BLACK IMMIGRANTS: OSCILLATING BETWEEN COVID-19 AND DEAD SILENCE

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Abstract

Black immigrants in Canada, I am arguing, are one of the most effected groups with COVID-19. Yet, one has to create magic to reach this conclusion. The lack of aggregated data is a shame of the Nation. The lack of interest is a strong message, I am concluding, that these groups do not matter. This is true in Québec as in the rest of Canada. In the end, I offer some policy indications attempting to address this lack of aggregated data and looking into the future.

The presence of Blackness in Canada seems to haunt the nation. It makes visible how the nation imagines itself as an umbrella of whiteness and as such, Blackness as a unidimensional, unnuanced and uncomplicated category that belongs somewhere else, outside the socius of the nation. This is true whether you are in English-speaking or French-speaking Canada and whether you are a Canadian-born Black or a Black immigrant.

When a nation decides that, in a midst of a pandemic, it does not want to verify who is (most) affected by COVID-19, it is sending a strong signal that the said group does not matter. Here, a major lesson we have learned from the field of sociology is that intentions in moments like these matter less; their final effects matter more. *Toronto* Star reporter Alex Boyd (2020)ⁱ writes, "Despite a growing awareness in the United States that some minority groups might be at higher risk for the coronavirus, provincial health officials in two of Canada's hardest hit provinces [Ontario and Alberta] say race-based data isn't needed here [in Canada] yet." Dr. David Williams, Ontario's chief medical officer of health, contended that race-based statistics "are not collected in Canada unless certain groups are found to have risk factors." But how do we determine that risk factor if we do not have data and what is that risk factor to begin with? "Right now we consider our main risk groups (to be) the elderly, those with other co-morbidities, regardless of what race they are," Williams said. "Regardless of race, ethnic or other backgrounds, they're all equally important to us." (Boyd, 2020, n.p.).

In the absence of data, as specialists and academics who want to suggest informed policies, we have to aggregate our own data, deduct from an existing data and/or second-guess. This was the case with researchers <u>Choi, Zajacova, Haan and Denice (2020)</u>ⁱⁱ from Ontario's Western University. Even though their study does not focus on Black immigrants, it is significant for my argument. The researchers began their study with two premises: the first was anecdotal and the second built on the first, writing, "Anecdotal stories about the COVID-19 pandemic suggest that Black, racialized and immigrant people in Canada have been disproportionately affected by COVID-19." This is because immigrants — Blacks or otherwise — "are pushed to the front lines of the economy, working in settings with greater exposure to the COVID-19 virus." In situations like these one has no choice but to draw on other nations (<u>UK and U.S.</u>)ⁱⁱⁱ that collect race-based data.

In the U.S., Black communities (Black immigrants included) have been disproportionately affected by COVID-19 so Choi *et al.*^{*iv*} asked: is the situation different in Canada? To answer their question, to their surprise, the researchers came to realize that racial minorities and immigrants (including Black immigrants) have been excluded from the list of populations vulnerable to COVID-19. By combining COVID-19 and census data, the researchers made "creative use of health and census data" only to conclude "that Black and immigrant communities in Canada are disproportionately affected by COVID-19. ... Our findings showed COVID-19 infection rates are significantly higher in health regions with a higher percentage of Black residents," Choi *et al.* write. "A one percentage point increase in the share of Black residents in a health region is associated with the doubling of coronavirus infection rates. We also found that a one percentage point increase in the share of foreign-born residents is associated with a three-per-cent rise in COVID-19 infection rates" (n.p.).

This is especially true in cities like Montreal, Vancouver, Hamilton and Toronto where the researchers observed two things. First, the notable presence of Black residents and second, the majority of these Black residents are recent immigrants. Choi *et al.* (2020) offered two examples from two different parts of Canada. The first example is from the oilsands of Alberta where the petroleum industry hire large numbers of Black immigrants (among others) with close proximity between employees, a major factor in the spread of the coronavirus (see <u>Bouka & Bouka</u>, 2020^v, for the situation of Black immigrants in meat plants in Alberta). The second example is from western Québec where the mining industry does the same with Black immigrants (among others). Again because of close proximity, the workers in these mines in Québec were disproportionately affected by COVID-19.

The Story of Marcelin François: Does it have to end this way?

Besides the mines, Québec has another COVID-19 hotspot where Black immigrants are disproportionately affected. Mostly in the Greater Montreal area and mostly in long-term care facilities, health-care workers are mostly Black immigrants. Indeed, these Black immigrants put themselves at risk by caring for others at the height of the coronavirus so much so that the government of Canada granted them permanent residency (<u>CBC, 2020</u>)^{vi}. In conducting a meta-analysis of the coronavirus situation in Québec, <u>Bouka and Bouka</u> (2020) concluded, "In Quebec, disparities in COVID-19 infection rates are shaped by the intersection of race, gender, immigration, labour, and public health. Health care workers account for 20 percent of infections, and in the hard-hit Greater Montreal area, up to 80 percent of the aides in long-term care facilities are racialized women, mostly Black and Maghrebi. Industries of care are feminized and undervalued despite being critical to preserving the health and safety of the population" (n.p.)^{vii}.

Though most long-term health care workers are women, I want to tell the story of Marcelin François for two reasons — it epitomizes the Black immigrant struggle during COVID-19 in Canada with its brutally dehumanizing nature and for its policy implications.

Fleeing the aggressive anti-immigration policies by the Trump administration, within two or three months, 18,000 asylum seekers mostly from Haiti crossed the border from the U.S. into Québec (NPR, 2018)^{viii}. One of these asylum seekers was Marcelin François. *La Presse* reports that he was 40 years old — a husband anda father of three young children — working in a textile factory during the week and in long-term care facilities on the weekend (Boisvert, 2020)^{ix}. Because François was working under the table in the long-term care facilities, there was no employment record of him working at any of them. François was status-less. He applied for asylum and was denied. His final chance was based on a humanitarian appeal, and he was waiting for that appeal.

His wife, Oséna Charles, tells *La Presse* "Il n'était pas malade. Il ne faisait pas de fièvre. Il toussait" [He was not sick. He didn't have fever. He coughed]. One morning, Charles explains, François simply laid on the couch. He cried and said, "Je vais mourir... je vais laisser les enfants" [I am going to die... I am going to leave the kids]. Charles did not think he looked sick so she returned to bed. She woke to him crying for their 11-year-old son to call 911. Before the ambulance arrived, François passed away in Charles's arms. The family was quarantined. Two days later, Charles received a phone call indicating that François's case was "80% not coronavirus." The following day, another call confirmed that the cause of his death was, in fact, coronavirus. François died on April 14, yet Charles still does not know his burial location.. And, she remains at-risk because she too works in Chez Cargill, a meat-processing plant with close proximity between workers and high cases of COVID-19 (Boisvert, 2020).

Oséna Charles does not need prayer to avoid infection with the coronavirus, she needs to have legal status in Canada (if only on a humanitarian basis), and she needs an informed policy on how to deal with COVID-19. To have such an informed policy, a number of changes are needed:

- 1) Canada needs disaggregate data on COVID-19 and race. This will allow for an honest look at who is most affected by COVID-19. It is disingenuous and flawed to depend on another nation's numbers (e.g., <u>U.S.*</u> and U.K.) and try to guess whether we are similar to them or not. Canada is not the U.S., it has its own particularity and all policies have to be informed by this particularity.
- 2) We know that not all racial groups are affected equally, which should inform how we analyze and draw conclusions from race-based data.
- 3) Race does not stand alone so it should be intersected with gender, social class, language competency, settlement and health (among others).
- 4) We need longitudinal studies ones where we locate ourselves in time (living in this moment where neutrality is not an option and white fragility should be put aside in favour of a hard, honest conversation) and space/location (being in Canada, which region, etc.).
- Legal status matters, especially when it comes to Black immigrants. In the U.S., as an example, Black immigrants are disproportionately not only affected by COVID-19, but overrepresented in deportation (<u>NPR, 2020</u>)^{xi}.
- 6) English Canada is no different than French Canada when it comes to the disproportionate rate of COVID-19 in Black communities. <u>Bouka and Bouka</u> (2020)^{xii} found exactly the same situation of the meat-processing plants and their conditions in Québec as well as in Alberta. In May 2020, employees at the JBS meat-packaging plant in Brooks, Alberta, which employs many South Asian and South African immigrants, constituted 26 per cent of Alberta's active COVID-19 cases. Carpooling, crowded living conditions, lack of oversight and prioritizing profit over safety are identified as primary reasons for the outbreak in one of the highest rates of coronavirus-affected areas in Canada. Temporary workers, mostly Black Caribbeans, are as affected by the virus as Black immigrants. These issues call for government policy and oversight; they should not be left to the private sector. Also, the points raised herein remind us of the need for disaggregate data broken down by many factors, one of which is race and immigration.
- 7) <u>Bouka and Bouka</u> (2020) ask, "Why do Canadians tolerate these types of working conditions that can become public health issues during a crisis like COVID-19? Is it because of who is overrepresented in these fields: female, racialized, and immigrant workers who struggle to get substantive political representation?" (n.p.). These questions remind us of the need to define who, how and why someone is considered an "essential worker." We need a clear policy on the obligation of the state toward these essential workers, among whom Blacks/Black immigrants are overrepresented and disproportionately affected by COVID-19.

8) The last two policy points also relate to disaggregate data and are suggested by <u>Bouka</u> and <u>Bouka</u>, whose work is one of the most comprehensive when it comes to the intersection of Black immigrants and COVID-19. They write: "Provincial healthcare professionals need to pay as much attention to collecting data on race and immigration profiles as they do in collecting data on gender, education, and income. This data needs to feed into national environmental population surveys that will allow public health officers to tie specific demographic markers to health status over time. It will paint a clearer picture of social, economic, and health disparities between various communities and point to needed improvements and progress. This will also enable provincial health officials to identify variations and gaps between federal and provincial jurisdictions. For example, while refugees are resettled and supported by the federal government, their access to health services is the responsibility of the provinces" (n.p.).

1) <u>Bouka and Bouka</u> continue: "this data should then be the starting point for engagement between public health officers, immigration and labour policy-makers, and relevant stakeholders from relevant industries. Together, they can help develop more robust social and labour protection for racial minorities, newcomers and migrants. We need to be invested in the health and work conditions of racialized and immigrant populations in Canada, not only because, as COVID-19 has demonstrated, safety for them means safety for all, but most importantly because this is what this country says it stands for" (n.p.)^{xiii}.

Though I focused on the broad category of Black immigrants, we need not lose sight that within that group, gender, age, sexuality, (dis)ability, social class and education (among other social demographics) all play a factor in is the Black immigrant experience. As we move forward, the intersection of women, <u>youth</u>,^{xiv} LGBTQ and working class should never leave our analysis as we make sense of how Black immigrants are affected and/or experience COVID-19. Only then can we think about Blackness as a <u>multidimensional^{XV}</u>, <u>multicultural^{XV}</u>, multilingual, complicated and with multiple entry points category. Yet, our starting point in this analysis has to acknowledge the challenge of Black immigrants and their vulnerability to COVID-19^{XVII}; and that the story of Marcelin François should never have been allowed to happen, especially not in a capable place like Canada.

ⁱ Boyd, A. (2020). Race-based Coronavirus data not needed in Canada yet, health officials say. *The Toronto Star*. Accessed August 10, 2020. Available:

https://www.thestar.com/news/canada/2020/04/10/race-based-coronavirus-data-not-needed-in-canada-yet-health-officials-say.html.

ⁱⁱ Choi, K, Zajacova, A., Haan, M., & Denice, P. (2020). Data linking race and health predicts new COVID-19 hotspots. *The Conversation*. Accessed August 15, 2020. Available: <u>https://theconversation.com/data-linking-race-and-health-predicts-new-covid-19-</u> hotspots-138579.

ⁱⁱⁱ Iyayi, M. (2020). How Black Canadians are disproportionately impacted by COVID-19. *The Gazette*. Accessed August 12, 2020. Available: <u>https://westerngazette.ca/culture/how-black-canadians-are-disproportionately-impacted-by-covid-19/article_89293cc4-a033-11ea-ae15-631b3c049880.html</u>.

^{iv} Choi et al.

^v Bouka, A. & Bouka, Y. (2020). Over the long term, Canada should collect better health data that looks closely at the intersecting issues of race and immigration. *Policy Options Politique*. Accessed August 15, 2020. Available:

https://policyoptions.irpp.org/magazines/may-2020/canadas-covid-19-blind-spots-onrace-immigration-and-labour/

^{vi} CBC. (2020). *Some asylum seekers who cared for patients in pandemic to get permanent residency*. Accessed August 5, 2020. Available:

https://www.cbc.ca/news/canada/montreal/asylum-seekers-guardian-angels-covid-19-permanent-residency-1.5686176.

^{vii} Bouka & Bouka.

^{viii} NPR. (2018). *Haitians flow into Canada from the U.S. amid renewed deportation fears*. Accessed July 20, 2020. Available: <u>https://www.npr.org/2018/01/17/578582891/haitians-flow-into-canada-from-the-u-s-amid-renewed-deportation-fears</u>

^{ix} Boisvert, Y. (2020). Il s'appelait Marcelin François. *La Presse*. Accessed July 25, 2020. Available: https://plus.lapresse.ca/screens/3c5f9503-455d-479e-9b25-

72fa1b1944c8 7C 0.html?utm_medium=Twitter&utm_campaign=Microsite+Share&ut m_content=Screen.

^x Greenhouse, S. (2020). The Coronavirus pandemic has intensified systemic economic racism against Black Americans. *The New Yorker*. Accessed August 23, 2020. Available: <u>https://www.newyorker.com/news/news-desk/the-pandemic-has-intensified-systemic-economic-racism-against-black</u>

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<u>dev&utm_medium=email&bxid=5be9c7382ddf9c72dc1665a8&cndid=31905519&hasha=8</u> 1d2e7c532465fdab5b0ddd24a30648b&hashb=37813c6c81880359fbfe0b53326b719510b 8ef3d&hashc=aae15d8440971241ccc7f6d694de8343553eabceab397ad4fc791d1a6956e6 d3&esrc=bounceX&utm_term=TNY_Daily.

^{xi} NPR. (2018). *Haitians flow into Canada from the U.S. amid renewed deportation fears*. Accessed July 20, 2020. Available: <u>https://www.npr.org/2018/01/17/578582891/haitians-</u>flow-into-canada-from-the-u-s-amid-renewed-deportation-fears

^{xii} Bouka & Bouka. https://policyoptions.irpp.org/magazines/may-2020/canadas-covid-19-blind-spots-on-race-immigration-and-labour/

^{xiii} Bouka & Bouka.

^{xiv} Marcotte, M. (2020). Insights on Canadian society: Results from the 2016 Census: Education and labour market integration of Black youth in Canada. *StatCan*. Accessed August 12, 2020. Available: <u>https://www150.statcan.gc.ca/n1/pub/75-006-</u> x/2020001/article/00002-eng.htm.

^{xv} StatCan. (2019). Diversity of the Black population in Canada: An overview. *StatCan*. Accessed August 12, 2020. Available: <u>https://www150.statcan.gc.ca/n1/pub/89-657-x/89-657-x2019002-eng.htm</u>.

^{xvi} StatCan. (2019). Canada's Black population: Growing in number and diversity. *StatCan*. Accessed August 12, 2020. Available: <u>https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m/019006-eng.htm</u>.

^{xvii} See Huncar, A. (2020). Black Canadians hit hard by COVID-19, new national study shows. *CBC*. Accessed September 11, 2020. Available:

https://www.cbc.ca/news/canada/edmonton/black-canadians-covid-19-study-1.5708530.