



WHEN TWO PANDEMICS COLLIDE: RACISM, COVID-19 AND THE ASSOCIATION OF BLACK SOCIAL WORKERS EMERGENCY RESPONSE

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Résumé de l'article

Au printemps 2020, les Néo-Écossais d'origine africaine ont été confrontés à deux pandémies émergentes : la pandémie continue de racisme anti-Noir et la pandémie de la COVID-19. L'Association of Black Social Workers a créé une réponse spécifique aux besoins des Néo-Écossais d'origine africaine, en utilisant les six principes d'intervention du travail social afrocentrique. Elle a établi un partenariat avec des partenaires communautaires et gouvernementaux pour gérer une ligne téléphonique de triage en fonction des besoins, et une communauté virtuelle permettant de rester connecté au sujet du mouvement « La vie des Noirs compte » (Black Lives Matter). Ce document met en contexte les inégalités raciales systémiques, historiques et actuelles, auxquelles sont confrontés les Néo-Écossais d'origine africaine dans le contexte de l'urgence sanitaire actuelle, et la nécessité de mesures d'urgence équitables et communautaires. Ce modèle de prestation de services afrocentriques spécialisés peut être utilisé pour éclairer l'élaboration de mesures d'urgence pour les autres communautés noires du Canada.

WHEN TWO PANDEMICS COLLIDE: RACISM, COVID-19 AND THE ASSOCIATION OF BLACK SOCIAL WORKERS EMERGENCY RESPONSE

Senator Wanda Thomas Bernard

Abstract: In the spring of 2020, African Nova Scotians were faced with two emerging pandemics: the ongoing pandemic of anti-Black racism, and the pandemic of COVID-19. The Association of Black Social Workers created a response specific to the needs of African Nova Scotians, employing the six practice principles of Africentric social work. They established a partnership with community and government partners to manage a phone line to triage based on need, and a virtual community check-in to connect about the pressing Black Lives Matter movement. This paper contextualizes the historic and current systemic racial inequities faced by African Nova Scotians within the context of the current public health emergency, and the need for an equitable, community-based emergency response. This specialized, Africentric service provision model can be used to inform the development of emergency responses for other Black communities in Canada.

Keywords: anti-Black racism, social work, African Nova Scotian, COVID-19 pandemic, health equity, relief

Abstré : Au printemps 2020, les Néo-Écossais d'origine africaine ont été confrontés à deux pandémies émergentes : la pandémie continue de racisme anti-Noir et la pandémie de la COVID-19. L'Association of Black Social Workers a créé une réponse spécifique aux besoins des Néo-Écossais d'origine africaine, en utilisant les six principes d'intervention

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du travail social afrocentrique. Elle a établi un partenariat avec des partenaires communautaires et gouvernementaux pour gérer une ligne téléphonique de triage en fonction des besoins, et une communauté virtuelle permettant de rester connecter au sujet du mouvement « La vie des Noirs compte » (Black Lives Matter). Ce document met en contexte les inégalités raciales systémiques, historiques et actuelles, auxquelles sont confrontés les Néo-Écossais d'origine africaine dans le contexte de l'urgence sanitaire actuelle, et la nécessité de mesures d'urgence équitables et communautaires. Ce modèle de prestation de services afrocentriques spécialisés peut être utilisé pour éclairer l'élaboration de mesures d'urgence pour les autres communautés noires du Canada.

Mots-clés : racisme anti-Noir, travail social, Néo-Écossais d'origine africaine, pandémie COVID-19, équité en santé, aide

The Emerging Need for an Africentric Pandemic Relief

A FEW WEEKS INTO THE PANDEMIC response in Canada, it became evident that African Nova Scotians (ANS)¹ would need a specialized approach to pandemic relief and support: an equitable approach. The emergency response plan enacted by the Association of Black Social Workers (ABSW) embodied the six practice principles of Africentric social work (Este & Bernard, 2003). This article highlights the Africentric practice principles that ABSW used in their emergency response to help ANS manage through the collision of the two pandemics: the pandemic of COVID-19, and the pandemic of anti-Black racism. The six practice principles are depicted in the diagram below.



ABSW was founded in 1979 to provide Black social workers with the supports they need to offer equitable social services to ANS communities. 41 years later, ABSW continues to support Black social workers when they identify needs within their communities, and this pandemic was no exception. Their response to the pandemic aligns with the original intention of the Association, and works towards their vision, to provide “access and equal opportunities for under-represented communities” (ABSW, 2020). The need for an equitable approach to social and health services for ANS stems from the historic systemic marginalization of ANS, and the issues across Canada faced by Black people as a result of anti-Black racism and systemic inequities. Black Canadians are subject to many socioeconomic barriers and forms of anti-Black racism that cumulatively result in racism-related stress. These impacts include health consequences such as hypertension, cancers, diabetes, and mental health symptoms consistent with PTSD (James et al., 2010). Informed by available research about health and social inequities, and acutely aware of the everyday realities of ANS, ABSW advocates for community-based approaches that directly “contribute towards the health and wellbeing of people of African descent in Nova Scotia” (ABSW, 2020).

On April 7, 2020, Premier Stephen McNeil singled out ANS communities when he said that “reckless and selfish few in these communities are still having parties.” East Preston, North Preston, Cherry Brook and Lake Loon were identified as areas of concern, and his comments were directed at people living in these historic Black communities. According to Global News (McSheffrey, 2020), there was immediate backlash to the comments. No amount of backpedaling could undo the harm of these public comments. His sweeping statement of shame directed at those specific ANS communities likely reinforced preexisting anti-Black racism and racial biases and beliefs about ANS already held by Nova Scotians.

Living History

A more holistic and accurate perspective of the lived realities in ANS communities lies within the historical context of systematic marginalization of ANS people. We are not troublemakers and rule breakers; we are a group of people who have survived with the lasting impact of systemic anti-Black racism. After systematic displacement, discrimination, and being overlooked in many ways and targeted in others for hundreds of years, our communities need an equitable emergency response that intentionally addresses the vulnerability of our communities.

According to the Government of Canada (2020), social determinants of health include: “employment and working conditions, education and literacy, childhood experiences, physical environments, social supports

and coping skills, healthy behaviours, access to health services, biology and genetic endowment, gender, culture, race/racism.” Many of these factors have become exacerbated during the pandemic. Most ANS experience inequities in each of these areas, and this must inform the response to any public health demand.

During an analysis on the impact of the COVID-19 pandemic on ANS, we must consider a variety of factors and how they interact with issues that arise during the crisis due to other social inequities that impact health outcomes; for example, factors linked to poverty, education and employment. Each of these factors is a social determinant of health and creates other risk factors specific to the risk of exposure like place of work, need to access public transit, use of childcare, and type of housing.

A recent report outlining the impact of COVID-19 on Black Canadians indicates that Black Canadians reported worse health outcomes than other Canadians (Innovative research Group, 2020). The findings of this report include higher rates of exposure to the virus in work environments and worse financial recourse due to the pandemic. This study examined factors such as the frequency of commuting and the requirement of face-to-face interactions for work.

Vice News (Smellie, 2020) cited Northwood facility in Halifax, where 50% of the staff who contracted the virus were racialized, despite representing only 25% of the overall staff. These numbers indicate how COVID-19 disproportionately impacts racialized people within health facilities, particularly women. This article cites the precarious work environment of racialized migrant workers who often face poor working environments, lower wages, and are subject to less job security as temporary foreign workers. According to Damilola Iduye from Dalhousie University, these workers are more likely to go to work in order to protect their work permit. The Chronicle Herald (Ziafati, 2020) covered a similar story on Nova Scotia farms with precarious work conditions intersecting with higher risk of COVID-19. Their article reported that after the number of positive cases in migrant workers in Canada reached 1000, a group of activists wrote an open letter expressing concerns for the protection of migrant workers in Nova Scotia.

The pattern of higher cases in racialized populations is not unique to this one facility, nor solely to health facilities in general. As cited by the City of Toronto (2020), Black people make up 21% of COVID-19 cases, despite representing only 9% of the population. Overall, 83% of cases in the city are racialized people, despite being 52% of the overall population.

Some of the primary recommendations in the early stages of “flattening the curve” of COVID-19 were to simply work from home, and to social distance or physical distance. These recommendations did not

consider the differential impact such a decision would have on those who were not able to follow the recommendations. Working from home is a privilege not afforded to most people working frontline jobs or manual labour. Many ANS do not hold employment in positions where it would be possible to work from home to reduce their risk of exposure. Many ANS families live in multi-generational homes or small, shared living spaces, making the second recommendation to limit contact outside of immediate family not accessible. Eurocentric concepts of family and community do not account for the ways in which Africentric families and communities share spaces, responsibilities, caregiving, and resources.

As the reality of COVID-19 sunk in across the province, ABSW quickly saw the need for outreach specifically tailored to ANS. They established a holistic approach with knowledge and understanding of the systemic barriers faced by ANS. As the pandemic of racism collided head-on with the pandemic of COVID-19, ABSW was in a unique position to support ANS across the province. The ABSW developed a proposal, prioritizing a collaborative approach including partnering social streams and the Health Association of African Canadians (HAAC).

ABSW created a model that prioritized partnerships to ensure a successful response plan. Each community and government partner held a role specific to serve the needs of these communities. The partners included HAAC, the African United Baptist Association, educational consultant Karen Hudson, the Department of Community Services (DCS), the Office of African Nova Scotian Affairs, and a community intermediary in each of the ANS communities. This interdisciplinary team encompassed the holistic conception of people, by uniting the need for consultation on issues relating to mind, body, and spirit. Between the six partners, physical needs, mental health needs, and spiritual needs were prioritized, embodying the practice principle that considers the holistic concept of people of African descent. This approach prioritized a harmonious path to healing and support.

Safe Space: Our Space

ABSW set up a toll-free line to be made available to all ANS. The line opened on April 1st, co-managed by ABSW and HAAC, and became known colloquially as the “COVID line”. Within the first 23 days of operation, the line had received 290 calls. The intake phone calls were triaged with a questionnaire including questions related to geographic location, intersecting identities, and whether the caller had been tested for COVID-19. The information gathered through intake questions helped guide the intervention and identified where the caller should be redirected to a representative from a different community or to an organization that may be helpful to their specific needs.

The main themes for the calls consisted of requests for resources, information about employment, general information, assistance related to food and supplies, requests for mental health supports and other requests. The supports provided included cash to purchase food, items from the foodbank, ongoing food boxes from DCS, sanitization sprays, hand sanitizer, educational resources, educational supplies, health supports, and access to internet, especially to seniors experiencing isolation while physical distancing.

There were three main challenges faced during this emergency response. The first was securing a stipend for volunteers who donated their time for several weeks. The second included facing barriers associated with funding to sustain the program. The third was learning how to provide direct support for ANS communities without creating further stigma against them. Despite the specialized support being offered by ABSW, ultimately individuals needed to seek support and request services as needed. Requesting services is challenging for many people given the stereotype that accessing services or being unable to provide for their own families without support is a personal failure. Reducing stigma was key to the success of the program, so ABSW focused on framing the available services as a response to systemic inequities while reducing perceptions of individual shortcomings.

As this emergency continued, the need for more resources grew exponentially. Organizers saw a need to secure sustainable funding to support the initiative, including paying a stipend to generous volunteers. Volunteers did not expect to be paid a stipend, however, the team believed that the high level of commitment required to support this initiative was beyond what should be expected of volunteers. These volunteers were also subject to the stress of the pandemic while taking the time to help fill the gaps for the collective good of their community.

Healing Conversations: We Are the Key Movers of Our Liberation

The pandemic of racism became more visible around the world, following the murder of George Floyd by a police officer in Minneapolis. The trauma of this broadcasted murder of an unarmed Black man by police led to global Black Lives Matter (BLM) protests, and daily mainstream and social media coverage. Contextualizing the African Canadian experience to the BLM movement from Policy Magazine (2020):

George Floyd was murdered by police officer Derek Chauvin and three of his colleagues as witnesses stood by watching and filming it for 8 minutes and 46 seconds. This video has fueled an international rage. People of African Descent have been expressing this same rage for hundreds of years in many different forms, and yet it often goes ignored. Not only do

we experience violence in ways as tangible as seen in the video of George Floyd's murder, we experience violence through more subtle forms of racism. (Thomas Bernard, 2020, para. 4)

The momentum from this rage elevated the BLM movement and created awareness of the reality of anti-Black racism, which has led to responses from all sectors. Yet, few people outside the ANS communities were aware of the trauma caused by witnessing anti-Black racism, and its impact. ABSW was invited by the Nova Scotia Human Rights Commission (2020) and the Office of African Nova Scotian Affairs (ANSA) to co-host a virtual province-wide community wellness check-in to provide an opportunity to address the trauma of racism. This event was held for people of African descent to be part of a collective debrief and created space for healing from the trauma caused by the collision of the two pandemics. It was open only to ANS because, ultimately, we are the movers of our own liberation. It was a virtual opportunity for connection and collective healing during a time when gathering in person was not possible. Using participants' words that arose during the check-in, we identified the following themes: *the impact of racism*, *elements of critical hope*, and *the current experience of this civil rights movement*. This event brought together a wide group, crossing age, socio-economic, and gender lines. For some of us, this is the second civil rights movement of our lifetime, and for the younger generation it is a first.

When participants spoke about the *impact of racism*, they used the following words and phrases: violence of racism, microaggressions, backlash, racism online, depth of trauma is hard to articulate, challenging, difficult, emotions, thoughts. Some of the feelings and emotions associated with the impact of racism: alone, worried, frustrating, exhausted, trauma, angry, internalizing racism, isolated, fear, tired, mistrustful, and the overwhelming feeling of the need to stay positive. Clearly, many on this call felt like they were carrying the weight of their communities. Many were "first responders", who were working in one of the helping professions.

Yet, the message of staying positive, which is rooted into the sense of "critical hope" (James et al, 2010), was evident amongst participants. During the ANS community check-in, the elements of critical hope that arose included: our time, our space, safe space, and soul food. These elements clearly link to action items related to the current experience of this civil rights movement: self-care, nurturing, political agency, sharing with coworkers of African descent, youth mentorship, passing the torch, legal recourse, healing conversations.

As noted above, although the tipping point of the current global BLM movement began in the United States, we certainly felt the ripple

effect in Canada, as anti-Black racism is not unique to the United States. ANS who participated in the province-wide check-in talked about what it meant to be a Black Canadian during this movement. Many highlighted the profound potential for change, and a reality felt by many that they were expected to be an expert in their social circles, or to be speaking on behalf of all Black Canadians. There was a consensus that this is an important time for change, and that we are witnessing and living history.

The carefully selected words above reflect a snapshot of the collective experience of ANS surviving not one, but two pandemics. The words of the community are incorporated throughout this paper to honour the collective consciousness of the group that came together virtually and spiritually, sharing their experience in that moment of connection and healing. This gathering created conversations that greatly informed this paper, especially in how our collective community needed equitable, Africentric solutions, and ultimately, how ABSW met that need.

Conclusion

At a time when the whole country was consumed with the uncertainty brought on by this unprecedented pandemic, ABSW effectively stepped up to serve ANS communities. In response to the pandemic and the unique needs of ANS communities, they employed an Africentric model by collaborating with community and government partners. This model can be replicated in other Black communities following the same framework. ABSW applied the six practice principles of Africentric social work during the pandemic relief, which was key to the success in reaching ANS people and meeting their ever-evolving needs. Six months into the pandemic, as the “new normal” sets in, ANS communities still have a need for the active involvement of this response plan. ABSW is developing the next phase of the plan to ensure outreach is available through the transition into a recovery stage. This includes sustainable funding, a reassessment of what services are offered, and availability of volunteers. The COVID-19 pandemic revealed many preexisting social and health inequities. This process magnified the lived realities of ANS communities and the need for a specialized, Africentric service provision model for all Black Canadians.

NOTES

1. The definition of African Nova Scotian used here includes historic African Nova Scotians, whose ancestors have lived in Nova Scotia since the 1700s, in addition to all people of African descent living in Nova Scotia.

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