

BLACK-IN-BC

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COVID-19 RESEARCH REPORT:

**EVERYTHING AFFECTS EVERYONE BUT NOT IN
THE SAME WAY**

We acknowledge and respect the various Indigenous peoples on whose traditional territories Peoples of African descent in British Columbia have made their home. We acknowledge that the Indigenous peoples' historical relationships with the lands continue to this day.

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Acronyms

African Arts and Cultural Community Contributor Society - AACCCS

British Columbia- B.C.

British Columbia Centre for Disease Control - BCCDC

Canadian Broadcasting Corporation - CBC

Immunization Partnership Fund - IPF

Peoples of African Descent - PADs

Public Health Agency of Canada - PHAC

Appreciation

This project was undertaken by AACCCS / Issamba Centre (Victoria, BC). The project was funded by the Public Health Agency of Canada under the Immunization Partnership Fund.

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Executive Summary

The Public Health Agency of Canada (PHAC) designed the Immunization Partnership Fund (IPF) to boost public education programs on COVID-19 vaccination. Through the IPF initiative, the African Arts and Cultural Community Contributor Society (AACCCS), also known as the Issamba Centre, our non-profit organization based in Victoria, BC, undertook a two-year program to promote verified information about COVID-19 and vaccination amongst Peoples of African Descent (PADs) in British Columbia.

As part of AACCCS' program, we conducted a study on the impact of COVID-19 on the Black community in BC. The study aimed to explore the various ways in which COVID-19 has affected the Black community, including its social, economic, and health implications. It also aimed to identify strategies and resources that helped build resilience and support within the community during the pandemic. The methods used for this study were survey, community conversations, design thinking and desk research.

In terms of attitudes towards COVID-19 vaccination, the study found:

- 73% of respondents had some concerns about COVID-19 vaccines when they were first introduced.
- For 45% of the respondents with concerns, their main concern was the fear that the vaccines were experimental. 31% suspected other unspoken motives at play, and 15% had doubts that the vaccines would be effective.
- For 57% of respondents with concerns, their primary concern was how quickly vaccines were developed. 22% were concerned due to other people's reactions to the vaccine. 4% indicated were concerned because of the subsequent addition of doses while 1% of the respondents were concerned for religious reasons.
- Based on present knowledge, more than half of the respondents were ready to encourage others to vaccinate in the future.

In terms of external support, the study found:

- 79% of respondents accessed some form of support from the Black community during the pandemic.
- 58% identified family and friends as the primary form of support during the pandemic.

Regarding the socio-economic implications of the pandemic, the community identified over 50 cross-cutting challenges. These included challenges relating to the workplace, education, economic participation, mental health and well-being, caregiving, personal care and social relations. The sheer breadth and personal nature of the challenges identified by community members paint a fulsome picture of the burdens the pandemic worsened for PADs.

Based on our research and the suggestions of our community members, the report makes key recommendations that focus on addressing vaccine hesitancy among PADs including the following:

- Public health bodies and professionals must learn, understand and be guided by the historical facts that support vaccine hesitancy among PADs and other racialized and marginalized groups.
- Public health bodies and professionals must work with Black-serving public health professionals, activists and community leaders and organizations to co-develop education and campaign materials on vaccination.
- Public health bodies and professionals must work with Black-serving community leaders and organizations to co-develop and sustain credible community-based healthcare information outlets.

Importantly, the pandemic has emphasized the significance of creating and strengthening conditions that would help PADs to thrive and flourish in the Canadian economy. This means equitable access to jobs, housing, leadership, funding, justice, safety, healthcare and all other spheres of the economy for PADs. It is clear that the conditions of the marginalized only worsen when the economy takes a downturn. It is also clear that the broader Canadian society is never better off when any of its members is oppressed.

AACCCS appreciates the support of PADs in BC and beyond for supporting this project. We appreciate the community organizations and leaders that partook in this project and convened conversations. We also appreciate the support of various experts who contributed to this project.



Introduction

This report is part of the Public Health Agency of Canada's (PHAC) Immunization Partnership Fund (IPF) initiative. The initiative was to help PHAC "to continue supporting vaccination efforts across Canada, while identifying new initiatives to increase vaccine confidence, uptake, and access to COVID-19 vaccines".¹ While our organization, the African Arts and Cultural Community Contributor Society (AACCCS), also known as the Issamba Centre initially focused on promoting vaccine education amongst British Columbia's (B.C.) Peoples of African Descent (PAD)² population, we quickly noticed that the more useful approach is to first understand the then much-publicized narrative of vaccine hesitancy amongst Canada's Black population. It is only by understanding the hesitation that viable approaches to vaccine education could be developed.

Also, it was important to understand the challenges our communities faced due to the pandemic or conditions that were worsened by the pandemic. Again, this knowledge would be key to developing policies that would curb structural concerns and inequity. After all, vaccines do not uproot the injustices and systemic challenges that make PADs worse off in and outside of pandemic conditions.

PADs in Canada face historical and ongoing experiences of systemic racism, discrimination,

and marginalization. Black people in Canada have been found to experience higher unemployment rates, lower wages, and reduced opportunities for advancement compared to their non-Black counterparts. They are also more likely to live in poverty and experience barriers to accessing healthcare, education, and other essential services.

The COVID-19 pandemic has further exposed these systemic inequalities, with Black communities being disproportionately impacted by the pandemic in terms of infection rates, hospitalization rates, and deaths. The pandemic has also highlighted the social and economic inequities experienced by Black individuals and communities in Canada, including limited access to healthcare, affordable housing, and social services. Our study employed a mixed-methods approach, including a survey, design thinking and community conversations with Black individuals and organizations in British Columbia. The study aimed to identify the sources of vaccine hesitancy amongst PADs, understand the challenges faced by PADs during the pandemic and propose recommendations to address these challenges and support PADs' resilience³ and recovery. The outputs of the project include this research report, and a video documentary⁴ both related to issues of COVID-19 and implications for PADs in BC.

¹ <https://www.canada.ca/en/public-health/services/immunization-vaccine-priorities/immunization-partnership-fund.html>

² In this report, we use Peoples of African Descent and Black interchangeably. So long as people self-identify with both or either of these terms, it is difficult for AACCCS to not recognize them. We also acknowledge that some may not identify with these two terms at all.

³ We use resilience in this report to suggest an unnatural demand on PADs that the latter are forced to step up to. This is because the many challenges that push PADs to show resilience can be prevented with the appropriate systemic policies and supports in place.

⁴ <https://www.youtube.com/watch?v=T-21ExwUovQ>

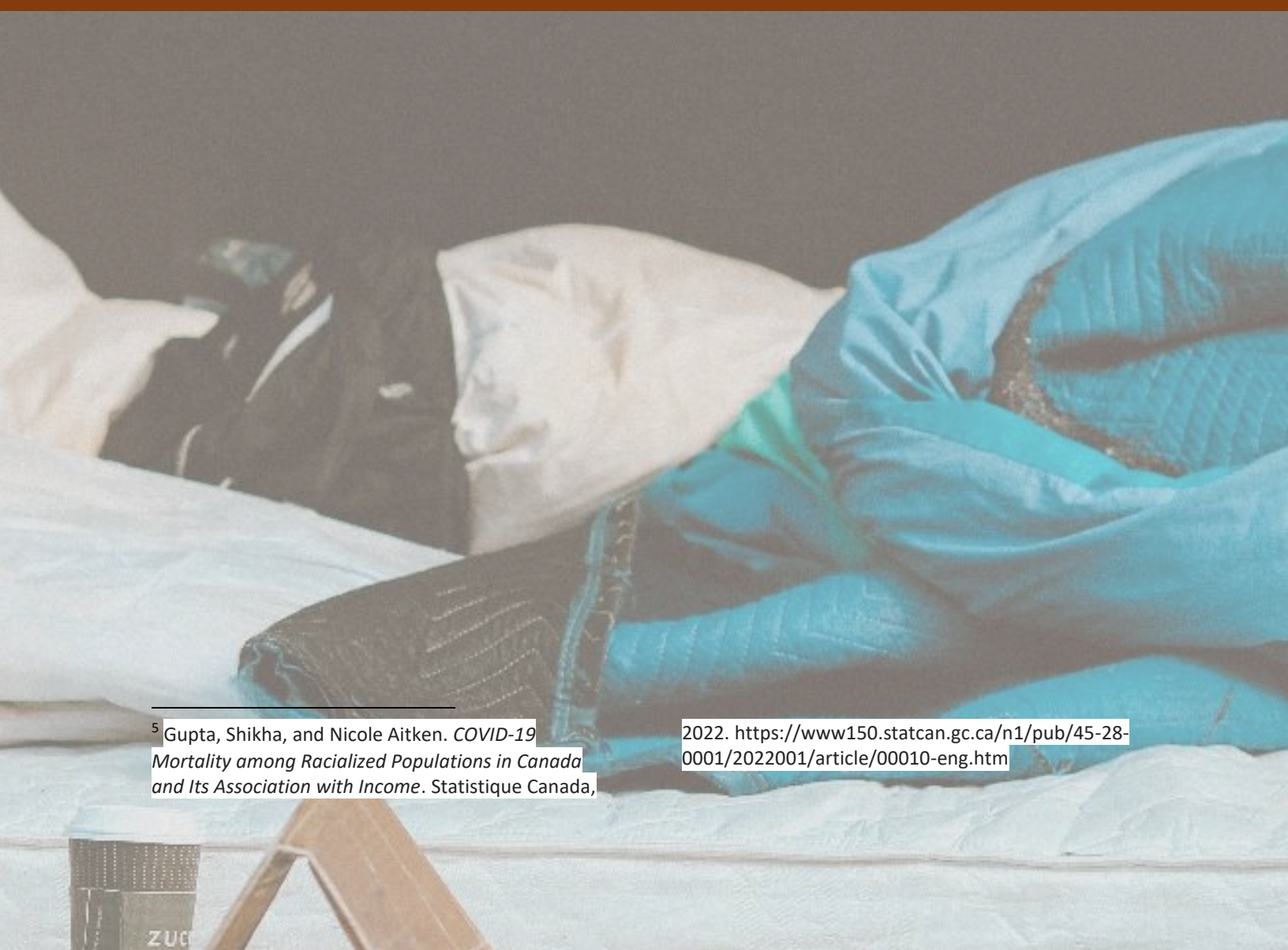
Covid-19 And Canada's PAD Population

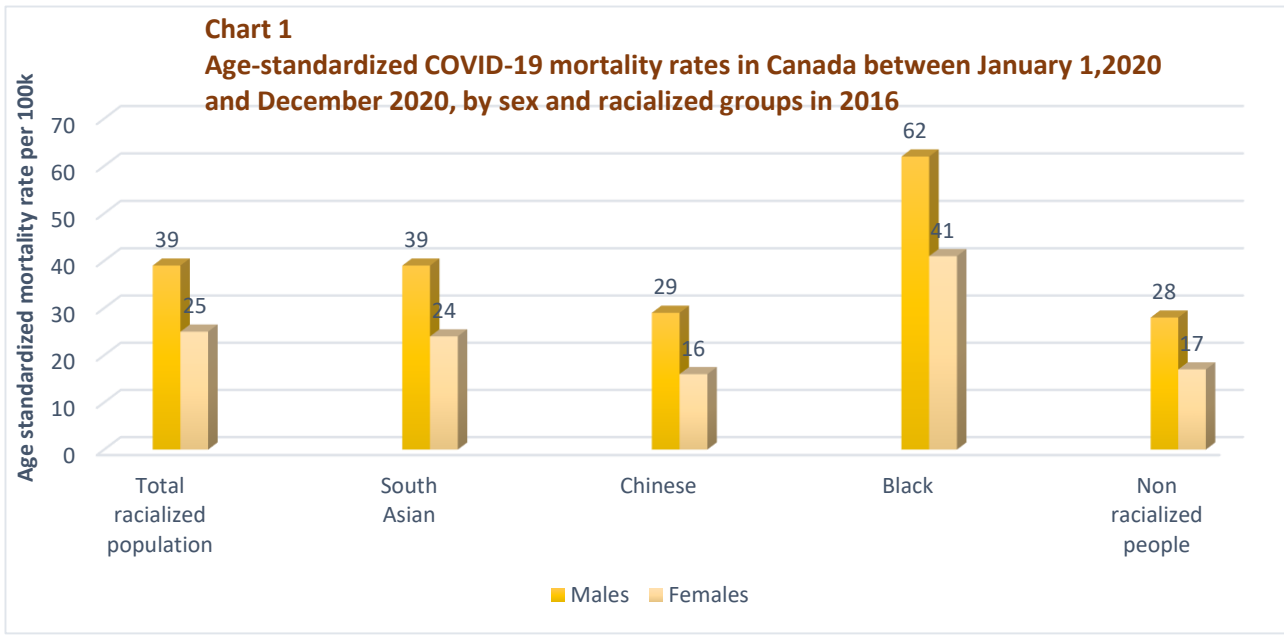
A Statistics Canada report found that Black people living with a low income had COVID-19 mortality rates that were three and a half times higher than non-racialized people. Statistics Canada indicates that in the first year of COVID-19, Black males were in Canada, three times more likely to die from the virus than non-racialized males. In the case of Black females,

there are about 2.5 times more likely compared to females in the non-racialized population.⁵ When Statistics Canada factored in income levels for the same one-year period. They found that Black persons in low-income brackets were over three times more likely to pass away due to COVID-19 than non-racialized persons.

⁵ Gupta, Shikha, and Nicole Aitken. *COVID-19 Mortality among Racialized Populations in Canada and Its Association with Income*. Statistique Canada,

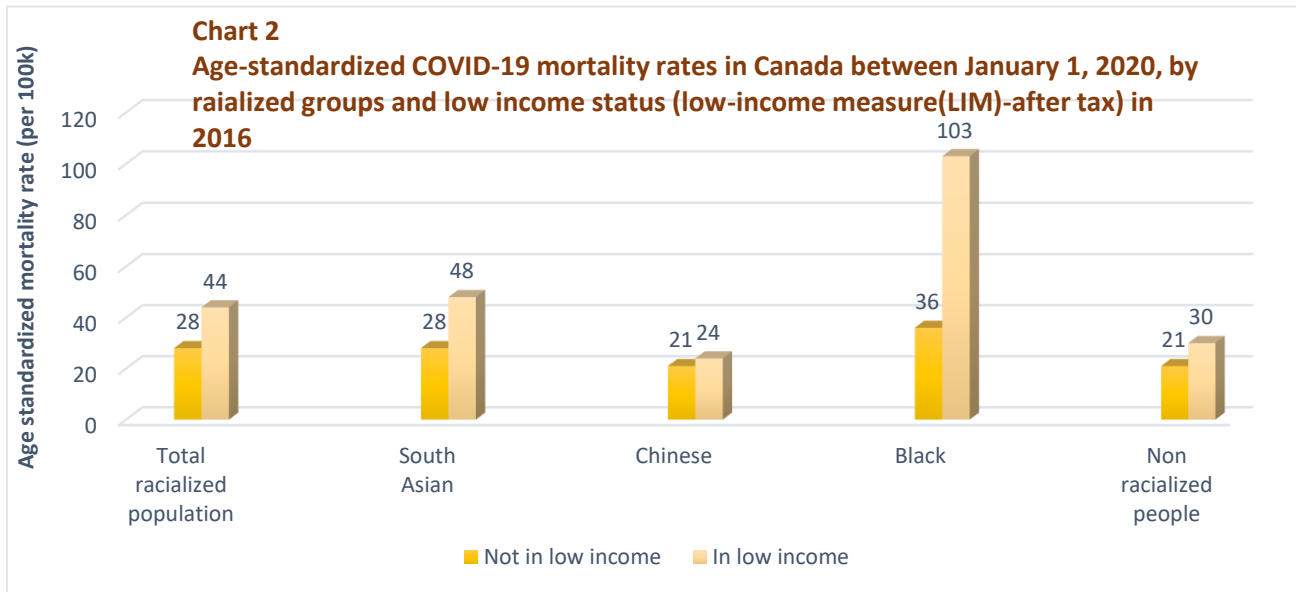
2022. <https://www150.statcan.gc.ca/n1/pub/45-28-0001/2022001/article/00010-eng.htm>





Note: *Non racialized population includes indigenous people

Source: Canadian Census Health and Environmental Cohort 2016 linked to Canadian Vital Statistics-Death database from 2016-2020



Note: *Non racialized population includes indigenous people

Source: Canadian Census Health and Environmental Cohort 2016 linked to Canadian Vital Statistics-Death database from 2016-2020

Experts we interacted with as part of this study, Dr. Prince Adu (formerly with the BC Centre for Disease Control and the University of British Columbia) and Dr. Dordunoo (a nursing professor at the University of Victoria and former president of the Coalition of African, Caribbean and Black Nurses in British Columbia) pointed to the social determinants of health as the main explanation for the oversized impact of COVID-19 on PADs.

“Factors such as poor access to appropriate housing, underlying medical conditions, and predominance within certain occupations (such as care work) expose certain populations to COVID-19 infections more than others” - Dr. Prince Adu

“SARS COVID 2 is not a racist virus as it is capable of affecting Black people as much as White people and everybody in between them... but because of the social positioning that many people including Black people live in, this constant state of not having enough, they are more likely to be exposed to the virus and therefore more likely to get sick.” - Dr. Dzifa Dordunoo

Vaccine Hesitancy - The (non) Conundrum

Despite the publicized health value of vaccination and the value of vaccination cards to socio-economic participation, there was some hesitancy regarding the COVID-19 vaccine. Early research found that vaccine hesitancy was high amongst Canada's population of African descent. Results from the Canadian Community Health Survey for the period of September 1 to December 12, 2020, showed that 76.9% of Canadians, excluding residents of the territories, aged 12 and older reported being somewhat or very willing to receive the COVID-19 vaccine.⁶ However, only 56.4% of Canada's Black population aged 12 and older reported being somewhat or very willing to receive the COVID-19 vaccine, a difference of 20%.

Later research by Dr. Shen Lin found a higher prevalence of such vaccine hesitancy amongst im/migrants than persons born in Canada.⁷ This is relevant as often racialized populations dominate immigration to Canada and many of Canada's Black population are not Canada-born. In the context of the disproportionate impact of COVID-19 on PAD communities in Canada, the initial vaccine hesitancy could be curious. But is it?

⁶ <https://www150.statcan.gc.ca/n1/en/pub/45-28-0001/2021001/article/00011-eng.pdf?st=R9MikKXr>

⁷ Lin, Shen. "COVID-19 pandemic and im/migrants' elevated health concerns in Canada: Vaccine hesitancy, anticipated stigma, and risk perception of

accessing care." *Journal of Immigrant and Minority Health* 24, no. 4 (2022): 896-908.

<https://link.springer.com/content/pdf/10.1007/s10903-022-01337-5.pdf>



History is always Present

A major underlying reason for COVID-19 vaccine hesitancy amongst Canada's Black population and other marginalized or racialized groups has been low levels of trust in the healthcare system.

As Dr. Dordunoo points out:

“experiences that have resulted from the century-old notion of race as biology instead of the socially constructed system of oppression and privilege have led some of us to become mistrusting of the health system”.

Consider the place of the Tuskegee experiment, conducted on over 600 black men in the USA, from 1932 to 1972.⁸ While the actual goal was to observe the natural progression of untreated syphilis in Black populations, the subjects were completely unaware, they were deceived that they were being treated for bad blood, but they never received any treatment at all. These men were just used as guinea pigs without their

⁸ Brunner, Borgna. "The Tuskegee syphilis experiment." *Tuskegee, AL: Tuskegee University*, Retrieved June 31 (2009): 2009.

⁹ Black, Edwin. *War against the weak: Eugenics and America's campaign to create a master race*. Dialog Press, 2012.

knowledge. Cruelly, the men were not told they had syphilis and were denied treatment, even after penicillin became available as a cure.

Between 1907 and 1974, several states in the U.S. implemented eugenics sterilization programs, which targeted people deemed "unfit" for reproduction.⁹ The target population often included people supposedly with disabilities and mental illness. Black individuals were part of those disproportionately targeted by these programs.

In 1996, 11 children died in a clinical trial led by Pfizer, when the northern state of Kano (Nigeria) was hit by a meningitis epidemic. There were claims that Pfizer did not get parental consent to use an experimental oral antibiotic on the children. There are also concerns about how well the study was documented. In 2011, Pfizer paid out compensation to the Nigerian families affected by the study.

On the back of this history, the mistrust underlying vaccine hesitancy is rooted and not baseless. As Sheryll Prescott, executive director of Black Creek Community Health Centre, poses in an interview with the CBC: "Something will now be injected into your body. Can we trust that substance? Can we trust what's happening?"¹⁰

¹⁰ CBC News. Systemic racism and trauma feeds vaccine hesitancy for Black Canadians. Feb 3, 2021.

<https://www.youtube.com/watch?v=J0DvRxvluMo>

Methodology

Our research was premised on an understanding of the history and was designed to understand what other factors account for hesitancy, and how community members relate to the history and navigate it in pursuit of well-being. The study focused **on questions such as the reaction of the PAD community to COVID-19 vaccination, hesitancy, implications of COVID-19 for the PAD community in BC, and how community resilience was built.**

The study utilized both quantitative and qualitative data collection methods. Quantitative data was collected through an online survey, which was designed to provide insight into the prevalence and factors associated with COVID-19 vaccine hesitancy among the target population. The survey also had questions on community resilience and coping mechanisms at the height of the pandemic. Considering survey fatigue, the survey consisted of only close-ended questions with a viable variety of responses to make completion less taxing. 96 respondents completed the survey.

Qualitative data was collected through desk research and community conversations or focus groups. The focus groups were led by community leaders in their individual capacities or as representatives of particular Black-serving organizations in British Columbia. Before leading these conversations, community leaders

attended an orientation session to provide them insights on COVID-19 as a health condition, vaccines, and how to lead a community conversation on a topic that could ignite trauma. The orientation was provided by experts mainly from the fields of academia, public health and mental health. Overall, there were about 15 community conversations, some of which were also accessible on Facebook live.

The study also utilized a community-centered design thinking session. Design thinking as a research method focuses on problem-solving and innovation. It is a human-centered approach that involves understanding the needs, wants, and experiences of people to design solutions that address their specific problems. The process involves empathy, ideation, prototyping, and testing. For our study, the design thinking session provided a unique opportunity for Black individuals living in British Columbia to come together and share their experiences during the COVID-19 pandemic. With over 30 participants from both Vancouver Island and the Vancouver mainland, the session aimed to create a space for solutions-oriented conversations and generate ideas that could help prevent or resolve challenges faced by PADs during the pandemic and beyond.

Participants were split into small groups and given prompts to create a persona in the context of the pandemic. Group members discussed the challenges their persona could have faced, and generated possible solutions to prevent or resolve these challenges. Through this process, participants were able to bring their own experiences to the table and work collaboratively to identify potential solutions.

The session was centered on the idea of community agency and was designed to empower PADs to take an active role in improving their own well-being. By bringing together diverse perspectives and experiences, the design thinking session allowed for a holistic understanding of the challenges faced by Black individuals during the pandemic and generated a wide range of solutions that could be implemented at the community and government levels.

Overall, the design thinking session was a valuable addition to this study, providing a platform for community members to come together, share their experiences, and

collaboratively generate solutions. **By centering the voices and experiences of Black individuals in British Columbia, this session helped to**

promote community agency and empower individuals to take an active role in improving their present and future well-being.

The study also involved desk research that focused on news reports, academic articles and related research studies. The qualitative data collected through the various methods provided deeper insights into the lived experiences and perceptions of the target population regarding COVID-19 vaccine hesitancy, as well as the socio-economic implications of the pandemic. All the data collected were analyzed to identify key themes and patterns. Overall, the mixed-methods approach provided a more comprehensive understanding of the perspectives and experiences of Black people in British Columbia as they relate to the COVID-19 pandemic.

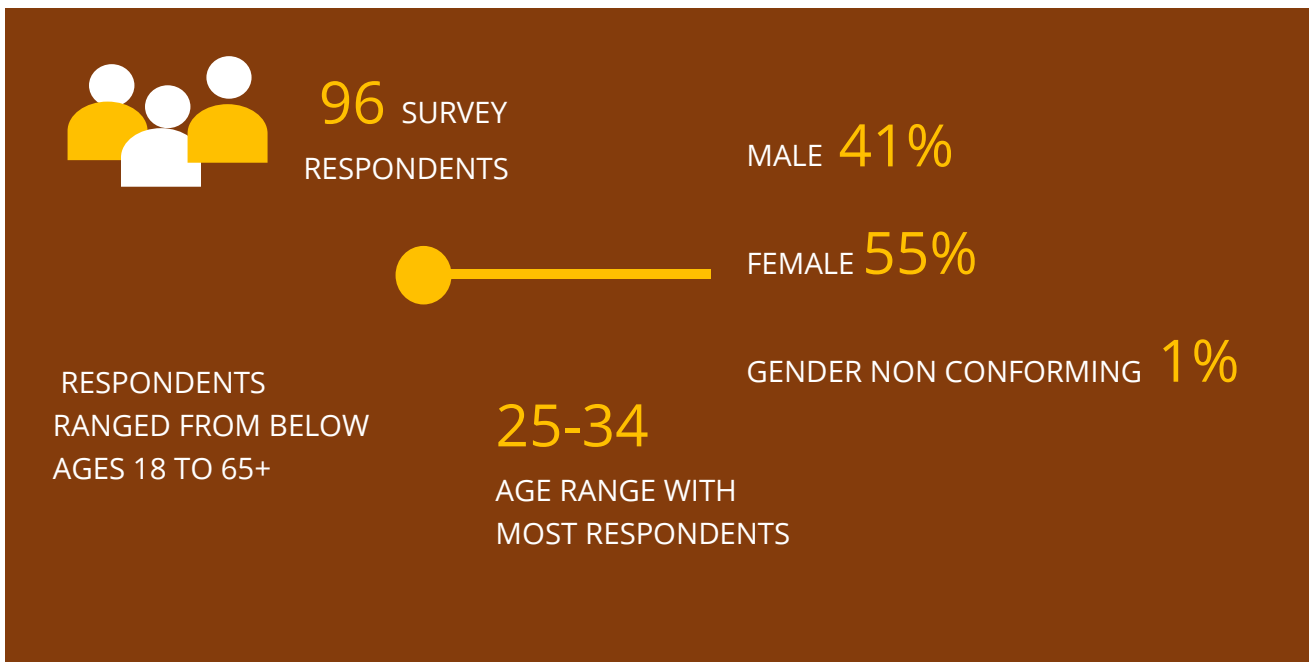


Research Findings

Survey Results

Below are the results of our exploratory online survey. The survey's respondents all identified

as PADs and were from different age ranges, genders, and backgrounds.

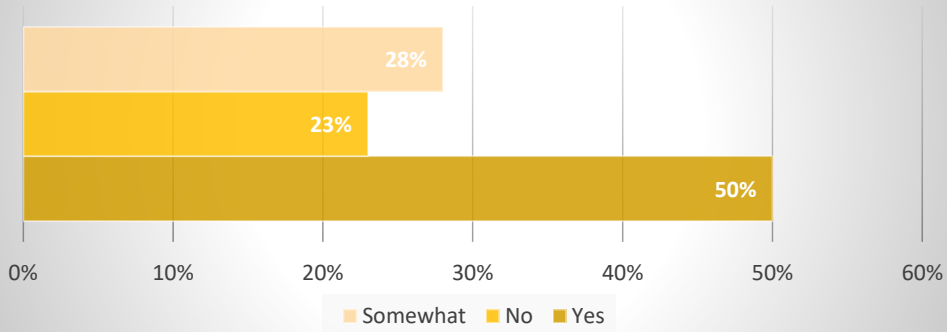


COVID-19 Vaccine Hesitancy

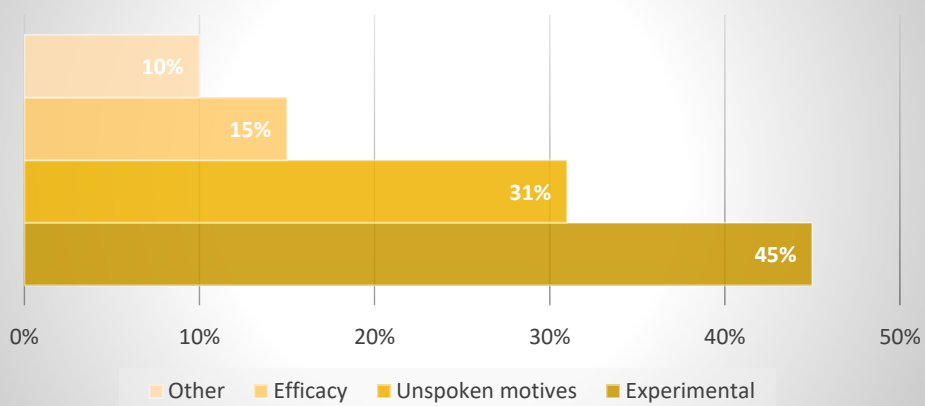
About 50% of respondents were emphatic that they had concerns about COVID-19 vaccines when they were first introduced. While 28% somewhat had concerns, 23% of respondents had no concerns at all. The primary concerns of respondents were fear that the vaccines were experimental (45%), suspicion of possible

unspoken motives (31%), and doubt that the vaccines would be effective (15%). 57% of respondents indicated that their concerns were primarily based on how quickly vaccines were developed, 22% on other people's reactions to the vaccines and 12% on the history of medical experimentation with Black bodies.

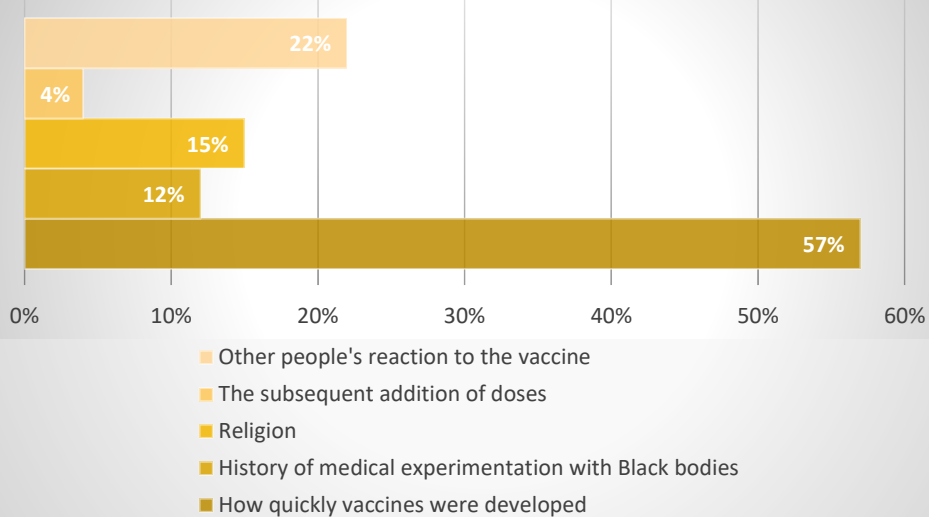
Who had concerns when COVID-19 vaccines were introduced?



What were the concerns?



What were the sources of the concerns?

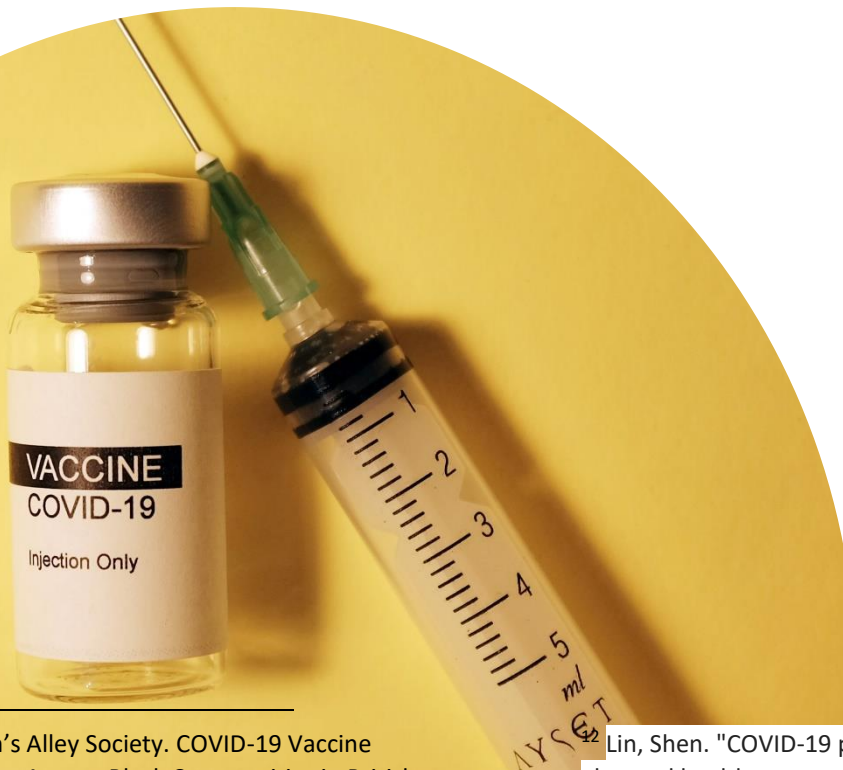


When Hogan's Alley Society researched vaccine hesitancy amongst PADs in Vancouver, they found that, of those who were unlikely to get a COVID-19 vaccine in future, many were worried about the side effects of the vaccine.¹¹ Focusing on immigrants and Canadian-born persons, Dr.

Shen Lin found that “among vaccine-hesitant individuals, immigrants reported higher concerns, than non-immigrants, on vaccine safety, side effects and mistrust in vaccinations as possible reasons of vaccine refusal.”¹²

Primary Reasons for Getting Vaccinated

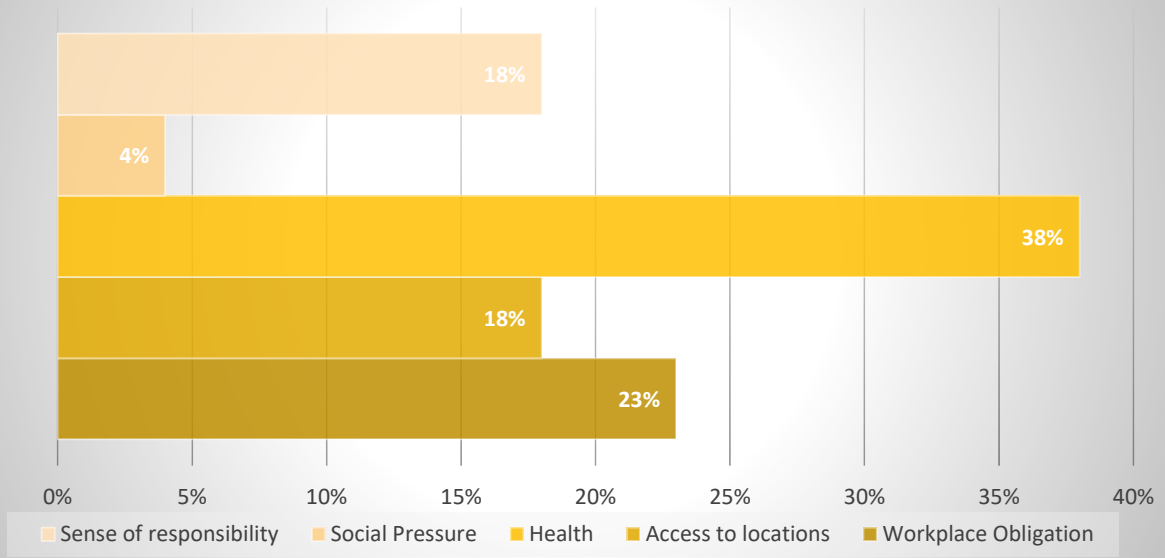
38% of respondents indicated that health was their primary motivation for getting the vaccine, while 23% took the vaccine because their employers obligated it. 18% of respondents took the vaccines due to a sense of social responsibility, and another 18% got vaccinated in order to have access to various locations. 4% of respondents were socially pressured to take the vaccine.



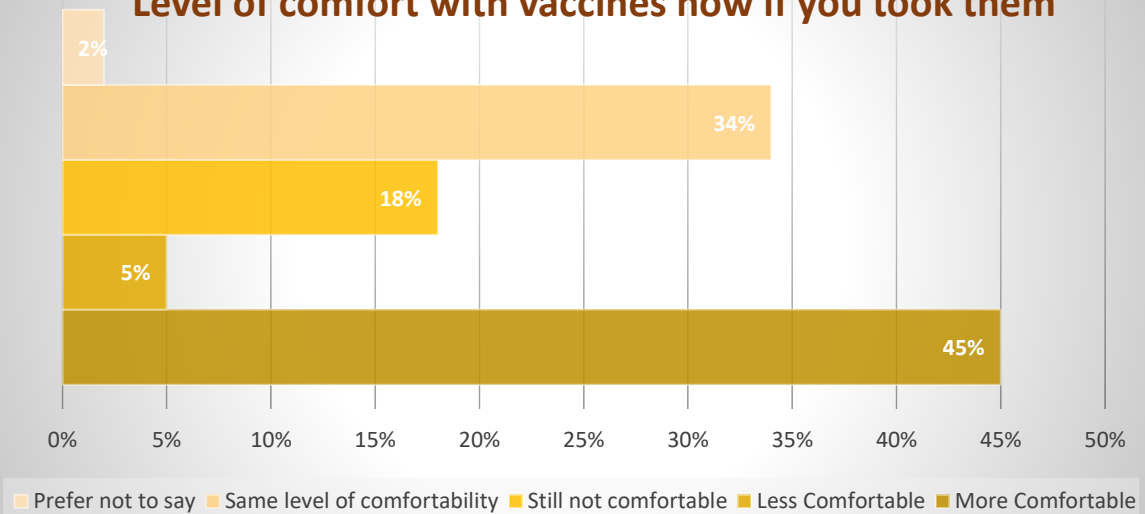
¹¹ Hogan's Alley Society. COVID-19 Vaccine Intentions Among Black Communities in British Columbia. 2022. <http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Immunization/Vaccine%20Safety/Allen%20final.pdf>

Lin, Shen. "COVID-19 pandemic and im/migrants' elevated health concerns in Canada: Vaccine hesitancy, anticipated stigma, and risk perception of accessing care." *Journal of Immigrant and Minority Health* 24, no. 4 (2022): 896-908. <https://link.springer.com/content/pdf/10.1007/s10903-022-01337-5.pdf>

Reasons for vaccination



Level of comfort with vaccines now if you took them



COVID-19

Vaccine

2019-nCoV

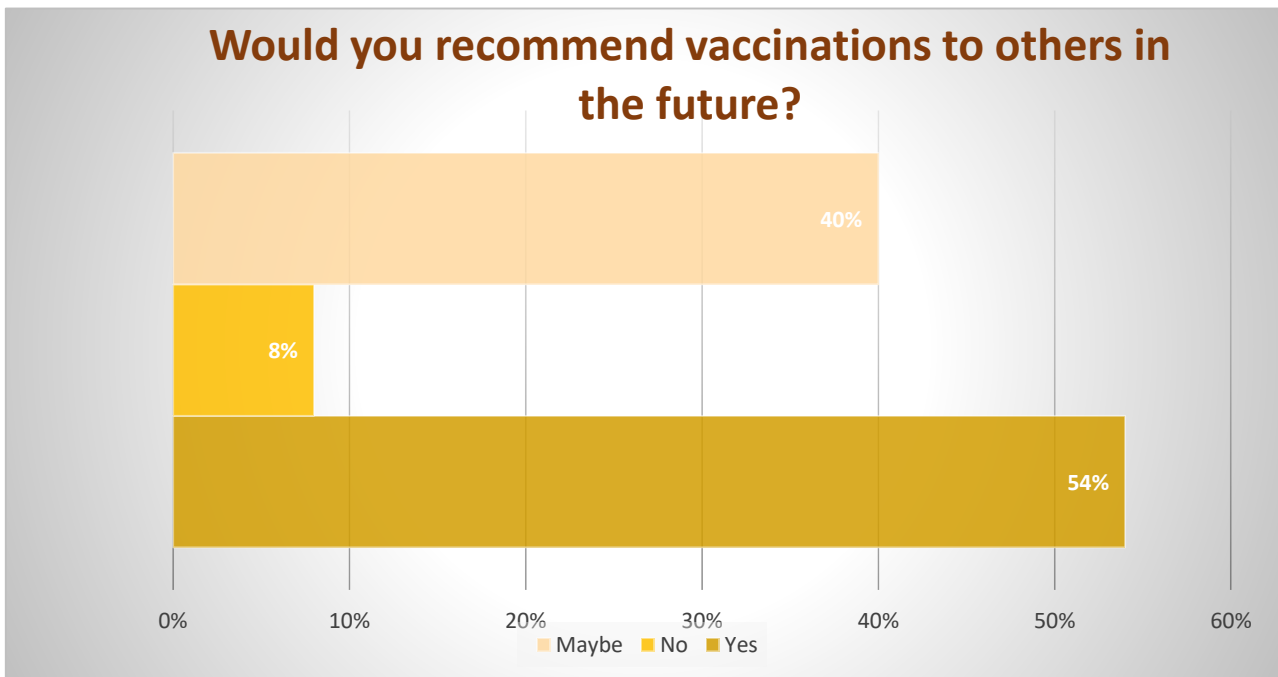
Injection Only

Current position on COVID-19 Vaccination

45% of respondents were more comfortable with COVID-19 vaccines now than earlier. 34% had the same level of comfortability as earlier, 18% were still not comfortable with the vaccines, and 5% were less comfortable now. For those who were firm that they had concerns

about the vaccines when they were introduced, 43% are now more comfortable with the vaccines while 33% and 24%, respectively, report the same level of comfort and a continuing lack of comfort.

54% of respondents indicated that based on their current knowledge, they would encourage vaccination if a similar pandemic broke out while 40% were uncertain, and 8% indicated that they wouldn't be recommending an uptake of such vaccination in the future. Of those who had concerns about Covid-19 vaccination when it was introduced, 43% would now recommend vaccination in the future; 48% may recommend it and 9% will not.



External Support during the Pandemic

Respondents indicated that they accessed various forms of external support during the pandemic. Such support came from friends and family, the government, (through grants and employment insurance), food banks and others. While government grants were useful in providing people with some buffer amidst increasing employment and reducing income levels, persons who did not hold citizenship or permanent residency status were often sidelined both at federal and provincial levels. Such policies were counter-intuitive considering the fact that such persons had similar or worse socio-economic vulnerabilities and also pay taxes.

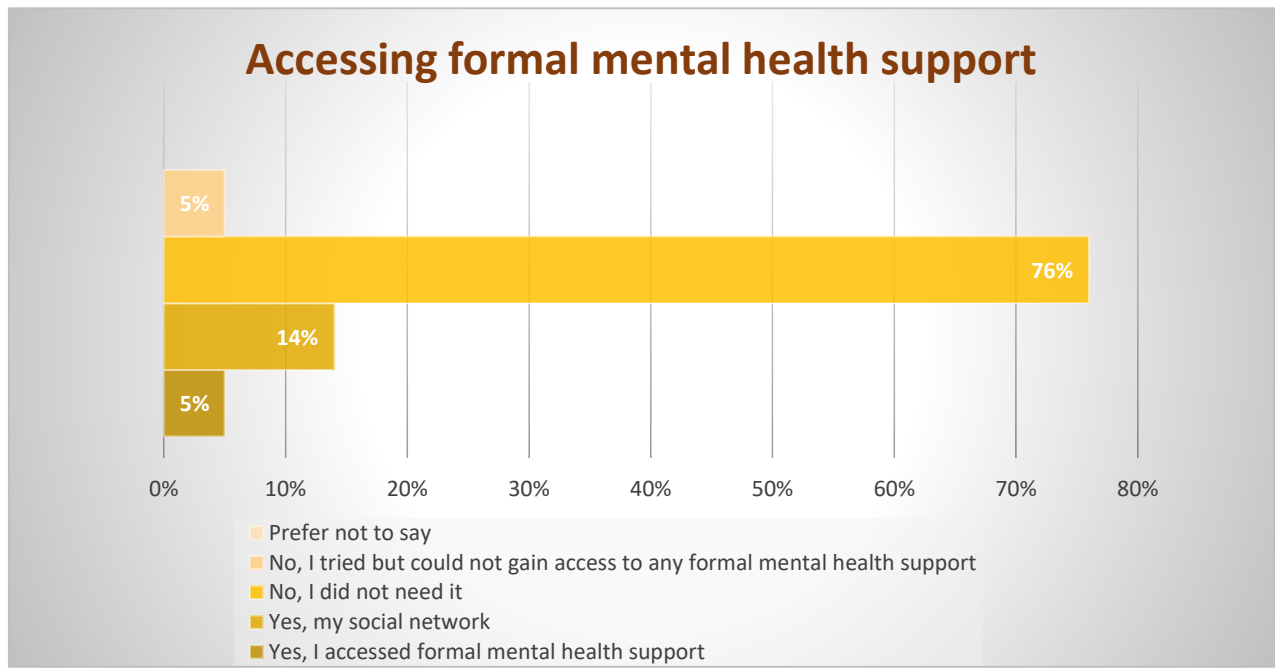


Mental Health Support

76% of respondents indicated that they did not have to access any formal mental health support, while 14% utilized the support of their social network. 5% of respondents had access to formal mental health support, while another 5% indicated that they tried but could not gain access to any formal mental health support. In the earlier Black-in-BC report¹³, we highlighted some structural underlying reasons for PADs' tendency to not seek mental health support including stereotypes in diagnosis. Future research should be interested in PADs who are interested but could not access formal mental health support. It is especially important to understand which of the hindering factors are structural.



¹³ See page 25: https://www.issambacentre.ca/_files/ugd/dc8154_6a54db5be2a9432ba07129e03b953784.pdf



The high percentage of respondents who indicated that they did not need mental health support is curious. Probed further, out of the respondents who indicated that they found the support of their family and friends helpful during the pandemic, 75% said they did not need mental health support while another 13% indicated they were supported by their social network.

Two key issues arise from these responses about mental health and external support. First,

is the **usefulness of communality in averting and**

navigating mental health stresses.

Second is the often underrated valuation of communality and relationships within Black communities. There is the resulting danger of taking such communality for granted and even at times, unintentionally enabling the slippery slope of focusing on its demerits. Also, there is a grand irony: the usefulness of communality to those who access it could create the illusion that mental and emotional support was not needed.

Support Received from Black Communities

79% of respondents indicated that they received some level of support from Black communities at the height of the pandemic. This ranged from low to high levels of support. 21% indicated that they did not access any form of support from the community.

Overall, there is strong evidence of the utility of community to PADs in BC and the need to intentionally invest in promoting and honing avenues that create and deepen this sense of community and belonging.

Adherence to COVID-19 Safety Protocols

85% of respondents indicated that they still highly or somewhat adhere to COVID-19 safety protocols. For example, **56% of respondents indicated that**

they still wear face masks sometimes and 26% wear face masks regularly. 17% do not wear face masks anymore.

Pandemic Adversities

In our design thinking session, various groups of community members were prompted to create personas that depict their collective positions and experiences during the pandemic. The second prompt was for participants to imagine the challenges their created persona(s) could have faced during the pandemic. A key instruction for this prompt was for participants to reflect on their own pandemic-related challenges and those of their group mates and reflect them in the persona. The various groups

presented a myriad of challenges that intersected and buttressed the common adversities and adverse conditions that PADs in BC faced amidst the pandemic. The following is a list of the challenges presented by community members as is. Intentionally, we have allowed the wording and even duplications to stay as a reminder of how different members of the community face the same challenges and understand conditions similarly or peculiarly.

WORK CHALLENGES

- Lack of job options
- Work struggles
- Employee exploitation
- Downward salary adjustments
- Job insecurity
- Career uncertainties
- Obligation to use new technologies
- Decreased productivity
- The danger of classifying certain jobs as non-essential

HEALTH AND WELLBEING

- Mental health problems
- Vaccine experimentation
- Pandemic babies
- Domestic abuse
- Substance abuse
- Worsening youth mental health
- Underlying health condition
- Anxiety
- Hopelessness
- Suicide risk
- Poor physical health
- Heavier impact on women

EDUCATION

- Fear of sending kids to school
- Parents having to teach
- School shutdowns
- Lower access to technology
- Reduced socialization for kids

SOCIETAL ISSUES

- Racism
- Information overload
- Discrimination
- The danger of religious dogma
- Conspiracies
- History of distrust
- Protestations

PERSONAL CHALLENGES

- Isolation
- Alienation
- Waning personal motivation
- Overload of harmful issues
- Behavioral changes
- Increased distancing
- Divorce increases

CAREGIVING

- Childcare challenges
- Increased responsibility for parents and guardians
- Difficulties in accessing care
- Reduced caregiving
- Lack of healing opportunities
- Sibling taking up parenting responsibilities

SOCIO-ECONOMIC CHALLENGES

- Increased cost of living
- Exploitative marketing
- Travel challenges
- Communication challenges
- Vaccination passports as an enabler and an impediment to participation
- Immigration status as an impediment to accessing support
- Immigration status expiry and uncertainties about renewal

Existing research confirms that PADs in Canada have had the shorter end of the stick in terms of the adverse implications of the pandemic. For example, according to a BC Centre for Disease Control (BCCDC) survey tracking COVID-19 conditions, a greater proportion of respondents who identified as Black or South Asian reported difficulty accessing their family doctor; 80% and 85% respectively. Similarly, the two groups fared worst when accessing diagnostic services 38% and 35% for Black and South Asian respondents, respectively.¹⁴ As Jennifer Migabo

pointed out from the BCCDC survey data, **the percentage of Black respondents who said their mental health had worsened over the course of the pandemic was 60.3%, about 3% higher than non-Black respondents.**¹⁵

Nearly one in three Black respondents said their job situation worsened over the pandemic, compared to one in five non-Black respondents. More than one in 10 Black respondents said their housing situation had worsened, compared to one in 20 non-Black respondents.

In essence, the challenges raised by our community members are generally not peculiar to PADs in BC. However, the sheer breadth and depth of our community members' identified challenges, over 50 of them, paint the most

fulsome picture of what PADs have had to endure in the context of the pandemic. The very personal nature of the experiences shared above should enrich appreciation of the extent of challenges they community faced and is facing.

Considering that BC is a notoriously expensive place to live, PADs and persons belonging to other marginalized groups in BC and Ontario are likely to have it worse when any socio-economic challenges hit Canada. However, almost every challenge indicated above was not necessarily created by the pandemic and public policy responses to it.

The fact is that PADs and other groups that have been and continue to be structurally marginalized, only had their conditions worsened by the adversities of the pandemic. If pandemic times were harsh for everybody, the harshness was disproportionately felt by some, as expected anywhere systemic inequities persist.

¹⁴ BC CDC. Summary: BC COVID-19 SPEAK Round 2 data provides insight into how people in B.C. are coping with pandemic. February 2021. http://www.bccdc.ca/Health-Info-Site/Documents/SPEAK/SPEAK_Round2_Summary.pdf

¹⁵ Pandemic has disproportionate effect on mental health of Black British Columbians: research. <https://globalnews.ca/news/8661446/research-finds-pandemic-has-had-disproportionate-effect-on-mental-health-of-black-british-columbians/>

PADs' Resilience

While resilience is often characterized as a virtue, we apply it in this report cautiously. While it is important for PADs to be resilient, for the most part, such resilience would have been unnecessary were social structures and systems equitable. We only use resilience here to suggest an unnatural demand on PADs that the latter are forced to step up to.

These organizations provided food baskets, cash donations, virtual hangouts, and shelter to PADs. Some provided simple but important support to seniors including care, grocery shopping and conversations.

Amidst the pandemic, a number of PAD-led and PAD-serving organizations stepped up to support members of their communities. This was driven by the understanding that the historical and ongoing marginalization of PADS meant that Black Lives may be worse off in the context of any social crisis.



Tricia-Kay Williams, a clinical counsellor and the CEO of Metamorphose Counselling was one of the community leaders who gave back during the COVID-19 pandemic. She provided free counselling to individuals that were overwhelmed by the COVID-19 19 pandemic, but also by the death of George Floyd in 2020; and continuity of care for existing clients. Metamorphose Counselling also created a YouTube channel called meta transitions to share free counselling resources with individuals who wanted information about counselling but did not necessarily want to sit in a counselling seat. This approach also helped to reduce the stigma of people seeking help.

The Issamba Centre in Victoria BC also provided free food baskets to community members. Hampers had culturally relevant foods and spices. Community members could even choose, what they wanted in their package via email. Through the PHAC's IPF program, Issamba also provided orientation on the science of COVID-19, vaccines and vaccination to community members. This effort was supported by BCCDC, Vancouver Coastal Health, Hogan's Alley Society, Dr. Michael Schwandt, Dr. Dzifa Dordunoo, Dr. Prince Adu, Dr. Drona Rasali, Dr. Ralph Pantophlet, Dr. Devi Mucina,

Dr. Jean Damascene Makuza, Djaka Blais and Modupeoluwa Bankole-Longe. Issamba also sponsored avenues for community conversations related to the pandemic including opportunities for community members to provide recommendations for future policymaking.

The Black in BC Community Support Fund was set up by a group of Black community leaders during the pandemic. The fund was a low-barrier, emergency micro-grant program for Black people in British Columbia and disbursed one-time grants of \$150 to Black people on a first-come, first-served basis. Applicants did not repay funds and were not asked to send a follow-up report. Funds were raised through donations.

Vancouver Black Therapy Fund and Simon Fraser University, through partners such as Metamorphose Counselling, provided free mental health counselling to PADs. This access to therapy was free for the individuals who needed it.

Recommendations

The recommendations resulting from our research are grouped in two. The first set speaks to navigating vaccine hesitancy among PADs in BC and beyond.

Navigating Vaccine Hesitancy

Over time, the uptake of COVID-19 vaccination has massively improved across Canada including BC. 83% of the population has received at least one vaccine dose. This trend is similar amongst Canada's PAD population including those in BC. As Hogan's Alley Society found in their own study of PADs in Vancouver, 94% of respondents had received at least one dose of a COVID-19 vaccine. Among respondents vaccinated with at least one dose, 85% had already received the second dose or reported they were likely to receive another dose. Hogan's Alley Society caveats that the high percentages of vaccination among their respondents may have been because "the survey was launched after BC's Proof of Vaccination system was implemented".

Our findings suggest that the factors supporting the uptake of COVID-19 vaccination amongst PADs in BC must be categorized as obligatory and non-obligatory:

- Obligatory factors include employer mandate; passport-dependent access to various locations and social pressures.
- Non-obligatory factors include health and a sense of social responsibility.

Per our survey, 40% and 8% of respondents were uncertain about, or shall not recommend vaccination if a similar pandemic broke out in the future. For those who had concerns about the vaccines when they were introduced, 48% may not, and 9% won't recommend vaccination to others in the future. This suggests the critical

need for public health bodies to target a boost in vaccine uptake that is based on non-obligatory factors. This is where our recommendations come in:

- Public health bodies and professionals must learn and understand the historical facts that underpin vaccine hesitancy among PADs and other racialized and marginalized groups. This 'education' must then guide all policies and communication that seek to promote vaccination amongst PADs and other racialized and marginalized groups.
- Public health bodies and professionals must work with PAD-serving public health professionals, activists and community leaders and organizations to co-develop dedicated education and information materials on vaccination. As Dr. Upton Allen, a Professor of Pediatrics, and the head of the Infectious Diseases Unit at the Hospital for Sick Kids in Toronto, notes, "It is important to ensure that the messaging relating to vaccine prioritization is appropriate and is very transparent and very clear so that there is no misinterpretation of intent. In other words, there's no perception that (certain people are) being used as guinea pigs."¹⁶
- Public health bodies and professionals must work with PAD-serving community

¹⁶ CBC News. Systemic racism and trauma feeds vaccine hesitancy for Black Canadians. Feb 3, 2021.

<https://www.youtube.com/watch?v=J0DvRxvluMo>

leaders and organizations to co-develop and implement credible community-based health and wellbeing information outlets.

- Public health bodies and professionals must be proactive in fighting against vaccine misinformation and disinformation. This means consulting PAD and other communities early on to

understand and predict possible sources of mis/disinformation and co-developing online and offline strategies to avert the challenge. For example, there needed to be a proactive and credible explanation for the record-time development of COVID-19 vaccines and the need for multiple doses.

Deepening PADs' Capacities and Resilience

The second set of recommendations speaks to strengthening the capacities and resilience of PADs to enable them to thrive better in and outside of pandemic conditions. These recommendations are based on our position

that the adversities mentioned in this report are structural and were only worsened by the COVID-19 pandemic.

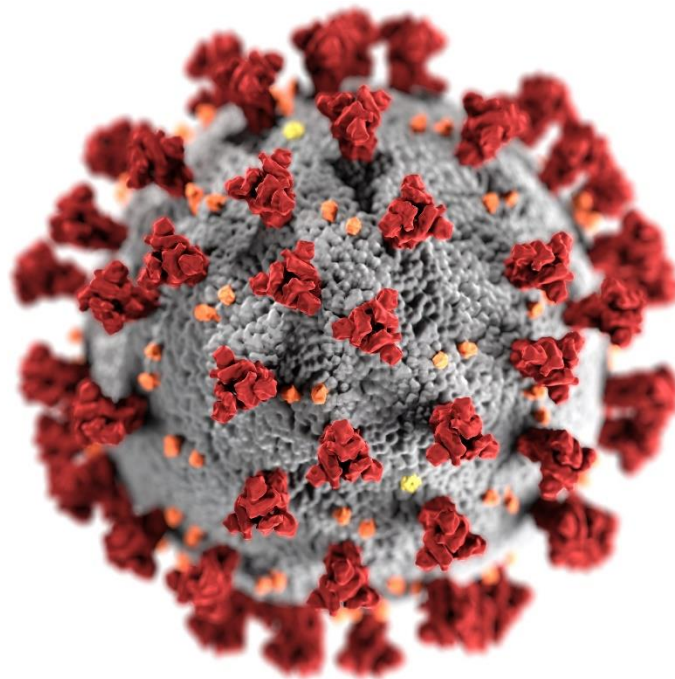
- Considering Black-serving organizations' significant role during the pandemic, governments must commit to strengthening their capacities and resources. These organizations must be supported to become central and well-resourced liaisons between public bodies and PADs. They must also be encouraged in their commitment to PADs. This can be achieved through:
 - Policymakers' recognition that these organizations fill in where governments fail or cannot be effective.
 - Public bodies promoting fair, equitable, accessible, dedicated and transparent grant and skills-building programs.
 - Dedicated funding for building and operating Black spaces for learning, connection and recreation.
- For existing Black healthcare professionals, public health bodies must be more intentional about boosting their presence in program-making and policy-making positions. Public health bodies must harness the leadership,

agency and experiences of Black healthcare professionals when making public health policies and designing programs.

- There is a continuing need for reducing entry barriers to Black healthcare professionals who want to work in Canada. Similarly, barriers to admission into health courses and programs must be eliminated for PADs using equity-seeking tools such as funding and quotas.
- The recently-passed Anti-Racism Data Legislation in B.C. provides a great opportunity for public health bodies and governments to further understand the disproportionate challenges PADs and other racialized and marginalized groups face. The entire legitimacy and credibility of the legislation are only assured when governments use it to remove structural barriers.
- Governments at the provincial and federal levels must deepen their commitments to eliminating the structural disadvantages that PADs

already face but were worsened by the pandemic. Our community members for example, have asked for governments and policymakers at the federal and provincial levels for

- Economic empowerment through equitable access to jobs, promotion, fair wages, support for PAD business owners to access capital, expertise and contracts; and support for community members seeking home ownership. This is how to build the intergenerational wealth that strengthens the capacities of PADs and assures stable support for families.
- Firmer supports for political participation and policy-making inclusion for the Black community. These supports include intentional policies and programs to spot, train, connect, fund and include PAD leaders or aspiring leaders. It is also important to involve PADs at all levels of decision-making from the local community to the national level.
- Eliminating the legislative choices and barriers that prevent certain members of the Canadian society from accessing emergency grants and supports simply because they are not permanent residents or citizens. These ‘othered’ categories of people are mostly workers and taxpayers like everyone else.
- Strengthening accountability systems to curb racism and discrimination. The rise of anti-Black and anti-Asian hate especially in recent years is enough proof of the urgent need to hold racist and discriminatory persons and institutions responsible for their actions. No citizen must feel more entitled to comfort, safety, respect and progress than the other. A society of mutual respect is the least Canada should assure.



Conclusion

Before the COVID-19 Pandemic, Black people, Indigenous people and other racialized and marginalized groups faced endemic racism and structural oppression. Thus, the early echoes of COVID-19 only suggested more strife for members of these groups. Where the trajectories of the endemic and the pandemic met was never going to be a place for us to breathe. If anybody needed an example, 2020 was also the year of George Floyd.

In this report, we have highlighted the various challenges faced by Black individuals and communities in British Columbia during the COVID-19 pandemic. We have also presented a range of recommendations for both the Black community and the provincial government to help address these challenges. The key takeaways are:

- Public health bodies and professionals must understand the history that justifies PADs' mistrust and distrust of vaccination. This education must guide

the making of policies and the design of programs that promote public health in Canada. It is not just about vaccination.

- Public health bodies must pursue genuine collaboration with PADs and Black-serving community organizations and leaders when developing and rolling out public health information and campaigns.
- The most pressing need is a holistic approach by governments and governmental bodies to remove the systemic barriers that sustain inequity and undermine the opportunities for PADs to thrive whether in or outside of pandemic conditions.

The pandemic has only proven that when things are bad for everybody they will be worse for those already marginalized. YES, everything affects everything but not in the same way.



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