

ADDRESSING ECONOMIC RACISM IN CANADA'S PANDEMIC RESPONSE AND RECOVERY

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Introduction

Arlene Reid¹. Bonifacio Eugenio-Romero². Joyce Echaquan³. These are just three of the thousands of lives that have been lost during the pandemic, but in many ways they characterize who is dying. As the COVID-19 pandemic spread through Canada, proclamations from government officials about a virus that doesn't discriminate was belied by the names and faces of those who were perishing. Now, more than six months after widespread stay-at-home orders took effect, we know that these stories are in no way anecdotal. They reflect massive systemic inequities at the intersection of race and social class that amplify both the chances of being infected with COVID-19 and the barriers to receiving proper protection and care. For example, race-based data collected by Toronto Public Health shows Black and Brown Torontonians make up 73 per cent of the COVID-19 cases while representing only 36 per cent of the population⁴. In stark contrast, White Torontonians represent about one fifth of all COVID cases while making up about half of the population⁵. Of course,

COVID-19 doesn't choose its victims on its own. Instead, Canadian society has structured itself to assure that those most likely to suffer poor health outcomes are Black, Brown, and Indigenous Canadians who earn low-wages and have little wealth, while White Canadians, who have more economic resources, are far more likely to be protected.

Studies from the United States, where collection of data on race is as ubiquitous as collection of data on age or gender, are also documenting racial inequities in COVID-19⁶. For example, Black people in the United States are more than three times more likely than White people to die from COVID-19⁷. In the United Kingdom, similar racial inequities have also emerged⁸. Even an analysis of limited data by Statistic Canada points to a similar trend, showing that neighborhoods with higher populations of visible minorities also have higher rates of death from COVID-19⁹.

The fact that there are racial health inequities for COVID-19 isn't surprising.

For example, race-based data collected by Toronto Public Health shows Black and Brown Torontonians make up 73 per cent of the COVID-19 cases while representing only 36 per cent of the population.

Introduction

Racial inequities have been documented for nearly every health outcome¹⁰. Yes, even in Canada. The evidence suggests that once you strip away the protection that newly-arrived immigrants initially carry¹¹. Black and Indigenous Canadians in particular experience worse health than White Canadians^{12,13}. There is growing recognition that race – and more accurately, racism – is one of the most important structural drivers of health inequities for Canadians¹⁴ in much the same way as it is for Americans¹⁵. What is different now is that the country’s attention is squarely on the epidemiology of a disease – how and to whom COVID-19 spreads – and social movements, the media, and academics have brought the epidemiological importance of racism front and center.

Why did Arlene Reid, Bonifacio Eugenio-Romero, and Joyce Echaquan die and why is the risk of contracting COVID-19 systematically worse for Black, Brown and Indigenous people compared to White people? The most concise answer is that the lives of Black, Brown and Indigenous people, particularly those who are making below the median household income and/or working class, are shaped by immediate and long-term processes of systemic racism. Living within this context creates a higher likelihood of having a compromised underlying health status, and a lower likelihood of receiving timely and

adequate care^{16,17}. Meanwhile, White lives are – on average – shaped by processes of systemic advantage, which create a higher likelihood that White people are waiting out the pandemic in the comfort of their homes, have a better underlying health status, and can be more confident in receiving the best possible health care¹⁸.

Gender intersections must also be acknowledged, though there is no simple way to reduce things to a singular advantage or disadvantage. Rather, systemic racism often manifests in different ways for Black, Brown and Indigenous men versus women or LGBTQIA2S+ individuals¹⁹, and so they are affected by different outcomes to different extents. Black men tend to be more affected by police violence. Indigenous life expectancy and general health outcomes also significantly vary by gender. Complete data has yet to be examined for COVID-19, but a gendered phenomenon in which Black, Brown and Indigenous women are more likely to be affected is beginning to emerge.

One of the common arguments regularly profiled in the media and elsewhere is whether economic or racial inequality is the primary problem²⁰. This artificial dichotomy is harmful, lacks a factual basis and should be rejected. As many recent studies have shown, and as COVID-19 has so awfully underlined, the

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constructs of race and poverty are inextricably linked^{21, 22}. **Systemic racism lies at the foundation of economic inequality in Canada.**

Theories suggest that the dismissal of the role of racism, or its framing as individual but not structural acts, tends not to be an accident²³. Intentional or otherwise, this view of the world obscures the central process at play, which is that systems of racism (which are baked into our policies, institutions, and threaded throughout every aspect of our society) constantly pummel economic disempowerment and dehumanizing insults at Black, Brown and Indigenous Canadians, while advantaging White Canadians at every possible turn^{24, 25}. In other words, **economic inequity is an expression of systemic racism.**

Are there also poor, White Canadians? Of course, there are. Nevertheless, racism and racial inequity is a primary way that economic inequity is organized in a country such as Canada, a capitalist, settler-colonial state²⁶. Progressives who are working to solve

economic inequality need to recognize racial inequality as one of the primary drivers. This reckoning is essential to representing the interests of the majority of victims of economic inequality, and to seeking truly effective solutions.

This policy brief describes the link between systemic racism (particularly anti-Black and Indigenous systemic racism), economic injustice, and COVID-19, and makes the case for three of the most promising policy avenues for resolving this multifaceted problem. In short, solutions must tackle the most fundamental reasons for racial inequity rather than fixating solely on short-term programs and policies that might alleviate inequities but leave intact the underlying systems and societal logics which produced them.

As many recent studies have shown, and as COVID-19 has so awfully underlined, the constructs of race and poverty are inextricably linked. Systemic racism lies at the foundation of economic inequality in Canada.

Systemic (Anti-Black) Racism and Racial Inequities in COVID-19

COVID-19 is a disease that is largely spread through contact with the respiratory droplets of an individual who is infected with the Coronavirus; for example through proximity to breath, or by touching surfaces to which their respiratory droplets have been transferred (e.g., from their hands to a doorknob), and then touching one's own face²⁷. These mechanisms paint a picture of a virus that could be spread from anyone to anyone. After all, virtually all of us live our everyday lives in spaces – at work, on public transportation, in grocery stores – that bring us in close proximity to others.

That is why, in March, 2020, as public health officials learned of the risk associated with life as usual, Canada-wide “stay-at-home” orders went to effect.

Excluded from these orders were Canadians whose jobs were deemed to be an “essential service” - long-term care workers, grocery clerks, transit operators, and so on. These professions thus carry a higher risk of infection by virtue of their ongoing proximity to others. Unsurprisingly then, data has demonstrated massive differences in COVID-19 infection rates between the working-class Black and Brown people who predominantly do these jobs in Canadian society, and White people, who predominantly do the higher-wage office jobs that have



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allowed them to stay at home and shelter from risk. As an example, Statistics Canada data demonstrates that Black people – particularly Black women – as well as Filipino women are more likely to be personal support workers than other racial groups, and early reports suggested many COVID-19 cases were among personal support workers in long-term care homes²⁸.

At first, only neighborhood-level data was available to understand whether there were systemic differences in COVID-19 risk across racial groups, meaning we didn't know the race of individuals who were contracting the disease, but we could trace each case back to the neighborhood in which they reside. The segregated nature of Toronto meant that knowing the neighborhood characteristics of the people contracting COVID-19 could also give us a sense of their individual characteristics. Neighborhoods such as Jane and Finch and Rexdale, which are predominantly Black, working-class areas, had COVID-19 case counts hovering around 500 cases per 100,000 residents. In contrast, Yonge and Eglinton and the Beaches, which are predominantly White, wealthy areas, had 15 and 16 cases respectively, a stunning forty-fold difference in the burden of COVID-19²⁹.

Toronto Public Health is now also collecting individual characteristics of COVID-19 cases,

LABOUR MARKET SORTING

“Labour market sorting” is a term used by economists to refer to the clustering of social groups in specific jobs. This phenomenon is not an accident, nor is it based on deficiencies in Black and Brown people or acumen and effort in White people. Labour market sorting by race and class is entirely the result of a confluence of structural features of society, including racism in school systems, lack of access to generational wealth and family income to pay for post-secondary education, lack of adequate social policy to provide government funding for post-secondary education, and the tolerance of racial discrimination in hiring processes that prevent Black and Brown people from obtaining high-wage, high-status jobs, even when they have the skills and experience to qualify^{37, 38}. While Indigenous peoples also experience the effects of labour market sorting, it is important to note that Indigenous peoples are comparatively underemployed in the labour market³⁹ due to economic disenfranchisement perpetuated in Canada since its formation.

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including race and socioeconomic status. While we are in the early stages of interpreting this data, the initial results are just as dismal as the neighborhood-level finding: 83 per cent of all COVID-19 infections have occurred in “racialized” individuals. More than half of infections are among those from low-income households³⁰. Based on the experience of how the pandemic response has unfolded and the available data, the role of “essential service” work among Black and Brown working-class Canadians appears to be key³¹.

Peel Region in Ontario is also collecting demographic data related to COVID-19 cases. In August, after the first wave, South Asian, Black, and Latino populations experienced a disproportionate rate of disease, especially when compared to the White population³². By the fall, experts began pointing to systemic

issues that create an increased risk of infection for these groups, including working in frontline positions or in manufacturing and warehouse settings where workplace spread has been more prevalent³³.

COVID-19 cases reported by Indigenous Services Canada seem to indicate a prevalence rate on First Nations reserves that is about one third the Canadian average, giving a grossly incomplete picture of the disease burden in Indigenous communities³⁴. Researchers and community organizations have raised concerns that the data reporting COVID-19 cases in Indigenous communities underrepresents the case load³⁵. Two key reasons for the gaps in data are a lack of access to testing and community mistrust in interacting with Canadian health institutions where many have experienced racism³⁶.

Systemic racism, institutional racism, and other similar terms are used to describe the breadth and depth of institutional arrangements and policies that work to disempower Black, Brown and Indigenous people, and it is alive and well in Canada. What we know is that, ultimately, even when Black and Brown people are discriminated against, the issue is anti-blackness, which is part of a broader, global history of the exploitation and subjugation of Black people for economic gain. Of course,

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some Indigenous Canadians experience the direct threats of anti-blackness, such as disproportionate overrepresentation in multiple health and social indicators and over-incarceration. As scholars argue, for Black, Brown and other racialized people, including Indigenous peoples, the dynamics of the racism they experience are largely predicated on their proximity – whether real or perceived by White people – to Blackness. Moreover, in countries with similar historical, political, and economic characteristics to Canada, non-Black racialized groups may often also uphold anti-black racism because of the material and status gains (whether real or perceived) that accrue from proximity to whiteness⁴⁰.

Once we recognize how and why racism operates in a society like ours, it is no longer enough to operate under some façade of race-blindness to resolve economic injustice. If we don't acknowledge systemic racism, we obscure the mechanisms through which economic injustice is perpetrated and erase the people who are the primary victims.



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A Well-Trodden Path: The Long History of Systemic Racism and Health Inequalities

There is a direct connection between the higher risk for COVID-19 among Black, Brown and Indigenous people, their overrepresentation in low-wage, “essential service” jobs, and the systems of North American society that prevent Black, Brown and Indigenous people from attaining economic empowerment, while working to maintain economic power among White people^{41, 42, 43}. But this should not be news at all. Researchers have long established a set of important and egregious facts explaining these links.

The first fact is that racial health inequities, such as the ones we are witnessing for COVID-19, are present for virtually every health outcome of which we know, from low birth weight and infant mortality in the earliest years of life, to asthma in childhood, to cardiovascular disease and depression in adulthood, to dementia and early death at the end stages of life^{44, 45, 46}.

Moreover, despite what many doctors and medical studies often espouse, fields such as population genetics and genetic anthropology have confirmed that none of these inequities are rooted in genetic differences by race, because race has no genetic basis⁴⁷. Instead, race is an entirely social construct, which is often based on phenotypic characteristics (appearance) or ancestry, and is used to create social groups for the very purpose of concentrating resources among White people and economically disempowering Black people, Brown people with social proximity to Black people, and Indigenous people. This is why the construction of race, racism, and political economy are so highly intertwined^{48, 49}.

The second fact then, is that the pervasiveness and persistence of racial health inequities is entirely due to the systemic racism that creates systematic differences between Black, Brown and Indigenous people and White people in their material conditions and in their experiences of everyday life^{50, 51}.

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It is these material conditions and life experiences that are at the heart of who gets sick and who remains healthy. That is why Black people can both be more likely to get COVID-19, where the immediate risk is from proximity to others, and also be more likely to get cardiovascular disease, where the immediate risk is from such things as diet and stress levels. The fact is, the immediate mechanisms through which risk operates are largely irrelevant, as is the disease of the moment. The root of the matter is a system which was initially built on and still embodies racism, that works to make Black and Indigenous people in particular more vulnerable to virtually every disease mechanism and outcome by ensuring that they are disempowered⁵².

The third fact is that, because of the nature of racial health inequities, it simply does not work to intervene on the immediate sources of risk. Real gains will come only by addressing



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systemic racism and disempowerment that lie at the root. Public health systems have tried time and time again to intervene on any number of more immediate biological and behavioral pathways that connect racism to health status⁵³. For example, to reduce racial inequities in cardiovascular disease, public health systems offered “culturally-sensitive” educational campaigns to provide Black, Brown, and Indigenous people with nutritional information. To improve child developmental outcomes, they offered supports for Black, Brown, and Indigenous mothers to encourage them to breastfeed. But these efforts are hopelessly misguided. First, racial health inequities in nutritious eating, lack of breastfeeding, or heightened experiences of stress, are not a function of lack of knowledge (which is what is targeted by these programs) but of racism robbing Black, Brown and Indigenous people of the opportunity to do what they know is in the best interest of their health and that of their families. People who eat well and breastfeed their babies do so because they have the time, money, and other material conditions of life to do so. Cultural safety approaches which are prominent in anti-racism efforts in healthcare tend to focus mainly on service provider skills through reflection on racial power, privilege and oppression. This too falls short. While recognition of these social determinants may be useful, ultimately it does little to alter social inequities and economic disadvantage.

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Even if we can make a dent in cardiovascular disease by offering nutritional education, or improve breastfeeding uptake through supports for young Black, Brown and Indigenous mothers through culturally safe practices, systemic racism, if left untouched, will manifest through some other mechanism and some other disease⁵⁴. In fact, that is precisely the story of COVID-19. It is yet another pathway through which systemic racism operates to create racial inequity through a health outcome: because we have left systemic racism untouched.

Without addressing systemic racism and all its manifestations as the fundamental cause, health inequities will continue through one mechanism or another, through one disease or another⁵⁵. This is precisely why cities like Toronto and Boston as well as bodies such as the American Psychological Association have started to declare racism, and anti-Black racism specifically, as a public health crisis⁵⁶.⁵⁷ The starkness of its effects are too obvious to ignore.



The third fact is that, because of the nature of racial health inequities, it simply does not work to intervene on the immediate sources of risk. Real gains will come only by addressing systemic racism and disempowerment that lie at the root.

Resolving COVID-19 Inequalities and the Path to Dismantling Systemic Racism

Systemic racism is present in many institutions and policies. Police and prison abolitionist scholars and activists have made the case for why the criminal justice system is irreparably harmful for Black and Indigenous peoples^{58, 59}. The health care system is rife with instances in which Black, Brown and Indigenous people's reports of their symptoms being dismissed, including during COVID-19, as data from the United States and Canada suggest^{60, 61, 62}.

Potential policy solutions can take their cue from the theory of stratification economics, which brings together knowledge that has been produced across a range of disciplines to understand the nature of racism and its impacts⁶³. The primary insight of stratification economics is that societal institutions and policies are designed to maintain a relative advantage of the social groups in power and to disadvantage other social groups. The main social group in power in Canadian society - and, ultimately, throughout much of the world - is White people. Systemic racism throughout institutions and policies is designed to maintain the advantage of White people, so that even when a rising tide lifts all boats, or troubled waters sink them, the relative position of White people is maintained. This is also true across intersections with race, such as those based on income, education, and gender. This process of asserting and reasserting

White advantage by disadvantaging Black and Indigenous Canadians and other non-White groups is what is referenced by the visceral term, "White supremacy"^{64, 65}.

Given all the many manifestations of systemic racism, the key to breaking this system is to disrupt the manifestations that are connected to economic inequity, because it is economic inequity that results in widespread power to control institutions and policies.

The first policy recommendation focuses on the immediate need for Canada to commit itself to collecting information on indicators of structural racism in our society, and on health and other metrics of well-being across racial, socioeconomic, and other social groups in Canadian society.

As a range of scholars have shown, income and wealth are the two most important ways that groups hold power in society. Two further recommendations centre on resolving historical and contemporary sources of economic inequality.

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POLICY RECOMMENDATION 1: KEEPING ACCOUNTS THROUGH DATA COLLECTION

One of the most frustrating aspects of attempting to address racial inequity in Canada is the lack of deep and nuanced quantitative information about the dynamics happening in our own country. Quantitative data is no guarantee of change, but scholars dating back to W.E.B. DuBois have asserted that it is a critical component of understanding and conveying facts about racism and racial inequity.⁶⁶

There are three fundamental issues regarding data availability in Canada; collection, access, and ownership. The main source of information about systemic racial inequity in Canada comes from data collected by Statistics Canada. Among other things, information about race, immigration, and extensive economic indicators, is collected on the long-form census, which is administered to 20 per cent of the Canadian population



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every five years⁶⁷. This is how we know that the 2015 average employment income of racialized women was \$33,304, while for White women, it was \$38,247 and, for racialized men, it was \$44,423 while for White men, it was \$56,920⁶⁸. These numbers are available only every five years and the 20 per cent sample size contains too few Black Canadians as well as an incomplete sampling of Indigenous people to understand the details of their specific circumstances.

The other main source of data comes from Statistics Canada surveys which are administered more often but have even smaller samples of Black Canadians. For example, the Canadian Community Health Survey is administered every year to 100,000 Canadians and asks a battery of important questions about their health status, health care access, and socio-demographic and socioeconomic characteristics (including race)⁶⁹. However, the sample of Black Canadians in this survey is far too small to do detailed analyses of the health of Black Canadians. In addition, the survey unfortunately excluded those “living on reserves or other Aboriginal settlements in the provinces”.

The Truth and Reconciliation Commission of Canada Calls to Action report repeatedly directs governments to provide new and

improved data collection to better track the health and socioeconomic status of Indigenous people⁷⁰. Yet, in five years virtually no progress has been made.

Statistics Canada must commit itself to a principle of data collection that makes it possible to fully understand the extent and dynamics of structural racism and racial inequity in Canadian society. Funding and undertaking this work should be a priority of Canadian policymakers. A working group of scholars who have expertise in this



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area, as well as community organizations concerned with the stewardship and use of race-based data, should be convened to guide and oversee not only the expansion of data collected, but also use and access, thereby instilling a stronger degree of public accountability.

There is another problem with Canadian data, beyond the need for more of it. At the moment, it is extremely difficult for everyday Canadians, even academics, to access existing data. Gaining access to the long-form census and the surveys that Statistics Canada conducts require Canadians to apply to the Statistics Canada Research Data Centres, where the data is stored. The application process is not simple, and can often take months for approval. At one point, access had been limited to Canadian citizens, leaving international students doing research suddenly unable to complete their work. Even once access to the data centres is granted, there are additional hurdles; each proposed analysis must be approved, which means additional time. The data centres can only be accessed during business hours, which limits access for people with more fixed schedules and competing responsibilities. At least one of the authors of this publication has encountered several stories of academics who opt not to study Canada simply because it is so cumbersome to use Canadian data. In

contrast, similar data from the United States is downloadable online, even for people outside of the United States, and user guides and assistance with programming code is made available. It is a completely different paradigm of data access, and the amount of academic papers, think tank briefs, and other publicly available information that comes from this data in the United States is a testament to a more open approach.

The main argument defending data restrictions in Canada is that they are intended to maintain Canadian privacy rights. This is very difficult to comprehend, as the data is de-identified at their source, meaning there is virtually no way for data users to identify individuals, families, or even small groups. The United States and Canada have almost zero cases of privacy breaches with this data. By blocking access, the Canadian government is preventing extremely crucial information from being discovered. Weighing these issues makes it abundantly clear that Canada must significantly relax the restrictions it has put in place to access what is, in the end, the public's data.

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POLICY RECOMMENDATION 2: ADDRESSING CONTEMPORARY ECONOMIC INEQUALITY THROUGH A PACKAGE OF MEASURES

Globally, as well as in Canada, the past several decades provided a massive boon for the rich and a bust for the poor, with a hollowing out of everyone in the middle⁷¹. Statistics show rapidly rising income inequality and even more rapidly rising wealth inequality. What is less discussed is that the vast majority of the rich are White, while Black, Indigenous and other people of color are largely relegated to the lowest income and wealth levels^{72, 73}. Because of anti-Black racism and settler-colonial policy, Black and Indigenous people in particular have the fewest economic resources.

The dominant policy discourse regarding economic inequity in Canada has largely revolved around strategies that would “raise the income floor”. These are strategies that are effectively designed to reduce absolute poverty rates. Most notably, there have been efforts to raise minimum wage in paid employment, and attempts to create a basic income program that would guarantee Canadians who fall below a given income threshold some minimum income (and, of course, that threshold is also a point of debate)^{74, 75}.

The principles of using policy to set wage standards and to provide a safety net for those who have fallen on hard times is critical, and is likely to be beneficial for Black and Indigenous people because they are the most affected by low-paying jobs and by unemployment. However, the current policy imagination is still quite limited in this regard.

In the first place, minimum wage and minimum income setting is only helpful if it is actually indexed to the cost of living and, more specifically, to living decently. Currently, costs of living in major Canadian cities, where the preponderance of Black, Brown and, increasingly, Indigenous people live, far exceeds what minimum wage can provide⁷⁶. Furthermore, making a decent living is attached to more than just minimum hourly wage. Access to stable work, paid sick days, and benefits are critical aspects of a job that provides the conditions for wellbeing⁷⁷. Some of the workers who lack these basic pillars of a good job have become the subject of daily news stories during the pandemic. Personal care workers forced to work shifts at multiple long-term care homes⁷⁸, frontline workers who have no sick leave⁷⁹, migrant farm workers living in abysmal conditions with little to no access to basic workers’ rights⁸⁰ have been infuriating examples of the sad state of the labour market. They are also now tinged with a new outcome: these same factors have increased the risk of COVID-19 outbreaks.

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There must be room for a much more fundamental shift in how the labour market and social policies provide for decent work at decent wages for everyone who wants to work. Investing in measures that provide access to education and training, stable jobs and proper income supports are a priority, especially targeted at racialized populations that are the hardest hit by the systemic racism pervading our labour markets.

In the United States for example, proposals for a “federal job guarantee” have been circulating in academic and policy circles⁸¹. In short, a federal job guarantee would end involuntary unemployment by using the government’s capacity to provide much-needed jobs to do much-needed work, from infrastructure development, to child and elder care. The idea is that, by providing decent work and decent wages in the expanded public sector, the private sector would be forced to improve the wages and working conditions they offer in order to compete for good workers. In Canada, the Broadbent Institute and others have advanced options for a jobs guarantee aimed at young people⁸².

Finally, we must do something about wealth inequality. Wealth is what allows inequity to persist across generations, because it gives children of the wealthy a massive head start in life. This is not only because of the experiences and opportunities wealthy parents and grandparents can give to their young children, but also financial burdens they may help them avoid. Whether it’s paying for post-secondary education, avoiding risky debt to purchase a house or accessing business loans and other financing, wealthy families provide a number of privileged opportunities to build a prosperous life. This leads to higher rates of post-secondary degree admission and completion as well as earlier and more widespread home ownership among White people compared to Black and Indigenous people^{83, 84}.

Through this intergenerational lens, what becomes clear is that wealth is the engine for income, rather than income being the engine for wealth. And, the role of parents and grandparents is not hyperbole. In fact, intergenerational ‘gifts’ are the number one source of wealth inequality⁸⁵. Thus, the

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ongoing White economic advantage is not an earned advantage. It is the result of a much greater probability that one is born into wealth (as well as not facing other sources of systemic racism). Black and Indigenous economic disadvantage is not due to any number of racist tropes that are routinely exercised as explanations about lack of trying, or lack of cultural value of education. Rather, it is due to prior generations who, due to racism, haven't been able to accumulate wealth (in addition to experiencing a slew of other sources of systemic racism).

While there are a fairly wide array of proposals focused on tackling income inequality, there are fewer pointed at rectifying wealth inequity. One method that has gained momentum here in Canada and worldwide are an annual wealth tax and increased inheritance taxes on large fortunes. The objective is two-fold: provide a disincentive to wealth hoarding and collect revenues to fund programs that reduce the wealth gap on the other end of spectrum⁸⁶.

A priority should also be placed on mechanisms that seek to create wealth from a community standpoint, such as community Benefit agreements negotiated as part of large infrastructure projects⁸⁷. If we understand that wealth inequality is a more significant feature of economic racism than income inequality, and we wish to solve it within a foreseeable

future, we need to be bold and creative about the kinds of solutions we will consider. For example, a recent proposal forwarded by economist Dr. Darrick Hamilton known as "baby bonds," has gained some interest among political leaders and activists in the U.S, including Senator Cory Booker and, to some extent, Senator Bernie Sanders⁸⁸. The proposal suggests that an endowment be given to each child at birth, on a sliding scale that favors those most wealth-disadvantaged. That endowment grows as the child ages until they reach adulthood and gain access to it⁸⁹. By Dr. Hamilton's calculations, such a proposal has the potential to resolve racial wealth inequality in a few generations⁹⁰. Though much more limited, U.S. President Elect Joe Biden's student debt forgiveness proposal would improve the wealth prospects for at least one segment of the current generation of black young people⁹¹.

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POLICY RECOMMENDATION 3: ADDRESSING THE LEGACY OF ECONOMIC DISEMPOWERMENT THROUGH REPARATIONS

As Black Lives Matter and other social movements fighting anti-Black racism have gained more attention and prominence, Canada is being forced to contend with a number of inconvenient truths about systemic racism in our society, present and past. One of the most important exercises has been to debunk a widespread myth that Canada does not have a history of slavery. In fact, slavery was present and state-sanctioned in Canada (by the original colonial societies from which Canada emerged) from the 17th to 19th centuries. But, despite the abolishment of slavery, the subjugation of Black Canadians continued – from the residents of Africville, Nova Scotia to the structural racism baked into schools, housing laws, labour markets, and other institutions and systems of present-day Canadian society^{92, 93, 94}.

In 2017, the United Nations Working Group of Experts on People of African Descent recommended that the Government of Canada “issue an apology and consider providing reparations to African Canadians for enslavement and historical injustices”⁹⁵. Reparations are not only important as symbolic repentance, but can work to provide



meaningful compensation for (a) the value of unpaid labor during slavery and, (b) the loss of economic opportunities that come from a legacy of structural racism⁹⁶.

In the United States, a public conversation about reparations due to slavery and resulting systemic racism is gaining traction. Several



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Democratic primary candidates, including Senator Elizabeth Warren, Senator Bernie Sanders, and Senator Kamala Harris (now Vice-President Elect) expressed varying degrees of support for reparations to African Americans⁹⁷. Several sets of criteria and economic calculations have been produced to estimate the dollar value of reparations, including those of economist William Darity, Jr., who proposed that a reparations project should close the wealth gap between Black and White people⁹⁸. Wealth, he feels, best encapsulates what was lost by Black people and gained by White people through the periods of slavery, state-sanctioned “Jim Crow” segregation, and the post-Jim-Crow era of systemic racism embedded in policies and institutional practices.

Reparations is not a new concept in Canada, particularly in relation to rectifying historic harm done to Indigenous, First Nations, Metis and Inuit communities. There have also been decades of conversations about reparations for

the community of Africville, the vibrant Black neighbourhood in Halifax that was destroyed in the 1960s. The most well known reparations process in Canada is the Indian Residential Schools Settlement Agreement (IRSSA) and the resulting Truth and Reconciliation Commission of Canada (TRCC). There is much to be learned from the Indigenous advocacy surrounding the IRSSA, the TRCC, and the enduring calls to action of the Royal Commission on Aboriginal Peoples. Through these processes, it has become abundantly clear that successive governments often commit in principle to acknowledge past harm but rarely, unless compelled by our highest courts, advance redress materially or in political power.

Canada should implement the recommendations of the UN Working Group and progressives should work to ensure the process and resulting commitments have impact, either through legislation or appropriate legal means.

Canada is being forced to contend with a number of inconvenient truths about systemic racism in our society, present and past. One of the most important exercises has been to debunk a widespread myth that Canada does not have a history of slavery.

Conclusion

COVID-19, as well as a summer of relentless police shootings and justifiable protests against them, brought longstanding systemic racism (particularly anti-Black racism) and racial inequities front and centre in the public discourse. Through COVID-19 we learned that even a brand-new disease that is transmitted through such ubiquitous mechanisms takes on the same pattern of racial inequity that we have seen for virtually every other health outcome and every other indicator of well-being.

While we don't yet have all the data to do a thorough investigation, the reasons for racial inequity in COVID-19 appear to be linked to a far greater chance of Black, Brown and Indigenous people having to leave their homes to go to their low-wage, "essential service" jobs, at a time when stay-at-home orders were instituted to protect most others from the risk of exposure to the Coronavirus. For Indigenous Canadians, this may be further complicated by increased housing precarity and overcrowding.

This phenomenon is, of course, tied to labor market sorting or exclusion by race, which occurs because of a confluence of forms

of structural racism including racism in the educational system, policies that turn a blind eye to the implications of making post-secondary education unaffordable, and in the labour market itself where racism is a significant factor in hiring decisions. In turn, these forms of systemic racism are rooted in longstanding, historical processes that have created a society in which White people control the vast majority of economic resources and thus dictate how and for whom societal institutions and policies function, and which social problems should (or should not) be addressed.

Conclusion

In other words, resolving the immediate problem of racial inequities in COVID-19 outcomes requires us to rectify the long-term, deeply entrenched issues of systemic racism in Canada – particularly, racism against Black, Brown and Indigenous people.

There is a major role for governments to play in these matters. Policy can go a long way to resolving racial inequity, but it cannot be symbolic or timid. Uncovering the truth about racial inequality must be followed with clear actions that have a substantive impact on people’s lives. Neglecting to solve the problems made clear in 2020 threatens to further normalize and embed the systemic racism that plagues us⁹⁹. We must make bold changes to our society if we are truly interested in resolving racial inequities. If we do not, or if we only focus on addressing shorter-term COVID-19 inequities, racial inequities will reassert themselves in other ways and we will be no further ahead in terms of solving Canada’s true challenges.



Resolving the immediate problem of racial inequities in COVID-19 outcomes requires us to rectify the long-term, deeply entrenched issues of systemic racism in Canada – particularly, racism against Black, Brown and Indigenous people.

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