

# COERCION AND CONSENT

A health care provider's guide for facilitating consent conversations with First Nations patients.



First Nations Health Authority  
Health through wellness

**PUBLISHED BY:**

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# Foreword

By the Honourable Yvonne Boyer, Senator

This manual is a much-needed resource for health care providers that will help them put an end to coerced reproductive sterilization and ensure patients are providing free and informed consent when making decisions about contraception and reproductive health.

The immediate context for this manual extends to work I began doing in 2017 with Dr. Judith Bartlett reviewing health policies and practices regarding the coercion of Indigenous women in Saskatchewan. Our review confirmed and exposed Indigenous-specific racism in the health care system, including obstetrical violence and reproductive coercion.

Since being named to the Senate of Canada in 2018, I have continued to advocate to give a voice to the victims, make meaningful change, and stop the practice of coerced sterilization.

In 2022, the Standing Senate Committee on Human Rights released [\*The Scars That We Carry: Forced and Coerced Sterilization of Persons in Canada — Part II\*](#). One of the key recommendations within this report was the following:

*“That Health Canada work with applicable partners to launch a public education campaign about patients’ rights and consent procedures, and that the campaign be tailored to the specific needs of Indigenous, Black, racialized, remote and marginalized communities, as well as to those of people with disabilities.”*

The Senate is not alone in its calls for action. Calls for improved consent were made in the [\*Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls\*](#), as well as in the [\*United Nations Committee Against Torture\*](#), which monitors adherence to the [\*Convention against Torture\*](#) and other cruel, inhuman or degrading treatment or punishment. Following a review of practices in Canada, the UN committee published its findings in 2018 together with its recommendations to prevent and criminalize forced or coerced sterilization.<sup>i</sup>

It is a health care provider’s duty and responsibility to ensure every patient in their care provides informed consent without coercion. The patient, and the system, expects that the provider will ensure this occurs. This manual reflects the work I have been doing with the First Nations Health Authority on implementing new consent forms, processes, and procedures for health care providers so we can end the practice of coerced reproductive sterilization. I hope you will use it and share it with your colleagues.



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<sup>i</sup> See the [\*Concluding Observations on the 7th Periodic Report of Canada: Committee Against Torture \(2018\)\*](#).

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# Introduction and Truths

The *Sexual Sterilization Act*, which was in effect in BC from 1933 to 1979,<sup>1</sup> gave the BC Eugenics Board the decision-making ability to sterilize individuals living in government-run housing without their consent or knowledge if they were believed to have a mental disease or deficiency that could be passed to their children.<sup>2</sup> Although many people believe that coerced sterilization ended with the repeal of this *Act* in 1973, this is unfortunately not true.<sup>3</sup> Coercion in the health care system — and the failure to ensure patients provide informed consent to decisions related to reproduction and contraception — is ongoing, with Indigenous women disproportionately impacted. This was documented in a 2018 report from the United Nations Committee Against Torture,<sup>4</sup> the *Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls*,<sup>5</sup> the investigations of the Canadian Standing Senate Committee on Human Rights,<sup>6</sup> and the two reports published following their review. These egregious practices and clear violations of human rights must end. To many First Nations people, this is an example of the [genocidal](#) colonial practices developed in Canada.

It is important that every person working in the health care system knows that their voice and actions can make an impact on the lives and wellbeing of First Nations, Inuit, and Métis<sup>ii</sup> people. The aim of this guide for health care providers is to offer practical approaches to guide conversations with First Nations patients to ensure that free, prior, and informed consent is given when making medical decisions. It summarizes the historical context, explores the concept of consent, and discusses the need for *patient-led* shared decision-making.

## Ongoing Indigenous-specific racism in Canada

Settler colonialism continues to create inequitable barriers to First Nations health and wellness due to systemic racism, stereotyping, and discrimination, resulting in substantial harms and even death. Lack of recognition of inherent First Nations rights, genocidal policies, legislation and unjust systems including the *Indian Act*, the Sixties' Scoop and Millennial Scoop, the Indian Residential School System, and the Indian Reserve System, have all contributed to a devastating legacy of trauma and loss.

The National Inquiry into Missing and Murdered Indigenous Women and Girls hearings documented acts of genocide<sup>iii</sup> against Indigenous women, girls and 2SLGBTQQIA+ people in Canada.<sup>7</sup> It looked into the systemic causes of violence against them, including sexual violence.<sup>8</sup> In 2019, the final report made over 200 recommendations that called for a paradigm shift in all levels of government in order to dismantle the grave and lasting impacts of ongoing settler colonialism.<sup>9</sup> In 2020, the [In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care](#) report further validated the need for systemic change to ensure the safety of Indigenous peoples.<sup>10</sup> This report confirmed that there is widespread, systemic racism, stereotyping and discrimination against Indigenous peoples in the BC health care system, and that it has resulted and continues to result in a range of negative impacts, harm — and even death.<sup>11</sup>

Institutions and individuals must recognize the impact settler colonialism has had and continues to have on First Nations people. They must also acknowledge the work BC First Nations leaders have undertaken to assert the inherent right of self-determination, which is now enshrined in provincial, Canadian, and international law. First Nations people have the right to receive culturally safe and quality health care in their own lands and territories. To improve the health and wellness of First Nations people, the health care system must be transformed to acknowledge, include, and centre First Nations rights and perspectives of health and wellness while also committing to dismantling the impacts of settler colonialism and eliminating Indigenous-specific racism.

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<sup>ii</sup> This document is intended to improve care for First Nations people living in British Columbia and in turn for all Indigenous people. Coerced and Forced Sterilization has impacted Indigenous people and this is represented throughout this document.

<sup>iii</sup> Indigenous Genocide and Reanimation, Settler Apocalypse and Hope, Kim TallBear. [Internet]. 2023 [cited 2023 Nov 15]. Available from: <https://journals.library.ualberta.ca/aps/index.php/aps/article/view/29425/21434>

*“As a BC First Nations mother, sister, and auntie, I am glad to finally see a guide for health care providers having consent conversations with First Nations people. Indigenous-specific racism is widespread within the health care system and has extreme impacts on my people. Unfortunately most of us know someone who is affected by coercion and sterilization; this is not an issue of the past, it continues to happen today. I want all health care providers to uphold First Nations people’s rights, including their right to autonomy, self-determination and informed decision-making for their own health and wellness. All health care providers should practise, embody and encourage Speak Up culture throughout the health care environment. **If you see something, say something.** The In Plain Sight report showed us that health professionals do know and see discrimination and harm happen to our people and for all kinds of reasons, don’t say anything. This is not ok. It shouldn’t be like this and **MUST** improve. Each action you take to support us can make a difference as you can eliminate life-altering impacts not only to the First Nations person but also for the family, community and Nations.”*

—**Janelle Tom** | Skwxwú7mesh Úxwumixw and Syilx | FNHA Vancouver Coastal Living Marker Specialist, Partnership Development & Initiatives, Office of the Chief Medical Officer, FNHA

## Understanding consent

### What is consent?

Changes in laws, policies, standards and practices are needed to ensure that patients are providing free, prior, and informed consent to medical procedures and contraception decisions. This applies both to decisions around contraception and sterilization, as well as to all other medical decisions.

The First Nations Health Authority (FNHA) stands against coerced sterilization and any form of coercion of First Nations people. Dr. Unjali Malhotra, Medical Officer in the FNHA’s Office of the Chief Medical Officer, was an expert witness at the [2022 Senate hearings on coerced sterilization](#). She outlined principles that could be incorporated into the consent process in the [Informed Consent for Contraception: A Shared Decision-Making Guide and Form](#). These principles highlight some best practices in ensuring patients have the space to provide free, prior, and informed consent. While most of the examples focus on contraception and reproductive health, the best practices on gaining consent can be incorporated by all health care providers in all settings.

Consent is a basic human right within health care.

Alisa Lombard, LLM, who is counsel for survivors of forced sterilization in class-action lawsuits, states that “consent in the context of sterilization specifically requires acute attention to the fiduciary relationship between patient and physician which always governs that relationship. Bodily autonomy is inalienable, and consent requires rigorous — not casual — adherence to the legal requirements of consent. The inalienable right to bodily autonomy is subject to the legal tenets of proper and informed consent, which include: capacity, specificity, voluntariness and information.”

### Forced consent and coercion

Canada has a troubled history when it comes to forced consent, particularly for First Nations people. A report published by the Standing Senate Committee on Human Rights titled, [The Scars That We Carry: Forced and Coerced Sterilization of Persons in Canada — Part II](#),<sup>12</sup> examined the issue of forced consent and coercion around sterilization practices.

The report noted the following: “All the survivors who testified before the Committee described scenarios in which their sterilizations lacked free, prior, and informed consent. These included medical staff seeking consent for the procedure at inappropriate times; threatening patients; misinforming patients about the necessity, or the effects, of sterilization; and, in some cases, not requesting consent at all.”<sup>13, p. 12</sup>

## Situations that might lead to uninformed consent, coercion, forced consent:

Uninformed consent or consent provided through any form of coercion, may occur when a health care provider impacts a patient's autonomy and biases the patient's decision-making. This includes when a medical risk or benefit is overemphasized to sway a decision, when patients are pressured to make such a major decision quickly without adequate time to think about it, when patients are under duress or threat (which can be subtle or obvious), or when patients are under sedation. Additionally, if the patient does not understand the medical language used in conversation, during counselling or when completing forms, their "consent" is uninformed and may be coerced or forced.

*"As a care provider, prioritizing and advocating for informed consent is one of your super powers. You bring with you a wealth of knowledge and experience that lights the path for others. By illuminating the path and walking with a patient in true partnership, you create inspiring change within healthcare, and especially that individual's life. Thank you for bringing your most curious self to appointments, for bringing your most attentive mind, and your best intentions for each individual patient with their own complex personal history. The work you do in a good way sends ripples of change farther than any of us know."*

—**Toni Winterhoff** (Ey Claney) is a Xa'xsta member living and working on Sto:lo territory. Toni works at the FNHA as a Healthy Children Specialist.

## Supporting *patient-led* shared decision-making: The foundation for consent

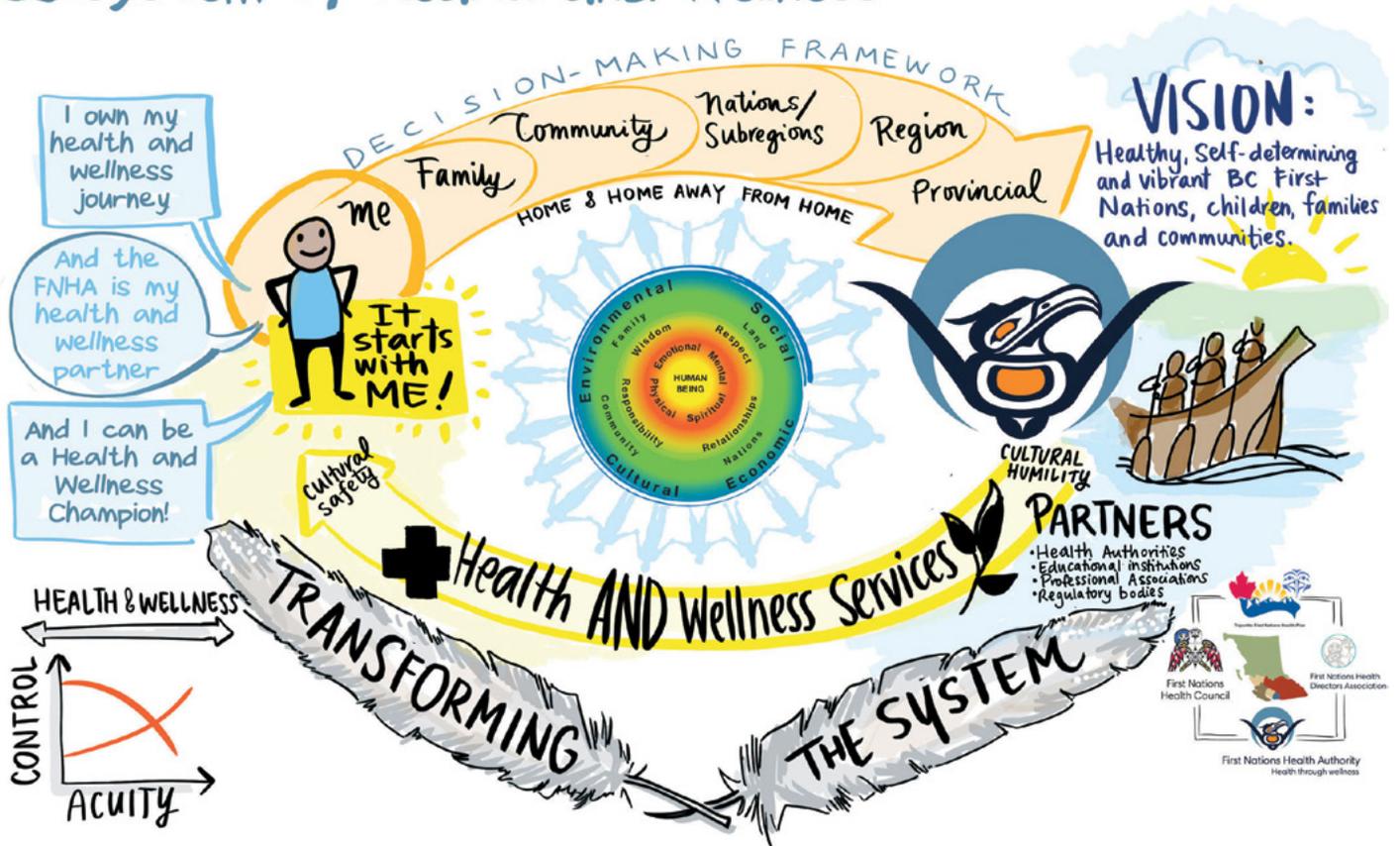
It is imperative to understand that in a shared decision-making model of care, the provider's role is *supportive*. Patients lead the decision-making process and make free, prior and informed decisions about their medical care. These are decisions they feel are best for themselves after speaking with providers, family, friends and community supports, and all have shared their information and experiences. This is the "shared" part. Patients will also base their decisions on their individual culture, beliefs, values and experiences.

As health care providers, our role is to offer evidence-based information relevant to decision-making, amplify patient-led decisions, and advocate for the patient's right to self-determination. This includes removing barriers to care as well as pressures on decision-making such as pressures of time. It is to ensure clear, honest and complete information is provided. Providers may have to advocate for their patients and may have to work within system constraints to ensure freedom of choice. Patients may request a support person to accompany them in the appointment or just outside the appointment, and providers should support this occurring when requested.

The basis of free, prior and informed consent is to uphold the inherent rights of First Nations people, and it applies to patients' rights to their health and wellness. For health care providers seeking consent, this requires taking into account the patient's entire life journey, as well as recognizing and striving to eliminate power imbalances inherent in the health care system. Health care decision-making can only happen in an environment free of Indigenous-specific racism and discrimination, where people feel safe receiving health care.

As shown in the following diagram, this framework is one where the whole individual is respected and honoured.

## Ecosystem of Health and Wellness



Ultimately, people own their own health and wellness journeys and patients must be the final decision-maker.

### SHARED DECISION-MAKING (SDM):

**SDM** is a collaborative process that engages health care professionals and patients in making health decisions and is fundamental for informed consent and patient-centered care.

**PATIENT-LED DECISION-MAKING** is a type of shared decision-making in which the patient, not the provider, has the decisional responsibility. The components of knowledge exchange being shared by the provider remains (the provider offers expert knowledge) but final decision-making is led by the recipient of care.

Kon AA. *The Shared Decision-Making Continuum*. JAMA, 2010; 204 (8):903-4.

# The role of the health care provider

As health care providers, your job is to offer your patients relevant information to support them in making informed decisions regarding their own health and wellness. By establishing transparent, respectful and reciprocally accountable relationships, we support culturally safe care. **The final decision regarding any care provision is to be made by the patient.**

Below are some ways that health care providers can create a safe environment and promote a working relationship that is truly respectful, transparent, culturally safe and reciprocally accountable:

- Reflect on inherent power imbalances in patient-provider relationships and uphold patients' full decision-making power and autonomy over their health.
- Reflect on the values, assumptions and belief structures you bring to interactions with First Nations patients.
- Take the time to get to know the patient and their community, being genuine, listening respectfully, being collaborative and aware of stereotypes, being attentive and acknowledging the patient's lived experience.
- Provide the time for the patient to tell their story.
- If a physical exam is necessary, explain the specific procedure, answer any questions and obtain consent before beginning the procedure. If multiple areas or further examinations are required, ensure the patient is aware and wishes to proceed.
- Allow a support person to be present if a sensitive physical examination is being performed. Use a respectful tone.
- Practise open communication by using accessible language and expressing concern or reassurance, and allowing patients to express their feelings and talk about their experiences without fear of judgement.
- Ask questions and provide input and feedback.
- Respect patients' cultural beliefs, lifestyles, privacy and confidentiality

*"It is essential to understand that informed choice and consent regarding contraception entails many holistic aspects, including taking into account the patient's entire life journey. Many First Nations carry the experiences with them from their family or community about Indian hospitals, residential schools, and their own lived experiences within the health care system. It is not somewhere that many First Nations have had the luxury of feeling or being safe in. So, building that trust through the understanding of consent as a process is crucial because it can take time for First Nations to understand how their decision will affect them, and to know that their decision will not elicit any shame or stigma."*

—Nicole Jules, Secwepemc First Nations

# The patient's right to withdraw consent or change their mind must be upheld and respected.

## Approaches to guide conversations to ensure free, prior, and informed consent

The following approaches can be incorporated into the patient-led decision-making process and used to guide health care providers to ensure their patients are providing free, prior, and informed consent. The *BC Cultural Safety and Humility Standard* examples listed in this document should also be incorporated into all discussions and interactions to create safe environments. The guiding principle must remain that **the person who is giving (or withholding) consent is the final decision-maker.**

The following approaches to obtain consent within a clinical setting were shared by Dr. Malhotra (Medical Officer, Women's Health, First Nations Health Authority) in her [2022 testimony at the Canadian Senate](#).

### (a) Establish a trusting relationship and adopt a conversation-based approach to consent

A strong relationship between provider and patient is the foundation of consent. To achieve free, prior, and informed consent, there must be respectful dialogue between provider and patient with time for questions and discussion within a culturally safe environment. Establishing a safe, trusting relationship with a patient is therefore critical. As health care providers, we need to prioritize upholding inherent First Nations rights to health; facilitating patient-led care; and ensuring we are actively listening, have partnership skills, and are willing to respect a patient's decisions.

*Ways to begin this process can be as simple as asking about the patient's day and, when appropriate, how they are feeling. If someone does not feel they are able to discuss a sensitive topic that is not an emergency, it is best to wait until the patient lets you know they feel safe and are ready to discuss it.*

### (b) Hold the whole team accountable and responsible for patient safety

Every point of contact a patient has within the health care system affects their care and can impact their wellness. This means that everyone involved during the patient's journey must be held **accountable** for their words and actions. This includes each and every person — from those who answer the phone, triage patients and check them in, to those who clean the room and those who operate, examine, and counsel. Each person has an impact on how the patient experiences health care. All parties involved in health care should adopt an approach grounded in cultural humility and Indigenous-specific anti-racism. Each member of the team is part of the circle of care and wellness of the patient, and all are accountable for their outcome and experience.

### (c) Consider the patient's geographic barriers that might affect decisions

Providers must make every effort to ensure a keen awareness and **understanding of the physical or geographic barriers and Social Determinants of Health** that a person could be facing in obtaining health care. For example, if there is no primary care provider in their home community and the patient is having an intrauterine device (IUD) inserted, it is important the patient understands the process required for its removal or replacement in the future, especially if the patient must travel outside their community to obtain that service.

Often, knowing the distance someone will have to travel to access health care services is important information to consider when making informed health care decisions.

*Some questions that can help you acquire this information may include: Where are you coming into the hospital, health centre, or clinic from, i.e., How far is your home from the hospital? How easy or hard was it to get here? What method of transportation do you use to get here from your home community? What health care resources do you have in your home community? Are there clinics? This information will also guide the questions you ask about follow-up care. Who can the patient see at home? And can they access this care easily?*

## (d) Learn about the patient's challenges to accessing care

Learning about someone's **challenges** enables you to offer support when appropriate and is vital to the process of consent. Life commitments can have an impact on how someone is able to receive care (where, how, when and with whom). Also, again, consider the challenges of racism, geography and costs (Social Determinants of Health) that someone faces when interfacing with the health care system. When you build trust with your patient, they know they can rely on you and attain supports for their care. By knowing your patient's challenges and barriers, you are better placed to offer true support.

*Information that can inform the consent process may include questions such as: Is there anything you would like to talk about that can help us support you in your decision-making and access to care? Is there anything we can do to help support you in managing your contraception?*

## (e) Provide patients with the time they need to make decisions

Be mindful of the fact that patients making **medical decisions with numerous options and outcomes may need additional time to make their decision**. If an action or intervention is not an emergency, provide the patient all relevant information and outcomes to support them to make informed decisions regarding their own health and wellness. This includes allowing the patient the time they need to seek other opinions, talk to loved ones and do some research.

## (f) Time your conversations thoughtfully

The **timing of a conversation** when gaining consent is imperative. During an appointment, ask whether the patient is up to having these conversations. Victims of coerced sterilization have stated that conversations held immediately or soon after giving birth are not appropriate in terms of timing, as the individual is often tired and under duress, particularly if this is the first time this conversation is occurring.

*The timing of a conversation is as important as the conversation itself. Most patients are asked about past contraceptive use at a first prenatal appointment. This could be a good time to initiate a conversation about future contraception; it allows for time and opportunity for discussion, reflection, and patient-led decision-making.*

## (g) Set the conditions for patient-led conversations

Who **initiates a conversation** can influence the direction of a conversation. It can feel coercive if a patient is not the one bringing a topic forward, especially if there was no medical reason for it to be raised at that time. While it is good care for someone to be aware of their reproductive options, it is not appropriate to raise this discussion repeatedly, out of context, or without medical reason.

## (h) Ensure documents and forms are easy to understand

When it comes to the **documentation** of consent and the forms provided to patients, forms must be easy to read, in the patient's language of choice, and, for a non-urgent matter, able to be taken home for review. Explanations and examples may be required and should be available for patient-led shared decision-making conversations. The role of the provider entails ensuring the material provided is understandable and understood.

*Entering the health care system can sometimes feel like going to another country. The roads are different, the customs are confusing and you don't necessarily understand the language being spoken around you and to you. Consent forms are within that same discordance. They are often created with complex medical terms and are there for the protection of those working within the health care system, not considering the understanding of the people receiving care. It is the responsibility of providers to provide clarity. In Canada, a great deal of work still needs to be done to provide that clarity in a formalized way.*

—Dr. Unjali Malhotra, Medical Officer, Women's Health, First Nations Health Authority

## (i) Create space for patients to make autonomous decisions

Patients have the right to **autonomous decision-making**. Their voice in consent is of the utmost importance and should guide any decisions being made. Remember that past experiences (personal as well as family and community) will likely impact their future decisions.

*When talking about contraception, you might ask, "What are your goals for contraception and how long a period of time would you like to use it for?" and "What have you used in the past — can you tell me about your experiences?"*

In the end, being truthful and forthcoming will ensure patients know they are being respected, that the decisions they make are their own, and that they are making an informed choice. The patient must be clearly advised if there is a possibility of a medical intervention, or if there is a possibility for a change in the patient's life due to a medical intervention. For example, if a contraceptive could permanently affect milk flow when breastfeeding, the patient must be advised of this. Or, if reversing the contraceptive requires payment or surgery, the patient must be advised of this before proceeding.

# Looking Forward

The First Nations Health Authority (FNHA) stands with all First Nations people in BC who are impacted by the egregious acts of coerced sterilization that are still occurring in Canada.

This manual is intended to help providers and offer practical approaches to guide conversations with First Nations patients and ensure that free, prior, and informed consent is given when making medical decisions. This includes offering evidence-based information relevant to decision-making, amplifying patient-led decisions, and advocating for the patient's right to self-determination. All health care providers are strongly encouraged to provide a culturally safe environment with the highest quality of care when working with First Nations people, especially First Nations people, to eliminate coerced sterilization. It will assist in ensuring that patients are providing full, free, and prior consent within a culturally safe environment.

The FNHA will continue its work against coerced sterilization in the health care system, and commends the work being done in the political and legal arenas by The Honourable Senator Boyer, who is working on changing the *Criminal Code of Canada* to [include coerced sterilization](#).

## Additional Resources

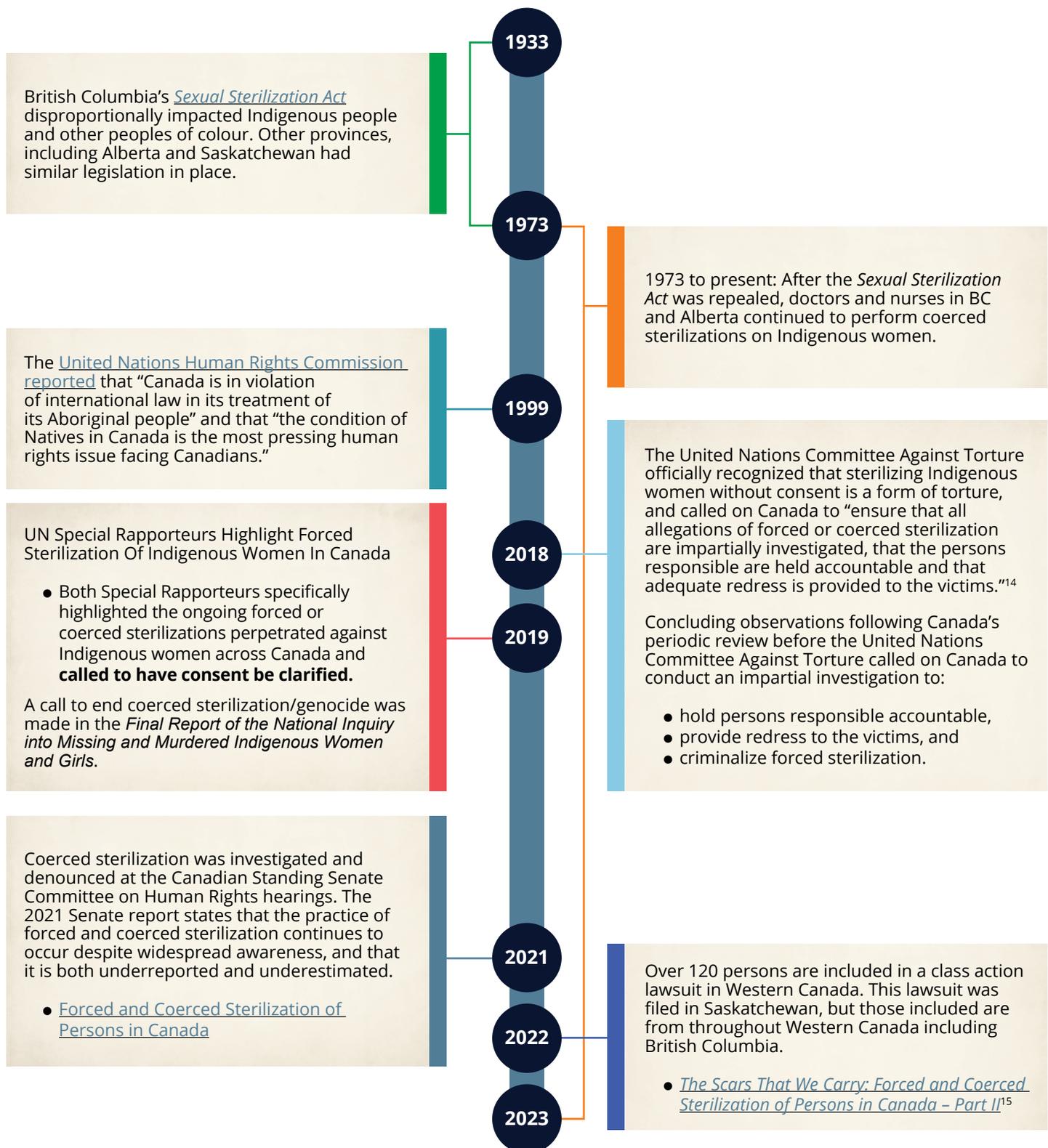
The approaches listed above helped inform additional resources that may be of interest to health care providers.

- [Informed Consent for Contraception: A Shared Decision-Making Guide and Form](#)
- [The Story Project: Improving Access to Family Planning for Indigenous Peoples through Storytelling](#)
- The College of Physicians and Surgeons of British Columbia message on coerced sterilization and commitment to consent: <https://www.cpsbc.ca/news/publications/college-connector/2022-V10-04/01>
- The First Nations Health Authority is working with health system partners to change consent processes with regulatory bodies to denounce the practice of coercion and create regulation standards. The College of Physicians and Surgeons of British Columbia has issued a joint statement with the FNHA [here](#).

# Appendix

## Timeline of coercion in the Canadian health care system

The following timeline provides a brief history of coercion in the Canadian health care system:



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- <sup>1</sup> Government of BC. Sexual Sterilization: Chapter 59. Government of BC [Internet].1933 [cited 2023 Nov 15]. Available from: <https://www.bclaws.gov.bc.ca/civix/document/id/hstats/hstats/1887728313>
  - <sup>2</sup> Government of BC. Sexual Sterilization: Chapter 59. Government of BC [Internet].1933 [cited 2023 Nov 15]. Available from: <https://www.bclaws.gov.bc.ca/civix/document/id/hstats/hstats/1887728313>
  - <sup>3</sup> De Bruin T, Robertson G. Eugenics in Canada. The Canadian Encyclopedia [Internet].2006 [cited 2023 Nov 15]. Available from: <https://www.thecanadianencyclopedia.ca/en/article/eugenics#:~:text=British%20Columbia's%20Sexual%20Sterilization%20Act.out%2Dof%2Dcourt%20settlement.>
  - <sup>4</sup> Visit to Canada - Report of the Special Rapporteur available from [Internet]: [https://tbinternet.ohchr.org/\\_layouts/15/TreatyBodyExternal/Download.aspx?symbolno=CAT%2fC%2fCAN%2fCO%2f7&Lang=en](https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Download.aspx?symbolno=CAT%2fC%2fCAN%2fCO%2f7&Lang=en)
  - <sup>5</sup> National Inquiry into Missing and Murdered Indigenous Women and Girls. Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls Volume 1a. [Internet]. 2019 [cited 2023 Nov 15]. Available from: [https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Final\\_Report\\_Vol\\_1a-1.pdf](https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Final_Report_Vol_1a-1.pdf)
  - <sup>6</sup> Standing Senate Committee on Human Rights. The Scars That We Carry: Forced and Coerced Sterilization of Persons in Canada-Part 2. [Internet]. 2022 [cited 2023 Nov 15]. Available from: [https://senCanada.ca/content/sen/committee/441/RIDR/reports/2022-07-14\\_ForcedSterilization\\_E.pdf](https://senCanada.ca/content/sen/committee/441/RIDR/reports/2022-07-14_ForcedSterilization_E.pdf)
  - <sup>7</sup> National Inquiry into Missing and Murdered Indigenous Women and Girls. Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls Volume 1a. [Internet]. 2019 [cited 2023 Nov 15]. Available from: [https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Final\\_Report\\_Vol\\_1a-1.pdf](https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Final_Report_Vol_1a-1.pdf)
  - <sup>8</sup> National Inquiry into Missing and Murdered Indigenous Women and Girls. Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls Volume 1a. [Internet]. 2019 [cited 2023 Nov 15]. Available from: [https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Final\\_Report\\_Vol\\_1a-1.pdf](https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Final_Report_Vol_1a-1.pdf)
  - <sup>9</sup> National Inquiry into Missing and Murdered Indigenous Women and Girls. Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls Volume 1a. [Internet]. 2019 [cited 2023 Nov 15]. Available from: [https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Final\\_Report\\_Vol\\_1a-1.pdf](https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Final_Report_Vol_1a-1.pdf)
  - <sup>10</sup> In plain sight: Addressing Indigenous-specific racism and discrimination in BC health care. BC Studies: The British Columbian Quarterly. 2021 May 5(209):7-17.
  - <sup>11</sup> In plain sight: Addressing Indigenous-specific racism and discrimination in BC health care. BC Studies: The British Columbian Quarterly. 2021 May 5(209):7-17.
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