

We are not living through the pandemic together

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Abstract

The unequal burden of the COVID-19 pandemic across racial groups has been driven by longstanding and current economic and social inequities. Members of communities that are socially and economically marginalized are more likely to be exposed to, become infected with, and die from the novel coronavirus. In Toronto, these communities are largely composed of Black and Brown people who, due to anti-Black racism, are also more likely to be immigrants and low-income. This commentary explores the causative roles of capitalism and racism as the driving forces behind the various COVID-19 disparities. We examine the function of pre-existing and new Canadian policies in establishing and maintaining adverse social and economic circumstances for Black people. It is through these systemic forms of disenfranchisement that pandemic inequities can develop and persist. Policy interventions are then discussed as ways to mitigate and rectify the social injustices that cause pandemic-related health inequities.

Introduction

In the ten months since Toronto's first identified COVID-19 patient, the city has experienced over 37,000 confirmed cases, 600 outbreaks, and 1500 deaths.^{1,2} These numbers are expected to continue surging as Ontario is currently experiencing its second wave.³ Government officials have repeatedly described the pandemic as a universal threat to the health and wellbeing of all individuals and therefore, as a time in which all citizens "are in this together."^{4,5} Though it is true that anyone can become infected with and die from COVID-19, it is untrue that all Torontonians face equal risk and equal burden of the disease.⁶ While some residents earn from home as they isolate with their families, others are working on the frontline and grappling with evictions.⁷ Some are able to avoid outside contact by using food and grocery delivery services, while others travel tirelessly to ensure that those orders are delivered on time and somehow make

time to shop inside grocery stores, bypassing the services they work for but can't afford themselves to use.⁸ Indeed, some are even accruing wealth through investment returns and increasing profit margins as low-wage earners are furloughed and laid-off.⁹ We may be united by our biological susceptibility and fears of a new infectious disease, but we are not all in this together and we have never been. COVID-19 infects whoever it has access to, and society is engineered such that the virus is in constant contact with those living and surviving on the fringes.

As of November 26, 2020, the COVID-19 data from Toronto Public Health highlights the disproportionate burden of cases across race and income groups. Despite composing 52% of Toronto's population, self-identified racialized groups make up 79% of coronavirus infections.¹⁰ When this broad and diverse category of racialization is further dissected, it becomes evident that racial groups are heterogeneous with differing COVID-19 realities. Black communities are experiencing the most disproportionate burden of COVID-19 as compared to every other race (with the exception of Indigenous communities for whom no data is yet publicly available).¹⁰ The Black community represents over 2.5 times their population share in coronavirus infections, composing nearly one quarter of COVID-19 cases despite making up less than 10% of the city's residents.¹⁰ Every other race is overrepresented in their coronavirus proportion except White and East Asian Torontonians.¹⁰ Moreover, data indicates that Black, Latinx, Arab, Middle Eastern, and West Asian groups are experiencing a COVID-19 rate more than 2.6 times that of the municipal average.¹⁰

Those who earn the most in Toronto (i.e. \$150,000 or more annually) make up 21% of the city's population but only 8% of COVID-19 cases – the lowest proportion of all income groups.¹⁰ In comparison, 50% of all coronavirus infections comprise the two lowest earning groups, who constitute only 29% of Toronto's population and earn a maximum income of \$49,000 annually.¹⁰ Overall, the association between income and COVID-19 risk, similar to associations between income and most other health outcomes, resembles a gradient, with incrementally higher risk as one goes down the income ladder.

The geographical context of COVID-19 is also striking, with the majority of cases concentrated in the northwestern and eastern annexes of the city.¹¹ These areas are predominately Black, racialized, and low-income neighborhoods that have been labelled as needing greater social, economic, and political prioritization due to longstanding inequities.^{12,13} The stark regional COVID-19 disparities in race and income level have been demonstrated since Toronto Public Health made the data publicly available in July 2020.¹⁴ Indeed, the municipal news releases throughout the pandemic suggest that nothing has changed from one media briefing to the next.^{14,15}

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The trends and occurrences of the pandemic in Toronto mirror the global experience of several historically and currently excluded communities. As of November 10, 2020, African and Indigenous Americans had the highest national mortality rates with 114.3 and 108.3 deaths per 100,000 individuals, respectively.¹⁶ Moreover, Indigenous Americans are experiencing the fastest growing death rate in the nation.¹⁶ Black African males and Black Caribbean females in England and Wales had a coronavirus-attributable death rate 2.7 and 2.0 times higher than that of their White counterparts, respectively.¹⁷ It has also been reported that the coronavirus infection rate of some Brazilian favelas may be more than 30 times higher than that of the official average.¹⁸ Favelas are poverty laden neighborhoods predominantly composed of Black and mixed-race Brazilians.¹⁸ This body of data indicates that social disparities in coronavirus infection and mortality rates are not a Canadian anomaly.

Causes of social inequalities in COVID-19

The COVID-19 reality of racial inequities in contracting and succumbing to the disease is not random, or unforeseeable. Rather, it is the consequence of various forms of disenfranchisement that are produced by the policies and institutions of our nation.^{19,20} These systems uphold and exacerbate social inequities by controlling resources, marginalizing historically and currently excluded communities, and legalizing axes of power and oppression.^{19,20} As such, the root cause of disease is not individual behaviours but is instead social conditions.²¹ In the context of COVID-19 disparities, the fundamental causes are systemic racism and capitalism – both of which are pervasive themes in our institutions and public policies.²²

Race as a social construct

Multiple government officials, researchers, and healthcare workers have attempted to explain racial disparities in COVID-19 rates by describing differences in biological risk factors.^{23,24} However, this interpretation has no foundation in science.²⁵ Racial disparities cannot be attributed to racial differences in genetic characteristics because race is not a genetic construct.²⁶ If provided with a person's genetic code and nothing else, their race would not be ascertainable.²⁷ For example, there is greater genetic variation within each race than between racial groups.²⁸ As such, discussions that centre biological differences as the basis for COVID-19 racial disparities are futile and counterproductive.²⁵ Rather, race is a social construct.^{20,26} Racial groups are literally constructed by societies – and differently in different societies – according to characteristics such as phenotype (not genotype) and family lineage.^{29,30} Racial health disparities are thus rooted in differences in the social circumstances – the resources and everyday life experiences – of various racial groups.^{20,31} In turn, these differences in resources and everyday life experiences are a function of racism.^{20,31} The notion that some racial groups are somehow just intrinsically ill is disturbing and outrageous.³² Illness often arises from oppression.¹⁹⁻²¹

The role of capitalism

Capitalism is another fundamental cause of the observed COVID-19 social disparities. It is a way of socially and economically structuring society such that profits are prioritized and individuals purchase the goods that they need and desire.³³ It is linked to nearly every aspect of Canadian society because it necessitates acquiring financial capital in order to afford the basic features of life and

health – housing, food, healthcare, entertainment, and education.³⁴ Capitalism is intrinsically related to physical and mental wellbeing because it creates power differentials steeped in the ownership and accumulation of wealth, assets, and income.³⁵ Those who have less are expected to participate in the economy and work to earn their survival and livelihoods; however, the economy prioritizes low wages in order to maximize profits.³⁶ Low-income individuals then continue working to afford the most cost-effective options available to them (e.g. unsuitable housing in violent neighborhoods).³⁷ Capitalism is also connected to racism in that the groups who have less tend to be the groups who are racially oppressed.³⁸ Based on Canada's longstanding history of colonialism, those who suffer within capitalistic markets tend to be Indigenous, Black, immigrants, and racialized.³⁸

The social determinants of health

The fundamental causes of COVID-19 disparities (i.e., racism and capitalism) affect the wellbeing of individuals through the social determinants of health (SDOH).^{22,39} The various SDOH provide distal and proximal pathways through which racial oppression can manifest via the social, economic, and political marginalization of communities.^{22,40} The Torontonians who are carrying the viral burden during the pandemic are the same residents who are adversely impacted along nearly every other social and financial measure.^{37,41} Unjust policies, laws, and practices shape and dictate where people live, the jobs they work, the food they have access to, the education they can afford to pursue, the wealth that is passed down to them, and the income that they can earn.^{19,20,40}

The case for the SDOH can be examined through the employment and economic status of affected communities. In 2016, 21% of Black Canadians lived in low-income contexts as compared to 12% in the general population.⁴¹ This disparity is more pronounced when assessing the situation of youth. 35% of Black children in Toronto live as low-income individuals, compared to the municipal average of 20%.⁴¹ Black men in the city earned \$13,000 less than their peers in annual wages, and Black women experienced an unemployment rate 1.5 times greater than the general population.⁴¹ Moreover, data from 2016 indicates that South Asian males and Black females and males constitute that largest proportion of the working poor in the Toronto region.³⁷ The working poor are those who live below the poverty line despite earning an income through employment.³⁷ It is worth noting that the proportion of working poor individuals from non-Black races decreases between generations whereas the opposite is true for Black families.³⁷ In particular, Black Canadian-born women are more likely to live as working-poor individuals than their preceding generation.³⁷

The fact that the unemployment rate has increased exponentially for the entire population indicates the severe and amplified impact on Black communities because of the ways that the job market discriminates and neglects Black job seekers.⁴¹⁻⁴³ This neglect occurs even through governmental aid programs that are meant to boost the economy by supporting Canadians.⁴⁴ To be eligible for the Canadian Emergency Response Benefit (CERB), which acted as an income supplement during the early months of the pandemic, Canadians needed to have earned more than \$5000 before taxes in 2019.⁴⁴ Since Black Torontonians were less likely to be employed during the period preceding the pandemic,⁴¹ they were less likely to receive the government benefit. Essentially, Black and low-income earners were

left financially vulnerable because of an oppressive job market.⁴³ This is particularly egregious when you consider that the aforementioned groups are least likely to have savings, and therefore, most likely to need the benefit.^{41,45}

Conversely, when we consider who is afforded the safety net of working from home or living comfortably without working at all, we must acknowledge frontline and essential employees. It is Black, South Asian, racialized, and low-income workers who are forced to recuperate the Canadian economy at the cost of their health and well-being.^{46,47} They must continue working even through the second lockdown to ensure their survival.⁴⁸ Many frontline workers are low-wage earners living paycheck to paycheck, and do not qualify for CERB if they leave their jobs *voluntarily*.^{44,49} Furthermore, many individuals who are employed through gig positions, the sex industry, or unregulated hustling economies (e.g. mobile hairdressers and domestic workers) are experiencing a decrease in business and customers.⁵⁰⁻⁵³ These are the individuals with who the virus has direct and persistent contact.⁵² Even with pandemic pay initiatives, many frontline and essential workers are not earning enough to adequately compensate for the risks they face while working.⁵⁴ The job market is a colonial system based on capitalist views of who is expendable for the sake of the economy.⁵⁵

This is also evident in the case of farmworkers who were left vulnerable to COVID-19 due to racist and capitalist gaps in public health policy.⁵⁶ The farm employees entered Canada via the Seasonal Agricultural Worker Program (SAWP) from areas throughout Central America and the Caribbean.⁵⁷ Lack of personal protective equipment, observance of quarantine orders, appropriate accommodations, and financial support caused several major coronavirus outbreaks on farms throughout Ontario.^{57,58} Government policies further contributed to these inequitable conditions by mandating asymptomatic farm employees to continue working despite testing positive for COVID-19.⁵⁸ The exploitation, abuse, and neglect that workers from the global south face has been entrenched in decades of deficient policy.^{56,59} Agricultural workers earn low wages, have limited provincial healthcare coverage, and are unable to switch employers.^{56,57} Their lives are commodified for capitalist gain through agricultural and food processing, even during a deadly pandemic.^{56,58,59}

The SDOH factors of employment and income are mechanisms through which racism and capitalism emerge to create differential risk in contracting and succumbing to COVID-19. Low-income, Black, and immigrant communities experience insidious and deliberate hardships that affect their working conditions, housing, access to high-standard healthcare, education, and eligibility for governmental support.^{20,40} Moreover, social policies are linked to the SDOH as oppression and marginalization are outlined and legalized in social regulations.⁶⁰ Colonialism then allows for certain groups to be adversely targeted through these public policies.¹⁹

Solutions

Overcoming the social disparities evident in COVID-19 rates requires addressing the fundamental causes of the issue. Colonial and racist systems must be dismantled and re-imagined such that the future is one rooted in equity. Society is becoming more polarized between those with economic capital and social assets, and those living without. Furthermore, many populations are battling several, simultaneous pandemics. At the time when viral infection and

death rates were soaring around the world, Black communities were resisting state sanctioned violence occurring in the form of police brutality.⁶¹ The murders of George Floyd and Breonna Taylor were breaking points in a cycle of unjustifiable and oppressive killings by the police.⁶¹⁻⁶³ For Black communities, the COVID-19 pandemic is one of many threats to survival in a colonial state.⁶⁴ People were organizing, mobilizing, and protesting despite the risks to individual health because systems and institutions have ensured that those most at risk of succumbing to the virus are also those most likely to die in police encounters.^{64,65} The capitalist policies that parse social and economic resources into the hands of the powerful do so at the expense of Black, poor, and Brown lives.⁴⁸ We are not all in this together because we have never been. Institutions employ our social identities to shape the lives we will live before we even enter the world, just as they shape our pandemic experiences now.

Racism and capitalism must be dismantled by targeting the inequitable policies that prioritize production and profit over human life. Necessary solutions to address the root causes of the COVID-19 disparities include:

1. An end to the blaming and pathologizing of communities for the high viral risk and burden that they are subjected to;
2. The ethical collection of race-based data as a starting point in elucidating and confronting racial health disparities;
3. The implementation of a universal basic income that allows all citizens to shelter in place throughout the pandemic.²²

Solutions must prioritize equity in order for us to create the conditions in which we really are all in this together.

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