

STATEMENT
on the COVID-19 Emergency and its Impacts on Indigenous Peoples
and peoples of colour

As COVID-19 spreads and a public health emergency intensifies, Colour of Poverty - Colour of Change calls on all orders of government - federal, provincial, municipal and Indigenous - and those who are doing emergency planning to pay special attention to the impact that this disease and the response to its spread is and will continue to have on Indigenous Peoples and peoples of colour across Ontario and Canada.

We call for an approach that provides accurate information and advances practices and policies based in science, and that ensures compassionate and comprehensive medical and social services for those most vulnerable to exposure. We are all only as safe as those members of our community who are most at risk.

While we know that anyone can contract the virus, we also know that the impacts on Indigenous communities and communities of colour are already among the most severe. Indigenous people and people of colour are disproportionately likely to be in low-paying, hourly-wage, benefit-free and otherwise precarious jobs that make them unable to provide care or interrupt work. They are also more likely to have limited access to stable healthy housing, childcare, transportation and employment insurance. Indigenous People and people of colour are more likely to face unsanitary conditions inside prisons, jails, and detention centres. We also know that given years of under-investment Indigenous on-reserve communities may not have the infrastructures to cope; even the seemingly most accessible prevention measure of washing hands being frequently unavailable in communities with boil water advisories as an example.

We know all too well that the above long existing health inequities and other economic and social disparities in Indigenous communities and communities of colour have led to higher incidences of chronic conditions, such as hypertension, diabetes, heart disease, housing overcrowding and more.

Implicit and explicit racism has often historically driven government responses to urgent health situations. Demagogues have exploited fear, fostering secondary outbreaks of xenophobia and division. Some have used hate-filled and racist rhetoric to stigmatize certain peoples of colour as “infected,” as threats to public safety, and as burdens to the health care system. This public emergency has already impacted Chinese (and those that might look Chinese), Iranian (and those that might look Iranian) and other Ontarians and Canadians through increased acts of bigotry, prejudice, discrimination and economic or job loss.

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Also given that they are disproportionately people of colour - we should also make sure that temporary or migrant workers have the supports they need - including time off work in order to be able to self-quarantine if/when necessary, no job loss, ensuring that their immigration status is protected, that they have adequate health care coverage, and put in place through the period of this emergency a general moratorium on removals for all immigration and refugee related matters.

Emergency planning that does not factor in health inequities and that trades on racialized, faithist or xenophobic fears may exacerbate infection rates, through the misallocation of time and resources, and create a cascading set of additional problems to solve. Fear makes for poor science and worse policy. We strongly urge all health emergency managers to actively dispel myths and racist or faithist misinformation, to collectively work to create the system-wide response needed to end the spread of this communicable disease, and to address the needs of marginalized populations while stamping out stigma and blame.

All of our health security is at stake.

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