descendants able to claim indigenous rights and title to land. In a settler, colonial and capitalist nation such as Canada, this has always been a goal of Indian policy. It's this context that leads to the long-standing and credible charge that coerced sterilization is not only a human rights violation, but it's also an act of genocide.

I'm left wanting to ask you distinguished members of Parliament: What is the full extent to which government knows about the coerced sterilization of indigenous women? Who performed the operations and who approved them? Where are the documents and where is the data? Where are those who are criminally responsible, either directly or indirectly? Why has the government failed to act on this up until now?

Women who have experienced coerced sterilization deserve all possible supports to assist them in sharing their experiences, if they choose, and in dealing with the continued impact of this violence in their lives. Addressing the individual harms resulting from coerced sterilization, as important as this is, isn't enough.

With all due respect, I want to reiterate that, until government responds with the transparency and humility required to fully investigate this issue, and until conditions of colonialism are ended and aboriginal peoples are returned lands, resources and the freedom to meet their own needs in their own ways without stipulations, we will be falling short of what's required to ensure this injustice and the many others experienced by indigenous peoples are stopped.

Thank you for listening.

● (1555)

The Chair: Thank you very much.

Now we'll go to Women of the Métis Nation.

Ms. Melanie Omeniho (President, Women of the Métis Nation / Les Femmes Michif Otipemisiwak): Good afternoon.

First, thank you to the committee for inviting Les Femmes Michif Otipemisiwak to speak here today.

We're the national voice for Métis women in the Métis homeland. We wanted to come here to discuss the gross violation of basic human rights that must be rectified in the name of justice for Métis women.

The forced and coerced sterilization of indigenous women has been condemned as torture by the United Nations Committee Against Torture. The committee has recommended that Canada take immediate action to end this practice.

Since November 2018, over 100 indigenous women have come forward and reported their horrifying experiences with forced or coerced sterilization. We believe that's only the tip of the iceberg. When we went forward to do community consultations, many women said that when they were being coerced into having tubal ligations, they had no idea that it was a violation of their rights. They're only beginning to understand some of this stuff now.

The final report of the national inquiry into missing and murdered indigenous women and girls, released just last week, found that forced sterilization is indeed a state violence that is disproportionately being directed against indigenous women and has jeopardized their rights to culture, health and security. We must work together to find justice for these women.

Canada has had a colonial history of violence against Métis women since the 1700s. Discrimination of our women was created and is still reinforced through government policies and practices that have institutionalized racism towards Métis women, girls and gender diverse people.

While the current government is working towards reconciliation, many discriminatory policies and practices exist today. The circumstances surrounding forced and coerced sterilization are deeply discriminatory.

The forced and coerced sterilization of Métis women is an act of colonization against Métis women, and urgent action is required. Tubal ligation permanently prevents women from becoming pregnant again naturally, which can have a profound consequence on women's mental and physical well-being as well as the well-being of their families and communities.

In some of the cases these women have brought forward, the women were sterilized even after they had expressly denied consent. Other women were unduly pressured by child and family services, which threatened to take away their parental rights. Others were simply not asked at all.

Tubal ligation is not an urgent medical procedure and is strictly elective. It also has many health risks and implications, such as infection, organ damage, ectopic pregnancies, incomplete closing of fallopian tubes and side effects from anaesthesia, which in rare cases can include death.

Furthermore, there are higher risks for women having a history of pelvic or abdominal surgeries, resulting in things such as obesity and diabetes. Métis populations are more likely to experience obesity and diabetes, putting Métis women at higher risk of complications when undergoing tubal ligation procedures.

Involuntary sterilization is based upon negative presumptions, stereotypes and misinformation about Métis women. This leads to disproportionate impacts on Métis women, but even more so for those who are most vulnerable, including Métis women who live in poverty, with HIV or AIDS or with disabilities, and gender diverse people such as trans, two spirit, and intersex Métis women.

Doctors are performing these procedures while these women are in labour or immediately postpartum, when the women are physically and emotionally exhausted, often still under the influence of anaesthetic and unable to give informed consent. Some women were not permitted to see their newborn babies or even leave the facility until undergoing the procedure.

Forced sterilization is a procedure that is performed without a woman's full, free, prior and informed consent. International human rights conventions have clearly established that forced and coerced sterilization violates multiple human rights laws and is an act of gender-based violence.

● (1600)

The United Nations and its member states have called upon Canada to impartially investigate all allegations of forced or coerced sterilization, and to ensure that the persons who are held responsible are accountable for their actions with immediate and adequate redress provided to all the victims.

The United Nations has also called upon Canada to adopt legislative and policy measures to prevent and criminalize the practice by clearly defining the requirement for prior and informed consent with regard to sterilization. Furthermore, Canada has been called upon to raise awareness among indigenous women and medical personnel of the requirement of free, prior and informed consent.

Canada has begun these steps to address the United Nations calls to action but no one is being held accountable for these dehumanizing procedures, and there has been little or no redress for any of our victims. Canada is taking steps to raise awareness about forced and coerced sterilization as well as the requirements for free, prior and informed consent, but Canada has openly stated that it does not intend to criminalize these practices.

Les Femmes Michif Otipemisiwak recognizes Métis women's rights to make informed choices about their own bodies according to their own values. Métis women have a right to consider all options and to be given as much time as they need to make an informed decision. Métis women have a right to have all of the risks and benefits associated with medical procedures explained in a way that they can understand. Métis women also have a right to refuse tubal ligation and to have that decision respected unconditionally.

Furthermore, Métis women have a right to lead the way in healing from forced and coerced sterilization, and to find solutions to end this violation of their human rights. Les Femmes Michif Otipemisiwak would like to see further research and data collection on forced or coerced sterilization procedures in Canada with a focus on disaggregated data collection and dissemination.

There needs to be more research done on the implications of the health care system, child and family services and the justice system with the introduction of legislation to protect Métis women's rights to informed consent in their health care. If research proves that criminalization is the appropriate response to these human rights violations, Les Femmes Michif Otipemisiwak will recommend that Canada take steps to introduce immediate measures to criminalize the practice of forced or coerced sterilization.

I thank you for giving us the opportunity to present.

● (1605)

The Chair: Thank you very much.

Now we'll go to our first round of questions of seven minutes each.

We'll start with Mr. Ouellette.

Mr. Robert-Falcon Ouellette (Winnipeg Centre, Lib.): *Niwakoma cuntik Tansai Nemeaytane Awapantitok.*

I'd like to thank each and every one of you for coming to testify here at this committee. I can say personally I'm very moved and very concerned by what I've heard.

I don't think this is the Canada that people really associate with our nation, yet I've heard, laid out by Dr. Stote and also the lawyer for the plaintiffs, the Native Women's Association and also the Michif women's association, some terrible allegations concerning what would constitute genocide. Sterilization was mentioned 23 times in the report, but I don't think we delved enough into it to truly understand.

I was just wondering how many investigations you are aware of that are being conducted by the RCMP right now concerning forced sterilization. Does anyone have an answer?

Ms. Alisa Lombard: None.

Mr. Robert-Falcon Ouellette: The RCMP is conducting no investigation.

Ms. Alisa Lombard: Not to my knowledge or my clients' knowledge.

Mr. Robert-Falcon Ouellette: How many investigations concerning this are being conducted by professional bodies that govern doctors, nurses and other professionals in the health care system that you might be aware of?

Ms. Alisa Lombard: I am aware of none.

Mr. Robert-Falcon Ouellette: None. Yet this has been in the news for a number of years now, so that means no one has been charged with any crime.

Ms. Alisa Lombard: No.

Mr. Robert-Falcon Ouellette: These are extremely serious human rights violations, which you have termed “genocide”, which has also been termed “genocide” by international organizations.

Do you believe doctors should be losing their licences over forced sterilization?

That question is for anyone.

Ms. Francyne Joe: I would say there needs to be accountability. I can't say from whom, but there definitely needs to be accountability for the women.

Mr. Robert-Falcon Ouellette: Dr. Stote, you talked about how back in the 1970s there were over 1,000 sterilizations.

Ms. Karen Stote: Yes, there were over 1,000.

Mr. Robert-Falcon Ouellette: That seems like an awful lot.

Ms. Karen Stote: Yes.

Mr. Robert-Falcon Ouellette: You also laid out, to be honest, a systematic pattern related to the Indian Act about reducing and curbing the birth rate among the indigenous population in order to, obviously, control expenses related to indigenous peoples and control lands.

Ms. Karen Stote: I'm saying that, based on my reading of the historical record, a consistent concern of the Canadian government and Indian policy has been to reduce the number of Indians, undermine indigenous connections to the land and reduce expenditures.

Mr. Robert-Falcon Ouellette: That would also be related to the Indian Act, which controls membership, such as who is an Indian and who is not a status Indian. Is that right?

Ms. Karen Stote: That's right.

Mr. Robert-Falcon Ouellette: I know NWAC has a strong position on that, related to, for instance, who is a status Indian and who is not a status Indian. There was even a bill before Parliament, Senate Bill S-3, which looked at enlarging the number of people who were supposed to receive status. That would repair a lot of the things in the past.

Is that stopping a government policy that was really about eliminating or removing indigenous peoples from their roles and assimilating them into Canadian society?

● (1610)

Ms. Francyne Joe: I'd have to say that the purpose of Bill S-3 was to ensure that the indigenous population was reduced and that the children and grandchildren of those women who lost their rights also lost those rights. That's why we're hoping that S-3 will be rectified.

Mr. Robert-Falcon Ouellette: I will ask all of you this. In your opinion, if no one has been charged anywhere in this country and yet we know it has been going on since the 1970s, does Canadian society really care?

Ms. Alisa Lombard: I don't purport to speak for Canadian society, but I can say that impunity often results in a perpetuation of that which is going unpunished, not surprisingly. We know this because we've heard of the historical occurrences and now know that this has happened as recently as December 2018.

I had a baby a few months ago. She is four months old. She's outside with her dad. My client had hers six months ago. When all this began, neither one of them were born and neither one of us was pregnant. Now, these little girls, these little indigenous girls, are growing, teething, giggling and learning from us.

When this all began, when we filed, they were just a glimmer in our eyes. This is how fast time goes. This is how quickly the generations are coming up. It is critically important that action be taken to protect them, so that they don't have to experience the same thing that so many indigenous women have experienced.

We meet today, in the afternoon of Thursday, June 13. That's great and everyone will go home, but my clients live with this every day. They cannot have children. It was not their choice. They suffer. They don't look at this as just an afternoon from time to time.

A semi-answer to your question of whether Canadians care is that I guess we'll find out.

The Chair: Thank you very much.

Next is Ms. Gladu.

Ms. Marilyn Gladu (Sarnia—Lambton, CPC): Thank you, Chair. I want to thank all the witnesses for coming.

This is unbelievable. That's the word I want to use. When I heard we were going to do this study, I wondered why we were studying this. I thought this was illegal in Canada, in which case it's a police matter. What I'm hearing from your testimony is that it is not illegal in Canada. I guess that's the place I want to start.

My first question is for Alisa.

What would a trauma-informed, culturally relevant way of addressing this issue look like for your clients?

Ms. Alisa Lombard: That's a very big question. I would have to ask them.

Ms. Marilyn Gladu: Okay.

I think it was Melanie who said that we needed more research. Could you expand on the kind of research you'd like to see done, Melanie?

Ms. Melanie Omeniho: We don't know how many women have been impacted or affected by forced sterilization.

Number one, when we went to our community and talked to the women in our community and sampled only a small group of women, many of them had no idea what their experiences were. They hadn't shared that with their fellow Métis sisters. They were ashamed of the decisions they made.

Part of our culture is that motherhood, the bearing of children and the bringing forward and passing on of our knowledge and traditions, is a big part of who we are within our culture. That gets stripped away from them. They don't want to talk about it or they're ashamed to share the fact that they're no longer able to be a part of that.

I just want to say that it really does bode well that we need to do research. Many of the medical institutions and staff don't want to talk about this. I know that the term “doctors” has been raised here, but it isn't just doctors. Some of this forced and coerced sterilization isn't coming from just doctors. It may be doctors who are doing the procedures, but the coercion is starting much earlier on, with social workers and other people within the hospital institutions.

● (1615)

Ms. Marilyn Gladu: Thank you very much.

This question is for Karen Stote.

In terms of a solution, I'm assuming that we have to make a law to make this illegal, and we have to train the police and the RCMP in order to have them take action. As well, we have to get the medical professions to inform, to make it a criterion for their workforce, and to educate them or make that a clearer mandate. Are there other things that we need to do to keep this from happening again?

Ms. Karen Stote: I'll qualify this by saying that you're asking me, so you're getting my opinions.

There are laws in Canada for things such as assault, and the very fact that forced sterilization is not considered a crime under existing law is part of the problem. Whether or not a law is put in place, I am hesitant to go that route, seeing how laws are currently upheld in relation to indigenous peoples or in relation to women. Putting another law on the books without proper enforcement is not something that is going to solve any issue, and the criminal justice system itself is imbued with systemic racism. We know this from previous reports.

In my opinion, there are a lot of things. There are different levels of change that need to happen. On the individual level, there's dealing with the women who have been subject to this violence and supporting them and giving them proper redress. At the institutional level, there's dealing with hospitals, health care professionals and all of the other practitioners that interact with indigenous peoples in terms of that training and those policies that can be implemented on an institutional level.

Ultimately, in my opinion, the systemic level is where change needs to happen. Otherwise, we will continue to sit in these rooms and talk about these injustices. And these injustices aren't happening just in medical institutions, right? They're happening in the criminal justice system. They're happening in the child welfare system and so on.

Systemic change needs to happen. What is the context that is creating racism in the first place? What is the context that is allowing for coercion? That's where the change needs to happen.

As I was thinking about coming to this committee today...because this is tiring for people, right? I was thinking, how many more injustices is it going to take for people to do something? I'm a Canadian. How much longer? This is not to shame anybody in the room, but the opportunities are here. The time is right to do something. You guys can be some of the people involved in doing something fundamental to change the relationship between Canada and indigenous peoples, and none of that is going to be completely effective if we don't address colonialism.

Ms. Marilyn Gladu: I would open that question up to the rest of the panel as well. What other recommendations would you have that we could take action on?

Ms. Francyne Joe: Women need to be able to trust the system, and obviously that hasn't been the case because of our history.

We need to include the advocacy centres in the offices of hospitals so that women have a place to go. These indigenous advocacy centres need to have indigenous women. We also need a reparation fund for those women who have suffered.

I can't imagine the distress of a woman who can no longer bear a child. I've lost a child. It's something you never forget. Having that put upon you.... We need to support those women.

We need to make sure that Canada demonstrates that we're ready to change. We need to collect the data, and we need to hold the medical profession accountable. In my opinion, that's where we start.

● (1620)

The Chair: Mr. Davies.

Mr. Don Davies (Vancouver Kingsway, NDP): Thank you, Chair.

I would like to thank all of you for being here and speaking with such strong and brave testimony. I just want to preface my comments by saying that I was present twice for my wife's births, and I can't think of a more vulnerable time for any human being than when a woman is preparing to deliver her child. I can't think of a worse crime than for someone to take away from someone, without their full, prior and informed consent, the right to choose their fertility.

I'm going to be directing my questions in a different area.

Does the federal government care? It's not whether Canadian society cares. When this story first became public, we heard some very, very passionate and profound comments from the Minister of Health and from others decrying this and acknowledging that this is a form of torture, saying that it has no place in society.

That's the political statement that has been made by the government. Now I have some questions to see how that's manifested in practice.

Ms. Lombard, first, to get some facts out, how many women are members of your class action right now?

Ms. Alisa Lombard: To be clear, a class action becomes that when it is certified, and so at this point, it's a putative class action, and we're going through the preliminary stages of getting that action certified.

I have spoken with.... At this point I've lost count.

Mr. Don Davies: Do you have a ballpark number?

Ms. Alisa Lombard: There are dozens of women, over 100.

Mr. Don Davies: Can you give us a general idea what percentage of those potential members of the putative class action are indigenous?

Ms. Alisa Lombard: They all are.

Mr. Don Davies: All of them are.

So far, has the federal government offered any reparations whatsoever to any of these women, as far as you're aware?

Ms. Alisa Lombard: No.

Mr. Don Davies: Has the federal government offered any support or resources to any of these victims of forced sterilization?

Ms. Alisa Lombard: Yes.

Mr. Don Davies: What are those supports or resources that have been offered?

Ms. Alisa Lombard: They are interim supports in the way of crisis counselling.

Mr. Don Davies: Crisis counselling.

Ms. Joe, I'm going to take a bit of a different tack to Ms. Gladu's comments. As you are probably aware, the United Nations Committee Against Torture recommended to Canada a number of things when this was brought to their attention, including the explicit criminalization of forced sterilization in the Criminal Code.

The federal government has rejected that, but the government's answer as to why they have rejected that is they believe the present Criminal Code is sufficient. I think they're partially correct that performing a surgery on someone without prior, informed consent does constitute assault, There's no question. I think it already is illegal. I have a different view on whether they should add the explicit criminalization as the United Nations.... That's my question.

Do you agree with the United Nations Committee Against Torture? I think, also, that Assembly of First Nations Chief Perry Bellegarde is calling on the federal government to explicitly criminalize the practice of forced sterilization without consent.

Ms. Francyne Joe: I think this issue has been something that communities of women have discussed silently and quietly. We know that if you go to a certain hospital, this might happen. We don't know our rights, so when we talk about justice, it doesn't affect us. We can't always hire lawyers.

To criminalize this doesn't really fix the problem. We need to have the changes at the hospital. We need to have changes in the communities. I see where it would be great to criminalize the behaviour of the medical profession, but we've seen that it hasn't helped with missing and murdered indigenous women. It's a crime to kill a woman, but we still see thousands of women gone.

Mr. Don Davies: Does anybody have another opinion on that?

Ms. Lombard.

Ms. Alisa Lombard: I presented to the United Nations Committee Against Torture in November. I was 32 weeks pregnant, and I flew to Geneva to deliver the voices of these women so that they might help provide some recommendations so that Canada might know what to do about this atrocity. Thankfully, they listened, and they issued these recommendations.

My opinion is that of one of my client's. Her name is Morningstar Mercredi. She experienced, at the age of 14, a coerced termination and some injuries that subsequently led to her infertility. She's a very strong advocate for specific criminalization. She was a minor and she did not consent. What else do we turn to in those types of situations?

Then I ask, what is the risk of criminalizing forced and coerced sterilization? If proper and informed consent is obtained, then no one gets charged. So what is the problem? Where is the risk? Prisons will not fill with physicians who are well meaning and who intended to do some good work. This is not the kind of act that a majority of doctors engage in. I believe the Ontario Medical Association came forward and said that. I agree. I don't think a majority of Canadian physicians engage in their work in this way. But some clearly do, and when are they held to account for these kinds of things?

● (1625)

Mr. Don Davies: I'll turn to you, Ms. Omeniho, for my last question.

On February 19, I wrote to the RCMP commissioner to request that the RCMP initiate an investigation into allegations of forced or coerced sterilizations and lay appropriate charges. After all, unlike with the murdered and missing women where these things happened and maybe there were no witnesses, we know precisely where these occurred, who performed them and who obtained authorizations. She wrote me back in March saying that the RCMP failed to launch an investigation because no complaints were reported to the RCMP. I then wrote a letter to the public safety minister, Ralph Goodale, and asked him to direct the RCMP to investigate. He declined as well.

Do you believe there should be an investigation undertaken by the RCMP to at least determine the extent of this and to determine whether charges should be laid?

Ms. Melanie Omeniho: Yes, I do. If we were to put laws in place that made people accountable for coerced and forced sterilization, do I think, much like they said, a bunch of doctors would end up in a jail cell? No. I don't believe that. But I do believe this brings accountability into this question. I think as professionals, they'll behave within the confines of the laws that guide them. I think it will discourage them.

I also want us to go a step further. I believe it's time that we as Canadians started putting within school curriculums what rights are and how people have violations of rights. Teach people how to apply their rights so that they know how to deal with things like institutions and hospitals when they go there, and how to make sure their rights don't get violated. I don't think it's just indigenous women who have violations of rights. I see violations of rights all over this country. We need to start educating our children so that when they grow up, they have a better conscience about it and they also know if they're violating somebody else's rights. I think the whole missing key is that we don't have any understanding or an education system that helps support the rights of people.

The Chair: I will go to Mr. Ayoub now.

[*Translation*]

Mr. Ramez Ayoub (Thérèse-De Blainville, Lib.): Thank you, Mr. Chair.

[*English*]

My question will be in French, so you might need translation.

[*Translation*]

I too want to thank you for your testimony. This is a troubling situation. It's hard to understand...

[*English*]

I'll wait for Madame Stote, just to make sure she....

[*Translation*]

Ms. Karen Stote: It's all right, I understand French.

Mr. Ramez Ayoub: That's good.

Personally, I can't accept that such a thing would happen anywhere in the world, and even less so in our country, Canada.

The questions I would really like to ask you may be difficult.

You said you don't have much data. People come to see you and tell you that they experienced this trauma, this illegal practice, that they were sterilized without their consent. There is something systemic there. There is concerted action. I'm not a doctor, but it seems that this type of medical act is practised in certain specific locations. As you mentioned, Ms. Joe, you just know that you have to avoid certain hospitals, because that sort of intervention might take place. There has been talk of asking the RCMP to investigate, but it doesn't happen, because there are too few complaints. In my opinion, one single complaint should be enough to get this file moving.

All that being said, how does one conclude, as you have, that there is a systemic problem, and concerted action against indigenous women? Have other communities experienced the same type of problem? I'd like you to enlighten me on that.

Ms. Lombard, you seem to want to respond, so please do so.

The other witnesses could answer afterwards, if they wish.

● (1630)

Ms. Alisa Lombard: Thank you for the question.

The only information we have is based on the stories people tell us. Regarding injustices experienced in the communities, you have to understand that women do not always talk about the birth experiences they have had. They don't often confide in anyone. However, when they start to do so, we see that certain experiences are similar. For instance, women who got in touch with me realized, once they had the courage to open up to their sisters about what they'd been through, that they had been through the same thing. So through these experiences we begin to get the picture.

We are told that an investigation cannot be done until there is more information, but isn't the purpose of an investigation to collect information?

Mr. Ramez Ayoub: It is not that we need more information, but people say that we need more cases. However, in my opinion, in the Canadian legal system, someone who is aggrieved should, from the outset, be able to file a complaint and take action. It's already provided for in the code.

In this context, why are we saying that no investigation is being conducted, if there is a complaint?

Ms. Alisa Lombard: I'd like to say two things about that.

A woman who is harmed because she has been sterilized without her consent will not file a complaint with the RCMP, but with the local police. Therefore, when we say that there have been no complaints, that is not entirely true. Indeed, one of my clients filed a complaint, but not with the RCMP.

Mr. Ramez Ayoub: What did the police do?

Ms. Alisa Lombard: We don't know.

Mr. Ramez Ayoub: You don't know?

Ms. Alisa Lombard: No. Excuse me for saying it so bluntly, but there was a national survey to determine why so many indigenous women, disproportionately, had disappeared or been murdered. This is due to a lack of attention from authorities and institutions. As we have said, there are systemic problems. There is a lack of regard, a lack of consideration. In such a situation, things can continue, can they not?

The RCMP says that no investigation was conducted because there were no complaints. The RCMP did not receive any complaints, but there was one in Saskatchewan and nothing was done. If this woman does not receive any information as a result of her complaint, what will she do? Will she go knock on the RCMP's door? No. Relations between indigenous women in Canada and the RCMP are not perfect.

Mr. Ramez Ayoub: Enlighten me on the technical side. When we say that these women were sterilized without their consent, is it because there was no consent, even in writing, and no one else was there? Is sterilization performed after the woman has given birth, or at a later time? How is this done without consent, how does it work?

Ms. Alisa Lombard: I talked about three concrete experiences of three women. As these stories demonstrate, written consent does not automatically mean that consent has been validly obtained. The person must receive information and have the ability to consider it and give consent without pressure or coercion. These are the criteria for appropriate consent.

Even if having a child carries medical risks and may cost a woman her life, it is up to her to decide whether she wants to take that risk. To the extent that all information is provided, it remains her choice.

I gave birth on February 7 and it's still very fresh in my memory. I can tell you that a birth is really not the right time to discuss this. It is not easy. It is very difficult to decide right away if you want to relive this experience. This is not the time to discuss things that are not necessary. It is already difficult enough to discuss the ones that are necessary.

● (1635)

Mr. Ramez Ayoub: Is it done exclusively at that time?

Ms. Alisa Lombard: Yes.

Mr. Ramez Ayoub: In the hundreds of cases you have been informed of, was this done exclusively at that time?

Ms. Alisa Lombard: In 99% of cases, yes.

Mr. Ramez Ayoub: So it's possible to know who the doctors were who were present, isn't it?

Ms. Alisa Lombard: Yes.

Mr. Ramez Ayoub: You know their identity, don't you?

Ms. Alisa Lombard: Yes.

Mr. Ramez Ayoub: Have they never been questioned?

Ms. Alisa Lombard: In cases where....

Mr. Ramez Ayoub: I imagine that a person does not need to report a medical procedure performed without consent to the police, but that there is a process in the health care community that allows them to file such a complaint against a doctor.

If consent has been given, it's different. Generally, when a person has surgery, he or she signs a consent form for the medical team to save their life or perform certain medical procedures in the event of a problem. Obviously, childbirth is not the same as this type of operation. No prior consent is given for sterilization.

Ms. Alisa Lombard: The consent form for a caesarean section is normally signed before the operation. It can also be signed at the time of the operation, if the caesarean section is urgent because the baby or mother is at serious medical risk. It is at these times that sterilization by tubal ligation is sometimes added.

Mr. Ramez Ayoub: You say that this is done systematically; it is not "sometimes".

Ms. Alisa Lombard: This is done in a very similar way across the country.

Mr. Ramez Ayoub: Thank you.

[*English*]

The Chair: Thank you very much.

That completes our seven-minute round. Now we'll go to our five-minute round, starting with Mr. Webber.

Mr. Len Webber (Calgary Confederation, CPC): Thank you, Mr. Chair.

Thank you, all, for being here today and presenting this testimony which is upsetting, absolutely.

I want to go along the same lines as Mr. Ayoub with regard to doctors and hospital records and access to hospital records.

Ms. Stote, you mentioned in your presentation near the end that you were asking the government where those hospital records are. Obviously then, you do not have access to those records in order to go after a medical doctor who performed this procedure.

Ms. Karen Stote: The majority of my work has been historical. The historical documents that I've looked at show that in those cases, the federal government was able to query those hospital records. I don't have access.

Mr. Len Webber: Ms. Lombard, with regard to your class action lawsuit in Saskatchewan, did the incidents involving your clients all take place at one facility or were they throughout the province? Do you have any thoughts on that? Can you say?

Ms. Alisa Lombard: Were they throughout the province?

Mr. Len Webber: Yes.

Ms. Alisa Lombard: The Saskatchewan Health Authority is a defendant, as are some named physicians, those physicians who we know about. That would have been disclosed in the medical documentation. We also have Jane and John Does, those who we don't know about.

Mr. Len Webber: Do you have medical records for these cases?

Ms. Alisa Lombard: For those in the last eight years, yes we do. After that, the province has a policy of record destruction. The ones that we can have we do have.

Mr. Len Webber: I think those would go a long way even to getting the RCMP to investigate these as possible criminal acts as well. Would that not be the case? Why then would your clients in the last eight years not have gone to the RCMP to file a complaint?

Ms. Alisa Lombard: I guess I'm at pains to describe the relationship between indigenous women in Saskatchewan and the police. Particularly when you're talking about injuries of such an intimate and personal nature, it's not the first place they think of going. It's not always a safe place for them to go, particularly in Saskatoon, where we have heard about things like starlight tours, etc. The trust is not there, so let's call the umbrella issue what it is. It's a trust issue. There is not a whole lot of trust.

Mr. Len Webber: That's a shame. It's a shame. There should be somewhere they can go. That's something that does have to change and it's possibly something we can put in the recommendation as well on that issue.

Ms. Melanie Omeniho: Can I also add something to that?

Many of these indigenous women who are being taken advantage of in these ways are disadvantaged. They may have had issues within the medical institutions in the past. They may have had behavioural issues that have been targeted. We know of many instances where women are red-flagged, so when they come into the hospitals for procedures, they're treated in a certain way.

When people are made vulnerable like that in those institutions, they don't have access to.... I am grateful to our friend who is leading the lawsuit, but many of them don't have access to legal counsel or to the kinds of supports they would need to take on the medical profession. Many of them don't understand they should be going to the police.

I could tell you stories about women who almost bled to death because of issues as they were miscarrying and what happened to them after they miscarried and how they were sterilized and didn't understand how all these things happened.

We have stories of women who have died in hospital because of how they were treated. There were inquiries into some of these things, so they are on public record, but there is no resolution.

You have to remember that a lot of these women who are coming forward and have these kinds of stories to tell us now are women who were disadvantaged and didn't know how to protect their rights or didn't know how to fight for themselves within these systems, and didn't have the resources to do it.

● (1640)

Mr. Len Webber: Thank you.

I have only 16 seconds, so I'll just pass it on to the next questioner.

The Chair: Thank you very much.

Now we'll go to Ms. Sidhu.

Ms. Sonia Sidhu (Brampton South, Lib.): Thank you, Mr. Chair.

Thank you to all for being here.

Ms. Joe, you said that hospitals need indigenous midwives to protect women from racism and sexism.

How can we better train our medical professionals to ensure measures are developed to safely include indigenous culture in the health system?

Ms. Francyne Joe: It pleases me no end to see more indigenous people going into the medical profession. We need to encourage that even more.

We also need to put in training programs so those who are already in the profession understand the histories of our distinct indigenous groups here in Canada. I think that when we provide those supports, a safe environment for indigenous women to give birth, that's where the change is going to start.

It's us, it's government, the communities showing goodwill to develop the trust of indigenous women, especially those who have been discriminated against for decades.

I hope that answers your question.

Ms. Sonia Sidhu: Thank you.

What role could the federal government play to improve access to these types of services, Ms. Omeniho?

Ms. Melanie Omeniho: The federal government could play a key role in helping to ensure that institutions across this country develop policies that provide cultural safety in trauma-informed work within all these institutions so that when indigenous people go there, it isn't based on a racist view of who they are, but on finding a supportive, culturally safe environment.

I don't think it's just indigenous people who need to have that cultural safety. We're a diverse country and we need to start being more responsible and having cultural safety for everybody who enters these institutions so they never have to fear places where they're supposed to be going for safety, protection and health.

We should all be able to go to a hospital and not be worried about the issues of trust. Hopefully, one day we'll be able to get there, but I think the federal government can lead some of the work around developing those policies in guiding these institutions and some of the medical professions.

Ms. Sonia Sidhu: Ms. Stote from Wilfrid Laurier University, in your view, what steps could be taken to include data collection regarding sterilization of indigenous women, including reporting instances of forced sterilization?

● (1645)

Ms. Karen Stote: What steps do I think could improve data reporting? From my understanding, going back at least 10 years, you already have the data. It just needs to be put together in a certain way to present it in terms of knowing the rates of sterilization across the country for aboriginal people on reserves, status Indians, to be specific. My understanding is that data already exists. It just needs to be culled in a particular way.

Do I think that this is the complete solution to understanding the issue? Do I think the data alone tells us whether forced sterilizations are happening or not? I don't. Is it possible to identify clusters. Potentially. More important than that, I think the work on the ground needs to happen, because numbers are one thing, but people are another thing.

There are a lot of innovative things that could be done, such as putting people into hospitals, whether they're actual birth practitioners, doulas or midwives, but also cultural supports for people who are navigating western medicine as indigenous peoples and as other marginalized or racialized people. It isn't just indigenous peoples who experience that power dynamic in western medicine. I think beyond the numbers, the human aspect is equally, if not more, important.

The Chair: Thank you.

Mr. Lobb.

Mr. Ben Lobb (Huron—Bruce, CPC): Thanks very much.

These are very serious allegations, and I know this has been discussed at different levels over at least the last couple of years.

I want to ask a question of you, Ms. Lombard, in regard to the 100 or so people who have come forward in part of your class action. I understand the comments everybody's made about being uncomfortable going to the RCMP and putting forth what happened to them. I know Mr. Davies asked that question, and said he talked to Ralph Goodale about it, as well. He kind of got the runaround both times he pursued it.

As you're counsel, could you work with the local branch in Regina or Saskatoon, and sit down with a detective who would be suitable to you, so these 100 or so people could put forth what happened to them, and there could be progress? Is that a possibility?

Ms. Alisa Lombard: Absolutely. If my client so instructs, I would do that immediately.

Mr. Ben Lobb: They would need to instruct you.

Ms. Alisa Lombard: Always.

Mr. Ben Lobb: Is there a way you could encourage them, or somebody else could encourage them? Is there a way to get these people to do this? This isn't the silver bullet to the problem, but it would help turn up some criminal heat, potentially, on those who did this.

Ms. Alisa Lombard: I can say that most of the women I've spoken to are strong advocates for specific criminalization, and one in particular has had the courage to tell her story to police. That took some time, and some identification, with respect to the right person to hear her out.

Mr. Ben Lobb: I thought I heard somebody mention a forced termination, as well. I don't want to use the word “allegation”, which I've seen in some of the news stories, but are there cases where people have had forced abortions? Is that the idea, too?

Ms. Alisa Lombard: I've heard of two.

Mr. Ben Lobb: Okay.

I see that the Saskatoon Health Region has done an investigation. Was that a satisfactory investigation, or was it to gloss over things, to cover their legal or financial liability?

Ms. Alisa Lombard: I'm not privy to the details of their investigation, but I can say that because some of these occurrences happened in the past, it's very difficult to acquire the proper documentation to examine the allegations. For those that are more recent, perhaps not so much.

Mr. Ben Lobb: Maybe you can't say this because they are your clients, but can your clients remember the hospital, dates, times and doctors? How much detail can they recall?

● (1650)

Ms. Alisa Lombard: Most often, and very logically so, their sterilization coincided with the birth of their last child, and so usually, they know when it happened. Further to that, they don't always remember the name of the doctor. Frankly, I don't remember the name of my doctor, and that was just four months ago.

Mr. Ben Lobb: Fair enough, yes.

Ms. Alisa Lombard: If they have access to their medical records, that's probably helpful to jog their memory. I can say, though, that I think when you submit documentation to obtain a birth certificate, you have to.... Vital statistics would have information with respect to the delivering doctor. That much I know.

Mr. Ben Lobb: As for the time range, I probably missed this. Is this spanning 40 years or 50 years? I know there are some recent cases, but what type of a time range are we looking at?

Ms. Alisa Lombard: I've heard from a woman whose daughter has since passed, but it happened to her, her daughter and her mother. That's the time span I'll put out there. It's intergenerational, from what we have heard.

The earliest occurrence, I think, that I heard was from a woman in her seventies. It had happened to her daughter as well.

Mr. Ben Lobb: Mr. Davies mentioned he was in the room when his wife gave birth. I'll admit I was there as well—

Ms. Alisa Lombard: You were at his wife's birth?

Voices: Oh, oh!

Mr. Ben Lobb: Actually, I won't admit that. I was not there for that one, but I was at the birth of my own children.

I'm not trying to make light of this, but as I recall—and I'm certain for the births of your children as well—there's no discussion about whether you'd like to have a tubal ligation at that time, right?

Ms. Alisa Lombard: There ought not to be.

Mr. Ben Lobb: No. If, in fact, this is what occurred, it just seems so egregious that that would be happening simultaneously.

Again, does the Government of Saskatchewan or the health authority dispute this, or are they requesting more information? Where is this?

Ms. Alisa Lombard: Thank you for that question.

They tearfully apologized in the summer of 2017 for the experiences of the women—to their faces, who were present during that apology—and said that they would change their policy.

Mr. Ben Lobb: I notice the word "allegation" is used in a lot of the news stories. Is that an apology to an allegation or was it an apology to an admission of something that actually happened?

Ms. Alisa Lombard: It was an apology resulting from an independent investigation and an external report authored by Dr. Judith Bartlett and now Senator Yvonne Boyer, which found that there was pervasive systemic racism in the health care system.

I think the apology is still available online. The Saskatoon Health Region at that time, now the Saskatchewan Health Authority, apologized to the women for their treatment, and said that they did not deserve to be treated that way, that what they experienced no woman should ever experience. Yet here we are.

Mr. Ben Lobb: Was that a blanket apology? Was it specific to, say, the 100 people who you talked to? Was it a blanket apology to any and all?

Ms. Alisa Lombard: It was to women who had been sterilized without their consent.

Mr. Ben Lobb: Okay.

Thank you.

The Chair: You got away from me.

Now we'll go to Mr. McKinnon.

Mr. Ron McKinnon (Coquitlam—Port Coquitlam, Lib.): Thank you, Chair.

Thank you, all, for being here.

Ms. Lombard, you mentioned there was a breakdown between the women involved and police. It seems to me there was actually a lot of breakdown in this whole system.

Ms. Omeniho remarked that the victims are often disadvantaged women. They don't know their rights. They don't know that they can make a complaint. They don't know necessarily that they should make a complaint. It seems to me that's one of the fundamental breakdowns here, that many of these processes, such as activating the police and so forth, need a complaint to kick them off.

I'm also struck by Ms. Omeniho's comment that coercion happens by social workers in the hospital. Do the medical professionals who are doing the procedures believe that they actually have informed consent? Is that a reasonable thing, or is this something that's happening up the line? Where is this breaking down in that respect, around the obtaining of consent in relation to medical ethics?

Could somebody speak to that?

Ms. Melanie Omeniho: In some of the incidents that we are aware of, it was social workers in a place in the hospitals where they were assessing that the person had too many children that they couldn't properly care for, or there were poverty issues or other social issues, and they're the ones who encouraged the signing of the documents at the hospital.

Do I know whether the doctors were given the details of how those forms are coerced? No, but also, for non-indigenous Caucasian women in most hospitals, they discourage, if some woman goes in there and says, "Okay, I've had enough kids. I don't want any more. I want a tubal ligation at the end of pregnancy." They'll say, "No, this isn't the time to make that decision." However, in our instances, they have actually had conversations, but lots of times it's issues with social workers that we've been made aware of who have intervened with those women to try to convince them to sign these documents.

● (1655)

Mr. Ron McKinnon: In that case, the doctors themselves might have been in full and reasonable belief that they had proper consent.

Ms. Chaneesa Ryan (Director of Health, Native Women's Association of Canada): It's a really important question and it also connects with an earlier question about research.

I don't know how to answer your question. We've certainly heard stories anecdotally and from talking to service providers. I think, or I'd like to believe anyway, that many of these service providers aren't doing this out of hate or as an act of violence. I think it comes down to beliefs, and again, that systemic racism, but because we don't know, it's really hard to address the problem and provide informed policy and program recommendations.

Going back to research, as much as we need to hear from the indigenous women who have been impacted, we need to shift the research gaze to the service providers as well and find out why they are forcing or coercing indigenous women into sterilization. We need to put the onus back on the service providers. I don't think any training is going to be effective if we don't understand why service providers are doing this.

Mr. Ron McKinnon: Do you believe there's still an added responsibility on the physicians in these cases to make absolutely sure that consent is given?

Ms. Alisa Lombard: I do. It's a legal obligation.

Mr. Ron McKinnon: If they're getting a form that says this is signed off on and they haven't necessarily any reason to question it, do they still have a legal obligation to do so?

Ms. Alisa Lombard: Yes, absolutely. The signature on a consent form does not indicate, in any way, shape or form, proper and informed consent.

Proper and informed consent involves four pillars: capacity; full disclosure of the risk, consequences and options; the appropriate environment in which to consider that information and time to do so; and the absence of coercion.

I'll quickly recall D.D.S.'s story where, immediately before the administration of an epidural, the surgeon interrupted the discussion with the anesthesiologist in an abrupt and aggressive manner, directing her to sign a consent form for the Caesarean section. D.D. S. noticed that a tubal ligation was also listed on the consent form but did not believe she had a choice but to sign. These are the types of circumstances in which this is arising. When you're bent over in a hospital robe awaiting a needle in your spine and a clipboard is thrown into your face, it's really difficult to call that proper and informed consent.

Mr. Ron McKinnon: Do you see a breakdown, then, of medical ethics?

Ms. Alisa Lombard: I do, without question.

The Chair: Thank you very much.

Now we'll go to Mr. Davies for the last question.

Mr. Don Davies: I have only three minutes, so I'm going to make these questions short snappers.

Ms. Lombard, we've heard a lot of talk about Saskatchewan. Can you give this committee some sense of the geographic scope of this issue? Is it only happening in Saskatchewan, or where else is it happening?

Ms. Alisa Lombard: No, it's happening in British Columbia, Alberta, NWT, Iqaluit, Ontario, Manitoba, Nova Scotia and Quebec. I think that's it, but I'm only missing New Brunswick.

Mr. Don Davies: Okay.

We've heard about this most disturbing situation of it happening as recently as December 2018. Do we have a sense that this could be happening today in Canada?

Ms. Alisa Lombard: I think December 2018 is pretty much today.

Mr. Don Davies: What position has the federal government taken with respect to the putative class action? Are they agreeing to the certification? Are they opposing it? What's their position?

Ms. Alisa Lombard: At this point, there is none.

● (1700)

Mr. Don Davies: Have they not expressed a position?

Ms. Alisa Lombard: No.

Mr. Don Davies: Have they given any indication as to whether they're going to contest the lawsuit you filed?

Ms. Alisa Lombard: No.

Mr. Don Davies: Do you have any limitation period problems? For instance, are any of your clients barred from bringing this forward in a civil way because of a limitation period? Could we change something in that regard?

Ms. Alisa Lombard: My clients take the position, and we do allege this, that this constitutes battery of a sexual nature. On that type of allegation or that type of cause of action, there would be no limitation. The sexual nature of the battery displaces the limitation period. Otherwise, on a civil suit there would normally be a limitation of two years or discoverability.

Mr. Don Davies: I have a last quick question.

We've just had the murdered and missing indigenous women inquiry report. The most popular word in Ottawa is reconciliation. What does reconciliation look like in the context of this issue?

Ms. Francyne Joe: I think reconciliation is first acknowledging that this is still happening and taking steps to stop it. It is making sure that we investigate what's going on.

In part, in talking beforehand we just found out that there's an FPT meeting discussing this and none of the national indigenous women's organizations are invited to that. We have concerns about that.

Thank you.

Mr. Don Davies: Would anybody else like to comment?

Ms. Melanie Omeniho: I actually support what Francyne just said.

If you want to have these conversations, they need to include us. Reconciliation is about having us all at the table because part of reconciliation is our healing. We can't heal by somebody's actions that happen in some ivory tower somewhere else. It has to engage all of us.

Mr. Don Davies: Thank you.

The Chair: Thank you very much.

I have a question or two.

I know there's not one typical circumstance, but when this happens, does the doctor make the decision or is it a committee generally? How is the decision made to do this to someone?

Ms. Alisa Lombard: That's a good question. The decision is probably the woman's, with respect to an exercise of her bodily autonomy, but what's happening in the vast majority of cases is that the woman is approached when she is incapacitated by the throes of labour.

The Chair: Who makes the decision to approach her? Is it the doctor or is it a committee?

Ms. Alisa Lombard: It's health professionals. No, it's not a committee. There would be no time for a committee to convene over that kind of issue.

One example that I can recall was of a woman who was actually open on the table having a Caesarean section when the doctor raised the issue.

The Chair: That was the doctor.

Ms. Alisa Lombard: Yes.

The Chair: You've talked about D.D.S. and the clipboard right at the time of a Caesarean section. That didn't come from a decision in a room with a bunch of professionals.

Ms. Alisa Lombard: No.

The Chair: That's amazing.

Well, I just have to say to all of you that you really left us a strong message. I think you're very generous.

Mr. Ouellette.

Mr. Robert-Falcon Ouellette: I have one very short question.

Alisa, you mentioned that documents had been destroyed for 10 years. Are they still being destroyed today?

Ms. Alisa Lombard: I believe that will depend on the province. As far as the retention of medical records is concerned, I do know that after some time they are destroyed.

Mr. Robert-Falcon Ouellette: I'd like to table a motion.

I looked at the next meeting we have. I noticed that the RCMP are not coming. I'm a little concerned about that.

Therefore, I move:

> That, in relation to the study of forced sterilization of women in Canada, the Commissioner of the RCMP, Brenda Lucki, be invited to appear on Tuesday, June 18, 2019.

The Chair: Mr. Davies.

Mr. Don Davies: I think that's an excellent motion and I support it.

The Chair: Ms. Gladu.

Ms. Marilyn Gladu: I also think that's an excellent motion.

The Chair: Mr. Webber.

Mr. Len Webber: I'm just curious, Robert. Why her in particular, out of all...?

Mr. Robert-Falcon Ouellette: A number of issues have been raised concerning how we charge people and how the justice system works. She's the top police officer in this country, so I think she can offer some suggestions. Maybe she has changes or maybe she knows how the system works properly, why charges haven't been laid—if we've known since the 1970s this has been going on—and what we can do about it.

Mr. Len Webber: Yes.

● (1705)

The Chair: Mr. Davies.

Mr. Don Davies: Not to repeat this, but I did write Commissioner Lucki on February 19, and she responded on March 20, so the other reason I think it would be appropriate to call her is that it's not as though she's not aware of this or is coming in cold. This issue has been drawn to her attention. I think she would be the appropriate person.

The Chair: We'll vote on the motion.

(Motion agreed to)

The Chair: I allowed Mr. Ouellette an extra question. Would the Conservatives like an extra question?

Ms. Marilyn Gladu: No, it's fine. I really appreciate the testimony that's been given. It's clear that we need urgent action.

Actually, maybe there is one question. There was a recommendation from the UN that this be considered torture, and they had written a report to Canada and they were calling for specific and urgent action. What was that action?

Ms. Alisa Lombard: It was three-pronged. First was prevention, preventative measures, and specific criminalization to contemplate filling any gaps in the criminal justice system. Sorry, that would have been punishment. Then there was prevention, so taking preventative measures in whatever way the policy might enable that. Third was reparations for the victims and their families. Those were the recommendations.

The Chair: Mr. Davies.

Mr. Don Davies: Thank you. I have a quick question.

The Chair: It's a bonus question.

Mr. Don Davies: Dr. Stote, I know we focus a lot on the reality of indigenous women facing this, but you brought up historical research about forced sterilization happening to perhaps women with cognitive disabilities or other factors. Do you have any sense or indication of whether or not there is forced sterilization or sterilization without proper consent still occurring in this country to women who are non-indigenous but perhaps vulnerable, with cognitive disabilities or otherwise?

Ms. Karen Stote: I believe you have somebody coming next week who may be able to speak to that more specifically, because my research really focuses on indigenous women.

The Chair: Okay, once again I'll state that we are part of the system. We can't tell the government what to do, but we've been pretty successful at influencing policy in the last three and a half years on a number of issues that are really important.

I want you to know that your message is strong and your message will be reported, and we will try to help.

On behalf of the committee, I want to thank all of you for your testimony. It's been very enlightening and disappointing, but enlightening, and hopeful. Thanks very much.

The meeting is adjourned.