

Statements from ISC

From Indigenous Services Canada office

The Government of Canada is currently responding to litigation concerning the allegation that Indigenous women have been sterilized without proper or informed consent. We acknowledge the extraordinary bravery of the women who have come forward to share their painful stories.

All Indigenous women must receive culturally safe health services no matter where they live or who provides services to them. Coerced and forced sterilization are forms of gender-based violence. Sterilization of women without their informed consent constitutes an assault and is a criminal offence. It is inconsistent with basic human rights and medical standards.

The federal, provincial, territorial governments, as well as Indigenous organizations all have a role to play to address the sterilization of Indigenous women without proper consent to medical treatment. The Government of Canada remains committed to working with provincial and territorial governments, professional colleges, Indigenous partners and women to increase safety and respect for Indigenous women in Canada's health care system. To meet this objective, we have been working with partners to address coerced and forced sterilization as part of a broader imperative to eliminate systemic racism, improve cultural safety, ensure informed consent, and reduce the barriers that Indigenous people, and particularly Indigenous women, face when accessing health services.

In December 2018, the Minister of Indigenous Services Canada (ISC) and the Minister of Health wrote to provincial and territorial counterparts and professional colleges to express concern over coerced sterilization, seeking to work collaboratively to increase safety and respect for Indigenous women in Canada's health care system. Since then, ISC has funded Indigenous women's organizations to develop information products on women's reproductive rights, and to begin to understand the scope of forced and coerced sterilization, including:

- Pauktuutit Inuit Women of Canada conducted an environmental scan and consultations with its membership to understand the impact on Inuit communities, resulting in the "Access, Respect, Consent: Inuit Women and Reproductive Healthcare Services in 2019 Summary Report," which is available on their website;
- The Native Women's Association of Canada conducted engagement, led thematic analysis of recommendations made to date, and developed a toolkit; and
- Les Femmes Michif Otipemisiwak held a Métis Women's policy forum on a number of issues, including forced or coerced sterilization, and released a YouTube video on informed consent, Métis Rights and Forced/Coerced Sterilization.

ISC provided funding support to the National Collaborating Centre for Indigenous Health (NCCIH) to hold a national forum, which brought together over 100 stakeholders from across Canada on January 28-29, 2020, to examine current realities and future directions for informed choice and consent in Indigenous women's health services. A report from the forum was published by the Collaborating Centre, entitled "Informed Choice and Consent in First Nations, Inuit and Métis Women's Health Services" (February 2021).

Meanwhile, ISC established (February 2019) an Advisory Committee on Indigenous Women's Wellbeing to inform the department on current and emerging issues within the social determinants of health, including sexual and reproductive health. Co-chaired by the National Aboriginal Council of Midwives and Les Femmes Michif Otipemisiwak, the Committee has met regularly since February 2019 and developed an action plan that identifies cultural safety in healthcare (including sexual and reproductive health) as one of its most pressing priorities.

Separately, the National Aboriginal Council of Midwives has produced a position statement on forced and coerced sterilization. Informed choice is recognized as a central tenet of midwifery care in Canada. Indigenous Services Canada continues to work with the National Aboriginal Council of Midwives to understand the protective role that Indigenous midwives and doulas can play, and to gather evidence for further investments in Indigenous midwifery.

In parallel to these efforts, and following the racist mistreatment and death of Joyce Echaquan, the federal government convened three National Dialogues, in October 2020, January 2021 and June 2021, to bring together Indigenous partners and governments, provincial and territorial governments, and healthcare providers to hear the lived experiences of Indigenous patients and practitioners, and to identify concrete short- and long-term actions to address anti-Indigenous racism in the health care system.

Following the first two National Dialogues in October 2020 and January 2021, the Government of Canada reaffirmed its commitment to address anti-Indigenous racism in healthcare systems by launching the engagement process for the co-development of distinctions-based Indigenous health legislation, with the aim to improve Indigenous access to high-quality, culturally safe health care services.

At that same time, the Government of Canada announced Budget 2021 investments of \$126.7 million dollars over three years to take action to foster health systems free from racism and discrimination where Indigenous peoples are respected and safe. During the third National Dialogue in June 2021, additional details of the Budget 2021 investment were announced, including \$33.3 million for Indigenous midwives and doulas, as well as national, regional and grassroots organizations that will improve access to high quality and culturally safe health

services for Indigenous women, 2SLGBTQQIA+ peoples, people with disabilities and other marginalized groups who are disproportionately impacted by anti-Indigenous racism.

The Government recognizes that Indigenous patients face systemic barriers in accessing services, including discrimination and racism. Together, these and other investments support adaptation of health systems to promote cultural safety, improve advocacy and accountability, and demonstrate federal leadership in addressing anti-Indigenous racism.

From Minister Hajdu

“Forced and coerced sterilization is a deeply troubling violation of human rights. This, alongside many other examples of anti-Indigenous racism and discrimination in healthcare, expose just how significantly we need to improve cultural safety in health and social systems. Our government takes this very seriously, and is actively working with Indigenous partners and organizations to guide our response in improving cultural safe services.

Indigenous Services Canada held three National Dialogues to address anti-Indigenous racism in Canada’s health systems in October 2020, January 2021, and in June 2021. Following this, the federal government’s response and outline of a number of actions is available at <https://www.sac-isc.gc.ca/eng/1628264764888/1628264790978>, including details on Budget 2021 investments of \$126.7 million over three years to take action to foster health systems free from racism and discrimination where Indigenous peoples are respected and can feel safe.

Some of our recent actions and investments on this matter include:

- \$37.8 million over 3 years to provide Indigenous patients with supports and recourse to safely navigate federal and provincial health systems
- \$46.9 million over 3 years for the integration of cultural and patient safety at the local and systems levels, as well as through increased Indigenous representation in health professions
- the formation of an Advisory Committee on Indigenous Women’s Wellbeing
- funding and ensuring the availability of travel escorts to expecting First Nations and Inuit mothers through the Non-Insured Health Benefits Program
- invested in midwifery in First Nation and Inuit communities to support healthy pregnancies and births, and in developing information products on culturally safe informed consent - this includes a national forum on informed consent and choice that Indigenous Services Canada hosted on January 28- 29, 2020.

Collaboration and action is required from all governments, as well as health and social system professionals, to ensure health services for all Indigenous women are culturally safe and free of discrimination. There is much more still to do, but our commitments remain firm in our work with partners in the path ahead.”