

Boute du Monde

Confidential Report

Submission to the Committee on the Rights of Persons with Disabilities – 32nd Session

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Country: Canada

Executive Summary

This submission, prepared by Bout du Monde, highlights systemic barriers faced by Black Canadians with chronic diseases within the framework of the CRPD. Chronic illnesses such as hypertension, diabetes, and sickle cell anemia disproportionately affect Black populations, exacerbating barriers to healthcare, employment, housing, and education.

The absence of accessible consultation mechanisms tailored to Black populations has limited their participation in policymaking processes, leading to gaps in addressing their unique challenges. This submission synthesizes available information to reflect how systemic anti-Black racism and the intersectionality of race, chronic illness, and disability perpetuate inequities.

Notably, coerced sterilization, inadequate health data, and a lack of compliance mechanisms continue to undermine the rights of Black Canadians.

Key recommendations include recognizing chronic diseases as disabilities, integrating these issues into Federal-Provincial-Territorial (FTP) agendas, implementing equity-based health policies, and strengthening compliance mechanisms to ensure Canada fulfills its obligations under the CRPD and other international frameworks.

Methodology

This report is based on a compilation of available information, including:

Reports and submissions from civil society organizations addressing the experiences of Black Canadians, such as:

Anti-Black Racism in Quebec Report, RANQ <https://www.anti-blackracism.ca>.

Santé des Noirs: Le Conseil médical du Canada

<https://mcc.ca/fr/objectifs/expert-medical/sante-des-populations-et-ses-facteurs-determinants/sante-des-noirs/>.

International human rights recommendations from the Universal Periodic Review (UPR) and the UN Committee against Torture.

Case studies and analyses of systemic health inequities affecting Black populations in Canada.

Thematic Sections

Equality and Non-Discrimination (Art. 5)

Gaps and Challenges

Quebec denies the existence of systemic racism, limiting policy reform and perpetuating inequities in health, education, and social services (RANQ, 2023).

Black Canadians experience systemic discrimination in accessing equitable healthcare and public services.

Recommendations

Appoint an Independent Black Equity Commissioner to monitor and address systemic racism in all sectors.

Recognize systemic racism as a barrier to disability rights and integrate anti-discrimination measures into health and disability policies.

Include systemic racism and intersectionality in FTP meetings and budget consultations to ensure targeted reforms.

Health (Art. 25)

Gaps and Challenges

Black Canadians face higher rates of chronic illnesses but remain underrepresented in health policy decision-making.

The lack of ethnocultural data collection, especially in Quebec, obscures the pandemic's impact on Black communities and limits targeted interventions (RANQ, 2023).

Coerced sterilization among Afro-descendant women is a documented human rights violation requiring immediate redress.

Recommendations

Conduct a national inquiry into coerced sterilizations and criminalize such practices.

Mandate anti-racism and cultural competency training for healthcare professionals.

Include health equity issues, particularly for Black communities, in the agendas of Federal-Provincial-Territorial (FTP) meetings and budget consultations:

“Healthcare is not a privilege but a right. The interconnectedness of rights—the right to life and the right to health—necessitates robust state intervention to address the unique health challenges faced by Black communities.”

Child Welfare (Art. 7)

Gaps and Challenges

Black children are overrepresented in child welfare systems due to cultural biases and systemic racism (Source).

Family interventions often fail to consider cultural diversity, leading to exclusion and trauma.

Recommendations

Recognize systemic racism in child welfare policies and ensure accountability mechanisms to address inequities.

Establish a Commissioner for Children's Rights to focus on the specific needs of Black families.

Provide mandatory cultural safety and anti-racism training for child protection workers.

Work and Employment (Art. 27)

Gaps and Challenges

Black Canadians with chronic diseases face compounded barriers to employment, including systemic racism and inadequate workplace accommodations.

Recommendations

Expand employment equity programs to explicitly include chronic illnesses as a protected category.

Require employers to provide reasonable accommodations for employees with chronic diseases.

Recommendations

General Recommendations

Appoint an Independent Black Equity Commissioner to address systemic racism across all sectors.

Recognize chronic diseases as disabilities under Canadian law and incorporate them into disability support frameworks.

Modernize data systems to include ethnocultural data on health outcomes, chronic illnesses, and disability prevalence among Black populations.

Health-Specific Recommendations

Ensure health equity issues are included in FTP meetings and budget consultations.

Develop culturally tailored healthcare programs for Black communities.

Mandate anti-racism and cultural competency training for healthcare providers.

Child Welfare Recommendations

Establish a Commissioner for Children's Rights to address systemic racism in child welfare policies.

Ensure family support programs reflect the cultural contexts of Black families.

The case of a Black individual living with a chronic illness, reported in Canadian media, highlights critical systemic failures in addressing the intersection of race, health, and dignity in death investigations. This individual was found deceased in a state of advanced decomposition in a music studio, months after their suspected death. Despite seeking medical care shortly before their death, the healthcare system failed to provide the necessary interventions. The coroner's report attributed the individual's death to personal circumstances, overlooking systemic shortcomings that contributed to the tragedy.

The report notably lacked an analysis of systemic and intersectional factors, such as systemic racism in healthcare and the barriers Black individuals with chronic illnesses face. The failure to contextualize the role of healthcare systems reflects a broader pattern of blaming marginalized individuals rather than addressing institutional inequities. This omission is particularly concerning given the individual's documented vulnerability, their reliance on a fragile support system, and their legitimate fear of seeking care in environments perceived as hostile or inadequate.

This situation exemplifies how systemic failures create a "catch-22" for Black individuals with chronic illnesses: the healthcare system's inability to provide culturally competent, nonjudgmental care deters individuals from seeking help, while the absence of supportive interventions leaves them vulnerable to preventable tragedies.

Recommendation:

To address these systemic gaps and ensure dignity in both life and death:

Establish independent review mechanisms for death investigations, ensuring the analysis of systemic and intersectional factors contributing to preventable deaths.

Require healthcare systems and coroner's offices to adopt a human rights-based framework for investigations, emphasizing systemic accountability over individual blame.

Integrate anti-racism and cultural competency training for coroners, healthcare providers, and investigators to ensure equitable and dignified treatment of marginalized individuals.

Include health equity, chronic disease management, and systemic racism in the agendas of Federal-Provincial-Territorial (FTP) meetings, emphasizing that health is not a privilege but a fundamental human right.

This case underscores the urgent need for systemic reforms in healthcare and investigative processes. The absence of comprehensive oversight mechanisms not only undermines the dignity of marginalized individuals but also perpetuates systemic injustices that endanger lives.

Conclusion

This submission underscores the urgency of addressing the systemic barriers faced by Black Canadians with chronic diseases. It calls on the CRPD Committee to advocate for inclusive consultation mechanisms and equity-based reforms that align with Canada's human rights obligations.

Appendices

Anti-Black Racism in Quebec Report, RANQ <https://www.anti-blackracism.ca>.

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