



A VISION FOR CANADA IN 2020:

Prioritizing the Healthcare Needs of Black and Indigenous
Persons of Colour



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In all of the 153 years of Canada's existence as a nation, the healthcare needs of Black and Indigenous Persons of colour have never been a government priority. BIPOC issues have largely been ignored by both politicians and the public, forcing BIPOC to have to fight for themselves in a system that is institutionally stacked against them. The harsh reality is that Black and Indigenous Canadians experience numerous issues with the current Canadian healthcare system, including a lack of access to healthcare, discrimination based on race, and a severe lack of representation in the healthcare industry. For this reason, it is crucial to bring BIPOC issues to the forefront, and implement meaningful public policies that allow for lasting change nationwide.

The first major healthcare barrier that BIPOC Canadians face is the lack of access to effective treatment and care. Over the years, studies have increasingly shown that Black and Indigenous Peoples have faced a sub-standard degree of care due to many reasons. For one, there simply aren't nearly enough funds being allocated to improving infrastructure within these communities. In 2017, Health Canada admitted to offering a much lower standard of care to First-Nations children living on-reserve in comparison to the rest of the province (Barrera, 2017). Even in more urbanized cities like Toronto, BIPOC communities get the short end of the stick. Currently, there is a strong correlation between lower-income Black communities and higher COVID cases, resulting in communities such as Weston and Mount Dennis being more impacted than others (Bowden and Cain, 2020). I propose that policy is put in place to set aside funding for the enrichment of such neighborhoods. Improving the healthcare experience for Black and Indigenous communities has long lasting effects that help mitigate the effects of generations of racialized healthcare. Not only this, but investing in BIPOC neighborhoods is an investment to all Canadians, especially in terms of public and collective health. Funding is always the first step in improving infrastructure, and it's about time Canada put its money where its mouth is.

Although funding certainly makes a difference, it is crucial to acknowledge that the racial injustices of the Canadian healthcare system run deeper than a lack of funding alone. Many BIPOC also receive substandard treatment based purely on their race. Just this past month, 37-year-old Joyce Echaquan, a proud Atikamekw woman visited a Quebec hospital for stomach pains, but was instead left to die in agony as nurses verbally assaulted her with mouthfuls of racial slurs (Shingler, 2020). In a hauntingly similar fashion, studies have shown that Black mothers in America were found to have pregnancy mortality rates 2-6% higher than their white counterparts (Flanders-Stepans, 2000). Unfortunately, until Canadian data pertaining to public healthcare treatment across races is released, we will never be able to understand the extent of these racial discrepancies. For this reason, we must implement policies which mandate the ethical collection of race-based healthcare data in order to recognize trends and flaws in the healthcare system. From there, we must analyze the results and ensure that new healthcare workers are made aware of such information, and that if racially-charged situations arise, that they are dealt with quickly and firmly. By monitoring the state of healthcare-treatment among BIPOC populations, we are able to determine where exactly Canada needs to improve and can implement changes as soon as possible.

A final issue that furthers the mistreatment of POC in the healthcare system is the lack of racial representation among healthcare workers. As with any other fields, a lack of representation hurts the public. This sort of erasure rings especially true in the healthcare field, considering that representation can mean the difference between life and death for Black and Indigenous patients. In Ontario alone, 4.7% of the province's population is Black in comparison to an underwhelming 2.3% of physicians (Nnorom, 2020). This disparity creates an imbalance which leads to cases like the University of Toronto's 2016 class, where out of 259 students only one was black (James, 2020). Several Canadian medical schools have worked to make improvements by creating streams specifically for underrepresented minorities, with some even reserving spots for deserving first nations students. However, I believe that in order to create lasting changes, federal policies need to be implemented to improve diversity, and not only at the medical school level! Canada needs to fund opportunities and mentorship programs that give BIPOC students in secondary and post-secondary the tools they need to succeed. Representation is crucial to a positive and equitable healthcare culture, and it is important that physicians and nurses understand the needs of their communities.

In the midst of a pandemic, it's important that Canadians remember of the epidemic of BIPOC searching for care in a healthcare system that is stacked against their best interests. It is unacceptable for these pressing issues to be swept under the rug for any longer, and now is the time to implement meaningful reform to improve this dire situation. By investing in underserved communities, actively monitoring race-based healthcare data, and ensuring diversity is a priority, we can improve the quality of care for BIPOC across the nation. Canada has a long and tiresome road ahead, but by implementing the aforementioned changes, we are making progress towards a vision of healthcare equality for all Canadians.

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