

From 'Mothers of the Nation' to 'Enemies of the State': How the 'Unfit' Indigenous Mother Holds the Power to Cultural Revolution

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ABSTRACT: This paper explores how the colonial construction of Indigenous women as 'unfit' mothers of 'inferior' status justifies state interference in their lives, perpetuates other harmful stereotypes within the public consciousness and blames Indigenous mothers for their life conditions. Sterilization is but one weapon used by the Canadian state to violate Indigenous women's right to reproductive autonomy, both historically and at present. Recent Canadian reports investigate Indigenous women's claims to forced tubal ligation procedures and how coercion within colonial institutions stripped them of their power and identity through the removal of choice. Multiple class-action lawsuits are currently underway in Canada, where the voices of Indigenous women who have suffered the intergenerational impacts of colonialism in their daily lives and at the hands of western medical institutions are demanding justice and recognition of their basic human rights. Despite at least five generations of state-directed violence against them, Indigenous mothers continue to resist colonization of their bodies, land, and communities. Through reconnecting to their past, present, and future, Indigenous mothers are remembering their inherent roles and responsibilities as mothers of the nation. They have never forgotten their power nor their role as protectors of their people. They have always resisted. I aim to amplify the voices of Indigenous women in a country that has silenced them for too long and acknowledge that I by no means am interpreting their work through my point of view – I am giving them the space they deserve.

KEYWORDS: Indigenous women's contributions, Motherhood, Settler-colonialism, Eugenics, Sterilization, Indigenous Resurgence

It wasn't until university that I learned about Canada's dark history of genocide against Indigenous populations, a colonial agenda centered on the acquisition of Indigenous land and assimilation the complete erasure of Indigenous peoples. When European settlers arrived on Turtle Island, they discovered egalitarian communities led by strong, powerful women. These women were honoured as life-givers. They protected their cultures to ensure their survival for future generations. The settlers recognized that access to the new lands and resources necessitated the absolute disempowerment of Indigenous women, especially in their ability to reproduce Indigenous populations as 'mothers of the nation'. The demonization of Indigenous motherhood is an ongoing and intentional strategy of assimilation employed by the settler colonial state to justify the aggressive and inhumane policies implemented to regulate, control, and diminish Indigenous populations. The respected community status of Indigenous mothers threatened the dominant settler ideology of a patriarchal social structure defined by male dominance and control over women within the nuclear family unit.

This paper explores how the colonial construction of Indigenous women as 'unfit' mothers of 'inferior' status justifies state interference in their lives, perpetuates other harmful stereotypes within the public consciousness, and blames Indigenous mothers for their life conditions. Sterilization is but one weapon used by the Canadian state to violate Indigenous women's right to reproductive autonomy, both historically and at present. Recent Canadian reports investigate Indigenous women's claims of forced tubal ligation procedures and how coercion within colonial institutions stripped them of their power and identity through the removal of choice. Multiple class-action lawsuits are currently underway in Canada, where the voices of Indigenous women who have suffered the intergenerational impacts of colonialism in their daily lives and at the hands of Western medical institutions are demanding justice and recognition of their basic human rights.

Despite at least five generations of state-directed violence against them, Indigenous mothers continue to resist colonization of their bodies, land, and communities. Through reconnecting to their past, present, and future, Indigenous mothers are remembering their inherent roles and responsibilities as mothers of the nation. They have never forgotten

their power nor their role as protectors of their people. They have always resisted. This paper seeks to amplify the voices of Indigenous women in a country that has silenced them for too long, excluding their experiences from public consciousness. This paper is possible only through the voices and tireless work of Indigenous women.

This paper utilizes what Bourgeois (2017) calls an "Indigenous feminist anti-oppression framework" (p. 255) that seeks to end all forms of violence and domination by highlighting the experiences and knowledge of Indigenous women and respecting them as experts in their own lives. This framework recognizes the intersectional oppressions affecting Indigenous women's lives, including colonialism, racism, and patriarchy, and seeks to decolonize them collectively (Bourgeois, 2017). The term 'Indigenous' is used throughout this work as a politically acceptable umbrella term to refer to the original peoples of Turtle Island. This term homogenizes the diversity of cultures, languages, social, political, legal, and economic structures that exist across these lands; therefore, specificity will be used as much as possible because it matters.

Traditional Indigenous Motherhood

To understand the disempowerment of Indigenous mothers requires the understanding that at one time, Indigenous mothers held great power. Spirituality is fundamentally interwoven throughout most Indigenous societies and strongly influences culture. A Nation's Creation Story provides instructions on how individuals are connected and their responsibilities to the world around them. Many Indigenous Creation Stories are women-centered and teach of the role women play in bringing spirituality to their people (Anderson, 2016). The Haudenosaunee creation story of Sky Woman describes how a pregnant woman falls from the sky and collaborates with the birds and animals to create the earth and new life. The Lakota tells the tale of White Buffalo Women, who brought the sacred pipe and ceremony to the people. Many tribes understood the "primary potency in the universe [as] female" and this understanding informs all aspects of tribal culture (Anderson, 2016, p. 47).

Indigenous women were revered in their roles as creators, as the givers of life, and as intermediaries between life on earth and the spirit world. Anderson

(2016) quotes Betty Lavedure, a Seneca woman, as saying:

They say that medicine people have certain requirements, near-death experiences. Some even have out-of-body experiences. Go into the spirit world and they have constant communication with the spirits. But the woman does this each time she gives birth. It's a near-death experience (p. 50)

It is important to note, however, that even women who did not physically give birth were still honoured for their roles in mothering. Renée Elizabeth Mzinegiizhigo-Kwe Bédard (2006), an Anishnaabe woman of the Marten Clan from Dokis First Nation, explains that:

Some of the most important mothers are women in our families and communities who do not have biological children of their own, but take on the role of aunts, grannies, and even adoptee mothers... In Anishinaabe communities, mother, auntie, and grannie are fluid and interchangeable roles, not biologically-defined identities. I was surrounded by aunts and older sisters who were all mothers to me (pp.73-74)

Matrilineal societies, then, reflect the respect that Indigenous worldviews reserved for the roles and responsibilities held by women, creating a social structure that protected women and children. Lavell-Harvard & Lavell (2006) note that traditional matrilineal societies required the husband to leave his home and join his wife's extended family. Children belonged to their mother's clan, with children receiving education from their mother and her family. In this way, women were not dependent on their spouses, which protected them from becoming vulnerable to violence, abuse, or domination at the hands of others (Lavell-Harvard & Lavell 2006).

Indigenous women were further empowered by the rich and varied protocols, practices, and ceremonies surrounding the sacred events of menstruation, pregnancy, childbirth, and child-rearing. Menstruation was considered by many nations as a time of incredible feminine power, a time where women gathered, shared, learned, and cleansed (Gaudet & Caron-Bourbonnais, 2015). Pregnancy was a sacred, celebrated time, where special care was given to expectant mothers from all members

of the community (Brant, 2014, p. 47). Indigenous children were viewed as gifts, and women were given the responsibility of "teaching, nurturing, and leading" the children (Bédard, 2006, p. 72). It is evident that Indigenous mothers held the highest degree of respect within their communities and Indigenous cultures reproduced and reinforced this respect through their laws and social norms.

European Misogyny and the Displacement of Indigenous Matriarchy

Across the ocean, however, very different creation stories were being told. Unlike the stories of Indigenous societies, the Judeo-Christian creation story of settler society is male-centered. The creator is a male authority figure who rules over all beings, rather than being interconnected with them. It is from this dominant narrative that patriarchy emerged, creating a "patriarchal consciousness" where male-centered versions of creation and authority came to shape much of our world today (Anderson, 2016, p.48). The church played a fundamental role in the values held by European society, specifically in its perceptions of women and their bodies. Negative female bodily perceptions were blamed for society's ills and reinforced the oppression of women by establishing their inferiority. Ralstin-Lewis (2005) notes how post-Civil War America saw a resurging belief that women, because of their sexual organs, were vulnerable to insanity and nervous disorders, situating their bodies as sites of weakness. Menstruation was not viewed as a manifestation of female power, but rather as a "manifestation of female sin, contamination, and inferiority... a curse" (Anderson, 2016, p. 52). These representations of women's inherent biological inferiority were normalized and internalized by men and women alike, necessary ills for the ongoing success of the patriarchal family structure.

European societies were fundamentally misogynistic, a term that literally translates to *hatred (miso) woman (gyne)*. This hatred infected not only biological understandings of the time but contaminated understandings of social structure as well. Smith (2003) recognizes how the English witch hunts targeted women who were single, widowed, or healers- those most independent from patriarchal authority and whose existence deviated from what a 'good' woman was supposed to represent. For those women who were married, the relationship between

husband and wife often mirrored that of “master and servant,” (Eberts, 2017, p. 79) where marital rape and wife beating were legalized laws in 18th and 19th century Upper Canada (Anderson, 2016). These social practices further normalized the European heteropatriarchal nuclear family structure and followed settlers in their westward colonization.

The presence of Indigenous women in powerful, influential positions posed a direct threat to patriarchal societal structures. Brant (2014) notes how settler women were in awe of the egalitarian societies of Indigenous nations, which drew a sharp contrast to patriarchal societies. The existence of egalitarianism threatened the legitimacy of settler colonial male dominance and ownership over white women (Smith, 2003). The community status of Indigenous mothers in pre-contact societies was interpreted as a direct threat to the well-being of colonial society as strong women would give birth to strong nations. The more Indigenous peoples there were, the more land they would claim. Settlers recognized what Catherine Martin, a Mi’kmaq woman from Nova Scotia, knew: “In order to break down and destroy a culture, you have to get to the root of it. The heart of Aboriginal cultures is the women, as givers of life” (Anderson, 2016, p.46). And so began the strategic demonization of Indigenous motherhood.

One strategy employed by the state to demonize Indigenous motherhood was the creation of the inferior, ‘unfit’ mother stereotype, a deliberate strategy of the state to justify the seizure of Indigenous land and resources. Portrayed as ‘uncivilized’ and in need of being saved, the ‘savage Indian’ was assumed to lack any political or social organization and was therefore in need of a white saviour. This blatant act of racism was furthered by specifically attacking Indigenous motherhood. The state blamed Indigenous women for their children’s social and medical problems, citing “inadequate native mothering practices” as the main reason that Indigenous communities were being ravaged by health crises (Cull, 2006, p. 143). No mention of the detrimental socioeconomic effects of segregation, oppression, and discrimination by the state need to be made when ‘unfit’ Indigenous mothering is the socially accepted source of all ills. The ‘unfit’ mother stereotype laid the groundwork for state justification of the increasingly aggressive tactics employed to disempower Indigenous mothers that we continue to see today (Cull, 2006).

A brief examination of state-mandated policies is necessary here to provide the context of the historical foundations leading to the disempowered state of Indigenous mothers today. The *Indian Act of 1876* was an assimilative policy that explicitly designated Indigenous peoples as wards of the state (Cull, 2006). The act defines who is or is not an ‘Indian,’ stealing the very autonomy and dignity of self-identity from Indigenous peoples, under the premise of their uncivilized *need* for state governance. The state’s assimilationist agenda viewed the birth of every Indigenous child as a violation of its goal to exterminate Indigenous peoples. “With this type of ethos in place, the Aboriginal mother became, whether explicitly stated or not, an ‘enemy of the state’” (Cull, 2006, p. 144).

To protect itself from such ‘enemies,’ the state implemented policies that fractured matrilineal societies. The *Indian Act* led many Indigenous peoples to internalize hierarchical ideology through forced patriarchal structures, accepting physical abuse as a means of maintaining hierarchy and normalizing the submission of women to men (Smith, 2005). Anderson (2016) recognizes that the protection offered to women and children through matrilineal structures was lost when nuclear family structures were introduced. Women and children became dependent on and vulnerable to the male head of household (Anderson, 2016). The enforcement of European patrilineal family values was fundamental to the conquest strategy. The nuclear family changed kinship systems, enforced male authority, demanded female fidelity, and eliminated the right to divorce. “Eroding the position of Aboriginal women as caregivers, nurturers and equal members of the community inflamed the false colonial perception that Aboriginal women were somehow worthless and free to be exploited” (Boyer & Bartlett, 2017, p.6).

The establishment of residential schools further denigrated the value of Indigenous mothers through the forced removal of their children from their homes, a targeted attempt to ‘kill the Indian in the child.’ This deliberate process that initiated a multi-generational cycle of family disruption has been recognized as cultural genocide by international law. The impacts of residential schools have been well-documented and include “high suicide rates, sexual exploitation, substance use and abuse, poverty, compromised educational attainment, and chronic unemployment” (Cull, 2006, p. 144). The removal

of Indigenous children from their families continued with the sixties scoop, a dark period in Canadian history when Indigenous children were apprehended and relocated to distant places with non-Indigenous families. An entire generation of Indigenous children were lost (Cull, 2006). As these social pathologies are cumulative and inevitably affect the lived realities of many contemporary Indigenous mothers, any woman struggling with her health and well-being is often blamed for her life conditions without any consideration of historical context or understanding of her unique experiences. Indigenous motherhood continues to be demonized through media and other public representations of the 'unfit' mother, legitimizing increased surveillance and interference of state actors in their lives.

State-legislated 'child welfare' programs continue to remove Indigenous children from their homes, with almost three times more Aboriginal children and youth currently in state care than at the height of the residential school era (Cull, 2006). The acquisition of funding in exchange for Indigenous children drove state involvement in child welfare apprehensions, supported by evidence that in times when there was no funding available, there was little concern or interest in the 'well-being' of Indigenous children. The image of the 'unfit' mother continues to justify child apprehensions, often in cases coded under 'neglect' or 'abuse,' where Indigenous mothers continue to be measured and judged against the standards of a "white, middle-class nuclear family... [and] the more she deviates from that norm, the more vulnerable she is to state observation and intervention" (Cull, 2006, p. 146). The continued removal of Indigenous children perpetuates a colonial assimilationist agenda that still seeks to exterminate Indigenous people, thus reducing federal government obligations and increasing the availability of Indigenous lands (Eberts, 2017). The irony of this system lies in the public awareness that Indigenous children have experienced extreme forms of abuse, and even death, at the hands of government and religious organizations, yet these institutions remain relatively sheltered and immune to the scrutiny experienced by Indigenous mothers every day.

Impacts of Colonization on Indigenous Women's Health and Wellbeing

Colonization, or the ongoing displacement, subjugation, and elimination of Indigenous peoples,

is a major determinant of Indigenous mother's reproductive health. An understanding of the effects that historical and contemporary racist policies have on shaping the lives of Indigenous mothers today, their overall health and well-being, as well as their access to health-care is critical when discussing health disparities of Indigenous women. The prevalence of high infant mortality rates, maternal morbidity, mortality, and the overall poorer health of Indigenous women is intimately linked to the undermining of traditional midwifery, the evacuation of pregnant women in remote communities to give birth far away from home and often alone, Indigenous 'birth alerts' and the previously discussed rampant racism in child welfare interventions with Indigenous families (Allan & Smylie, 2018).

Not only were these policies created by institutions that continue to be male-dominated and reflect male values, but most health policies and institutions continue to perpetuate a 'guardian and ward' model in their operations, adopting a paternalistic essence like that of the *Indian Act*, maintaining severe divisions of power between Indigenous women and healthcare providers (Boyer & Bartlett, 2017). Many Indigenous women experience poverty, poor housing, and poor physical and mental health, which is then compounded by the detrimental, internalized effects of racism and systemic discrimination. By ignoring colonialism as a major determinant of Indigenous women's health, Brown et. al (2011) notes how dominant explanatory models 'blame the victims.' For example, Indigenous mothers are often blamed for not having good nutrition or not accessing prenatal healthcare during pregnancy rather than recognizing how restricted access to traditional foods, loss of traditional land, the destruction of wildlife and fish habitats, the challenges of rural transportation and a life of poverty cause poor nutrition and create barriers to accessing healthcare.

But the very foundations of colonialism rely on the hierarchy of the dominant, white class and the subsequent subjugation of 'other.' It is with this understanding that I offer a brief explanation of the European eugenics movement in the late nineteenth and early twentieth centuries. Eugenic ideologies emerged from the belief that the social ills of a society- poverty, illness, and social problems generally- were a result of the innate traits of the poor rather than as consequences of social organization (Stote, 2012). This belief led to a practice referred to

as 'selective reproduction,' or the regulation of human reproduction as a method to improve the capacities of humans by "allowing differential reproduction of superior people to prevail over those designated as inferior" (Ralstin-Lewis, 2005, p.74). Racist and sexist ideologies have sentenced Indigenous women to an existence of inferiority, and this marginalized status is precisely what justified a century of horrific and dehumanizing reproductive violence against them. State-legislated policies sanctioned forced sterilizations of Indigenous women. The Sexual Sterilization Acts were passed in Alberta (1928-1972) and British Columbia (1933-1973). An appointed eugenics board was granted the power to assess women's mental capacity and if they deemed her 'mentally unfit,' a forced tubal ligation was ordered (Clarke, 2021). In 1937, an amendment to the act removed the requirement of patient consent. Indigenous women, for the numerous historical and cultural reasons previously examined, have always existed outside of the dominant society's definitions of 'fit,' whether in motherhood or mental capacity. Again, we see how this Eurocentric judgement of Indigenous inferiority plays into colonial aims, as the board also held the authority to transfer Indigenous women's land to federal or provincial bodies in the case she was deemed 'mentally unfit' (Clarke, 2021). Indeed, there are accounts that the government offered doctors cash incentives for every Indigenous woman he sterilized, regardless of her consent (Pegoraro, 2015).

Perhaps most shocking is that the Sexual Sterilization Act of BC allowed any residential school principal to permit the sterilization of any Indigenous child under his care. Documented in both the Provincial Training School in Red Deer, Alberta, and the Ponoka Mental Hospital, sterilizations often occurred to entire groups of Indigenous children as they reached puberty (Pegoraro, 2015). Pegoraro (2015) quotes a Cowichan woman who was sterilized in 1952 at the King's Daughters Clinic of Duncan in BC:

Doctor Goodbrand kept trying to do that operation on me when he learned that I was going to marry into a chief's family. He kept saying to me, 'Sarah, you don't want to marry Freddy. If you do, I'll have to fix you.' I tried to avoid him after that, but the Indian Affairs people told me he was the only doctor I was allowed to see. So, after I delivered my baby, Doctor Goodbrand put me under again, and

when I woke up he had done the operation on me. I couldn't have any more children after that (p. 162)

Canada's history of forced sterilizations of Indigenous populations was a poignant attempt to destroy the ability of Indigenous mothers from producing the next generation of Indigenous peoples. As givers of life, Indigenous women continue to stand in the way of government and corporate takeovers of Indigenous land, a continual threat to colonial conquest. "In the colonial imagination, Native women are indeed 'better dead than pregnant'" (Smith, 2005, p. 107).

The genocidal attack on Indigenous mothers is not a thing of the past. A 2017 external report examining the claims of multiple Indigenous women being coerced into tubal ligations at a Saskatoon hospital "emphasized pervasive systemic racism within [the Saskatchewan Health Region]" (McKenzie et. al, 2022, p. 1042). Every Indigenous woman interviewed in the report "clearly felt stressed and under much duress from being coerced to have a tubal ligation *while in labour* (emphasis mine), which added more stress to the usual stress of childbirth" (Boyer & Bartlett, 2017, p.2). Two overarching themes became apparent from Boyer and Bartlett's (2017) interviews: "feeling invisible, profiled and powerless, and experiencing coercion" (p.2). As one woman shared, "It was just, like, we're going to do this... I wasn't told anything, no explanation that it was permanent" (p. 17). In another woman's experience, the coercion was long-term and unrelenting, stating that "all through my fifth pregnancy she [the doctor] kept bringing up [tubal ligation]; and I was dreading to see her" (p. 20). The report found that most women felt they had lost a sense of their womanhood: "Something's been taken away from me, and this is a gift. The doctor took away my gift" (p. 21). Boyer and Bartlett (2017) also found that many women had adopted self-destructive behaviours to cope with their feelings of powerlessness: "I know it's bad to isolate myself, but I stay home because it's where I feel safe. No one is judging me and telling me to kill myself" (p. 22). Most women experienced negative impacts on their personal relationships: "We swept it [the tubal ligation] under the rug. Like I was no good to him anymore; or something..." (p. 22). Many women were at higher risk for health problems due to their aversion to accessing healthcare: "I don't go to the doctor, especially a gynecologist... the fear is so- I don't know if I can overcome it" (p. 23).

The Report of the Standing Committee on Human Rights (2022) on forced and coerced sterilizations of Indigenous women similarly describes that their sterilizations lacked free, prior, and informed consent, including “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” (Senate, 2022). According to the UN, forced and coerced tubal ligation procedures are recognized as genocide, defined as a form of torture by the Criminal Code of Canada, yet the only tangible outcome of any of the reports has been *one formal apology* from the Saskatoon Health Region and small policy changes. The government has yet to implement any legislation that would prevent or criminalize future sterilizations (Clarke, 2021).

Presently, a class-action lawsuit has been launched by more than 100 Indigenous women subjected to forced or coerced sterilizations, alleging that their Charter Rights were breached (McKenzie et. al, 2022). At 14 years old, Morningstar Mercredi was raped in Fort McMurray, Alberta and became pregnant. She slipped on the ice and started spotting, so she went to the emergency room (Kirkup, 2018):

The doctor performed surgery on me and when I awoke, I had no baby and what the doctor told me- I don't know why but I will never forget this- he said, 'Your chances of getting pregnant will be less than that of the average woman.'

Mercredi attempted to end her life six months later and struggled with drug and alcohol misuse for years afterward. She shares, “absolutely the substance abuse was linked to my suicidal depression and the trauma of that event... my life from that point on making choices that were shame-based.”

Others didn't survive their experience of coerced sterilization. A woman named Pam decided to speak out about her daughter who died by suicide 10 months after a tubal ligation in Winnipeg in 2009. Pam's daughter believed that having the procedure would get her other children out of foster care. Pam reflects, “I guess I can say she was bullied to death” (Kirkup, 2018).

Clarke (2021) notes that in the USA, ‘temporary

forms of sterilization’ in the form of Norplant, DepoProvera, and intrauterine devices (IUD's) are “prescribed more to, and encouraged for, Indigenous women... and that medical documents ‘[construct] the identity of young Indigenous women as an ‘at risk’ population in need of ‘reproductive regulation’” (p. 145). Studies in Canadian hospitals confirm the same racist discourse, with findings that doctors made statements that Indigenous women were “less cooperative,” had “excessive pregnancies,” and were “too lazy” to take a daily birth control pill, when compared to non-Indigenous women (Clarke, 2015, p. 145).

Similar racist ideologies appear in conversations between social workers and Indigenous youth within the foster care system. In McKenzie et al.'s (2022) research, collaborators “raised concerns about youth in group homes, foster homes, and other contexts being pressured to terminate pregnancies and/or being prescribed long-term contraceptives without being meaningfully involved in the decision-making process” (p. 1041). Another collaborator felt that social workers often suggest abortion to youth in foster care who are pregnant as the only option, failing to provide any form of healthy reproductive information or support to those considering motherhood (McKenzie et. al, 2022). Other women claim they were “[blackmailed]... into having abortions,” encouraged by healthcare providers to terminate their pregnancies in exchange for more access to their children or to secure their release from foster care (Kirkup, 2018). The systemic discrimination against Indigenous women's reproductive rights within the healthcare system is insidious. The policies toward sterilization and population control may have evolved over time, but the underlying racism within state institutions and practiced by state representatives continue to shape the reproductive lives of Indigenous women. As more Indigenous women speak out, public awareness is increasing, and people want answers, accountability, and change. But Indigenous women aren't waiting around for settler folk to figure themselves out- they reclaim their motherhood every day.

The Resurgence of Indigenous Motherhood

Indigenous mothers are still here. By remembering where they come from, Indigenous women can integrate the stories and teachings held sacred and protected by their grandmothers into their

contemporary lives. In various ways, Indigenous women contribute to the continued transmission of this knowledge to ensure the survival of their cultures. “They continue to engage in the practices taught to them by their mothers, grandmothers, and aunts, while in turn teaching their own daughters, granddaughters and nieces” (Kermoal, N., 2016, p. 111). In remembering their roles as life-givers, Indigenous women reclaim their power. Shirley Bear, a Mingwong/ Maliseet woman asserts, “Women are powerful because they birth the whole world” (Anderson, 2016, p. 141). Returning to traditional birth practices with traditional midwives and medicines is resistance. Leanne Simpson (Anderson, 2016) insists:

Self-determination begins in the womb. If more of our babies were born into the hands of Indigenous midwives using Indigenous birthing knowledge, on our own land, surrounded by our support systems, and following our traditions and traditional teachings, more of our women would be empowered by the birth process and better able to assume their responsibilities as mothers and as nation-builders... The foundation of our nations would be strengthened... (p. 29)

As we’ve seen throughout this paper, Indigenous mothering never ‘fit’ within the confines of the ‘good mother’ standards set out by the dominant patriarchal culture. Indigenous women’s ability to mother their children according to their own values and traditions has been impacted by colonialism, a common experience shared by many Indigenous women.

Clearly, we were different. We were ‘not white’, and it showed. However, the historical persistence of our cultural difference generation after generation (despite the best assimilative efforts of both Church and State) is a sign of our strength and our resistance. That we have historically, and continually, mothered in a way that is ‘different’ from the dominant culture, is not only empowering for our women, but it is potentially empowering for all women (Lavell-Harvard & Lavell, 2006, p. 3)

Indigenous motherhood was and is targeted intentionally by the state *because of its power*. “Patriarchy resists empowered mothering precisely because it understands its real power to bring about

a true and enduring cultural revolution” (Lavell-Harvard & Lavell, 2006, p. 5). The fragility and precariousness of patriarchy seems almost laughable in such a light, yet its power and influence in Canada today remain indisputable. But could it be that mothers, or in the words of Arienne Rich, “mother outlaws” (Lavell-Harvard & Lavell, 2006), hold the power to transform our world? The efforts and resources invested by colonial powers to demonize Indigenous motherhood would suggest so. Their recognition of Indigenous mothers’ ability to ensure the survival of their people was not mistaken- the mistake was in the colonial assumption that they wielded the power to destroy Indigenous motherhood. Their attempts to sever the intergenerational transmission of cultural knowledge failed. Their attempts to destroy Indigenous languages and kinship systems failed. Their attempts to dispossess Indigenous people of all land failed. And they have never succeeded in exterminating the Indigenous population. In fact, the Indigenous population is growing at a greater rate than the non-Indigenous population in the lands known as Canada (Statistics Canada, 2022).

Indigenous mothers are reclaiming their power. Indigenous populations are growing. Languages are being revived, ceremonies are being practiced and traditions are being shared. Canada is approaching a moment in time when it will be forced to reassess its worldview. When all the truths of colonial violence are laid out for all to see, how do Indigenous and non-Indigenous folks move forward? Where does everyone fit in? What are the roles and responsibilities human beings have to each other, and to the non-human world around us? Patriarchy sees only threat in Indigenous mothers, and it should- because for those who are ready for emancipation, for gender equality, for a complete cultural revolution, the resurgence of Indigenous motherhood is a source of hope for a different world.

Work Cited

- Allan, B. & Smylie, J. (2018). First peoples, second class treatment. In Hobbs, M., & Rice, C. (Eds.), *Gender and Women's Studies, Second Edition: Critical Terrain* (pp. 480-489). Canadian Scholars. <https://ebookcentral.proquest.com/lib/ualberta/reader.action?docID=6318365&ppg=500>
- Anderson, K. (2016). *A recognition of being: Reconstructing Native Womanhood*. Canadian Scholars' Press. <https://ebookcentral.proquest.com/lib/ualberta/detail.action?docID=6281996>
- Bédard, R. E. (2006). An Anishnaabe-kwe ideology on mothering and motherhood. In Lavell-Harvard, D.M. & Corbiere Lavell, J. (Eds.) *Until our Hearts are on the Ground: Aboriginal Mothering, Oppression, Resistance and Rebirth* (pp.65-75). Demeter Press.
- Bourgeois, R. (2017). Perpetual state of violence: An Indigenous feminist anti-oppression inquiry into missing and murdered Indigenous women and girls. In J. Green (Ed.), *Making Space for Indigenous Feminism* (pp. 253-273). Fernwood Publishing.
- Boyer, Y. & Bartlett, J. (2017). External review: Tubal ligation in the Saskatoon health region: The lived experience of Aboriginal women. *Saskatchewan Health Region*. https://www.saskatoonhealthregion.ca/DocumentsInternal/Tubal_Ligation_intheSaskatoonHealthRegion_the_Lived_Experience_of_Aboriginal_Women_BoyerandBartlett_July_22_2017.pdf
- Brant, J. (2014). From historical memories to contemporary visions: Honouring Indigenous maternal histories. *Journal of the Motherhood Initiative for Research and Community Involvement*, 5(1). <https://jarm.journals.yorku.ca/index.php/jarm/article/view/39325>
- Brown H., Varcoe C., & Calam B. (2011). The birthing experiences of rural Aboriginal women in context: Implications for nursing. *Canadian Journal of Nursing Research*, 43(4), 100-117. <https://cjr.archive.mcgill.ca/article/view/2330>
- Clarke, E. (2021). Indigenous women and the risk of reproductive healthcare: Forced sterilization, genocide, and contemporary population control. *Journal of Human Rights and Social Work*, 6, 144-147. <https://doi.org/10.1007/s41134-020-00139-9>
- Cull, R. (2006). Aboriginal mothering under the state's gaze. In Lavell- Harvard, D. M. & Corbiere Lavell, J. (Eds.), *Until Our Hearts are on the Ground: Aboriginal Mothering, Oppression, Resistance and Rebirth* (pp. 141-156). Demeter Press.
- Eberts, M. (2017). Being an Indigenous woman is a 'high-risk lifestyle.' In J. Green (Ed.), *Making Space for Indigenous Feminism* (pp. 69-102). Fernwood Publishing.
- Fiske, J. (1993). Child of the state, mother of the nation: Aboriginal women and the ideology of motherhood. *Culture*, 13(1), 17-35. <https://www.erudit.org/en/journals/culture/1993-v13-n1-culture06349/1081385ar.pdf>
- Gaudet, J. C. & Caron-Bourbonnais, D. (2015). It's in our blood: Indigenous women's knowledge as a critical path to women's well-being. *Alternative*, 11(2): 164-176. <https://journals-sagepub-com.login.ezproxy.library.ualberta.ca/doi/pdf/10.1177/117718011501100206>

- Kermoal, N. (2016). Métis women's environmental knowledge and the recognition of Métis rights. In Kermoal, N. & Altamirano-Jiménez, I. (Eds.) *Living on the Land: Indigenous Women's Understanding of Place*. (pp.107-137).
- Kirkup, K. (2018, November 21). *Survivors of forced, coerced sterilization demand accountability*. Global news. <https://globalnews.ca/news/4685849/indigenous-women-victims-sterilization/>
- Lavell-Harvard, D. M. & Corbiere Lavell, J. (2006). Thunder spirits: Reclaiming the power of our grandmothers. *Until our hearts are on the ground: Aboriginal Mothering, Oppression, Resistance and Rebirth* (pp. 1-10). Demeter Press.
- McKenzie, H. A., Varcoe, C., Nason, D., et al. (2022). Indigenous women's resistance of colonial policies, practices, and reproductive coercion. *Qualitative Health Research*. 32(7):1031-1054. DOI: <https://doi-org.login.ezproxy.library.ualberta.ca/10.1177/10497323221087526>.
- Pegoraro, L. (2015). Second-rate victims: the forced sterilization of Indigenous peoples in the USA and Canada. *Settler Colonial Studies*. 5(2), 161- 173. DOI: <https://doi-org.login.ezproxy.library.ualberta.ca/10.1080/2201473X.2014.955947>
- Ralstin-Lewis, D.M. (2005). The continuing struggle against genocide: Indigenous women's reproductive rights. *Wicazo Sa Review* 20(1), 71-95. doi:10.1353/wic.2005.0012.
- Rao, A. (2019, September 9). *Indigenous women in Canada are still being sterilized without their consent*. Vice. <https://www.vice.com/en/article/9keaev/indigenous-women-in-canada-are-still-being-sterilized-without-their-consent>
- Senate of Canada. (2022). The scars that we carry: Forced and coerced sterilization of persons in Canada - Part II. *Report of the Standing Committee on Human Rights*. https://sencanada.ca/content/sen/committee/441/RIDR/reports/2022-07-14_ForcedSterilization_E.pdf
- Smith, A. (2003). Not an Indian tradition: The sexual colonization of Native peoples. *Hypatia*, 18(2), 70-85. <https://www.muse.jhu.edu/article/44199>.
- Smith, A. (2005). Better dead than pregnant: The colonization of Native women's reproductive rights. In A. Smith, *Conquest: Sexual violence and American Indian Genocide* (pp. 79-107). Duke University Press. DOI: <https://doi-org.login.ezproxy.library.ualberta.ca/10.1215/9780822374817-005>
- Statistics Canada (2022, September 21). *Indigenous population continues to grow and is much younger than the non-Indigenous population, although the pace of growth has slowed*. <https://www150.statcan.gc.ca/n1/daily-quotidien/220921/dq220921a-eng.htm>
- Stote, K. (2012). The coercive sterilization of Aboriginal women in Canada. *American Indian Culture and Research Journal*, 36(3): 117-150. https://web.archive.org/web/20200225094833/http://www.fqpn.qc.ca/main/wp-content/uploads/2016/06/AICRJ_STOTE-STERILIZATION.pdf



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