
COLONIALISM AS A PRECONDITION OF UNEVEN COVID-19 EXPERIENCES

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Abstract

During a challenging time such as the COVID-19 pandemic, historical geographies of oppression are expressed not only in differential rates of infection, but in differential impacts of public health solutions, including economic effects, complications of community-based underlying health conditions, increased opioid poisonings, and worsening housing situations. As such, addressing these complex impacts of colonialism during the pandemic requires a similarly complex approach. Successful health care policy interventions will need to incorporate such understanding.

Why is an understanding of colonialism important to understanding the uneven occurrence of COVID-19 in Canada today? Although Canada's history of colonialism does not in itself provide any explanation, today's racialized and Indigenous communities, which were formed by past colonial practices, continue to be adversely affected by ongoing colonial practices. During a challenging time such as the COVID-19 pandemic, historical geographies of oppression are expressed not only in differential rates of infection, but in differential impacts of public health solutions, including economic effects, complications of community-based underlying health conditions, increased opioid poisonings, and worsening housing situations. As such, addressing these complex impacts of colonialism during the pandemic requires a similarly complex approach.

The practices of colonialism have racialized Canadian society in four main ways. First and foremost, colonialism displaced, diminished, and marginalized Indigenous peoples. COVID-19 outbreaks therefore occur either on reserves, or in urban communities—for example, Vancouver's Downtown Eastside—where Indigenous peoples experience concentrated poverty. Second, the African-Canadian population originated during the late 18th Century as a result of northward migration from the American colonies, founded on enslavement. Third, the Canadian government demanded a very large labour force in building the railway and in extractive industries such as forestry and mining. Indentured and contract labourers came from Asia in the tens of thousands to form a geographically concentrated labour force, mainly in Western Canada. They were paid substandard wages and denied the benefits of citizenship until well into the 20th Century. Fourth, as Canadian immigration rates increased from World War II until the 21st Century, a very high proportion—in many years, the majority—of immigrants have come from other former British colonies, including Caribbean countries, India, and Hong Kong. These immigrants and their descendants make up the majority of communities of colour in Canada today. They live and re-live colonial racialization practices in myriad ways.

For example, among urban Indigenous communities, which represent among the poorest urban communities in Canada, the knock-on effects of the pandemic have been horrendous. In Vancouver's Downtown Eastside (Kobayashi and Masuda 2020), public health measures resulted in the closure of important services such as shelters, food banks, drop-in help centres, and safe injection sites. Within days, food scarcity became an issue. Within weeks, the supply of illicit drugs was contaminated by fentanyl as the supply chain was disrupted, resulting in a rapid rise in opioid poisoning deaths. Isolation, lack of information, lack of services, combined with poor living conditions in crowded and dilapidated single-room-occupancy buildings, have meant that people living in this community, already marginalized

by poverty and racialization, have suffered enormous health consequences. The single most important issue concerns the situation of Indigenous peoples, who live the effects of colonialism on a daily basis, and who experience COVID-19 most destructively because of higher levels of underlying conditions (e.g., diabetes, substance dependence) and insufficient levels of social services.

Among Asian communities, the prevalence of everyday racism, well in place since the advent of indentured labour as a colonial strategy, has skyrocketed. Although we lack Canadian research data, there is ample anecdotal evidence to show that people who are Asian in appearance have had fearful and potentially violent experiences in public. A Japanese-Canadian community partner in one of my own research projects related a visit to a grocery store where she was followed, taunted, and threatened. A U.S. study showed that a quarter of young Asian Americans have been targets of verbal racist abuse in the past year . In this case, the secondary emotional impact of the pandemic has far-reaching community effects.

For a variety of reasons such as educational patterns, immigration histories and policies, and a number of community factors, racialized individuals are disproportionately concentrated in front-line occupations, ranging from cleaning to transportation to health care provision, where the dangers of COVID-19 exposure in the workplace are greatest. Such workers include Latinex cleaners, people of Caribbean origin in transportation and health care, Filipina workers in health and domestic care jobs, and temporary workers in agriculture and meat packing—all labour segments that have been among the highest rates of exposure to and transmission of COVID-19. The jobs that racialized people perform today are in significant ways the result of patterns of immigration and employment established throughout the 20th Century.

These three brief examples provide merely a window into a society where patterns of poverty, racialization, and labour market segmentation are all the continuing results of colonial practices put in place centuries ago. They are not just demographic statistics that have emerged over time. So, what is colonialism?

Colonialism is one of the major ways in which capitalist political and economic systems have been established worldwide. It is a paradigm of domination and exploitation of a country in the developing world by a metropole country. There are two major forms: 1) exploitation of the developing world (much of Africa and Latin America) to extract both resources and cheap labour; 2) settler colonialism – the case of Canada – which involves settling and developing a country by people from the metropole, where the main initial form of population growth is through European migration. In many instances, including that of Canada, the United States, Australia, and much of Latin America, the Indigenous population is greatly reduced and physically distanced from the white settlers (reserves in Canada and the U.S., townships in South Africa). People of colour are brought from various parts of the world, either through enslavement or indentured labour, to support development, working in agriculture, mining, forestry, and the like. Thus, colonialism involves the exploitation of both people and the natural environment. Settler colonialism could not have occurred as it did in Canada without migrant labour and at the expense of Indigenous peoples.

In more recent years, the majority of immigrants to Canada, including permanent migrants as well as those who come through the domestic worker or temporary agricultural programs, are people of colour. They are overrepresented in those areas of labour where the incidence of COVID-19 is high: health care,

cleaning, transportation, agricultural labour, and meat packing. We need to recognize that the patterns of population movement, settlement, and development that were established in the early days of colonialization continue and have lasting repercussions. People live the conditions of their historical geographies for generation after generation.

Colonialism is fundamentally a process of racialization. With very few exceptions, colonialism involves the exploitation of people of colour and Indigenous peoples by white Europeans. The two systems are inextricably connected. Colonial racialization involves both the exploitation of colonized people in situ (through extraction of labour or, in some cases, denial of labour), which leads to the underdevelopment of those populations; or, the movement of colonized peoples through enslavement or indentured labour. (In some cases, such as China, formal colonization did not occur, but millions were still ensnared in the process of indentured labour upon which much colonial development rests).

Both colonialism and racialization are recursive processes through which political, economic, social, and interpersonal connections are systemically produced and reproduced. The human relationship becomes one of colonizer–colonized and racializer–racialized (Kobayashi).

The colonial relationship extends into both systemic (e.g., labour, education, health care, residential concentration) and personal racism today, and therefore takes specific forms at a time when social and economic conditions are stressed and stretched. We need to recognize, therefore, that present-day expressions of colonialism are complex. There are historical reasons for the concentration of people of colour in dangerous front-line occupations as well as for the production of Indigenous poverty and the ongoing vilification of people of Asian descent. It is significant that we need to understand these patterns in systemic ways—not as individual choices and anomalies. People who express racist views, whose expressions are often ramped up at times of crisis such as with this pandemic, are not just individuals choosing to be nasty. They are part of a long process of colonial oppression and marginalization that have taken many forms and expressions over time, in different places and toward different communities. Addressing systemic practices will always require systemic solutions. The effects of ongoing racialized colonialism therefore need systemic actions in the time of COVID-19.

Addressing the Systemic Effects of Colonialism during the Pandemic

Teasing out the ongoing effects of a history of colonialism is, of course, far from straight forward. Colonialism is long established, has a hugely varied geography with differential effects on demography, the labour market, and social practices. At the most basic level, Indigenous peoples and people of colour cannot sever their lives from generations of racialized colonialist practices and policies. The effects of colonialism were not erased when it ceased to be an official form of political control; therefore addressing present challenges, such as the pandemic, requires recognition of this complexity. Successful health policy makers will understand that while the main thrust of their actions will apply directly to forestalling infections through practices such as hygiene, social distancing, and mask wearing, they must also recognize the complexity through which COVID-19 works its way through the population. That recognition requires a thorough understanding of complex historical community experiences of racialized colonialism and its impact on present-day levels of racist discourse, impoverishment, and residential and labour market segregation, among other effects. Health care policy will therefore need to incorporate this understanding as part of any successful amelioration of the pandemic.

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