

Alexander Lawson, Tourang Movahedi, Amanda Wang

Professor Bertoldi

PCJ 260

09/02/21

A Double Pandemic: The Effects of Anti-Black Racism During COVID-19

In February of 2021 Canada reached a new COVID-19 milestone, with over 800,000 cases and 20,000 deaths (Public Health Agency of Canada 2021). These cases have not been distributed evenly. From the outset of the pandemic, Canadian racialized minorities have struggled with higher caseloads and hospitalization rates (Toronto Public Health). This is not an isolated incident but a historical trend. Black Canadians were also disproportionately affected by the H1N1 pandemic (Bambra et al. 2020, 964). This begs the question: How does structural racism affect the COVID-19 disease burden? Although viruses do not discriminate, societies do, and with mortal consequences. This paper argues that anti-Black structural racism in the Ontario labour market and healthcare system makes Black communities disproportionately vulnerable to the COVID-19 pandemic. First, we discuss the workplace risks faced by low-income Black Canadians during the pandemic. Then we will explore the compounding issues of location and healthcare inequities. We will use Ontario and City of Toronto governmental data alongside scholarly research to bolster our argument.

Structural racism and systemic inequalities is defined by the Ontario Human Rights Commission as “consist[ing] of patterns of behaviour, policies or practices that are part of the social or administrative structures of an organization, and which create or perpetuate a position of relative disadvantage for racialized persons” (Ontario Human Rights Commission). In the context of our analysis, we investigate structures of discrimination which existed before the COVID-19 pandemic to explain the racially disproportionate distribution of infections.

Studies have shown that the legacy of racial segregation has concentrated Black populations in neighbourhoods with poor economic conditions (William et al. 2010, 74). These neighbourhoods are lower-income, and employment opportunities are often unstable and inflexible (Ornstein 2006, 83, 161-3). Data from Ontario shows a strong correlation between socioeconomic status and COVID-19 vulnerability (Macdonald 2020, 12). Torontonians with an annual income under \$30,000 have a share of cases nearly twice as large as their share of the population (Toronto Public Health 2020). This connection between race, income, and health can be explained by the nature of low-income, frontline work.

Data indicates that low-income workers have significantly limited access to paid leave (Etowa et al. 2020, 125; Macdonald 2020, 5). Black Canadians, who make up a large portion of Toronto's low-income earners, will also often find themselves in jobs that cannot be done remotely (Macdonald 2020, 8). Due to these financial and job-type restraints, it is not viable for many Black workers to stay at home when sick, even during a pandemic.

Not only do Black individuals have limited access to paid leave, but they are more likely to work in 'critical industries' with greater occupational health hazards (Tiako et al. 2021, 49-50). These hazards are one of the main factors behind disproportionate COVID-19 rates amongst Black populations (50). Black Canadians also represent a large portion of the frontline workforce in long-term care, which accounts for 15% of all continuing outbreaks in Ontario (Etowa et al. 2020 126, Marotta 2020). Ontario's personal support worker data shows that despite only making up around 6.6% of the population, Black people account for 17.5% of personal support workers (Lum et al. 2010, 4). With increased workplace health hazards and limited opportunities for paid leave or remote work, Black Canadians endure many entrenched systemic vulnerabilities to COVID-19.

Economic obstacles interact with healthcare inequities to present practical barriers to health for Black communities. Racialized, low-income individuals generally have limited

access to vehicles and a greater dependency on public transportation which has higher COVID-19 exposure (Yaya et al. 2020, 2). The distribution of testing centres and hospitals in Toronto fails to accommodate this dependency; not adequately covering Black communities despite the higher case counts in these areas (Appendix A, B). The impact is severe; Public Health Ontario data reveals that hospitalization and ICU rates are 4 times higher in racialized neighbourhoods, whilst health and testing infrastructure remains sparse and inaccessible (Etowa et al. 2020, 125; Appendix A). The lack of nearby testing centres coupled with an overreliance on public transportation limits access to COVID-19 testing and results in higher infection rates for Black Torontonians.

Economic and mobility factors have a significant impact on COVID-19 vulnerability, but they do not tell the complete story. Throughout the pandemic Black Torontonians have always had a higher than usual infection risk, which peaked at 9.5 times that of a white Torontonian in August (Toronto Public Health 2020). While this number has receded since, it remains greater than that correlated with income, indicating that several non-economic racial factors also have significant impacts (Toronto Public Health 2020).

The higher rates of chronic diseases among Black populations have been used to explain disproportionate COVID-19 counts, with some going so far as to suggest racial genetic components (Miyazawa 2020, 127-128; Williams et al. 2010, 85-7). However, while chronic diseases do increase vulnerability to COVID-19, several scholars and studies have shown that these higher chronic disease rates are the direct result of healthcare discrimination, and as such only highlight racial-based inequities in the present healthcare system (Tai et al. 2020; Siddiqi et al. 135-141). Social determinants are the cause, not genetics (Public Health Ontario 2020).

One such determinant is the underrepresentation of Black people in medicine and healthcare professions (Halwani 2004). As of 2015, Black people made up 2.3% of practising

physicians in Ontario, despite being 4.5% of the population (Kralj 2019). The low proportion of Black healthcare professionals is in part due to anti-Black racism experienced in schooling and at work (Trinh 2020). The lack of Black physicians and healthcare administrators translates into health services and modes of delivery that pay little attention to the unique health inequities experienced by Black individuals (Halwani 2004). For example, Black communities were excluded from the Ontario government's COVID-19 Action Plan for Vulnerable People (COVID-19 Action Plan 2020). Consequently, the government's Action Plan fails to address the unique vulnerabilities that Black people face. Systemic racism in the healthcare system perpetuates a lack of resources and efforts to alleviate the significant challenges experienced by Black communities during the pandemic.

Furthermore, the underrepresentation of Black people in medical work and leadership has contributed to feelings of distrust towards physicians and a lack of culturally sensitive care (The Canadian Press 2020; Nestel 2012, 13). This lack of cultural competency presents difficulties for Black Canadians trying to navigate the healthcare system because of stereotyping, misunderstandings and provider bias (Waldron 2010). For example, medical trainees in a 2016 study demonstrated a strong tendency to under evaluate physical pain experienced by Black people in comparison to white people, and offered insufficient treatment as a result (Sabin 2020). Out of fear of mistreatment and financial discrimination, many Black people rely on walk-in clinics instead of family doctors, which inhibits their ability to build trust the medical community (Jacobs 2006). This distrust is the product of a system that has repeatedly failed to serve Black communities. Subsequently, Black individuals have been discouraged from seeking medical assistance during the pandemic (Wilson 2021). In Toronto, 30% of surveyed Canadians who claimed they were hesitant about the COVID-19 vaccines were Black, despite representing 9% of Toronto's population (Wilson 2021). All these systemic failures in our healthcare system discourage Black

Canadians from receiving the vaccine, reinforcing the vulnerability of Black Canadians moving forwards.

It is evident that Black communities in Ontario have been disproportionately affected by COVID-19 as a result of institutionalized racism in the labour market and healthcare system. None of these systemic issues are novel, and evidence of their impact can be traced back to the H1N1 outbreak and beyond. While COVID-19 has highlighted systemic health inequities, these problems will persist post-pandemic. Therefore, any effective solution must address both the stark inequalities of the current crisis as well as the deeply entrenched inequalities that will continue to make Black Canadians disproportionately vulnerable to health crises in the future.

Appendix A:

Testing Sites & Black Population in Toronto with transit analysis

Sectors:

A:
High Density of Testing Facilities and Permanent Hospitals

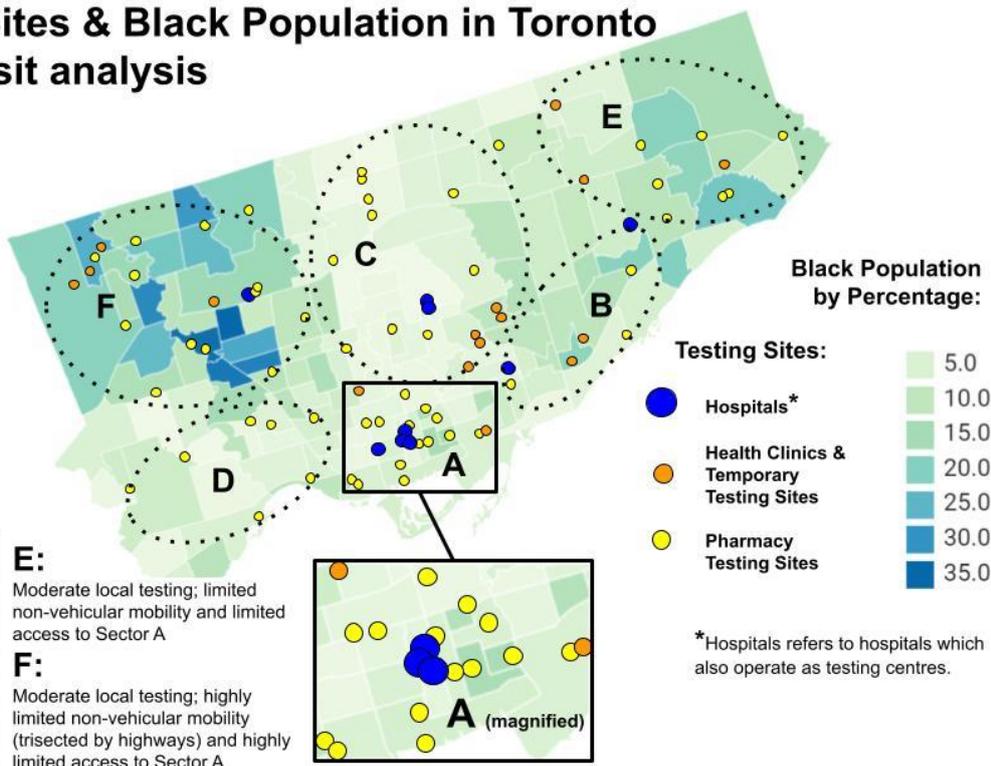
B:
Good local testing along subway and vehicle routes; access to Sector A

C:
Moderate local testing mostly along subway and vehicle routes; access to Sector A

D:
Weak local testing; direct subway and vehicle access to Sector A

E:
Moderate local testing; limited non-vehicular mobility and limited access to Sector A

F:
Moderate local testing; highly limited non-vehicular mobility (trisected by highways) and highly limited access to Sector A

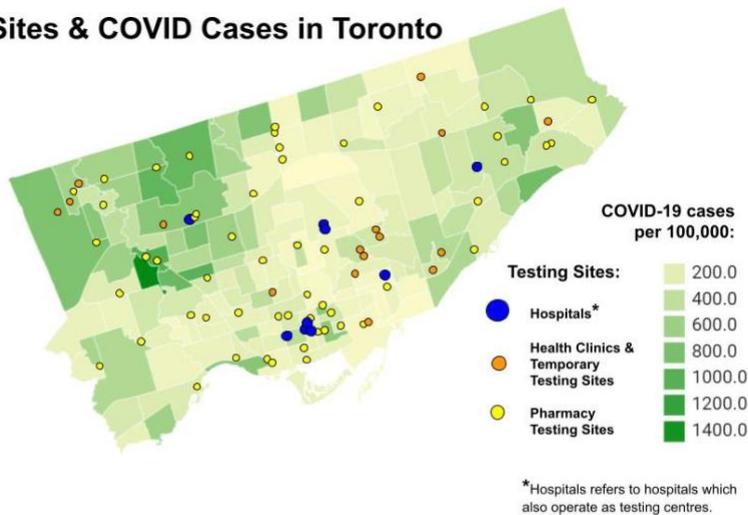


Data & Mapping Sources:

Cain, Olivia Bowden and Patrick. "Black Neighbourhoods in Toronto Are Hit Hardest by COVID-19 - and It's 'Anchored in Racism': Experts." Global News. Global News, January 29, 2021. <https://globalnews.ca/news/7015522/black-neighbourhoods-toronto-coronavirus-racism/>. (Original "Black Population by Neighbourhood" Map)
 "COVID-19 Testing Locations." ontario.ca. Government of Ontario, 2021. <https://covid-19.ontario.ca/assessment-centre-locations/>. (Testing Site Locations)
 "Maps." TTC Maps. Toronto Transit Commission, n.d. http://www.ttc.ca/Routes/General_Information/Maps/index.jsp. (Transit & Mobility Information for Analysis)

Appendix B:

Testing Sites & COVID Cases in Toronto



Data & Mapping Sources:

Cain, Olivia Bowden and Patrick. "Black Neighbourhoods in Toronto Are Hit Hardest by COVID-19 - and It's 'Anchored in Racism': Experts." Global News. Global News, January 29, 2021. <https://globalnews.ca/news/7015522/black-neighbourhoods-toronto-coronavirus-racism/>. (Original "Black Population by Neighbourhood" Map)
 "COVID-19 Testing Locations." ontario.ca. Government of Ontario, 2021. <https://covid-19.ontario.ca/assessment-centre-locations/>. (Testing Site Locations)

Bibliography

Blain, Beverly, OmniSoore Dryden, and Rinaldo Walcott. "COVID-19 Discriminates against Black Lives via Surveillance, Policing and Lack of Data: U of T Experts." University of Toronto News. University of Toronto, April 21, 2020.

<http://www.utoronto.ca/news/covid-19-discriminates-against-black-lives-surveillance-policing-and-lack-data-u-t-experts>.

Bambra, Clare, Ryan Riordan, John Ford, and Fiona Matthews. "The COVID-19 Pandemic and Health Inequalities." *Journal of Epidemiology and Community Health* 74, no. 11 (2020): 964-68. <https://doi.org/10.1136/jech-2020-214401>.

Cain, Olivia Bowden and Patrick. "Black Neighbourhoods in Toronto Are Hit Hardest by COVID-19 - and It's 'Anchored in Racism': Experts." Global News. Global News, January 29, 2021. <https://globalnews.ca/news/7015522/black-neighbourhoods-toronto-coronavirus-racism/>.

"COVID-19 Action Plan: Protecting Vulnerable Ontarians." ontario.ca. Government of Ontario, April 23, 2020. <https://www.ontario.ca/page/covid-19-action-plan-protecting-vulnerable-ontarians>.

"COVID-19 in Ontario – A Focus on Diversity." Public Health Ontario, May 14 2020. www.publichealthontario.ca/-/media/documents/ncov/epi/2020/06/covid-19-epi-diversity.pdf?la=en.

Etowa, Josephine, Bagnini Kohoun, Egbe B. Etowa, Getachew Kiros, Ikenna Mbagwu, Mwali Muray, Charles Dabone, Lovelyn Ubangha, and Hilary Nare. “‘Leaving No One behind’: COVID-19 Response in Black Canadian Communities.” *Witness: The Canadian Journal of Critical Nursing Discourse* 2, no. 2 (2020): 124–30.
<https://doi.org/10.25071/2291-5796.84>.

“Epidemiological Summary of COVID-19 Cases in Canada.” Canada.ca. Public Health Agency of Canada, January 11, 2021. <https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html>.

Halwani, Sana. “Racial Inequality in Access to Health Care Services.” Ontario Human Rights Commission. Government of Ontario, December 2004. <http://www.ohrc.on.ca/en/race-policy-dialogue-papers/racial-inequality-access-health-care-services>.

Jacobs, Elizabeth A, Italia Rolle, Carol Estwing Ferrans, Eric E Whitaker, and Richard B Warnecke. “Understanding African Americans' Views of the Trustworthiness of Physicians.” *Journal of General Internal Medicine* 21, no. 6 (2006).
https://doi.org/10.1111/j.1525-1497.2006.00485_1.x.

Kralj, Boris. “Unrecognized Physician Pay Inequities in Canadian Medicine - Dr. Bob Bell.” Dr. Bob Bell | drbobbell.com, September 7, 2019. <https://drbobbell.com/unrecognized-physician-pay-inequities-in-canadian-medicine/>.

Lum, Janet, Jennifer Sladek, Alvin Ying, and Lori Holloway Payne. “Ontario Personal Support Workers in Home and Community Care: CRNCC/PSNO Survey Results.”

Canadian Research Network for Care in the Community, December 2010, 1–33.

<https://www.ryerson.ca/content/dam/crncc/knowledge/infocus/factsheets/InFocus-Ontario%20PSWs%20in%20Home%20and%20Community%20Care.pdf>.

Macdonald, David. “COVID-19 and the Canadian Workforce: Reforming EI to Protect More Workers.” *Canadian Centre for Policy Alternatives*, March 16, 2020,

www.policyalternatives.ca/publications/reports/covid-19-and-canadian-workforce.

Marotta, Stefanie. “Ontario, Quebec See COVID-19 Outbreaks at Workplaces Climb.” *The Globe and Mail*, December 4, 2020.

<https://www.theglobeandmail.com/canada/article-ontario-quebec-see-covid-19-outbreaks-at-workplaces-climb/>.

Miyazawa, Daisuke. “Why Obesity, Hypertension, Diabetes, and Ethnicities Are Common Risk Factors for COVID-19 and H1N1 Influenza Infections.” *Journal of Medical Virology* 93, no. 1 (June 24, 2020): 127–28. <https://doi.org/10.1002/jmv.26220>.

Nestel, Sheryl. “Colour Coded Health Care.” *Wellesley Institute*, January 2012,

<https://www.wellesleyinstitute.com/health/colour-coded-health-care-the-impact-of-race-and-racism-on-canadians-health/>.

Ornstein, Michael D. Essay. In *Ethno-Racial Groups in Toronto, 1971-2001: a Demographic and Socio-Economic Profile*, 83–163. Toronto: Institute for Social Research, York University, 2006.

“Policy and Guidelines on Racism and Racial Discrimination.” Ontario Human Rights Commission. Government of Ontario, n.d. <http://www.ohrc.on.ca/en/policy-and-guidelines-racism-and-racial-discrimination>.

Siddiqi, Arjumand, Faraz Vahid Shahidi, Chantel Ramraj, and David R. Williams.

“Associations between Race, Discrimination and Risk for Chronic Disease in a Population-Based Sample from Canada.” *Social Science & Medicine* 194 (December 2017): 135–41. <https://doi.org/10.1016/j.socscimed.2017.10.009>.

Tai, Don Bambino, Aditya Shah, Chyke A Doubeni, Irene G Sia, and Mark L Wieland. “The Disproportionate Impact of COVID-19 on Racial and Ethnic Minorities in the United States.” *Clinical Infectious Diseases* 72, no. 4 (June 20, 2020). <https://doi.org/10.1093/cid/ciaa815>.

The Canadian Press. “National research project to probe racism in health care amid COVID-19 pandemic.” *CBC News*, August 25, 2020, <https://www.cbc.ca/news/canada/toronto/racism-healthcare-covid-pandemic-canada-1.5699710>.

Nguemini Tiako, Max Jordan, Howard P Forman, and Marcella Nunez-Smith. “Racial Health Disparities, COVID-19, and a Way Forward for US Health Systems.” *Journal of Hospital Medicine* 16, no. 1 (2020): 50–52. <https://doi.org/10.12788/jhm.3545>.

Toronto Public Health. “COVID-19: Status of Cases in Toronto.” City of Toronto, February 1, 2021. www.toronto.ca/home/covid-19/covid-19-latest-city-of-toronto-news/covid-19-status-of-cases-in-toronto/.

Trinh, Judy. “Canadian doctors of colour offer a frank look at racism in medicine.” CBC News, June 23, 2020. <https://www.cbc.ca/news/health/racism-canadian-medicine-doctors-1.5615554>.

Waldron, Ingrid. “The impact of inequality on health in Canada: a multi-dimensional framework.” *Diversity in Health and Care* 7, no. 4 (2010): 261-270. <https://diversityhealthcare.imedpub.com/the-impact-of-inequality-on-health-in-canada-a-multidimensional-framework.pdf>

Williams, David, Selina Mohammed, Jacinta Leavell, and Chiquita Collins. “Race, Socioeconomic Status, and Health: Complexities, Ongoing Challenges, and Research Opportunities.” *Annals of the New York Academy of Sciences* 1186 (2010): 69–101. <https://doi.org/10.1111/j.1749-6632.2009.05339>.

“Toronto Launches Initiative to Support Black Community Disproportionately Impacted by COVID-19.” CTV News, February 4, 2021. <https://toronto.ctvnews.ca/toronto-launches-initiative-to-support-black-community-disproportionately-impacted-by-covid-19-1.5294064>.

Yaya, Sanni, Helena Yeboah, Carlo Handy Charles, Akaninyene Otu, and Ronald Labonte. “Ethnic and Racial Disparities in COVID-19-Related Deaths: Counting the Trees,

Hiding the Forest.” *BMJ Global Health* 5, no. 6 (2020).

<https://doi.org/10.1136/bmjgh-2020-002913>.