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**WOMEN'S LEGAL
EDUCATION & ACTION FUND**
**FONDS D'ACTION ET D'ÉDUCATION
JURIDIQUE POUR LES FEMMES**

**Final Remarks - Appearance Before the Standing Senate Committee on Legal and
Constitutional Affairs**

March 21, 2024

Pam Hrick, Executive Director and General Counsel

Good afternoon. My name is Pam Hrick. I'm Executive Director and General Counsel of the Women's Legal Education and Action Fund, or LEAF.

I'm grateful to be here with you today on the traditional and unceded territory of the Algonquin Anishinaabe people.

I also want to acknowledge the contributions of my colleagues Kat Owens and Lou Lamari for their work in preparing for this appearance today.

As many of you know, LEAF is a national charitable organization that uses litigation, law reform and public legal education to advocate for the equality of women, girls, trans and non-binary people. We have been doing this for almost 40 years.

Thank you for inviting me here today to speak about Bill S-250.

I would like to acknowledge the courage of the survivors who have spoken out, including before this and other Senate committees, to demand an end to the practice of forced and coerced sterilization.

I would like to commend Senator Boyer's leadership in bringing forward this bill.

As this committee has heard, forced and coerced sterilization is a human rights violation and a crime disproportionately committed against Indigenous women. Black women, disabled women, poor women and intersex children have also been targeted for forced and coerced sterilization in Canada. This practice is a profound violation of gender equality and bodily integrity grounded in racism, colonization, ableism and sexism.

The Women's Legal Education and Action Fund support the introduction of a Criminal Code offence that specifically targets forced sterilization and coerced sterilization. We do not do this lightly. As members of this committee have observed, the criminal legal

system has both failed to protect and caused harm to members of marginalized communities in Canada, in particular, Indigenous, racialized and disabled women.

The offence provisions in this bill, however, are most likely to apply to health care providers who hold positions of power, privilege and trust relative to their patients. The introduction of a specific offence will leave no doubt as to the illegality of this practice. It will play an important deterrent and communicative role for medical professionals, regulatory bodies and professional associations.

It is important that any offence apply in narrow and targeted circumstances. The definition of sterilization procedure included in this bill encompasses acts for the primary purpose of surgically or permanently preventing conception. It does not encompass acts that result in the prevention of conception but have a different primary purpose, such as treating medical conditions like cancer, uterine fibroids or endometriosis.

In addition, as Senator Boyer has noted in her testimony, many people may want to undergo sterilization procedures. This bill allows them to ask for these procedures and, critically, to consent to undergo them.

We would, however, recommend amending the bill to remove the bar on consent for persons under the age of 18. This would be in line with the standard approach to consent to health care procedures for minors, which focuses on whether they can understand the nature and purpose of treatment and the reasonably foreseeable consequences of it. Legislating a minimum age for consent in these circumstances, we believe, would open the door to age restrictions on consent to sexual and reproductive health care procedures, such as abortion.

This bill is an important starting point for prevention and accountability. However, as Ms. Niman has said in her opening statement, all levels of government, as well as non-government actors in the health care and education sectors, must take steps to end forced and coerced sterilization. There needs to be further research and disaggregated data on this practice. There needs to be a framework for reparations. The Government of Canada must issue a formal apology to survivors of forced and coerced sterilization, including survivors like Ms. Rabbit, who previously spoke before this committee.

Also, we must do more to combat systemic discrimination in health care and ensure equitable access to that care. This will include increasing representation within health care, including through Indigenous and community-based midwifery. It will require providing anti-racist and cultural competency training for all health care officials and providing properly trained medical interpreters. It will require providing equitable access to comprehensive and culturally safe education on sexual and reproductive health.

Thank you for your time. I look forward to your questions.