

November 2, 2021

The Hon. Jean-Yves Duclos, PC, MP
Minister of Health
House of Commons
Ottawa, Ontario
K1A 0A6

Via Email



Dear Minister:

On behalf of the 390,000 members represented by the National Union of Public and General Employees (NUPGE), I am writing to you in support of collecting race-based COVID-19 data at the federal and provincial levels.

We went into the pandemic blind in some important ways. Popular sayings like, “we’re all in this together,” proved to be false. Studies have since shown that it’s predominantly upper- and middle-class workers and white workers who were able to work from home. BIPOC workers are more likely to be working in front line, public facing, and essential jobs that increased their risk of exposure to COVID-19. BIPOC workers are also more likely to be working low-paying, part-time, or gig-economy jobs that don’t provide paid sick days. The choice for these workers was to show up sick or risk losing their job. We know all this because non-profit organizations, policy advocates, and research firms have compiled and studied this data. So why is the government resistant to doing the same?

The collection of race-based data is standard for many Western countries. It’s essential for informing policy decisions. We keep talking about how COVID-19 exposed preexisting inequalities in our society. But, without data, we don’t know how to act most effectively. Allocating money in the budget without a solid plan that has actionable goals doesn’t help the communities that need it most.

We need to know who contracted the virus, where they contracted it, and if they present with symptoms of long COVID-19. Without a cure, COVID-19 will continue to affect people’s ability to work and to enjoy life far past the pandemic itself. We can’t go back in time and prevent people from catching COVID-19, but we can isolate which workplaces and areas in the community need more resources in terms of education about COVID-19 and health and safety measures to prevent future cases.

We also aren’t keeping track of how the pandemic is affecting the mental health of different races. Everyone is suffering from some degree of mental stress, but those who are unable to work from home are arguably facing more stress from exposure. BIPOC are already underserved and have less access to mental health care. This is another field of health care that we need data on to invest in properly.



Race-based COVID-19 data is just the tip of the iceberg of race-based data that needs collecting in relation to health care. We know racism exists in our health care systems. Brian Sinclair died because of racist stereotypes. Joyce Echaquan died in a Quebec hospital shortly after livestreaming health care workers making racist comments directed at her. In her report, coroner Géhane Kamel stated that racism and prejudice contributed to Echaquan's demise. Georges-Hervé Awashish died in a Quebec hospital days after he reported hearing nurses laughing about Echaquan's death and saying, "we have an Indian here too" (in reference to Awashish).

Systematic racism exists beyond acute health care too. Cancer studies routinely fail to include health data specific to Black women. A shocking number of medical students still believe Black people's nerve endings are less sensitive than white people's, thereby making it easier for Black people to endure pain. Black people and Black professionals have been ringing the alarm bells for decades on their underrepresentation in medical research as well as in medical professions.

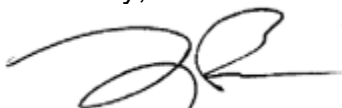
Politicians routinely say racism has no place in Canada. Your government has made promises for a real reconciliation with Indigenous people. But failing to collect race-based COVID-19 data upholds systematic racism.

We need the federal government to take the lead and assist the provinces in creating a standardized collection process. Leaving any community behind in Canada is unacceptable.

Above all else, it's imperative that BIPOC researchers and professionals are in key decision-making roles in all parts of the data collection process, from designing the collection methods to collecting and analyzing the data. This must be a collaborative process with BIPOC communities. It's also important to regulate who does not have access to this data. While it's vital for health professionals and policy makers to have access, there are valid concerns about police and other government bodies having access, given the long history of over-policing and over-surveillance of BIPOC.

Health care is a cornerstone of our society. Without a healthy population there is no workforce, no tax base, and no Canada. Race-based data is essential for better planning and execution. A one-size-fits-all approach to our COVID-19 recovery plan will not work: we need an equity-based social policy and recovery plan. It is beyond time we started caring about the health of all Canadians.

In solidarity,



Larry Brown
President

cc: Bert Blundon, Secretary-Treasurer
National Executive Board