CANADIAN DIVERSITY

A PUBLICATION OF THE ASSOCIATION FOR CANADIAN STUDIES

COVID-19

Immigration in a Time of Pandemic: Confronting the Challenge

VOLUME 17 | NO. 3 | 2020

INTRODUCTION

BACKGROUND, CONCEPTS & DATA

DISPROPORTIONATE IMPACT: STRUCTURAL PROBLEMS AND SOLUTIONS

HEALTH: SAFETY, ACCESS & VULNERABILITY

FERTILE GROUND FOR RACISM

COMMUNITY STRATEGIES AND EXPERIENCES

CANADIAN DIVERSITY IS PUBLISHED BY ACS • AEC
Association for Canadian Studies • Association d'études canadiennes

CANADIAN DIVERSITÉ CANADIENNE

PUBLISHER
Jack Jedwab

MANAGING EDITOR
Miriam Taylor

TRANSLATOR
Miriam Taylor

COPY-EDITING AND PROOFREADING
David Lazarus
Laura Comboïgo

DESIGN & LAYOUT
CAMILAHGO. studio créatif

Canadian Diversity is a quarterly publication of the Association for Canadian Studies (ACS). Opinions expressed in articles are those of the authors and do not necessarily reflect the opinions of the ACS or sponsoring organizations. The Association for Canadian Studies is a voluntary non-profit organization. It seeks to expand and disseminate knowledge about Canada through teaching, research and publications. The ACS is a scholarly society and a member of the Humanities and Social Science Federation of Canada.

LETTERS

Comments on this edition of *Canadian Diversity*?
We want to hear from you!

Canadian Diversity / ACS
850-1980 Sherbrooke Street West
Montréal, Québec H3H 1E8

Or e-mail us at <miriam.taylor@acs-aec.ca>

This special edition of *Canadian Diversity* is published in partnership with the Canadian Commission for UNESCO.

We would like to thank them for their valued collaboration.

UNESCO United Nations Educational, Scientific and Cultural Organization · CANADIAN COMMISSION FOR UNESCO

COVER ART

Vague by Simone Taylor-Cape

COVID-19, A WAKE-UP CALL

Dr. Miriam Taylor is the Director of Publications and Partnerships at the Association for Canadian Studies.

The programs and badges were printed, the speakers all confirmed. The Association for Canadian Studies-Metropolis Institute was in the final stages of preparation for its annual event – the largest national gathering of experts, practitioners and policy makers in the immigration field, who come together every year for a massive exercise in cross-pollination, sharing studies, strategies and best practices. Set to take place in Winnipeg, the 2020 edition of the Metropolis Conference, promised to be bigger than ever and was getting ready to welcome over 1,000 participants when the World Health Organization declared a world-wide pandemic and the subsequent global lockdown brought everything to an abrupt and drastic halt.

Within a week of cancellation, the COVID-19 Social Impacts Network was born, the brainchild of ACS-Metropolis President and CEO Jack Jedwab. Drawing on the elaborate multidisciplinary Metropolis network, and reaching out to new collaborating partners, the network's aim was to ensure that the social and economic dimensions of the COVID-19 crisis be kept in constant view as Canada charted an unprecedented course into untested waters. Indeed, the network has monitored perceptions and behaviours; identified issues and indicators; and generated evidence-based responses designed to help Canada navigate through the storm towards recovery and resilience.

Early on, as Canadians were riveted to the news, trying to follow the unfolding crisis, the world's focus pivoted away from the multitude of distractions that characterize life in our modern Western world. The attention turned towards more pressing vital matters, relating to health, safety and securing the basic necessities of life. As the major shift in both perceptions and priorities gradually occurred, a few truths that are too often obscured from general consciousness began to take centre stage.

As families retreated into isolation, communities turned in on themselves and countries closed off their borders, it became clear that we could no longer afford to turn a blind eye to the most vulnerable in our midst. Where proper measures to ensure their safety were not taken, those lacking the resources to protect themselves from the viral onslaught would surely become vectors for general contagion. Thus, born of necessity, a new kind of internal sense of solidarity began to emerge, creating a willingness to put energy and resources into addressing exposed vulnerabilities that, if left unchecked, could allow entry of the virus into our communities and overwhelm the system's ability to care for us all.

Where the cracks in society are a danger to the well-being of all, it is perhaps harder to indulge in the collective denial fostered within a system that encourages each of us, in the normal course of events, to fend for ourselves, and focus on our own success and survival rather than on the general good. It might be fair to say that heightened vigilance has given rise to an increased awareness of the structural fault lines that weaken the foundation of our society, along with a greater willingness to give these questions the attention they

deserve[1]. Some of these systemic challenges and the possible ways to tackle them are the focus of this special issue of *Canadian Diversity*, entitled "Immigration in a Time of Pandemic: Confronting the Challenge".

Created in collaboration with the Canadian Commission for UNESCO, one of our COVID-19 Impacts Network partners, the publication includes contributions from researchers, government and community representatives as well as service providers in the field. It draws on the rich findings generated over the last months by the COVID-19 network. The publication also considers the experiences of newcomers and recently immigrated Canadians – groups that are too often short on resources, support systems and the stability that accompanies long-term establishment. The articles consider the disproportionate burden carried by the most recently arrived residents in our country. Exposing the structural problems that contribute to the vulnerability of these groups and examining the intersectional challenges faced by those whose precariousness is compounded by multiple identity markers. The contributions also highlight the importance of data and research in getting to the root of societal challenges.

Divided into five sections, (1) Background, Concepts & Data, (2) Disproportionate Impact: Structural Problems & Solutions, (3) Health: Safety, Access & Vulnerability, (4) Fertile Ground for Racism, and (5) Community Strategies and Experiences, this special issue calls attention to problems, bringing them to the surface and points the path forward towards potential solutions.

In (1) Background, Concepts & Data, Victor Piché opens the publication with a broad overview of different types and categories of immigration and of the various factors and mechanisms that add to the increased vulnerability of this population in the present pandemic. He then makes several recommendations about how some of these systemic problems might be remedied. Apart from considering the situation of migrants residing in Canada, Piché also calls on us to broaden our vision to a sense of global responsibility and draws our attention to the dilemma created by the crisis for international migrants. With international borders closed, migrants and refugees were excluded from any growing sense of internal solidarity within our respective countries. As Piché points out, however, wars, oppression, unsafe living conditions and other drivers of forced migration do not pause in a time of pandemic, and our human responsibility towards displaced populations should not do so either.

Next, Jane Badets shares precious data and analysis, looking at some of the short-term issues faced by newcomers who, given their more precarious situations on the levels of employment, housing and support systems, have been particularly vulnerable to the vagaries of the pandemic. She also considers how this might act as an impediment to their integration into Canada, thus having more long-lasting implications requiring policy responses. Lastly, she points to the need for more data collection and analysis that will allow us as a country to take the full measure of the situation.

In the last article of (1), John Biles gives us a fascinating and detailed inside look into the way the (Re)settlement service network in Canada turned on a dime to tackle the crisis, respond, recover and thrive. He also emphasizes that, as Canada continues to diversify, immigration resettlement and integration must become the purview not of one department or programme, but rather a more generalized societal endeavour that concerns us all.

(2) Disproportionate Impact: Structural Problems & Solutions, zeroes in on the very structural problems that resulted in newcomers, and particularly racialized Canadians, bearing the brunt of the pandemic. Wendy Cukier, Miki Itano-Boase & Akalya Atputharajah point to the way in which immigrant entrepreneurs, many of whom are women, were impacted by the upheaval of the crisis. The measures required to give them the support they need, explain the authors, serve more than just a human purpose – the success of these immigrant entrepreneurs is a vital element towards our collective recovery. June Francis and Kristina Henriksson, for their part, also view the pandemic as a time to come to terms with longstanding problems the better to tackle them head on: "The way in which the pandemic has laid bare these disproportionate negative impacts at the same time provides an unprecedented opportunity to address these issues systemically and for the long term" giving us a unique opportunity "to reimagine more resilient policy responses" by employing a race and gender lens.

Intersectionality also provides the backdrop of Ilene Hyman and Bilkis Vissandjée's article, which considers how COVID-19 has exacerbated social and economic inequalities in Canada. The authors show how "migration trajectories intersect with sex, gender and other social determinants of health to increase immigrant women's vulnerability to health inequalities" and particularly to Intimate Partner Violence (IPV). They argue for the need to incorporate these variables, along with the complexities of migration trajectories, into our research so as to remain vigilant in ensuring that vulnerable women do not slip through the cracks. This article provides a bridge to the next section in which health is the focus.

(3) Health: Safety, Access & Vulnerability, raises several specific COVID-19 health challenges experienced by both practitioners and patients. Joan Atlin focuses on the front-line

1 Might this go some way to explaining the groundswell of support for the protest movements that spread so rapidly across the world in the wake of the murder of George Floyd?

workers in long-term care centres, who she identifies as largely female, immigrant and racialized. These workers, whose lives are often precarious, have put themselves at greater risk. To make matters worse, in many instances, their skills have been underutilized. Apart from frustrating their own professional development, this has hampered our ability to fully exploit the potential they offer in fighting the virus to greater effect. Looking for the lessons that COVID-19 might teach us, Atlin states: "This is the time to reignite a national conversation about how to continue to advance systemic changes that will move more IEHPs [Internationally Educated Health Professionals] to licensure and into the health care workforce – where they want to be, and where Canada needs them".

Graham Hudson, Chloé Cébron and Rachel Laberge Mallette shift the focus from those providing care to those needing access to it. They expose the weaknesses in a health care system that claims universality but actually excludes groups whose precariousness and devotion made headlines during the pandemic. Our governments went part way to addressing these problems but the authors claim that much more needs to be done: "While the lifting of formal legal barriers to (some) health services is valuable, and should become a national model, non-status and precarious-status migrants continue to face prohibitive structural, linguistic, ideological, and legal impediments that governments can, should, and must do away with".

Bronwyn Bragg also studies the interplay between health and vulnerability but this time in a specific context, the meatpacking plants of Alberta. Once again, COVID-19 revealed fault lines that were ignored and neglected. Workers, who already had the highest chances of suffering a disabling injury of all manufacturing employees, were sitting ducks for the virus because the system failed to put the safety and well-being of these workers, whose jobs are vital to Alberta's economy, at the forefront of considerations.

(4) Fertile Ground for Racism, contains two articles that look at the tendency to scapegoat in times of crisis. Lori Wilkinson draws an interesting comparison between the 2003 SARS-1 and the 2020 COVID-19 epidemics and shows that, in both instances, Chinese and other Asian Canadians suffered increased racial slurs and discrimination. "The similarities in terms of conspiracy theories, the racist labels used by politicians to *nickname* the virus, and the increase in racism against Asians, particularly those of Chinese descent, show several important similarities not only between SARS-1 and COVID-19, but highlight that racism displays similar characteristics in Canada and the United States". Cary Wu, Rima Wilkes, Yue Qian and Eric B. Kennedy also address the anti-Asian racism that has been fostered by the pandemic, considering in particular the heavy toll these attacks take on the mental health of the victims and the need to assist the targeted populations in coping with the additional distress they have been exposed to.

The final section, (5) Community Strategies and Experiences, narrows the focus down to the community level, demonstrating the strength, creativity, and resilience exhibited by service providers and the public alike. Fariborz Birjandian and Karen O'Leary give an extremely impressive account of how one Calgary community organization turned around with lightning speed to tackle the enormous problems created by the pandemic so as to address specific needs while fostering a sense of community. The publication closes with community stories shared by Don Boddy, highlighting that newcomers and recent immigrants are not only worthy of our particular attention and care but are purveyors of a resilience and wisdom that continues to help Canada grow and thrive.

BACKGROUND, CONCEPTS AND DATA

COVID-19 AND INTERNATIONAL MIGRATION: AVENUES TO BE EXPLORED

Dr. Victor Piché is a sociologist-demographer specialized in the field of international migration. He has been interested in the links between international migration and globalization, focusing on the rights of migrant workers. He has directed a study for UNESCO on the reasons why Canada refuses to ratify the UN Convention on the Protection of the Rights of Migrants and Members of their Families. He was a professor in the Department of Demography at the University of Montreal from 1972 to 2006 and remains an honorary professor. He is a Research Associate of the Oppenheimer Chair in Public International Law.

INTRODUCTION

The issue of the impact of COVID-19 on migration has received very little coverage in the media. But what do we really know, from a scientific point of view, about this issue? The answer is very simple: very little. On the one hand, it is too early to draw conclusions of a scientific nature and, on the other hand, the available statistics do not yet allow us to address this issue in a systematic way.

Does this mean that scientists can't contribute to this discussion? Far from it. Although there are no studies showing that migrant populations are at greater risk than non-migrant populations of contracting or even dying from COVID-19, a number of research studies suggest a few avenues for exploration. In crisis situations, in the absence of evidence, scientists can infer a number of connections between the pandemic and the situation of migrants. This method, which can be called "logical inference", allows, for example, the following reasoning to be made: if it is scientifically known that vulnerable populations are more at risk of contracting COVID-19 and if, moreover, it is known that several categories of migrant populations are recognized as being vulnerable, it can be inferred that these groups of migrants are more at risk, even though we have no statistical evidence to this effect at present.

The links between migration and epidemics are a constant in the history of diseases and epidemics. These links cover two types of migration-related risks, one related to spread and the other to infection. Migrants have often been blamed for the spread of diseases, thus justifying quarantine measures specifically targeting them[1]. The second type of risk concerns the inclination or susceptibility to contracting COVID-19.

The links between COVID-19 and migration are not direct, as this would mean that the mere fact of being a migrant, per se, would be directly related to a greater risk of being infected and possibly dying. This is the so-called *essentialist* approach, widely rejected in the social sciences. Thus, if the link is not direct, the causal pathway must be established through the consideration of intermediate factors. In order to dissect the

1 Denis Goulet provides several examples of the *victimization* of migrant populations in the course of the history of diseases and epidemics (see *Brève histoire des épidémies au Québec*, Septentrion, 2020). The case of AIDS in Africa is a good recent example in which migrants have been stigmatized as being responsible for the spread of disease (see Lalou, R., Piché, V. and Waîtzeneger, F., "Migration, HIV/Aids knowledge, perception of risk and condom use in the Senegal River Valley", in Michel Caraël & Judith Glyn (eds). *HIV, Resurgent Infections and Population Change in Africa*, Springler, 2007, pp. 171-194.

various forms of causal pathways linking COVID-19 and international migration, I propose three specific models for purely illustrative purposes.

The first model addresses both spread and infection risks: mobility restrictions are put in place to prevent the spread but, in doing so, increase vulnerability and the risk of infection. The other two models refer only to risks of contraction associated with socio-economic inequalities and types of employment in health systems.

THE MODEL OF RESTRICTIONS TO MOBILITY (BORDER CLOSURES)

The first model focuses on the notion of vulnerability caused by mobility restrictions, mainly related to border closures. The causal pathway can be formulated as follows:

$$C \rightarrow R \rightarrow V \rightarrow M \,(1)$$

Where:

C = COVID-19
R= Mobility restrictions (border closures)
V= Vulnerable populations,
M = Migrant infections/deaths

In plain language, this means that COVID-19, by causing countries to restrict the mobility of people (e.g. by closing borders), exacerbates the vulnerability of certain population groups, including migrants, which increases the risk of COVID-19 infection and possibly death.

According to data from the Pew Research Center, 93% of the world's population currently lives with mobility restrictions. As of April 22, 2020, 167 countries have partially or completely closed their borders to contain the spread of the virus. Some 57 countries have not made exceptions for asylum procedures. According to the indicator developed by the International Organization for Migration (IOM) (the "Displacement Tracking Matrix"), as of 23 April 2020, 215 countries and regions had implemented a total of 52,262 measures restricting the movement of persons[2]. According to IOM, this database allows for the mapping of disproportionate impacts on the most vulnerable populations, such as several categories of migrants.

It is clear that border closures will have a negative impact on the many who are in the process of migrating but have not yet arrived at their destinations. This impact will be particularly catastrophic when it comes to "forced" migration.

THE MODEL OF VULNERABILITIES ARISING FROM SOCIO-ECONOMIC INEQUALITIES

The second model also refers to the notion of vulnerability, no longer in terms of mobility restrictions as in the previous model, but rather in terms of socio-economic inequalities, which replace restrictive policies as an intermediate factor. The causal pathway can be expressed as follows:

$$C \rightarrow I \rightarrow V \rightarrow M \,(2)$$

Where:

C= COVID-19
I = Socio-economic inequalities
V= Vulnerable populations
M = Migrant infection/death

Although there are not many studies that can verify the validity of this equation, a few have identified Black populations, for example, in the United States as being more affected by mortality due to COVID-19. Two studies in the United Kingdom found that mortality due to COVID-19 was higher among minorities[3]. We will see later that this model also applies to the situation in Quebec.

With regard to migrants, several groups may be associated with this state of vulnerability: refugees and asylum seekers, displaced persons, temporary workers and irregular migrants. As mentioned at the outset, the real impact of COVID-19 on these migrant populations is not yet known. Nevertheless, it is possible to suggest likely impacts given what is known about the relationship between vulnerability and the impact of the virus.

REFUGEE AND DISPLACED POPULATIONS

According to the Office of the United Nations High Commissioner for Refugees (UNHCR)[4], there are currently about 26 million refugees and 41.3 million displaced persons in the world. Their high degree of vulnerability can be caused by the dangers of displacement, limited employment

2 Milan, Andrea & Cunnoosamy, Reshma (2020), "COVID-19 and migration governance: A holistic perspective", in *Journal Migration Policy Practice*, vol. X, no 2: 27-31.

3 As reported by l'Agence France-Presse, *La Presse+*, May 6, 2020.

4 See annual reports of the HCR on their website.

opportunities, overcrowded living conditions, precarious working conditions, limited access to clean water, food and health care. In some municipalities, for example in Italy, food vouchers are reserved for nationals and long-term residents[5]. In the case of internally displaced persons, the suspension of United Nations resettlement programmes because of the pandemic is particularly distressing.

IRREGULAR MIGRANTS

While the pandemic has put economic activities on hold, violent conflicts have not stopped, continuing to generate flows of irregular migrants, especially as regular channels are closed. In addition to the factors already mentioned for refugees and displaced persons, irregular migrants take more risks and are more at risk of exploitation by networks of human smugglers.

(TEMPORARY) MIGRANT WORKERS

In 2017, there were approximately 164 million temporary migrant workers worldwide. Many are found in developed countries such as those in the Gulf. Precarious working conditions, living in overcrowded camps, poor hygienic conditions put them at risk of exposure to COVID-19. In addition, the economic crisis and increasing unemployment are forcing many to return home, adding to unemployment in their countries of origin. One of the real consequences of the loss of jobs and income caused, among other things, by the closure of businesses is the decrease in monetary transfers (a 20% drop according to the World Bank). We know the importance of these transfers (550 billion U.S. dollars in 2019 according to the World Bank) for many households in their countries of origin[6].

THE SPECIAL CASE OF MIGRANT CHILDREN

Migrant children are among the most vulnerable groups in the world. There are 13 million refugee children and 1 million asylum seekers. There are an estimated 3.7 million children living in refugee camps or collective centres. Unaccompanied children are a particularly vulnerable subgroup. In some cases, as we have seen in the United States, they are separated from their parents. In addition to the problems of insecurity, precarious living conditions and lack of access to health care, the deep psychological scars suffered by these children must not be underestimated.

THE HEALTH MODEL (HEALTH WORKERS)

In this third model, it is not so much restrictions on mobility ("R" factor in the first equation), nor inequalities ("I" factor in model 2) that act as intermediate factors, but rather the modalities of economic integration defined by the type of job held in the health system. The causal pathway can be expressed as follows:

$$C \rightarrow I \rightarrow H \rightarrow Im \quad (3)$$

Where:

C = COVID-19
M = Mode of Integration
H = Health care system
Im = Immigrant

The connection between migration and the health sector is well documented in the literature on brain drain. It appears that immigrants are over-represented in several professions related to the health care system, whether at the top of the hierarchy (doctors, nurses, pharmacists, nutritionists) or at the bottom of the ladder (attendants in health centres for the elderly, home care, maintenance work). In many countries, without health workers of foreign origin, health systems would not be able to function. For example, in the United States, 30% of doctors and 16% of nurses are foreign-born. The corresponding percentages are 20% and 16% for Germany; 33% and 22% for Great Britain; 47% and 32% for Switzerland; and 38% and 24% for Canada[7].

IMMIGRANTS IN A "PERIOD OF SHUTDOWN": THE CASE OF QUEBEC AND CANADA

In the area of human rights and international migration, Canada stands out from most other countries in the world, whether it be developing countries, where the majority of

5 Giammarinaro, Maria Grazia & Palumbo, Letizia (2020), "COVID-19 and inequalities: protecting the human rights of migrants in a time of pandemic", in *Journal Migration Policy Practice*, vol.X, no 2: 21-26.

6 Data from Ontario indicate a significant problem of contagion among temporary agricultural workers. According to a *Globe and Mail* article of June 28, 2020, there are more than 800 confirmed cases of COVID-19 among agricultural workers, mostly in the Windsor area. Three men from Mexico died as a result. The situation was deemed troubling enough that the Mexican government is demanding tougher protection measures for Mexican workers.

7 Ardittis, Solon & Laczko, Frank (2020), «Introduction – Migration policy in the age of immobility», in *Journal Migration Policy Practice*, vol.X, no 2: 27.

refugees and displaced persons are concentrated, or European Union countries, which are desperately trying to build an impassable fortress against migrants and asylum seekers[8], or Gulf countries, champions of keeping temporary workers in precarious conditions, or the United States, where detentions, deportations and hunting of irregulars are on the rise under the reign of Donald Trump.

The more favourable Canadian situation does not exempt us from asking some questions and raising some concerns. First, with respect to model 1, it is clear that the closure of the borders with the United States, and in particular the closure of Roxham Road, is not good news for asylum seekers. In an order-in-council dated March 26, the federal Government closed irregular border crossings, such as Roxham Road, under an agreement with the United States that provides for the removal of asylum-seekers who cross the border irregularly into Canada. The new decree of April 22 states that people who already have a family member in Canada, those who do not need a visa to enter the country, and those who have been charged with an offence for which the death penalty may be imposed, have the option of filing a refugee claim at one of Canada's border crossings. These are exceptions already tied to the Safe Third Country Agreement signed with the United States, which applied before the health crisis and border closures. The impact of these measures has been to reduce the flow of asylum seekers to almost zero.

Model 2 emphasizes the increased vulnerability of certain groups of migrants. It is too early to rule on the real impacts of confinement on immigrants in Canada and Quebec. However, we already know from the report of the Direction de la santé publique de Montréal that there is an increased risk of the virus spreading to the more disadvantaged neighbourhoods of Montréal (such as Montréal-North). As there are other poor neighbourhoods, we can expect higher infection and mortality rates than elsewhere in Montreal and the rest of Quebec. These neighbourhoods are also known to have a higher concentration of immigrants.

In addition to socio-economic precariousness, vulnerability for immigrant men and women also includes an important political dimension related to the ways in which the various categories of immigrants are treated. Although it is too early to assess the impacts of COVID-19 on immigrants, the following questions can still be raised:

- **permanent residents:** although in principle the government continues to process applications for permanent selection, we can certainly expect longer processing times. How much longer? We will have to wait and see.

- **foreign students:** there are currently close to 40,000 foreign students in Quebec. Given the prevarication around the Quebec Experience Program (PEQ), we can expect high levels of confusion and anxiety among students.

- **Migrants in detention:** As mentioned above, migrants in detention are among the most vulnerable groups with respect to the risk of contracting COVID-19. The impact of COVID-19 on this category of migrants is not yet known. On the other hand, there are some signs of concern coming from some detention centres, such as the one in Laval, where a hunger strike has been started by detainees fearing they may be contaminated by COVID-19.

- **Temporary workers:** on the Quebec Ministry of Immigration website, the following measures have been announced: (1) assistance programs for workers who lose income as a result of COVID-19; (2) the possibility for holders of open work permits to find new employment with any other employer; (3) the possibility to accumulate, on a non-continuous basis, the 12 months of full-time work experience required to be eligible for the Quebec Experience Program; (4) continued medical coverage by the RAMQ; (5) access to screening tests; (6) compliance by employers with the exceptional measures put in place by the Quebec government. Once again, it will be essential to evaluate the actual application of these measures. According to a report by Daphne Cameron (*La Presse*, June 24), cases of coronavirus among farm workers are not officially recorded, which will make evaluation very challenging[9].

- **Irregular immigrants:** the numbers are not known, but it is known that the inflow of irregular immigrants continues and that they are a particularly vulnerable group. This invisible immigrant group will be reluctant to show up for testing until they are assured that they will not be deported. As mentioned above, several countries have proceeded to regularize their status. Why not Canada and Quebec?

---

8 Piché, Victor (2014) "*Production/gestion de l'incertain: les populations migrantes face à un ordre mondial de plus en plus répressif*", in Vrancken Didier (dir.), (2014). *Penser l'incertain*, Presses de l'Université Laval, pp. 173-199.

9 Data from Ontario indicate a significant problem of contagion among temporary agricultural workers. According to a *Globe and Mail* article of June 28, 2020, there are more than 800 confirmed cases of COVID-19 among agricultural workers, mostly in the Windsor area. Three men from Mexico died as a result. The situation was deemed troubling enough that the Mexican government is demanding tougher protection measures for Mexican workers.

Finally, what about Model 3 (the health model) in Quebec? It is probably the best documented model at this time. According to a report by the Direction régionale de la santé publique de Montréal, health care workers are over-represented in hot zones in Montréal, such as Montréal-Nord. According to the report, about a quarter of the cases of infection in these areas involve health care workers. In fact, there is an over representation of health care workers almost everywhere on the island of Montreal.

We also know that immigrants, especially immigrant women, are over-represented among these health care workers, particularly as patient attendants in many CHSLCs. This is a route taken by many refugee claimants, a number of whom travelled Roxham Road in 2017-2018. There has been a great deal of sympathy and recognition in the media for these at-risk workers[10]. It is this context that led independent MNA Catherine Fournier to table a motion in the National Assembly on May 13, 2020. It reads as follows:

> "The work of asylum seekers employed as patient attendants in our CHSLDs in these times of pandemic must also be recognized.
>
> That the National Assembly recognize the contribution of hundreds of asylum seekers, mostly of Haitian origin, currently working as patient attendants in Quebec's CHSLDs.
>
> That the National Assembly ask the Canadian government to rapidly regularize their immigration status, in recognition of the work accomplished during the current crisis."

This motion, supported by the three opposition parties (PLQ, QS and the PQ), was rejected by the CAQ! Three days later (May 16), in response to a reporter at the daily press briefing, François Legault reiterated the CAQ's opposition to regularization.

On May 25, 2020, at the usual press briefing, the Legault government turned around and announced that there could be cases of regularization, but it would be on a "case-by-case" basis[11]. To be continued.

CONCLUSION

Although little is known about the impact of COVID-19 on migrant populations, it is reasonable to assume that these populations will be more affected than others by the current pandemic, given their greater vulnerability. Several countries have already set the tone. At this time of crisis, it would be appropriate to regularize the status of people currently without status. This is what Portugal has done by granting temporary residence permits to all migrants and asylum seekers, with full access to health care and social services. Or Spain, which has released immigrants in detention; or Ireland, which has made unemployment insurance available to everyone, regardless of legal status; or Malaysia, by guaranteeing not to arrest or detain people who come forward for testing; or Peru, by providing hygiene kits, virtual psychological support and financial assistance to the children of asylum seekers.

In the case of Canada and Quebec, it will be necessary to wait before assessing how the measures set out on paper have actually been applied in the field. In the meantime, economic measures to support the "victims" of confinement must take into account the specific situation of the most vulnerable groups of migrants. In this sense, one would have expected a little more empathy from the CAQ when voting on the motion to recognize health care workers in CHSLDs, many of whom are immigrants and asylum seekers. Similarly, asking the federal government to regularize their status would have been a step in the right direction.

One last point on immigration thresholds. For the past few weeks, Quebec Premier François Legault has been complaining about the lack of manpower in the health network. However, there are four important levers that could help meet certain labour needs: (1) regularizing the status of asylum seekers, as suggested above; (2) removing the institutional barriers that prevent many immigrants from practicing their profession, particularly in the health field; (3) increasing temporary immigration, with opportunities for professional mobility (no longer dependent on a single employer) and access to permanent residence; and (4) increasing the thresholds for permanent immigration.

---

10 See among others: "*Pour des motifs humanitaires*", Yves Boisvert, *La Presse+*, April 29, 2020; "*La filière Roxham*", Agnes Gruda, *La Presse+*, May 2, 2020; "*S'en souvenir-t-on?*" Rima Elkoury, *La Presse+*, May 3, 2020. On May 21, immigration lawyers call for the regularization of the status of *essential* workers. A demonstration in favour of permanent residence for asylum seekers took place in Montreal on May 23, 2020. Finally, on May 24, Fabrice Vil, on *Tout le monde en parle*, expressed his anger at the CAQ's position.

11 The movement of sympathy for regularization may be thought to have played a significant role in changing the government's position.

IMPACT OF COVID-19 ON NEWCOMERS

SOCIO-ECONOMIC CONCERNS AND EXPERIENCES OF IMMIGRANTS DURING COVID-19

Jane Badets served as Canada's Assistant Chief Statistician, Social, Health and Labour Field, where she had responsibility for a broad range of social statistics including health, justice, education, labour, income, immigration, Indigenous peoples, population estimates and demography. She was also responsible for Statistics Canada's microdata access program, including its Research Data Centres. Now retired, Ms. Badets previously held a number of other senior positions at Statistics Canada, including responsibility for the Education, Labour and Income Statistics Branch, and for the Census Subject Matter, Social and Demographic Branch. Throughout her career, Ms. Badets worked on various Censuses of Population. She oversaw the content and analysis of the 2016 Census. Ms. Badets has authored several articles and publications on immigration and ethnicity. She holds two graduate degrees, including a Master's in Public Administration. Her undergraduate degree was in political science and economics.

There seems little doubt that COVID-19 and the resulting public health measures put in place by governments have had a disproportionate impact on certain populations. Those more vulnerable to labour market changes – especially those with lower paying service sector jobs or living in low-income or crowded housing conditions – are more likely to be adversely affected by the crisis. Immigrants, especially newcomers, often face such situations. They are among those who are least capable of tolerating a large income loss and/or more likely to see prolonged levels of unemployment. There is concern that the conditions of the pandemic may adversely obstruct the path to integration in Canada.

What, however, do we really know about the socio-economic impacts of COVID-19 on the immigrant population in Canada? Several new data sources have emerged since March that help illuminate their situation, concerns and experiences during the pandemic. There is also the monthly Labour Force Survey that tracks their labour market experiences. Pulling together these diverse sources, this article will examine the concerns of immigrants in Canada, and their labour market situation to date.

GREATER CONCERNS FOR CATCHING THE VIRUS

Statistics Canada conducted a web-panel, Canadian Perspective Survey: Impacts of COVID-19, March 29 – April 3, 2020. This rich dataset provides insights into the early concerns of immigrants in Canada.[1]

Compared with Canadian-born individuals, immigrants reported greater concerns about the health impacts of

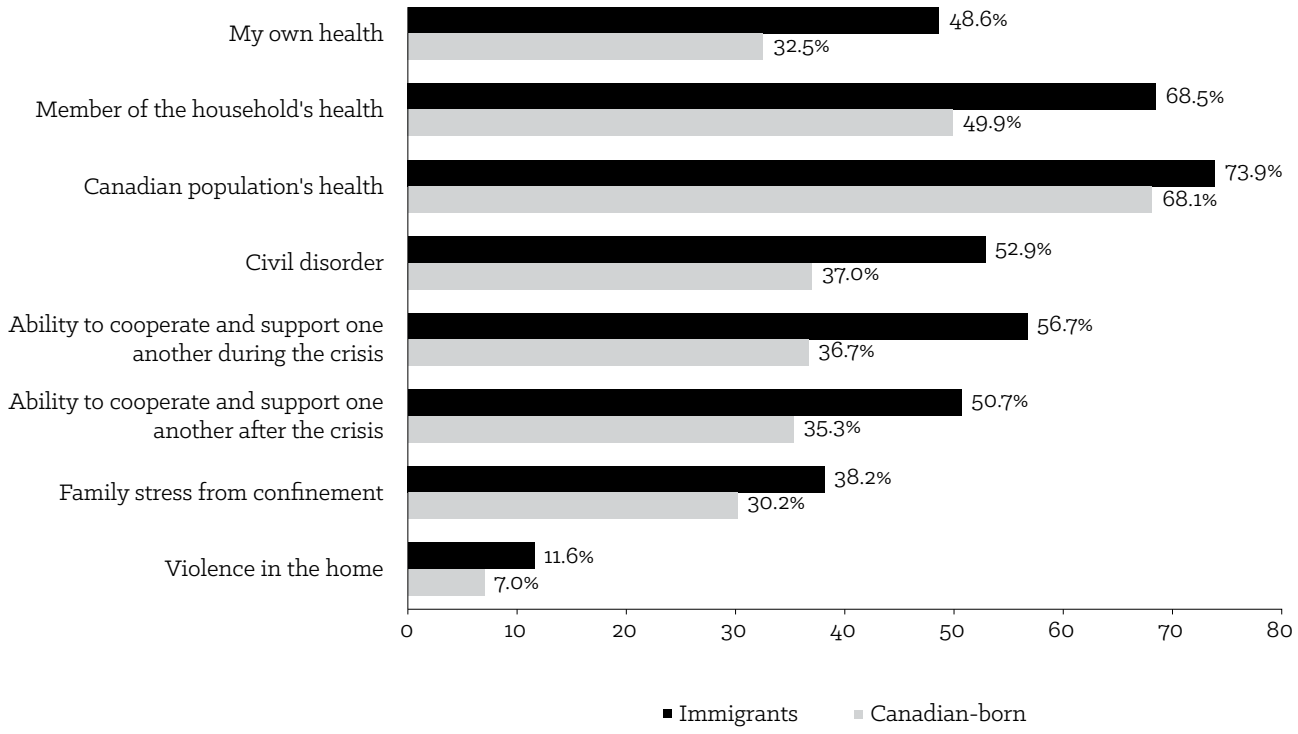
1 Statistics Canada, "Canadian Perspectives Survey Series: Impacts of COVID-19 on Immigrants", conducted between March 29-April 3, 2020, based on Labour Force Survey rotates-outs. More than 4,600 respondents in the 10 provinces participated in this web-based survey, including 357 immigrant men and 366 immigrant women. All differences in this analysis between immigrants and Canadian-born individuals are significant at the 5% level ($p<0.05$).

COVID-19 – whether their own health, that of household members, or Canadians in general. Nearly half of the immigrants surveyed (48.6%) were *very* or *extremely* concerned about the possible impacts of COVID-19 on their own health, compared with one-third of Canadian-born (32.5%). These worries increase when asked about the impacts of COVID-19 on the health of other household members: 68.5% of immigrants were very or extremely concerned, compared with 49.9% of the Canadian-born.

MAIN SOCIAL CONCERNS

Immigrants reported higher levels of concern (very or extremely), compared to the Canadian-born population, on a range of social impacts of the pandemic. For example, 52.9% of immigrants were concerned about social disorder, in contrast to 37% of Canadian-born. Over half of immigrants (56.7%) were very or extremely concerned about the ability to cooperate and support one another during the pandemic, compared with about one-third of Canadian-born (36.7%).

GRAPHIC 1: PERCENTAGE VERY OR EXTREMELY CONCERNED ABOUT SELECTED SOCIAL IMPACTS OF COVID-19



Source: Statistics Canada, Canadian Perspectives Survey Series, March and April 2020.

Nearly 40% of immigrants also expressed worry about family stress during confinement, compared with 30% Canadian-born. Moreover, immigrants were about twice as likely as Canadian-born to be worried about the potential for violence in the home. These higher levels of concern among immigrants remained even when other factors were taken into account.[2]

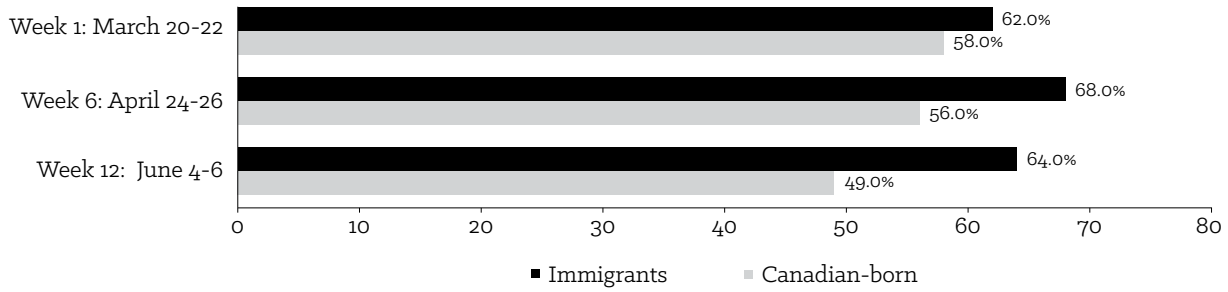
IMMIGRANT CONCERNS REMAIN HIGH

Immigrants continue to report higher rates of concern over COVID-19 since the onset of the pandemic. A weekly survey conducted by the Association for Canadian Studies, the Vanier Institute of the Family and Leger found that 64% of immigrants were personally afraid of contracting COVID-19 (as of

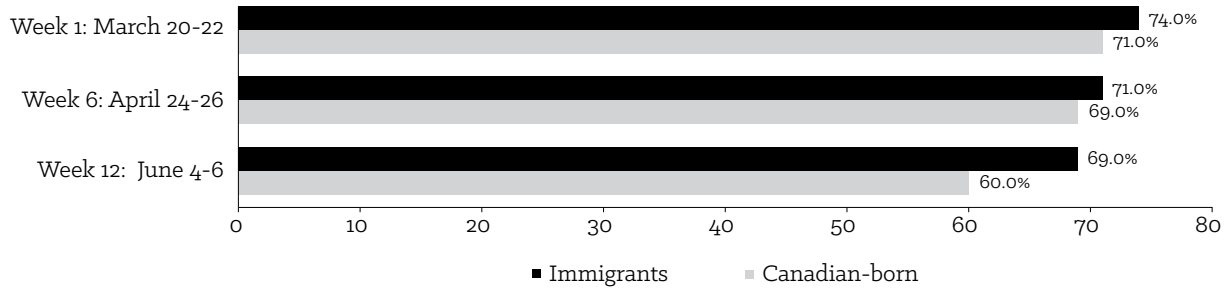
2 M. Turcotte and D. Hango, "Impact of economic consequences of COVID-19 on Canadians' social concerns", Statistics Canada, May 2020, catalogue no. 45280001.

June 4-6), compared with 49% of Canadian-born.[3] This worry was higher among immigrant women (63%). Concern for family members contracting the virus also remained higher: 69% of immigrants in contrast with 60% of Canadian-born. Again, immigrant women were more fearful, at 75%. Overall, fear of getting the virus has declined more for the Canadian-born than for immigrants.

GRAPHIC 2: PERCENTAGE OF PEOPLE WHO ARE PERSONALLY AFRAID OF CONTRACTING COVID-19



GRAPHIC 3: PERCENTAGE OF PEOPLE WHO ARE AFRAID OF FAMILY MEMBER CONTRACTING COVID-19



Source: Weekly surveys on COVID-19 Impacts, Association of Canadian Studies in collaboration with Leger, 2020.

It is clear, therefore, that there exists a fair level of anxiety among the immigrant population about the potential impacts of COVID-19 both at the onset and during the pandemic.

FINANCIAL IMPACTS

Historically, immigrants – especially recent arrivals and refugees – have been more vulnerable to economic downturns. The pandemic and economic downturn is proving to be no different, and may in fact have exacerbated the situation for immigrants, considering existing vulnerabilities:

Immigrants were more likely to report that there would be a major impact on their ability to meet financial obligations or essential needs (19.7%), and were less likely to say that it would have no impact (24.8%), than were the Canadian-born population (11.6% and 33.8% respectively).[4]

Recent analysis by the Vanier Institute of the Family demonstrates that the financial concerns of immigrants

3 This weekly survey conducted since March included 1,500 individuals aged 18 and older based on computer-assisted web-interviewing technology. All samples, with the exception of those from March 10-13 and April 24-26, also included booster samples of approximately 500 immigrants. Survey results were weighted using selected 2016 Census results. No margin of error can be associated with a non-probability sample (web panel in this case.) However, for comparative purposes, a probability sample of 1,512 respondents would have a margin of error of +/-2.52%, 19 times out of 20.

4 S. LaRochelle-Côté and S.Uppal, "The social and economic concerns of immigrants during the COVID-19 pandemic", Statistics Canada, May 1, 2020, Catalogue no. 4528001.

have not abated during the course of the pandemic. Over a six-week period, immigrants reported a consistently higher level of concern about meeting their financial obligations – including paying bills, rent or mortgage – than those born[5] in Canada.

LABOUR MARKET IMPACTS

The monthly Labour Force Survey (LFS) provides a rich source to chronicle and assess the labour market situation of recent immigrants both before and since the COVID-19 situation began. Recent results from the May LFS suggest that not only has there have been no rebounds in employment for recent immigrants, but signs are that the labour market is worsening for them during the crisis. It remains to be seen if their labour market situation rebounds as sectors of the economy start to gradually re-open. It is not yet known whether the adverse impacts of the pandemic will hurt the medium- to longer-term integration of recent arrivals, and whether certain immigrants such as refugees will be particularly affected.

EMPLOYMENT SHOWING NO REBOUND

Employment was little changed in May for recent immigrants (five years or less), with employment being 20% below the January level (not seasonally adjusted).[6] Immigrants of more than five years have fared better, with their employment down by 15.3% compared with January, more in line with the Canadian-born population (-9.6% from January to May).

INCREASING RATES OF UNEMPLOYMENT

Since January 2020, unemployment has been increasing for recent core-age immigrants (aged 25-54), suggesting a worsening labour market for newcomers during the pandemic.

In May, the unemployment rate was 15.3% for recent core-age immigrants, up from 10.1% in January 2020.[7] Rates for core-age Canadian-born workers also increased during these months, but not at the same degree of increase.

Immigrant women are experiencing an especially difficult time: a 20.4% unemployment rate in May (up from 12.7% in January). This was more than double the May rate for Canadian-born women (8.1%), and higher than for recent immigrant men (11.0%). While it is not new that recent immigrants have higher unemployment rates than the Canadian-born, the rate of declines in the labour force is particularly marked for recent immigrant women. Usually, higher levels of education mean better labour outcomes for immigrant women. But during the pandemic, recent immigrant women – no matter what their level of education – are experiencing higher rates of unemployment than recent immigrant men and Canadian-born women.

REGIONS OF ORIGIN

Recent core-aged immigrants experienced double-digit unemployment rates no matter their region of origin, the exception being recent immigrant men from Latin America. Recent immigrant women from Latin America and Africa had the highest rates of unemployment (22.3% and 22.2% respectively), but recent immigrant women from Europe (20.3%) and Asia (19.8%) also had higher rates than core-age Canadian-born women (8.1%).

MONTREAL HAS HIGHEST UNEMPLOYMENT FOR NEWCOMERS

The census metropolitan area of Montreal has had some of the highest rates of COVID-19 infections and deaths, compared to other regions of Canada. Recent core-age immigrants in Montreal are also experiencing disproportionate labour market impacts as a consequence of the pandemic. In May 2020, recent core-age immigrants in Montreal had an unemployment rate of 18.9%, up from 12.7% in January 2020 (+6.2%). This May rate was nearly double that of their Canadian-born counterparts (10.0%) in Montreal, and higher than the rate for recent immigrants living in Toronto (15.3%) and Vancouver (10.5%).

Unemployment rates increased generally for all recent immigrants since January 2020. This suggests that, regardless of region of origin or level of education, the economic and financial impacts of the pandemic have worsened the precarious

5 L. Martin, "Families New to Canada and Financial Well-being During Pandemic", Vanier Institute of the Family, May 21, 2020.

6 Statistics Canada, The Daily – Labour Force Survey (LFS), May 2020. The LFS estimates for May are for the week of May 10-16. The LFS estimates are based on a sample and therefore subject to sampling variability. As a result, monthly estimates will show more variability than trends over time. Data cited for immigrants are not adjusted for seasonality. For the unemployment data cited, they are also based on a three-month average.

7 The unemployment rate is the number of unemployed people as a percentage of the labour force (employed and unemployed).

situation of recent immigrants in Canada. The key question going forward is: how will newcomers fare during recovery, and what additional supports they may need to bolster full integration into the Canadian labour market and society.

TABLE 1: UNEMPLOYMENT RATES FOR RECENT IMMIGRANTS AND CANADIAN-BORN, AGED 25-54 YEARS, CANADA AND SELECTED CENSUS METROPOLITAN AREAS

	Recent Immigrants		Canadian-born	
	January 2020	May 2020	January 2020	May 2020
Canada	10.1%	15.3%	4.2%	9.1%
Montreal	12.7%	18.9%	3.8%	10.0%
Toronto	8.8%	15.3%	3.7%	8.1%
Vancouver	9.3%	10.5%	3.8%	6.7%

Note: Recent immigrants refer to landed immigrants 5 years or less in Canada.

Source: Statistics Canada, table 14-10-0082-01 Labour force characteristics by immigrant status, three-month moving average, unadjusted for seasonality.

AN INCOMPLETE PICTURE - CALL FOR DATA

The immigrant population in Canada represents 22% of the Canadian population, the proportion higher in areas such as Montreal, Toronto and Vancouver.[8] Currently, Canada welcomes around 300,000 immigrants annually. Looking to the future, immigration will be the main source of population growth in Canada.[9] The successful integration of immigrants into Canadian society and the economy – even during periods of economic downturn – is essential for Canada's success.

The COVID-19 crisis in Canada has revealed significant data gaps in regard to the its socio-economic impacts and the way it is affecting the health of vulnerable populations, including immigrants. Many are calling for the need for "race-based," disaggregated health and other data.

Data will also be needed to monitor the outcomes among recent immigrants as the pandemic continues and the economy starts to reopen. Will the COVID-19 situation ultimately damage immigrants' economic prospects in Canada? Detailed socio-economic and health data on immigrants, along with racially disaggregated data, will allow governments to tailor their potential solutions and provide outreach and supports for these populations. What is clear so far is that immigrants are being obliged to cope with the inequitable effects of the pandemic – so their concerns and worries remain high.

REFERENCES

Holley, Paul (2020). " COVID-19 Advanced analysis of weekly survey results" (presentations), Association of Canadian Studies in collaboration with Leger, COVID-19 Social Impacts Network.

Lachance, Marc (2020). "COVID-19 and Immigration in Canada: New evidence" (presentation) Statistics Canada.

LaRochelle-Côté, Sébastien and Sharanjit Uppal (2020). "The social and economic concerns of immigrants during the COVID-19 pandemic", Statistics Canada.

Martin, Laetitia (2020). "Families New to Canada and Financial Well-being During Pandemic". Vanier Institute of the Family.

Statistics Canada (2020). *The Daily*, Labour Force Survey, May 2020.

Turcotte, Martin and Darcy Hango (2020). "Impact of economic consequences of COVID-19 on Canadians' social concerns", Statistics Canada.

8 Data from the 2016 Census of Population.

9 Immigration as the key component of population growth will be especially important if fertility declines as a consequence of the COVID-19 situation.

THE IMPACT OF COVID-19 ON THE EVOLUTION OF (RE)SETTLEMENT IN CANADA

John Biles is Acting Director of Integration Programs in the Prairie and Northern Territories Region for Immigration, Refugees and Citizenship Canada.

CONTEXT

Canada has one of the most studied models of refugee resettlement and newcomer settlement in the world. It is often held up as an example of the *art of the possible* – when the integration of newcomers is considered a societal endeavour and significant support is dedicated to this complex and evolving process.

This system is in continual flux as adjustments are made in deciding who is coming to Canada, what assets they bring with them, what (re)settlement challenges they may face, where they settle, and how receptive communities are to the contributions those newcomers can make to their communities and to Canada.

Interestingly, just as the impact of COVID-19 was being felt across Canada and staggered lockdowns were implemented, there were a number of major changes underway to the eco-system that underpins these two programs.

The most urgent was the active negotiations for contribution agreements for all resettlement and settlement agencies for the next five-year funding cycle that needed to be completed before March 31, 2020. The absence of valid agreements for these services would have posed an existential threat for the majority of the funded organizations across the country. IRCC quickly realized that negotiations were far enough advanced that concluding negotiations for new agreements would be significantly faster and provide greater stability for service providers than seeking a one year extension to existing agreements. The service providers, the IRCC regional teams, and the system enablers in IRCC headquarters put their shoulders to the wheel and got all agreements for ongoing services in place before the March 31st deadline. This achievement cannot be discounted as it offered service provider organizations fiscal stability for the coming five years – a stability that has already been critical to being able to adjust programming to meet challenges posed by COVID-19.

Simultaneously, IRCC and its partners had been engaged for the last few years in a recalibration of processes to balance accountability requirements and administrative efficiency. This exercise – termed "Program Reset" – is the next step[1] in

1 The previous exercise was the "Modernized Approach to Immigrant Settlement" which resulted, amongst other things in the collapsing of multiple small programs into one generic settlement program, the replacement of annual, local calls for proposals in every community, with a tri-annual national call for proposals, and more active engagement with the settlement sector in system evolution discussions. Eric Neudorf (2016) "Key Informant Perspectives on the Government of Canada's Modernized Approach to Immigrant Settlement". *Canadian Ethnic Studies* 48(3):91-108.

the constant need to balance efficiency in delivering funds and services aimed at obtaining outcomes for newcomers, with the accountability required for nearly $1B in public funds. This work aligns well with sector calls for the flexibility that is required in our unprecedented times.

Moreover, the evolution of the governance guiding settlement across the country has been evolving. This has included extensive work on co-planning between IRCC and its federal, provincial and territorial counterparts, engagement with a wider range of federally-funded settlement partners, and the implementation of joint projects and collaborations where possible in this eco-system of players that is integral to the success of Canada's approach to settlement. Concretely, the membership of the National Settlement and Integration Council began to expand to include provincial and territorial governments, other federal departments and agencies, a wider range of organizations that included francophone organizations, Immigrant Employment Councils, Local Immigration Partnerships, and service providers that deliver pre-arrival services overseas. Each of these expansions has resulted in a wider range of perspectives brought to a table originally designed to create a dialogue space between Citizenship and Immigration Canada (now IRCC) and the not-for-profit organizations contracted to deliver settlement services. In addition, the geographic balance at this table has begun to adjust to reflect the current (re)settlement patterns of refugees and immigrants across the country – both the Atlantic and the Prairies saw exponential growth in arrivals in the early years of the 21st century and required more representation in this critical governance structure. These changes too are essential to the effective COVID-19 responses that have been developed and implemented across the country as described below.

RESPOND

One of the great strengths of the Canadian approach to (re)settlement is the flexibility that is possible with a vast eco-system of partners. Operation Syrian Refugee was the most recent large-scale manifestation of how this eco-system can respond quickly and efficiently to challenges.

OPEN MULTI-TIERED COMMUNICATIONS

A key component of how this capacity can be harnessed is shown by the open lines of communication at multiple levels. In addition, the recognition that there is no monopoly on good ideas and that best practices need to be identified quickly, shared widely, and adopted where appropriate without regard to origins, have been key to making these communications channels work effectively and inform the response to COVID-19. Helpfully, the level of competitiveness amongst organizations seeking additional resources was also at a low point, since nearly all available resources had just been negotiated into new five-year agreements beginning April 1, 2020.

Multiple levels of open communication served the country well during Operation Syrian Refugee and it has worked to great effect here too. The Minister held a series of calls with the leadership of the settlement sector umbrella organizations across the country, as well as with the sector co-Chair of the National Settlement and Integration Council. The National Settlement and Integration Council has met on a number of occasions to discuss how to respond to COVID-19 initially and how to adapt to *the new normal*. A national working group on the impact of COVID-19 on the resettlement assistance program was implemented with co-chairs from the department and the sector meeting from April to June. This group resulted in a request for personal protective equipment for resettlement assistance program providers who were serving Government Assisted Refugees during their stay in temporary accommodations. A partnership between IRCC and the Public Health Agency of Canada has resulted in a six month supply to support this work that, by its very nature, requires face-to-face contact for extended periods of time.

Each region has also developed a strategy tailored to their jurisdiction(s) in order to maintain alignment among partners, implement national approaches, highlight challenges and best practices, and to develop solutions. These, in turn, have informed the development of national level discussions. Each region has a different approach tailored to existing practices, but all included outreach from IRCC officers to individual agencies and larger group-based discussions. For example, in the Prairies and Northern Territories Region we sought monthly calls with all funded organizations and our provincial counterparts in all three provinces. In addition, we have held thematic calls with organizations across the region delivering similar services. These calls have included case management, crisis/short-term counselling, settlement workers in schools, services for francophone newcomers, employment-related services, resettlement assistance programs (RAP), volunteer programs, and summer youth programing. Owing to the sheer number of providers, we also held separate jurisdictional calls with all language providers. These calls provided opportunities for sharing tools and experiences, learning from one another, and identifying challenges as well as areas where flexibility in funding agreements would be beneficial. These have either been addressed regionally or have been raised to the national level for discussion. A key example of this is the desire to have briefings for settlement agency staff on how newcomers can access emergency benefits. The idea was first raised by the Manitoba Association of Newcomer-Serving Organizations, but was repeated elsewhere across the country. This led IRCC to partner with Service Canada, the Canadian Revenue Agency, and settlement umbrella organizations, to hold national webinars in both official languages for thousands of settlement counsellors,

thus facilitating newcomer access to these supports.

The regular and ongoing communication between IRCC settlement officers and providers has continued, and a national mailbox for COVID-19-related questions has been established to triage questions and provide timely answers to exceptional circumstances SPOs may face. To date that mailbox has received over 160 questions. Key information for service providers has also been posted on-line.[2]

While provincial and territorial government partners are invited to the regional and National Settlement and Integration Council calls, they have also engaged in weekly calls at the Assistant Deputy Minister level, and through regular calls of the FPT Settlement Working Group and the FPT language forum. These have been essential to maintaining the program alignment described above. In particular, language assessment is co-funded in many jurisdictions and before rolling out flexible arrangements to deliver assessments remotely, the department consulted with its provincial and territorial partners.

FLEXIBILITY

The settlement eco-system responded to the onset of lockdowns across the country with great flexibility. IRCC supported a move to remote delivery for all but critical services (RAP, crisis counselling, and case management) and a willingness to allow flexibility within the new agreements to address the new environment. The financial stability that the department provided so providers could maintain their cadres of experienced staff, as well as approval for wage top-ups for critical workers delivering face-to-face services[3] was welcomed by the sector and facilitated continuity in service delivery. In some instances staff were re-tasked within organizations away from programs that cannot operate in a remote environment, and towards pressures in other areas of client need.

With very few exceptions agencies were able to convert to remote delivery of many services in a matter of weeks and, in some cases, days. This necessitated great flexibility on behalf of the settlement workers, the clients, and the department to facilitate significant transformations. Wonderful examples of partnerships emerged like the lending of tablets by the Calgary Public Library System to settlement agencies to allow clients without access to electronic devices to access services. The United Way in Calgary also partnered with private sector company Ructify to source additional tablets and laptops to lend or rent for minimal cost to settlement agencies assisting clients to access the wide range of services (including school) now available only on-line.

Naturally some system changes were also required to add flexibility to the system. Most notably in the area of language assessment, the first step had been in-person assessment. A number of options were introduced to ensure that recently arrived newcomers could have quick assessment and access to language classes. Language providers have also adapted to address client needs – from literacy to advanced language levels – and have reported increased availability of learners during the lockdowns. They developed local solutions and often shared what worked and what didn't locally, as well as drawing on Ontario-based resources such as Tutela (an inventory of curriculum materials) and LearnIT2Teach (professional development that helps language instructors incorporate technology into their pedagogy).[4]

Other system innovations have also recently come on stream with the new contribution agreements. Across the country SPOs have conducted "welfare checks" on current clients, but expressed concern about many newcomers who are unaware of or do not know how to access settlement services. An example of an innovation to address this need is the online "Welcome to Alberta" app introduced by Immigrant Services Calgary[5] which hundreds of newcomers have used to access the settlement service system for the first time. It allows newcomers to have a high level needs assessment and refers them directly to agencies with both the required specialized services in proximity to where the newcomers live.

The department has also sought to lighten the administrative burden on providers (while balancing the need for accountability of public funds) by delaying the reporting deadline, which allows SPOs to focus on immediate needs and adaptation of service delivery.

FLARE UPS

Newcomers are overrepresented in many of the critical services that have been most evident during the lockdown. This includes those working in close proximity to hundreds of others in places like the two large meatpacking plants in

2 Key information is posted at www.canada.ca/en/immigration-refugees-citizenship/services/coronavirus-COVID19/settlement-resettlement-providers.html.

3 Providing this flexibility to settlement agencies delivering critical face-to-face services aligned with options for other critical workers in communities across the country who took on elevated personal risk to deliver in-person services.

4 https://tutela.ca/PublicHomePage and https://learnit2teach.ca/wpnew.

5 www.settlementcalgary.com

High River, and Brooks Alberta, and more recently on farms in Southwestern Ontario.

In these instances under the leadership of Calgary Catholic Immigration Society, which provides services across Southern Alberta, a partnership with multiple service providers was able to work with stakeholders in both communities – including the major employers, health systems, and three levels of government – to quickly reach out to thousands of newcomers in many languages to ensure that information on staying safe was understood, and assess needs and deliver services. IRCC and the provincial government worked together with the sector to ensure enough flexibility in existing agreements to address eligible services, and a coalition of local funders – including the United Way and Community Foundation – provided resourcing for ineligible costs, such as ensuring food security and providing separate accommodations to facilitate quarantining impacted newcomers.

The experiences, best practices, and lessons learned from these challenging circumstances have been widely shared with other providers and communities across the country that have or might face similar circumstances.

RECOVER

At the time of writing this article (June 2020) I am reminded of Winston Churchill's famous dictum: "Now this is not the end. It is not even the beginning of the end. But it is, perhaps, the end of the beginning." We all fervently hope that we are at the onset of the recovery, as lockdowns are lifted across the country.

IRCC provided a letter to all funded organizations indicating that service providers need to align their re-openings with local public health official advice, and that they are strongly encouraged to maintain remote delivery wherever practical, while emphasizing the opening of face-to-face services (with precautions to maintain health of staff and clients) for the most vulnerable who were least able to benefit from the remote delivery of services. For example, while language providers made herculean efforts to assist literacy clients, this was less successful in general than for clients with higher literacy.

Settlement Workers in Schools (SWIS) was another programming area that was very much in need by newcomers, all of whom suddenly had to navigate the many on-line and virtual delivery modes of school boards and divisions across the country. This was challenging enough as it is for all parents and students, but was even more daunting for new arrivals to Canada, who had less familiarity with the Canadian education system, variable access to technology, and, in many cases, limited proficiency in official languages. In some jurisdictions the K-12 system has reopened in full or in part and key lessons are being learned about how education and SWIS programming will need to adapt in the autumn when it is anticipated that most systems will return to some form of in-person schooling. We are very fortunate that an evaluation is now being done on this aspect of programming, and we are hoping that some of the lessons learned will be picked up in that work and inform discussions on the future evolution of this programming.

Employment is another key area. While millions have been laid off or furloughed across Canada, many employers delivering critical services have been hiring thousands of new employees. SPOs delivering employment-related services have been working with newcomers to prepare them to avail themselves of these opportunities in a safe manner. In addition, SPOs have been working on how to help newcomers hone new skills during this period and how to engage employers to ensure that newcomers are rehired as companies re-open. This latter point is particularly important given the unfortunate examples of racism and xenophobia that have occurred across Canada.

There are, of course, many more examples of how settlement service providers are planning for the resumption of services. In the interests of space I will not go into them here, but IRCC has received dozens of resumption plans from SPOs and are responding to requests for required flexibility to resume delivery of priority face-to-face services as quickly as possible while maintaining safety of staff and clients.

Resettlement service providers have also been engaged by the department in a weekly capacity survey to allow for planning for the resumption of arrivals of government-assisted refugees once international flights become more readily available and as communities have adequate capacity. Balancing arrivals with capacity vis-à-vis resettlement service providers who are tackling public health quarantine restrictions will require unprecedented system coherence and reliable capacity data before IRCC's international partners arrange travel for refugees.

THRIVE

Many innovations have been introduced during the initial response and many more are underway during the recovery. However, to really capitalize on these the (re)settlement ecosystem will need to be fully committed to an assessment of how these innovations were perceived by clients and impacted their outcomes. There is no doubt that the usual pace of change of the (re)settlement systems will only accelerate as a result of what has been learned from this public health crisis.

First and foremost, while xenophobia and racism exist in any

society, they are more likely to rear their heads at moments of crisis. This was the case with 9/11 and again during the SARS outbreak. Unfortunately, it has also been the case during COVID-19. Work had already begun by some organizations including the Immigration Partnership Winnipeg to inoculate communities against the pernicious influences of xenophobia and racism even prior to the death of George Floyd, which has focused new global attention on racism. These kinds of anti-racism campaigns are vital to Canada and Canadian communities thriving in the future.[6] (Re)settlement of newcomers to Canada only works when Canadians and Canadian communities are actively and productively engaged.

Engaging Canadians in (re)settlement has always been an integral part of the Canadian approach, from the privately sponsored refugee program[7], to the former HOST program[8], and the contemporary Canada Connects Program[9]. However, the pool of Canadians interested in assisting exceeds the capacity of the settlement agencies to manage effectively. This has only been magnified during COVID-19, when many of the volunteers who are older are less able to engage, for fear of negative health consequences. Nevertheless, some agencies have found innovative ways to use more volunteers for one-on-one language practice through various electronic platforms; to use multilingual volunteers to assist with interpretation; and in the case of the Regina Open Door Society, develop an on-line self-paced orientation and training package for potential volunteers.

It is most likely in the area of technology use where the major advances are likely to be found. Many providers have described the potential to achieve economies of scale for professional development or for delivering information. In addition, allowing clients to access services remotely has increased availability for service access, like attending language classes. While a mixture of in-person and remote services seems inevitable (particularly for multi-barriered clients who struggle to utilize technology), in the future agencies may wish to invest proportionately more in highly-skilled staff and proportionately less in renting space which is typically the second greatest expense for settlement providers. These efficiencies could open the doors to providing a greater array of services to even more newcomers.

Such a shift will be essential if the settlement system wishes to shift from mostly reactive services – where only 30-40% of newcomers avail themselves of eligible services[10] – to a system that makes a proactive offer of services to newcomers. A more proactive approach would ensure that settlement resources are tailored to the needs identified by the totality of potential clients and not just those that are fortunate enough to become aware of services during their first years in Canada.

Finally, the need to engage a host of broader societal systems cannot be stressed enough. Ensuring efficient linkages between the settlement system and other federal and provincial systems such as education, health, social services, and labour market services has never been more vital. To paraphrase another former leader during unprecedented times of crisis, a useful way to capture this change is, "settlement if necessary, but not necessarily settlement." We need to ensure that we target limited settlement resources to those aspects of settlement that cannot be effectively managed by broader societal systems designed to serve all residents of Canada. As the Canadian population continues to diversify, these systems must become increasingly capable of serving all of their clients, patients, customers, residents, or students regardless of where they were born. During COVID-19 we have seen some encouraging signs that this is increasingly the case, but changing society is, of necessity, always a work in progress. We will continue to thrive as a society if we continue to see (re)settlement as a societal endeavour rather than the purview of any specific sector, department or program.

---

6 www.ipwinnipeg.org

7 www.canada.ca/en/immigration-refugees-citizenship/services/refugees/help-outside-canada/private-sponsorship-program/refugees-information.html

8 www.canada.ca/en/immigration-refugees-citizenship/corporate/reports-statistics/evaluations/host-program.html

9 www.canada.ca/en/immigration-refugees-citizenship/campaigns/canada-connects.html

10 According to the most recent evaluation of the IRCC settlement program, just 39% of eligible adults accessed at least one settlement service. The complete evaluation can be found at www.canada.ca/en/immigration-refugees-citizenship/corporate/reports-statistics/evaluations/settlement-program.html#1-2-2.

DISPROPORTIONATE IMPACT: STRUCTURAL PROBLEMS AND SOLUTIONS

SUPPORTING IMMIGRANT AND NEWCOMER ENTREPRENEURS IN CANADA DURING THE COVID-19 PANDEMIC

Wendy Cukier, MA, MBA, PhD, DU (HC), LLD (HC), MSC, is one of Canada's leading experts in disruptive technologies, innovation processes and diversity. She is the Founder of Ryerson University's Diversity Institute, leading numerous projects aimed at promoting the participation and advancement of underrepresented groups, including women, racialized people and Indigenous peoples. Dr. Cukier has assisted organizations in becoming more inclusive through innovative programs such as DiversityLeads funded by the Social Sciences and Humanities Research Council, which tracks the progress, impediments and evidenced-based strategies for promoting diversity in organizations.

Miki Itano-Boase holds a PhD in Social Work from Kwansei Gakuin University in Japan. Her research interests include social policy and program evaluation, with a focus on immigrant families, and child and youth well-being.

Akalya Atputharajah is a PhD Candidate in International Development and Global Studies at the University of Ottawa, and holds a Masters in Immigration and Settlement Studies from Ryerson University. Her research has focused on migration, refugees, diaspora and international development.

INTRODUCTION

COVID-19 has affected all Canadians, but some far more than others. Women, immigrants, racialized people, Indigenous peoples, persons with disabilities, and people in remote areas are more negatively affected by the physical, psychological, and social impacts of the virus, as well as the economic havoc that has brought with it. While small and medium enterprises (SMEs) and self-employed entrepreneurs face catastrophic challenges (e.g. layoffs and closures), immigrant and racialized entrepreneurs face an even greater burden due to structural inequality, discrimination, and access to supports. Furthermore, the effects on women immigrants and racialized entrepreneurs are greatly compounded by the closure of schools and day-cares, the burden of unpaid work, and lack of access to basic infrastructure.

IMMIGRANT ENTREPRENEURS

The contributions of immigrants to entrepreneurship and innovation are well documented worldwide. For instance,

52% of startups in Silicon Valley were founded by immigrants (Becker & Lee LLP, n.d.). Immigrants to Canada, regardless of the class under which they entered, are more likely to be entrepreneurs than those born in Canada. For example, in 2018, 251,600 newcomers were entrepreneurs in Canada (Bouchard & Bédard-Maltais, 2019). Some are driven by necessity and exclusion from traditional employment; others are entrepreneurs by choice. In fact, research shows that many immigrants would choose entrepreneurship over traditional employment (Bauder, 2003; Hou & Wang, 2011; Dimitratos et al., 2016). There is even evidence that indicates that immigrant entrepreneurs are better educated, and more likely to innovate and to export (Public Policy Forum, 2019).

Businesses owned by immigrants have certain structural characteristics: they tend to be smaller than those owned by Canadian-born entrepreneurs, and long-term immigrants are more likely to be self-employed than those who are Canadian-born (10.8% vs. 7.5% Statistics Canada, 2018). Moreover, immigrant entrepreneurs are less likely to be connected to mainstream organizations (e.g. the Canadian Chamber of Commerce, Entrepreneurs' Organization, and Futurpreneur Canada) and financial institutions that are stewarding the distribution of resources and supports.

We also know from other research that immigrant entrepreneurs face different challenges than Canadian-born entrepreneurs. For example, they are slightly more likely to be necessity driven, and less likely to seek financing. Newcomer and immigrant entrepreneurs face more difficulties accessing finances than Canadian-born entrepreneurs (Cukier et al., 2017; Lo & Teixeira, 2015). For instance, credit constraints are greater for immigrant entrepreneurs than for Canadian-born entrepreneurs, because immigrant entrepreneurs typically have shorter credit histories and financial institutions are unfamiliar with immigrant borrowers (Desiderio, 2014). Since they have less credit history, many have relied more heavily on financing from friends and family than loans from financial institutions or VC investments. Immigrant entrepreneurs have limited knowledge of the Canadian legal system, compared to non-immigrant entrepreneurs, and lack information about rules and registration (Diversity Institute, 2017).

There are significant differences among different ethnic groups. While not all immigrants are racialized and not all racialized Canadians are immigrants, there is considerable overlap, often increasing barriers and levels of stress (Mo, et al., 2020). The 2011 census data indicate that about one out of every five people living in Canada is a visible minority and 7 in 10 visible minorities are foreign-born (Statistics Canada, 2011). Within, group differences are very significant. For example, Black entrepreneurs operate primarily in the service industry rather than in the technology and manufacturing sectors, which have fared better during the crisis. They are smaller and self-financed, and consequently have less access to support, increasing their vulnerability (Cukier, 2020).

Although immigrant women are slightly less likely to be self-employed (7.9%) than Canadian-born women (11.6%), women from some ethnic groups are more likely to be self-employed than men. For instance, according to Statistics Canada's data, there are 10,148 self-employed Black women and 4,222 self-employed Black men; Chinese and Filipino self-employed women also outnumber men of the same ethnicity (Statistics Canada, 2016).

IMPACTS OF COVID-19 ON ENTREPRENEURS

The COVID-19 pandemic has had wide-ranging impacts in Canada, and research shows that SMEs are most impacted. Indeed, 77% of small businesses were partially or fully closed (CFIB, 2020a) and 57% of small businesses reported losses of 55% or more in sales (CFIB, 2020b). The Government of Canada has offered multiple programs to help, including the Emergency Wage Subsidy (CEWS), the Canada Emergency Response Benefit (CERB), the Canadian Emergency Commercial Rent Assistance (CECRA), and the Canadian Emergency Business Account (CEBA). However, many SMEs or self-employed Canadians were ineligible or past the point of recovery (CFIB, 2020a). The evidence was clear that micro businesses (<5 employees) suffered the most regarding job losses and closures (Statistics Canada, 2020). Additionally, SMEs in some sectors, notably services, were more affected (OECD, 2020), and self-employed entrepreneurs, often operating the newest and smallest ventures, were acutely impacted. They also have much less access to support services which are designed to target SMEs with employees. Immigrant and racialized entrepreneurs are particularly impacted due to their overrepresentation in these affected sectors.

A recent survey by the Canadian Women's Chamber of Commerce (CWCC) and The Dream Foundation (2020) identifies immigrant entrepreneurs' biggest challenges, which are the loss of contracts and sales (79%), delay of payments (43%), and negative mental health impacts during the pandemic. Pre-COVID-19 research has already shown that immigrant entrepreneurs, compared to Canadian-born entrepreneurs, face more challenges in accessing support services and financing and have difficulty navigating Canadian regulatory requirements (e.g. health and safety) as well as Canadian norms and markets (Cukier et al., 2017). For example, immigrant entrepreneurs face additional challenges to creating, developing and sustaining businesses due to language barriers and a lack of networks (Lo & Teixeira, 2015). Many immigrants also lack the language skills and knowledge needed to navigate the complexity of new programs (Grossman, 2020). Thus, with the disruption of the pandemic, immigrant-owned businesses are among the most damaged. Additionally, a higher percentage of immigrants-owned businesses (59.1%) reported declines in

revenue of 20% or more, as compared to businesses overall (53.5%) (Mo, et al., 2020). Additionally, immigrant entrepreneurs are traditionally more likely to export and import than Canadian-born entrepreneurs and have suffered more damage with the disruption of travel and global supply chains (Baer, 2020).

Most of the resources and support provided by the government consist of wage subsidies or loan programs, which are less likely to benefit immigrant entrepreneurs given that they are less likely to have access to financing and government programs and also have challenges navigating systems (Diversity Institute, 2017).

BROADER SOCIAL IMPACTS

While there is little research focusing specifically on immigrant entrepreneurs, it is not difficult to see how other dimensions of the immigrant experience interact with their experience as entrepreneurs. For example, a survey of 1,508 Canadians conducted by Leger and the Association for Canadian Studies between March 27th to 29th, 2020 found that due to COVID-19, 55% of newcomers faced risks to their capacities to meet their financial obligations (e.g. the timely payment of their bills) compared to 31% of less recent immigrants (i.e. immigrated to Canada more than 5 years ago) and 26% of non-immigrants (Jedwab, 2020). This is because the process of settlement, which includes finding a job, enrolling in school, and even accessing basic services (e.g. banking and ESL classes) have been delayed (CBC, 2020).

The increase in discrimination, particularly of some ethnic groups, affects immigrant entrepreneurs disproportionately; many operating services in ethnic enclaves like Toronto's Chinatown were unduly affected (CBC News, 2020).

The effects of the social distancing and isolation measures on immigrants exacerbates the pandemic's effects. For example, those with few familial connections and a language barrier are led to experience a "double isolation" (La Grassa, 2020). School closures and loss of childcare are additional challenges, because many immigrants are ill-equipped to support their children's remote learning due to language, educational, and technological barriers (Oliver Chronicle, 2020). This added familial stress potentially heightens the risk of domestic abuse (Bogart, 2020).

Because of the intersection between immigrant status, racialization and lower income status, many other dimensions of poverty, such as poorer living conditions, fewer alternatives to private transportation, less access to technology infrastructure, inadequate language skills, and lack of knowledge of Canadian systems, exacerbate the challenges faced by entrepreneurs forced to work at home. This is particularly true of women who are being crushed by the burden of unpaid work, childcare, elder care and homeschooling.

SUPPORTING IMMIGRANT ENTREPRENEURS

While entrepreneurship is recognized as an important way to enhance our economy, immigrant and newcomer entrepreneurs are facing differential impacts from COVID-19 due to their identities as members of diverse groups. Their needs for support and services to propel their businesses should be customized based on their current social location. There needs to be additional outreach and support, for example, to ensure that government programs reach the people who are most in need and to ensure that the financial institutions, charged with the distribution of many of the financial support, are not just reinforcing historic practices and approaches which exclude and further marginalize immigrant and newcomer entrepreneurs.

The value of programs specifically designed for immigrant and newcomer entrepreneurs is particularly clear during this time. Considerable research, for example, has shown the value of targeted approaches designed to address gaps in the systems and to provide wrap-around services to deal with the reality of their conditions. Specific services focused on navigating financing, transitioning to the digital realm, accessing government support, advisors and sponsors are particularly important. For women, additional recognition of the need for support for homeschooling and childcare is critical. At the same time, transitioning to online environments is challenging for some entrepreneurs because of the lack of access to infrastructure, social isolation, and language barriers.

A number of programs have emerged in recent years targeting immigrant entrepreneurs, and the lessons they provide are particularly important at this time. For example, Ryerson University's Diversity Institute has partnered with a number of organizations – including Scadding Court in Toronto, Halifax Partnership in Halifax and Immigrant Employment Council of British Columbia (IECBC) – to design and deliver targeted programs. For instance, the Newcomer Entrepreneurship Hub (NEH) requires that participants take 40+ hours of entrepreneurship training provided by industry professionals. It is delivered primarily by newcomers and has shown strong results – over 80% of participants found they had learned and improved on many skills, including knowledge about finance and regulations, marketing and promotion, personal skills, and networking (Newcomer Entrepreneurship Hub, 2019). Focused mentoring and coaching was a critical factor of the success of the program, along with comprehensive services like language training and finding ways to transition the business to an online environment. Similarly, the Immigrant Women Startup Challenge in Halifax focuses on entrepreneurship training for women and is unique in providing a platform

for participants to pitch their business ideas for a chance to win $5,000 to develop their business. In addition to providing wrap-around services such as childcare, the Startup Challenge has created demand for continued one-on-one mentoring and support. The Women Entrepreneurship Knowledge Hub's new community platform provides women entrepreneurs an opportunity to ask for or give support; this is another example of an initiative aimed specifically at diverse women. For some women entrepreneurs, the Study Buddy free tutoring service offered to racialized families has been very important in ensuring that their children are not left behind. Education, after all, is the strongest predictor of social mobility. This program helps segments of the population who struggle to support their children due to their circumstances.

RECOMMENDATIONS

Ensuring that a diversity and inclusion lens is brought to bear on examining the impacts of COVID-19 on immigrants and racialized entrepreneurs is critical, along with applying the same perspective to the delivery of programs and services to help with their survival. Measures that can help ameliorate the compound effects of structural barriers include the following:

- Awareness and Navigation: working with ethnic chambers and community organizations to provide tailored supports in multiple languages;
- Financing: ensuring that pre-existing barriers, such as credit and corporate, are not amplified;
- Skills development: targeted supports that develop skills that immigrant entrepreneurs need for capacity building, digitization, marketing, and strategy;
- Mentorship and sponsorship: building networks across organizations (e.g. linking mainstream business organizations to ethnic organizations will help mutual understanding);
- Preferential Procurement: ensuring a diversity and inclusion lens is applied to recovery programs;
- Wrap-around services: providing services that will help access to space, to transportation, to services and support for childcare and homeschooling in one place.

CONCLUSION

The evidence is clear: immigrant entrepreneurs are an essential part of Canada's economic recovery and prosperity. It is critically important to ensure that we apply a gender and diversity lens to the impact of COVID-19 and to the programs and strategies intended to aid the recovery. Otherwise, we risk reifying and exacerbating the structural inequalities and barriers that continue to exist. A focus on inclusive innovation will ensure no one is left behind and will create greater collective benefits.

REFERENCES

Baer, M. (2020). "Businesses can learn from the global spread of COVID-19". BDC. www.bdc.ca/en/blog/pages/businesses-can-learn-from-global-spread-COVID-19.aspx.

Bauder, H. (2003). "'Brain abuse', or the devaluation of immigrant labour in Canada". *Antipode*, 35(4), 699-717.

Becker & Lee LLP. (n.d). "52% of Startups in Silicon Valley Founded by At Least One Immigrant". www.blimmigration.com/52-startups-silicon-valley-founded-least-one-immigrant.

Bogart, N. (2020, May 3). "Advocates scramble to help domestic abuse victims as calls skyrocket during COVID-19". CTV News. www.ctvnews.ca/health/coronavirus/advocates-scramble-to-help-domestic-abuse-victims-as-calls-skyrocket-during-COVID-19-1.4923109.

Bouchard, I. & Bédard-Maltais, P. (2019, October). "A Nation of Entrepreneurs: The Changing Face of Canadian Entrepreneurship". Canadian Business Development Bank. www.bdc.ca/EN/Documents/analysis_research/bdc-etude-sbw-nation-entrepreneurs.pdf?utm_campaign=Changing-faces-Study-2019--EN&utm_medium=email&utm_source=Eloqua.

Canadian Women's Chamber of Commerce and Dream Legacy Foundation. (2020). "Falling through the cracks. Immediate needs of Canada's underrepresented founders". https://canwcc.ca/wp-content/uploads/2020/05/Falling-through-the-Cracks_CanWCC_May2020v19.pdf.

CBC. (2020, April 15). "'Everything is hard for us': Newcomers find arrival in Canada complicated by COVID-19". www.cbc.ca/news/canada/british-columbia/bc-settlement-services-newcomers-COVID19-1.5531283.

CBC News. (2020, March 4). "COVID-19 Outbreak having mixed impact on Toronto businesses, experts say". CBC. www.cbc.ca/news/canada/toronto/coronavirus-outbreak-toronto-economic-impact-toronto-business-1.5486302.

CFIB. (2020a). "COVID-19: State of Small Business: Key weekly survey results – Week 6". www.cfib-fcei.ca/sites/default/files/2020-04/2020-04-23%20COVID-19%20survey%20number%20six%20-%20key%20results%20%281%29.pdf.

CFIB. (2020b). "Your Business and COVID-19 Survey #4". www.cfib-fcei.ca/sites/default/files/2020-04/COVID-19-survey-results-April-6.pdf.

Cukier, W., Hon, H., McGraw, S., Latif, R., & Roach, E. (2017). "Immigrant Entrepreneurship: Barriers and Facilitators to Growth". Toronto: Diversity Institute. www.ryerson.ca/content/dam/diversity/reports/Immigrant_Entrepreneurship.pdf.

Cukier, W. (2020, May 8). "Black Canadian Women (and men) in Action" (BWC). Virtual presentation.

Desidero, M. V. (2014). "Policies to support Immigrant entrepreneurship. Transatlantic Council on Migration". Washington, D.C.

Dimitratos, P., Buck, T., Fletcher, M., & Li, N. (2016). "The motivation of international entrepreneurship: The case of Chinese transnational entrepreneurs". *International Business Review*, 25(5), 1103-1113.

Diversity Institute. (2017). "Immigrant entrepreneurship: Barriers and facilitators to growth". www.ryerson.ca/content/dam/diversity/reports/Immigrant_Entrepreneurship.pdf.

Durant, I., Coke-Hamilton, P. (2020). "COVID-19 requires gender-equal responses to save economies". UNCTAD. https://unctad.org/en/pages/newsdetails.aspx?OriginalVersionID=2319.

Grossman, N. (2020, April 10). "COVID-19: Immigrants face language, financial barriers during crisis". www.cloverdalereporter.com/news/COVID-19-immigrants-face-language-financial-barriers-during-crisis.

Hou, F., & Wang, S. (2011). "Immigrants in self-employment. Perspectives on Labour and Income", 23(3), 1-14. https://safec.ca/userfiles/file/%C3%89conomie/EN/04%20Studies/43%20Work-Revenue-Workforce/431%20Employement%20and%20revenue/2011-Perspectives%20on%20LabourIncome-Immigrants.PDF.

Jedwab, J. (2020, April 3). "Canadian Opinion on the Corona Virus – N°9: Newcomers to Canada Hard Hit Economically". By COVID-19. Association for Canadian Studies. https://acs-aec.ca/wp-content/uploads/2020/04/ACS-Coronavirus-9-Immigration-Economy-and-COVID-19-April-2020.pdf.

La Grassa, J. (2020, April 6). "Life in Hamilton on pause due to COVID-19 for 'worried' family fleeing war in Syria". *The Star*. www.cbc.ca/news/canada/hamilton/newcomers-COVID-19-closures-hamilton-1.5514787.

Lo, L. & Teixeira, C. (2015). "Immigrants Doing Business in a Mid-sized Canadian City: Challenges, Opportunities, and Local Strategies in Kelowna, British Columbia". *Growth Change*, 46: 631-653. doi:10.1111/grow.12103.

May, B. (2018). "Experiential learning and pathways to employment for Canadian youth: Report of the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities". House of Commons, Canada. www.ourcommons.ca/Content/Committee/421/HUMA/Reports/RP10078738/humarp12/humarp12-e.pdf.

Mo, G. Y., Cukier, W., Atputharajah, A., Itano Boase, M., & Hon, H. (2020). "Differential impacts during COVID-19 in Canada: A look at diverse individuals and their businesses". Canadian Public Policy. 17(3), 23-27.

Newcomer Entrepreneurship Hub. (2019). Year One Report 2018/19. Diversity Institute.

OECD. (2020). "Coronavirus (COVID-19): SME policy responses". www.oecd.org/coronavirus/policy-responses/coronavirus-COVID-19-sme-policy-responses-04440101.

Oliver Chronicle. (2020, April 24). "New immigrants face special challenges adjusting to life in South Okanagan amid COVID-19". www.oliverchronicle.com/new-immigrants-face-special-challenges-adjusting-to-life-amid-COVID-19.

Public Policy Forum. (2019, July 22). "Immigrant entrepreneurs: Highly desired, hard to attract". https://ppforum.ca/articles/immigrant-entrepreneurs-highly-desired-hard-to-attract.

Statistics Canada. (2011). "Immigration and Ethnocultural Diversity in Canada. Statistics Canada". www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-010-x/99-010-x2011001-eng.cfm#a4.

Statistics Canada. (2016). "Census 2016 Public Use Microdata File (PUMF)"; Statistics Canada (2019). www150.statcan.gc.ca/n1/en/catalogue/98M0002X.

Statistics Canada. (2018). Research Blog: Immigrant entrepreneurs in Canada. www.statcan.gc.ca/eng/blog/cs/immigrant-entrepreneurs.

Statistics Canada. (2020). Impact of COVID-19 on small businesses in Canada. www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00018-eng.htm.

Women's Entrepreneurship Knowledge Hub. (2020). "The impact of COVID-19 on women entrepreneurs. Women's Entrepreneurship Knowledge Hub". https://wekh.ca/wp-content/uploads/2020/05/WEKH_The_Impact_of_COVID-19_on_Women_Entrepreneurs-1.pdf.

FOSTERING NEWCOMER ECONOMIC RESILIENCE: THE LESSONS OF COVID-19[1]

Dr. June Francis is the Director of the Institute for Diaspora Research and Engagement at Simon Fraser University, Canada, where she is an Associate Professor in the Beedie School of Business. She is the Co-Founder of the Co-Laboratorio Project, which works to strengthen collaboration, learning and innovation – for more diverse and inclusive resilient solutions in governance, policies and industry practice and is a member of the COVID-19 Social Impacts Network Expert Advisory Committee. As Co-Chair of The Hogan's Alley Society's Board of Director she leads an organization whose mission is to advance the social, political, economic and cultural well-being of people of African Descent through the delivery of housing, built spaces and programming. She is an advocate for equity, diversity and inclusion for racialized groups as well as the advancement of non-traditional intellectual property law related to community well-being and cultural and human rights through her research, consulting, the media and as a volunteer. Dr. Francis has extensive experience in the private sector as an entrepreneur, with civil society on governance boards and as an academic. She previously directed the Program in Development and Sustainability in Faculty of Environment at SFU. She served on the SFU's Board of Governors from 2012-2018 and previously served for several years on the Board of Directors of MOSAIC, a key immigrant and refugee settlement society.

Dr. Kristina Henriksson is Adjunct Professor in the Beedie School of Business at Simon Fraser University and the Co-Founder of the Co-Laboratorio Project that works with organizations and institutions to strengthen collaboration, learning and innovation for more inclusive resilient solutions. She is also the owner of Learning@Work Solutions, mobilizing knowledge for impact with challenge-based learning and community-engaged research. An experienced higher education senior executive, organization development consultant and advisor, her work helps advance equity and inclusive leadership practices, strategy, programs and service design. She has spent over 15 years leading and designing innovative ways of collaborating and learning across borders, disciplines and perspectives – including business transformation initiatives, customized leadership development programs and convened multi-stakeholder spaces. Kristina's research interests include interculturality, global partnerships, inclusive markets and social investment strategies, community-building and participatory engagement practices. Kristina earnt her PhD from Lund University and has published articles in international refereed journals, books, book chapters and case studies.

The coronavirus disease 2019 (COVID-19) and pandemic is shining a harsh unforgiving light on the longstanding systemic economic vulnerabilities of newcomers to Canada[2], especially of those migrants who face particular disadvantages due to race and gender. By rendering visible and exacerbating the inequalities and fissures in Canadian society, the pandemic has laid bare the disproportionate negative impacts for newcomers. However, insights wrought by this pandemic also provide an unprecedented opportunity to address these issues systemically by reimagining more resilient policy responses.

1 The authors would like to acknowledge and thank Paul Holley, PhD; Research Director: Association for Canadian Studies for his valuable contributions and additional data analysis.

2 Newcomers usually refers to immigrants arriving in the past 5 years. 340,000 immigrants arrived in 2019, a near record with 341,000 planned for 2020 and 350,000 for 2021. "Immigration, Refugees and Citizenship Canada Departmental Plan 2020-2021". www.canada.ca/en/immigration-refugees-citizenship/corporate/publications-manuals/departmental-plan-2020-2021/departmental-plan.html#core2.

This essay draws on recent polling Data from the COVID-19 Social Impacts Network, StatsCan COVID-19 data and other sources, to shed light on the economic impact of COVID-19 for newcomers. Applying an intersectional analysis, the data reveals the extent to which some newcomers, especially Black and racialized newcomers, face greater exposure risks, and compounding economic and social disadvantages. We discuss the policy implications and offer specific recommendations.

THE LESSONS OF COVID-19

Already from the beginning of the pandemic, more immigrants, especially newcomers, relative to Canadian born (CB), expressed being afraid of the virus outbreak (72% vs 58%; F=2.824, p=.06), and took specific protective actions like buying masks, stocking up on supplies and changing their day to day activities. Further, 50% of immigrants reported being *very* or *extremely* concerned about their own health compared with (33%) of the Canadian-born[3] (F=4.165, p<.05). Relative to White respondents, Black and Chinese respondents indicate the highest level of fear of the virus (60% Black, 75% Chinese, 50% White) and are more likely "to wear a mask to go grocery shopping" (70% Black, 83% Chinese, 53% White) and "to the office" (54% Black, 65% Chinese, 31% White).[4] Immigrants indicate weaker sense of belonging amid COVID-19. Relative to Canadian Born, Immigrants have greater likelihood of high levels of concern about the maintenance of social ties (44% vs. 30%), the ability to support one another during or after the pandemic (57% vs 37), the possibility of civil disorder (53% vs. 37%) and violence in the home (12% vs. 7%).[5] Newcomers in particular also show greater attachments (relative to Canadian born) to family and religious groups and are least attached to their neighbourhood.[6]

COVID-19 EXACERBATED ECONOMIC FRAGILITY OF IMMIGRANTS AND NEWCOMERS

Relative to Canadian born, all immigrants (36.4% vs 26.7%), and male immigrants in particular were more likely to indicate COVID-19 would have a *major* or *moderate* impact on their ability to meet financial obligations (43% male vs. 27% female), and are more concerned about loss of livelihood (28.2 vs 21.0%).[7] Relative to Canadian born, more newcomers indicated early in the pandemic they had been negatively impacted financially (i.e., pay bills on time)(51% vs 25%, F=20.336, p<.001), in their capacity to pay rent or mortgage (46% vs 19%, F=26.058, p<.001), and fewer felt they had a place to turn to in an emergency (77% vs 89%, F=18.797, p<.001).[8] Racialized communities were significantly more negatively affected in their capacity to pay rent or mortgage relative to White respondents (19% White vs 47% Black, 46% South Asian and 44% Latin American,[9] F=40.104, p<.001). These concerns reflect the reality that newcomers, because they also are among the most recently hired, are likely to be the first to be displaced from jobs and these displacements could have significant long-term effects, including sometimes broader family impacts, through loss of household income. As a result of COVID-19, workers who had tenure of employment of less than two years and five years have experienced layoffs rates of 17.7% and 13.2% respectively compared with a rate of 8.2% for workers with 10 years plus. Beyond this immediate economic setback, the concern is that if the pattern of layoffs follows previous recessions, at least one in five of these workers will have earnings 25% below their prior earnings five years out, thus entrenching these economic disadvantages.[10] Other data demonstrate the fact that Black Canadians never catch up, even 3+ generation. Relative to the average income of non-racialized Canadians (1.0), racialized Canadians on average significantly narrowed the income gap from .74 in the first

3 Association of Canadian Studies (ACS)/ Leger "Canadian Opinion on Corona Virus, N 3: Attitudes and Behaviours: Immigrant and Non-Immigrant. March 20, 2020

4 Sébastien LaRochelle-Côté and Sharanjit Uppal (2020) Statistics Canada, "The social and economic concerns of immigrants during the COVID-19 pandemic". Accessed from www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00012-eng.htm.

5 Sébastien LaRochelle-Côté and Sharanjit Uppal (2020) Statistics Canada, "The social and economic concerns of immigrants during the COVID-19 pandemic". Accessed from www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00012-eng.htm.

6 Association of Canadian Studies (ACS)/ Leger April 22, 2020 "COVID-19 Advanced Analysis Of Week 5 Survey Results".

7 Sébastien LaRochelle-Côté and Sharanjit Uppal (2020) Statistics Canada, "The social and economic concerns of immigrants during the COVID-19 pandemic". www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00012-eng.htm.

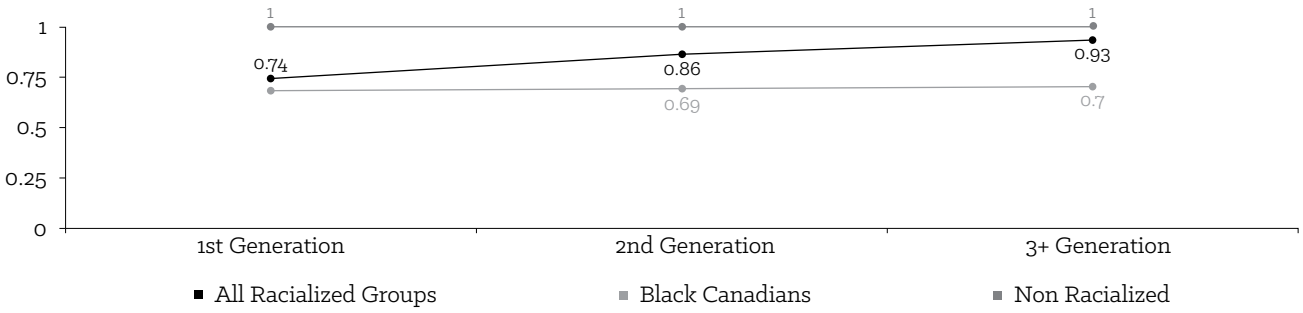
8 Association of Canadian Studies (ACS)/ Leger April 3rd, 2020 "Canadian Opinion on The Coronavirus N°9: Newcomers to Canada Hard Hit Economically by COVID-19".

9 Association of Canadian Studies (ACS)/ Leger "Canadian Opinion on The Coronavirus N°14: Economic Vulnerability Score for Selected Visible Minorities and The Effects COVID-19".

10 Chan, P. C. W., Morissette, R., & Frenette, M. (2011). "Workers Laid-off During the Last Three Recessions: Who Were They, and How Did They Fare?" Statistics Canada. https://deslibris.ca/ID/229998.

generation to .86 and .93 in the second and third generations respectively. However, Black Canadians' large income gaps remain almost constant across subsequent generations (.68, .69, .70). See Chart 1 below.

GRAPHIC 1: AVERAGE EMPLOYMENT INCOME RATIOS BY GENERATION AND RACIALIZED GROUP, PRIME-AGE WORKERS – CANADA 2016



Source: Based on Canadian Centre for Policy Alternatives/Statistics Canada Data.[11]

The lower income status of many newcomers also increases the likelihood that they have jobs for which working at home is infeasible thus further exposing them to the potential of harm as well as further job losses.[12] For families in which both parents are working, 54% of those in the top decile of the family earnings indicate having jobs for which both parents can work from home relative to only 8% for families in the bottom decile. Black Canadians indicated the greatest economic vulnerability being the most supportive of maintaining the current CERB of any racial group (53% Black, 35% White, Total 40%, F=9.352, p<.001).[13]

The digital divide created additional disadvantages for newcomer families given their lower income status, as families in the top 25% of income-levels had greater access to the internet (1.2% lacked access) relative to families in the bottom 25% of incomes where 4.2% lacked access and had to rely on mobile devices (versus computers) for accessing the internet (24.1% vs 8% in the highest quartile).[14] Immigrant Youth (12-17 years), relative to Canadian born, are also more likely to find that COVID-19 will have *a lot* of negative impact on their academic success (38% vs 28%, F=10.222, p<.001).[15]

Newcomers and immigrants hold the types of healthcare Caring Aid jobs that place them at greater exposure to COVID-19. Newcomers are especially overrepresented as nurse aide, orderly and patient service associate, putting them at greater risk of contracting the virus. Immigrants, accounted for 36% of these jobs in 2016, up from 22% in 1996, indicating an increasing proportion of newcomers in these fields. In large metropolitan areas the concentration is even greater with immigrants accounting for 79%, 72% and 70 % in Toronto, Vancouver and Calgary respectively (Table 2[16]). With 81% of COVID-19 deaths occurring in nursing homes[17] and given PPEs were not initially widely available to people in these fields, disproportionate exposure to the risk of

11 Block, S. (2019). "Canada's Colour Coded Income Inequality. Canadian Centre for Policy Alternatives". https://deslibris.ca/ID/10102903.

12 Derek Messacar, René Morissette and Zechuan Deng. "Inequality in the feasibility of working from home during and after COVID-19", Statistics Canada. Accessed from www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00029-eng.htm

13 Holley, P. (June 25, 2020). "COVID-19 Advanced Analysis of Week 13 Survey Results." Unpublished research findings. COVID-19 Social Impacts Network: Association for Canadian Studies/Leger.

14 Statistics Canada, "COVID-19 Pandemic: School Closures and the Online Preparedness of Children". www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00001-eng.htm

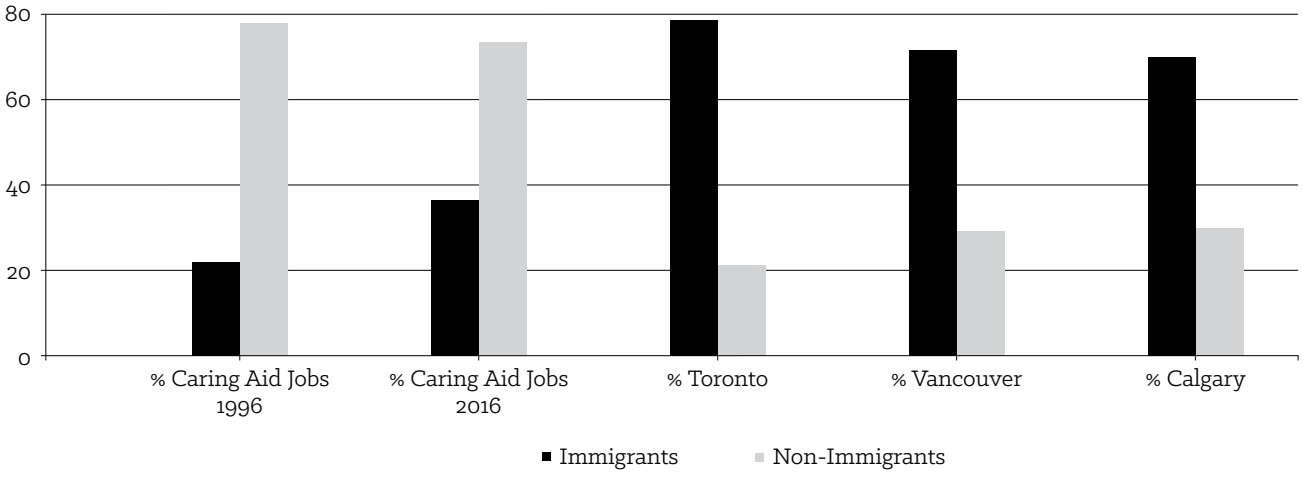
15 Association of Canadian Studies (ACS)/Leger "Social Impacts of COVID-19 on Canadian Youth", may 21, 2020.

16 Martin Turcotte and Katherine Savage, Statistics Canada, "The contribution of immigrants and population groups designated as visible minorities to nurse aide, orderly and patient service associate occupations", by Release date: June 22, 2020. Accessed from: www12.statcan.gc.ca/census-recensement/2016/as-sa/fogs-spg/Facts-can-eng.cfm?Lang=Eng&GK=CAN&GC=01&TOPIC=7.

17 Canadian Institute for Health Information. "Pandemic Experience in the Long-Term Care Sector: How Does Canada Compare With Other Countries?". Ottawa, ON: CIHI; 2020.

COVID-19 seems inevitable. Presence in these occupations are likely due to necessity rather than choice as immigrants and newcomers in particular, are often overqualified for work in these fields, as at least 50% of newcomers at the time of the 2016 census have a degree compared to 25% for Canadian Born and among workers in these health care fields with a minimum of a bachelor's degree, immigrants were twice as likely (44%) as non-immigrants (22%) to have a health-field related degree.[18] Challenges to having their credentials and experience prior to coming to Canada recognized in Canada are major contributing factors.

GRAPHIC 2: PERCENTAGE OF IMMIGRANTS WORKING IN HEALTH CARE AID JOBS



Source: Turcotte and Savage, Statistics Canada (2020).

A disproportionate share of Caring Aid workers is Black and Filipino Immigrant Women and, these two groups together accounted for approximately 60% of immigrant workers in these fields (30% Black, 30% Filipino). Given the gendered nature of these occupations, where women account for approximately 87% of all workers, 86% of immigrants and 87% of non-immigrants, Black women were especially overrepresented relative to other fields, accounting for 26% of all immigrant workers in these fields, while they accounted for less than 4% of all immigrant workers in all other occupations.[19]

COVID-19 exacerbates pre-existing economic vulnerability along racial, gendered and immigrant status.[20] The pre-existing gendered and racial inequities expose Visible Minority newcomers, especially women, to greater levels of economic vulnerability and predispose these groups to compounding impacts of COVID-19. Given the changing pattern of Canada's immigration arrivals, most members of the visible minority are first-generation immigrants born outside of Canada and most newcomers arrive from non-European countries.[21] Even without COVID-19, Visible Minority (VM) women earn 59 cents compared to the 67 cents that non-VM women earn for every dollar that non-VM men earn.[22] COVID-19 has exacerbated these inequalities as the financial impact have been greater for Visible Minorities. For example, relative to Non-VM women, more VM women have experienced

18 Martin Turcotte and Katherine Savage, Statistics Canada, "The contribution of immigrants and population groups designated as visible minorities to nurse aide, orderly and patient service associate occupations" by Release date: June 22, 2020. Accessed from: www12.statcan.gc.ca/census-recensement/2016/as-sa/fogs-spg/Facts-can-eng.cfm?Lang=Eng&GK=CAN&GC=01&TOPIC=7

19 Martin Turcotte and Katherine Savage, Statistics Canada, "The contribution of immigrants and population groups designated as visible minorities to nurse aide, orderly and patient service associate occupations" by Release date: June 22, 2020. Accessed from: www12.statcan.gc.ca/census-recensement/2016/as-sa/fogs-spg/Facts-can-eng.cfm?Lang=Eng&GK=CAN&GC=01&TOPIC=7

20 Derek Messacar and René Morissette, "Work interruptions and financial vulnerability" . www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00010-eng.htm.

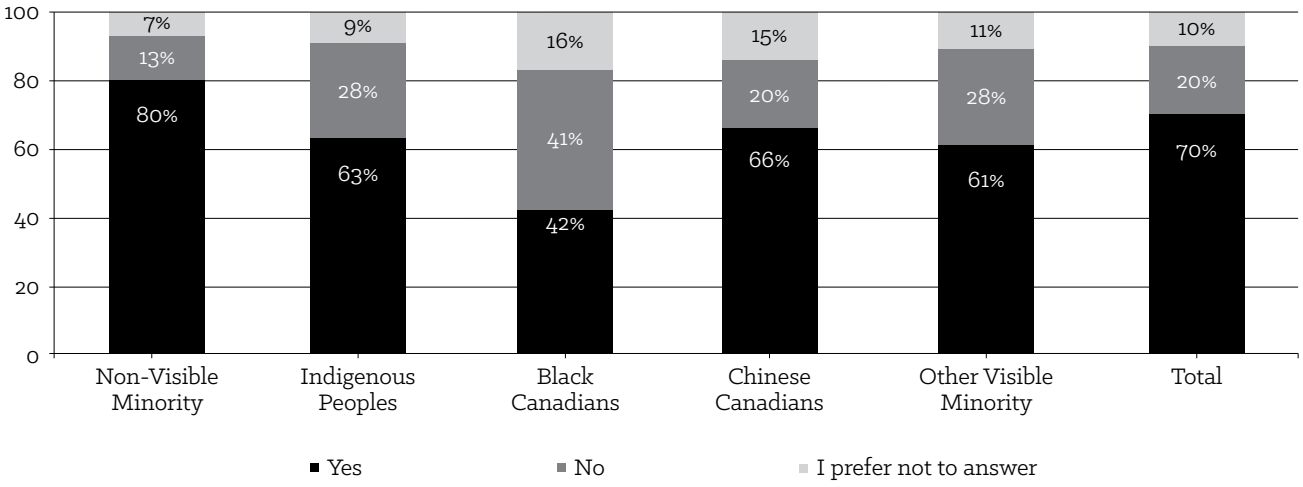
21 Statistics Canada, "Immigration and Ethnocultural Diversity". www12.statcan.gc.ca/census-recensement/2016/as-sa/fogs-spg/Facts-can-eng.cfm?Lang=Eng&GK=CAN&GC=01&TOPIC=7.

22 Statistics Canada, 2016 Census of Population, Statistics Canada Catalogue no. 98-400-X2016360.

a decrease in their income (59% vs 41%, Chi-Square = 20.767, p<.001), are finding it difficult to assist other family members (57% vs 36%, Chi-Square = 26.552, p<.001), are having an impact on their capacity to pay mortgage or rent, (34% vs 16%, Chi-Square = 29.102, p<.001) and have had their retirement savings/investments negatively impacted (58% vs 47%, Chi-Square = 7.698, p=.006).[23] Likewise, relative to all businesses VM majority owned immigrant businesses report being more seriously impacted by reduced demand for products and services (75.2% vs 64.8%) and report the lowest overall averages in being "Able to remain fully or partially operational for 6 months or more." Immigrant majority owned business are less "able to remain fully or partially operational for 6 months or more while social distancing is in place" relative to all business. (All 32.1% vs Immigrant majority owned 27.3%[24]).

Systemic racism in Canada is likely to have had untold impacts on newcomers, especially Black immigrants. While we lack the race-based data on incidence of contracting the virus and health outcomes, data indicates systemic racism may be undermining the trust of Black Canadians in a number of institutions and socials supports at a time of great vulnerability (Figure 3). Relative to other respondents, Black Canadians indicate feeling less safe in interactions with police (42% feel safe compared to 80% of White Canadians and 70% of Canadians overall, F=48.198, p<.001), the lowest of any racial group. Black Canadians are also the least satisfied with the efforts made to effect change with visible minorities at the level of local police (39% vs 62% for White Canadians and 56% overall, F=30.515, p<.001).

GRAPHIC 3: DID YOU FEEL SAFE WHEN YOU HAVE HAD TO INTERACT WITH POLICE OFFICERS?



Source: Holley, P. Association for Canadian Studies/Leger (June 25, 2020).

Regarding the sense of social inclusion, relative to White Canadians, fewer Black Canadians indicate they trust "Canadians" (78% vs 88%), "my neighbor" (63% vs 84%), "people in general" (51% vs 74%) and "the police" (40% vs 75%). Black respondents trust levels were the lowest of any racial group. There is also growing evidence of income polarization in Canadian cities showing that areas of major cities with high proportions of Blacks and Indigenous people and new immigrants were more likely to be losing ground (having declining income relative to the average[25]). The need for secure housing by immigrants is particularly poignant during the pandemic as relative to other Canadians, Visible minorities are more likely to have a senior living in their house (25% vs 15%).[26]

23 Association of Canadian Studies (ACS)/ Leger April 22, 2020, "COVID-19 Advanced Analysis of Week 5 Survey Results".

24 Statistics Canada. Table 33-10-0229-01, "Extent of various impacts experienced by businesses because of COVID-19, by business characteristics" DOI: https://doi.org/10.25318/3310022901-eng.

25 Ramos, H., Walks, A., Grant, J., & Scholars Portal. (2020). "Changing neighbourhoods: social and spatial polarization in Canadian cities", edited by Jill L. Grant, Alan Walks, and Howard Ramos. UBC Press.

26 Holley, P. (June 25, 2020). COVID-19 Advanced Analysis of Week 13 Survey Results. Unpublished research findings. COVID-19 Social Impacts Network: Association for Canadian Studies/Leger.

FOSTERING NEWCOMER ECONOMIC RESILIENCE – RETHINKING POLICY FOR SYSTEMIC CHANGE

The lessons learnt based on emerging data clearly point to the many ways in which immigrants and newcomers have been disproportionately impacted by COVID-19, and how, in rethinking policy and improvements in the system, there is a need to focus on multiple intersecting parts – education, health, safety, housing, workplace. More critically however, the data also points to the shortcomings of trying to identify new policy and solutions while maintaining the same monolithic or simplified narratives of 'visible minority' 'immigrants' or 'newcomers'. For example, 'visible minorities' fails to capture the variation of needs and challenges, that for some groups are systemic and structural including perpetuated, notably, racial legacies.

Based on the intersectional analysis presented in this essay, we argue that more transformative approaches are needed to reimagine policy for systemic change. To be able to interrogate and address change, Canada needs to see race. Intersectional lenses should drive intersectional policies, programs and services. As governments, funding institutions, NGOs and service providers pivot efforts towards post-COVID-19 recovery it is also an opportunity to re-set to more resilient new normal. It will be imperative to use the learning from ongoing intersectional analysis of the effects of COVID-19 to better understand and respond to how some groups of immigrants and newcomers may need tailored policies and responses rather than one size fits all. The analysis calls for targeted supports but also for creating more enabling pathways that value the educational, wealth of experience, diverse worldviews, linguistic capacity and innovation potential of newcomers that often remain underutilized.

Given these data indicating that almost half of the caring aid workers newcomers were overqualified for these jobs, one wonders what additional value they could have brought to addressing the pandemic had their credentials and full experience been martialed in the face of this crisis. The current analysis provides a glimpse of the causes and deep systemic barriers and their effects, however more intersectional research and analysis is needed to provide the basis for policies and practices that can more fully address the root causes of systemic barriers for newcomers.

The data also reveals the compounding effects of racial, health and social inequality that are inextricably linked to economic vulnerability. Greater coordination and integration of policies and services across agencies and providers, and better multivariate analyses are needed to further characterize these interdependencies.

We conclude by offering the following specific actionable recommendations:

- Equity should be used to guide resource allocation decisions if we are to successfully address inequities revealed by intersectional analysis. Numbers of particular demographic groups should not dictate budgets as some with the greatest challenges are faced by smaller or less powerful newcomer groups who lack the networks and diaspora in Canada to facilitate the transition to Canada.

- Greater inter-organizational and cross-sectoral collaboration among governments, non-profit organizations, unions, professional organizations and educational institutions are needed to address the compounding and intersecting factors that affect the successful transition for newcomers to Canada. Resources need to be directed towards facilitating this cultural shift that will require capacity for mutual leaning across sectors and organizational types.

- More emphasis needs to be placed on fulfilling the aspirations of the Employment equity Act as it relates to all newcomers and immigrants. Longstanding barriers that deny some groups of immigrants, such as Black and racialized immigrants, the opportunity to fully actualize their potential in Canadian society free from the stifling effects of systemic racism and exclusion requires systemic responses.

- Finding solutions will require innovation and the decentering of traditional power, voices and decision-making. Newcomers and Immigrants, especially the most excluded, need to be part of driving this change in meaningful ways. Disruption of deep habits of practice and organization will be required if we are to chart a more economically resilient post-COVID-19 era for newcomers to Canada.

COVID-19, INTERSECTIONALITY AND CONCERNS ABOUT VIOLENCE IN THE HOME

Ilene Hyman, PhD, is a social epidemiologist with many years of experience as a researcher, program evaluator and policy analyst. She received her PhD in Epidemiology from the University of Montreal and she currently holds positions as Adjunct Professor in the Dalla Lana School of Public Health, University of Toronto and the Graduate Health Program at York University. The vast majority of Ilene's research explores factors associated with immigrant integration and inclusion in Canada. Ilene is a frequent author and contributor to government and organizational reports on immigration, racialization and health.

Bilkis Vissandjée, PhD, is a Full Professor in the School of Nursing at the University of Montreal. She is a researcher at the Quebec Network on Nursing Intervention Research, as well as the SHERPA frontline research Centre. She works with national and international funders to enhance collaborative research on issues such as tuberculosis, gender-based violence, and women's health in the context of migration and diversity. Dre Vissandjée currently leads a Team grant funded by the Canadian Institute of Health Research and the European Commission on addressing the complex experiences related to female genital mutilation/excision in migrant-host countries. Recently, in collaboration with community workers, she is involved in a proposal to address COVID-19 related safety measures and the risks of domestic violence for newcomers in the greater region of Montreal.

INTRODUCTION

The seminal definition of violence, provided by the World Health Organization (WHO), is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in different forms of injury, from psychological harm, social deprivation, physical dysfunctions and ill-development, to death (Dahlberg & Krug, 2002[1]). The most prevalent form, globally, is intimate partner violence (IPV), with almost one-in-three ever-partnered women having experienced physical or sexual assault (Devries et al., 2013[2]; WHO, 2017[3]). Violence against women is well documented as being socially constructed, reinforcing the inequitable distribution of power between women, men and other gender identities in society. In Canada, the latest data available illustrate that violence against women accounts for one quarter of all violent crime reported to the police (Sinha, 2015[4]). In general, it represents one of the most significant societal issues that endanger health and well-being.

1 Dahlberg LL. "Violence: a global public health problem", In Krug EG, Dahlberg LL, Mercy JA, Zwi AB, & Lozano R (Eds.), *World report on violence and health* (pp. 1–21). Geneva, Switzerland: World Health Organization. 2002.

2 Devries KM, et al. "The global prevalence of intimate partner violence against women". *Science*. 2013;340(6140): 1527–8.

3 World Health Organization. "Violence against women". World Health Organization. 2017. Retrieved from www.who. int/mediacentre/factsheets/fs239/en/.

4 Sinha, M. "Intimate partner violence". Statistics Canada. 2015. Available from: www.statcan.gc.ca/pub/85-002-x/2013001/article/11805/11805-3-eng.htm#n3.

In the context of COVID-19[5], international, as well as Canadian agencies, have reported increased cases of violence (United Nations, 2020[6]; Mason & DuMont[7]; Gunraj & Howard, 2020[8]). In fact, Statistics Canada survey found that approximately 1-in-10 Canadian women were concerned about violence occurring in the home during this unprecedented pandemic (Turcotte & Hango, 2020[9]). Using the same dataset, (LaRochelle & Uppal 2020[10]) determined that Canadians identifying as immigrants were twice as likely as Canadian-born respondents to report that they were concerned about violence in the home. It is paradoxical that in the context of COVID-19, *stay at home* recommendations increased the risk of IPV for many women while acting as a barrier to safety and support (Zero & Geary, 2020[11]). In fact, crises and times of unrest are known to be catalysts for gender-based violence due to financial instability, unstable social and protective networks, and reinforcement of unequal power dynamics, which is turn affect the access to necessary health and social supports (Fraser, 2020[12]; Palermo and Peterman, 2011[13]; Peterman et al., 2020[14]).

The aim of this paper is to further examine concerns about violence in the home among immigrants and to identify social and economic contextual factors associated with these concerns. In doing so, we recognize that *intersecting identities* shape perceptions of violence along a continuum from lived gendered experiences in countries of origin to structural and systemic barriers affecting integration and inclusion in the host country (Okeke-Ihejirika et al., 2018[15]; Hyman et al., 2011[16]; Hyman et al., 2008[17]).

METHODS

We used data from the Statistics Canada web panel survey, the Canadian Perspectives Survey Series (CPSS), a subsample of the Labour Force Survey. The survey was conducted between March 29 and April 3, 2020. The survey included a question on whether a respondent was Canadian-born or not. The latter are referred to as immigrants, being mindful of the fact that this group encompasses different migration experiences and lengths of stay, data not available in the dataset. Information on age group, sex, marital status, level of education, presence of children under 18 years at home, economic concerns, as well as concerns about family stress and confinement, violence at home, maintaining social connections, were used. Descriptive analysis allowed for the comparison of concerns of violence between self-identified immigrant and Canadian born men and women in reporting these concerns. Bivariate (Chi-square tests) analyses were performed to examine social and economic contextual factors[18] associated with violence concerns among women who self-identified as immigrants. In accordance with Statistics Canada recommendations, analyses were performed on weighted data. The final

5 Coronavirus Disease (2019). www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html.

6 " UN backs global action to end violence against women and girls amid COVID-19 crisis". *UN News* [newspaper on the Internet]. 2020 April 6(cited 9 April 2020); Women: (about 3p.). Available from: https://news.un.org/en/story/2020/04/1061132.

7 DuMont J, Mason R. "Addressing a GLOBAL pandemic within a global pandemic". Canadian Science Policy Centre. 2020. Retrieved from: https://sciencepolicy.ca/news/addressing-global-pandemic-within-global-pandemic.

8 Gunraj A, Howard J. "Why is the COVID-19 pandemic linked to more gender-based violence?" Canadian Women's Foundation. 2020 Apr. Retrieved from: https://canadianwomen.org/blog/COVID-19-pandemic-gender-based-violence/.

9 Turcotte, M., & Hango, D. "Impact of economic consequences of COVID-19 on Canadians' social concerns". 2020. Statistics Canada.

10 LaRochelle-Côté S. & Uppal S. "The social and economic concerns of immigrants during the COVID-19 pandemic". StatCan COVID-19: Data to Insights for a Better Canada. 2020. Statistics Canada Catalogue no.45-28-0001.

11 Zero O, Geary M. "COVID-19 and intimate partner violence: a call to action". *Rhode Island Medical Journal*. 2020 Jun 1;103(5).

12 Fraser E."Impact of COVID-19 pandemic on violence against women and girls". UK Aid. 2020. Available at: www.sddirect.org.uk/media/1881/vawg-helpdesk-284-COVID-19-and-vawg.

13 Palermo T, Peterman A. "Undercounting, overcounting and the longevity of flawed estimates: statistics on sexual violence in conflict". *Bulletin of the World Health Organization*. 2011;89:924-5.

14 Peterman A, Potts A, O'Donnell M, Thompson K, Shah N, Oertelt-Prigione S, van Gelder N. "Pandemics and violence against women and children". Center for Global Development working paper. 2020 Apr 1;528.

15 Okeke-Ihejirika P, Yohani S, Muster J, Ndem A, Chambers T, Pow V. "A scoping review on intimate partner violence in Canada's immigrant communities". *Trauma, Violence, & Abuse*. 2018 vol. 21, 4: pp. 788-810.

16 Hyman I, Mason R, Guruge S, Berman H, Kanagaratnam P, Manuel L. "Perceptions of factors contributing to intimate partner violence among Sri Lankan Tamil immigrant women in Canada". *Health care for women international*. 2011 Sep 1;32(9):779-94.

17 Hyman I, Guruge S, Mason R. "The impact of migration on marital relationships: A study of Ethiopian immigrants in Toronto". *Journal of Comparative Family Studies*. 2008 May 1;39(2):149-63.

18 Social and economic factors were identified based on previous research on factors associated with IPV among immigrant women (see Hyman I, Forte T, Mont JD, Romans S, Cohen MM. "The association between length of stay in Canada and intimate partner violence among immigrant women". *American journal of public health*. 2006 Apr;96(4):654-9.

sample included 3,826 respondents 15+ years who self-identified as Canadian-born and 801 as immigrants.

FINDINGS

Table 1 illustrates that while the majority of the respondents were not at all or somewhat concerned about violence in the home, women and men who self-identified as immigrants were significantly more likely to report that they were very or extremely concerned (11.7%, 7.0%, Chi-square = 17.0, p <.000).

It is interesting to note, as reported in Table 2, that overall women and men who self-identified as immigrants were significantly more likely to be concerned about violence compared to Canadian-born respondents. Within the sub-group of women, the percentages were higher with a significant difference within the groups.

TABLE 1. SELF-REPORTED CONCERNS ABOUT VIOLENCE AT HOME (N=4,627)

Concerns about violence in the home (%)	Canadian-born women and men (N=3,826)	Immigrant women and men (N=801)	Chi-Square	p-value
Not at all or somewhat concerned	93.0%	88.3%		
Very or extremely concerned	7.0%	11.7%	$X^2 = 17.0$	$p < 0.000$

TABLE 2. SELF-REPORTED CONCERNS ABOUT VIOLENCE AT HOME WITHIN THE VERY TO EXTREMELY CONCERNED CATEGORY: SELF-REPORTED CANADIAN-BORN AND IMMIGRANT WOMEN AND MEN (N=345)

Concerns about violence in the home (%)	Canadian-born (N=220)	Immigrant (N=125)	Chi-Square	p- value
Women very or extremely concerned	9.1%	13.1%	$X^2 = 8.0$	$p < 0.005$
Men very or extremely concerned	4.9%	10.1%	$X^2 = 11.0$	$p < 0.001$

Table 3 illustrates significant associations between factors such as, age group, presence of children under 18 at home, reports of economic concerns, reports of family stress from confinement and difficulty maintaining social ties, with concerns about violence in the home.

DISCUSSION

While convergent with previous findings on concerns about violence in the home, the value added of this paper is that it sheds light on differential concerns about violence in the home as indicated by selected groups of women and men who self-reported as Canadian-born or not. More specifically, among women who self-identified as immigrants, social and economic contextual factors such as economic concerns and concerns about family stress and maintaining social ties, were strongly associated with concerns about violence in the home. These results are consistent with (Peterman et al. 2020) systematic literature review highlighting economic insecurity and poverty-related stress, and quarantines and social isolation as major pathways linking pandemics to family violence.

Our findings imply that structural changes aimed at improving immigrant women's employment participation and income security are crucial to consider during and post-COVID-19 to reduce the risk of violence and its associated deleterious

19 Peterman A, Potts A, O'Donnell M, Thompson K, Shah N, Oertelt-Prigione S, van Gelder N. "Pandemics and violence against women and children". *Center for Global Development working paper*. 2020 Apr 1;528.

TABLE 3. SOCIAL AND ECONOMIC CONTEXTUAL FACTORS ASSOCIATED WITH CONCERNS ABOUT VIOLENCE IN THE HOME AMONG IMMIGRANT WOMEN (N=390)

Factors	Women whom self-reported as immigrants (N=390)	Chi-Square	p-value
Age Group:			
15-24	5.0%	$X^2 = 13.4$	$P < 0.05$
25-34	20.6%		
35-44	16.1%		
45-54	11.7%		
55+	12.9%		
Education:			
< High school	12.7%	$X^2 = 0.947$	NS
Some college or trades	12.4%		
University degree	14.1%		
Children < 18 at home:			
Yes	15.0%	$X^2 = 5.0$	$P < 0.05$
No	11.2%		
Marital Status:			
Married	11.0%	$X^2 = 2.6$	NS
Single	14.3%		
Common-Law	27.8%		
Economic concerns:			
Little or None	9.5%	$X^2 = 4.7$	$P < 0.05$
Major or Moderate	21.2%		
Family stress from confinement:			
Little or None	3.4%	$X^2 = 51.7$	$P < 0.000$
Major or Moderate	31.3%		
Difficulty maintaining social ties:			
Little or None	7.3%	$X^2 = 18.0$	$P < 0.000$
Major or Moderate	20.3%		

consequences. It is well-documented that immigrant populations have been disproportionately affected by COVID-19 and that immigrant women, who are more likely to be precariously employed, are among the most economically vulnerable (Turcotte & Hango, 2020[20]; LaRochelle & Uppal, 2020[21]).

Pro-active and innovative responses are needed to identify and respond to the needs of women at risk of abuse who may be socially isolated at this time (Zero & Geary[22]; Van Gelder et al., 2020 [23]; vawlearning network[24]; Mason & Du Mont, 2020[25]). Selected reach-out strategies, such as social media campaigns and web-based applications, are currently being adapted and validated to better reach the cultural and linguistic diverse population of Canada (Viera et al., 2020[26]; Mason & Du Mont, 2020[27]). In addition, it is recommended that health literacy that goes beyond functional literacy and includes advocacy and the ability to navigate within the social and healthcare system, must be considered when developing health promotion and violence prevention interventions (Clarke and Vissandjée, 2019[28]; Paakkari & Okan, 2020[29]). Despite the fact that a number of resource centers and shelters have adapted their services from in-person to phone or online support, limited health literacy, coupled with communication challenges, selected groups of immigrant women who do not have access to Wi-Fi within their homes, to a telephone, a computer or even privacy, cannot benefit from these services.

DATA LIMITATIONS

The outcome of interest was "concerns about violence in the home," which, while different from experiences of violence or intimate partner violence per se, may be considered as a proxy measurement for these complex experiences. The sample size for respondents who identified as immigrants was smaller than that of the Canadian-born population, thus limiting statistical analyses. Important variables of interest to understanding the experiences of migrant populations such as the status of immigration at the moment of entry, how and when this status changes, if the immigrant was a refugee or an asylum seeker and number of months/years in the new country, were not available in the Canadian Perspectives Survey Series (CPSS).

CONCLUSIONS

COVID-19 has proven to be a vector in deepening economic and social inequalities. While immigration is not in itself a risk factor for IPV, migration trajectories intersect with sex, gender and other social determinants of health to increase immigrant women's vulnerability to health inequalities and IPV (Vissandjée et al. 2010[30]; Hyman and Vissandjée, 2020[31]; Clarke & Vissandjée, 2019[32]). There is an urgent need to

20 Turcotte, M., & Hango, D. "Impact of economic consequences of COVID-19 on Canadians' social concerns". 2020. Statistics Canada.

21 LaRochelle-Côté S. & Uppal S. "The social and economic concerns of immigrants during the COVID-19 pandemic". StatCan COVID-19: Data to Insights for a Better Canada. 2020. Statistics Canada Catalogue no.45-28-0001.

22 Zero O, Geary M. "COVID-19 and intimate partner violence: a call to action". *Rhode Island Medical Journal*. 2020 Jun 1;103(5).

23 Van Gelder N, et al. "COVID-19: Reducing the risk of infection might increase the risk of intimate partner violence". *EClinicalMedicine*. 2020;21.

24 "COVID-19 & Gender-Based Violence In Canada: Key Issues and Recommendations". 2020. Available at: vawlearningnetwork.caawlearningnetwork.ca.

25 DuMont J, Mason R. "Addressing a Global Pandemic within a Global Pandemic". *Canadian Science Policy Centre*. 2020. Retrieved from: https://sciencepolicy.ca/news/addressing-global-pandemic-within-global-pandemic.

26 Vieira CM, Franco OH, Restrepo CG, Abel T. "COVID-19: The forgotten priorities of the pandemic". *Maturitas*. 2020 Apr 14.

27 DuMont J, Mason R. "Addressing a Global Pandemic within a Global Pandemic". *Canadian Science Policy Centre*. 2020. Retrieved from: https://sciencepolicy.ca/news/addressing-global-pandemic-within-global-pandemic.

28 Clark, N., & Vissandjée, B. (2019). "Exploring intersectionality as a policy tool for gender based policy analysis: Implications for language and health literacy as key determinants of integration". In O. Hankivsky & J. Jordan-Zachery (Eds.), *The Palgrave handbook of intersectionality in public policy* (pp. 603-623). Palgrave Macmillan.

29 Paakkari L, Okan O. "COVID-19: Health literacy is an underestimated problem". *The Lancet Public Healt*h. 2020 May 1;5(5):e249-50.

30 Vissandjée, B. & Battaglini, A. "*Santé des femmes : À la croisée des questions de genre, ethnicité et migration*". In A. Battaglini (Ed.), *Santé et services sociaux de première ligne en milieu pluriethnique* (p. 277-292). Anjou, Québec : Éditions Saint-Martin. 2010.

31 Vissandjee B., Hyman, I. Immigrant Women. In: Morrow, M., Hankivsky, O., & Varcoe, C. "Women's health in canada: critical perspectives on theory and policy". Toronto: University of Toronto. In press.

32 Clark, N., & Vissandjée, B. (2019). "Exploring intersectionality as a policy tool for gender based policy analysis: Implications for language and health literacy as key determinants of integration". In O. Hankivsky & J. Jordan-Zachery (Eds.), *The Palgrave handbook of intersectionality in public policy* (pp. 603-623). Palgrave Macmillan.

incorporate variables capturing gender beyond looking at differences between women and men as well as factors which would help depict the complexities of migration trajectories into large datasets.

ACKNOWLEDGEMENTS

The authors wish to extend their most sincere recognition to Isabel Fernandez, Masters Student at the Université de Montréal for her contribution to update and revise the references.

HEALTH: SAFETY, ACCESS & VULNERABILITY

COVID-19 AND CANADA'S UNDERUTILIZED INTERNATIONALLY EDUCATED HEALTH PROFESSIONALS

Joan Atlin is Associate Director, Strategy, Policy and Research at World Education Services. Joan has served in a variety of program, policy, and advocacy roles to improve workplace inclusion of internationally trained professionals for over 20 years.

There is growing evidence of the disproportionate negative economic and health impacts of COVID-19 on immigrant, racialized, female, and low-income Canadians, many of whom live in densely populated areas and perform essential frontline work.[1] This recession, unlike previous ones, is hitting women and precarious workers in service sector industries hardest and quickly. Women represented 63% of workers who lost jobs in March. In some industries, such as health care and social assistance, women accounted for almost 100% of those who lost jobs.[2]

According to the 2016 census, fully a third of the nurse aides, orderlies, and patient service associates in Canada are immigrants, and 86% are women.[3] The frontline workforce in the long-term care (LTC) sector, in particular, is largely female, immigrant and racialized: 86% of workers in nursing homes and 89% in home care are women. Racialized women make up 33% of nursing aides, orderlies, and patient service workers, and 38% of home support workers, housekeepers, and related occupations.[4] This makes racialized women – many of whom may be immigrants (though corroborating data are less readily available) – particularly vulnerable given the high rates of COVID-19 infection among both long-term care residents and those who care for them.

At the same time, a large number of internationally educated health professionals (IEHPs) in Canada is licensed to practice in other countries and many of them have raised their voices to say that they wish to be mobilized within Canada to support the country's COVID-19 response. In March 2020, internationally educated doctors Ayesha Mohammad and Ali Mahdi launched a petition on Change.org[5] that (as of early June) had garnered nearly 35,000 signatures. The petition reads, in part:

> "We are a significant community of international medical graduates in Canada who are ready and well prepared to work in the Canadian medical field. Many

1 Public Health Ontario. "COVID-19 – What We Know So Far About..." *Social Determinants of Health*. May 24, 2020.

2 Scott, Katherine. Behind the Numbers Blog, CCPA. "Women bearing the brunt of economic losses: One in five has been laid off or had hours cut". April 10, 2020.

3 Statistics Canada. StatsCan, COVID-19: Data to Insights for a Better Canada: Turcotte, Martin and Savage, Katherine. "The contribution of immigrants and population groups designated as visible minorities to nurse aide, orderly and patient service associate occupations". June 22, 2020. www150.statcan.gc.ca/n1/en/catalogue/45280001202000100036.

4 Block, Sheila., Simran Dhunnha. Behind the Numbers Blog, CCPA. "Face to face with COVID-19: How do we care for care workers?" April 6, 2020.

5 www.change.org/p/international-medical-graduates-in-canada-responding-against-COVID-19

> of us have worked in different medical specialties for years, and most of us are going through the examination process... Given the prevailing and unprecedented circumstances at the heart of the global emergency posed by the coronavirus outbreak, we are coming forward to willingly volunteer, hands-on, without expectation of pay, so we can alleviate frontline workers during this time of crisis."

The Change.org petition caught the attention of Canada's media. Stories of IEHPs working in the health and long term care systems, as well as those facing barriers to using their healthcare skills, are once again on the public radar. The COVID-19 crisis has led to a call from IEHPs to be able to contribute their skills as part of the pandemic response. It has also reopened a conversation that has largely stalled in Canada in recent years about ensuring that IEHPs have equitable access to licensure pathways and that Canada's healthcare system is not losing out on their skills and experience.

THE NUMBERS: CANADA'S UNDERUTILIZED IEHPS

The numbers tell a very clear tale of a large and vastly underemployed IEHP workforce in Canada. In April 2020, Statistics Canada published a new study[6] in its COVID-19 series: *Adults with a Health Education but Not Working in Health Occupations*. Using 2016 census data for people aged 20 to 44, the study looks at the *underutilization* of individuals in Canada with health expertise – including: Canadian born workers, immigrants who earned their highest levels of education in Canada, and immigrants who received their health education abroad. The study defines "underutilization" as "people with postsecondary education in a health-related field who are not employed or work in non-health occupations that require no more than a high school diploma". According to the report, in the third quarter of 2019, about 40,000 health care jobs in Canada went unfilled. More than half of these positions were assistant level and technical jobs – essential roles in the fight against the pandemic. Another 30% were in nursing.

However, the report shows that only 40% of immigrants educated abroad are working in health occupations, compared to 58% of Canadian-born individuals with a health education and 55% of Canadian-educated immigrants; 47% of immigrants who got their health education abroad are underutilized. The statistics show higher rates of underutilization in women compared to men, and among visible minorities compared to white populations.

This intersectionality is reflected in the fact that among immigrants educated abroad, underutilization rates were highest in nursing (34%), a largely feminized workforce, followed by medicine (12%), and pharmacy (8%). A June 2020 Statistics Canada report shows that in the Toronto, Vancouver, and Calgary census metropolitan areas, over 70% of nurse aides, orderlies, and patient service associates were immigrants and over 80% of these were women. Across Canada, 25% of immigrants in these occupations held at least a bachelor's degree, compared to only 5% of non-immigrants. 44% of these immigrant workers had a degree in a health-related field compared to 22% of non-immigrants. Of the immigrant workers with a health-related degree, fully 69% held a degree in nursing.[7]

INITIATIVES FOR ACCESS

The issue of underutilization and barriers to access for IEHPs and other immigrants in regulated professions is chronic and well documented. As early as 1988, the Ontario government appointed a Task Force on Access to Professions and Trades that issued the ground-breaking *Access!* report. Yet, it wasn't until the early 2000s, owing to a combination of effective advocacy inside and outside government and to concerns over personnel shortages health care, that a moment of political will emerged and a range of IEHP initiatives were undertaken across the country.

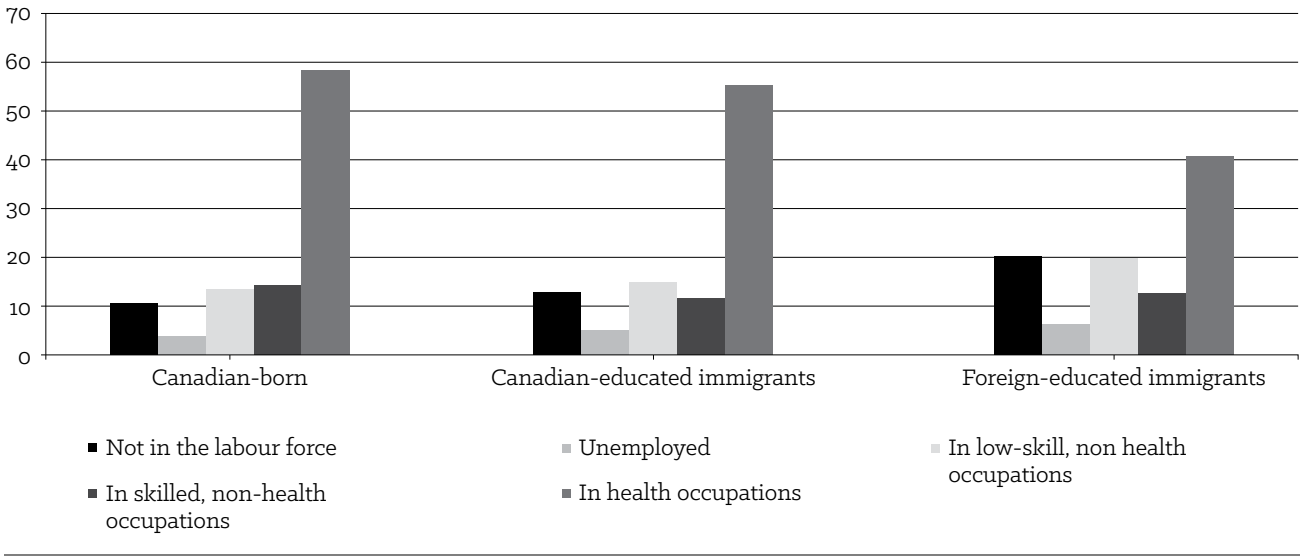
In 2002, Health Canada convened the National Task Force on Licensure of International Medical Graduates (IMGs) – a term which comprises both immigrant physicians already licensed in other countries and Canadians who travel abroad to obtain a medical degree. The Task Force brought together the complex array of federal and provincial licensing and medical education players to identify challenges and recommend solutions. The number of spaces in medical residency programs designated for IMGs in Ontario, for instance, increased from only 15 to 200, roughly where it remains today despite increasing numbers of those spots now being occupied by returning Canadians who studied medicine abroad.

Bridging programs were developed to support nurses, pharmacists, medical lab technicians, midwives, and others. These programs facilitate licensure through occupation-specific language training; exposure and orientation to the

6 Statistics Canada. StatsCan, COVID-19: Data to Insights for a Better Canada: Hou, Feng and Schimmele, Christoph. "Adults with a health education but not working in health occupations". April 29, 2020, c.

7 Statistics Canada. StatsCan, COVID-19: Data to Insights for a Better Canada: Turcotte, Martin and Savage, Katherine. "The contribution of immigrants and population groups designated as visible minorities to nurse aide, orderly and patient service associate occupations". June 22, 2020.

GRAPHIC 1: EMPLOYMENT STATUS OF YOUNG ADULTS, AGED 20 TO 44 WITH POSTSECONDARY EDUCATION IN HEALTH FIELDS, BY IMMIGRATION STATUS AND COUNTRY OF EDUCATION, 2016



Source: Statistics Canada, 2016 Census of Population.

TABLE 1: PEOPLE WITH A POST-SECONDARY EDUCATION IN A HEALTH-RELATED FIELD

People with a post-secondary education in a health-related field	Underutilization rate
Immigrants educated outside Canada	**47%**
Indigenous peoples	39%
Visible minority population	39%
Immigrants who received their highest level of education in Canada	33%
Women	31%
Canadian-born individuals	28%
Men	27%
White population	27%

Source: Statistics Canada, Adults with a Health Education but not Working in Health Occupations, 2020.

Canadian workplace; support in preparing for licensure exams; and support in entering the labour market. World Education Services (WES) was brought to Ontario to establish academic equivalency assessment services. Loan programs were established to help IEHPs pay for licensure exams, tuition for bridging programs, and other related expenses. And in 2006, Ontario passed the Fair Access to Regulated Professions Act and established the Office of the Fairness Commissioner; Manitoba, Nova Scotia, and Quebec followed suit in 2008/2009. Alberta recently created a similar structure.

While these interventions have had a demonstrably positive impact and helped significant numbers of IEHPs practice in Canada, the Statistics Canada report clearly shows that the problem is far from solved. The personal and societal costs of underutilization are paid not only by IEHPs and their

families, but also by our health care system, our economy, and our society. We continue to have thousands of IEHPs sitting on the sidelines, unemployed or working in jobs that do not make best use of their healthcare skills and education. Many of them, given adequate access to assessment and bridging opportunities, would be able to show their readiness to meet the necessarily rigorous Canadian standards.

CAN THE COVID-19 CRISIS OPEN NEW WAYS FORWARD?

In March 2020, as the COVID-19 pandemic unfolded, WES, the Ontario Council of Agencies Serving Immigrants (OCASI), and the Toronto Region Immigrant Employment Council (TRIEC), responded to the Ontario government's call for ideas to fight the pandemic. The proposal was a call to action for key stakeholders to develop a strategy to mobilize Ontario's IEHPs in the response to COVID-19. At that time, Ontario was preparing for the kind of surge unfolding in Italy and nearby in New York state. The initial focus in Ontario and other provinces was to encourage retired and out-of-service professionals to register on government and professional recruitment portals in anticipation of extreme personnel shortages in hospitals. After some initial challenges, the Ontario government portal was adjusted to allow IEHPs to identify their professional health care backgrounds as well.

While the surge of cases in Canada did not overwhelm our hospitals, the pandemic has unfolded with tragic consequences in long-term care facilities, particularly in Ontario and Quebec. LTC facilities are under unprecedented strain. Hundreds of these homes across the country have dealt with outbreaks, large numbers of deaths, as well as extreme shortages of personal support workers and nursing and medical personnel to care for infected patients.[8] In response to urgent requests for help, the federal government took the unprecedented step of deploying the Canadian Armed Forces to support LTC homes. Ontario has begun to pair hospitals with LTC homes to support infection control and manage outbreaks.

The calls for major reform of Canada's LTC system are coinciding with renewed calls to address the ongoing structural issues that prevent so many of Canada's IEHPs from putting their skills, education, and experience to work here. WES and our partners are exploring ways to best leverage this synergy. Much like the early 2000s, this is a moment when renewed political will can create new opportunities for innovative partnerships and solutions to bring Canada's vastly underutilized, highly skilled IEHPs into the mainstream of our health care system. This is the time to re-ignite a national conversation about how to continue to advance systemic changes that will move more IEHPs to licensure and into the health care workforce – where they want to be, and where Canada needs them.

8 *Toronto Star*. 82% of Canada's COVID-19 deaths have been in long-term care, new data reveals. May 7, 2020.

ACCESS TO HEALTH CARE FOR PRECARIOUS AND NON-STATUS MIGRANTS DURING COVID-19: ONTARIO AND QUÉBEC

Graham Hudson is an Associate Professor in the Department of Criminology, with a cross-appointment to the Faculty of Law (Cross-Appointed), Ryerson University; Chloé Cébron is a Senior Advocacy Advisor, Doctors of the World Canada and Rachel Laberge Mallette is Project manager, Doctors of the World Canada.

The COVID-19 crisis is testing principles of universal healthcare like never before. Interpreted politically and legally, the term is a misnomer, as publicly insured healthcare in Canada is only available to citizens, permanent residents and prescribed immigrant categories. A literal and moral reading would require that all residents have equal access to healthcare, whether or not they are citizens or permanent residents. The COVID-19 crisis has rendered more clearly the underlying reality that truly universal healthcare is a collective good and not just an individual right. Since March 2020, Ontario, Québec, British Columbia, and other provinces have recognized this fact, temporarily removing barriers to, at minimum, COVID-19 assessment and treatment.

Although the removal of formal legal barriers is a good first step, precarious and non-status migrants still face institutional, linguistic, ideological, and structural barriers – factors that we already know impede the implementation of local, Access Without Fear Policies (Hudson et al. 2017). So-called *sanctuary cities* have been hit especially hard by COVID-19, and they are likely home to the majority of non-status and precarious status migrants. Confirmed cases are concentrated in major urban centres, especially Toronto and Montréal. Montréal has roughly 30,000 cases, out of some 62,000 across Québec. There have been around 14,000 reported cases in Toronto, of Ontario's case total of 35, 000.[1] While disaggregated data is incomplete, the distribution of cases speaks volumes about the intersections of race, migration, and labour.

The purpose of this short article is to review how immigration status and the lack thereof affect access to healthcare for non-status and precarious status migrants in Ontario and Québec. We focus on Toronto and Montréal, but we also refer to some rural issues and examine provincial and, to a lesser extent, federal policy. We survey barriers to implementation, which include lack of clarity in policy, inconsistent practices in hospitals and walk-in clinics, continued exclusion from social assistance and rights regimes, and the looming threat of being reported to the Canada Border Services Agency.

HEALTHCARE AND IMMIGRATION STATUS

While there are statistics and demographics pertaining to migrants with precarious status (CCR, 2016; Goldring, Berinstein & Bernhard, 2009), there is no data on the number of non-status migrants in Canada. There are a couple of studies

1 The number rises to approx. 29,000 if we include the GTA (Toronto and Peel, Durham, Halton, and York regions): www.toronto.com/news-story/9964297-map-tracking-COVID-19-cases-across-ontario-by-region.

that provide clues regarding the numbers of non-status persons who access particular services in local settings, including health, education, and those provided by labour organizations (Hynie, 2016; Goldring et al. 2009; Bou-Zeid 2007; Khandor, MacDonald and Nyers 2004). A report by Soave Strategy Group found in 2006 that in the Greater Toronto Area, there were up to 40,000 non-status workers (Soave, 2006). A more recent study on emergency room consultations suggest that there are at least 58,000 non-status migrants in Ontario (Hynie et al, 2016). Interestingly, the use of emergency room services by non-status migrants is highest in areas where migrants live (e.g. Toronto, Ottawa) and prevalent in counties with a strong agricultural industry (e.g. Windsor-Essex, Niagara). More recently an analysis by the SHERPA Institute estimated that there could be between 40,000 and 70,000 people living without a health insurance because of their immigration status in Québec.[2]

The human rights implications of living without status or with a precarious status are profound. The degradation of mental and physical health is a primary concern, which is attributable in large part to fear of detection and deportation, social isolation, poor working and living conditions, vulnerability to abuse and exploitation, and a host of institutional barriers (Barnes, 2011; Ruiz-Casarez et al. 2010; Bernhardt et al, 2007). One report noted:

> "Migrants without status also face unique and serious health needs and access challenges… (r)esearch found that non-status migrants in Toronto present signs of trauma, chronic stress and depression from family separation, and physical illnesses associated with stress…It is important to recognize that the challenges facing residents without status are often persistent; they are not unique to those who have recently arrived in Canada" (Toronto Public Health and Access Alliance, 2001, p. 117)

Non-status and precarious-status migrants are not eligible for any federal health coverage, such as the Interim Federal Health Program, which is mainly reserved to asylum seekers only. Similarly, non-status and most precarious-status migrants do not have access to a provincial healthcare plan. Ontario's *People's Health Care Act* and Québec's *Health Insurance Act* require citizenship or certain classes of immigration status (plus three months residency in the province) to access provincial health insurance coverage (respectively the Ontario Health Insurance Program (OHIP) and Québec Health Insurance Plan (the Régime d'Assurance Maladie du Québec (RAMQ)). Public insurance is only available to temporary workers if they satisfy rigid legal criteria. Even if one is formally eligible for provincial coverage, delays in the receipt of OHIP cards, language barriers, and remoteness impede access to healthcare (MWAC, 2020; Cole et al, 2019; Hennebry, McLaughlin and Preibisch 2016).). The government may also choose to deport migrants if healthcare is too expensive. The most common reasons for deportation of seasonal agricultural workers seem to be medically related, accounting for over 41% of deportations according to a 2015 Ontario study (Orkin et al. 2015).

Prior to COVID-19, someone without public or private insurance could access medical services, including emergency medical services, but would have to pay non-OHIP or non-RAMQ (which is 200% of the RAMQ fees in Québec) rates. If one cannot pay up front, they will in most cases be ineligible to receive medical services, except in a case of emergency (especially if a situation is deemed immediately life-threatening) even though the patient would be billed afterwards. There are some reports of non-status persons being detained and/or reported to the CBSA while seeking healthcare (Toronto, 2015; Gatsaldo et al. 2012). There are a handful of walk-in clinics in Toronto and, even fewer in Montreal, that provide free primary care to uninsured migrants, but these count as a small fraction of clinics, and care does not include specialist care or diagnostics. As members of Doctors of the World, two authors of this paper notice that these issues, among others, can cause a delay in consultation which can lead to complications and deterioration of the global health of a person.

THE IMPACT OF COVID-19 ON NON-STATUS AND PRECARIOUS-STATUS MIGRANTS

Due to a combination of racism, economic suppression, lack of democratic and legal rights, geography, and poor health, non-status and precarious migrants are exceptionally vulnerable to COVID-19. This is supported by aggregated data outlining the spatial concentrations of cases in low-income, racialized, and migrant-heavy neighborhoods in both Toronto and Montréal. Non-status and most precarious-status persons are highly likely to continue working regardless of the risk to exposure, as they cannot reliably access federal and provincial supports. Most of the time, they are excluded from provincial support programs, including both Québec and Ontario.[3] And, in the current context, most of them are also not eligible for the CERB. In this context, losing a job with no governmental social safety net represents a huge deterioration

2 Hanley, J. and Clevland, J, Population sans aucune couverture d'assurance-santé publique – Québec 2020 (Estimé), Institut universitaire Sherpa, CIUSSS Centre-Ouest de l'Ile-de-Montréal, available on request.

3 There is some disagreement among lawyers in Ontario on this point, but most agree that front-line workers generally do not think non-status migrants are eligible to receive Ontario Works (OW).

of their socioeconomic situation (which is often already precarious) and they can only turn to community organizations, food banks, peers, etc. to seek support.

The conditions in which non-status and precarious-status migrants work is also an important factor of risk to COVID-19. The best documented example at this point are seasonal agricultural workers. Migrant Workers Alliance for Change and Justice for Migrant Workers have reported systemic violations of workers' rights and COVID-19 emergency legislation relating to physical distancing and sanitation. Run by major corporations, farms crowd workers in small, shared dwellings without adequate physical distancing measures, face masks, or sanitizer., requiring shared bathrooms, showers, and eating utensils (MWAC, 2020; Hennebry, et al. 2020). Disregard for basic rights and health protocols have been linked to several outbreaks in Ontario farms. Hundreds have tested positive for COVID-19, three have died (Bonifacio Eugenio-Romero, Rogelio Muñoz Santos, and Juan López Chaparro) and several others are in intensive care units.

ACCESS TO HEALTHCARE DURING COVID-19

The pandemic has highlighted the need for more comprehensive health care coverage amid the interdependency of all individuals. The pandemic has tested the capacity of all three levels of government to coordinate their responses, to draw from and support the valuable work of the medical profession and community organizations. Some progress has been made, but measures are limited in effectiveness, scope, and scale.

On March 20, 2020, the Ontario Ministry of Health announced through a press release that it would "cover the cost of COVID-19 services for uninsured people who do not meet the criteria for OHIP coverage" (OMH 2020a). The same day, the Assistant Deputy Minister of Health sent a letter to Ontario hospitals requesting the providing of *all medically necessary* services to any patient present at a hospital, including those who do "not have health insurance under OHIP or another provincial health insurance plan", and promising to reimburse physicians and hospitals using designated fee codes (OMH 2020b).

Implementation of expanded coverage has been a challenge. First, the province has been unclear about the scope of available health services. Its media release referenced access to COVID-19 healthcare, but its letter to hospitals extends to "all medically necessary" services. This mixed message has led to front-line staff in hospitals denying care. Second, the province has not clearly communicated the policy to walk-in clinics. In its May 5 OHIP Bulletin 4756, the Ministry of Health issued fee codes for services "provided in the community".[4] The Ontario Medical Association (OMA) has disseminated a FAQ sheet to its members and, on June 5, the President of the OMA reiterated to all members that all healthcare will be covered for those who are uninsured during the COVID-19 pandemic. The collective OHIP for All compiled a list of clinics that provide health care to uninsured persons, as well as languages spoken in these clinics; just over 100 of the 800 clinics contacted confirmed access to non-status and precarious-status migrants at no cost.[5] The team created a Healthcare Access Ontario website that allows migrants to identify clinics in their neighborhood.[6]

In Québec, Médecins du Monde, other advocates, and community groups offering services to migrants with a precarious status, have immediately conveyed concerns regarding the coverage for diagnosis and treatment of COVID-19. At the end of March, the Québec Ministry of health and social services announced that COVID-19-related testing and care would be covered by the provincial health plan. However, it quickly became apparent that this change was insufficient to achieve its initial objective, which was to remove remaining barriers to testing and treatment of COVID-19. First, there was insufficient communication to health professionals and institutions, which led to people being billed for COVID-19 related care or needing an ID card for testing, which had the effect of discouraging people who did not have needed documents. Second, coverage only for COVID-19-related care has dissuaded people from seeking health care out of a fear of being billed for care related to other illnesses. As a consequence, these issues were quickly brought to the Québec Ministry of Health and calling for all services to be covered in the context of the pandemic for people without insurance, on the same model as Ontario. However, in contrast with the Ontario government, Québec has refused to budge from its usual practice, leaving an important blind spot in its response, despite being the province with the most cases in Canada.

On May 21, 2020, due to the lack of action of certain provinces and inadequate action in others, the Healthcare for All National Coalition (a group made of migrants right defenders and healthcare organizations) sent an open letter signed by more than 200 organizations to the federal and provincial governments. The letter demanded that all people living in Canada be able to access health care for free and without fear of being reported to the CBSA. It called on the CBSA to officially pledge that accessing healthcare will not result in

4 www.health.gov.on.ca/en/pro/programs/ohip/bulletins/4000/bul4756.aspx

5 Data on file with authors.

6 http://healthcareaccessontario.herokuapp.com/

detention or deportation. On May 21, 2020, due to the lack of action of certain provinces and inadequate action in others, the Healthcare for All National Coalition (a group made of migrants right defenders and healthcare organizations) sent an open letter signed by more than 200 organizations to the federal and provincial governments. The letter demanded that all people living in Canada be able to access health care for free and without fear of being reported to the CBSA. It called on the CBSA to officially pledge that accessing healthcare will not result in detention or deportation.

ACCESS WITH(OUT) FEAR: HEALTH, POLICE, AND THE BORDER ENFORCEMENT

The threat of arrest, detention, and deportation is even greater in the context where the federal government being hostile to asylum seekers and where provinces and cities expand surveillance and restrictions on mobility. Under emergency law in Ontario and in Québec, all persons must identify themselves to officers if issued a ticket for breaching emergency orders. While the CBSA has reduced its inland enforcement operations, it still receives online reporting and has an open line of communication with local law enforcement and other government agencies. Making matters worse, Ontario has given police access to *critical information* about persons who have tested positive for COVID-19, including names, addresses, and date of birth (Ontario reg. 120/20). This effectively forces non-status migrants to weigh the right to be tested with the risk of being deported.

Patient privacy is another unresolved issue. Formal health privacy laws protect most data from being disclosed to law-enforcement agencies. But documents released by the CBSA through ATIP requests show that hospitals report patients several hundreds of times a year. In the case of British Columbia, calls were made to the CBSA as 243 times, ostensibly to check migrant status for the purposes of fee codes e.g. international student, temporary foreign worker.[7]

It is unclear why these calls needed to be made or why the CBSA was called, rather than the proper authority.

The CBSA has yet to issue an official statement on the status of its inland enforcement operations or specifically its use of health data or its partnerships with local authorities. In the absence of federal assurances, one solution would be for municipalities to move forward with Municipal ID Card policies. Used in San Francisco, New York, and other US cities, Municipal ID cards can be used to verify one's identity to police or by-law officers.

Toronto has chosen not to issue ID cards. Its concern rests with privacy. To issue cards, the city would have to collect the name and address of those who use them, and then store the data for one year. During this time, the CBSA could attempt to compel disclosure though a judicial order. There is no Canadian case law on whether a judge can compel cities to turn over data to the CBSA. Montréal has worked around the problem by subsidizing community organizations (Doctors of the World Canada and 3 participating partners) to issue ID cards to residents, which vouch for the identity and residence of applicants. In this way, the city never collects personal data.

The Montréal ID card program is a pilot project and is coordinated by Médecins du Monde. At present, the card is only issued to non-status and precarious-status migrants, and not all Montréal residents. The City of Montréal confirmed its intention to work towards a card for all its residents however, since it is not yet launched, subsidizing MdM to coordinate the pilot project will help to protect personal data of non-status and precarious status migrant.

Unfortunately, this pilot project is limited to city services and since the pandemic situation forced most city services to close, the ID card project was put on hold because people who would get the card could not use it. We believe it is very important to work towards a Montréal ID card for all, more so since the Montréal Police Service has not pledged to support sanctuary initiatives. Right now, since the ID card is being issued to non-status and precarious-status migrants only, this ID cannot be used to confirm your identity with the police and/or anywhere outside of city services.

CONCLUSION

Québec and Ontario have the dual distinction of being the provinces with the highest migrant populations and the most COVID-19 cases. Each has expanded access to healthcare, but neither has communicated clearly with health professionals or migrant rights organizations. The largest cities in each province – Toronto and Montréal – have experience with AWF policies, but municipal policies and services are of limited value today. To the contrary, restrictive by-laws and expanded roles for local police and by-law officers in managing this public health crisis render the city less safe. Precarious-status migrants in rural settings are also at considerably higher risk of contracting COVID-19 than the general population. While the lifting of formal legal barriers to (some) health services is valuable, and should become a national model, non-status and precarious-status migrants continue to face prohibitive structural, linguistic, ideological, and legal impediments that governments can, should, and must do away with.

7 Documents on file with the authors Request No. A-2018-21430 and A 203-17666.

REFERENCES

Canadian Council for Refugees (2016). "Migrant Workers: Precarious and Unsupported: A Canada-Wide Study on Access to Services for Migrant Workers": https://ccrweb.ca/sites/ccrweb.ca/files/migrant-workers-2016.pdf.

Barnes, N. (2011). "North American integration? Civil society and immigrant health policy convergence". *Politics and Policy*, 39(1).

Bernhard JK, Goldring L, Young J, Berenstein, C., and Wilson B. (2007). "Living with Precarious Legal Status in Canada: Implications for the Well-Being of Children and Families". *Refuge*. 24(2):101–14.

Bou-Zeid, Z. (2007). "Unwelcome But Tolerated: Irregular Migrants in Canada". AnnArbor, US: ProQuest.

City of Toronto. (2015). "Access to city services for undocumented Torontonians: Progress of the Access T.O. initiative". City Council Resolution. CD 8.4

Cole, D.C., McLaughlin, J.E., Hennebry, J.L., Tew, M.A. (2019). "Precarious Patients: Health Professionals' Perspectives on Providing Care to Mexican and Jamaican Migrants in Canada's Seasonal Agricultural Worker Program". *Rural and Remote Health* 19.

Migrant Workers Alliance for Change (2020): "Unheeded Warnings: COVID-19 & Migrant Workers in Canada". https://migrantworkersalliance.org/wp-content/uploads/2020/06/Unheeded-Warnings-COVID19-and-Migrant-Workers.pdf.

Gastaldo, D., Carrasco, C., & Magalhaes, L. (2012). "Entangled in a Web of Exploitation and Solidarity: Latin American Undocumented Workers in the Greater Toronto Area". Available at: www.migrationhealth.ca/sites/default/files Entangled_in_a_web_of_exploitation_and_solidarity_LQ.pdf.

Goldring, L., Berinstein, C. & Bernhard, J.K. (2009) "Institutionalizing Precarious Migratory Status in Canada", *Citizenship Studies*, 13:3: 239-265.

Hennebry, J., Caxaj, C.J, McLaughlin, J.E, and Mayell, S. (2020) "Coronavirus: Canada Stigmatizes, Jeopardizes Essential Migrant Workers". The Conversation (June 3): https://theconversation.com/coronavirus-canada-stigmatizes-jeopardizes-essential-migrant-workers-138879.

Hennebry J, McLaughlin J, and Preibisch K. 'Out of the loop': (In) "Access to Health Care for Migrant Workers in Canada". *Journal of International Migration and Integration* 2016; 17(2): 521-538.

Hudson, G, Atak, I., Manocchi, M., and Hannan, C. (2017). "(No) Access T.O.: A Pilot Study on Sanctuary City Policy in Toronto, Canada". Toronto: RCIS Working Paper 2017/1: www.ryerson.ca/content/dam/rcis/documents/RCIS%20Working%20Paper%202017_1GHudsonFinal%20.pdf.

Hynie, M. Ardern, C.I., and Roberston, A. (2016). Emergency Room Visits by Uninsured Child and Adult Residents in Ontario, Canada: "What Diagnoses, Severity and Visit Disposition Reveal About the Impact of Being Uninsured". *Journal of Immigrant and Minority Health*. 18: 948–956.

Khandor, E., McDonald, J., & Nyers, P. (2004). *The Regularization of Non-Status Immigrants in Canada, 1960-2004*: Past Policies, Current Perspectives, Active Campaigns. Toronto, CA: CERIS-The Ontario Metropolis Centre.

Ontario Ministry of Health (2020a). March 19, 2020 New Release: https://news.ontario.ca/mto/en/2020/03/ontario-extending-validation-periods-for-driver-vehicle-and-carrier-products-services-and-health-car.html.

Ontario Ministry of Health (2020b). March 20, 2020, *Memo to Ontario Hospitals and Ontario Health* (Local Health Integration Networks): www.ontariomidwives.ca/sites/default/files/IPAC%20Protocols/MOH%20memo%20%20funding%20for%20uninsured%20persons%20March%2020%202020.pdf

Ontario Regulation 120/20, Under Subsection 7.0.2.(4) of the Emergency Management and Civil Protection Act (R.S.O. 1990, c.E.9). Access To COVID-19 Status Information by Specified Persons.

Orkin AM, Lay M, McLaughlin J, Schwandt M, Cole D. "Medical repatriation of migrant farm workers in Ontario: a descriptive analysis". *Canadian Medical Association Journal OPEN*, 2014; 2(3).

Ruiz-Casares, M., Rousseau, C., Derluyn, I., Watters, C., & Crépeau, F. (2010). "Right and access to healthcare for undocumented children: Addressing the gap between international conventions and disparate implementations in North America and Europe". *Social Science & Medicine*, 70(2), 329-336

Soave Strategy Group (2006). "The Impact of Undocumented Workers on the Residential Construction Industry in the GTA". Toronto: SSG, Prepared for: Laborers' International Union of North America (LIUNA).

Toronto Public Health and Access Alliance Multicultural Health and Community Services. (2011). "The Global City: Newcomer Health in Toronto": www.toronto.ca/health/map/pdf/global_city/global_city.pdf.

COVID-19 AND MEATPACKERS IN SOUTHERN ALBERTA

AVOIDING 'THE CULTURALIST TRAP'

Bronwyn Bragg is a PhD candidate in geography at the University of British Columbia. She is also an affiliated researcher with the Centre for Refugee Studies at York University where she will start a SSHRC Postdoctoral Fellowship in January 2021.

The province of Alberta is home to two of the largest meatpacking plants in the country: Cargill in High River employs 2,000 workers; JBS Foods in Brooks employs 2,600 (Herring, 2020). Together these two plants account for 70 percent of Canada's beef supply (Rieger, 2020).

Meatpacking employees have the highest probability of a disabling injury of all manufacturing employees, at a rate that is more than double the manufacturing average in Alberta (Charlesbois & Summan, 2014). Modern plants rely on a Taylorist mode of production involving line workers standing shoulder-to-shoulder making the same cuts of meat over and over again. This results in a high rate of repetitive motion injuries (Stull & Broadway, 1995).

The first cases of COVID-19 were reported at Cargill in early April 2019. While workers pushed for the plant to close, media reports indicate that workers were incentivized to continue to come to work despite fears over the virus. As well, they were given confusing and misleading health information by their employer (Blaze Baum, Tait, & Grant, 2020). At the height of the outbreak, 1,500 cases could be traced back to Cargill, with two workers dying, along with the father of another worker (Klazsus, 2020). In Brooks, 900 cases of COVID-19 were reported among workers, and one worker died (Rieger, 2020).

As the scope and scale of the outbreak became evident, the provincial government, through the Chief Public Health Officer, Dr. Deena Hinshaw, sought to offer context for how the virus had spread so quickly in the community:

> "Many of the Filipino workers... live in large households where it's difficult for a sick person to isolate themselves. In some cases, their partners worked at health-care facilities and seniors residences with outbreaks of their own. Some of the workers also carpooled to work at Cargill. There's also a strong ethic in the Filipino community to not let the sniffles get in the way of a hard day's work, Hinshaw said." (Staples, 2020)

While certainly the living conditions of workers played a role in the spread of the virus – as many have noted, the ability to practice physical distancing is a privilege not available to all – these comments contributed to a narrative that quickly began circulating that effectively blamed workers for both contracting and spreading the virus. This narrative centered on the *cultural* practices of workers who were identified as living in overcrowded housing, carpooling, and being hardworking immigrants with a strong work ethic..

Little effort has been made, however, to differentiate between purported *cultural* practices of immigrant workers and the structural conditions of poverty, housing discrimination, and transnational financial obligation that might lead to the conditions cited. In turn, racialized workers in both Brooks and High River have faced heightened forms of racial discrimination from town residents (Dryden, 2020; Mosleh, 2020).

This is what Janes (2005) has referred to as a *culturalist tra*p where culture is uncritically used to explain social, economic and health inequalities. Stephanie Premji argues that

"commonly held discourses on culture in occupational health research are largely simplistic, individualist and uncritical" (Premiji, 2019, p. 461).

This has been the case with migrant and immigrant workers in Alberta's meatpacking industry, where cultural explanations have largely obscured a focus on the wider "ruling relations" (Smith, 2006) that precipitated the largest outbreak of COVID-19 related to one site (Cargill) in North America.

Rather than seeking cultural explanations, this outbreak must be contextualized within the multiple geographies of exploitation and vulnerability that made such an event possible. This includes examining the intersections between Canada's federal migration and immigration policies, a segmented labour market, inequitable access to occupational health and safety, and modes of regional governance that exacerbate conditions of worker vulnerability.

CANADIAN IM/MIGRATION POLICY

The meatpacking industry has long relied on immigrant and migrant labour to fill jobs considered undesirable by a local workforce. Michael Broadway documented the efforts of Lakeside Packers in Brooks (now JBS Foods) to fill positions at the plants with Canadian workers from Atlantic Canada and British Columbia during the 1990s which was successful for a time, but "once people returned home with tales of what it was like to work in the plant this labour supply soon dried up" (Broadway, 2013, p. 47).

Unable to fill positions with local or Canadian workers, Lakeside turned to immigrant and refugee workers. Broadway documents that between 2000 and 2005 approximately 2,000 Sub-Saharan refugees moved to Brooks Alberta to work at Lakeside. In 2005, packers at Lakeside went on strike to obtain a union contract, with most of the striking workers refugees from Sudan and Somalia, and one of the union leaders Sudanese (Broadway, 2013).

Broadway notes that following the strike, Lakeside's labour recruitment strategy shifted toward hiring workers through Canada's Temporary Foreign Worker Program. Specifically, the industry was interested in hiring workers "accustomed to physical labor" (*National Post* 2006, WK5 in Broadway, 2013, p. 49).

Temporary migrant workers in Canada endure a specific form of labour "unfreedom" (Strauss & McGrath, 2017) that limits their access to substantive rights in the workplace; and makes them particularly vulnerable to unsafe working conditions (exemplified by the pandemic, though amply evident well before COVID-19). Most significantly, the nature of work visas for *low-wage* Temporary Foreign Workers means that workers are dependent on their employer for their authorization to remain in Canada – radically disincentivizing complaints by workers (Nakache & Kinoshita, 2010).

Today, 70% of workers at Cargill are estimated to be from the Philippines, some are classified as Temporary Foreign Workers, others are Permanent Residents or Canadian citizens. In Brooks, the workforce at JBS Foods (formerly Lakeside Packers) is made up of a significant number of resettled refugees from East Africa – Sudan, Ethiopia, and Somalia.

This disproportionate presence of racialized workers in an industry known to be *dirty, dangerous and difficult* reflects a wider context of labour market segmentation in Canada (Block & Galabuzi, 2011). Data suggests that resettled refugees in Alberta, for example, often end up working in *low skill* jobs earning less than $20 an hour (Esses et al., 2013). This work often takes place out of the public spotlight, in remote or rural locations, and under conditions where workers struggle to access substantive rights to equitable workplace safety.

OCCUPATIONAL HEALTH AND SAFETY

Research on occupational health and safety (OHS) reveals that racialized, newcomer and migrant (temporary) workers face structural disadvantages when it comes to occupational health and safety (Lewchuk, 2013). This is largely the result of an occupational health and safety system driven by something called the "internal responsibility system," which effectively means that workers are responsible for ensuring that they are safe at work: It is a complaint-driven system where workers have to assert their rights to safety.

Temporary migrant workers face particular disadvantages in relation to OHS. Temporary migrant workers are vulnerable to a range of workplace hazards including unsafe work conditions, wage theft, exploitation and social isolation (Cedillo, Lippel & Nakache, 2019; Strauss & McGrath, 2017; Tungohan, 2018). They will often hide illness or injury from their employer as they fear being fired (Salami et al., 2018).

Migrant workers who enter Canada through the Temporary Foreign Worker Program face specific challenges vis-à-vis their occupational health and safety. Newcomer workers, including resettled refugees and immigrants, also face barriers to asserting fundamental rights in the workplace. Data on the specific barriers facing racialized and/or immigrant workers is difficult to determine as most of the data collected does not include immigration status or ethnicity. What evidence we do have suggests that immigrant workers face higher rates of injury than Canadian-born workers (Smith & Mustard, 2009).

Fundamentally, a complaints-driven system renders both temporary and permanent immigrant workers vulnerable to

unsafe work conditions – something the situation at Cargill and JBS Foods has brought home all too clearly.

REGIONAL GOVERNANCE

Industrial meat production has been at the center of Alberta's economy as far back as 1887, when rancher-entrepreneurs in Calgary were struggling to create an integrated beef industry (Ghitter & Smart, 2009, p. 628). Indeed, Calgary's contemporary urban geography can be traced back to the locations of original slaughterhouses that divided desirable from less desirable (i.e. downwind from the slaughterhouse) parts of the city (Ghitter & Smart, 2009).

In her study of a Cargill meat processing plant in a small town in Illinois, Faranak Miraftab (2016) found that Cargill benefited from a geography that did not have a strong history of labour organizing (unlike Chicago), was removed from the political and activist culture of more urbanized environments, and that had specific histories of racialization and class formation. Similar conditions define Southern Alberta's meatpacking towns of High River and Brooks. Broadway reports that Cargill was "lured to the province by plentiful supplies of beef cattle, a favorable labor climate and incentives from the provincial government" (Broadway 2013, p. 48).

This *favorable labor climate* is perhaps best exemplified by the Provincial Government's decision to designate the Cargill plant as essential during the COVID-19 crisis. This contributed to the plant remaining open well after early cases of COVID-19 were reported among workers. This is especially notable when we compare the Alberta situation to outbreaks at a poultry processing plant in British Columbia (Agahi, 2020) and at Cargill facility in Quebec (Blaze Baum, Tait & Grant, 2020b). In both cases the plants were quickly shut down, safety measures were implemented, and worker safety was protected.

CONCLUSION

As knowledge of the pandemic grows and it becomes increasingly clear that certain groups of people are more vulnerable to contracting the virus than others, it is critical that we "keep the institution in view" (McCoy, 2006). This means attending to the wider political economy and multiple geographies of COVID-19 and its spread. Rather than narrowly focusing on "culture," we need to view "affliction as the embodiment of social hierarchy." (Premji, 2019, p. 461).

REFERENCES

Agahi, E. (2020, April 29). "COVID-19 cases reported at 2 more B.C. poultry plants". CTV News, Retrieved from: https://bc.ctvnews.ca/COVID-19-cases-reported-at-2-more-b-c-poultry-plants-1.4917372.

Blaze Baum, K., Tait, C., & Grant, T. (2020, May 3). "How Cargill became the site of Canada's largest single outbreak of COVID-19". *The Globe and Mail*, Retrieved from: www.theglobeandmail.com/business/article-how-cargill-became-the-site-of-canadas-largest-single-outbreak-of/.

Blaze Baum, K., Tait, C., & Grant, T. (2020b, May 11). "Cargill shuts down Quebec plant after 64 workers test positive for COVID-19". *The Globe and Mail*, Retrieved from: www.theglobeandmail.com/canada/article-cargill-shuts-down-montreal-plant-after-64-workers-test-positive-for/.

Block, S., & Galabuzi, G. (2011). "Canada's colour-coded labour market: The gap for racialized worker". Toronto, ON: Wellesley Institute.

Broadway, M.J. (2013). "The world "meats" Canada: Meatpacking's role in the cultural transformation of Brooks, Alberta". *Focus on Geography* 56(2), 47-54.

Cedillo, L., Lippel, K., & Nakache, D. (2019). "Factors influencing the health and safety of temporary foreign workers in skilled and low-skilled occupations in Canada". *NEW SOLUTIONS: A Journal of Environmental and Occupational Health Policy*, 29(3), 422-458. doi:10.1177/1048291119867757

Charlebois, S., & Summan A. (2014). "Abbatoirs, meat processing and managerial challenges: A survey for lagging rural regions and food entrepreneurs in Ontario, Canada". *International Journal of Rural Management*, 10(1), 1-20.

Dryden, J. (2020, April 26). "Filipino workers at meatpacking plant feel unfairly blamed for Canada's biggest COVID-19 outbreak". CBC News, Retrieved from: www.cbc.ca/news/canada/calgary/cargill-high-river-jbs-brooks-deena-hinshaw-1.5545113.

Esses, V., Burstein, M., Ravanera, Z., Hallman, S., & Medianu, S. (2013). "Alberta settlement outcomes survey. Pathways to Prosperity". https://open.alberta.ca/dataset/dcf0c5d1-9894-402c-b479-e31b491d6518/resource/3a1833e9-98d5-4de2-bc41-1eeee76cd9c4/download/alberta-outcomes-settlement-survey-results.pdf.

Herring, J. (2020, May 7). "Brooks mayor wary of reopening as city's COVID-19 cases pass 1,000". *Calgary Herald*, Retrieved from: https://calgaryherald.com/news/brooks-COVID-19-jbs-update

Klazsus, J. (2020, May 12). "Racial disparity and the Cargill outbreak. Sprawlcast", Retrieved from: www.sprawlcalgary.com/sprawlcast-racism-cargill-outbreak

Lewchuk, W. (2013). " The limits of voice: Are workers afraid to express their health and safety rights?" *Osgoode Hall Law Journal*, 50(4), 789-812. https://digitalcommons.osgoode.yorku.ca/ohlj/vol50/iss4/2/.

McCoy, L. (2006). "Keeping the institution in view: Working with interview accounts of everyday experience". In D. Smith (Ed.), Institutional ethnography as practice (pp. 109-125). Toronto: Rowman & Littlefield Publishers, Inc.

Miraftab, F. (2016). "Global heartland: Displaced labor, transnational lives and local placemaking". Bloomington Indiana: Indiana University Press.

Nakache, D., & Kinoshita, P.J. (2010). "The Canadian Temporary Foreign Worker Program: Do short-term economic needs prevail over human rights concerns?". Montreal: Institute for Research on Public Policy. Retrieved from: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=1617255.

Premji, S. (2019). "Discourse on culture in research on immigrant and migrant workers' health". *American Journal of Industrial Medicine*, 62(6), 460-470. doi:10.1002/ajim.22987.

Rieger, S. (2020, May 20). "JBS Slaughterhouse in Brooks to increase production after COVID-19 outbreak". CBC News, Retrieved from: www.cbc.ca/news/canada/calgary/jbs-brooks-second-shift-1.5577695

Salami, B., Hegadoren, K., Kirova, A., Meherali, S., Nsaliwa, C., & Chiu, Y. (2018). "'And when a certain health issue happen, they try to cover it': Stakeholder perspectives on the health of temporary foreign workers and their families". *Social Work in Health Care*, 57(1), 13-26. doi:10.1080/00981389.2017.1379458.

Smith, D. E. (Ed.). (2006). Institutional ethnography as practice. Lanham, MD: Rowman & Littlefield.

Smith, P. M., & Mustard, C. A. (2009). "Comparing the risk of work-related injuries between immigrants to Canada and Canadian-born labour market participants". Occupational and Environmental Medicine, 66(6), 361-367. doi:10.1136/oem.2007.038646.

Staples, D. (2020, April 22). "David Staples: Dr. Hinshaw on Cargill outbreak: 'I take every case that could have been prevented as an opportunity to learn.'" *Edmonton Journal*. Retrieved from: https://edmontonjournal.com/news/local-news/david-staples-dr-hinshaw-on-cargill-outbreak-i-take-every-case-that-could-have-been-prevented-as-an-opportunity-to-learn/.

Strauss, K., & McGrath, S. (2017). "Temporary migration, precarious employment and unfree labour relations: Exploring the 'continuum of exploitation' in Canada's temporary foreign worker program". *Geoforum*, 78, 199-208. doi:10.1016/j.geoforum.2016.01.008.

Stull, D.D., & Broadway, M.J. (1995). "Killing them softly: Work in meatpacking plants and what it does to workers". In D.D. Stull, M.J. Broadway, & D. Griffith (Eds.), *Any way you cut it: Meat processing and small town America* (pp. 61-83). Lawrence: University Press of Kansas.

Tungohan, E. (2018). "Living with compromised legal status: Irregular temporary foreign workers in Alberta and the importance of imagining, strategizing, and inter-provincial legal consciousness". *International Migration*, 56(6), 207-220. doi:10.1111/imig.12506

FERTILE GROUND FOR RACISM

SARS-1 AND COVID-19 IN CANADA AND THE US:
HOW RACISM SHAPED AN EPIDEMIC AND PANDEMIC

Dr. Lori Wilkinson is a Professor in the Department of Sociology at the University of Manitoba and Director of Immigration Research West and Editor of the *Journal of International Migration and Integration*.

SETTING THE CONTEXT: THE 2003 SARS EPIDEMIC IN CANADA

In spring 2003, a new virus was killing people. First reports of this disease began in November 2002 in Guangdong province in southern China and is thought to have originated in animals – likely a bat, who passed it on to a civet cat which led to human transmission through open-air markets (WHO, n.d.). By the end of the outbreak, 8,347 people in 26 countries had contracted this disease, with 813 deaths, mostly concentrated in China (Hong Kong, Taiwan and Macao – WHO, 2003). The next most affected country was Canada – centred mainly in Toronto – where reports from the WHO (2003) indicate 250 confirmed cases and 38 deaths, though the Canadian government reports 438 probable cases with 44 deaths (IPAC, n.d.). Only 8 Americans were diagnosed with SARS (CDC, 2017). The first Canadian case recorded was in Toronto in February 2003 when an elderly woman returned from a wedding in Hong Kong and unknowingly returned with the virus (Rae and Zheng, 2006/2020).

Rather surprisingly, the disease-spread ceased abruptly in July 2003, less than seven months later, and has not returned. That disease was named Severe Acute Respiratory Syndrome, but it is better known by its acronym as SARS. At the time, researchers puzzled over various aspects of this strange, novel, and lethal disease. At its peak, the disease was highly transmissible, scoring a 3.0 on the Reproduction Scale, meaning that every sick person infects three others (WHO, 2003b). Similar to today, hospitals in Toronto were overwhelmed with a large number of serious cases requiring intensive care and hospitalization. No effective treatment was ever developed for those who were sickened. Physicians lauded an experimental drug, ribavirin, but discovered it was "doing more harm than good" (Public Health Agency of Canada, 2004). Travel advisories were issued worldwide and non-essential travel to Toronto was advised (WHO, 2003c). People were advised to wear masks as they went about their daily activities. And then, *suddenly*, the disease mutated and became far less viral. Those who became ill were no longer able to pass the disease to others. In less than a year, the hunt for a cure and the development of a vaccine ended. Markets deemed the virus extinct and no longer encouraged research given the low probability of an economically profitable return for pharmaceutical companies.

Not many Canadians realize that SARS-CoV-1 is part of the Coronavirus family which also causes Middle Eastern Respiratory Syndrome (MERS) and several varieties of the

common cold (CDC, 2020). SARS-CoV-2 is one of them. We know this virus as COVID-19 or coronavirus. The symptoms of COVID-19 are similar to SARS-1 and although COVID-19's reproduction rate is lower than SARS (about 2.0 at the time of writing), its global spread has reached pandemic proportions and has drastically changed our world.

SARS, COVID-19 AND THE RACISM THAT (INEVITABLY) FOLLOWS

Besides its genetic makeup, what does SARS-1 have in common with COVID-19? Like today, anti-Asian racism reared its ugly head in 2003. The Chinese Canadian National Council (CCNC, 2004) recorded some of the many instances of racism faced by Chinese and other Asian Canadians in their influential report, *Yellow Peril Revisited: The Impact of SARS on Chinese and Southeast Asian Communities*. The report chronicles the racism experienced by Asian-Canadians at the hands of other Canadians and the discourses advanced by various Canadian politicians, media and other public entities. Among the many examples in the CCNC report, *The Toronto Sun* was widely criticized for publishing a series of cartoons depicting Chinese Canadians and SARS in a racist manner (Leung, 2008). The Chinese and Southeast Asian Legal Clinic in Toronto reports that several Chinese Canadians were evicted from their rental properties due to fears they could introduce or spread SARS to others (Leung, 2008). Some of those persons evicted had never visited China. According to Dong (2008: 53), Chinese in Canada were "de-Canadianized... no longer seen as Canadians but as Chinese, and as SARS suspects".

Conspiracy theories implicating Chinese involvement in the development and spread of COVID-19 are similar when we consider the environment in 2003 versus 2020. In 2003, the CCNC's (2004) report states that they overheard other medical professionals discuss their belief that SARS was created in a lab and was part of a larger plot by China for world domination using biological weapons (Leung, 2008). Similarly, in 2020, there is also a widely held belief among many that COVID-19 was developed as a biological weapon in a Chinese lab (ADL, 2020; Bellemare, 2020a).[1] Results from our ACS/Leger Marketing Survey from the week of May 24 confirm continued public support of this type of conspiracy. Among American respondents, 51% believe COVID-19 was created as a biological weapon in a Chinese lab; among Canadians, 33.7% believed this to be true (ACS, 2020). Conspiracy theories have significant longevity and, in this case, persist for many decades after the fact. They are attached to racism against Chinese Canadians and Americans and help fuel and maintain racial supremacy.

Racism in the age of COVID-19 takes forms that is tied to belief in conspiracy theories. In a March 14 incident, a man in Calgary was arrested for calling a local Chinese restaurant and threatening to kill all Chinese people (Bellemare, 2020b). In Vancouver, city police are reporting higher than normal rates of hate crimes (Nair 2020). This involves several assaults, including an attack on a 92-year-old Chinese man with dementia (CBC, 2020). In the United States, the ADL (2020b) reports that almost every state is reporting COVID-19-related attacks against Asian Americans. For instance, flyers were distributed in Brooklyn blaming its Chinese residents for the creation and spread of the disease. Canada and the US are not alone in seeing a rise in anti-Chinese and anti-Asian racism. On May 8, UN Secretary General Antonio Guterres said that "the pandemic continues to unleash a tsunami of hate and xenophobia, scapegoating and scare-mongering" around the world (HRW, 2020).

Anti-immigrant, white supremacist, ultra-nationalist, anti-Semitic, and xenophobic conspiracy theories have targeted refugees, foreigners, prominent individuals, and political leaders. On the week of March 9, two weeks before the Canadian government introduced enforced closures of non-essential businesses, we asked Canadians in our COVID-19 and xenophobia survey, "with regard to Canadians of Iranian or Asian origin, how worried are you about being in personal contact?" Nearly one in ten (9.8%) indicated they were extremely worried to be in personal contact with a person of Iranian or Asian descent while another 21.8% were 'somewhat worried' (ACS, 2020b). Younger Canadians were the least likely to be worried about contact with Iranians or Asians (27%) versus those aged 55 and older (34%). Canadians living in Quebec (39%) and BC (39%) were the most likely to be worried about contact with an Asian or an Iranian compared to those in the Atlantic provinces (20%).

CANADIANS, AMERICANS, POLITICIANS AND RACISM IN A PANDEMIC

Politicians in both countries are also actively engaging in racist behavior related to the virus in 2020. In Canada, Alberta Premier Jason Kenney, questioned Canada's chief medical officer, Dr. Theresa Tam of simply *parroting* the Chinese Commun-

1 Interestingly, other countries have been accused of creating COVID-19 in a lab. The Chinese have blamed the United States for creating the virus (Enloe, 2020), as has the Ayatollah Ali Khamenei in Iran (Bellemare 2020b). Others believe that the virus was created in the National Microbiology Laboratory, located in Winnipeg. Reports suggested that a recently dismissed professor from China developed then stole the virus and took it with her to China when she was deported (Pauls and Yates, 2020). All reports have been verified as false claims; scientists worldwide have studied the virus and have concluded it could not have been created in a lab due to the genetic similarity to other wild-type viruses (Marshall, 2020).

ist Party agenda (Picard, 2020). In a widely criticized video, Conservative MP and leadership candidate Derek Sloan asked his supporters if they thought Dr. Tam was more loyal to China[2] than to Canada and demanded that she be terminated from her position (Turnbull, 2020). In the United States, politicians, including the president, have continually referred to corona virus as Kung-flu, Wuhan virus, Wu-flu, Chinese plague, and Chinese virus[3] (Filipovic, 2020; Cathey 2020). Trump and other political figures have tried to legitimate these labels by indicating that they speak only of China as the 'source' of the virus (Cillizza, 2020a; Cillizza 2020b; Cathey 2020). As American anthropologist Mari Webel (2020) reminds us, blaming China for the spread of disease is not new. The term "yellow peril" has been historically and inaccurately used to describe the Chinese people as disease carriers.

Canadians and Americans report increasing incidents of racism during the pandemic. In the week of June 8th, the ACS survey asked Canadians and Americans how often they hear racist or prejudiced comments about Black people and Chinese Canadians from their friends and family. One in four Canadians reported that racist comments against Black peoples (27%) and Chinese peoples (26%). Among Americans, 34% report hearing racism against Black peoples and 27% about Chinese peoples from family members or friends. When asked about seeing racist comments on social media, 44% of respondents reported they had seen racist comments about Black peoples, and another 37% report racism against Chinese peoples – numbers similar for both Canada and the US (ACS 2020c).

CONCLUSION

Although we are early in the COVID-19 pandemic, there are already multiple points of similarity with SARS-1. Like the SARS epidemic in 2003, conspiracy theories are spreading. The content and target of the conspiracy theories and racism are identical in 2003 and 2020. Americans and Canadians alike are reacting with similar levels of racism and distrust, particularly of Chinese and Asians. Reports of racism in forms of verbal attacks and physical assaults are increasing in both countries. Some politicians are taking advantage of systemic racism in our society to demean and mislabel the pandemic as a "Chinese plague" (Cillizza, 2020b). The similarities presented in the racist contexts of SARS in 2003 and COVID-19 in 2020 underscore the enduring, pervasive and epidemic nature of racism in both countries. It is easy for some Canadians and Americans to gravitate toward racist beliefs to explain the existence of a virus that threatens the lives of millions. When our politicians fail to extinguish the conspiracy theories that fuel these beliefs, our societies are doomed to continue to replicate the harmful, stereotypical and racist beliefs that are deeply embedded within our social, economic and political systems. The racism explicit within the public and political discourses of the 2003 epidemic and 2020 pandemic should give Americans and Canadians pause to reconsider their role in maintaining stereotypes and misconceptions about their fellow human beings.

2 Dr Tam is a Canadian citizen who was born in Hong Kong.

3 On March 18, as President Trump gave a national update, he again referred to COVID-19 as the "Chinese virus". Stock markets in New York were immediately and briefly closed (Cathey, 2020).

REFERENCES

Association for Canadian Studies, Canadian opinion on the Coronavirus – n°26: Canadian and American opinion on China's role in COVID-19 (2020): Accessed online June 19,2020 at: https://acs-aec.ca/wp-content/uploads/2020/06/ACS-Coronavirus-26-Canadian-and-Americans-Views-on-China-and-COVID-19-June-2020.pdf.

Association for Canadian Studies, Canadian opinion on the Coronavirus – n°2: majority of Canadians are for Border Closings and many Worry about contact with Asians and Iranians (2020b): Accessed online March 16, 2020 at: https://acs-aec.ca/wp-content/uploads/2020/03/ACS-Corona-Virus-2-Border-Closings-and-Worry-about-Contact-with-Asians-and-Iranians-March-2020.pdf.

Association for Canadian Studies, Weekly Pandemic Tracker, June 8 2020. Montreal: Association for Canadian Studies. Accessed online 18 June at https://acs-aec.ca/wp-content/uploads/2020/06/Leger-National-weekly-pandemic-tracker-june-8th-2020.pdf.

ADL, "Extremists Use Coronavirus to Advance Racist, Conspiratorial Agendas" (2020). Accessed online June 18, 2020 at: www.adl.org/blog/extremists-use-coronavirus-to-advance-racist-conspiratorial-agendas.

ADL, "Reports of Anti-Asian Assaults, Harassment and Hate Crimes Rise as Coronavirus Spreads" (2020b). Accessed online June 18, 2020 at: www.adl.org/blog/reports-of-anti-asian-assaults-harassment-and-hate-crimes-rise-as-coronavirus-spreads.

Asian Pacific Policy and Planning Council, Anti-Asian Incidents Across U.S. Near 1,900 over 8-Week Period (2020). Accessed online June 18, 2020 at: www.asianpacificpolicyandplanningcouncil.org/wp-content/uploads/Press_Release_6_9_20.pdf.

Bellemare, Andrea. "Far-right groups may try to take advantage of pandemic, watchdogs warn," CBC News post, April 09, 2020, www.cbc.ca/news/technology/far-right-opportunistic-COVID-pandemic-1.5526423.

Bellemare, Andrea, "No, the new Coronavirus wasn't created in a lab", scientists say Social Sharing, CBC News post, March 24, 2020b www.cbc.ca/news/technology/coronavirus-wasnt-created-in-lab-no-signs-genetic-engineering-1.5508735.

Cathey, Libby. Government response updates: Trump invokes Defense Production Act, closes southern border citing 'viral spread ABC News post, March 20, 2020," https://abcnews.go.com/Politics/trump-tweets-us-canada-closing-border-white-house/story?id=69660955&cid=clicksource_4380645_2_heads_hero_live_hero_hed.

CBC, "Vancouver police investigate alleged racially motivated attack against elderly Asian man with dementia", CBC News post, April 22, 2020, www.cbc.ca/news/canada/british-columbia/vancouver-police-investigate-alleged-racially-motivated-attack-against-elderly-asian-man-with-dementia-1.5541378.

CDC, (2020). "Common Human Coronaviruses", Accessed online June 18, 2020 at: www.cdc.gov/coronavirus/general-information.html.

CDC SARS Basic Fact Sheet. Atlanta: CDC, 2017. Accessed online at www.cdc.gov/sars/about/fs-sars.html.

Cillizza, Chris, "The 37 most shocking lines from Donald Trump's 'interview' with Sean Hannity", CNN International June 18 2020. Accessed online June 18 2020 at https://edition.cnn.com/2020/06/18/politics/sean-hannity-donald-trump-john-bolton/index.html.

Cillizza, Chris, Yes, of course Donald Trump is calling coronavirus the 'China virus' for political reasons, CNN News post, March, 20, 2020, https://edition.cnn.com/2020/03/20/politics/donald-trump-china-virus-coronavirus/index.html.

Dong, W., "Beyond SARS: Ethnic community organization's role in public health – a Toronto experience, IUHPE" Promotion and Education 15(4): 53-55, 2008. Accessed online 18 June 2020 at https://journals-sagepub com.uml.idm.oclc.org/doi/pdf/10.1177/1025382308097699.

Enloe, Chris, "State Dept. 'hauled in' Chinese ambo-then put China 'on notice' for lying to world, blaming America for Coronavirus", *The Blaze* News post, March 14, 2020, www.theblaze.com/news/state-department-hauled-in-chinese-ambassador-confronts-china-for-lying-to-world-blaming-america.

Filipovic, Jill., " Trump's malicious use of 'Chinese virus", *CNN News* post, March 18,2020, https://edition.cnn.com/2020/03/18/opinions/trumps-malicious-use-of-chinese-virus-filipovic/index.html

IPAC (2020), SARS (Severe Acute Respiratory Syndrome) Aetiologic Agent. Ottawa: Infection Protection and Control Canada. Accessed online June 18 2020 at https://ipac-canada.org/sars.php.

Leung, Carrianne. "The yellow peril revisited: the impact of SARS on Chinese and Southea Asian Communities" (2008): Accessed online June18, 2020 at: https://go-gale-com.uml.idm.oclc.org/ps/i.do?p=CPI&u=winn62981&id=GALE|A195680111&v=2.1&it=r.

Marshall, Michael. "Did Coronavirus come from lab?", *NewScientist*, (2020) www.newscientist.com/term/coronavirus-come-lab/.

Nair, Hate has no place in British Columbia,' says premier on rise in anti-Asian crimes, CBC News post, May 06,2020, www.cbc.ca/news/canada/british-columbia/COVID-19-racism-bc-1.5558842.

Pauls, Karen and Jeff Yates, Online claims that Chinese scientists stole coronavirus from Winnipeg lab have 'no factual basis', *CBC News* post, January 29,2020, www.cbc.ca/news/canada/manitoba/china-coronavirus-online-chatter-conspiracy-1.5442376.

Picard, Andre, "Health officials deserve better than political pot shots", *The Globe and Mail* post, April 15, 2020, www.theglobeandmail.com/canada/article-health-officials-deserve-better-than-political-pot-shots/.

Public Health Agency of Canada, Chapter 2: "Learning from SARS: Renewal of public health in Canada-SARS in Canada: anatomy of an outbreak", Government of Canada, (2004): www.canada.ca/en/public-health/services/reports-publications/learning-sars-renewal-public-health-canada/chapter-2-sars-canada-anatomy-outbreak.html#Epilogue.

Rae, Rowana and Anda Zheng. SARS in Canada (2006). Accessed online June 18, 2020 at: www.thecanadianencyclopedia.ca/en/article/sars-severe-acute-respiratory-syndrome.

Turnbull, Sarah. " County officials in Sloan's riding call on Scheer to take action over 'cruel, racist' comments", *CTV News* post, April 23, 2020, www.ctvnews.ca/politics/pm-trudeau-condemns-COVID-19-racism-as-tory-mp-calls-for-tam-to-be-fired-1.4908902.

Webel, Mari. "Naming the New Coronavirus – Why Taking Wuhan out of the Picture Matters" (2020): https://getpocket.com/explore/item/naming-the-new-coronavirus-why-taking-wuhan-out-of-the-picture-matters?utm_source=pocket-newtab.

WHO. "Cumulative Number of Reported Probable Cases of SARS" (2003). www.who.int/csr/sars/country/2003_07_11/en/.

WHO. "Consensus document on the epidemiology of severe acute respiratory syndrome (SARS)" (2003b): www.who.int/csr/sars/en/WHOconsensus.pdf?ua=1.

WHO, "World Health organization lifts Toronto travel advisory, maintains advice for areas of China", (2003c): www.who.int/mediacentre/news/notes/2003/np9/en/.

WHO, SARS (Severe Acute Respiratory Syndrome) (n.d): www.who.int/ith/diseases/sars/en/.

EAST ASIAN CANADIANS, DISCRIMINATION, AND THE MENTAL HEALTH IMPACT OF COVID-19

Cary Wu is an Assistant Professor in the Department of Sociology at York University; Rima Wilkes is a Professor in the Department of Sociology at the University of British Columbia; **Yue Qian** is an Assistant Professor in the Department of Sociology at the University of British Columbia; and **Eric B. Kennedy** is an Assistant Professor in the School of Administrative Studies at York University.

INTRODUCTION

The COVID-19 pandemic has led to widespread mental health issues. Crowdsourcing data collected between April 24 and May 11, 2020 show that 24% of Canadians reported fair or poor mental health (Statistics Canada 2020).[1] In contrast, before the pandemic, only 8% of Canadians reported fair or poor mental health (Canadian Community Health Survey 2018; see also Statistics Canada 2020). Indeed, when asked how their mental health has changed since physical distancing began, over half (52%) of the respondents indicated that their mental health was either "somewhat worse" or "much worse" (Statistics Canada 2020).

Many of these mental health issues stem from a fear of getting sick, actual or feared job loss, loss of loved ones, and feelings of isolation. For Chinese and other East Asian Canadians, there is also the concomitant issue of stigmatization and racism. A Chinese Canadian National Council for Social Justice survey of 1,130 adults in Vancouver, Toronto, and Montreal found that 14 % of respondents were concerned that "all Chinese or Asian people carry the coronavirus" and that 20% did not think that "it's safe to sit next to an Asian or Chinese person on a bus who is not wearing a mask."[2] These numbers show that racist beliefs related to the coronavirus are held by more than a small minority.

Moreover, since the start of the outbreak, there has also been a spike in anti-Asian hate crimes in Canada. In Vancouver, 29 anti-Asian attacks have occurred since the COVID-19 pandemic hit B.C. compared to only 4 similar cases in the year before COVID-19.[3] Recently, several civil community organizations, including the Chinese Canadian National Council, the Chinese and Southeast Asian Legal Clinic, and the Civic Engagement Network Society of Canada, developed the Fight COVID Racism platform.

To date, the organizers have documented 138 incidents of COVID-related racist harassment, 110 of them in May alone.[4]

Racism is a central, stubborn societal force that adversely affects the health of racial and ethnic minority populations. In particular, a large body of research has shown that experiences and perceptions of discrimination can have deleterious mental health consequences (Noh et al. 1999; Gee et al. 2007; Beiser and Hou 2016; Ong et al. 2017). Focusing

1 We acknowledge that crowdsourced data are not directly comparable to population estimates from a sample survey. However, these general patterns are consistent with recent results from Statistics Canada's probabilistic web panel survey "Canadian Perspective Survey Series 1: Impacts of COVID-19". The survey series also found that the self-perceived mental health of Canadians has fallen during the COVID-19 pandemic.

2 https://thetyee.ca/Analysis/2020/05/07/Shadow-Pandemic-Anti-Asian-Racism/

3 https://vancouversun.com/news/COVID-19-vancouver-police-provide-update-on-rise-in-hate-crimes

4 www.thestar.com/news/gta/2020/05/28/fighting-the-essence-of-scapegoating-facing-racist-violence-during-COVID-19-chinese-canadians-launch-new-website.html

on Korean immigrants in Canada, Noh and colleagues (2007) showed that perceived forms of both overt and subtle racial discrimination were associated with depressive symptoms. Similarly, De Maio and Kemp (2010) find that visible minorities and immigrants in Canada who experienced discrimination or unfair treatment after settling in the country are most likely to experience a decline in their mental health.

Recently, we analyzed data from the University of Southern California's Center for Economic and Social Research "Understanding Coronavirus in America" survey.[5] We found that 18% of Asian Americans reported encountering some instances of acute discrimination during the COVID-19 pandemic, compared to only 7% of white Americans. Acute discrimination clearly explains much of COVID-19-related mental health gap between white and Asian Americans (Wu et al. 2020).

In regards to Canada, there is evidence that before the pandemic, whites had higher levels of depressive episodes than Asians (Tiwari and Wang 2008). Using data from the Canadian Community Health Survey, Veenstra and colleagues (2020) also find that compared to white Canadians, Asian-Canadians report better mental health. Asians, however, are a highly diverse visible minority group, with salient within-group differences in physical appearance, language, and culture. Because the outbreak started in China and COVID-19 was referred to as a "Chinese virus," we need to consider whether Chinese and Chinese-looking East Asian (i.e., Korean and Japanese) Canadians have experienced more racist attacks, violence, and discrimination during the crisis than other groups. We need to consider whether East Asian Canadians face a disproportionate mental health impact due to the COVID-19 pandemic and, if so, whether the increased levels of discrimination explain this difference in impact.

OUR DATA

Using a probabilistic, stratified random sampling method, we conducted a nationally representative survey studying the social impacts of COVID-19 across Canada (Kennedy et al., 2020). Using a sampling frame of mail routes across the country (balanced for provincial, urban/rural, and metropolitan area representativeness) we solicited participation through a drive-to-web method (web address and QR-code) to a survey hosted by Qualia Analytics. All told, 2,033 respondents participated in the survey, with an average duration of completion of 24 minutes and 53 seconds.

The survey asked questions ranging from demographic status to the impact of COVID-19 on workplaces, personal habits, risk perceptions, and knowledge sources. Where possible, questions were standardized with pre-existing measures, including from the General Social Survey, census, and previous pandemic measures (e.g., Eisenman 2007). The analysis conducted in this paper focuses on respondents that participated in March and April, during the relatively early phase of the crisis in Canada. Data was cleaned to remove duplicate or erroneous entries, and will be made available *open access* following subsequent rounds of data collection.

We measured mental health using the 10-item version of the Center for Epidemiologic Studies Depression Scale (CES-D-10; see also Andresen et al. 1994). The CES-D-10 contained questions that asked, during the past week, whether respondents felt fearful, whether everything they did was an effort, whether they felt lonely, or were bothered by things that usually don't perturb them, or were happy, or hopeful about the future, or unmotivated, or had been sleeping fitfully, or had trouble focusing, or felt depressed. All question included four response choices: 0 = rarely or none of the time; 1 = some or a little of the time; 2 = occasionally or a moderate amount of the time; and 3 = most or all of the time. We reverse-coded the two positive-direction items so that higher scores indicated a greater prevalence of mental health symptoms. The final mental health measure ranged from 0-30.

We measured acute discrimination by combining answers to five questions that ask, in the past month, whether the respondent was treated with less courtesy (0 = no, 1 = yes), received poorer service (0 = no, 1 = yes), was threatened or harassed (0 = no, 1 = yes), was the subject of other people's fear (0 = no, 1 = yes), and was subjected to negative reactions from strangers in public spaces (0 = no, 1 = yes). We combined these responses to create an index of perceived discrimination, which ranges from 0 to 5, with higher scores indicating more encounters of acute discrimination.

In total, we include 1,710 respondents in our analysis, of which 1,664 (97%) were white Canadians, and 46 (3%) were East Asian Canadians.[6]

FINDINGS

We compared the gap in mental health between East Asian Canadians (Chinese, Japanese, and Korean) and white Canadians. We also considered the mental health gap between

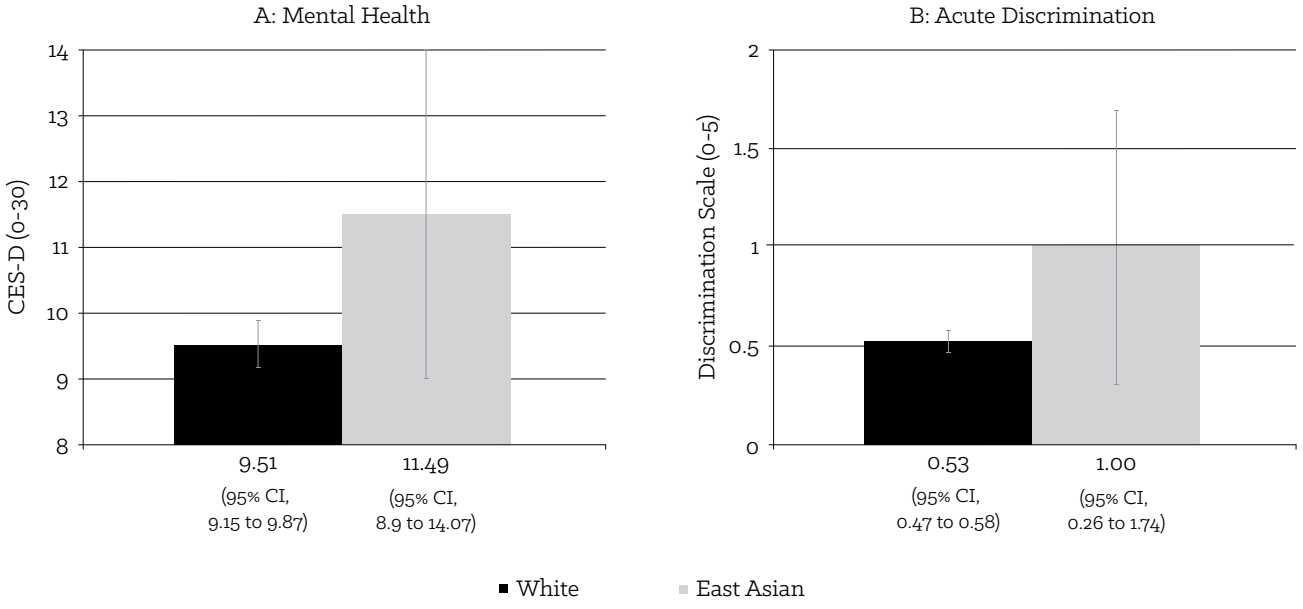
5 https://COVID19pulse.usc.edu

6 Most researchers suggest n > 30 as a recommended sample size for statistical testing (Salkind 2004) and therefore the sample size for East Asians is sufficient.

white Canadians and other visible minority groups such as South and Southeast Asian Canadians, Black Canadians, Aboriginal peoples, and other groups. However, only the East Asian-white mental health gap is significant after taking into account gender, education, and household income. The following discussion focuses on the East Asian-white mental gap only:

Figure 1 shows that East Asian Canadians had poorer mental health than white Canadians. On the CES-D-10 (range = 0-30), white Canadians reported an overall mean score of 9.51 [95% CI, 9.15 to 9.87], compared the East Asian Canadian mean score of 11.49 [95% CI, 8.9 to 14.07]. Figure 1 also shows that East Asian Canadians experienced more instances of discrimination. On the 0-5 perceived discrimination index, white Canadians reported a mean score of 0.53 [95% CI, 0.47 to 0.58], whereas East Asians reported about 1.00 [95% CI, 0.26 to 1.74].

FIGURE 1: COMPARING MENTAL HEALTH SYMPTOMS AND ACUTE DISCRIMINATION BETWEEN WHITE CANADIANS AND EAST ASIAN CANADIANS



Source: Authors' data analysis

Next, we considered whether acute discrimination helps to explain the mental health gap between East Asian and white Canadians. To do so, we estimated two OLS models: one that controls for demographics and the other that adds discrimination. The results of the two models are presented in Figure 2.

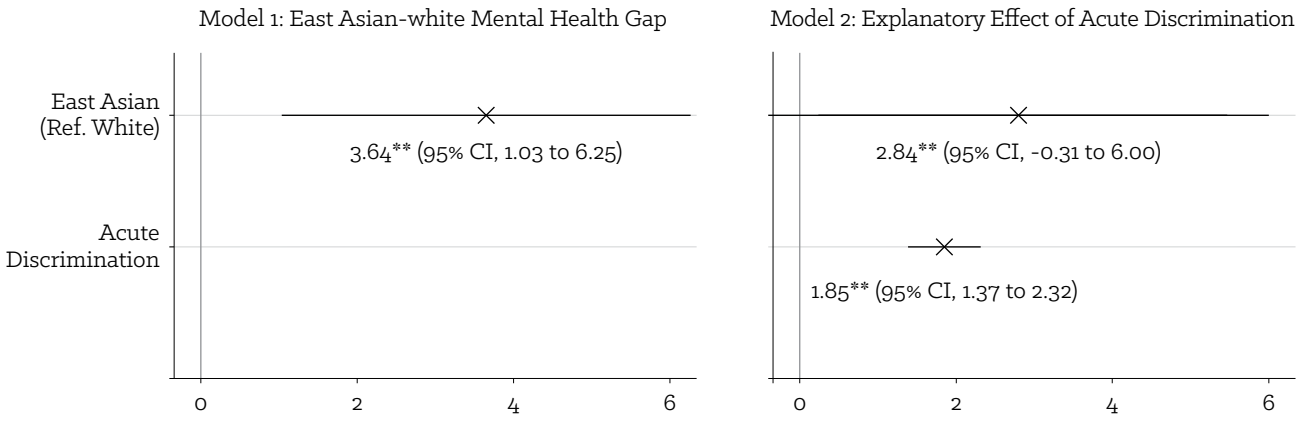
Specifically, Model (1) shows that, after controlling for demographics, East Asian Canadians' CES-D-10 score is 3.64 points higher than that of white Canadians, indicating that East Asian Canadians had significantly poorer mental health than their white Canadian counterparts during the COVID-19 pandemic ($p < 0.01$).

Model (2) shows two main findings: first, that acute discrimination has a significant and positive impact on mental health symptoms: every one-unit increase in acute discrimination is associated with a 1.85 [95% CI, 1.37 to 2.32] unit increase in mental health symptoms. Second, the mental health gap between East Asian and white Canadians is 2.84 [95% CI, -0.31 to 6.00]. The decrease in the mental health gap from 3.64 in Model (1) to 2.84 in Model (2) suggests that including the variable of acute discrimination can help explain over 20% (= (3.64-2.84)/3.64) of the East Asian-white mental health gap. Notably, after we control for acute discrimination, the East Asian-white mental health gap is no longer significant ($p > 0.05$).

CONCLUSION

Ultimately, the results from this study show that while the current COVID-19 pandemic has had deleterious mental health impacts on all Canadians, some groups have been more impacted than others. While there are clearly many vulnerable populations, such as children and adolescents,

FIGURE 2. MENTAL HEALTH GAP BETWEEN EAST ASIAN AND WHITE CANADIANS DURING THE COVID-19 PANDEMIC AND THE EFFECT OF ACUTE DISCIRMINATION



Source: Authors' data analysis

those in remote or rural areas and those belonging to lower socio-economic strata (Rajkumar 2020), here we focused on visible minorities in Canada. Specifically, because the outbreak started in China, Chinese and Chinese looking East Asian Canadians seem to have been more prone to racist attacks, violence, and discrimination during the crisis than other groups. We indeed find that during the COVID-19 pandemic, higher incidences of acute discrimination encountered by East Asian Canadians explain their higher levels of mental health symptoms as compared to white Canadians. Not only are they facing the impacts of COVID-19 itself, but also of rising anti-Asian attacks in their everyday life. As a result, there is a need to include mental health interventions and support designed specifically to address the needs of East Asian Canadians in response to the COVID-19 pandemic.

REFERENCES

Andresen, E. M., Malmgren, J. A., Carter, W. B., & Patrick, D. L. (1994). "Screening for depression in well older adults: Evaluation of a short form of the CES-D". *American Journal of Preventive Medicine*, 10(2), 77-84.

Asmundson, G. J., & Taylor, S. (2020). "How health anxiety influences responses to viral outbreaks like COVID-19: What all decision-makers, health authorities, and health care professionals need to know". *Journal of Anxiety Disorders*, 71, 102211-102211.

Beiser, M., & Hou, F. (2016). "Mental health effects of premigration trauma and postmigration discrimination on refugee youth in Canada'. *The Journal of Nervous and Mental Disease*, 204(6), 464-470.

Eisenman, David P. 2007. 2007 Public Health Response to Emergent Health Treats Survey (PHRETS). David Geffen School of Medicine at UCLA. https://cphd.ph.ucla.edu/sites/default/files/downloads/PHRETS%202007%20Final%20Report_1.pdf.

Salkind N.J. Salk (2004). "Statistics for people who (think they) hate statistics". (2nd ed.). Thousand Oaks: Sage.

Gee, G. C., Spencer, M., Chen, J., Yip, T., & Takeuchi, D. T. (2007). "The association between self-reported racial discrimination and 12-month DSM-IV mental disorders among Asian Americans nationwide". *Social Science & Medicine*, 64(10), 1984-1996.

Kennedy, E. B., Vikse, J., Chaufan, C., O'Doherty, K., Wu, C., Qian, Y., & Fafard, P. (2020). Canadian COVID-19 Social Impacts Survey. Rapid Summary of Results #1: Risk Perceptions, Trust, Impacts, and Responses (York University Disaster and Emergency Management Technical Report #004). http://dx.doi.org/10.6084/m9.figshare.12121905.

Rajkumar, R. P. (2020). "COVID-19 and mental health: A review of the existing literature". *Asian Journal of Psychiatry*, 102066.

Thomson, M. S., Chaze, F., George, U., & Guruge, S. (2015). "Improving immigrant populations' access to mental health services in Canada: A review of barriers and recommendations". *Journal of Immigrant and Minority health*, 17(6), 1895-1905.

De Maio, F. G., & Kemp, E. (2010). "The deterioration of health status among immigrants to Canada". *Global Public Health*, 5(5), 462-478.

Noh, S., Beiser, M., Kaspar, V., Hou, F., & Rummens, J. (1999). "Perceived racial discrimination, depression, and coping: A study of Southeast Asian refugees in Canada". *Journal of Health and Social Behavior*, 193-207.

Noh, S., Kaspar, V., & Wickrama, K. A. S. (2007). "Overt and subtle racial discrimination and mental health: Preliminary findings for Korean immigrants". *American Journal of Public Health*, 97(7), 1269-1274.

Ong, A. D., Cerrada, C., Lee, R. A., & Williams, D. R. (2017). "Stigma consciousness, racial microaggressions, and sleep disturbance among Asian Americans". *Asian American Journal of Psychology*, 8(1), 72.

Pfefferbaum, B., & North, C. S. (2020). "Mental health and the COVID-19 pandemic". *New England Journal of Medicin*e.

Tiwari, S. K., & Wang, J. (2008). "Ethnic differences in mental health service use among White, Chinese, South Asian and South East Asian populations living in Canada". *Social Psychiatry and Psychiatric Epidemiology*, 43(11), 866.

Wu, C., Qian, Y., and Wilkes, R. (2020). "Acute discrimination and the Asian-white mental health gap during COVID-19". Working paper (draft available from the author).

COMMUNITY STRATEGIES AND EXPERIENCES

CRISIS RESPONSE AND COMMUNITY CONNECTIONS:

ONE AGENCY'S STRATEGY FOR SUPPORTING NEWCOMERS THROUGH THE COVID-19 PANDEMIC

Fariborz Birjandian is the CEO of the Calgary Catholic Immigration Society. From the local to the international level, Fariborz has served on committees, boards and task forces related to immigration, refugees, equal rights and the cultural arts. He has received numerous awards and recognitions for his community involvement, and for his commitment to ensuring that institutions, advisory groups and all levels of government work to recognize the needs and challenges faced by newcomers, promote the creation of welcoming and engaged communities, and recognize and celebrate diversity.

Karen O'Leary is the Manager of Research and Development for the Calgary Catholic Immigration Society. Throughout her 14 years with CCIS, Karen has specialized in curriculum development, grant writing, research, and helping to ensure that the organization's programs align with immigration trends, best practices, and emerging and evolving needs within the newcomer population.

Like other settlement agencies across the country, the Calgary Catholic Immigration Society (CCIS) provides a spectrum of services to help immigrants and refugees integrate into our workplaces, schools and communities, and to succeed in their new lives in Canada. From temporary accommodations for Government Assisted Refugees in our reception house, to settlement and therapeutic counselling, to language learning and employment training in our classrooms, these services have historically been delivered in-person and within the context of the vibrant sense of community we have built among our staff and clients in our various service locations.

Because of the nature of our work, the COVID-19 pandemic has presented settlement agencies with an unprecedented set of challenges. Most organizations within the sector have been tasked with transitioning their services to online platforms, while those that operate reception houses and serve high-needs populations have had to swiftly develop new safety protocol to continue service delivery while minimizing risk to their staff and clients.

The sector has benefitted greatly from the flexibility and support shown by our government funders, who have recognized the unique challenges posed to settlement agencies and prioritized the continuation of services for our clientele. Another unique advantage for the sector is the fact that many agencies, including CCIS, have organizational leaders and a large number of staff members who came to Canada as immigrants and refugees themselves. Many of these individuals, as well as our clients, have experienced crises and navigated times of uncertainty and, as a result, have honed their resilience and their ability to adapt.

Like settlement agencies across the country, the primary concern for CCIS over the past few months has been mitigating the impacts of the COVID-19 pandemic on the newcomer population, especially those who are most vulnerable. This has meant ensuring that newcomers have access to the information, resources and services they need to protect their health and safety, as well as providing them with a much-needed sense of community and belonging in a situation that has left many in isolation.

Immigration, Refugees and Citizenship Canada data shows that close to 43,000 newcomers arrived in Calgary over the past two years. As a direct result of global events and resettlement efforts on the part of the Federal Government, a growing number of these newcomers have been refugees. Since 2018,

CCIS has served close to 700 Government Assisted Refugees; a number of these individuals and families have experienced trauma and, because of cultural factors, language barriers, and complex mental and physical health issues, have been categorized as *high needs*.

For many of these recently arrived immigrants and refugees in the Calgary area, the COVID-19 pandemic has had significant repercussions. Hiring freezes, layoffs, school and daycare closures, and restrictions on in-person services at financial institutions and government and registry offices, for example, have stalled and disrupted many newcomers' settlement and integration processes. For those with limited supportive networks, the pandemic has exacerbated feelings of disconnection and disengagement from Canadian society, while also presenting the challenge of falling ill and undergoing isolation without external help from friends and family.

To continue supporting these newcomers, CCIS moved our settlement, community development and integration, and employment programs and services online. This approach not only ensured that our clients could continue learning English, enhancing their skills, conducting their employment searches and furthering their settlement and integration processes, but provided them with a much-needed sense of community and connection to our staff members, community volunteers and other newcomers.

At the outset of the pandemic, CCIS recognized that the challenges would be even greater for high-needs newcomers, including many refugees. We questioned how our clients with significant cultural and linguistic barriers would access and understand up-to-date pandemic information and directives for protecting their health and safety. We were concerned about their ability to advocate for themselves in unsafe workplaces; to access relevant resources, benefits and services; and to acquire food and medication. We also knew the devastating effects that quarantine procedures and social distancing would have on newcomers struggling with family violence, as well as individuals whose traumatic experiences are rooted in imprisonment and isolation.

In response to these concerns, CCIS compiled a list of close to 500 newcomer families that we considered to be at risk. These families included refugees, single mothers, individuals with disabilities and complex health needs, those suffering from trauma or experiencing family violence, those facing language and cultural barriers and those struggling with financial stability and food security.

In collaboration with other agencies and community partners, CCIS has developed a detailed protocol and a Crisis Response Team to identify and address the needs of these families on a case-by-case basis, ensuring that they have access to vital information, resources and culturally sensitive support. Through a centralized intake, the Crisis Response Team has been conducting individual assessments and creating coordinated service plans to address newcomers' immediate needs through direct resources, community referrals and logistical supports in the areas of family violence, mental wellness, health, housing and food security.

To effectively address the needs of our vulnerable newcomer families, CCIS had to continuously innovate and adapt; this included establishing new community partnerships, transforming our daycare into a Calgary Food Bank Community Depot (and working with local distributors to supplement food hampers with Halal products); mobilizing the many volunteer groups who came forward to lend a hand; and moving our multilingual and multidisciplinary staff members across divisions and service locations to where their skill sets and language proficiencies were needed most.

CCIS also replicated the Crisis Response Team Protocol through our Foothills Community Immigrant Services (FCIS) and Brooks and County Immigration Services (BCIS) offices to support the high numbers of newcomers, including many refugees, who have been settling in the rural communities of Brooks, Okotoks and High River. These supports were imperative in late April when the meat packing plants in Brooks and High River became the sites of large-scale COVID-19 outbreaks. In addition to providing Crisis Response Team services to workers who were affected, our rural offices contacted newcomers in smaller centres across Southern Alberta to make sure they understood, and had the necessary resources to comply with, COVID-19 health directives.

In addition to serving immigrants and refugees, CCIS also provides information and support to foreign nationals in possession of study permits, work permits and post-graduate open work permits, as well their dependents, through our Community Support Services program. Since March 2018, Calgary has welcomed over 18,000 work permit holders. Temporary Foreign Workers have been especially hard hit by the pandemic not only because many have lost their jobs, but also because this population tends to work in high-risk environments such as long-term care facilities and meat processing plants. International students have also been facing stressors such as decreased financial support from their families back home. Throughout the COVID-19 crisis, CCIS' Community Support Services team has been fielding questions from foreign nationals and outreaching to their clients across Southern Alberta to ensure that they understand health directives and are able to access essential resources such as food, medication, health services and emotional support.

CCIS has been serving immigrants and refugees in Calgary and Southern Alberta for close to 40 years, and the COVID-19 crisis has presented one of the most remarkable challenges in our organization's long history. We are proud, however, that we have successfully modified and adapted our service delivery while establishing new emergency and safety protocols. We

have also been heartened to see how service providers, community partners, government funders and volunteers have come together to protect the health and safety of the most vulnerable newcomers in our community.

We recognize that ours is one of many stories, from across Canada's settlement sector, of agencies innovating, adapting and growing their service delivery to meet this challenge and to guide their clients through these unprecedented circumstances. As a next step, we look forward to opportunities for the sector to share experiences, lessons learned and best practices that will help us face similar challenges in the future. As we reflect on the response of the settlement sector to the COVID-19 pandemic, one of the most important achievements will unquestionably be the work done to ensure that, despite social distancing and isolation measures, newcomers to Canada maintained a sense of community and connection, and knew that they were not alone.

TRACKING NEWCOMER STORIES IN THE DAYS OF THE PANDEMIC IN MANITOBA

Don Boddy is the Regional Coordinator at the Manitoba Association of Newcomer Serving Organizations.

> "The truth about stories is that is all we are. You can't understand the world without telling a story, there isn't any centre to the world, but a story".
>
> – Thomas King

"I wish I could tell people in Canada to stop. To stop buying everything all the time," said 16-year-old Hanaa. "I have been through this before. In Syria, when the war started, everyone bought everything and only cared about themselves. This does not help. I wish I could tell people to think about and find out how to help eachother. Now is the time to be kind."

Out of the mouths of babes. Hanaa came to Portage la Prairie, Manitoba four years ago with her parents and two siblings through a (BVOR) refugee sponsorship. She was a young girl when the war began in Syria, and a bit older when her family fled to Turkey. Today, Hanaa is in grade 11, works part time, and has friends and family she chats with around the world due to the Syrian diaspora. She shared this wise insight as the COVID 19 pandemic lockdowns were just beginning and people were purchasing and hoarding supplies.

Thankfully, the numbers of those infected with the COVID-19 virus are relatively low in Manitoba, especially in rural communities[1]. However, the impacts of the "lockdown" and restrictions imposed by the Federal and Provincial governments in an effort to "flatten the curve" and keep as many as safe as possible have deeply impacted every Manitoban. For Hanaa, these impacts have meant school now being at home, isolation from friends and limited access to health, government and social services. Even though Hanaa has lived through more difficult days than most, she continues to have a wonderful laugh, and a hopeful and warm presence.

In my role as Regional Coordinator with MANSO (Manitoba Association of Newcomer Serving Organizations), I support organizations that provide settlement services to newcomers in Manitoba. These organizations assist with settlement services (housing, community connections, important documents, employment, etc.), provide official language training, support refugees in their resettlement, and guide their cities, towns and villages towards being welcoming and inclusive. Because I do not work directly with clients, I watch from a distance and I have the sacred honour of being a listener and collector of stories.

During this pandemic, there have been many essential stories of the virus told by governments, in traditional and social media, and in conversations. The spread of the virus and the daily counts of the ill, hospitalizations and deaths, are important to be told. Accounts of lockdowns, mass unemployment, and restrictions should also be documented. However, one cannot wonder if daily counts of resilience, hope, and kindness might be just as vital in getting us through the pandemic. Hanaa's life and her insight about kindness transcend the negativity and are just as important to tell. It is in this spirit, that I will share some rich narratives of newcomer impacts and responses.

1 At the time of the writing of this article, the numbers were low. However, the numbers of positive cases in rural Manitoba have dramatically increased.

Amadi is a settlement worker who lives with his wife and four children in southern Manitoba. Amadi enjoys his work of supporting newcomers who have recently arrived in Canada. He assists those who are on their pathways to permanency in Canada to make a new home here. Almost everything changed with the onset of the COVID-19 pandemic, except his dedication to his work.

From its early days, Manitoba has welcomed newcomers who came in search of good land and jobs, safety and peace, and the hope of providing something better for their children. Sometimes these early settler days came at great cost to indigenous peoples who were already living here. (Recently, there has been significant work of reconciliation with indigenous peoples.)

In the 21st Century, the Manitoba Provincial Nominee program, government and private refugee sponsorship and resettlement, and other immigration pathways, have meant that Manitoba has been a choice destination for newcomers from all over the world. Resettling in a new country can be hard. Nonetheless newcomers continue to arrive in Manitoba in record numbers.

Since the pandemic began, Amadi's bedroom has become his office and the rest of his small apartment a school for his children. He is no longer able to meet with clients in person, so work is more difficult as online video chats, texts and emails are simply slower. He does his best to support his clients and stay focused on their needs and goals. However, his roles constantly alternate between being settlement worker, teacher, dad and husband. He is passionate about his family and his work and feels the exhaustion caused during these pandemic days. More than his fatigue, he is appreciative that his family is safe and he is able to be there for them and the newcomers he works with.

Amadi and Hanaas' stories are just two of the hundreds I have heard since the pandemic began. I hope that you are in a place where you are able to truly hear some stories of the impacts of the pandemic and newcomer resilience and hope.

Melvin and his family arrived in Russell, Manitoba in the winter of 2020. They were just beginning to call this new community home when the lockdowns meant a loss of employment for mom, school age children having to learn from home with very little English, and quarantining from their new neighbours. However, they did not allow fear and frustration to defeat them, remaining hopeful that their new house would soon be home.

A newcomer from The Pas was transferred to a Winnipeg hospital with stage 4 cancer. His wife was still in the Philippines and travel restrictions meant she could not come. His community in northern Manitoba responded by raising money for the family, relaying their prayers, and settlement workers who went way beyond their job descriptions. While he is still very sick, recently he returned to hospital in The Pas and is now surrounded by friends that have become his pamilya (family).

There are many stories of innovative newcomer entrepreneurs in too many towns to mention, including Brandon, Winkler, Neepawa, and other rural communities whose businesses were deemed essential because of the services or products they supplied. The economic impacts of pandemic have been acutely felt by small business. These business leaders worked to be "COVID-19 compliant" keep their customers and staff safe, and used their creative spirit to adjust services and products.

As I attempt to share these stories in a way that connects and enlightens, in no way am I minimizing the fear and pain that has been part of the pandemic and the government's restrictions. There have been many tears shed and nights filled with anxiety and new tensions in the air. Often, newcomer cultures value the collective community and this was difficult in the COVID-19 context. Published research[2] showed that newcomer students are concerned about the impacts of school shutdown on their future goals. Media accounts of illness and death re-traumatize war-torn newcomers who fled to Canada to escape these horrific experiences.

However, as you read these stories, you can recognize the interwoven threads that are meaningful proof of the importance of immigration beyond work and jobs. Together, all of us make our communities and Canada better. There is fear, yet one can discern the faint whisper of courage. There is loss, yet also less grumbling. There is frustration, but also deep gratitude for all that Canada has been doing to help its people. There is quarantine, yet one can also hear the compassion of community.

Often the cacophony of negative news of loss and illness can drown out the subtlety of soft sweet life giving grace, kindness and courage. These are the stories that go deep inside and give us life. So, I ask you one more time, to have ears that hear and a heart that's open, as I share this last story.

Miguel moved to Canada in 2014, leaving his family in their home country as he pursued their dream of living life in this new land. Eventually, he settled in Dauphin to establish his pathway to permanency in Canada. For more than six years, he had almost daily contact with his family and virtually celebrated birthdays and Christmases. In early 2020, he and his family received their Permanent Residence status in Canada

2 https://acs-aec.ca/wp-content/uploads/2020/05/Youth-Survey-Highlights-May-21-2020.pdf

and his family resigned from their employment and made plans to travel to their new home in rural Manitoba in April.

Then the pandemic came upon the world and international travel was shut down. In their country, there was little government support to assist families to get through the pandemic. While the situation seems dark and hopeless, Miguel knows his family will be ok and that someday they will be together on the prairies of Canada.

Friends of Miguel marvel as he shares his gratitude for the steps that the Canadian and Manitoban government have taken to keep everyone safe and support its citizens. While he longs for his family to arrive, he spends days planting red and white flowers because they remind him of Canada, with yellow flowers of hope.