

The Coercive Sterilization of Aboriginal Women in Canada

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This paper considers the coercive sterilization of Aboriginal women in both legislated and non-legislated form.¹ In Canada, there exists but one concise history of eugenics, and other works dealing with sterilization have rarely progressed beyond an examination of the legislation itself.² Nonetheless, studies have confirmed that Aboriginal women were disproportionately targeted by enacted legislation in the province of Alberta.³ Sterilization measures were also implemented in the absence of formal legislation. Evidence indicates this practice was carried out by eugenically minded doctors in Ontario and Northern Canada, where Aboriginal women were the prime targets.⁴ No scholarship, however, has yet specifically referred to or conducted in-depth study of this practice as it was applied to Aboriginal women. And although coercive sterilization policies have been recognized as racist, sexist, and imperialist, how this practice was carried out on Aboriginal women has yet to be fully understood within this larger context.⁵

Working toward this goal, I build on existing scholarship and provide a historical and materialist critique of coercive sterilization, one which allows the practice to be understood within the larger relations of colonialism, the oppression of women, and the denial of indigenous sovereignty. As the capitalist mode of production of Canadian society depends on a history of colonialism and control of Aboriginal peoples' land and resources by the Canadian state, a central purpose of this work is to locate the sterilization of Aboriginal

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women within this context. Further, the expropriation of Aboriginal lands and resources and the imposition of capitalist relations were made possible through the subordination and exploitation of women both from colonizing countries and in their asserted colonies. For this reason, the control of Aboriginal women's reproduction is also considered within the context of the exploitation of women.⁶

I begin by briefly tracing the rise of sexual sterilization as a cost-effective public health measure and show how presenting eugenic ideology as fact served to obfuscate the problems arising from industrial capitalist relations in the early twentieth century. I then provide an overview of some of what is known about the sterilization of Aboriginal women in Canada. Finally, I place this practice within the larger context of Indian policy in Canada. I argue for coercive sterilization to be understood, not as an isolated instance of abuse, but as one of many policies employed to undermine Aboriginal women, to separate Aboriginal peoples from their lands and resources, and to reduce the numbers of those to whom the federal government has obligations. I show how the effects of the sterilization of Aboriginal women, whether intended or not, are in line with past Indian policy and serve the political and economic interests of Canada.

STERILIZATION AS A PUBLIC HEALTH MEASURE

Sexual sterilization gained prominence as a result of its support by the eugenics movement in the early 1900s.⁷ As with any ideology, behind it were the historical and material relations that gave rise to its use as an explanation of, or justification for, the given social order. In this case, an industrializing capitalist state brought with it increasingly high rates of poverty, illness, and social problems for those being marginalized by the current system and facing increasing pressures to congregate in urban centers in search of a wage.⁸ Eugenicists and others concerned with the costs of implementing public health measures (such as better sanitation and nutrition, living wages, or safer working and housing conditions in these centers) often explained the problems experienced by the masses as stemming from the innate traits of the poor, rather than as consequences of the way society was organized.⁹ By locating the causes of the undesirable effects of the capitalist system within its victims, eugenic ideology, and the interventions proposed by many of its proponents—such as sterilization—worked to maintain the status quo and ensure business could continue as usual for those benefiting from relations of exploitation.

Just as the capitalist mode of production has been recognized as necessarily patriarchal, eugenicists were particularly concerned with women and their

ability to reproduce.¹⁰ Due to this ability, women were considered by eugenicists as central to national progress and have been subject to interventions aimed at shaping their reproduction in the interests of the state.¹¹ In the early- to mid-twentieth century, two primary views of women became prominent, what Wendy Kline refers to as “the mother of the race” and the “moron girl.”¹² At the same time as some women were encouraged to reproduce, namely upper- and middle-class women, the sexuality and reproductive potential of other women was considered threatening to the social order.

Impoverished and marginalized women and their children, who were often forced to rely on state aid or private charity, came to be viewed as a costly burden. They were also blamed for perpetuating social problems in society.¹³ The sterilization of these women, who often failed to conform to socially defined roles, was supported by many medical, philanthropic, and women’s organizations as a solution to these problems.¹⁴ These groups successfully lobbied government to adopt both positive and negative eugenic measures in the interest of economy.

Within the larger context of capitalist expansion, eugenic ideology was also employed by government officials as one means of justifying colonialist policies being imposed on Aboriginal peoples in Canada. The poor health, poverty, and other conditions experienced by Aboriginal peoples as a direct result of colonial policy then became indicative of their lower racial evolution.¹⁵ A cursory glance at the annual reports of the Department of Indian Affairs from the late nineteenth and early twentieth centuries reveals many references that explain the epidemic proportions of tuberculosis and other sicknesses in Aboriginal communities as the result of the lower evolutionary state or inherent weakness of Aboriginal peoples, rather than as the result of contact with Europeans, the theft of Indian lands and resources, or the starvation policies imposed by the federal government.¹⁶

For the colonizing process to be successful, it has been central to impose western institutions and to subjugate Aboriginal women through their separation from the land, the control of their bodies and those of their children.¹⁷ Many organizations worked to reinforce notions of femininity and helped carry out a “civilizing mission” on Aboriginal women. Mariana Valverde demonstrates that the Women’s Christian Temperance Union, the Salvation Army, and the National Council of Women often advanced eugenic arguments and helped create a climate in which some were considered undesirable: namely impoverished, “undomesticated,” immigrant, and Aboriginal women.¹⁸ Some of the most celebrated feminists in Canada created a space for themselves as colonial agents by reinforcing sexist and racist notions of womanhood and participating in the colonization of Aboriginal women.¹⁹ Aboriginal women were often described as “savages,” “depraved,” or of “loose moral character,” and

their sexuality was intensely policed.²⁰ For those who proved unwilling to assimilate or whose sexuality was deemed difficult to control, sterilization was sometimes the result.

STERILIZATION IN CANADA

Two provinces in Canada enacted formal sterilization legislation. Alberta had a Sexual Sterilization Act in effect from 1928 to 1972, and British Columbia, from 1933 to 1973.²¹ Jana Grekul and Timothy Christian have both examined records dealing with Alberta's sterilization act and have found that in this province, Aboriginal women were disproportionately targeted and the number of those sterilized increased as the years passed.²² Grekul and her colleagues Harvey Krahn and Dave Odynak found that Aboriginal peoples were overrepresented to the provincial Eugenics Board, and once approved for sterilization, were more likely to be subject to the procedure. They conclude that "Aboriginals were the most prominent victims of the Board's attention. They were overrepresented among presented cases and among those diagnosed as 'mentally defective.' Thus they seldom had a chance to say 'no' to being sterilized."²³

In 1937, in order to protect government from liability and to avoid the impression that there was "a conspiracy for the elimination of the race by this means" the Department of Indian Affairs suggested efforts be made to obtain consent, if at all possible, prior to sterilization.²⁴ It is important to note that the failure of the Department of Indian Affairs to condemn the practice at this point was in effect to condone it. This failure is most problematic considering the fiduciary relationship between Canada and Aboriginal peoples that had been established both through treaties and occupation of Aboriginal lands.²⁵

One must wonder what role this stance played in future actions. In that same year, the Act was amended under the pretense that it was too restrictive.²⁶ This 1937 amendment made a distinction between psychotic persons and those considered mentally defective, and excised the consent requirement for the latter.²⁷ The proportion of Aboriginal peoples sterilized by the Act rose steadily from 1939 onward, tripling from 1949 to 1959.²⁸ Even when opposition to the Act gained momentum and its repeal became more likely, the rate at which Aboriginal peoples were sterilized underwent a terrific increase, representing more than 25 percent of those sterilized. This led Christian to write, "It is incredible that between 1969 and 1972, more Indian and Métis persons were sterilized than British, especially when it is considered that Indians or Métis were the least significant racial group, statistically, and British were the most significant."²⁹ However, consent for sterilization was only sought in 17

percent of Aboriginal cases. More than 77 percent were defined as mentally defective, and hence their consent was not needed.³⁰

The federal government also undertook other measures to legitimize the provincial sterilization act: in 1951, an amendment to the Indian Act increased the application of provincial laws to Indians.³¹ This amendment newly stipulates that a “mentally incompetent Indian” is to be defined according to the laws of the province in which “he” resides.³² In other words, a mentally incompetent Indian was whatever a province deemed him or her to be.³³ Therefore, any provincial laws dealing with those defined as mentally incompetent could be applied to Aboriginal peoples, including the Sexual Sterilization Act.

This amendment also stipulated that the property of a mentally incompetent Indian could be denied to that person.³⁴ In the case of so-defined Indians living on reserve, their property would pass to the minister of Indian Affairs, to be sold, leased, or disposed of in any way deemed fit by the minister. For Indians living off reserve, property would pass to the province in which that Indian resided.³⁵ The increased application of services to Aboriginal peoples by the provinces would also, by default, reduce services the federal government would need to provide.³⁶

Allowing for the transfer of property from Aboriginal peoples to the federal government and/or the provinces through a designation of mental incompetence was consistent with policy that had been established through the Indian Act, that of transferring land rights out of the hands of Aboriginal women and their peoples and into the hands of men: to Indian men if they met the definition of an Indian under the Act, or, if deemed “unfit” by the state, to white men, or the Canadian state.³⁷ As Kathleen Jamieson has pointed out, “private rights in land inherited through the male were an indispensable component of this system, which had as its corollary control and repression of the sexuality of the female.”³⁸

In British Columbia, files documenting sterilizations have been thought to be lost or destroyed. However, Gail van Heeswijk has provided the first study of the Sexual Sterilization Act in this province by reviewing the Essondale Report, a document outlining the case histories of sixty-four patients sterilized under this legislation.³⁹ Over the course of the eight years discussed in the report, from 1935–1943, fifty-seven of the sixty-four individuals sterilized were women.⁴⁰ Van Heeswijk states the reason given for sterilization in thirty-five of these cases was promiscuous behavior. Furthermore, forty-six of the fifty-seven women sterilized were single, twenty-two had illegitimate pregnancies, and another five had their pregnancies terminated prior to or during the procedure.⁴¹

Though neither the Essondale Report nor van Heeswijk makes any mention of patients’ ethnicity, some of the women sterilized at Essondale

were Aboriginal. Correspondence from W.S. Barclay, Indian Health Services regional superintendent, Pacific Region, indicates that as of 1956, "The B.C. Provincial Mental Hospital at Essondale have quite a number of Indians under their care."⁴² In a subsequent trial in responding to charges brought forward by victims of coercive sterilization, the following clinical evidence on the plaintiffs' medical disorders, as disclosed by surviving Essondale records, was cited. It provides insight into the process that led up to sterilization, and for this reason the trial's evidence is herein quoted at length:

An entry in the Ward Notes dated July 14, 1961, by Dr. Tecson, a psychiatrist, states as follows:

This twenty-two year old Indian girl was admitted in 1955. . . . She has been a known mental defective with considerable behaviour problems. . . . It is indicated that she has had a brain abscess following mastoiditis with a possible tuberculoma and also a question of birth injury. It is undetermined on account of the [paucity] of materials as to whether her mental deficiency was subsequent to any or all of these conditions. It would probably be much more logical to simply label her as a case of mental deficiency.

Dr. Tecsan diagnosed C.M. as Mental Deficiency, Moderate, with Behavioural Reaction. He categorized her impairment as "Severe, requires hospitalization." In 1964, while on probationary discharge from the PMH [Provincial Mental Hospital], C.M. became pregnant.

C.M. signed a consent for sterilization on December 10, 1964. Her brother signed a consent as her next-of-kin on December 17, 1964, perhaps because her mother, and the grandmother who had raised C.M., were dead and her father was unknown. His consent was witnessed by Elsie Michelle. There was no evidence as to the circumstances under which the consents were obtained.

The Eugenics Board Summary prepared by the Supervisor of Social Services at the PMH states, in part, as follows:

Patient is a mentally defective Indian girl who has always been incorrigible, wild, undisciplined and promiscuous. . . .

Reason for Referral:

Patient is a mental defective, with numerous behaviour problems, particularly being promiscuous and associating with undesirables. Sterilization is, therefore, strongly recommended to prevent patient from having illegitimate children which the community would have to care for and for whom it would be very difficult to find foster homes.

The Superintendent, Dr. Bryson, signed a recommendation for sterilization on March 24, 1965. He stated his belief that C.M., if discharged without sterilization, would have children with a tendency to serious mental disease or deficiency. He then went on to say the following:

This twenty-six year old woman is a mental defective who has shown promiscuous sexual behaviour as a component of her erratic and disturbed mental condition. She has required constant supervision. . . . Rehabilitation plans

and her release from hospital without the benefit of an operation for sexual sterilization would undoubtedly result in illegitimate children who would run a grave risk of a mental disorder.

C.M. appeared before the Board of Eugenics on April 13, 1965. The Board authorized her sterilization, which occurred on May 18, 1965.⁴³

In this case, the young Aboriginal woman was institutionalized in the provincially run Girl's Industrial Home, a training school for "delinquent" children, and from there was sent to Essondale for sterilization.

At this same trial another case was cited concerning an Aboriginal woman admitted to the Provincial Mental Hospital in 1945. Though the clinical records are incomplete, evidence was submitted of a letter written by the superintendent at Essondale to the Indian commissioner, seeking consent for this woman's sterilization. Presenting a summary of this woman's case for sterilization, the superintendent wrote:

This mentally defective young woman who has suffered from a psychotic illness, has now made a relatively satisfactory recovery from her psychosis. However, her social background reveals a history of promiscuity, venereal disease, tuberculosis, and one illegitimate pregnancy.

Because of limited intelligence, lack of supportive family supervision, and a propensity for illicit sexual behaviour, her rehabilitation through the auspices of the Indian Affairs Department, is most problematical. She, nevertheless, cannot likely remain in a mental hospital when she has gained a good remission of her gross symptoms of mental illness, and it is, therefore, desirable to offer her the protection of sexual sterilization. . . . The test results indicate that she is functioning as a Mental Defective, near the bottom of the moron range. . . . She could obviously not manage her own affairs. . . . The only sort of environment she could fit into would be one where she has close and supportive supervision and any measure which would help lessen her problems, such as sterilization would be of benefit.

Reason for Referral:

Miss [D.] is being referred for sexual sterilization because of her very limited intelligence, her lack of social judgment, and her lack of possible social supervision. While she will undoubtedly continue to be a social problem on discharge from this hospital, sexual sterilization would prevent her from having further children who might become social problems because of possible inherited mental deficiency, congenital or acquired venereal infection, and lack of healthy parental controls.⁴⁴

It is also known that the federal government provided financial support for its wards at Essondale. Though van Heeswijk states that fees for sterilizations were paid to the performing physician by the institution from which the inmate was referred, the arrangement was such that whenever possible, for

Aboriginal charges, a per diem rate was paid to the institution by the federal government.⁴⁵ This was indeed in keeping with federal policy at the time.⁴⁶

More recent information indicates that sterilizations were also performed on some of those institutionalized at the Woodlands School, a provincially-run institution housing children abandoned at birth, the disabled, and wards of the court.⁴⁷ It is unclear whether sterilizations took place at Woodlands by way of transfer to the Essondale Hospital or whether they were arranged by family physicians in the community.⁴⁸ However, children were often admitted to this institution with the purpose of sanctioning their sterilization and the Department of National Health and Welfare did pay the per diem rate for Aboriginal wards in its care.⁴⁹

Evidence indicates sterilizations were also performed in the absence of legislation. For example, Kathleen McConnachie has shown that sterilizations were carried out by eugenically minded doctors in the province of Ontario.⁵⁰ Due to the widespread opposition, primarily from the Catholic Church, doctors lobbied instead for an amendment to the Medical Act protecting those who performed such an operation from subsequent legal action. McConnachie concludes, "What lobbyists for sterilization legislation were striving for in the 1930's was legislative legitimization for the practice already widespread in the province."⁵¹

Largely due to the efforts of A. R. Kaufman, the rubber magnate who founded the Parent's Information Bureau (PIB), more than 1000 sterilizations were performed in Ontario. In many cases, these were done on a "goodwill" basis by physicians believing in the cause of eugenics and that sterilization was a viable means of preventing or alleviating poverty.⁵² Kaufman stated that from 1930 to 1935, his PIB funded a number of "sympathetic surgeons" to operate on about 400 women in hospitals.⁵³ In 1938, in correspondence with the Canadian National Institute for the Blind (CNIB), Toronto, he wrote:

I can say that my bureau has been responsible for over 500 sterilizations and there has been no legal action up to date. . . . My opinion is that individuals lack normal health when they are blind or are afflicted with various diseases or mental deficiency. . . . Co-operative doctors in Canada have sterilized 500 individuals on the request of my bureau, and only in about a dozen cases has there been paid even a small fee.⁵⁴

In addition, Kaufman claimed that between 1930 and 1969, 1000 male sterilizations were performed in the "sick room" at his rubber plant in Kitchener, Ontario. Following a PIB advertisement appearing in the *Kitchener Daily Record* in 1969 offering free sterilization to parents on welfare, nearly 700 of these procedures were performed.⁵⁵

Beyond economic reasons, sterilizations were politically motivated as well. Kaufman wrote in 1937:

We are raising too large a percentage of dependent classes and I do not blame them if they steal and fight before they starve. I fear that the opportunity will not be so long deferred as some day the Governments are going to lack the cash and perhaps also the patience to keep so many people on relief. Many of these people are not willing to work but I do not criticize them harshly for their lack of ambition when they are the offspring of people no better than themselves.⁵⁶

In other words, sterilization was viewed by some as a method of reducing the number of impoverished people to whom the government would need to provide assistance and a means of curtailing revolutionary tendencies in the masses.⁵⁷

The full extent to which sterilization was applied to Aboriginal peoples in Ontario is unclear. It is known that by 1928 Aboriginal peoples were being classified as mentally unfit and this was most often a precursor to sterilization.⁵⁸ However, it is uncertain whether the federal government would have been made aware of these sterilizations. For example, in 1933, Dr. B. T. McGhie, director of Hospital Services from the Ontario Department of Health, sent a circular letter to all health districts. He wrote:

I note that in the Psychiatric Reports made by some of our physicians and submitted to this office that recommendations have been made for sterilization. It is often necessary to forward these reports on to the departments interested, and in view of the fact that sterilization can not be legally undertaken except for some physical disability, more care should be taken with respect to making that recommendation. Will you, therefore, kindly instruct your physicians that this recommendation is to be made only where it is known that some physical condition exists that would warrant such operative procedure.⁵⁹

We can draw from this that sterilizations were being recommended by some health professionals as early as 1933.⁶⁰ Yet, because these reports needed to be forwarded to “interested departments” such as the Department of Indian Affairs or Medical Services for payment, the director of Hospital Services recommended no mention be made of sterilizations performed for other than medical reasons. Therefore, if eugenic sterilizations were performed, this information might not have been made readily available to the federal government.

In one case, the federal government clearly was aware of an illegally performed sterilization. In a letter written by P. E. Moore, director of Indian and Northern Health Services, to the regional superintendent of the Saskatchewan region, concerning the sterilization of an Aboriginal woman from the Thunderchild Reserve, Battleford Agency, Moore states:

In the July, 1957 account of Doctor John M. Richards, Turtleford, Saskatchewan, for services to Indians of the Thunderchild Reserve, Battleford Agency, appears an item for [name withheld]. This patient had a caesarean section and bilateral salpingectomy. The diagnosis is given as toxemia of pregnancy.

There are two points in connection with this account which are worth considering:

1. While the caesarean section could be considered an emergency, the salpingectomy was most certainly elective and, therefore should have had prior approval.
2. Sterilization is a procedure of which Indian Health Services must be very wary and we must be certain that all formalities are scrupulously observed.

In Canada, sterilization can only be legally performed on the grounds that further childbearing would endanger the life of the mother or adversely affect her health. The question of eugenics or economics does not enter into the matter. . . .

Would you please look into the above case and make sure that all is noted. Inasmuch as it appears that the indication for caesarean section was toxemia and not disproportion it is not obvious that the sterilization was justified. Before we pay this account (which might imply some liability on our part) it would be best to check this point. In the meantime we will hold this account.⁶¹

The first point to be made regarding this letter is that Indian Health Services was indeed aware that sterilizations were being performed on Aboriginal women by physicians without following the proper legal channels, such as obtaining consent, and that at least some of these sterilizations were being performed for other than medical reasons. Additionally, payments for these sterilizations by Indian Health Services would also imply liability by the federal government.

Yet, if a sterilization had already been performed and the medical records were already filled out, as in this case, what purpose would it serve to withhold payment for this or any other sterilization until such time as records were "checked"—unless it was anticipated that, accordingly, changes would be made to official records? Why would Indian Health Services not simply refuse payment for what appears to be, from this piece of correspondence, an illegally performed sterilization? Though the federal government fell short of enacting legislation that directly sanctioned the sterilization of Aboriginal peoples in these provinces, by enacting legislation affecting other aspects of Aboriginal life making sterilization more likely, through its financial support and in its failure to condemn the practice, it did allow for sterilizations to be carried out more effectively in provincial institutions.

Though no sterilization legislation ever materialized in the North, on two occasions the Northwest Territories Council considered it, in consultation with the Department of Mines and Resources and the Department of Pensions and National Health.⁶² However, on October 9, 1970, representative

of York South David Lewis, the former leader of the New Democratic Party, questioned Minister of Indian Affairs Jean Chrétien whether he was aware that a program of sterilizing Native women had been introduced in the Holman Island community on Victoria Island.⁶³ Basing his inquiry on information that he “had no cause to doubt,” Lewis continued to probe. Had it been determined whether someone representing the health department was actively approaching women and seeking their consent for sterilization?⁶⁴ He also inquired whether women were being spoken to in their own language and, if not, whether an interpreter was present.⁶⁵

Chrétien responded by indicating that sterilizations were performed on “a few women” from the Holman Island community and seven others at Yellowknife, with the approval of two doctors and the consent of each woman and her husband. Yet he insisted that there was no such program of sterilization in the North.⁶⁶ When asked for clarification on whether the sterilizations were performed at the request of the Indians themselves, Chrétien stated it was difficult to know:

Probably the women were admitted to hospital, the doctors discussed the matter between themselves, and this solution was offered. The wife and husband both gave their consent and the two doctors were in agreement. I believe this is normal practice, a practice that is not incompatible with the freedom of individuals to make similar choices. . . . I have had an investigation made but I have not yet received any report . . . As soon as I obtain further information, I shall be happy to inform the House.⁶⁷

However, the federal government did not undertake any formal actions inquiring into rates of sterilization on Aboriginal women, and no further response from the Department of National Health and Welfare appears to have been issued at this point.

Allegations continued. On April 1, 1973, the Canadian Broadcasting Corporation’s public affairs program *Weekend* aired a news story suggesting there was a calculated attempt to reduce the birth rate among Aboriginal peoples in Northern Canada.⁶⁸ The program discussed the linguistic barriers and the climate of paternalism that led to cases of Inuit women being sterilized without their knowledge. It also featured charges that some Inuit children were separated from their families, sometimes never to be seen again after being sent to hospitals in the South for medical treatment, and claimed that Inuit women were indeed sterilized without their consent both in the North and at the Charles Camsell Hospital in Alberta.

These charges were immediately followed by a letter of protest from Minister of National Health and Welfare Marc Lalonde, who attacked the journalistic integrity of the reporters and denied all allegations of coercion.⁶⁹ Lalonde

argued that two of the women featured in the news story had numerous children, that they had indeed provided written consent for sterilization, and that any inferences that because these women could not communicate in English they were unable to fully comprehend what was happening were false. He also accused the staff of attempting to malign his departmental officers and of exploiting Indian people for the purpose of sensational journalism.

In 1976, a series of articles by Robert Lechat alleged that the federal government was in fact intensifying a program of sterilizing Aboriginal peoples in the North. He claimed that women were sterilized without full knowledge or consent in six communities in the Keewatin District: in Repulse Bay, he alleged that out of twenty-two women between thirty and fifty years of age, ten were sterilized (45 percent); in Chesterfield Inlet, out of twenty-three women between thirty and fifty years of age, six were sterilized (26 percent); in Pelly Bay, out of eighteen women between the ages of thirty and fifty, five were sterilized (27 percent); and, in Gjoa Haven, out of forty-one women between thirty and fifty years of age, thirteen were sterilized (31 percent).⁷⁰

In response to these charges, Wally Firth rose in the House of Commons on October 25, 1976 and asked:

[D]oes this represent government policy? Is this, indeed, policy? If so, how many people have been affected by it? How long has this program been going on, and why is it being carried out? . . . I wonder if the government has the guts to undertake an inquiry, find out exactly what is going on and explain to the Canadian people what this is all about.⁷¹

Subsequently, a notice of a parliamentary inquiry was sent to Charles E. Caron, assistant deputy minister, Medical Services, seeking the number of Native women of childbearing age residing in Repulse Bay, Chesterfield Inlet, Pelly Bay, Gjoa Haven, Hall Beach, and Rankin Inlet, and, in each case, how many were sterilized between January 1966 and October 1976.⁷² A response to these questions was submitted by Medical Services Branch on December 1, 1976. The results are compiled in table 1.

TABLE 1
STERILIZATIONS REPORTED AS A RESULT OF PARLIAMENTARY INQUIRY,
1966–1976

Settlement	Population of Childbearing age*	Number of Sterilizations	Age Span of Those Sterilized	Average Age	Diagnosis
Repulse Bay	48	10	21–43	38.1	Multiparity
Chesterfield Inlet	54	10	28–44	33.3	Multiparity
Pelly Bay	40	5	27–43	31.6	Multiparity, one history of complicated pregnancies
Gjoa Haven	90	11	28–41	36.1	Multiparity
Hall Beach	64	8	22–37	31.1	Multiparity
Rankin Inlet	146	26	28–44	33.3	Multiparity

Source. These numbers are drawn from the sources listed in footnote 73.

* The childbearing age range was 15 to 50 years. The figure listed represents the average number of women in this age span over the ten years in question.

The numbers released as a result of the parliamentary inquiry came directly from D. Harkness, assistant regional director of Medical Services, NWT Region and only dealt with the six settlements named by Lechat.⁷³ They indicate that a total of seventy sterilizations were performed on women from these northern areas over the course of the ten years under consideration. It remains unclear where exactly these sterilizations were performed, as this is not indicated on the return. Because medical facilities were often lacking in some of these very small communities, women could have been sent to the closest northern medical facility with surgical services, or alternatively, they could have been sent to southern hospitals under either federal or provincial jurisdiction. However, with only one exception, the reason given for all of these sterilizations was multiparity, or having given birth to “two or more children.”⁷⁴ Despite governmental insistence that there was no policy of sterilization in the north, these figures do confirm the numbers reported by Lechat in his articles.⁷⁵

Additional information drawn from this same collection of Medical Services files reveals that the sterilizations reported were only a fraction of those performed on Aboriginals. In a number set reporting sterilizations of Aboriginal women in the North from 1970 to 1973, we observe the following (for purposes of contrast, the numbers reported by the parliamentary inquiry are included in brackets):⁷⁶

TABLE 2
STERILIZATIONS ON ABORIGINAL WOMEN IN NORTHERN SETTLEMENTS,
1970-1973*

Settlement	Sterilizations				Total
	1970	1971	1972	1973	
Baker Lake	6	-	5	4	15
Bathurst Island/Inlet	-	-	1	1	2
Belcher Islands	-	-	2	1	3
Broughton Island	2	-	2	-	4
Cambridge Bay	3	2	5	3	13
Arctic Bay	1	2	-	3	6
Cape Dorset	1	1	3	1	6
Chesterfield Inlet	1	-	1	1	3 (10)
Clyde River	-	1	2	1	4
Coral Harbour	5	-	1	1	7
Eskimo Point	-	-	2	-	2
Fort Liard	-	-	1	-	1
Frobisher Bay	10	2	-	4	16
Gjoa Haven	1	2	1	3	7 (11)
Grise Fiord	-	-	1	-	1
Hall Beach	-	-	2	-	2 (8)
Holman Island	3	-	2	1	6
Iglookik	2	2	1	3	8
Inuvik	1	-	-	2	3
Lake Harbour	3	-	1	-	4
Pelly Bay	2	2	1	3	8 (5)
Coppermine	10	1	6	4	21
Pond Inlet	1	1	1	1	4
Pangnirtung	2	-	2	-	4
Rankin Inlet	3	-	3	2	8 (26)
Repulse Bay	-	-	-	1	1 (10)
Resolute Bay	3	-	-	1	4
Sachs Harbour	1	-	-	-	1
Spence Bay	4	1	2	2	9
Somerset Isle	1	-	-	-	1
Whale Cove	2	-	1	1	4
Yellowknife	-	-	-	1	1
Portage La Prairie Mental Home	-	-	1	-	1
Total	68	17	50	45	180 (70)

Source. These numbers are drawn from the sources listed in footnote 76.

* The numbers reported by the parliamentary inquiry are included in parentheses for contrast purposes.

According to these numbers, there were 180 sterilizations performed in the North in four years alone, with the greatest proportion of these performed in areas that were not targeted by the parliamentary inquiry. One must ask, in response to longstanding allegations of abuse there was indeed concern about alleged high rates of sterilization of Aboriginal women in the North, and a sincere effort at inquiring into these rates was intended, why did the federal government focus solely on six communities that, clearly, did not represent the most prominent areas with the highest sterilization rates?

Additional information troubles these rates further, and indicates that the number of sterilizations performed on Aboriginal women could be much higher. At the request of Dr. Whiteside, a non-physician associated with the National Indian Brotherhood, the federal government made available the number of sterilizations performed on Aboriginal women, from 1971–1972, at hospitals run by the Department of National Health and Welfare.⁷⁷ Subsequent information released by Medical Services also provides the number of sterilizations for 1973 and 1974 at these same hospitals. These are summarized in table 3.

Over the course of the four years in question, at least 580 sterilizations were performed by doctors working at federally operated hospitals. Of these, at least 551 were on Aboriginal women. Based on additional information (not included in this table), forty-six more sterilizations were performed at the Charles Camsell hospital in 1970, and four sterilizations and one vasectomy were performed at the Inuvik General Hospital in that same year.⁷⁸

To further complicate matters, there is a fourth number set that reports sterilizations performed on Aboriginal women from 1970–1975. Based on information from these documents, I have produced the following tables giving a breakdown of sterilizations by zone and region. Despite encompassing half the time period covered by the parliamentary inquiry, these alternative numbers reveal consistently higher rates of sterilizations than those reported by Medical Services, with a total of 344 sterilizations performed on Aboriginal women.⁷⁹

Due to the lack of surviving information in the files in question, it remains unclear whether there is indeed overlap among all of these number sets, or whether they should be considered as additional sources of information. Still, given the variations in sterilization rates from one set to another (with very different numbers often reported for the same area in the same year), it does not appear that one set incorporates another.

For instance, in table 3, created based on reported Medical Services data, thirteen sterilizations were performed on Aboriginal women in 1972 at its hospital in Frobisher Bay. Yet if one refers to either table 2 or 4, in that same year no sterilizations are indicated under the location listed as Frobisher Bay. One must assume, based on this information, that thirteen sterilizations were indeed performed on Aboriginal women at the federal hospital in Frobisher

TABLE 3
STERILIZATIONS AT MEDICAL SERVICES HOSPITALS*

	1971		1972		1973		1974		Total
	Indian	Eskimo	Indian	Eskimo	Indian	Eskimo	Indian	Eskimo	
Moose Factory Ontario	10	2	24	15	34	9	44 (1)	9	147 (1)
Sioux Lookout Ontario	14	–	19	–	12	–	16 (4)	–	61 (4)
Norway House Manitoba	3	–	4	–	30	–	17	–	54
Fisher River Manitoba	–	–	–	–	–	–	–	–	–
Percy E. Moore Manitoba	–	–	–	–	–	–	16 (1)	–	16 (1)
Blackfoot Alberta	–	–	–	–	–	–	–	–	–
Blood Alberta	1	–	1	–	–	–	–	–	2
Charles Camsell Alberta	44	8	67	2	N/A	N/A	4	N/A	125
Frobisher Bay NWT	–	22	–	13	–	21	–	22 (6)	78 (6)
Inuvik NWT	2	8	4	6 (1)	7	3	7 (7)	–	37 (8)
Whitehorse Yukon	6	–	12	–	–	–	8 (8)	–	26 (8)
Mayo Yukon	–	–	–	–	–	–	–	–	–
Fort Qu'Appelle Saskatchewan	1	–	14	–	–	–	9 (1)	–	14 (1)
North Battleford Saskatchewan	7	–	8	–	–	–	5	–	20
Total:	88	40	143	36	83	33	126	31	580 (29)
		128		179		116		157	

Source. These numbers are drawn from the sources listed in footnote 77.

* The numbers in parentheses represent sterilizations for which the sex is unclear.

All other numbers represent sterilizations performed on Aboriginal women.

TABLE 4
STERILIZATIONS ON ABORIGINAL WOMEN IN BAFFIN ZONE, 1970–1975*

Zone	Settlement	Sterilizations						Total
		1970	1971	1972	1973	1974	1975	
Baffin Zone	Arctic Bay	2	1	0	3	2	1	9
	Broughton Island	2	2	0	1	0	5	10
	Cape Dorset	1	4	5	1	5	0	16
	Clyde River	0	3	1	1	2	0	7
	Grise Ford	0	0	1	0	0	0	1
	Hall Beach	1	1	1	2	1	0	6 (8)
	Igloolik	0	2	1	4	2	1	10
	Lake Harbour	3	0	0	0	2	0	5
	Pond Inlet	1	5	1	1	3	1	12
	Pangnirtung	1	0	2	2	5	6	16
	Port Burwell	0	0	0	0	0	0	0
	Resolute Bay	2	0	0	2	0	0	4
	Frobisher Bay	9	5	0	3	1	3	21
	Total:	22	23	12	20	23	17	117 (8)

Source. These numbers are drawn from the sources listed in footnote 79.

* The numbers reported by the parliamentary inquiry are included in parentheses for contrast purposes.

TABLE 5
STERILIZATIONS ON ABORIGINAL WOMEN IN MACKENZIE ZONE, 1970–1975*

Zone	Settlement	Sterilizations						Total
		1970	1971	1972	1973	1974	1975	
MacKenzie Zone	Fort Smith	0	1	1	0	0	1	3
	Yellowknife	1	2	0	4	4	4	15
	Coppermine	1	0	0	5	0	4	10
	Gjoa Haven	0	3	0	3	1	2	9 (11)
	Pelly Bay	2	0	0	2	0	1	5 (5)
	Rae/Edzo	0	0	2	0	0	3	5
	Lac La Martre	0	0	0	0	1	1	2
	Hay River	0	0	4	0	2	2	8
	Fort Resolution	0	1	1	0	0	2	4
	Fort Wrigley	0	0	2	0	0	0	2
	Fort Simpson	0	1	4	2	1	1	9
	Spence Bay	1	1	0	2	2	0	6
	Holman Island	0	0	1	1	1	0	3
	Snowdrift	0	0	1	1	0	1	3
	Cambridge Bay	2	1	0	1	4	1	9
	Fort Laird	1	0	1	1	0	1	4
	Fort Providence	0	4	3	2	2	1	12
	Bathurst Inlet	0	0	0	0	1	0	1
	Rae Lakes	0	0	0	0	1	0	1
	Pine Point	0	0	0	0	0	0	0
	Kakisa Lake	0	1	0	0	0	0	1
	Total	8	15	20	24	20	25	112 (16)

Source. These numbers are drawn from the sources listed in footnote 79.

* The numbers reported by the parliamentary inquiry are included in parentheses for contrast purposes.

TABLE 6
STERILIZATIONS ON ABORIGINAL WOMEN IN INUVIK ZONE, 1970-1975

Zone	Settlement	Sterilizations						Total
		1970	1971	1972	1973	1974	1975	
Inuvik Zone	Aklavik	0	0	0	0	0	0	0
	Inuvik	0	1	5	2	0	1	9
	Fort Norman	1	0	2	0	0	0	3
	Fort McPherson	0	0	1	1	0	0	2
	Sachs Harbour	1	0	0	0	1	0	2
	Norman Wells	0	0	0	0	0	1	1
	Fort Good Hope	0	0	1	0	0	0	1
	Tuktoyaktuk	0	0	1	0	1	1	3
	Fort Franklin	0	0	2	3	0	1	6
	Paulatuk and Cape Perry	0	0	1	0	2	0	3
Total:	2	1	13	6	4	4	30	

Source. These numbers are drawn from the sources listed in footnote 79.

TABLE 7
STERILIZATIONS ON ABORIGINAL WOMEN IN KEEWATIN ZONE, 1970-1975*

Zone	Settlement	Sterilizations						Total
		1970	1971	1972	1973	1974	1975	
Keewatin Zone	Baker Lake	4	4	4	1	1	2	16
	Belcher Islands	0	1	3	0	6	0	10
	Chesterfield Inlet	1	0	1	2	3	2	9 (10)
	Coral Harbour	5	1	0	0	2	2	10
	Eskimo Point	0	2	1	1	3	1	8
	Rankin Inlet	2	2	7	4	4	2	21 (26)
	Repulse Bay	0	3	0	1	1	1	6 (10)
	Whale Cove	2	1	1	0	1	0	5
	Total	14	14	17	9	21	10	85 (46)

Source. These numbers are drawn from the sources listed in footnote 79.

* The numbers reported by the parliamentary inquiry are included in parentheses for contrast purposes.

TABLE 8
TOTALS, STERILIZATIONS ON ABORIGINAL WOMEN FROM NORTHERN ZONES,
1970-1975*

Zone	Sterilizations						Total
	1970	1971	1972	1973	1974	1975	
Baffin	22	23	12	20	23	17	117 (8)
Keewatin	14	14	17	9	21	10	85 (46)
MacKenzie	8	15	20	24	20	25	112 (16)
Inuvik	2	1	13	6	4	4	30
Total	46	53	62	59	68	56	344 (70)

Source. These numbers are drawn from the sources listed in footnote 79.

* The numbers reported by the parliamentary inquiry are included in parentheses for contrast purposes.

Bay. It remains to be seen whether these sterilizations, at this hospital, were performed on women from this settlement or on women from surrounding areas. However, if no sterilizations were listed in tables 2 and 4, one must conclude that the figures from these tables (2 and 4) do not include sterilizations performed on Aboriginal women at the Medical Services hospital in Frobisher Bay (figures from table 3). Nor do they represent overlapping sterilizations, as they list different numbers of sterilizations for years previous (for 1970 and 1971, table 2 indicates ten and two sterilizations for these years, and table 4 indicates nine and five, respectively). The information in tables 1 and 2, therefore, covers sterilizations performed at institutions other than Medical Services hospitals.

Or, to consider another example, table 3 indicates that nine sterilizations were performed on Aboriginal women in their hospital in Inuvik in 1972. However, table 2 indicates that no sterilizations were performed on women from Inuvik in that year, and table 6 indicates that five took place. This would mean, again, that though nine sterilizations were performed on Aboriginal women at the federal hospital in Inuvik, these women did not necessarily reside in this settlement. Also, for one reason or another, five women from Inuvik were sterilized while at another facility. Because no sterilizations were reported from table 2 and the figure from table 6 is not included in the nine sterilizations listed in table 3, these sources of information must be taken as non-overlapping.

If one set of numbers did encompass the previous set, it simply would not be possible to have many of these discrepancies. However, additional information is needed to identify exactly where these sterilizations were performed, or the total number of Aboriginal women sterilized. In any case, this confusion does not alter the overall fact that the number of sterilizations officially reported by the federal government after its parliamentary inquiry were but a fraction of those known to have taken place, either in the North or in Canada as a whole.

In addition, on March 17, 1977, Wally Firth requested the government to make public the number of vasectomies performed on Aboriginal men in the Northwest Territories for each year since 1970.⁸⁰ The government did make numbers available, as seen in table 9:

TABLE 9
 VASECTOMIES ON ABORIGINAL MEN, NORTHERN REGION, 1970-1975

Community	Year	Number of Vasectomies
Frobisher Bay	1970	2
	1971	2
	1972	6
	1973	7
	1974	7
	1975	3
Inuvik	1970	–
	1971	3
	1972	12
	1973	14
	1974	7
Hay River	1975	8
	1970	3
	1971	2
	1973	8
	1974	2
Yellowknife	1975	3
	1970	–
	1971	1
	1972	
	1973	2
Pine Point	1974	1
	1975	5
	1970	2
	1971	6
	1972	3
Fort Providence	1973	2
	1974	2
	1975	5
Fort Simpson	1972	1
	1973	1
Fort Smith	1974	1
	1972	1

Source. Information drawn from source at footnote 80.

However, Minister Lalonde also issued a note of caution regarding these numbers, which speaks to the lack of accounting measures implemented by Medical Services to keep track of services as they were provided to Aboriginal peoples. It also indicates that more procedures were taking place than these numbers indicate. The caution reads:

For most communities in the North, data on vasectomy procedures is not available. Since the vast majority of vasectomies are performed as out-patient procedures in doctors [*sic*] offices, data exists only in individual patient records maintained in those offices. Moreover, the computer maintained by the Northwest Territories Medicare officials has not been programmed to record or retrieve this vasectomy data. For the reasons outlined above, these statistics relate only to procedures performed on in-patients in some hospitals and probably understate the over all situation in terms of the number of vasectomies performed. Due to the small number of vasectomies performed and the small populations in these northern communities, the rate per hundred thousand, although strictly accurate, can be misleading.⁸¹

This statement is similar to another made by Assistant Deputy Minister of Medical Services M. L. Webb in 1973, who indicated that because the Department did not have population figures for some Northern areas and because no detailed statistics existed for many hospitals in the Territories or provinces, it was not possible to produce sterilization rates which could then be compared.⁸² However, if the federal government was not keeping track of services provided in its name, often by its very own employees, to wards under its charge, the question must be asked, who exactly was supposed to be keeping track?

Additional questions arise. Why would the federal government, when purporting to inquire into sterilization rates in the North and the possibility of abuses, limit its inquiry to six very specific and very small areas, rather than all Northern areas from which women were being sterilized? This question becomes even more pertinent when it appears, at least by 1976, that the federal government did in fact have access to additional information on sterilizations performed on Aboriginal women. Why focus on areas with some of the lowest rates of sterilizations in the North? It remains for the government to answer these questions. The public has the right to know and Aboriginal peoples deserve to know exactly how many sterilizations were performed, where these took place, and under what pretenses. The answers are not obvious from the information gathered as a result of this research. Today, given the computer capacities now available, an honest and forthcoming inquiry is not only necessary, but potentially more productive.

THE LARGER IMPLICATIONS OF COERCIVE STERILIZATION

The evidence cited above confirms what some have been claiming for many years, that Aboriginal women have been subject to sterilizations in Canada under questionable circumstances. It could be argued that while one can refer to eugenic sterilization as shameful and unjust, nonetheless one cannot paint all sterilizations performed on Aboriginal women as coercive: to do so would be to deny the agency of Aboriginal women to make choices about their own reproduction and continue the paternalism so rampant in past Indian policy. However, as the Committee to End Sterilization Abuse, formed in the mid-1970s in response to the overt reproductive abuses of marginalized women in the United States, stated:

Forced infertility is in no way a substitute for a good job, enough to eat, decent education, daycare, medical services, maternal infant care, housing, clothing, or cultural integrity. . . . when society does not provide the basic necessities of life for everyone, there can be no such freedom of choice.⁸³

Similarly, I argue that, until such conditions are met, until conditions of colonialism are ended and the longstanding policies and practices imposed on Aboriginal peoples by a foreign government are brought to a halt, and until Aboriginal peoples are returned lands, resources, and the freedom to provide for their own subsistence in ways they so choose, without stipulations, one cannot speak of freedom of choice.

Rather than address issues on this level, there is a tendency to speak of reproductive decisions as resulting simply from an individual woman's choice, as Chrétien did in response to allegations of coercion in the North.⁸⁴ However, this focus on individual choice serves to obfuscate the existence of any systematic abuse directed toward certain populations such as Aboriginal women. As Rickie Solinger writes:

That is the problem with choice. In theory, choice refers to individual preference and wants to protect all women from reproductive coercion. In practice, though, choice has two faces. The contemporary language of choice promises dignity and reproductive autonomy to women with resources. For women without, the language of choice is a taunt and a threat. When the language of choice is applied to the question of poor women and motherhood, it begins to sound a lot like the language of eugenics: women who cannot afford to make choices are not fit to be mothers. This mutable quality of choice reminds us that sex and reproduction—motherhood—provide a rich site for controlling women, based on their race and class “value.”⁸⁵

The focus on individualized choice also continues to deny the larger context in which decisions are made.⁸⁶ Marlene Gerber Fried and Loretta Ross expand on this point by arguing:

Individual freedom of choice is a privilege not enjoyed by those whose reproductive lives are shaped primarily by poverty and discrimination. . . .

There are common threads in public policies that restrict abortion, coerce birth control, advance population control and criminalize pregnant women. In each area the government uses the ideology of individual choice to escape responsibility for the conditions of people's lives. It locates the cause and the blame of poverty in women's individual choices—women are poor because they have too many children. This mentality also legitimizes state control when individual decisions are not to the liking of those in power.⁸⁷

Unequal relations did exist, and continue to exist, between Canada and Aboriginal peoples and, more specifically, between western medical practitioners and Aboriginal women, so that the context in which reproductive options arise and Aboriginal women must make choices continues to be one of colonialism and assimilation.

Coercive sterilization has indeed worked as one of many policies to undermine Aboriginal women and their ability to make decisions about their own lives. This practice can be linked to other explicit policies stemming from the Indian Act that have undermined Aboriginal women and denied them the ability to participate fully in life within their communities and is consistent with the provision of medical services in ways that promote assimilation and state control over Aboriginal bodies.⁸⁸ All these policies have worked to destroy the connections between Aboriginal women, their peoples, and their lands.

Sterilization also breaks the link between one generation and the next by breaking the connection between Aboriginal women and their future.⁸⁹ Other policies worked to do this as well, such as residential schooling or the “sixties scoop,” which forcefully transferred Aboriginal children out of their communities and into non-Aboriginal families.⁹⁰ One must also consider that today there are more children in the child welfare system than there were at the height of residential school policy.⁹¹ Interventions of this sort further perpetuate assimilation as these children are the least likely to ever return home and are most often disconnected from their communities and ways of life.

However, there is finality to the practice of sterilization. The break that comes from robbing Aboriginal women of the ability to reproduce cannot be undone, and effectively terminates the legal line of descendants able to claim Aboriginal status, thereby reducing the numbers of those to whom the federal government has longstanding obligations, whether these are founded

in treaties, or are obligations stemming from the occupation of Aboriginal peoples' lands.⁹²

One could also argue that the sterilization of Aboriginal women allows the Canadian state to deny responsibility for and avoid doing something about the deplorable conditions in most Aboriginal communities, conditions recognized as the direct result of dispossession and colonialism.⁹³ Wally Firth, the member who spoke out against the unwitting sterilization of Inuit women, quoted from a newscast on CFFB Frobisher Bay from September 3, 1974, to demonstrate the state of women and children's health at this time. Aboriginal peoples in the North had:

the lowest nutrition standards and the highest infant mortality rate in North America. That is the grim statistic and according to a Frobisher Bay doctor, the situation is getting worse . . . over 75 per cent of the pregnant Inuit women and young Inuit children examined showed critically low nutrition levels. In a number of cases, said the former chief of medical staff, vitamin A and vitamin C necessary for the prevention of infection and skin disease, simply were not present. The results, he said, were children, if they survived, who at as little as eight days old, had perforated ear drums, systematic infections, skin sores and almost no resistance to disease. Not only that, the IQ level of children born with these vitamin deficiencies was 20 per cent to 40 per cent lower than average.⁹⁴

Many Aboriginal communities do not fare much better today.⁹⁵ It is certainly more cost-effective to curb Aboriginal women's reproductive capacities than to address the fundamental issues required to improve the living conditions into which Aboriginal children are born.

Indeed, one could argue that the coercive sterilization of Aboriginal women represented a cost-effective method that allowed the Canadian government to avoid accountability for the theft of Aboriginal lands and resources. The effects of the sterilization of Aboriginal women, whether intentional or not, are in line with past Indian policy and serve the political and economic interests of Canada. The point needs to be emphasized, then, that whether imposed coercively on one woman or many, this entire historical and material context gives sterilization larger implications when applied to Aboriginal women. It is this context that leads some to argue that this practice amounts to genocide under international law.⁹⁶

CONCLUSION

I have been considering some of what we know about the sterilization of Aboriginal women in Canada. Previous to this, no scholarship had conducted in-depth study of this practice or referred to it as it was specifically applied

to Aboriginal women in Canada. Although coercive sterilization policies have been recognized as racist, sexist, and imperialist, how this practice was carried out on Aboriginal women has yet to be fully understood within this larger context. This work represents one step in the direction of bringing to light the practice of coercive sterilization as it was applied to Aboriginal women in Canada. This paper carries out an historical and materialist critique of coercive sterilization that allows the practice to be understood within the larger context of colonialism, the oppression of women, and the denial of indigenous sovereignty.

The evidence reviewed confirms that Aboriginal women were indeed subject to sterilizations both under enacted legislation and in areas where no formal legislation was in existence. Though the federal government fell short of enacting legislation directly sanctioning the sterilization of Aboriginal peoples, through its refusal to condemn the practice, by its enactment of policies and legislation affecting other aspects of Aboriginal life making sterilization more likely, and through its financial support to provinces, it did allow for these sterilizations to be carried out more effectively, both in its own institutions and in those under provincial control.

By grounding coercive sterilization within its larger historical and material context, I allow for it to be understood, not as an isolated instance of abuse, but as one of many policies employed to separate Aboriginal peoples from their lands and resources while reducing the numbers of those to whom the federal government has obligations. Policies like coercive sterilization have undermined Aboriginal women's ability to reproduce and have allowed the federal government to avoid effective and far-reaching solutions to public health problems in Aboriginal communities. In this sense, the results of the sterilization of Aboriginal women, whether intended or not, are in line with past Indian policy and serve the political and economic interests of Canada.

As Menzies and Palys wrote in reference to the psychiatric incarceration of Aboriginal peoples in the last hundred years:

Again and again . . . it was largely the individual and collective interventions of federal Indian agents, provincial police constables, and medical professionals that marked Native routes to the asylum. These interlocking networks of government and expert scrutiny operated in concert with the activities of missionaries, priests and pastors, nurses, teachers, and increasingly by the 1930s, social workers practicing in the field service of the provincial Welfare Branch. . . . Sometimes Indian agents would assume primary responsibility. . . . On other occasions, medical practitioners took the lead.⁹⁷

However, in assigning responsibility for the coercive sterilization of Aboriginal women in Canada and, hence, responsibility for rectifying these wrongs, one

must look to those who are responsible for setting the initial chain of events in motion for final accountability. Due to its unique historical and present-day relations with Aboriginal peoples, one could argue this responsibility ultimately rests with the federal government.

NOTES

1. I use the term *Aboriginal* to refer to the indigenous peoples of the lands within Canadian borders, including groups otherwise referred to as Status and Non-Status Indian, Inuit, and Métis. I acknowledge Aboriginal peoples have different histories with the Canadian government, and policies have been imposed in different ways on different groups. Yet, for present purposes, I include all indigenous groups under my conception of the term because the underlying historical and material relations of colonialism have been consistent in all cases discussed. At different points in this work I also refer to departments known as Indian Affairs, Indian Health Services, Indian and Northern Health Services, and the Department of National Health and Welfare, Medical Services. All these names refer to the federal department mandated to ensure health services to Aboriginal peoples at the time in question. There are nuances in the provision of health services to Aboriginal peoples in Canada. You can read about some of them in James B. Waldram, D. Ann Herring, and T. Kue Young, *Aboriginal Health in Canada* (Toronto: University of Toronto Press, 2006).

2. Angus McLaren, *Our Own Master Race: Eugenics in Canada, 1885–1945* (Toronto: McClelland & Stewart, 1990); Richard Cairney, “Democracy Was Never Intended for Degenerates: Alberta’s Flirtation with Eugenics Comes Back to Haunt It,” *Canadian Medical Association Journal* 155, no. 6 (1996): 1–4; Timothy Caulfield and G. Robertson, “Eugenic Policies in Alberta: From the Systematic to the Systemic,” *Alberta Law Review* 35, no. 1 (1996): 59–79; Terry Chapman, “Early Eugenics Movement in Western Canada,” 9–17; Jana Grekul, “The Social Construction of the Feeble-minded Threat: Implementation of the Sexual Sterilization Act in Alberta, 1929–1972” (PhD diss., University of Alberta, 2002); Gail van Heeswijk, “An Act Respecting Sexual Sterilization: Reasons for Enacting and Repealing the Act” (MA diss., University of British Columbia, 1994).

3. Timothy J. Christian, *The Mentally Ill and Human Rights in Alberta: A Study of the Alberta Sexual Sterilization Act* (Edmonton: University of Alberta, Faculty of Law, 1974), 90; Jana Grekul, Harvey Krahn, and Dave Odynak, “Sterilizing the ‘Feeble-minded’: Eugenics in Alberta, Canada, 1929–1972,” *Journal of Historical Sociology* 17, no. 4 (2004): 358–84.

4. Cora Hodson, then secretary of Britain’s Eugenics Society, conducted a survey of the practice of sterilization internationally. She reported that in Ontario “operations for poor persons are being procured under philanthropic auspices in some areas, where there has been much suffering in recent years, agricultural and economic alike.” Cora B.S. Hodson, *Human Sterilization Today: A Survey of the Present Position* (London: Watts & Co., 1934), 39. Kathleen McConnachie, “Science and Ideology: The Mental Hygiene and Eugenics Movements in the Inter-war Years, 1919–1939” (PhD diss., University of Toronto, 1987), 213–44. Angus McLaren and Arlene Tigar McLaren focus on the efforts of A.R. Kauffman in promoting birth control and sterilization for employees working in his factories and in setting up clinics in impoverished parts of Ontario and the Western provinces. Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State* (Toronto: McClelland and Stewart Ltd, 1986), 92–123. In a series of newspaper articles, Robert Lechat spoke out in response to the unwitting sterilization of many Inuit women in Northern Canada. “Killing Our Future: Sterilization and Experiments,” *Akwesasne Notes* (Early Spring, 1977): 5; “Many Inuit Sterilized, RC Says,” *Globe and Mail*, October 9, 1976, 16; Robert Lechat, “Intensive Sterilization for the Inuit,” *Eskimo* (Fall/

Winter 1976): 5; Robert Lechat, "Sterilization of Inuit is Exposed as National Scandal," *Sunday Express*, RG 29, Volume 2870, File 851-1-5, pt. 3C, Library and Archives Canada (LAC). Also, Jamie Cohen and T. F. Baskett conducted a study demonstrating that nearly 70 percent of tubal ligations performed during the course of an eleven-year period, from 1966–1976, were carried out on Aboriginal peoples in Northern Canada. The authors claim that Inuit women were being sterilized in the absence of legislation and often without their knowledge or consent. Jamie Cohen and T. F. Baskett, "Sterilization Patterns in a Northern Canadian Population," *Canadian Journal of Public Health* 69 (1978): 222–24.

5. The adoption of eugenics measures has been shown to have been motivated by political and economic interests, forming part of a broader scientific racism. Allan Chase, *The Legacy of Malthus: The Social Costs of the New Scientific Racism* (New York: Alfred A. Knopf, Inc, 1977), 2–175. In the United States, state-sanctioned sterilization has been considered as part of a broader attack on Native American nations and within the larger context of imperialism. It has been linked to a continued history of colonialism and quest to acquire Indian land and resources. D. Marie Ralstin-Lewis, "The Continuing Struggle Against Genocide: Indigenous Women's Reproductive Rights," *Wicazo SA Review* 20, no. 1 (2005): 71–95; Andrea Smith, *Conquest: Sexual Violence and American Indian Genocide* (Cambridge, MA: South End Press, 2005), 88–108. Sterilization has been linked to other state policies affecting Indian women and their children, such as adoption and foster care, and has been viewed as one aspect of the historical assault against and devaluation of Aboriginal women. Randi Cull, "Aboriginal Mothering under the State's Gaze," in "Until Our Hearts Are on the Ground": *Aboriginal Mothering, Oppression, Resistance and Rebirth*, ed. D. Memee Lavell-Harvard and Jeannette Corbiere Lavell (Toronto: Demeter Press, 2006), 141–56; Sally J. Torpy, "Native American Women and Coerced Sterilizations: On the Trail of Tears in the 1970s," *American Indian Culture and Research Journal* 24, no. 2 (2000): 1–22.

6. Maria Mies argues that a historical and material understanding of women's exploitation must include an analysis of how women's reproductive capacities are manipulated, as required, to meet the needs of the mode of production. Maria Mies, *Patriarchy and Accumulation on a World Scale: Women in the International Division of Labour* (London: Zed Books, 1986), 38. Nicole Rousseau provides a practical application of a historical materialist analysis to the commodification of black women's reproduction in the United States. She examines, from a historical perspective, how policies have sought either to curb or encourage black women's reproduction, and demonstrates the role played by the political economy in shaping the ways reproduction is viewed and consequently, manipulated in order to meet the needs of capitalist development. Nicole Rousseau, "A Historical Materialist Analysis of the Commodification of Black Women's Biological Reproduction in the United States" (PhD diss., Howard University, 2006). Though black women's reproduction has been encouraged or discouraged in relation to the labor needs of the political economy, Aboriginal peoples by and large have not been used to meet the labor requirements of the Canadian mode of production. Rather, it has been primarily their land and resources that have been sought.

7. McLaren, *Our Own Master Race*, 89–107.

8. For an overview of the social conditions that gave rise to eugenics as an ideology, see Chase, *The Legacy of Malthus*, 2–175.

9. Francis Galton is credited with coining the term *eugenics* yet his ideas were influenced by the works of others who came before him, namely Thomas Malthus and Herbert Spencer. Chase, *The Legacy of Malthus*, 68–110; Thomas Malthus, *Essay on the Principle of Population* (London: Reeves and Turner, 1878).

10. Maria Mies writes, "As capitalism is necessarily patriarchal it would be misleading to talk of two separate systems." Mies, *Patriarchy and Accumulation on a World Scale*, 38. Also, Martha E.

Gimenez, "Capitalism and the Oppression of Women: Marx Revisited," *Science and Society* 1, no. 1 (2005): 11–32.

11. Linda Gordon, *The Moral Property of Women: A History of Birth Control Politics in America* (Chicago: University of Illinois Press, 2002), 55–125; Carolyn Burdett, "The Hidden Romance of Sexual Science: Eugenics, the Nation and the Making of Modern Feminism," in *Sexology in Culture: Labeling Bodies and Desires*, ed. Lucy Bland and Laura Doan (Chicago: University of Chicago Press, 1998), 44–59.

12. Wendy Kline, *Building a Better Race: Gender, Sexuality, and Eugenics at the Turn of the Century* (Los Angeles: University of California Press, 2002), 29.

13. Clarence Hincks, a central figure in the Canadian National Committee on Mental Hygiene and an advocate of eugenics, once said, "I find myself favoring sterilization, not on eugenical grounds alone, but euthenical as well. I have been struck by the fact that feeble-minded mothers are notoriously incapable of bringing up their children, and I am convinced that they should not be given the chance to thwart and stifle child development. Sterilization would prevent them from having the responsibility of child care." Quoted in McConnaghie, "Science and Ideology," 226.

14. Among others, individuals such as Drs. A.R. Kaufmann, C.K. Clarke, and Peter Bryce, as well as organizations such as the Canadian National Committee on Mental Hygiene, the Women's Christian Temperance Union, the United Farm Women of Alberta, and the National Council of Women, all promoted eugenic interventions in Canada. McLaren, *Our Own Master Race*, 31, 128–144; Valverde, *The Age of Light, Soap and Water*, 48–49, 58–67.

15. Maureen K. Lux, *Medicine That Walks: Disease, Medicine, and Canadian Plains Native People, 1880–1940* (Toronto: University of Toronto Press, 2001), 138–224.

16. Edgar Dewdney, Indian Commissioner in 1886, referred to deaths on Indian reserves as directly due to hereditary disease which originated at a time prior to the beginning of federal responsibility. Canada, *Commons Debates*, April 15, 1886, 718–30, cited in Lux, *Medicine That Walks*, 141. In 1896, Dr. S.E. MacAdam blamed the high death rates in residential schools on the transition from savagery to civilization. Dr. Macadam to commissioner, June 5, 1896, quoted in Lux, *Medicine That Walks*, 110. In 1904 Frank Pedley, deputy superintendent of Indian Affairs, in attempting to answer why poor health was so prominent and mortality so high on Indian reserves, blamed the situation on the moral failings of Aboriginal peoples and some inherent defect on their part. Canada, *Sessional Papers*, vol. 11, no. 27, 1904, 238.

17. Sarah Carter, "First Nation Women of Prairie Canada in the Early Reserve Years, the 1870's to the 1920's: A Preliminary Inquiry," in *Women of the First Nations: Power, Wisdom and Strength*, ed. Christine Miller and Patricia Churchryk (Manitoba: University of Manitoba Press, 1996), 51–75; Mona Etienne and Eleanor Leacock, eds., *Women and Colonization* (New York: Praeger Publishers, 1980), 25–42; Winona Stevenson, "Colonialism and First Nations Women in Canada," in *Scratching the Surface: Canadian Anti-Racist Feminist Thought*, ed. Enakshi Dua and Angela Robertson (Toronto: Women's Press, 1999), 49–75.

18. Valverde, *The Age of Light, Soap and Water*, 32. For a specific example relating to Aboriginal women, see Pamela M. White, "Restructuring the Domestic Sphere—Prairie Indian Women on Reserves: Image, Ideology and State Policy, 1880–1930" (PhD diss., McGill University, 1987).

19. Emily Murphy, one of the "Famous Five" who succeeded in gaining the status of personhood for women under the British North America Act, argued that many of the women passing before her as magistrate court judge should be sterilized rather than incarcerated for their crimes. Jennifer Henderson, *Settler Feminism and Race Making in Canada* (Toronto: University of Toronto Press, 2003), 159–208. Nellie McClung also advocated sterilization, and through her involvement with the Women's Christian Temperance Union, established home missions designed to "conquer racial poisons" by training "uncivilized" immigrant, impoverished, and Aboriginal women in the

arts of “mothercraft,” or on issues such as breastfeeding, bottle-feeding, domestic hygiene, and food preparation. Cecily Devereux, *Growing a Race: Nellie L. McClung and the Fiction of Eugenic Feminism* (Montreal & Kingston: McGill-Queen’s University Press, 2005), 113–36. There are statues of the “Famous Five,” which also includes Irene Parlyb, Louise McKinney, and Henrietta Muir Edwards, erected in both Ottawa and Calgary.

20. Carter, “First Nation Women,” 51–75; Robin Jarvis Brownlie, “Intimate Surveillance: Indian Affairs, Colonization, and the Regulation of Aboriginal Women’s Sexuality,” in *Contact Zones: Aboriginal and Settler Women in Canada’s Colonial Past*, ed. Katie Pickles and Myra Rutherdale (Vancouver: UBC Press, 2005), 160–78; Joan Sangster, *Regulating Girls and Women: Sexuality, Family, and the Law in Ontario, 1920–1960* (Ontario: Oxford University Press, 2001), 168–93.

21. For Alberta, see Timothy J. Christian, *The Mentally Ill and Human Rights in Alberta: A Study of the Alberta Sexual Sterilization Act* (Edmonton: University of Alberta, Faculty of Law, 1974); A. Naomi Nind, “Solving an ‘Appalling’ Problem: Social Reformers and the Campaign for the Alberta Sexual Sterilization Act, 1928,” *Alberta Law Review* 38, no. 2 (2003): 536–62. For British Columbia, see Angus McLaren, “The Creation of a Haven for ‘Human Thoroughbreds’: The Sterilization of the Feeble-minded and the Mentally Ill in British Columbia,” *Canadian Historical Review* 67 (1986): 127–50; Gail van Heeswijk, “An Act Respecting Sexual Sterilization: Reasons for Enacting and Repealing the Act” (MA diss., University of British Columbia, 1994).

22. The Eugenics Board was presented with and passed 4,739 cases for sterilization, out of which 2,834 sterilization operations were performed. Aboriginal peoples comprised, on average, only 2.5 percent of the population but over 8 percent of those sterilized. Because these are averages, the actual proportion of the population that was Aboriginal fluctuated during the period in which sterilization was carried out, as did the number of those sterilized. Grekul, Krahn, and Odynak, “Sterilizing the ‘Feeble-minded,’” 358–84.

23. Grekul, Krahn, and Odynak, “Sterilizing the ‘Feeble-minded,’” 375.

24. Correspondence between the Department of Indian Affairs and the Eugenics Board (Eugenics Board meeting no. 83, May 31, 1937) cited in Grekul, “The Social Construction of the Feeble-minded Threat,” 156.

25. As Canada became an independent nation-state, it inherited from the British Crown obligations toward indigenous peoples, which were formalized through nation-to-nation treaties. Through these and subsequent agreements, government acquired responsibilities to Aboriginal peoples and agreed to act in their best interest.

26. Grekul, “The Social Construction of the Feeble-minded Threat,” 4.

27. Mental defectiveness was defined as “a condition of arrested or incomplete development of mind existing before the age of eighteen years, whether arising from inherent causes or induced by disease or injury.” The diagnosis was determined by a psychiatric evaluation, often coupled with one or a series of IQ tests. Statutes of Alberta, *Sexual Sterilization Act Amendment Act, 1937*, s. 2 (c).

28. Christian, *The Mentally Ill and Human Rights in Alberta*, 80–90.

29. *Ibid.*, 90.

30. Grekul, Krahn, and Odynak, “Sterilizing the ‘Feeble-minded,’” 375.

31. Statutes of Canada, *An Act to Amend the Indian Act, 1951*, c. 29, s. 88.

32. *Ibid.*, s. 1.

33. Statutes of Alberta, *Sexual Sterilization Act Amendment Act, 1937*, s. 2 (c).

34. Statutes of Canada, *An Act to Amend the Indian Act, 1951*, c. 29, s. 51.

35. The extent to which property was transferred under this amendment has yet to be determined.

36. This has been the policy of the federal government in other areas as well. Responsibility for the provision of services in the areas of health, welfare, and education to Aboriginal populations have

consistently been relegated to the provinces, with the federal government most often simply providing funding for these.

37. Kathleen Jamieson, "Sex Discrimination and the Indian Act," in *An Arduous Journey: Canadian Indians and Decolonization*, ed. Rick Ponting (Toronto: McClelland & Stewart, 1986), 112–36.

38. Jamieson, "Sex Discrimination and the Indian Act," 113.

39. The Essondale Hospital was one institution in which sterilizations took place. It has been renamed the Riverview Psychiatric Hospital. Correspondence, M. Stewart, August 17, 1945, GR 496, "Some Aspects of Eugenic Sterilization in British Columbia with Special Reference to Patients Sterilized from Essondale Provincial Mental Hospital Since 1935," Box 38, file 3, Provincial Secretary, British Columbia Archives and Record Services.

40. Though the BC Act was enacted in 1933 the author states it only came into operation in 1935. The reason for the delay was the failure to appoint members to the Board of Eugenics. Van Heeswijk, "An Act Respecting Sexual Sterilization," 46.

41. Van Heeswijk, "An Act Respecting Sexual Sterilization," 51.

42. Correspondence from W. S. Barclay, Regional Superintendent, Pacific Region, Indian Health Services, to A. L. Henderson, Research Analyst, Hospital for Mental Diseases, Brandon Manitoba, February 23, 1956, RG 29, "Mental Diseases," Volume 2971, File 851-4-300, pt. 1A, LAC.

43. *D.E. et al v. HMTQ*, 2003 BCSC 1013, 2003-06-27, 134–35.

44. *Ibid.*, 145–46.

45. Van Heeswijk, "An Act Respecting Sexual Sterilization," 43. Robert Menzies and Ted Palys inform us that the per diem rate of \$1.00 was paid by Indian Affairs for wards of the state in British Columbia. This rate rose to \$1.35 per day in the 1930s. Robert Menzies and Ted Palys, "Turbulent Spirits: Aboriginal Patients in the British Columbia Psychiatric System, 1879–1950," in *Mental Health and Canadian Society: Historical Perspectives*, ed. James E. Moran and David Wright (Montreal & Kingston: McGill-Queen's University Press, 2006), 154 n11. The rate was negotiated on a provincial basis.

46. Correspondence from the Department of Indian Affairs to P.E. Moore, Director, Indian and Northern Health Services, Department of National Health and Welfare, January 10, 1957, RG 29, "Mental Diseases," Volume 2971, File 851-4-300, pt. 1A, LAC.

47. In 1950, the BC government separated "disabled" children from adult "lunatics" at the Public Hospital for the Insane. Adults were sent to Essondale and the children were kept at this institution, renamed the Woodlands School. Some Aboriginal children were also sent to this school, where many lived for their entire lives. John McLaren, "The State, Child Snatching, and the Law: The Seizure and Indoctrination of Sons of Freedom Children in British Columbia, 1950–1960," in *Regulating Lives, Historical Essays on the State, Society, the Individual, and the Law*, ed. John McLaren, Robert Menzies, and Dorothy E. Chunn (Toronto: UBC Press, 2002), 259–93.

48. Dulcie McCallum, *The Need to Know: Woodlands School Report, an Administrative Review* (British Columbia: Ministry of Children and Family Development, 2001), 23, 34; Public Guardian and Trustee of British Columbia, *The Woodlands Project July 2002–June 2004: A Report of the Public Guardian and Trustee of British Columbia* (August 2004), 20.

49. McCallum, *The Need to Know*, 23, 34; Menzies and Palys, "Turbulent Spirits," 154 n11. There are claims from the "Truth Commission into Genocide in Canada" that sterilizations took place at three major centers in British Columbia, namely the Nanaimo Indian Hospital, the King's Daughters Clinic, and the W. R. Large Memorial Hospital. A report produced by this organization alleges that, according to Dr. George Darby Sr., a practicing doctor in the 1950s, the Department of Indian Affairs paid him additional funds as part of "an actual sterilization program," while another doctor was "paid \$300 for each native woman sterilized." These and many other claims contained within the report lack any documented evidence and the report often distorts well-known facts in a sensational

manner. Some of the evidence presented is hearsay, but other information is based on the recollected experiences of those who went through residential schools. Though I do not doubt or dismiss these experiences, it appears that the author of the report, former Reverend Kevin Annett, makes use of these in order to buttress other claims made by him relating to “an actual sterilization program” instituted by the federal government. Based on this author’s research, the facts appear to be much less sensational and the evidence to be in lesser supply, often consisting of a series of decisions relating to funding and cost saving. In saying this, I am certainly not claiming that no sterilizations took place, or that it was not “unofficial” government policy. And nonetheless, the federal government is responsible for the outcome of such practices on Aboriginal women. However, in an effort to prove these claims, Annett prefers to sensationalize the truth and to cite evidence that, ultimately, he appears unable to produce. See *The Truth Commission into Genocide in Canada, Hidden From History: The Canadian Holocaust* (Vancouver: The Truth Commission into Genocide in Canada, 2001), 44–48.

50. McConnachie, “Science and Ideology,” 236–37.

51. *Ibid.*, 237.

52. A. R. Kaufman, often referred to as the father of birth control in Canada, actively promoted sterilization as a means of addressing economic problems. Kaufman distributed birth control and provided sterilizations free of charge to his employees and those living in poor urban slums. He eventually expanded his services through the work of the Parents’ Information Bureau and traveling nurses to Western parts of Canada. For more information on Kaufman and his activities, see McLaren and Tigar McLaren, *The Bedroom and the State*, 92–123; Fiona Alice Miller, “Population Control and the Perseverance of Eugenics: A Case Study of the Politics of Fertility Control, Alvin Ratz Kaufman, 1930–1979” (MA diss., University of Victoria, 1993); Linda Revie, “More Than Just Boots! The Eugenic and Commercial Concerns behind A. R. Kaufman’s Birth Controlling Activities,” *Canadian Bulletin of Mental Health* 23, no. 1 (2006): 119–43.

53. A. R. Kaufman, three-page typewritten speech for a 1975 public meeting of the Ontario Cabinet, Queen’s Park, AO, Planned Parenthood Ontario Records, Series B, General Files, 1972–1979, “A. R. Kauffman” [sic] File 2, cited in Revie, “More Than Just Boots!,” 127.

54. A. R. Kaufman to CNIB, Toronto Chapter, 2 December 1938, “Prevention of Blindness—Sterilization Project,” MG 28 I 233, Volume 21, File 8, 1936–1939, LAC.

55. University Waterloo, PIB, GA58, Box 2, “Correspondence,” 1930–76, unpublished interview between Gerald Stortz and A. R. Kaufman, February 25, 1977; AO, Planned Parenthood Ontario Records, MU 4468, Series B, General Files, 1972–79, “A. R. Kauffman” [sic], A.R. Kaufman to Marilyn E. Schima, May 7, 1974, 2, cited in Revie, “More Than Just Boots!,” 128.

56. A. R. Kaufman to H.L. Mencken, August 10, 1937, quoted in Ian Dowgibbin, *The Sterilization Movement and Global Fertility in the Twentieth Century* (Toronto: Oxford University Press, 2008), 119.

57. Dowgibbin, *The Sterilization Movement and Global Fertility*, 119.

58. Peter Sandiford, one of the foremost proponents of intelligence testing in Canada conducted a study of Aboriginal children in Ontario during this time. The results, he claimed, indicated Indian children suffered from a greater level of retardation than whites and that IQ seemed to rise with the admixture of white blood. In Elmer Jamieson and Peter Sandiford, “The Mental Capacity of Southern Ontario Indians,” *Journal of Educational Psychology* 19 (1928): 313–28.

59. Correspondence from B.T. McGhie, M.D. to Dr. S. J. W. Horne, September 11, 1933, Correspondence of the Deputy Minister of Health, “Legislation—Sexual Sterilization Act, 1948–1960,” File Reference Code RG 10-6-0-1072, RG 10-6, Provincial Archives of Ontario (PAO).

60. B. T. McGhie was in correspondence with Dr. Horne on at least a couple of occasions regarding sterilization. McGhie sent Horne information he requested from the deputy minister of health in Alberta on the work of its Eugenics Board, once on May 25, 1933, and again ten years

later on December 6, 1943. Correspondence of the Deputy Minister of Health, "Legislation—Sexual Sterilization Act, 1948–1960," File Reference Code RG 10-6-0-1072, RG 10-6, PAO.

61. Correspondence from P.E. Moore to Regional Superintendent, Saskatchewan, August 20, 1957, "Birth Control," Volume 2869, File 851-1-5 pt. 1 A, RG 29, LAC.

62. A proposal for sterilization legislation was tabled on January 17, 1939 and November 21, 1941. Memorandum from Deputy Commissioner Gibson to Major McKeand, member of the Northwest Territories Council, January 17, 1939, RG 85, "Sterilization of Imbeciles," Volume 901, File 10109, LAC; Correspondence from J.J. Heagerty, M.D. to R.A. Gibson, November 25, 1941, RG 85, "Sterilization of Imbeciles," Volume 901, File 10109, LAC; Extract from the Minutes of the One Hundred and Thirty-fourth Session of the Northwest Territories Council, November 21, 1941, RG 85, "Sterilization of Imbeciles," Volume 901, File 10109, LAC.

63. Canada, *House of Commons Debates*, October 9, 1970, 16 (David Lewis, MP).

64. Canada, *House of Commons Debates*, October 14, 1970, 111 (David Lewis, MP); Newspaper clipping, "Eskimo Sterilization Inhumane—Lewis," n.d. RG 29, "Birth Control," Volume 2869, File 851-1-5, pt. 2, LAC.

65. Canada, *House of Commons Debates*, October 14, 1970, 111 (David Lewis, MP).

66. Canada, *House of Commons Debates*, October 14, 1970, 111 (Jean Chrétien, MP).

67. *Ibid.*, 112.

68. Jim Eayrs, "Sterilization of Eskimos," *Weekend*, April 1, 1973 (Canadian Broadcasting Corporation, NWT), Transcript, RG 29, "Birth Control," Volume 2870, File 851-1-5, pt. 3A, LAC.

69. Correspondence from Marc Lalonde to Laurent Picard, President, Canadian Broadcasting Corporation, April 6, 1973, RG 29, "Birth Control," Volume 2870, File 851-1-5, pt. 3A, LAC, reprinted in *The MacKenzie Pilot*, May 3 1973, 29–30.

70. "Killing Our Future: Sterilization and Experiments," *Akwesasne Notes* (Early Spring, 1977): 5; "Many Inuit Sterilized, RC Says," *Globe and Mail*, October 9, 1976, 16; Robert Lechat, "Intensive Sterilization for the Inuit," *Eskimo* (Fall/Winter 1976): 5; Robert Lechat, "Sterilization of Inuit Is Exposed as National Scandal," *Sunday Express*, RG 29, Volume 2870, File 851-1-5, pt. 3C, LAC.

71. Canada, *House of Commons Debates*, October 25, 1976, 414 (Wally Firth, MP).

72. Correspondence from Parliamentary Returns Division to Mr. Charles Caron, Assistant Deputy Minister, Medical Services, regarding question No. 765, October 25, 1976, RG 29, "Birth Control," Volume 2870, File 851-1-5, pt. 4, LAC.

73. Information compiled from the response received from Harkness, and subsequently submitted by Acting Assistant Deputy Minister, Medical Services Branch, Lyall M. Black to Christine Brydon, parliamentary returns officer, on December 1, 1976. Information Release, Parliamentary Returns Officer, December 1, 1976, RG 29, "Birth Control," Volume 2870, File 851-1-5, pt. 4, LAC.

74. Also included in this correspondence were rates on abortions, stillbirths, and infant mortality, yet these were not made public. In Repulse Bay, there were nine abortions, two stillbirths, and no infant deaths; in Chesterfield Inlet, six abortions, no stillbirths, no infant deaths; Pelly Bay, twenty-three abortions, three stillbirths, sixteen infant deaths; Gjoa Haven, nine abortions, eight stillbirths, twelve infant deaths; Hall Beach, thirteen abortions, no stillbirths, no infant deaths; and Rankin Inlet, ten abortions, six stillbirths, and no infant deaths.

75. These numbers were subsequently reported to Parliament by the Minister of National Health and Welfare Marc Lalonde on February 25, 1977, Canada, *House of Commons Debates*, February 25, 1977, 3430.

76. Again, the parliamentary inquiry covered a ten-year span, from 1966 to 1976. Information was compiled in sections entitled "Eastern Eskimos—1970"; "Western Eskimos—1970"; "Eastern Eskimos—1971"; "Western Eskimos—1971"; "Eastern Eskimos—1972"; "Western Eskimos

—1972”; “Eastern Eskimos—1973”; “Western Eskimos—1973,” RG 29, “Birth Control,” Volume 2870, File 851-1-5, pt. 4, LAC.

77. Correspondence from M. L. Webb, Assistant Deputy Minister, Medical Services, to Dr. Maurice Leclair, Deputy Minister of National Health, April 13, 1973, RG 29, “Birth Control,” Volume 2870, File 851-1-5, pt. 3A, LAC. This document includes a table drawn up by Webb based on requests for information from the above listed hospitals, sent to Deputy Minister Leclair and subsequently forwarded to Dr. Whiteside. It was compiled from information drawn from the following sources: Correspondence, “Sterilizations—Minister’s Briefing Book,” from Zone Director, Inuvik Zone, to Director General, Medical Services Branch, February 28, 1974; Correspondence, “Sterilizations—Minister’s Briefing Book,” from M. P. D. Waldron, acting Regional Director, Alberta Region, to Director General, Medical Services Branch, February 12, 1974; Correspondence, “Sterilizations—Minister’s Briefing Book,” from W. G. Goldthorpe, Zone Director, Sioux Lookout, to Director General, Medical Services Branch, February 6, 1974; Correspondence, “Sterilizations—Minister’s Briefing Book,” from A. Schwartz, Regional Director, Manitoba Region, to Dr. L. Black, Director General, Medical Services Branch, February 5, 1974; Correspondence, “Sterilizations—Minister’s Briefing Book,” from N. L. Fraser, Zone Director, Ontario, to Director General, Medical Services, n.d.; Correspondence, “Sterilizations—Minister’s Briefing Book,” from Hospital Administrator, Frobisher Bay Hospital, NWT to Director General, Medical Services Branch, January 31, 1974, RG 29, “Birth Control,” Volume 2870, File 851-1-5, pt. 3B, LAC; Abortions and Sterilizations, 1974, at Medical Services Branch Hospitals, RG 29, “Birth Control,” Volume 2870, File 851-1-5, pt. 3C, LAC.

78. Information is missing on the total number of sterilizations performed at the Charles Camsell Hospital in 1973 and 1974. Appendix P “Charles Camsell Hospital, Sterilization by Means of Tubal Ligation and Cauterization,” RG 29, “Birth Control,” Volume 2870, File 851-1-5, pt. 3A, LAC.

79. See Sterilization Operations, RG 29, “Birth Control,” Volume 2870, File 851-1-5 pt. 4, LAC.

80. Question no. 1 244, Number of vasectomies performed in the Northwest Territories, Canada, *Commons Debates*, March 17, 1977, 4070–71.

81. *Ibid.*, 4070–71.

82. Correspondence from M. L. Webb, Assistant Deputy Minister, Medical Services, to Dr. Maurice Leclair, Deputy Minister of National Health, April 5, 1973, RG 29, “Birth Control,” Volume 2870, File 851-1-5, pt. 3A, LAC.

83. CESA Papers, quoted in Thomas M. Shapiro, *Population Control Politics: Women, Sterilization and Reproductive Rights* (Philadelphia: Temple University Press, 1985), 144.

84. Canada, *House of Commons Debates*, October 14, 1970, 111 (Jean Chrétien, MP).

85. Rickie Solinger, *Beggars and Choosers: How the Politics of Choice Shapes Adoption, Abortion, and Welfare in the United States* (New York: Hill and Wang, 2001), 223.

86. This point is not new and has consistently been made by activists and scholars. Angela Davis, *Women, Race and Class* (New York: Vintage Press, 1981); Dorothy E. Roberts, *Killing the Black Body: Race, Reproduction and the Meaning of Liberty* (New York: Knopf Publishing Group, 1997); Andrea Smith, “Beyond Pro Choice versus Pro Life: Women of Color and Reproductive Justice,” *NSWA Journal* 17, no. 1 (2005): 119–40.

87. Marlene Gerber Fried and Loretta Ross, “‘Our Bodies, Our Lives: Our Right to Decide’: The Struggle for Abortion Rights and Reproductive Freedom,” *Radical America* 24, no. 2 (1992): 37.

88. Sarah Carter argues that legislation embodied within the Indian Act left women who were defined as “Indian” with fewer fundamental rights than any other women or men in Canada. This is evident in the very definition of an Indian under the Act as “any Indian man and his wife.” The Indian Act was central in undermining property relations within Aboriginal societies, relations that were directly tied to the female line. Consequently, an Aboriginal woman who married someone other than another Indian man, and any of her children, would cease to be an Indian in the eyes of the Canadian

government, would cease to have rights to land, and would be unable to transfer this connection to future generations. Carter, "First Nation Women," 51–75. Both Mary Ellen Kelm and Maureen Lux have documented that providing medical services to Aboriginal peoples was done with great parsimony and was motivated by a desire to assimilate Aboriginal peoples. Mary Ellen Kelm, *Colonizing Bodies: Aboriginal Health and Healing in British Columbia 1900–1950* (Vancouver: UBC Press, 1998), 100–52; Lux, *Medicine That Walks*, 138–224.

89. Randi Cull, "Aboriginal Mothering under the State's Gaze," 141–56. Andrea Smith makes similar arguments in her work on sexual violence and Native American women. Smith, *Conquest*, 7–34, 79–108.

90. On residential schools in Canada, see Roland Chrisjohn and Sherri Young, *The Circle Game: Shadows and Substance in the Indian Residential School Experience in Canada* (Vancouver: Theytus Press, 2006); on the child welfare system, Cindy Blackstock, Nico Trocme, and Marilyn Bennett, "Child Maltreatment Investigations among Aboriginal and Non-Aboriginal Families in Canada," *Violence Against Women* 10, no. 8 (2004): 901–16; Pete Hudson and Brad McKenzie, "Child Welfare and Native People: The Extension of Colonialism," *The Social Worker* 49, no. 2 (1981): 63–66, 87–88.

91. Blackstock, et al., "Child Maltreatment Investigations," 901–16.

92. Others have written of the importance of Native American women's ability to reproduce to ensure the reproduction of the next generation of Aboriginal peoples. This ability continues to stand in the way of the appropriation of Aboriginal peoples' lands and the extinguishment of Aboriginal title. Ralstin Lewis, "The Continuing Struggle against Genocide," 71–95; Jane Lawrence, "Indian Health Service: Sterilization of Native American Women," *American Indian Quarterly* 24 (2000): 400–19; Torpy, "Native American Women and Coerced Sterilizations," 1–22.

93. If one doubts that decisions are made on this basis, one need only recall that it was this same government which implemented a policy of forced relocation for many Inuit to the Eastern Arctic between 1939 to 1963 in an effort to deal with the social problems caused by other government policies and contact with non-Aboriginal people. Unfamiliar with their surroundings and ill-equipped to survive the climate, many Inuit starved to death. Frank Tester and Peter Kulchyski, *Tammarniit (Mistakes): Inuit Relocation in the Eastern Arctic 1939–1963* (Vancouver: UBC Press, 1994).

94. Canada, *House of Commons Debates*, 10 October 1974, reprinted in *The MacKenzie Pilot*, 24 October 1974, 3.

95. Charlie Angus, "What if They Declared an Emergency and No One Came?" *The Huffington Post*, November 21, 2011 (accessed November 27, 2011), http://www.huffingtonpost.ca/charlie-angus/attawapiskatemergency_b_1104370.html#-undefined; Sarah Rogers, "More Safe Shelters Needed for Inuit Women: Pauktuutit," *Nunatsiaq Online*, June 18, 2011 (accessed November 27, 2011), http://www.nunatsiaqonline.ca/stories/article/18667_more_safe_shelters_needed_for_inuit_women_pauktuutit/; Kazi Stastna, "Shacks and Slop Pails: Infrastructure Crisis on Native Reserves," *CBC News Online*, November 26, 2011, (accessed November 27, 2011), <http://www.cbc.ca/news/canada/story/2011/11/24/f-first-nations-infrastructure.html>.

96. Under Article II (d) of the Convention on the Prevention and Punishment of the Crime of Genocide, imposing measures to prevent births within a group constitutes an act of genocide under international law. How Canada has managed to avoid liability for this charge is the subject of forthcoming work. For a discussion of the sterilization of Native American women and the charge of genocide, see Ralstein Lewis, "The Continuing Struggle Against Genocide," 71–95.

97. Menzies and Palys, "Turbulent Spirits," 161.