

POSITION STATEMENT

POSITION STATEMENT ON COMBATTING ANTI-INDIGENOUS RACISM

Statement

The Canadian Association of Midwives (CAM) formally adopts the Truth & Reconciliation Commission Calls to Action (TRC), the Missing and Murdered Indigenous Women and Girls Calls to Justice (MMIWG), the United Nations Declaration on the Rights of Indigenous People (UNDRIP), Jordan's Principle (JP) and Joyce's Principle (JEP). We formally call on all levels of government, educational, and health institutions to do the same.

More specifically, **CAM strongly condemns the forced, coerced, and involuntary sterilization of Indigenous Peoples. We strongly condemn the over-representation of Indigenous infants and children in child protection services across the country and the practice of birth alerts. We strongly condemn the routine and blanket evacuation of pregnant people for birth and demand the return of birthing services to all Indigenous communities.**

Background

The first part of truth and reconciliation is truth. The truth is that colonial violence towards Indigenous Peoples of Turtle Island began 400 years ago. This colonial violence is not historic, but ongoing. The last residential school closed in 1996; forced sterilization still occurs today; the 60's scoop morphed into current day mass apprehension of Indigenous children into the foster care system; and Indigenous birthers continue to be relocated from their homes, families, communities, and cultures to birth in urban centres. As stated by the National Aboriginal Council of Midwives (NACM), "*the violent separation and control of Indigenous families continues today through the child welfare, healthcare and judicial systems*".

Indigenous people are dying because of ongoing, systemic anti-Indigenous racism. With each act or revelation of violence, from the deaths of Joyce Echaquan and Silatik Qavvik to the discovery of the remains of children who died in the care of the nuns and priests who staffed the residential schools, there have been continued calls for concrete action.

Context

At CAM we recognize, celebrate, and honour our colleagues at the National Aboriginal Council of Midwives (NACM).

We acknowledge that Indigenous midwives were here first, contributing to the health and strength of their communities. The erosion of Indigenous midwifery, and control of Indigenous midwifery knowledge and practices was an intentional tool of colonization. As midwives we must all play a role in examining how our system has benefited non-Indigenous midwives and seek to change our system to promote the growth of Indigenous midwifery.

Today, Indigenous midwifery is growing, and Indigenous midwives continue to sustain their knowledges and practices and contribute to the strength and health of Indigenous families, communities, and Nations. We recognize that Indigenous midwives are a protective force against racism in the health care setting and investing in Indigenous-led midwifery increases access to safer and better sexual and reproductive health care.

Recommendations & Commitments

Investing in Indigenous midwifery is a way for governments and health professional associations such as CAM to fulfill commitments made through the TRC and Missing and Murdered Indigenous Women and Girls Report, the Canadian Health Act, as well as UNDRIP, and Bill C-15. Addressing anti-Indigenous racism is everyone's responsibility, particularly non-Indigenous people.

With direction from NACM, CAM will:

- Take steps to decolonize approaches to our work by;
 - educating members and the public regarding the history of colonization and its effects on the health of Indigenous people;
 - ensuring authentic and appropriate representation of Indigenous women, girls and 2SLGBTQQIA people in reproductive health forums;

- being inclusive of Indigenous cultural backgrounds and addressing negative stereotypes;
 - valuing Indigenous ways of knowing;
 - recognizing Indigenous people as the experts on Indigenous issues.
- Centre NACM and Indigenous midwives as experts in caring for Indigenous people including but not limited to perinatal care, early childhood health, parenting, safe and healthy relationships, 2SLGBTQQIA issues and sex positivity.
 - Work with the Canadian Association of Midwifery Educators (CAMED) to reduce barriers and promote retention of Indigenous midwifery students.
 - Offer opportunities for midwifery associations to develop cultural competence and implement anti-racist and anti-oppressive frameworks that prioritize community needs.
 - Develop knowledge translation materials to support midwives in recognizing and responding to all forms of gender-based violence and offer respectful care that supports the rights of Indigenous birthing people and children to live free of violence and discrimination.
 - Work to eliminate educational and employment gaps between Indigenous and non-Indigenous midwives through our hiring practices, and advocacy for Indigenous midwifery education.
 - Advocate for the Elder, Grandmothers, and other Knowledge Keepers to establish community-based trauma-informed programs for survivors of trauma and violence.

CAM Calls on the Federal Government to:

- Renew and substantially increase investments for Indigenous midwifery in 2022 and beyond.
- Update Treasury Board occupational classifications using a distinction-based approach to recognize midwives and Indigenous midwives.
- Invest in Indigenous midwifery education and leadership, including expanding university and community-based pathways for Indigenous midwifery education as per NACM's recommendations.
- Ensure that the rights to health and wellness of Indigenous Peoples, and specifically of Indigenous women, girls, and 2SLGBTQQIA people, are recognized and protected on an equitable basis.
- Provide permanent funding for health services for Indigenous women, girls and 2SLGBTQQIA people through programs administered by First Nations, Métis, and Inuit health institutions.
- Expand mother-and-child programming and ensure birthers in Correctional Service Canada are not separated from their children.

CAM Calls on Educational and Health Departments & Institutions to:

- End evacuation for birth by funding birth centres and training programs for Indigenous midwives in each Northern Indigenous community.
- Following Indigenous protocols and ownership, collect, publish disaggregated data, and progress reports so we can assess trends in infant mortality, birther health, birth rates etc.
- Ensure new educational competencies regarding care for Indigenous people, including awareness of MMIWG, TRC, JP, JEP and UNDRIP, and the current and historical truths about the genocide of Indigenous people, are implemented in all health care provider education programs in Canada, including midwifery education programs.
- Develop a plan for addressing anti-Indigenous racism in midwifery education and service delivery.

References

1. [Truth and Reconciliation Commission of Canada: Calls to Action](#) (2015), refer to Calls to Action 7, 19, 20, 23, 24
2. [Honouring the Truth, Reconciling for the Future](#) Summary of the Final Report of the Truth and Reconciliation Commission of Canada (2015)
3. [United Nations Declaration on the Rights of Indigenous Peoples](#) (2007), refer to Articles 14, 23
4. Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls – [Calls for Justice](#), refer to Calls 3.1, 3.2, 3.3, 3.6, 6.1, 7.1, 7.7, 11.1, 14.11, 16.7
5. National Aboriginal Council of Midwives (NACM) [Position Statement on Evacuation for Birth](#)
6. National Aboriginal Council of Midwives (NACM) [Position Statement on Indigenous Child Apprehensions](#)
7. National Aboriginal Council of Midwives (NACM) [Position Statement on Forced and Coerced Sterilization of Indigenous Peoples](#)
8. [Jordan's Principle](#)
9. [Joyce's Principle](#) (2020)