

# Coronavirus versus BIPOC lives: Surveillance, policing and the absence of health data

April 21 2020, by Beverly Bain, Omisoore Dryden and Rinaldo Walcott

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The claim that COVID-19 and its associated medical and social responses do not discriminate belies the history of how pandemics work

and who is most impacted by them. States of emergency show that citizenship privileges some, is partial for others and disappears others.

In our early analysis of national media coverage, those experts sharing the grim statistics of infections and deaths, those front-line workers seen as risking their lives and those who have lost loved ones are predominantly white. Black, Indigenous and racialized people, and [many whose lives have been further imperiled by](#) this pandemic, remain virtually disappeared from the Canadian landscape.

That makes collective care for members across our communities untenable. We take pause and reflect on how this will impact Black people across economy, health and policing, to name three areas of concern.

Black people tend to be [employed](#) in [low-paying](#) and [highly feminized jobs](#): these include clerical jobs, janitorial staff, orderlies and nursing assistants who are now determined as [essential services](#). Black people are also more likely to work in the gray and underground economy, which are forms of labor that might involve payments outside the regular labor force and taxation system, and not counted in GDP.

Effectively, anti-Black racism has already ensured that Black people and undocumented residents are less than citizens in late modern capitalist Canada. Yet, the people who are likely most at risk are the ones who are being asked to sacrifice their lives. Collectively, Black people in Canada find themselves among the most disadvantaged in all indicators of what is considered a "good life."

## **Policing the pandemic**

The attempt to interrupt the spread of the virus has brought together policing and public health. Since [at least the post-emancipation period in](#)

[the Americas](#)—and this period includes Canada—public health and policing have been launched against Black communities. Both public health and policing depend on assessing Black people as wayward.

In the post-emancipation Americas, [early public health campaigns sought to "train" Black women on child rearing, cleanliness of homes and food preparation](#). Indeed, as late as the 1960s, [one of the justifications for the destruction of Africville, N.S.](#), was the public health claim that the community was at a health risk as there was no sewage system. Instead of providing necessary services, [the community was forcibly removed](#).

Public health has historically been [an extension of policing](#) for Black people that has positioned us as suspicious and nefarious in our actions and movements. In our current state of emergency, this union of policing and public health has led to [more Black people being arrested, detained and physically restrained](#) in the name of public health protection.

The current rules around movement put Black people at risk, more [vulnerable to intensified policing](#) (including [carding and street checks](#)) when in public and potentially exposed to the virus at work.

## **Disavowing the data**

On CBC radio's *The Current*, Simon Fraser University marketing professor June Francis recapped a conversation she had with a senior federal official in which she raised concerns regarding Black people's health. Instead of acknowledging this need for data, Francis said [the senior federal official told her](#): "Canada is a color-blind society and [she] shouldn't expect that race-based data is necessary."

On April 9, during a public conversation with the [Preston Community COVID-19 Response team](#) and African Nova Scotian communities,

Nova Scotia's Chief Medical Officer, Robert Strang, said now was not the time to focus on how the social determinants of health and "longstanding issues" are impacting Black communities during this pandemic. He said: "[We can focus on these issues later.](#)"

On April 10, Ontario's Chief Medical Health officer, David Williams, said as the province fights to contain the coronavirus, [disaggregated race-based data is not necessary.](#)

We know differently. The HIV and AIDS responses in Canada show that public health and policing [result in criminalization and incarceration for Black people.](#) To ask us to suspend our understanding of these intimate links is to ask us to contend with the possibility of our own demise.

## **Pandemics do discriminate**

Claims of color-blind healthcare and approaches to the COVID-19 pandemic are concerning. The data from elsewhere, including the United States and the United Kingdom, sounds an alarm for Canada.

[Emerging American data](#) reveal that Black people are contracting the virus at higher rates and also are dying in higher numbers.

Dr. Chaand Nagpaul, head of the British Medical Association, called on the U.K. government to urgently investigate why [Black, Asian and minority ethnic people are more vulnerable to COVID-19.](#)

While some provincial public health officers in Canada claim to be concerned about all citizens and committed to everyone's health, they simultaneously declare that now is not the time to address the social determinants of health nor to begin the collection of disaggregated race-based data. In other words, they refuse to address how racial discrimination negatively impacts the health of Black people.

The absence of such plans, however, are indeed evidence of Black people's partial citizenship and not-yet-quite citizenship.

[In fact, our health officials must meet these demands for data.](#)

Accounting for how the virus impacts Black communities differently would actually demonstrate care.

Since the pandemic, we have heard of many Black women and their families in Toronto being evicted and made homeless. We have come to know that many are dealing with increased violence in the narrowly confined spaces they now live in, and are unable to access income support. Despite successful efforts to open health care to all, regardless of immigration status, the *Toronto Star* reported that some people in Toronto seeking emergency treatment had to pay \$500 or [risk not being treated.](#)

Racism, poverty, incarceration, limited literacy, over-crowded living conditions, lack of social supports and limited access to health services are chronic conditions that must be considered during this pandemic.

Black lives are further in peril in a time of COVID-19. Subject to death on both the [public health](#) and policing fronts, we will not be silent. Even as state public officials choose to ignore our lives and livability by insisting that race and class do not matter, the historical and contemporary evidence in this country demonstrates more than otherwise.

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