

Race-Based Data is Not Racial Justice

June 18, 2020

The Black Public Health Collective (BPHC) is in rage and solidarity with Black communities locally and globally. In this moment, our communities are locked in an ongoing struggle for survival, livelihood and basic human rights. We are pushing back against a system designed to erase Black life, pathologize Blackness and reinforce ideologies of “inferiority.”

Our [communities were rarely afforded](#) opportunities to be healthy before the appearance of COVID-19. Since Ontario’s official lockdown began on March 17, not much has changed. [Research](#) continues to validate what our communities know from lived experiences. Anti-Black racism subjects Black people to higher rates of poverty, unsafe working conditions, poorer health and overrepresentation in the legal system. As COVID-19 continues to spread, these deeply pre-seeded inequities produce deadly outcomes. Yet, the [various pandemic responses](#) have only further compounded these effects, and continued to monitor and suppress Black Life.

In this context, many groups are calling for the [collection of race-based health data](#). Proponents suggest that such data is needed to better understand the impacts of COVID-19 on communities of colour in order to reallocate resources. We know, however, that data has always been extracted from Black communities, though historically not owned by us or accessible to us. There is little evidence that health care or public health systems have used this data to materially change our lives for the better. Instead, data extracted from Black communities by the state has been used to harm us. We have no reason to believe race-based health data will be anything more than another weapon in the armory of state-implemented anti-Black operations, one that will cause violence far beyond this moment.

Existing COVID-19 data has already been used to assign greater police presence in ‘COVID hotspots’. These related narratives have pathologized Black communities as the “sick” and reinforced harmful narratives about us. More generally, we have seen the emergence of [“policing the pandemic”](#), with the Ontario government giving first responders, such as police, access to COVID-19 testing data. As Black communities in Ontario are [disproportionately impacted](#) by this pandemic, granting police access to this data will only lead to more surveillance and harassment and potentially to arrest and detention. The most recent example of this shows Toronto police [sharing an individual’s COVID-19 status and observed characteristics](#) with the Toronto Transit Commission in hopes to track and deny access to a public service.

Black communities already have ample [data](#) validating our cries for change. Our daily lived experiences accurately reflect the inequitable realities that shape nearly every facet of our existence. Our own communities are much better suited and trusted to collect data for the purposes of ending health disparities. We should consider learning from Indigenous communities who have recognized principles in place of [Ownership, Control, Access, and Possession](#) (OCAP©), which stress Indigenous self-determination in research processes.

Black people [have experienced much harm](#) and [violence at the hands of Canadian healthcare institutions](#). Institutions that cause harm and continue to harm Black communities cannot be looked to for the solutions.

Black Life is beautiful, needed and matters. As our communities face the intertwined challenges of COVID-19, public health and policing we will not remain idle. We will continue to embody resistance even as public state officials dismiss our experiences and offer the bare minimum in compliance to public outrage.

In Solidarity,

Black Public Health Collective

<http://blackpublichealth.ca/> @blkpublichealth