

(Wikimedia Commons)

IT HAPPENS HERE TOO

Legacies of Eugenics in So-Called
British Columbia

By Sophie Harms

TABLE OF CONTENTS:

Preface:

- Who am I and Where am I from? 3
- A Note on Terminology 4

Section One: What is Eugenics?

- Defining Key Concepts 5
- An Abridged Timeline of Eugenics 9
- Perspectives from Oyeronke Oyewumi’s Chapter, “Visualizing the Body” 10

Section Two: Examples in History

- An Analysis of BC’s Sexual Sterilization Act 12
- The Impacts of the Act 16

Section Three: Contemporary Examples

- Colonialism Circumventing Time 17
- Class Action Lawsuits 20

Section Four: Conclusion

- Barbarity? Perspectives from Aimé Césaire 21

Works Cited 23



Preface:

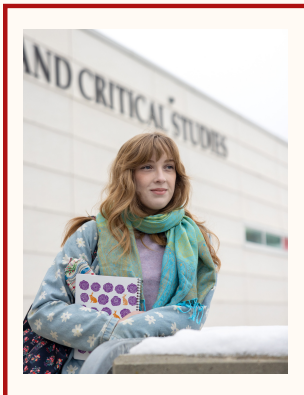
Who am I and Where am I from?

(A Statement from the Author)

My name is Sophie Harms, I live on unceded and unsundered Syilx Territory. I am a fourth-year undergraduate student at the University of British Columbia, I am also a daughter and partner. My scholarly interests revolve around reproductive justice– analyzing positive representations of abortion and interrogating the ways in which anti-abortion groups brand and articulate abortion as trauma-inducing. This zine reflects this passion of mine to fight for reproductive justice for all. I also work alongside my community in the non-profit sector, offering assistance to parents and children living below, on, or just above the poverty line.

I am the daughter of Steve Harms and Anita Blagaic. My father is an immigrant from Clanfield, England, moving to Kelowna in 2000 after marrying my mother who was working in Shropshire, England through a teacher exchange program. When my father immigrated here, he moved away from his mother and father and his two siblings. My mother's family is from former Yugoslavia, from a tiny island off the Dalmatian coast, called Solta. My grandparents immigrated as teenage refugees in the 1960s. Their path to so-called Canada was a treacherous journey of navigating refugee camps and political prisons.

As a cis-het, able-bodied white settler, the intention behind this zine is to investigate and interrogate the harmful, genocidal actions that have occurred (and continue to occur) within Indigenous reproductive health as a result of settler colonialism enacted by the Canadian Government. When discussing the violence carried out by our legal system and healthcare community, I make a point to not speak for Indigenous Peoples, but rather, to provide a platform for these systematically under-represented voices to be heard. Regarding this, my use of quotations is intentional to highlight Indigenous voices and perspectives.

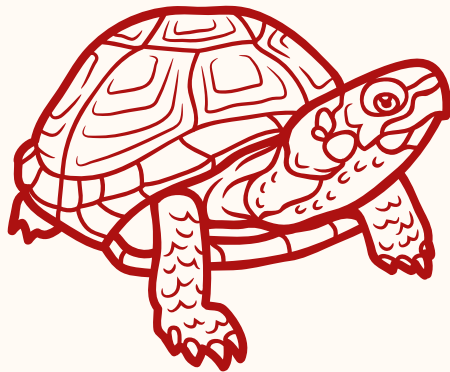


A NOTE ON TERMINOLOGY

Throughout this zine, you may notice phrasing such as:

- So-called Canada/British Columbia
- Turtle Island

This is to reinstate and remind readers of the invalid claim that colonial settlers have over this land, and in addition, the anglicization of this land through their naming process-- as the baseless Doctrine of Discovery has since been rescinded (Cimellaro). As such, Turtle Island is an Indigenous term, originating from a diverse range of Indigenous cultures, in reference to the continent currently referred to as “North America” (Home on Native Land).

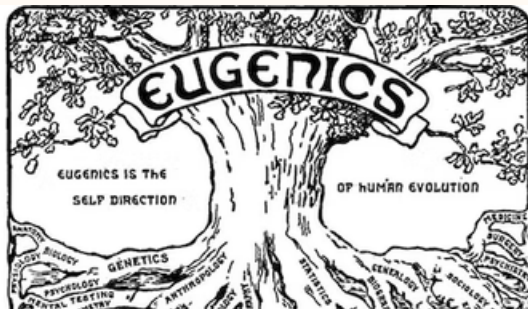


*Terminology referring to Indigenous Peoples within historical texts are outdated and deeply problematic. Within this zine, these phrases will only appear within historical contexts, such as quotations or primary documents.

SECTION ONE: WHAT IS *EUGENICS*?

Defining Key Concepts

Eugenics: Eugenics refers to the flawed and deeply problematic belief that selective breeding can create an ideal human race (National Human Genome Research Institute). This belief is founded on the unsound notion that abstract and subjective qualities, such as morality and intelligence, can be inherited through genetics (National Human Genome Research Institute). Eugenics gained widespread popularity in the 20th century, claiming that practices of sterilization, social exclusion, and segregation can rid society of those deemed “undesirable” to protect the future of the white race (National Human Genome Research Institute). Immensely racist, xenophobic, homophobic, transphobic, and ableist beliefs are at the root of eugenics. Oyeronke Oyewumi describes the Western preoccupation of biology behind eugenics, asserting that “those in positions of power find it imperative to establish their superior biology as a way of affirming their privilege and dominance over “Others” (Oyewumi 1). Those who are different are seen as “genetically inferior, and this, in turn, is used to account for their disadvantaged social positions” (Oyewumi 1). As such, eugenics misappropriates scientific thinking and rhetoric to legitimate social inequality and the violent mechanisms enacted as a result.



Defining Key Concepts



Consent: Interior Health, in their Administrative Policy Manual, states that consent is only valid “if an Adult or their substitute decision maker voluntarily gives the consent after they are informed of: (a) the nature of the health care; (b) how it is related to their condition; (c) the risks and benefits of the health care and any alternative health care treatments reasonably available; and they are given an opportunity to ask questions and receive answers about the proposed healthcare” (Interior Health 3). To reiterate, this means that patients must fully understand what treatments they are receiving and for what reason. This also means that in order to fully understand the treatment proposed, they must fully understand the potential risks of the treatment. Patients are included in their treatment plans and provided opportunities to have dialogue or discuss alternatives with their healthcare professionals. Interior Health also states that patients have the right to revoke their consent at any time during the procedure or treatment. If this occurs, the healthcare professional must stop the procedure or treatment, unless stopping poses an immediate risk to the patient’s life (Interior Health 8).

It is interesting to note that Interior Health’s definition does not discuss coercion. For example, the United Nations recognizes “Free, Prior and Informed Consent,” as a right for Indigenous Peoples. According to this framework, consent is considered “free” when it is given without “coercion, intimidation or manipulation” (UN 15). In addition, “prior” relates to how consent is obtained in advance, in order to allow time to “understand, access, and analyze information on the proposed activity” (UN 15). Lastly, “informed” refers to the nature to which information pertaining to proposed activities, procedures, or treatments are delivered (UN 15). For consent to be informed, information must be complete and presented in an accessible way (delivered in a local language and delivered in a culturally-sensitive format), and importantly, provided in an ongoing, participatory manner (UN 15). This implies that consent is an active practice that requires an equal, participatory partnership between healthcare professionals and patients (or researchers and participants).



Defining Key Concepts



Othering: At the root of the process of Othering, is the formation of social stratification and hierarchies. Deeply intertwined with eugenics Othering pertains to how people become marked as different and inferior to the dominant social group (Griffin). Oyewumi describes this in the context of social binaries, namely body/mind (3). She states that “[w]omen, primitives, Jews, Africans, the poor, and all those who qualified for the label "different" in varying historical epochs have been considered to be the embodied, dominated therefore by instinct and affect, reason being beyond them. They are the Other, and the Other is a body” (3). While the powerful dominant social group, white men, are associated with rationality, civilization, and morality (i.e. the mind), the “Others” are marginalized through their association with the body—unreasonable, carnal, and instinctive. We will return to Oyewumi’s discussion of the body and Othering within Western thought in later sections.

Essentialism: Essentialism refers to the belief that people are defined by an innate, biological “essence” rather than shaped by their sociocultural context (Oxford Reference). As such, essentialism is closely related to othering and eugenics. Oyewumi discusses biological essentialism in the opening paragraph of her chapter “Visualizing the Body.” She states:

[t]he idea that biology is destiny — or, better still, destiny is biology — has been a staple of Western thought for centuries ...the notion that difference and hierarchy in society are biologically determined continues to enjoy credence even among social scientists who purport to explain human society in other than genetic terms. In the West, biological explanations appear to be especially privileged over other ways of explaining differences of gender, race, or class. Difference is expressed as [genetic] degeneration (Oyewumi 1).

As noted by Oyewumi, essentialism and its appropriation of biology and empirical frameworks serve as a mechanism to legitimate racialization and related oppression. Moreover, while cultural perspectives more accurately explain and reveal how social categories are constructed to reflect the dominant power structures of a culture, Oyewumi reminds us that these social categories remain deeply associated and defined through biological thinking (4). As scholars, we must be mindful of this as we endeavour to expand and interrogate social constructions such as race.

Defining Key Concepts



Genocide: The 1948 Convention on the Prevention and Punishment of the Crime of Genocide defines genocide as follows:

Genocide means any of the following acts committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group, as such: (a) Killing members of the group; (b) Causing serious bodily or mental harm to members of the group; (c) Deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part; (d) Imposing measures intended to prevent births within the group; (e) Forcibly transferring children of the group to another group (Convention on Prevention and Punishment of Genocide).

For the purposes of this zine, we want to pay special attention to article d, which defines genocide as the intentional act of preventing births within a group. When considering this connection, it becomes clear how eugenics, essentialism, and othering are all concepts and practices that aid genocide. We will explore this in-depth in later sections.

Sterilization: According to the American College of Obstetricians and Gynecologists (ACOG), sterilization is a permanent, irreversible form of birth control. In patients with a uterus, this is specifically referred to as tubal ligation (ACOG). This means that the patient’s fallopian tubes are either cut, tied or cauterized (ACOG). In some cases, the fallopian tubes and ovaries are removed entirely to hinder reproduction (ACOG).

Settler Colonialism: According to Alicia Cox, settler colonialism is an ongoing system and project which seeks to displace and eliminate Indigenous Peoples from land in order to achieve mass settler-occupation (Cox). Settler colonialism, while an economic, extractive endeavor, fundamentally works to establish and normalize settlers as the rightful inhabitants of a land (Cox). This can be achieved by a vast variety of mechanisms, namely, through the eurocentric imposition of capitalism, private property, religion, and education systems in order to ideologically invade the land and Indigenous peoples (Cox). However, settler colonialism is also carried out through genocide as well in order to physically “eliminate” Indigenous Peoples from the land and establish a white, European nation-state (Cox). In addition, settler colonialism is often positioned as a moral and righteous endeavor, in which settlers are spreading “civilization” to the rest of the world (Cox).

AN ABRIDGED TIMELINE OF EUGENICS

(EugenicsArchive.ca)

1883:

"Eugenics" is coined by Francis Galton
 - The word originates from the Greek word, "Eu" which means "well" and "genics", which means "offspring (well-born)" (EugenicsArchive.ca). Galton is considered the founder of the eugenics movement describing eugenics as a mechanism to promote racial purity, either physically or mentally (EugenicsArchive.ca)



Sir Francis Galton, 1908 (Wikimedia Commons)

1933:

British Columbia passed the legislation, "An Act Respecting Sexual Sterilization"
 - This legislation outlines which institutions and healthcare professionals can perform sterilizations-- describing "inmates" who are deemed to have undesirable traits to be candidates for sterilization to prevent the reproduction of such traits in society (EugenicsArchive.ca).

Germany implemented "The Law for the Prevention of Hereditarily Diseased Offspring"

- The Nazi government passes this legislation to permit the forced sterilizations of people deemed to have "heritable diseases;" this legislation is notable in its similarities to sterilization laws of the US and Canada at the time (EugenicsArchive.ca).

1939:

Adolf Hitler implements Action T-4
 - Hitler authorized a mass euthanasia program in which terminally ill, mentally or physically disabled, and elderly people were killed in an effort to preserve the "racial purity of Aryan Germans (EugenicsArchive.ca).



Bus used to transport patients for euthanasia in Action T4 program (Wikimedia Commons)

1973:

British Columbia rescinds the Sexual Sterilization Act
 - This legislation was in effect for 40 years



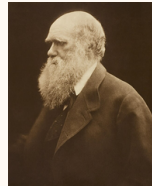
First residential school, The Mohawk Institute, 1932 (Algoma University)

1870:

Canadian Residential Schools begin operation
 - These "school" systems had the intention to sever children from their communities and cultures, imposing a "cultural genocide" (EugenicsArchive.ca).

Charles Darwin published *The Descent of Man*

- This is a follow-up to *On the Origin of Species*, applying his concepts of human evolution and survival of the fittest to differentiation of traits such as race and sex; He also cautions against technologies that help "the weak" to reproduce (EugenicsArchive.ca).



Charles Darwin (Wikimedia Commons)

1930:

Eugenics Society of Canada is established in Ontario
 - The society was created to petition for racial purity through amendments to the Marriage Act, increased segregation of people deemed undesirable, and sterilization-- The society was also responsible for distributing Eugenics propaganda (EugenicsArchive.ca).

1935:

Nazi Germany legislates the Nuremberg Race Laws
 -These laws are notable in their distinctions of blood quantum in Jewish Peoples, and the banning of interracial marriage between "Aryan" Germans and Jewish-Germans (EugenicsArchive.ca).



Nazi Eugenics Poster (Wikimedia Commons)

1945:

Essondale Report published
 - This report published findings based on patient case studies at the Essondale Provincial Mental Hospital to investigate the impacts of B.C.'s Sexual Sterilization Act (EugenicsArchive.ca) . The report concluded that sexual sterilization was both good for the patient and wider society-- further validating the legislation (EugenicsArchive.ca).



Riverview (Essondale) Hospital in 2009 (Creative Commons)

Perspectives from Oyeronke Oyewumi's chapter, “Visualizing the Body”

Oyeronke Oyewumi,
Professor of Sociology at Stony Brook University

Academic interests: Oyewumi studies the social and historical constructions of gender (Stony Brook University). She asserts that gender cannot be assumed as a global universal concept and that constructions of gender and gender oppression are inseparably intertwined with Western thought, such as biological determinism (Stony Brook University).



So far, we have defined key concepts surrounding eugenics and contextualized these ideas within historical events. But Oyewumi goes further to situate concepts like eugenics and othering within Western perspectives through her discussion of epistemology. Epistemology refers to the study of knowledge, specifically, how knowledge is produced (University of Sheffield). The way that knowledge is produced and structured influences how people understand themselves and the world around them (University of Sheffield). Oyewumi identifies how Western epistemology privileges vision, and connects this to biological essentialism and eugenics. She asserts, “[t]he reason that the body has so much presence in the West is that the world is primarily perceived by sight. The differentiation of human bodies in terms of sex, skin color, and cranium size is a testament to the powers attributed to ‘seeing.’ The gaze is an invitation to differentiate” (Oyewumi 2). Evidence of the West’s privileging of vision within knowledge production is highly present, yet rarely noticed due to its taken-for-grantedness.

In the West, we have phrases such as “seeing is believing,” or “I can’t believe my eyes.” Oyewumi outlines this by discussing the word, “world-view.” She writes, “[t]he term ‘worldview,’ which is used in the West to sum up the cultural logic of a society, captures the West’s privileging of the visual. It is Eurocentric to use it to describe cultures that may privilege other senses” (Oyewumi 2-3). These simple phrases and proverbs reflect the West’s epistemological privileging of vision when it comes to producing knowledge or weighing out evidence. Regarding this, Oyewumi uses the word, “word-sense” to describe perspectives and epistemologies that are not Western (3).

Through this Western framework, the bodies become visualized and differentiated. Oyewumi cites Elizabeth Grosz, who describes how the body comes to be understood in Western culture through this epistemology. She writes, “[t]he body becomes a text, a system of signs to be deciphered, read, and read into. Social law is incarnated, ‘corporealized’ [;] correlatively, bodies are textualized, read by others as expressive of a subject’s psychic interior” (Oyewumi 2). What Grosz and Oyewumi are arguing, is that because the body is so visual within Western culture, it becomes the primary method through which the West’s social laws and power relations are enacted, which then lays the foundation for eugenics and genocide (5). It becomes the site where the West’s hierarchies are pinpointed. Grosz and Oyewumi are effectively demonstrating how racism and hierarchies of power become encoded into the body. Moreover, how biology and the social construct of race have become intertwined.

An interlude from Fanon:

This emphasis on visual Western culture is also explored by Frantz Fanon, in his chapter “The Fact Of Blackness.” Fanon describes how his identity and body as a Black man are constructed through the white gaze (83). As a result, a Black person is denied their ontological freedom, becoming alienated from their own body and identity in the form of a “third consciousness” (83-84). Fanon delineates how it is the body that the white gaze has entrapped him within, as he draws a parallel to another marginalized identity, the Jewish people (87). He identifies that Jewish people have also experienced intense violence and ostracism, but only after they have been discovered as Jewish; in contrast, Fanon asserts that his embodiment is different, as “[he is] the slave not of the “idea” that others have of [him] but of [his] own appearance (87). Fanon describes this distinction as follows:

I progress by crawling. And already I am being dissected under *white eyes, the only real eyes*. I am fixed. Having adjusted their microtomes, they objectively cut away slices of my reality. I am laid bare. I feel, I see in those white faces that it is not a new man who has come in, but a new kind of man, a new genus. Why, it’s a Negro! (87, author’s emphasis).

Through this visual stratification, in alignment with dominant, white epistemologies (eyes), the Black person is conceptualized. As a result of this colour prejudice, Fanon comes to represent “a corporeal racial schema,” his skin (and biology) morphing into his identity as defined by Western, racist ideologies (84).

These arguments are important because it showcase how constructs of race are a product of racism (rather than racism being a product of race). Regarding the previous section’s timeline which contrasted Canadian/British Columbia’s eugenics policies with Nazi Germany’s eugenics policies, Oyewumi demonstrates that “[t]here is a sense in which phrases such as “the social body” or “the body politic” are not just metaphors but can be read literally. It is not surprising, then, that when the body politic needed to be purified in Nazi Germany, certain kinds of bodies had to be eliminated (2). The racist intentions behind eugenics are made possible through the West’s construct of the body. And through the West’s claim to empirical, epistemic authority, as Anishinaabe scholar Leason writes, “[t]hose who have historically given themselves the power to define have also given themselves the power to impose judgment, prescription, and genocide” (526). These connections between epistemology, the body, and settler colonialism within so-called British Columbia’s eugenics practices will be explored in-depth in later sections.

Oyewumi’s argument demonstrates the faults within biological determinism. The West’s construct of race, and its claim to an inherent biological validity, is deconstructed upon learning how other cultures and their own epistemologies operate. Oyewumi explores this through the Yoruba culture of southwestern Nigeria. She describes:

[a] different scenario, one in which the body is not always enlisted as the basis for social classification ... In the Yoruba world, particularly in pre-nineteenth century Oyo culture, society was conceived to be inhabited by people in relation to one another. That is, the “physicality” of maleness or femaleness did not have social antecedents and therefore did not constitute social categories. Social hierarchy was determined by social relations ... The principle that determined social organization was seniority, which was based on chronological age. Yoruba kinship terms did not denote gender, and other nonfamilial social categories were not gender-specific either. What these Yoruba categories tell us is that the body is not always in view and on view for categorization (13).

Oyewumi explains this different scenario with the Yoruba language, which utilizes tonal differences to encode meaning (14). In privileging the auditory, as structured by their language, the Yoruba do not have the same privileging of the visual nor perspectives of the body that arise from such Western frameworks. As such, Oyewumi’s wider audience throughout her book is to urge African writers to take up their own epistemologies and theories when writing about themselves and their cultures, rather than rely on the same Western theories that oppress and construct the “other,” which in turn facilitate genocidal, eugenic movements (23-24).

SECTION TWO:



EXAMPLES IN HISTORY



An Analysis of BC's
Sexual Sterilization Act



regarding what we have learned so far about Western epistemology and its fixation on the body, as well as settler colonialism-- what connections can you identify when reading this legislation?

CHAPTER 59.

An Act respecting Sexual Sterilization.

[Assented to 7th April, 1933.]

HIS MAJESTY, by and with the advice and consent of the Legislative Assembly of the Province of British Columbia, enacts as follows:—

1. This Act may be cited as the "Sexual Sterilization Act."

Short title.

2. In this Act, unless the context otherwise requires:—

Interpretation.

"Inmate" means a person who is a patient or in custody or under detention in an institution:

← calling patients "inmates" makes it easier to dehumanize them

"Institution" means any public hospital for insane as defined in section 2 of the "Mental Hospitals Act," the Industrial Home for Girls maintained under the "Industrial Home for Girls Act," and the Industrial School maintained under the "Industrial School Act":

"Superintendent," in the case of a public hospital for insane, means the Medical Superintendent of that hospital, and, in the case of the Industrial Home for Girls or the Industrial School, means the Superintendent or other head thereof.

← all of these board members require university education

3. For the purposes of this Act, the Lieutenant-Governor in Council may from time to time appoint three persons, one of whom shall be a Judge of a Court of Record in the Province, one of whom shall be a psychiatrist, and one of whom shall be a person experienced in social-welfare work, who shall constitute a Board to be known as the "Board of Eugenics."

← Board of Eugenics. at the time, Indigenous Peoples would lose their status if they graduated

4. (1.) Where it appears to the Superintendent of any institution within the scope of this Act that any inmate of that institution, if discharged therefrom without being subjected to an operation for sexual sterilization, would be likely to beget or bear children who

← from university Recommendation of Superintendent of institution. the superintendent and board members were (highly likely) all white

"serious mental disease/deficiency" are not defined, giving room for interpretation →

Particulars accompanying recommendation.

Examination of inmate.

Power to order surgical operation.

intentions

- to maintain the "purity" of the social body
- prevent "undesirable" traits from reproducing within the gene pool

→

Consent of inmate or other person.

vague description of "consent" →

no mention of coercion or informing the patient of the nature of their procedure in advance

Protection from action.

Expenses of members of Board of Eugenics.

by reason of inheritance would have a tendency to serious mental disease or mental deficiency, the Superintendent may submit to the Board of Eugenics a recommendation that a surgical operation be performed upon that inmate for sexual sterilization.

(2.) The recommendation of the Superintendent shall be in writing, and be accompanied by a statement setting forth the history of the inmate as shown in the records of the institution, so far as it bears upon the recommendation, and setting forth the reasons why sexual sterilization is recommended.

(3.) The Superintendent may cause the inmate to be examined by or in the presence of the Board of Eugenics.

5. (1.) If upon such examination of the inmate the Board of Eugenics is unanimously of opinion that procreation by the inmate would have a tendency to serious mental disease or mental deficiency, the Board may by an order in writing signed by its members direct such surgical operation for sexual sterilization of the inmate as is set out in the order, and may appoint some legally qualified medical practitioner to perform the operation.

(2.) Nothing in this section or in any order made under it shall prevent the inmate, or any person acting on behalf of the inmate, from selecting and employing at the expense of the inmate a duly qualified medical practitioner to attend in consultation at or to perform the operation directed by the order of the Board of Eugenics.

6. The operation directed by the order of the Board of Eugenics in any case shall not be performed unless the inmate has consented thereto in writing, if in the opinion of the Board the inmate is capable of giving consent, or, if in the opinion of the Board the inmate is not capable of giving consent, unless the husband or wife of the inmate or, in case the inmate is unmarried, the parent or guardian of the inmate has consented thereto in writing, or, in case the inmate has no husband, wife, parent, or guardian resident in the Province, the Provincial Secretary has consented thereto in writing.

7. A legally qualified medical practitioner appointed by the Board of Eugenics to perform any surgical operation on an inmate duly directed by order of the Board pursuant to this Act shall not be liable to any civil action whatsoever by reason of the performance thereof, except in the case of negligence in the performance of the operation.

8. (1.) The members of the Board of Eugenics shall not receive any compensation for their services, but they shall be paid the amount of the travelling and other personal expenses necessarily incurred by them in the discharge of their official duties.

(2.) Every legally qualified medical practitioner appointed by the Board of Eugenics who performs an operation on any inmate as directed by the Board shall be paid his proper fees therefor. Remuneration of physician.

(3.) All expenses and fees payable under this section in respect of any inmate shall be paid out of the moneys appropriated for the purposes of the institution in which that inmate is a patient or is in custody or under detention. Appropriation.

9. This Act shall have effect only in so far as the legislative authority of the Province extends. Legislative authority. *colonial authority*

10. This Act shall come into operation on the first day of July, 1933. Commencement.



VICTORIA, B.C.:

Printed by CHARLES F. BANTFIELD, Printer to the King's Most Excellent Majesty.
1933.

Impacts of the Act



It is important to keep in mind that the Sexual Sterilization Act officially pertained to “mental deficiencies,” and its scope of practice was supposedly limited to related institutions (199-200). According to de Bruin and Robertson, approximately 200 to 400 patients were officially sterilized through this legislation, but many patient records were also destroyed. These figures are derived from old hospital records, mainly from Essondale Provincial Mental Hospital (de Bruin and Robertson).

However, Dr. Jennifer Leason (Assistant professor and Tier II Canada Research in Indigenous Maternal Child Wellness, Dept. of Anthropology and Archaeology at the University of Calgary), finds that “74% of all Aboriginals presented to the Board were eventually sterilized (compared to 60% of all patients presented)” (525). Through this evidence, it becomes clear that so-called British Columbia’s Eugenics Board was not just concerned with “mental deficiencies,” but also race. Leason goes on to state that “580 sterilizations occurred across Canada in Indian Hospitals between 1970 and 1975. Between 1966 and 1976, it is estimated that more than 1200 patients (approximately 1150 Indigenous women, and 50 remaining men or of undocumented sex) were sterilized. From 1966 to 1976, more than 70 sterilizations were also performed on women in Nunavut” (Leason 525).

FYI:

“Indian Hospitals” were institutions that segregated Indigenous Peoples from settlers when seeking medical attention; in fact, compared to white hospitals, these institutions were chronically understaffed, and workers were under-trained or unlicensed (Indian Residential School History and Dialogue Centre). These institutions were not created out of care for Indigenous Peoples, but rather, out of caution and fear towards Indigenous Peoples and their perceived risk towards White patients, particularly regarding the spread of Tuberculosis (Indian Residential School History and Dialogue Centre).

These findings are supported by Dr. Unjali Malhotra, FNHA Office of the Chief Medical Officer, who states that “[i]t is important to know that until as recently as 1973, there was a Sexual Sterilization Act in BC that disproportionately impacted Indigenous women. The act gave the BC Eugenics Board the right to make decisions to sterilize people without their consent – and sometimes even without their knowledge” (FNHA).

The targeting of Indigenous women and people with uteruses was/is a targeted maneuver by the Canadian Government. This is tied to the respect and power that Indigenous women have within their communities as a central force in the reproduction and strength of their cultures (Clarke 144). Erin Clarke demonstrates this by citing Fabre and Schreiber, sharing that “Indigenous women are the bearers of life, keepers of knowledge, leaders within the Indigenous communities, yet ‘were [also] seen as threats to the well-being of Canadian society’” (145). In fact, Clarke asserts that by controlling Indigenous women’s reproductive health, Canada could control land and wealth (145). This is because, through the discretion of the Eugenics Board, if a patient was deemed “mentally deficient” enough, their land could be transferred to provincial or federal bodies too (145). This pattern in targeting Indigenous women is also demonstrated through the Indian Act (1876), which controlled Indigenous women’s reproduction through the threat of losing status (145). For example, if an Indigenous woman married a non-Indigenous man, she and her children would lose status rights, including the right to own and inherit land on their reserves (145). These oppressive and violent tactics at the hands of the Canadian Government were intended to destroy the strength and presence of Indigenous mothers, weakening their position as caregivers, knowledge keepers, and nurturers of their community and future generations (144). This is settler colonialism occurring at the site of the body.

Black et al., concerning these horrific practices and policies, cite the definition of genocide as defined by The Missing and Murdered Indigenous Women and Girls Report. This report defines genocide as a “coordinated plan of different actions aiming at the destruction of essential foundations of the life of national groups, with the aim of annihilating the groups themselves” (1091). This definition differs from the United Nation’s definition discussed in previous sections, mentioning the phrase “essential foundations” (1091). As such, these various actions by the Canadian Government are genocidal; as these medical practices and policies target the “essential foundations” of Indigenous cultures in Turtle Island, targeting the centrality of women for maximum effect (1091).

SECTION THREE:



CONTEMPORARY EXAMPLES



COLONIALISM CIRCUMVENTING TIME



While the Sexual Sterilization Act in so-called British Columbia was officially revoked in 1973, sterilizations of Indigenous women and people with uteruses are still occurring. In fact, according to Black et al., “[a]s recently as 2018, patients have been subjected to forced or coerced sterilization” (1091). The authors cite interviews conducted by Drs. Boyer and Bartlett, giving voice to Indigenous women who had experienced coerced sterilization in the Saskatoon Health Region (1091). These women overwhelmingly shared that within these systems, they felt “invisible, profiled, powerless” (1091). Many of these women reported that they were not informed of the permanency of tubal ligation, nor offered alternative routes for birth control (1091). Some women also reported that they experienced pressure from healthcare professionals with threats of having their children taken away if they did not undergo tubal ligation (1091).

Erin Clarke further describes examples of coercion that Indigenous women have experienced by citing Stote’s research, sharing that “examples of coercive acts include using language not understood by the patient, not providing an interpreter, being pressured to decide while under duress or while in active labor, and being told their newborn child would be kept away from them unless they agreed to sterilization (Stote 2012, 2019). When considering the previously defined concept of “Free, Prior, and Informed Consent,” these practices of pressuring women to make decisions while experiencing the pain of labor, or not providing an explanation in their language can all be viewed as coercion. The threat of withholding someone’s child if they do not undergo a tubal ligation, is also coercion, if not extortion and kidnapping. This completely invalidates any action that was taken by healthcare professionals in carrying out a sterilization procedure, as consent was not given at all.

These experiences reflect the enduring racist and settler colonial ideologies within so-called Canada and British Columbia. Clarke states, “[t]hese practices are not historical events” (145). In fact, new research from the United States investigates forms of “temporary sterilization,” in which Indigenous women living in what is currently called the United States are “encouraged” to get Depo-Provera birth control injections, Norplant implants or IUDs more than non-Indigenous women (Clarke 145). Moreover, the corresponding healthcare documents to these Indigenous patients “[construct] the identity of young Indigenous women as an ‘at risk’ population in need of reproductive regulation” (145). This reflects deep-seated racist and eugenic discourse. Citing Dyck and Lux’s analysis of Indian Hospitals in so-called British Columbia, Ontario, and Saskatchewan, Clarke shares that research confirmed that “doctors practicing at Indian hospitals . . . all made statements supporting the idea that Indigenous women were ‘less cooperative,’ had ‘excessive pregnancies,’ and were ‘too lazy’ to take a daily pill, making them candidates for an IUD inserted by a physician” (145).

These statements from doctors reflect Oyewumi’s discussion of the West’s fixation on the body and biological essentialism, and how the body can then be “read” to reveal and validate social constructions embedded within biological explanations (Oyewumi 2). Through these colonial and racist policies, Indigenous women, made into “others” through the West’s visual differentiation of their bodies, came to be associated with social discourse and racist stereotypes, such as promiscuity, laziness, and uncooperativeness. Their biology became intertwined with these ideas, and as the West continues, with great anxiety, to preserve their whiteness, the othered body is what becomes targeted through eugenic practices. And as a result, due to enduring racist eugenic ideologies (body logics) within the Western healthcare system (and beyond), these Indigenous women lose the autonomy over their own bodies, and with that, the ability to pass down their cultures, to produce a new generation, or become central figures within their Indigenous communities as mothers.

In fact, the law firm associated with this class action lawsuit against the province of British Columbia, Murphy Battista LLP, states that “the practice of coerced sterilization and abortion has had a traumatic and destructive effect on the health, family relationships, and culture of Indigenous women and Indigenous communities in British Columbia. Further, the practice was, and remains a form of sexism and genocide – a practice directed at eradicating Indigenous people and their cultures” (Murphy Battista LLP). The “imposing of measures intended to prevent births” through coerced sterilization is defined as genocide by the United Nations 1948 Convention on the Prevention and Punishment of the Crime of Genocide. This practice is evidence of the Canadian government’s ongoing settler-colonial project which seeks to eradicate Indigenous cultures and lives in order to establish a white, “Canadian” state.

As of February 2023, Murphy Battista LLP has filed a proposed class action lawsuit (Davis and Roy v HMTK, Province of British Columbia) for willfully creating an environment that allowed for coerced sterilization/abortion to occur disproportionately against Indigenous women, and for willfully failing to address this practice. The claim includes cases that have occurred from 1974 to the present day.

Murphy Battista LLP adds that “[a]s a result of the Province’s acts and omissions, the Claim alleges that Indigenous women were subjected to coerced sterilization and/or coerced abortion in British Columbia and have suffered physical, emotional, spiritual, mental and psychological harm. The practice of coerced sterilization and abortion has deprived Indigenous women of fundamental choices guaranteed to all Canadians with respect to reproductive capacity” (Murphy Battista LLP).



CLASS ACTION LAWSUIT



Section Four: Conclusion



Barbarity? Perspectives from Aimé Césaire



Recall the timeline included earlier in this zine. Did you notice the juxtaposition between Nazi eugenics policies and the eugenics policies of so-called British Columbia? Why do you think the focus on eugenics and its impacts are often about Nazism, and not other examples in history?

Aimé Césaire talks about Nazism in his book *Discourse on Colonialism*. He writes:

... [the Westerner] cannot forgive Hitler for is not the crime in itself, the crime against man, it is not the humiliation of man as such, it is the crime against the white man, the humiliation of the white man, and the fact that he applied to Europe colonialist procedures which until then had been reserved exclusively for the Arabs of Algeria, the "....." of India, and the "....." of Africa (Césaire 36, author's censoring).

Césaire's discussion of Nazism is not directed to undermine the tragedy and trauma of the Holocaust, but rather to demonstrate the hypocrisy of Europe. The Holocaust is discussed with such gravity not because it is a horrific crime against humanity, but because it is a crime against whiteness (36). Césaire identifies this as hypocritical, as these same tactics utilized by Hitler to carry out the Holocaust were/are the same tactics utilized throughout colonial empires to extract wealth and violently subjugate Indigenous Peoples— and yet these crimes are still not treated with the same gravity as the Holocaust. Césaire develops this further, identifying that Nazism is a result of the West— their colonial violence bled into Europe— and that is why it is met with such shock (36, author's underlining). Therefore, eugenics policies are not spoken about in so-called British Columbia because these practices did not subjugate or impose violence upon white people.

Regarding this hypocrisy, Césaire discusses the “civility” of the colonialists. He completely deconstructs the colonist’s supposed civility, which is often posed as a legitimization for the spread of colonialism itself (40). And regarding this, he defines colonization as “a campaign to civilize barbarism” (40). This flips the claims of colonialism on its head— where colonialism claims it is spreading civilization to the uncivilized (“barbaric”) parts of the world (a moral myth glazing over economic, racially motivated intentions), Césaire holds the mirror up to Europe, to colonists and their colonial projects. For example, throughout this zine, we have learned how the government of Canada and its medical institutions— a supposedly civil, organized, and educated community of practitioners— inflicted mass bodily mutilation on Indigenous Peoples— definitively committing genocide. Césaire identifies this as the barbarism. It’s the colonists who are barbaric through their mass displacement and genocide inflicted upon Indigenous Peoples; in fact, “...the colonizer, who in order to ease his conscience gets into the habit of seeing the other man as an animal, accustoms himself to treating him like an animal, and tends objectively to transform himself into an animal” (41). In order to treat another human in such a dehumanizing way, the colonists must dehumanize themselves.



As this zine concludes, I want to leave you with something to ponder as I return to earlier sections. In the preface, I discussed who I am and where I come from— but I didn’t discuss one important community that I am also a part of, the healthcare community. As a patient, I have sought and received care within the same institution that has inflicted mass genocidal actions upon Indigenous Peoples. Maybe you find yourself reflecting similarly.

While I recognize that this statement brings about so many nuances and questions about complicity, blame and innocence— I want to focus on the concept of responsibility. As a reader, you have now been armed with a collection of information, most of which is a mere starting point. If we conceptualize the healthcare system as a community, it means that each person is responsible for the care of others and the functioning of the community as a whole. Healthcare is not a lofty government institution. As many Indigenous cultures deeply know, health is not an individual endeavor either (Leason 526). Rather, health is communal. This means we must advocate and educate to deconstruct the lasting legacies of colonial worldviews that endure within our community. For example, these previously mentioned class action lawsuits are a great starting point for change, but as Steve Biko described in his chapter on Black Consciousness, it is seeking liberation through the very system responsible for this “legalized” genocide in the first place (Biko 88). It means that we must shift away from the dominant conception of healthcare as an institution and the Western, colonial epistemological worldview that has facilitated this oppression. We must transform this system and move towards community-- the tangible, symbiotic relations that we have with each other (as opposed to a Western bio-logic that enshrines visual difference and legitimates racist/colonial stratification and genocide) (Oyewumi 2). We will heal only as a community.

Dr. Jeannette Armstrong, in her discussions of Okanagan governance and decision-making processes, states:

One of the things our leaders said is that if you ignore this minority voice it will create conflict in your community and this conflict is going to create a breakdown that’s going to endanger everyone. This conflict will endanger how we cooperate, how we use the community as a process, *how we think of ourselves as a cooperative unit*, a harmonious unit, a unit that knows how to work together and enjoys working together and enjoys being together and loves one another (69, author’s emphasis).

Armstrong situates honoring and protecting the voice of the minority as a more effective way of cultivating a just society. Moreover, she identifies this as a requisite for cooperating as a community. And upon taking up community, we come to see how we are connected. And with that, how our liberation is tied up together, for each other-- for healing.

Works Cited

“Administrative Policy Manual.” Interior Health, 2021.

Armstrong, Jeannette. “An Okanagan Worldview of Society.” *Original Instructions: Indigenous Teachings for a Sustainable Future*, Bear & Company, Rochester, Vt, 2008.

Biko, Steve, and Aelred Stubbs. “Ch. 14. Black Consciousness and the Quest for a True Humanity.” *I Write What I Like: A Selection of His Writings*, Bowerdean Pub., London, 1997.

“Biological Essentialism.” Oxford Reference, www.oxfordreference.com/display/10.1093/oi/authority.20110803095507973. Accessed 28 Nov. 2023.

Black, Kristin A., et al. “Forced and coerced sterilization of indigenous peoples: Considerations for Health Care Providers.” *Journal of Obstetrics and Gynaecology Canada*, vol. 43, no. 9, 2021, pp. 1090–1093, <https://doi.org/10.1016/j.jogc.2021.04.006>.

“Chapter 59. An Act Respecting Sexual Sterilization.” BC Laws, Government of British Columbia, 1933, www.bclaws.gov.bc.ca/civix/document/id/hstats/hstats/1887728313.

Cimellaro, Matteo. “The Doctrine of Discovery Has Been Rescinded by the Vatican. What Happens Next?” *Canada’s National Observer*, 12 Apr. 2023, www.nationalobserver.com/2023/04/12/explainer/doctrine-discovery-rescinded-vatican-what-happens-next.

Clarke, Erin. “Indigenous Women and the Risk of Reproductive Healthcare: Forced Sterilization, Genocide, and Contemporary Population Control” *Journal of Human Rights and Social Work*, 20 Mar. 2021, link.springer.com/article/10.1007/s41134-020-00139-9.

The Convention on the Prevention and Punishment of the Crime of Genocide, United Nations, www.un.org/en/genocideprevention/documents/Genocide_Convention_FactSheet_ENG_2023.pdf. Accessed 29 Nov. 2023.

Cox, Alicia. “Settler colonialism.” *Literary and Critical Theory*, 2017, <https://doi.org/10.1093/obo/9780190221911-0029>.

Césaire, Aimé, et al. “Discourse on Colonialism.” NYU Press, 2000, pp. 29–78, <http://www.jstor.org/stable/j.ctt9qfkrm.4>. Accessed 29 Nov. 2023.

de Bruin, Tabitha, and Gerald Robertson. “Eugenics in Canada.” *The Canadian Encyclopedia*, 7 Feb. 2006, www.thecanadianencyclopedia.ca/en/article/eugenics.

“Definitions.” *Home on Native Land*, 5 Dec. 2022, homeonnativeland.com/definitions/. “An Emerging Profession: Psychiatric Nursing at Essondale, 1913-1973.”

An Emerging Profession: Psychiatric Nursing at Essondale, 1913-1973 Coquitlam, BC, www.coquitlam.ca/892/An-Emerging-Profession-Psychiatric-Nursi. Accessed 29 Nov. 2023.

Works Cited

“Epistemology.” *The University of Sheffield*, 3 July 2020, www.sheffield.ac.uk/philosophy/research/themes/epistemology.

“Eugenics and Scientific Racism.” *National Human Genome Research Institute*, 2022, www.genome.gov/about-genomics/fact-sheets/Eugenics-and-Scientific-Racism.

Eugenics Building. 2020. *Canadian History Ehx*, <https://canadaehx.com/2020/07/01/the-alberta-eugenics-board/>. Accessed 28 Nov. 2023.

“Eugenics.” *Eugenics Archive*, www.eugenicsarchive.ca/connections?id=5233ce485c2ec500000000a9. Accessed 28 Nov. 2023.

“Euthanasia Program and Action T4.” *Holocaust Encyclopedia*, United States Holocaust Memorial Museum, encyclopedia.ushmm.org/content/en/article/euthanasia-program. Accessed 29 Nov. 2023.

Fanon, Frantz. “The Fact of Blackness.” *Black Skin, White Masks*, Pluto Press, London, 1986, pp. 82–108.

“Forced Sterilization and Abortion Class Action.” *Murphy Battista LLP*, 21 Mar. 2023, www.murphybattista.com/practice-areas/class-action-lawsuits/forced-sterilization-and-abortion-class-action/.

“Free, Prior and Informed Consent Manual.” *Food and Agricultural Organization of the United Nations*, 2016.

George, Jeffery. “Turtle Island.” *Museum of Ontario Archaeology*, archaeologymuseum.ca/shop/?product=jeffrey-george-turtle-island. Accessed 28 Nov. 2023.

Griffin, Gabrielle. *A Dictionary of Gender Studies*. Oxford University Press.

Hopper, Tristin. “The Time When Canada’s Elite Wanted to Sterilize ‘Insane’ and Disabled People.” *National Post*, 2023, nationalpost.com/news/canada/when-canada-lost-its-mind-over-eugenics.

“Indian Hospitals in Canada.” *Indian Residential School History and Dialogue Centre*, 24 Nov. 2023, irshdc.ubc.ca/learn/indian-hospitals-in-canada/.

Leason, Jennifer. “Forced and Coerced Sterilization of Indigenous Women.” *Canadian Family Physician*, vol. 67, no. 7, 2021, pp. 525–527, <https://doi.org/10.46747/cfp.6707525>.

“The Nuremberg Race Laws.” *Holocaust Encyclopedia*, United States Holocaust Memorial Museum, encyclopedia.ushmm.org/content/en/article/the-nuremberg-race-laws. Accessed 29 Nov. 2023.

“Oyeronke Oyewumi: Department of Sociology.” *Stony Brook University*, www.stonybrook.edu/commcms/sociology/people/faculty/oyewumi.php. Accessed 29 Nov. 2023.

Works Cited

Oyewumi, Oyeronke. *Invention Of Women: Making An African Sense Of Western Gender Discourses*. First edition ed. *University of Minnesota Press*, 1997. Project MUSE muse.jhu.edu/book/27704.

“Photograph of the Mohawk Institute.” *Algoma University Archives*, archives.algomau.ca/main/node/15595. Accessed 29 Nov. 2023.

“Sir Francis Galton.” *Centre for The History of Medicine*, Harvard Countway Library, collections.countway.harvard.edu/onview/exhibits/show/galtonchildren/sir-francis-galton. Accessed 29 Nov. 2023. \

“Tubal Ligation: Procedure, Recovery & Side Effects.” *Cleveland Clinic*, 2023, my.clevelandclinic.org/health/treatments/4933-tubal-ligation.