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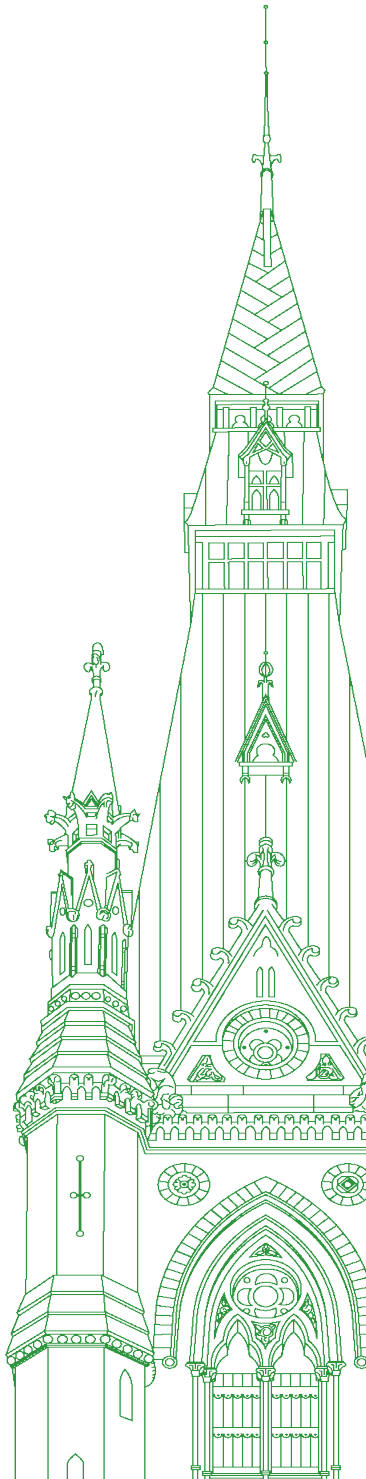

Chair: Terry Sheehan

# Standing Committee on Indigenous and Northern Affairs

**Tuesday, March 24, 2026**

● (1100)

[*English*]

**The Chair (Terry Sheehan (Sault Ste. Marie—Algoma, Lib.)):** I call this meeting to order.

Welcome to meeting number 26 of the House of Commons Standing Committee on Indigenous and Northern Affairs.

We recognize that we meet on the unceded territory of the Algonquin Anishinabe people.

Pursuant to the order of the House, the committee is beginning its study of Bill S-228, an act to amend the Criminal Code regarding sterilization procedures.

Before we begin, a budget for the study has been circulated. Is it the pleasure of the committee to adopt the budget?

**Some hon. members:** Agreed.

**The Chair:** That's good.

I would like to welcome our witnesses on the first panel, but before I do, I just wanted to add that for anyone watching our proceedings, there is a helpline, the Hope for Wellness Helpline, which is available 24-7 to all indigenous people across Canada at 1-855-242-3310. If anyone is experiencing distress during our proceedings, I encourage them to call that number.

We have the sponsor of Bill S-228, and that is the Honourable Yvonne Boyer, a senator from Ontario.

Welcome, Senator. You have five minutes to describe your important work. Thank you.

**Hon. Yvonne Boyer (Senator, Ontario, ISG):** Thank you.

Good morning, Mr. Chair and members of the committee. Thank you for the invitation to appear here today.

I'd like to begin by acknowledging that we are gathered on the unceded and unsurrendered territory of the Algonquin Anishinabe nation, whose relationship with these lands, waterways and forests has existed since time immemorial.

Today we are taking action on an issue that has disproportionately harmed indigenous women and girls. That reflects a broader history of colonial policies that have controlled indigenous bodies, making this work essential to meaningful reconciliation.

I'd like to take a moment to thank members of Parliament for the strong support this legislation has already received in the House of Commons. Bill S-228 passed unanimously at second reading, with members from all parties speaking in favour. It was expedited for committee consideration. I and the survivors want to sincerely thank you for this collaboration and leadership.

I'm here today as the sponsor of Bill S-228, an act to amend the Criminal Code respecting sterilization procedures. The purpose of this bill is simple: It makes it explicit in the Criminal Code that performing a sterilization procedure without a person's valid consent constitutes aggravated assault. For years, survivors of forced and coerced sterilization have come forward and shared their experiences. Many describe being pressured into sterilization while they were in labour, medicated, exhausted or facing pressure from authority figures within systems they felt powerless to challenge.

This legislation exists because survivors have asked Parliament to act. For survivors, their families and their communities, this is not a medical policy debate. It is a permanent and life-altering violation of bodily autonomy, dignity and human rights. This practice has disproportionately affected indigenous women, as well as people with disabilities, racialized people and others who were treated as though their reproductive choices did not matter.

Many Canadians believe forced sterilization ended decades ago with the repeal of eugenics legislation in the 1970s. Unfortunately, the evidence tells us otherwise. Survivors continue to come forward with cases from modern hospitals, including incidents reported as recently as 2025.

Parliament has studied this issue extensively. The Senate human rights committee completed two studies and heard directly from survivors and experts. The committee's first recommendation was that Canada amend the Criminal Code to specifically prohibit forced and coerced sterilization. Bill S-228 is the legislative response to this.

Members may recall that the predecessor to this bill, Bill S-250, which was carefully refined after extensive study and consultation with the Department of Justice, was passed unanimously in the Senate in the previous Parliament, before dying on the Order Paper when the election was called. Bill S-228 is exactly the same text as Bill S-250, and it was adopted unanimously by the Senate again in October 2025.

Bill S-228 adds a greater certainty clause clarifying that a sterilization procedure carried out without consent constitutes wounding or maiming for the purposes of aggravated assault. This bill does not create a new consent framework. Existing Criminal Code rules continue to apply, including the principle that consent is not valid if obtained through force, threats, fraud, duress or the abuse of authority. It also does not criminalize emergency medical care. Physicians acting to preserve a patient's life or health remain protected under section 45 of the Criminal Code. It does not interfere with voluntary sterilization or gender-affirming care. The bill applies only where a person is intentionally sterilized without their free and informed consent.

The bill ties forced or coerced sterilization to aggravated assault, so the existing consent framework in subsection 265(3) applies. Consent is not valid if obtained through threat, fraud, duress or abuse of authority. Bill S-228 doesn't alter those rules. It simply ensures that they apply to sterilization without consent.

There has been a thoughtful discussion about whether criminal law is the right tool to address this issue. It's important to recognize that legislation alone will not resolve every aspect of the problem. Ending forced and coerced sterilization also requires stronger consent practices, education in medical training, and continued collaboration with survivors, indigenous organizations, doctors and health systems across the country. However, clarity in the Criminal Code does matter. Although existing assault provisions theoretically apply, they have never been used to prosecute forced sterilization in Canada.

● (1105)

Survivors have told Parliament clearly that the absence of an explicit prohibition has contributed to silence and impunity. This bill provides clarity and reinforces that sterilizing someone without consent is not a misunderstanding or a lapse in professional judgment. It is a serious violation of human rights.

Members of the committee, survivors have come before Parliament courageously and repeatedly to ask for this protection. By advancing Bill S-228, this committee has the opportunity to ensure that Canada's criminal law clearly protects the fundamental right of every person to decide whether and when to have children. Survivors have waited long enough.

Thank you. *Meegwetch*.

**The Chair:** Thank you very much.

We'll go right into the question-and-comment period.

We have MP Morin for six minutes, please.

**Billy Morin (Edmonton Northwest, CPC):** Thank you, Chair.

Thank you, Senator Boyer, for your leadership on this.

I acknowledge my colleague, as well, for his leadership.

Thanks to all parties for their expediency in getting this done in this Parliament and for getting us to this point. I hope we can keep that momentum going for all the right reasons.

I had the opportunity to sit with the Survivors Circle for Reproductive Justice. What we often say in indigenous communities is that six degrees of separation is probably one or two or three degrees. Through this bill, I got to meet extended family, and that was a really cool personal touch.

We know this affects indigenous communities disproportionately—we're at INAN—but can you expand on the numbers aspect of how many people this has affected in the communities? It's surprising...or maybe it's not. I don't know if “surprising” is the right word, but it is so wrong that it was still happening in 2025. People think it was 50 or 100 years ago or a couple of generations ago, but it was still happening in 2025.

Can you expand on the numbers and how doing the right thing would positively affect the protection of human rights?

**Hon. Yvonne Boyer:** Thank you very much for the question.

I know that it happens disproportionately in indigenous communities. When I go to speak in different communities, there's always a lineup of people to talk to me afterwards and say that it happened to them, to their mom or to their aunt. It goes down the generations sometimes. One of the survivors talked about how she was sterilized, how her mother was sterilized and how her auntie was sterilized. They come from the Blood Tribe, and they are worried about not having a generation of people to take care of the elders.

It happens disproportionately to indigenous people, to people with disabilities and to intersex people. We have found that through our studies. The number that my office has counted is 12,000. The Survivors Circle for Reproductive Justice has counted up to 15,000 people, and counting.

People say they're surprised when they hear that it's still happening, but it is happening. It's happening probably as we speak today.

● (1110)

**Billy Morin:** Thank you.

My connection is to the Blood Tribe, too.

Thank you for acknowledging the people you spoke to. Fifteen thousand people is too many. One is too many.

Maybe I'm getting ahead of myself, but I do see cross-partisan support for this. Hopefully that momentum is carried on.

Can you talk about the implementation you'd like to see, after the bill is passed, to emphasize the real change we're trying to accomplish here in Parliament? What tangible things can you see in the health care system to emphasize this bill, going through the education and showing health care professionals that this is a serious thing to take into consideration?

**Hon. Yvonne Boyer:** Some of that work has already begun on the ground. The Survivors Circle for Reproductive Justice, I believe, is working on a template to be able to work with medical associations in an educational way for women so that people would not be sterilized in the first place. It would be about their own rights and about educating the doctors.

I've been working with the First Nations Health Authority on revising their consent procedures within their hospitals. A group of people have been working with hospitals to help them develop a culturally appropriate, trauma-informed consent that would be applicable and useful in obtaining proper indigenous consent.

There are people working on it. Once this bill is passed, I think it's going to provide a wonderful opportunity. Hopefully it will never have to be used, and the doctors and the institutions will be educated well enough that they will understand that it's not appropriate to not obtain proper consent before a tubal ligation or any type of sterilization.

**Billy Morin:** Thank you.

You mentioned the survivors circle and all the work they're doing and the education pieces going on. Is there more to be said about their role going forward? Obviously, they'll still want to educate and do those types of things, but would they maybe be more involved with implementation in different provincial jurisdictions, such as in educating the AHS in Alberta or other provincial health authorities?

**Hon. Yvonne Boyer:** Yes, I think it's really important that we get good support for the survivors group, because they are the experts. They are the people who.... You can't go forward without asking the people who have been affected what's going to work. It's absolutely critical that the survivors be involved in every way possible. They have the ability. I'm hoping they will have the resources to get a team together to go into the provincial organizations and be able to assist them in revising their consent policies, their hospital policies and all of their care policies. This would stop sterilization without consent, once the proper education is done.

**The Chair:** Thank you very much.

We now go to the Liberals for six minutes.

Jaime, go ahead, please.

**Jaime Battiste (Cape Breton—Canso—Antigonish, Lib.):** Thank you, Mr. Chair.

Thank you, Senator, for all the work you've done on this legislation and getting it to where it is today. I think you probably saw from first reading that you have support from all parties for this.

One thing many folks asked me in the weeks leading up to first reading was what our government's position was and whether we were going to support this. I was really pleased to be able, on behalf of our government, to say we're supporting this legislation.

After giving the speech, you put it online and I was amazed by all the folks who reached out to me afterwards and said, “This is something that happened to me and something I had to go through.” I had other people say, “I think this happened to me as well, because I felt coerced. I felt like I didn't have all of the decision-making that I needed before I made this decision.” Many of them asked me, “What can I do to seek out and see if what happened to me qualifies in this situation? How can I get some kind of justice for what happened to me and the whole idea of coercion to get this?”

I wonder if you can talk about what this legislation is aiming to protect. How can those people who think this might have happened to them because of coercion...? Can you talk a little bit about the parameters around what we consider coercion in terms of forced sterilization?

● (1115)

**Hon. Yvonne Boyer:** I can give you some examples that have been told to me.

One of the survivors said she was told she needed to get a tubal ligation after giving birth by Caesarean section, and if she didn't agree to it, her baby would be taken by social services. That's a fairly common one.

Another common thing that happens is that women are sometimes threatened with.... For instance, it happened that another woman was ready to give birth via Caesarean section, and the doctor told her that if she did not sign the consent form—she already had one child with cerebral palsy—this one may have cerebral palsy too. That's a very direct threat that maybe something will happen to this baby too and it will have cerebral palsy.

There are birth alerts, too. When women go to the hospital, if they've had anything to do with social services at any time, there's a little red flag that pops up on their file that says the mother may not be a fit mother. Quite often, the baby is removed before there's any investigation. Social services would take the baby just because this woman is indigenous.

I could go on and on, and you will probably hear that from survivors today.

Just to talk about what you mentioned, in that short period of time, you had people talking to you. Every time we talk about it, we plant seeds, and it becomes safer for somebody else to come forward. My office has become a safe haven. I've been a senator for eight years, as of March. My office has become a safe haven for those people to call me and say, “I've been trying to get pregnant for four years. I kind of remember signing some kind of a record in the hospital, but I know I wasn't.... I couldn't have been.” I say, “Why don't we get your medical records and have a look?” I would help them get their medical records and we'd see if there was any sign of a tubal ligation on there.

There are others. When I was doing my third reading speech in the Senate, Senator Amina Gerba gave a speech in which she talked about having endometriosis. She went in for what she thought was an ablation on her uterus, and the doctor took her uterus out without consent. She's Black.

What gives here? This goes on. It happens to people and they don't want to say anything because of the shame and because they're scared, but in a one-on-one with you, they can say, “I think it happened to me.” Then we can send them to the Survivors Circle for Reproductive Justice, which is absolutely critical for providing support and for counselling. These are the people who can help hug people back together. There's so much going on.

Thank you for asking that question, because what you said is vital.

**Jaime Battiste:** Senator, in the last minute that I have, for those people who reach out to me now and ask, “Who do I reach out to to see if this is applicable to me and if there's someone I can talk to?”, you would recommend going to the survivors circle. Can you tell me how we can direct people to that organization? What's the best way for us to help those people who feel victimized by what this bill helps to address?

● (1120)

**Senator Yvonne Boyer:** You're going to meet Harmony Redsky, the executive director, this afternoon. If you google “Survivors Circle for Reproductive Justice”, they have a beautiful website and they have people at hand to speak to people who are in crisis or have any questions. They will be able to help in any way.

**Jaime Battiste:** Thank you very much.

[*Translation*]

**The Chair:** Mrs. Gill, you have the floor for six minutes.

**Marilène Gill (Côte-Nord—Kawawachikamach—Nitassinan, BQ):** Thank you, Mr. Chair.

Senator Boyer, thank you for being here and, of course, for all the work you've done to give a voice to these individuals who, at times, don't have one or are hesitant to speak out because they need to do it in a safe place where they will be believed. People need to be believed first before they can do all this work. Obviously, I'm thinking of all these women, those who remain silent and those in my riding. There are also Innu survivors and survivors in the Naskapi community in my area on the North Shore. So thank you.

I'm going to add a few more points and ask you a question that, in a way, goes in the other direction.

How was the bill drafted? For example, how was the definition of “maim” developed?

What arguments, if any, will people raise against the passage of Bill S-228?

What responses, if any, would you give to people who fear that such a bill might be passed by both chambers?

[*English*]

**Hon. Yvonne Boyer:** Thank you very much.

The bill was conceived very early in the process. I had been working.... In 2017, I co-authored the external review of the women in Saskatoon who had been sterilized without consent at the Saskatoon hospital. That was made public in 2017. At that time, I had been asked by the survivors to criminalize this act. Because of the historical context with indigenous people, I was reluctant. I did not want to use the Criminal Code, because somehow it's always going to get turned against the indigenous people.

It wasn't until we had completed the second study at the Senate human rights committee, called “The Scars that We Carry”. The first recommendation was to create legislation that would criminalize the forced and coerced sterilization of people. I was instrumental in bringing survivors to speak at that time. We needed to hear their voices. It's critical. We have to hear their voices. When we heard their voices, and I had direction from the human rights committee, I said, I have to do this. The women have asked for it. They've begged me for it, and I will not turn my back on them. It was at that time that the drafting began, and Bill S-250 was introduced in June 2022. That was the beginning of it.

The last part of your question is about who would not support this bill. I think when people really understand the bill, they'll see that it's a positive thing rather than a negative thing. Bill S-228 has been carefully targeted to address non-consensual sterilization, and it does not criminalize lawful, medically necessary or consent-based care. Nothing changes there. All it does is that it specifically targets when there is no consent for sterilization. Physician requirements to adhere to professional standards, regulatory guidelines and ethical obligations remain the same. They remain intact. Bill S-228 does not alter these duties at all. It reinforces them, but it provides greater legal clarity. You cannot sterilize people without consent. It's simple.

● (1125)

[*Translation*]

**Marilène Gill:** Actually, there was a third part to my question.

You said that the bill was created to respond to these women's requests and give them a voice, so there was collaboration in drafting the bill.

I understand that, right now, no one is opposed to the passage of the bill.

I was also referring to the definition. I know it's part of the bill, but it often comes up in the clauses or in certain discussions or debates in the House. Can you remind us how the definition was formulated? That was the end of my question.

[*English*]

**Hon. Yvonne Boyer:** Do you mean the definition of sterilization?

[*Translation*]

**Marilène Gill:** Yes. I'm referring to the amendment to the act with respect to the term “maim”.

[*English*]

**Hon. Yvonne Boyer:** Okay, what it does is....

[*Translation*]

**Marilène Gill:** Actually, yes, we're talking about the definition of sterilization, which is considered a form of maiming.

[*English*]

**Hon. Yvonne Boyer:** Right. Okay.

> 268.1(1) For greater certainty, a sterilization procedure is an act that wounds or maims a person for the purposes of subsection 268(1).

Then it says:

> (2) In this section, sterilization procedure means the severing, clipping, tying or cauterizing, in whole or in part, of the Fallopian tubes, ovaries or uterus of a person or any other procedure performed on a person that results in the permanent prevention of reproduction, regardless of whether the procedure is reversible through a subsequent surgical procedure.

[*Translation*]

**Marilène Gill:** Thank you, Senator. I may not have expressed myself clearly, but much like with the bill, I wanted to know if this had been done collaboratively and whom you had consulted to come up with a precise definition of “sterilization procedure” in the bill. I'm sorry if I wasn't as clear, but that was really the idea behind my question. I don't know if you can answer it quickly, if the Chair permits.

[*English*]

**Hon. Yvonne Boyer:** The original bill, Bill S-250, was a bill of 54 lines. Basically, I took direction from the survivors on what needed to go in here. I mean, it was in much more detail. When it went through committee, there was so much more in it, such as the meaning of “medical practitioner” and then “the severing, clipping, tying” or any other act “permanently preventing conception”. There was the offence. There was the exception. There was consent. There were safeguards. There was much more detail.

What I found at committee was that.... I listened to my colleagues, and I listened to the witnesses, and I realized that there would possibly be unintended consequences coming from that much detail. I listened carefully, and I took into account what they said. I worked with the justice minister and departmental officials and streamlined it as much as possible, so that there would be no ambiguity and no way that you could misconstrue what was being said, and that is now Bill S-228.

**The Chair:** I have MP Zimmer for five minutes, please.

**Bob Zimmer (Prince George—Peace River—Northern Rockies, CPC):** Thank you, Chair.

Thank you, Senator.

This is something we've heard about at committee just recently. It was a few years ago that we heard testimony from people who were coerced into being sterilized, but somebody intervened and said, “Look, it's not going to happen.” Again, it's something that you would expect to hear 50 years ago, but to hear that it is still happening—and even what you just said—is completely shocking to me and, I'm sure, to many other Canadians across the country.

You told us a bit of the story about how you got here, but I want you to lay it out, Senator. How did it all start? How did you start to get involved in this particular issue?

**Hon. Yvonne Boyer:** Okay. In the beginning—

**Bob Zimmer:** Take your time. You have a couple of minutes.

**Hon. Yvonne Boyer:** When I was a little girl, I lived with my auntie. My auntie spent 10 years in a tuberculosis sanatorium on her back. This was before antibiotics were in existence. It was about rest, cold air, and being isolated from other people. Over the 10 years she spent there in a body cast, she was subjected to experiments. Although I didn't ever know for sure, I believed that she was sterilized as well. She spent her teenage years there. When I was a child living with her, she would tell me stories about what it was like. Sometimes she'd talk about the monsters that walked the halls. She was only 90 pounds. She was a tiny little brown girl. She was in this sterile environment in the hospital. That was in my memory bank, thinking, “There's something going on here. She doesn't have any children, and she was experimented on.” That was the start of it.

Before I was a senator.... I am a lawyer, and I was a nurse before that. Growing up, I believed I had a mission to work in the hospitals that my family was close to. It was in the west, in central Alberta and in Saskatchewan. When I was a nurse, I'd hear other nurses saying that the Indian problem would be solved when all the Indians were sterilized. I heard that on more than one occasion. This was in the 1970s. It made me really angry. I believed at that time that either I had to become complacent and not fight, or I had to fight. That's when I believed that if I went to school and got some education in the legal world, people would listen to me, so I did.

I went back to school. I was a mother. I was 40 years old when I went back to school, and I was pregnant with my fourth baby. I was driven by this desire to stop the racism in the health care system. Sterilization seemed to be a pinpoint. It has been a pinpoint in the work that I've done in my professional career.

I graduated from law school. I did a master's in law and a doctorate in law, and sterilization was always there as a focus that I wanted to study. Then I had the opportunity to.... The Saskatoon Health Region contacted me and asked me if I would do an external review on their tubal ligation policies in 2015, after Betty Ann Adam from The Star Phoenix contacted me and said she had two indigenous women in her office who said they were sterilized without consent in a Saskatoon hospital. I said, “Well, that can't happen; that's impossible. Without consent, that's a criminal act. You can't do that. It's against indigenous law, and it's against international law. You can't do it.”

Betty Ann wrote her first article. Brenda Pelletier and Tracy Bannab were the two women, and I honour them every time I speak about it because they took the brunt of the racist activity following. Those two brave women came forward, and then two more came forward, and two more came forward, and two more. Pretty soon, there were 11 women who came forward.

Then the Saskatoon Health Region contacted me and asked if I would do a review of their tubal ligation policies. I said, “Well, you know, I've been badmouthing you all across the country in these interviews. Maybe I'm not the best one to do that.” They said they knew all of the interviews that I'd been doing across the country and they were asking me because the elders had asked them.

That made it a different story for me. I said that I would think about it. I said, “I'm going to ask for a co-author. I will find a co-author to work with me. This report has to be made public. I want the resources I ask for. I won't be unreasonable, and we need to start right away.” So, we did.

I asked Dr. Judith Bartlett, with whom I had worked before at the National Aboriginal Health Organization. She is a Métis physician. She had worked in hospitals, and I had worked in hospitals. We both knew the coffee culture and how people talk. We knew that world.

● (1130)

We put together the framework for doing a wonderful.... We were conduits for the women's voices you're going to hear this afternoon. We were a conduit—only a conduit—because we put up notices where indigenous women would gather. We had a Cree speaker with us because, in Saskatoon, the catchment area is about 300,000. It's quite a bit north, and you have Cree speakers who would use their first language. We had Wilna answering the phone and speaking Cree to them, and we had people coming in for interviews.

It was so traumatic. Some of these women had never, ever talked about this, but they'd seen the ad, and they talked to Wilna on the phone, in their language. They knew me. I came from Saskatoon. They knew who I was, and they knew who Judy was because of our large networks, throughout the country, with indigenous people, with our families. We had Elder Mary Lee with us as well.

This is a very important story to tell because it was so traumatic for the women, having them tell their stories. However, every morning, with Wilna, Judy and Mary, we would all hold hands and we would pray. We would pray to the Creator to bring help for us, to keep us strong and to hear their voices so we could hear them, so the beginning of all this was grounded in something very sacred.

Mary was in the room adjacent when we were doing interviews. When the women fell apart—if they fell apart—we would say, “Do you want Mary to come in?” Sometimes they said, “Yes”, and so we'd ask Mary to come in. She'd come in with her big, beautiful arms and say, “I'm going to hug you back together.” She would hold them for as long as it took to bring them back together, and then they could carry on with their interview.

The interviews that we received, at that time, formed the basis for the external review, and that is what brought it to the world. When I came into the Senate the next year, in 2018, my first speech was in September 2018, and it introduced forced and coerced sterilization to the Senate. It was the same thing that all of you probably get, which is, “How is that still happening?” It introduced the topic to the Senate, to Canada and to the world. It began there, and that's how we got here. It just evolved with some very supportive people and people who care.

Every time we speak, there are more allies who come forward. There are people who come forward who were sterilized and who can help other people. When the women came and they said, “I'm all alone”, I'd say, “You have an army behind you. We're here. We're here with you, so you're not alone.”

The survivors circle was created by Alisa Lombard and me putting our legal brains together, thinking, “We have to get all of these women.” I had a huge network of women. I had at least 100 women I had been talking to. Alisa started the first class action in Saskatchewan in 2017, and she had a huge network. We said, “Let's put the women together”, which we did. We had Zoom call after Zoom call after Zoom call with groups of women, saying, “Do you want to speak with one voice?” We incorporated them in January 2023, and so now we have people, we have survivors with that expertise and that experience to talk, from their heart, about what happened to them and what they need.

These are people with whom you're going to meet this afternoon. All I can say is that we need to keep them going and keep them supported, because they're absolutely vital to the work they've done up to this point, and to the work they're doing going forward.

Thank you for letting me speak.

● (1135)

**The Chair:** Agreed. Thank you very much for that very important story.

Next is MP Lavack, please, for five minutes.

[*Translation*]

**Ginette Lavack (St. Boniface—St. Vital, Lib.):** Thank you very much, Mr. Chair.

Senator, thank you for all the very important work you've done on this bill. It's not easy. I echo the comments you and my colleagues have made: It's mind-boggling to think that this could still be happening here today. This is clearly an issue that I think directly undermines the trust that people—particularly First Nations people—have in the justice system and the health care system.

What do you think this bill will do to change people's perspective and rebuild their trust in the health care and justice systems?

● (1140)

[*English*]

**Hon. Yvonne Boyer:** Thank you very much for the question. I think that's a great one for the survivors as well.

I do believe that just the fact that we're here and that we've gotten to this point, the fact that somebody listened and cared enough to put their voices together and listen to what they had to say, instead of them being sent off because it's not worth it....

I have a little story about this that I'd like to tell. At one time in the eight years that I've been in the Senate, the RCMP said that they were going to start charging people for this. Without even thinking that there were some culturally inappropriate and trauma-informed issues going on here, they wanted to just go ahead and charge people. It was against my better advice. What happened was that a call went out to all survivors in general saying, “Contact this number if you have ever been sterilized without consent, and we will go after them.” Then I was getting calls from women who were terrified in their homes, because there were police knocking on their door. I told them they didn't have to answer the door. They were terrified of the police, who were demanding answers from them on who sterilized them. It quieted down, but it turned into something that wasn't planned out perfectly well.

I believe the survivors need to take the lead in this. They're the ones who will be able to talk about how the justice system can be kinder, gentler and helpful to them.

I think this bill will deter doctors from doing sterilization without consent. That's what I hope. I hope that no one is ever charged. I hope their work goes on so completely, intently and thoroughly that all the doctors will know that we need to have this. There's a whole consent framework that involves culture and a trauma-informed approach that's in place. There are templates. The First Nations Health Authority and the hospitals they're working with have those templates right now. Those can be shared across the country, and we can work together on this. The survivors can work with the hospitals and with the doctors. They can work with police, and with prosecutors, if necessary. I'm hoping that it won't ever come to that.

Thank you for that question.

[*Translation*]

**Ginette Lavack:** We have only a minute left.

You mentioned it, but let's perhaps delve a little deeper into the subject: Health care is largely the responsibility of the provinces and territories. How do you plan to work with the provinces and territories to ensure consistent implementation of this bill?

[*English*]

**Hon. Yvonne Boyer:** I think it's through a whole education process. Education has to be the key here. It is a federal bill. The Criminal Code is very serious. Let's have really strong education plans in place and work with each province directly, so we don't get to that point. The survivors circle has provincial representation as well. As much as possible, they can go out and work within their communities as well, as a sort of seed. Plant the seeds. Let's get this work done on the ground.

**The Chair:** Thank you very much.

[*Translation*]

Mrs. Gill, you have the floor for two and a half minutes.

● (1145)

**Marilène Gill:** Thank you very much, Mr. Chair.

Senator Boyer, thank you again.

I have a question to round out everything that was said during my colleagues' turns. It has to do with the bill, of course, and more specifically with the offence of assault in relation to maiming. Obviously, you've held consultations and spoken with survivors. What was the rationale behind this change that you want to make regarding forced sterilization—specifically, the distinction between assault and maiming?

[*English*]

**Senator Yvonne Boyer:** Do you mean the change that I wanted to bring through putting it in that area of the Criminal Code?

[*Translation*]

**Marilène Gill:** Yes.

[*English*]

**Hon. Yvonne Boyer:** Okay. I think the main thing is that it has the "for greater certainty" clause in it, so that there is no ambiguity about what it is, and it fits right into the aggravated assault provisions. Because there is established jurisprudence up to this point that the consent framework within the assault provisions.... The assault provisions have been there for a very long time, and they are established, so the sterilization portion of it would fit into something that's already ingrained in here. There would be no ambiguity. It would be absolutely crystal clear that sterilization without consent is an aggravated assault.

[*Translation*]

**Marilène Gill:** Thank you very much.

Thank you, Mr. Chair.

[*English*]

**The Chair:** MP Melillo, you have five minutes, please.

**Eric Melillo (Kenora—Kiiwetinoong, CPC):** Thank you, Mr. Chair.

Thank you, Senator, for being here and of course for your leadership in bringing this issue forward.

There's been a lot of discussion already, so I'm going to try my best not to have you repeat too much, but I do want to touch on the fact that forced sterilization is still such a prevalent issue. I think that is something that many people who haven't been impacted by it personally would have a hard time believing, quite frankly.

I know I've spoken to people in my region who support this bill, but they see it as more of a symbolic thing because it's not addressing, in their view, an issue that is prevalent across the country. I think that some of the information you've already shared would raise eyebrows and would have a lot of people rightly concerned and shocked by it. I'm just wondering if you could speak more to the fact that forced sterilization is not an issue only of the past; it's something that is still prevalent in society today.

**Hon. Yvonne Boyer:** I'd be happy to. I want to tell you a story about Katy Bear. A few years ago, I was travelling late at night. I was rolling my suitcase into a hotel, and there was one clerk in the back, late at night. I walked up to her and said, "Hi. I'm checking in", and she said, "Oh, hi. You're that famous senator." I said, "Well, I'm not famous, but I am a senator." She said, "You're the senator of sterilization." I looked at her, and she looked at me, and she started to cry. She said, "They did it to me when I was 21 and I had four kids. Now I'm 35, and I have a new partner, and I want another child." Who expects this right out of the blue? I mean, I was in tears. She was in tears, and I said, "I will support you any way I can. I will do what I can with my resources and help get you what you need."

I kind of left it at that for a while. The story about Katy is that she wanted a baby terribly. She wanted IVF, but she couldn't afford it. She managed to get pregnant, but she had an ectopic pregnancy. When you have an ectopic pregnancy, there's a pregnancy in your fallopian tube. It's an emergency, and the doctor has to take out that tube, so she had her tube removed. It was noted that the other tube had a clip on it. After that, she was able to go into surgery with a doctor who helped her put her tube back together, and she, as a miracle, got pregnant. She had a less than a 5% chance of getting pregnant, but she got pregnant. Last March, baby Sage was born. Baby Sage is now a year old.

She was in Saskatoon. She was an experienced mother, and she went to the hospital because she felt the baby wasn't moving and it was very near her due date. When she went into the hospital, she went into the trauma room at the same place where she was sterilized 20 years before. When she went in there, the doctor, who happened to be a professor as well, said, "Oh, your baby's breech. You have to have a C-section right away, or we're going to have to turn it. Oh, by the way, do you want to get sterilized while you're at it?" That was last March. She was completely traumatized. It was the same hospital where she'd been sterilized 20 years before. The doctor had read her file and asked her. Was this an appropriate time, in a trauma room, to be sterilized? Come on.

Yes, it's happening every day. It's happening as we speak. When I go out that door, somebody will probably talk to me and say, "It happened to me" or "It happened to somebody I know." Probably each one of you knows somebody.

● (1150)

**The Chair:** Thank you very much.

**Eric Melillo:** Thank you for that.

If the chair will indulge me, I'd like to ask just one more question.

**The Chair:** Go ahead.

**Eric Melillo:** Obviously, this bill deals with the legalities of forced sterilization and making sure it's explicit with regard to assault. You spoke in your opening remarks, and in some of your answers, about building stronger consent practices as well. I don't have too much time left, but perhaps you'd like to speak more about building those consent practices and how that would be done.

**Hon. Yvonne Boyer:** Yes. There are four pillars to consent. We're going to talk about those. That's important. You're right.

First of all, the person has to have capacity to decide. That's one of the pillars. They have to do that without being impaired by stress, medication or labour. You can't ask somebody in the throes of labour, "Hey, do you want to get sterilized?" It doesn't work. That's not consent. There must be full disclosure of all the risks, consequences and alternatives. The patient must be given sufficient time and a proper environment to reflect, ask questions and revisit their decision. Finally, the choice must be free of coercion—no pressure, no threats and no undue influence that would allow them to steer one option over another.

Those are the four pillars of consent, which are really important. This is just plain old consent. When you're dealing with indigenous people, you have to take into consideration the whole history of colonization and trauma and what residential schools have done to five generations of people. This will affect people with disabilities too, because it will stop this and also be a deterrent. I've heard from the disability community that this bill is so important. Actually, with the second reading we had here, we heard about it. We heard all about how important this is to people with disabilities and intersex people. We heard from the Black community that more than 250 women were not just sterilized; they had hysterectomies. They had their uteruses removed without consent.

It does affect vulnerable people and indigenous people and people with disabilities. Consent has to be looked at. That's a critical point. I'd say the First Nations Health Authority is a good place to start looking.

**The Chair:** Thank you very much for that.

MP Hanley, if you have any questions, the floor is yours.

**Brendan Hanley (Yukon, Lib.):** Thank you.

Thank you, Senator, for all the work you have done and for your very moving story about how you got to this place.

I do feel it's important to reaffirm how shocked we all are that the procedure of forced sterilization still occurs in modern times, but also, having been a medical practitioner for most of my career, I want to make sure that those organizations that are expressing concerns with this bill have a chance to be responded to. I think the main concerns I've read about from such organizations as the Society of Obstetricians and Gynaecologists of Canada and the Federation of Medical Women of Canada.... They are concerned that introducing this as a Criminal Code provision may have a chilling effect on the consent procedure around sterilization.

You and I had a brief chat. I know that section 45 covers this, but there is also a concern that section 45 hasn't really been tested in this circumstance. I'd certainly like you to speak to that and give your thoughts on how you think this concern should be addressed.

● (1155)

**Hon. Yvonne Boyer:** Thank you.

Bill S-228 has been carefully targeted to address non-consensual sterilization and does not criminalize lawful, medically necessary or consent-based care. Physician requirements to adhere to professional standards, regulatory guidelines and ethical obligations remain intact. Bill S-228 does not alter those duties. Rather, it reinforces them and provides greater legal clarity.

As an example, I'd like to talk about Dr. Andrew Kotaska. Dr. Kotaska was at the Stanton Territorial Hospital in Yellowknife. He was the head of obstetrics. He's a well-known author of consent and indigenous care. What happened was that he diagnosed an Inuk woman with an ovarian cyst. I think it was in 2019. In 2020, he had consent to remove her right fallopian tube and ovary, if necessary. However, when he was in the operating room, he said, “Let's see if I can find a reason to take the other one”, and he did. He took the left and right one, and left her sterile. There is a $6.5-million lawsuit against him. He was taken to task for this. He had a hearing with the medical association. The hearing fined him $20,000 and a five-month suspension, which he had already served. Right now, he is practising in British Columbia.

I believe this bill would have been a deterrent. He might have thought, at that point, “Before I take the left one, why don't I stop and think about it, because there is something in place here that could be real trouble.” I don't know whether the Society of Obstetricians and Gynaecologists has dealt with Andrew Kotaska, but I know that he was dealt, basically, a slap on the hand. That is the kind of thing we're targeting. This bill would be very helpful in situations like that.

**Brendan Hanley:** Do I still have time?

**The Chair:** You have 30 seconds.

**Brendan Hanley:** I think the circumstances referred to in the briefs we've all received have been around emergency situations, for instance severe bleeding, where a split-second decision might need to be made about an emergency hysterectomy. Hopefully, I'll have a chance to ask this of the CMA. I know the CMA has taken a position in support of this bill, but I think it's important to hear from all sides of the medical community regarding how they feel about this.

Briefly, can you comment on an emergency situation where there may be hesitation by a medical practitioner regarding a potentially life-saving intervention?

**Hon. Yvonne Boyer:** This bill does not not alter section 45 of the Criminal Code in any way, shape or form. Once doctors understand this through good education policies in their organizations, the SOGC, the Canadian Medical Association and their provincial organizations.... Nothing affects this now. You still go ahead and provide emergency services. This bill does not interfere in any way.

● (1200)

**The Chair:** Thank you very much for that.

This brings us to the conclusion of our first panel.

Senator Boyer, thank you very much for your work, your strength and your heart. It was quite amazing testimony, so thank you very much for starting us off on this important work we are undertaking.

I'm going to suspend, and I will invite our next panellists to please join us here at the table.

*Chi-meegwetch*.

● (1200)

(Pause)

● (1205)

**The Chair:** Welcome back, everyone.

We're going to start the second round this afternoon. I would like to welcome our witnesses on the second panel.

Before we begin, I want to recognize the sensitive nature of this testimony. Witnesses, if you need to take a break, just raise your hand and we can suspend. That's not a problem. If there is anything that you need, just raise your hand and let us know. Thank you very much.

Earlier, in the first panel, I reminded people viewing at home that if, while watching this, they're feeling distressed and triggered, there is a helpline, the Hope for Wellness Helpline, which is available 24-7 to all indigenous people across Canada at 1-855-242-3310.

Thank you very much and *chi-meegwetch* to everyone for joining us here today.

From the Canadian Medical Association, we have Dr. Margot Burnell, president. From the Native Women's Association of Canada, we have Dr. Jennifer Leason, associate professor at the University of Calgary. Online, from Quebec Native Women Inc., we have Marjolaine Étienne, president. From the Survivors Circle for Reproductive Justice, we have Dr. Don Wilson, obstetrician–gynecologist; Harmony Redsky, executive director; Silvia Mckay, survivor support worker; and Shelby Ponace, survivor support worker.

*Chi-meegwetch* to all of you.

You'll have five minutes each to share your story and anything you wish to say.

Thank you.

We'll start with Margot.

**Dr. Margot Burnell (President, Canadian Medical Association):** Thank you, Chair.

I acknowledge with gratitude that we gather today on the traditional and unceded territory of the Anishinabe Algonquin nation and appreciate their stewardship of the land over generations.

My name is Dr. Margot Burnell. As president of the Canadian Medical Association, I have the privilege of representing physicians and medical learners in every corner of this country and, through them, the people to whom we provide care. Thank you for the invitation to share the CMA's perspective on Bill S-228, an act to amend the Criminal Code on sterilization procedures.

The CMA condemns the practice of forced and coerced sterilization. Rooted in systemic racism and discrimination, these acts are a grave violation of human rights and bodily autonomy. These practices have caused irreversible harm and inflicted lasting generational trauma, most often to indigenous women, girls, two-spirit individuals and their families.

In the past, governments and structures of the medical community actively supported practices to suppress birth rates among first nations, Inuit and Métis communities, Black communities, and individuals facing compounding vulnerabilities related to ethnicity, disability and the social and structural determinants of health. This phenomenon in our country's history is not yet behind us.

The Canadian Medical Association is committed to the highest standards of ethics and patient care. However, we must acknowledge our profession's role in these unethical practices.

We have taken concrete steps toward accountability and systemic change. In September 2024, the CMA issued a formal apology on behalf of the medical profession, acknowledging the role of Canada's medical system and physicians in the past and ongoing harms to indigenous people and reaffirming a collective commitment to improving indigenous health outcomes and advancing true reconciliation alongside indigenous peoples.

That same year, the CMA president expressed solidarity with survivors of forced and coerced sterilization, commending the launch of the Survivors Circle for Reproductive Justice, a not-for-profit entity that provides support to survivors and advocates for reproductive justice for all first nations, Inuit and Métis peoples.

In continued efforts to advance systems change, the CMA has actively participated in legislative initiatives to address injustices. Looking ahead, the CMA will release its revised code of ethics and professionalism to strengthen language and provisions pertaining to anti-indigenous racism and discrimination, including the conditions that have enabled forced and coerced sterilizations to continue.

Today, we reiterate our unwavering commitment to protecting the rights and dignity of every person in Canada in expressing our strong support for Bill S-228. Everyone has the right to make their own reproductive decisions, and Bill S-228 is fully consistent with that fundamental principle.

The bill articulates that when a physician is performing a medical procedure that results in sterilization without free, prior and informed consent from the patient, it constitutes aggravated assault, except in extenuating cases where consent cannot be obtained, such as in a medical emergency. This clarity can draw greater attention to the issue for physicians, patients and regulators.

The bill's intent is clear: to affirm that bodily autonomy and decision-making power ultimately rest with the patient, ensuring that individuals have full agency over their reproductive choices and decisions. Realizing this intent will require targeted education and coordinated training to help medical professionals navigate the new legal standards and uphold patient autonomy through rigorous consent protocols.

We are confident that these elements of change management can be advanced through co-operation among medical organizations, regulatory bodies and specialty societies in partnership with people with lived experience, including the commendable leaders from the Survivors Circle for Reproductive Justice.

● (1210)

These proposed amendments to the Criminal Code represent an important step towards justice, and they oblige all of us to do more. We must end systemic racism against first nations, Inuit and Métis people in our hospitals and across our health system. As we reform the system, we must hold fast to the pillars of medical ethics: treating every patient with dignity and respect while recognizing vulnerability, supporting autonomy in health decisions and confronting inequities in care.

We stand with survivors and pledge to continue our efforts in partnership to stop forced and coerced sterilization in Canada.

Thank you. *Meegwetch*.

● (1215)

**The Chair:** Thank you, Dr. Burnell.

Dr. Leason, go ahead for five minutes, please.

**Dr. Jennifer Leason (Associate Professor, University of Calgary, Native Women's Association of Canada):** Thank you Chair, Senator Boyer and members of the committee.

I am Dr. Jennifer Leason and I am an off-reserve member of the Minegoziibe Anishinabe Nation in Manitoba. I'm a professor at the University of Calgary and a Canadian Institutes of Health Research Canada research chair in indigenous maternal child wellness.

I want to begin with a word: *abinoojii bimaadiziwin gagwewin*. In Anishinaabemowin, there's no single word for umbilical cord. Instead, it is described relationally and translates to *abinoojii*, the baby or child; *bimaadiziwin*, living life well; and *gagwewin*, something that holds and connects.

In Anishinabe matriarchal law, the umbilical cord is a teaching about how life begins in relationship. The cord is a relationship between mother and child to the past, present and future generations. Through this cord, there is an exchange. Nutrients flow forward toward the baby and waste flows back to the mother. This cord teaches us that care flows forward and responsibility is carried by those with capacity. Those with that capacity, strength and power have the responsibility to ensure that protection comes before separation. Separation, whether it is cutting the umbilical cord too soon or the fallopian tubes without consent, severs life from the lifeline.

That is why I support the recommendation before you now. We have a responsibility to recognize that sterilization without consent constitutes harm under the Criminal Code.

Sterilization without consent does not occur in isolation. It is enabled by the conditions that shape women's health and constrain meaningful consent. As a Canada research chair, and having worked in various systems and institutions over the last 20 years, I want to share and speak to some of those conditions.

One, as researchers, we don't have consistent, reliable or distinctions-based sexual, reproductive or perinatal health care data for first nations, Métis and Inuit persons. Even where national systems exist, such as the Public Health Agency of Canada's perinatal surveillance system, they do not adequately include indigenous-specific data and methods or our own measures of wellness. We need indigenous data action plans.

In two of our projects, it has taken over five years to gain access to data and information. This not only delays evidence-based decision-making, but also frustrates the reconciliation process by delaying implementation where time is of the essence.

Sexual, reproductive, maternal-child and women's health compete with urgent priorities as communities continue to respond to crisis. We need stable investments in prevention and health promotion.

This is coupled with the lack of access to community-based, safe and sustainable health services programs and support. In our projects, we have found that 23% of indigenous mothers, compared to 2% of the general population, travel more than 200 kilometres for perinatal health care and to give birth in our country. At the same time, the federal government spends over $150 million each year on medical transportation and obstetric evacuation. It's money that could be better spent.

We need sustainable health infrastructure and investments, particularly in the resurgence of indigenous midwifery and birth work. In my opinion, we need to pay local people a local working wage to support local people.

Lastly, as an *anishinaabekwe*, daughter, sister, aunt and mother, we must continue to educate and empower our women, girls and birthing persons to understand their rights and the true meaning of consent and to not be afraid to say no or speak back to power.

This bill is an important step toward establishing a clear legal response, but criminalizing does not eliminate the system that produces the harm. Like the umbilical cord teaching, we need to shift the burden of responsibility to those with the capacity to act.

I want to thank each of you for the actions you have taken so far.

*Chi-meegwetch*.

**The Chair:** *Chi-meegwetch*.

We're going to Marjolaine Étienne online.

You have five minutes.

[*Translation*]

**Marjolaine Étienne (President, Quebec Native Women Inc.):** *Kwei*, good afternoon. My name is Marjolaine Étienne. I am from the Innu nation and I'm the president of Quebec Native Women.

First of all, thank you for the invitation.

I represent Quebec Native Women Inc., a non-profit organization founded in 1974 that has over 50 years' experience advocating for the fundamental rights of first nations women and girls.

We support Bill S-228, but these advances remain incomplete. The proposed response largely focuses on individual criminal liability and fails to address the root causes of forced sterilizations.

The practices of forced sterilization of indigenous women refer to a Canada-wide phenomenon documented in a number of provinces. They are part of a continuum of structural and institutional violence that doesn't constitute isolated abuse within the health care system, but a contemporary expression of power dynamics deeply rooted in the colonial legacy.

The work of Professor Suzy Basile supports the central analysis that forced sterilizations must be understood as systemic violence stemming from medical colonialism. Her report proposes an in-depth documentation of the phenomenon in Quebec based on an approach centred on the testimony of indigenous women and institutional systems.

In Quebec, at least 22 cases were recorded between 1980 and 2019, although this figure is likely underestimated because of the barriers to reporting and recognizing these practices. Many women report that their consent was sought in moments of great vulnerability, particularly during childbirth.

Quebec Native Women Inc. served on the research committee for the first part of this study, helping to guide the work and anchor it in the realities experienced in the communities. A second research report will be released shortly.

Systemic racism is a key factor in understanding forced sterilizations, as it is a major barrier to access to safe and equitable reproductive health care.

A decisive step was taken toward preliminary judicial recognition of the potentially systemic nature of forced sterilization practices with the authorization of a class-action lawsuit filed by Atikamekw women from Manawan against institutions within the Quebec health care system.

The intervention by Quebec Native Women Inc. to obtain this authorization helped situate the facts within a broader framework of power dynamics, discrimination and colonial legacy, moving beyond an individualized interpretation of the situations. The court noted the concrete impact of our intervention, which enabled it to state that systemic racism is a social reality that cannot reasonably be disputed, confirming that it is now a relevant framework for legal analysis.

The Quebec context remains marked by a profound institutional contradiction. While the courts recognize systemic racism as a foundational element of legal analysis, there is a persistent political refusal to explicitly acknowledge its existence within public institutions. This tension creates a blind spot that undermines the coherence of institutional responses and compromises the effectiveness of measures to prevent and punish violations of indigenous women's fundamental rights.

Bill S-228 represents a significant step forward in recognizing and combating forced sterilization in Canada, including through explicit criminalization, the recognition of free and informed consent, and the consideration of the colonial context and systemic racism.

Despite these advances, the proposed response remains largely focused on individual criminal liability, which, as I said, fails to address the root causes of forced sterilizations. These limits are particularly worrisome in the Quebec context, where a number of structural barriers persist and where the lack of political recognition of systemic racism constitutes a major cross-cutting obstacle.

● (1220)

In light of these findings, Quebec Native Women Inc. recommends that Bill S-228 be passed quickly and that it includes clear, strict and contextualized definitions of free, prior and informed consent.

We also recommend that systemic racism be explicitly recognized.

We further recommend that complementary structural measures be adopted to prevent, investigate and redress violations of reproductive rights.

Furthermore, we recommend that independent mechanisms be established to monitor, investigate and handle complaints.

Finally, we recommend that systematic mechanisms be put in place to collect disaggregated data, including indigenous identity, gender and territory, to demonstrate the scale of the phenomenon, accompanied by access to funding. Such data would also help identify risk factors and assess the effectiveness of the measures adopted.

Bill S-228 represents a significant step forward, but it remains insufficient. Criminal liability alone cannot address systemic issues. The First Nations Charter of Equality between Women and Men, adopted by the board of directors of Quebec Native Women Inc., is a fundamental tool that we will continue to rely on to ensure respect for the individual and collective rights of indigenous women, particularly with regard to sexual and reproductive health.

Thank you very much.

● (1225)

[*English*]

**The Chair:** Thank you very much.

Now we are going to the Survivors Circle for Reproductive Justice, and we'll start with Dr. Don Wilson, please.

**Dr. Don Wilson (Obstetrician–Gynecologist, Survivors Circle for Reproductive Justice):** Thank you to the chair of the committee and to all the members for the invitation to present today.

I'm Dr. Don Wilson. I am an obstetrician-gynecologist, and I've been in practice as a generalist OB/GYN for almost 20 years. I completed my residency training in 2006, and along with Dr. Robin Johnson, I was one of the first two first nation obstetrician-gynecologists to graduate in Canada. I'm a member of the Heiltsuk Nation from Bella Bella, B.C.

I've been asked by the Survivors Circle for Reproductive Justice to share my perspective with you on the issue of forced and coerced sterilization and the need for Bill S-228 to pass into law without further amendments.

As a member of the expert panel for the Survivors Circle for Reproductive Justice, I have been tasked with reviewing the applications for membership to the survivors circle. Membership in the circle ensures access to a number of supportive resources that become available for survivors of forced or coerced sterilization, including psychological support and counselling, cultural supports to promote healing, connection with other survivors, and even access to assisted reproductive technologies in selected cases.

The most striking issue I have noticed when I have reviewed applicants' files has been the issue of inadequate informed consent for the procedures that have resulted in sterilization. It has been a near-universal theme in all of the applications where the medical care provided was often founded on solid medical decision-making, but patients were not adequately informed or educated regarding the procedures they underwent. Only in retrospect did patients come to understand that they had lost their reproductive capacity and had been sterilized.

As an OB/GYN with nearly 20 years of experience, I am very familiar with the spectrum of clinical situations that can make informed choice or informed refusal difficult. I am very cognizant of the fact that some clinical situations can make valid informed choice nearly impossible, such as life-threatening hemorrhage in an unstable patient. There is even ongoing debate within the profession as to whether or not the consent discussions we have with patients who ultimately need Caesarean delivery, for example, are valid, since these discussions are often held when the patient is in pain, exhausted, or under great physiological stress.

I am here to try to centre the experience of survivors who have been sterilized without the benefit of a thorough consent process. We know in medicine that consent is not simply a signature on an official form. In medical training, we are taught that consent is an ongoing process and that it can be withdrawn at any time by the patient prior to completion of a proposed procedure. We are taught that elements of valid consent depend upon building a trusting rapport with our patients and that information must be shared in ways and means that are accessible to the patient. We must ensure full comprehension of our consent discussions by seeking feedback from patients that they understand our discussions. We need to review certain critical elements of our proposed treatments, such as the description of the procedure or the treatment itself; its associated risks, including the common, uncommon, and rare but catastrophic risks; any alternative options to the proposed intervention; and any possible complications. We are responsible as clinicians to guide patients through the consent process while ensuring adequate understanding and ongoing agreement with the proposed treatments or procedures.

There is a great deal of room for improvement in the profession of medicine for achieving these goals. In the case of forced or coerced sterilization, I believe there has been an evolution over time from the paternalistic, eugenics-based, physician-driven implementation of non-consensual sterilization to the current situation, with the main issue, as I see it, being the failure to ensure adequate consent. There is also the interplay of bias and racism that may influence the judgment of physicians undertaking sterilization procedures.

We, as clinicians, need to shift our focus from checking boxes to a level of true engagement with this process. There are realities in the practice of medicine that make it difficult to pursue fully informed consent, but those realities do not erase our responsibility to strive to achieve the goal of fully informed consent.

In the area of reproductive care, this is of utmost importance because the implications are vast and failure can lead to lifelong suffering and distress for our patients. The results of non-consensual sterilization extend beyond the patient to their families, communities and, in the case of indigenous people, their entire nations.

● (1230)

Bill S-228 places a clear legal backstop on the issue of informed consent for sterilization. This has not existed in the past and addresses a legal gap in Canadian law.

I acknowledge the concerns of many of my colleagues, who worry about a chilling effect on reproductive care, the politicization of reproductive care and the potential for unintended consequences; however, I support the passage of Bill S-228 without further amendments. It is my hope that the bill will be a strong catalyst for the medical profession to strengthen our processes around informed consent for sterilization procedures, especially for those most vulnerable to the failures of the informed consent process, such as first nations, Inuit and Métis people.

**The Chair:** Thank you, Doctor.

Next, we have the executive director, Harmony Redsky.

**Harmony Redsky (Executive Director, Survivors Circle for Reproductive Justice):** [*Witness spoke in Anishinaabemowin and provided the following translation:*]

Hello. My name is Centre of the Sky Woman. I am Eagle clan from Wasauksing First Nation. I am from the Bodéwadmi and Haudenosaunee nations.

[*English*]

My name is Harmony Redsky. I'm the executive director of the Survivors Circle for Reproductive Justice. The Survivors Circle for Reproductive Justice works with first nations, Inuit and Métis survivors from across the country, representing female, male, 2-spirit, LGBTQ+ and non-binary membership.

To locate myself within this work, I am the daughter of a survivor of forced sterilization. My mother went into the day surgery department of a nearby regional hospital for a routine procedure, only to wake up, a few hours later, groggy and sterilized. This happened to her without her knowledge or consent. While groggy and sedated, she immediately felt violated, as if she had no control over the situation. She was still in her child-bearing stage of life and had planned to have more children beyond my younger brother and myself.

When I shared my involvement with the work of the Survivors Circle for Reproductive Justice with my mom, she looked at me instantly and said, “Does that mean I'm a survivor?” Reactions like this are becoming more and more common these days as the survivors circle makes its way across the country and connects with more and more indigenous people who share this reality.

Senator Yvonne Boyer and the survivors have put words to the atrocious acts that indigenous people are still at risk of every day. The work of the survivors circle has been focused on centring the lived experience of survivors and the enormous impacts of forced and coerced sterilization on their families, lives and communities.

After the release of the 2021 and 2022 Senate reports on forced and coerced sterilization in Canada, the Survivors Circle for Reproductive Justice was formed as a direct response in order to implement the recommendations of these reports, as well as the 2018 recommendations to Canada from the United Nations committee against torture and other forms of cruel and unusual treatment.

In less than two years, we have been successful in implementing a number of the recommendations, including forming a national organization composed of a membership of indigenous survivors from across the country; building a national registry that adheres to federal and provincial privacy legislation while honouring the principles of ownership, control, access and possession, or OCAP; building a national archive to house and contain the records and stories of survivors who have been brave enough to share their lived experiences; and building a healing support fund that provides direct healing supports to survivors and access to assisted reproductive technologies, healing opportunities and mental health supports.

The national registry and archive contains a national data collection system that tracks dates, physicians, hospitals, the number of forced sterilizations, the types of coerced sterilization, other systems that patients may have been under the care of, and the stories of survivors, in order to measure the depth of forced and coerced sterilization in this country. The survivors circle is building a baseline on forced sterilization and the various types of coercion that indigenous people have experienced. We are identifying patterns of behaviour not only in the physician and nursing professions but also in deep-rooted institutions, regions and policies nationwide. As the registry grows, we see that this is very much a current issue, with members from across the country who have been sterilized since 2020 while still in their reproductive years. The most recent member who joined was sterilized in 2024.

The registry paints a clear picture that informed consent was not obtained from the patient by the doctor in almost 100% of the national registry's membership. Rather, deliberate and harmful actions were made against these patients. It's not only systems that are responsible for this failure. Some physicians are not doing their due diligence.

● (1235)

It is essential that the Survivors Circle for Reproductive Justice be supported to continue this work, as it directly aligns with the aims of Bill S-228 in specifically and clearly criminalizing forced and coerced sterilization. It is not only important, but it is an act of reconciliation, as outlined in the truth and reconciliation calls to justice, and for the truth for survivors, in making it known nationally that this is an ongoing act of genocide.

Through the work of Bill S-228, survivors of forced and coerced sterilization and their lived experiences are being witnessed, for all of Canada and the world to see.

*Meegwetch*. *Nia:wen*.

**The Chair:** *Meegwetch*, Harmony.

Next, we have Silvia Mckay, a survivor support worker.

**Silvia Mckay (Survivor Support Worker, Survivors Circle for Reproductive Justice):** Hello. Thank you for giving me this opportunity to share my experience.

My name is Silvia Mckay. I am a 52-year-old Cree woman from Peepeekisis First Nation in Saskatchewan. I previously testified as Sylvia Tuckanow.

I am a survivor. I was sterilized against my will when I was 29 years old. On July 9, 2001, I went to Royal University Hospital in Saskatoon, Saskatchewan, in active labour. I gave birth to a healthy baby boy, with my late husband by my side. Shortly after birth, I heard my husband say, “I'm not signing that.” No one asked me anything or explained anything to me about what he had been asked.

When my husband left for home to be with our other children, I was left there with no support. I was taken into an elevator in a wheelchair to some other room. I cannot recall if I went up or down, as I was disoriented from giving birth and the effects of pain medications. I was placed outside this room by the door. I managed to see into the room, which was unfamiliar to me. I automatically felt fear. I started trying to wheel myself back in the direction of where the elevator was, but I didn't make it, because a man came up behind me and wheeled me back towards that room. I told him I didn't want to do this, but he didn't listen. I did not know exactly what I was objecting to at the time, but I had a terrible feeling, because no one had talked to me about what was going on. I felt terror and fear as I was taken into that room.

A few nurses surrounded me—I don't know exactly how many—to prepare me for an epidural. I already had an epidural sticking out of my back from giving birth, so I wondered why they needed to do another one. I kept asking if the one already in my back could be used. I was trying to stall them, I believe. I kept coming up with excuses. During this whole process, I kept saying, “No, I don't want to do this”, and crying uncontrollably, but nobody listened to me. I said “no” many times. I was completely ignored by everyone in that room.

I was so vulnerable and helpless. My legs were not working properly, because of giving birth and having the first epidural. I was put in that bed in total fear. I kept crying. I was terrified. I was also hyperventilating, because of the position I was put in on that bed. My head was positioned lower than my body, and I was tied down to that bed. I kept asking the man doing the surgery if he was done. He did not reply to me until the procedure was done. When he was finished, he said to me, “There—tied, cut and burned. Nothing will get through that.” Also, the smell of something burned was in the air, and to this day, I cannot explain that smell. The closest thing to that smell would be burned duck or chicken.

I felt relief. I was getting out of that room. Then I was taken back to the maternity ward, and it was then that I finally got to hold my son.

This terrifying experience left a void inside me. I no longer felt like a woman. I am terrified of hospitals and doctors. I lived with this for 14 years before I came out with my story in 2016. I thought this only happened to me, but now I know I am not alone. Now I am telling my experience to anyone who will listen.

Also, in 2017, I shared my experience in an external review that was conducted by Dr. Judith Bartlett and Senator Yvonne Boyer. At that time, I finally felt that someone was actually listening to me, and all my emotions from my experience finally surfaced. I cried for days after this.

Everything I am doing is so important to me. I am advocating for other women to come forward, and I know how hard and scary this is. I work at Survivors Circle for Reproductive Justice as a survivor support worker. I have been with this organization since the beginning. The work I am doing is part of my healing journey. Also, I am a plaintiff for a Saskatchewan class action lawsuit.

● (1240)

I can say that I am not alone anymore. The work we do is to protect our future generations and our nations from genocide. Imagine all the little spirits who would have been here in our lives to teach us, to learn from us and to form the backbone of strong indigenous nations. What they did to my family and to so many others was wrong, and they need to be held accountable for these horrendous tortures and genocidal acts.

This is why Bill S-228 is so important: to protect and ensure that our daughters, sons and grandchildren don't have to endure these harms. It is time to pass the bill.

Again, thank you for your time today.

**The Chair:** Thank you, Silvia.

Next, we have Shelby Ponace, a survivor support worker.

Please go ahead.

**Shelby Ponace (Survivor Support Worker, Survivors Circle for Reproductive Justice):** Hello. *Boozhoo* to all. *Kitchi meegwetch* for inviting me here and for giving me the opportunity to share my experiences.

I also acknowledge this territory and give thanks to the Creator for allowing me to stand before you today.

My name is Shelby Ponace. My spirit name is Dandelion Woman. Please forgive me, as I am still learning how to pronounce my name. I am a mother of two young boys. I currently reside in Treaty 1 territory; however, my home community is located in Treaty 4 territory.

In June 2018, at St. Boniface Hospital in Winnipeg, after the birth of my second child, I was subjected to a coerced and uninformed tubal ligation at the age of 24. I previously shared my story as a witness during the Senate committee hearings when Bill S-250 was being studied. Since then, research has been completed, survivors have spoken, and I can say with certainty that the time for action is now.

During that period, my life was unravelling. My relationship broke down. My former partner used my inability to have more children as a reason to walk away from our family. I was left navigating motherhood while struggling deeply with my sense of identity. I felt lost, not only as a woman but also as a mother. I struggled to connect with my baby. Instead of celebrating his milestones, I mourned them, because I believed they would be my last. His firsts became my lasts. That loss of choice led to isolation, disconnection and breakdown within my family and support systems.

During my labour, I was induced for three days. I faced multiple barriers and a lack of consent in my care. My water was ruptured without permission. It took over 34 hours for my doctors to decide to deliver my son by an emergency C-section. This resulted in my baby and me developing sepsis. I was blamed. I was told that my body had failed me and my son. I was told that future pregnancies would put my life at risk.

In that moment of crisis—highly medicated, afraid, and alone after my former partner was asked to leave the room—I was approached by two doctors who pushed for a tubal ligation. I was told that if I did not agree, I would die and my future children would die as well. I did not understand the procedure, as prior to that it had never been discussed with me. I was not making an informed decision. I was simply trying to ensure the survival of my unborn son and me. That is not consent.

After my son was born and taken to the NICU, the procedure was performed. I remember the smell of burning flesh. I remember fading in and out of consciousness. I remember the doctor saying that it was a good one—that nothing would be getting through that—followed by laughter. Those words have stuck with me. They reflect more than a procedure. They reflect intent and a system that failed to respect my body, my right to proper care and my dignity.

Today, I am a survivor member as well as a survivor support worker with the Survivors Circle for Reproductive Justice. Through this work, I have supported hundreds of survivors across Canada from all ages, all walks of life and all nations across Canada. While every story is different, the patterns are the same, including coercion, lack of consent, silence and a deep mistrust of the health care system.

But I have also witnessed something powerful, and that is healing. That is why this work matters. There are systems in place that protect health care providers, but there are not enough that protect patients. That must change. What would have made a difference for me was clear, informed and voluntary consent, without pressure, without fear and without isolation. It would have meant having my support person present. It would have meant being respected in my decision to have more children. Today I live with the reality that my partner and I may never have that choice, and that carries a lasting fear of loss and abandonment.

● (1245)

Bill S-228 is necessary, not only for those of us who have already been harmed but also for future generations. This is not just an indigenous issue, though we are disproportionately impacted. This is about human rights and ensuring that violations against the human anatomy through coercion never replace consent.

In closing, I ask you to remember this: If consent is not fully informed, it is not consent. If systems protect providers more than patients, then those systems must be changed.

I'd like to say *kitchi meegwetch* to Senator Boyer and her team, Alisa Lombard and her firm, MP Jamie Schmale, Harmony Redsky and the Survivors Circle for Reproductive Justice, and allies for their ongoing advocacy and support.

*Kitchi meegwetch* to my children, my partner, my family and my community for always standing by my side.

Finally, I would like to thank all of you here today for taking the time to listen to my story and to hear the voices of the survivors.

I have one last note. There are systems in place that protect health care providers, but not enough that protect patients. That must change.

*Kitchi meegwetch*.

● (1250)

**The Chair:** *Kitchi meegwetch*, Shelby. Thank you very much.

Thank you very much to all of you for your testimony.

MP Schmale will go first. He is the House sponsor of this particular bill.

We have a round of six minutes coming for each one of us.

**Jamie Schmale (Haliburton—Kawartha Lakes, CPC):** Thank you to all of the witnesses for sharing their stories and for offering words of encouragement and support as this bill makes its way through the process here.

Of course, thank you to Senator Boyer for continuing to push to introduce it in the Senate multiple times and to get it to the House. She's been a real leader and a real voice for those who want to see changes made to our criminal justice system to ensure that sterilization without consent is treated as it should be in the Criminal Code.

It pains me to hear the stories that were told, but the powerful stories that were told have helped us, as parliamentarians, get to the point we have already. For those who might not have known, it did receive unanimous consent in the House to push it to committee without waiting for a vote, which would have delayed this bill even more. I want to thank our colleagues from the Bloc and the Liberal Party as well. Jaime Battiste did bring that up in the House. It kind of surprised us all, but there were negotiations behind the scenes that kind of worked toward making that happen. I can say nice things about Jaime because he's not here, so that helps.

Maybe I'll just get in a few questions here. I know our time is short and there's so much to talk about.

It was mentioned many times during the conversation here today that it's about creating that balance. It's about creating a balance that ensures there are protections for health care professionals who need to make a snap decision in an emergency situation, but also punishment, potentially, for those who go beyond that scope, including sterilizing without consent, as we heard in the stories from a number of people at this table today.

Maybe I could ask Dr. Burnell first, and then we'll go to Harmony Redsky or Dr. Wilson.

Do you agree that it creates that healthy balance between protections for health care professionals and ensuring we're not seeing a reoccurrence of some of the stories we've heard today?

**Dr. Margot Burnell:** I believe this bill as presented does in fact do that. It provides the clarity that is required for physicians to undertake these procedures with respect to, for the most part, an elective procedure where patients are seeking sterilization or a discussion about birth control options. In that forum, there is time to go through the pros, the cons, the risks, the benefits and what the options are, which allows them to reflect and make the decision that's best for them. They can go away, reflect and bring their support person or their partner to those appointments. They then have the opportunity to have a really fulsome discussion about what their goals are with respect to their reproductive health and have autonomy over those decisions.

The balance for physicians at section 45 is still present. In an emergency procedure, where it was not anticipated, this may be part of what would happen where it's about the life of the individual or where significant harm to the individual is present. This provides the backbone and the recourse that says they did it with the best of intent to save the mother and prevent illness or long-term morbidity. That is covered in section 45, so I think this is an appropriate balance.

● (1255)

**Harmony Redsky:** I'll echo that. From what we have seen with the registry and those who have come forward to the registry, there is a stark contrast between what is forced and coerced and what is a life-saving procedure. At the expert panel, we have reviewed cases and applications that have come forward that have involved a life-saving procedure in an emergency. Some of those have not made it into the registry because the criteria were not met for forced and coerced sterilization. I just wanted to say that.

The purpose of the bill is not to punish physicians for performing perfectly lawful procedures. It's for women who did not consent and do not consent in what are predominantly vulnerable circumstances, such as childbirth, being completely unconscious and other situations like that.

**Dr. Don Wilson:** As an obstetrician-gynecologist in practice, if this bill passes, I won't be changing my practice, because there's nothing for me to change if I'm not engaging in forced or coerced sterilization.

I also think that the bill will be an extremely important one and will be a catalyst for a much larger discussion in the profession of medicine, particularly in the discipline of obstetrics and gynecology, about how we engage in the process of informed consent with patients to ensure that it is valid.

We don't really have anything to worry about in the way this bill is written if we're not engaging in those coercive practices.

**Jamie Schmale:** How much time do I have?

**The Chair:** You're out of time, but you're the sponsor of the bill, if you want to take a little liberty.

**Jamie Schmale:** Thank you, Chair.

I appreciate the work that's been done. The work that the survivors circle has done behind the scenes across the country to elevate the voices of those who have been harmed is unbelievable.

It's been amazing getting to know a lot of people from across the country who I probably never would have crossed paths with. There are some pretty remarkable people across this land, and I've been touched to be able to speak with them and learn more about them. It's been an interesting journey, and I hope we're able to get this across the finish line for you. I know many of you have been trying for many years and were so close. The fact that you're here today speaks to that passion and speaks to the motivation that we, as parliamentarians, have to get this done.

Also, for those at home who may be watching, this shows that parliamentarians do work well together from time to time, and we can get things done in Ottawa. There's not always that combative approach you see on TV. There is actually some good work being done behind the scenes, and we're moving the mark here to make this a better place to live.

Thank you, everyone, for your passion, your remarks, your work and the collaboration we've achieved here today and in the past few weeks.

Thank you, Chair, for that very nice extra time that I got. We will have to continue this in future meetings.

**The Chair:** You made good use of it. Well said, my friend.

Dr. Hanley, you have six minutes, please.

**Brendan Hanley:** In the spirit of collaboration, I want to thank you all for your courageous testimony and for being here. Again, I thank Senator Boyer, who I know is still in the room, and also Mr. Schmale for championing this incredibly important issue.

Again, as parliamentarians, we have to ask the difficult questions, and we have to make sure we are fully considering the benefits and the potential unintended consequences of introducing legislation, particularly when it involves the Criminal Code.

I want to again bring us back to some themes similar to those raised in Mr. Schmale's questions to you about how we ensure that the right balance is struck in this legislation, should it pass. In particular, I want to point out, again, the briefs that we've received from some medical groups, including the SOGC, the Society of Obstetricians and Gynecologists—which, as you know, Dr. Wilson, is a highly respected organization—and the Federation of Medical Women. Both of them are at pains to point out how much they support the spirit and the intent of this bill "to ensure that coerced sterilization...is finally stopped", as the SOGC says, "and that those who perpetuate these assaults against women are held to account." I think we're all clear on the intent, but the SOGC brief in particular does point out "significant concerns about unintended consequences [that the SOGC believes] this bill could have on women's access to reproductive care". They also point out that a "legislative instrument" may not be the right tool for the problem that exists.

I'd like Dr. Burnell and Dr. Wilson in particular—and any others we might have time for—to just comment on how we can address these concerns that are coming from the medical groups. What do you recommend, what do you advise, in how we can meet those concerns?

Dr. Burnell, perhaps you can start.

● (1300)

**Dr. Margot Burnell:** Thank you for your question.

This bill really is one that we hope will never be tested. We've heard from the members today their compelling stories of what's going on within the institutions in this country. Our responsibility is to protect the autonomy and decision-making of women with respect to reproductive justice. The elements that will go toward this will be education, both of patients and physicians; defining the requirements of informed, prior and free consent; and allowing a dialogue between patients and their health care professionals.

I would echo what Dr. Wilson said: If you are complying with prior, informed and free consent, you will not need to adjust your practice.

**Dr. Don Wilson:** Before I was invited to be a part of this, I had heard some of these concerns, because I am a member of the SOGC myself. There are a couple of things that I would like to point out.

One of the arguments as to whether this bill is truly necessary was that we already have mechanisms in place to address scenarios of forced and coerced sterilization. My question is, when have those mechanisms ever resulted in justice for those people who have gone through the process of forced or coerced sterilization? The current systems are inadequate. As one of our survivors has pointed out, there are strong protections in place for physicians who face legal challenges, whether it be malpractice, negligence or claims against them for whatever reason. The CMPA exists. Interestingly, obstetrician-gynecologists pay one of the highest rates of premiums for that coverage, mostly because of obstetrical issues. As far as I'm aware, I've not heard of any patients who have ever received justice from current mechanisms.

I mentioned in my earlier discussion that I think this law will result in conversations that would not have otherwise been held in the profession of obstetrics and gynecology. It will force the profession to step up and address how we obtain consent for these procedures for patients. It will also highlight the importance of it not only to the physicians who perform these, but to all of the associated team members who are involved as well. I can't do a surgery without an anesthesiologist. I can't do a surgery without operating room nurses. I can't do a surgery without patients being admitted to a day surgery unit or a labour and delivery unit. It will impact the entire health care system. I think we are past the time of addressing adequate informed consent, not just for sterilization procedures, but for many other medical interventions and procedures.

As a physician, I've heard many times from patients when I have gone through my usual practice of talking about a proposed intervention that I was the first physician they have ever had who took the time to explain the process to them. That should not be the case. It should be quite universal that physicians take the time to explain the procedure, the risks, the alternatives, the potential complications and the sequelae of whatever we are proposing, and it doesn't always happen.

I think it's time to.... This will be an impetus for the profession to step up and find ways to do better. I mentioned in my earlier presentation that there are realities in medicine that make it extremely difficult to meet that bar. There are time pressures. There are volume pressures with lots and lots of patients in labour at the same time. It does not excuse us from trying to reach that bar.

We owe that to our patients, and in particular we owe that to those who are the most vulnerable to being subjected to forced and coerced sterilization. This legal backstop, I feel, as an indigenous OB/GYN, will be an important protection for indigenous people who might otherwise be subjected to this.

● (1305)

**The Chair:** Thank you very much.

[*Translation*]

Mrs. Gill, you have the floor for six minutes.

**Marilène Gill:** Thank you very much, Mr. Chair.

I'd like to thank all the witnesses for being with us today, including Ms. Étienne, who is participating virtually.

Everyone has testified bravely and generously. I believe we've reached the end of this discussion for this panel. I'll give the witnesses the opportunity to add anything if they see that there are questions that we, as elected officials, haven't asked, but for which answers would be relevant. I'll let them speak as much as possible. It was said that we should give the floor to those who need it, so I'll let them speak without imposing an order or saying who can speak, if they wish to add a final comment, question or suggestion.

Thank you very much. *Meegwetch*.

[*English*]

**Shelby Ponace:** I have spoken for the truth and reconciliation centre at a lunch-and-learn. That really opened my eyes about consent and coercion and what they mean to me.

Consent requires full understanding, time and freedom from pressure. I was in pain, I was medicated, and I was told I might die. That is not a situation where someone can give informed, voluntary consent.

I did want to make a note about doctors' intent and the impact it may have on patients. Intent matters, because it shapes decisions. Whether conscious or not, bias can influence how providers treat patients. In my case, the comments and actions reflected a lack of respect for my body autonomy and my future.

I also wanted to bring up the big elephant in the room, and that's our work as survivor support workers. I support survivors across Canada, hundreds of survivors. What I hear repeatedly are similar patterns, including pressure, lack of information and lasting trauma. This is not isolated, and it is ongoing.

I don't know if I can mention it, but our funding has been cut. I feel, as a survivor support worker, that we are doing just as much harm as the people who have harmed us. As we open many survivors' wounds, we're no longer able to fully support them with the funding cuts. I find myself disconnecting again and not wanting to keep that relationship going with other survivors, because of the lack of support I can provide. That's something really important to survivors. Once they're heard, they feel seen, and they feel supported. The lack of funding is now going to put them in a darker place.

One of the comments I really want to make here is just how important the Survivors Circle for Reproductive Justice is, as well as our jobs.

Thank you.

● (1310)

**The Chair:** Go ahead, Doctor.

**Dr. Margot Burnell:** I'd just like to add that, from the CMA perspective, this really is part of our reconciliation action plan, building upon the apology to indigenous people in September 2024. This is a piece of legislation that has been called upon. We have worked with our indigenous guiding circle and our indigenous leadership within CMA to look at this issue, to hear those stories and to bring those stories forward.

In building trust and in relationship building, again, this is a critical piece of legislation for that.

**The Chair:** We have somebody online who would like to add something.

Go ahead. You have your hand up.

[*Translation*]

**Marjolaine Étienne:** Thank you. This will be my last comment.

In fact, there is a very specific perspective in Quebec, and it's a very important factor. I'm talking about the recognition of systemic racism in health care institutions, in particular.

There is reason to look at the situation from a medical or surgical point of view, but, on the other hand, we mustn't forget that indigenous women have rights, and they must be able to assert them as well, once and for all. The injustices of the past and the truth that's being spoken publicly today through reports and testimony from Quebec women are extremely important.

If we don't work on recognizing systemic racism in Quebec, we're just going to put band-aids on the wound. You know as well as I do that, when it comes to doctors and nurses, if we don't work on the root of the problem, year after year the wound will eventually become infected.

I also want to thank and acknowledge the women who come before parliamentary committees to bravely share their stories. Their testimony echoes what I've heard from indigenous women across Quebec.

[*English*]

**The Chair:** Thank you.

Thank you, everyone, for this important sharing of stories. It's really helpful.

Thank you to our two sponsors, MP Schmale and Senator Boyer.

Before I ask to adjourn.... I know it is the will of the committee to get this done expeditiously. Therefore, I would ask the committee to take a look at witnesses for Bill S-2. We will be meeting on Thursday on this one, when we get back, and we're hoping to finish this up, which means that we will then be going into Bill S-2. Please send in your witnesses for Bill S-2 by Friday. This will allow the clerk to start scheduling that.

*Chi-meegwetch*, everyone. Thank you so much for your bravery, for your spirit and for sharing your experiences.

Do I have permission to adjourn?

**Some hon. members:** Agreed.

**The Chair:** Thank you.