



**CONGRESS OF BLACK WOMEN OF CANADA
LE CONGRES DES FEMMES NOIRES DU CANADA
TORONTO CHAPTER**



October 16, 1996

INTRODUCTION

First, the Congress of Black Women of Canada - Toronto Chapter (CBWC - Toronto Chapter) would like to draw your attention to the Acknowledgements on page 1 of the report **"End the Silence on Racism in Health Care: Build a Movement Against Discrimination, Harassment and Reprisals - A Conference for Black Nurses and Other Health Care Workers"**. Barbara Diane Isaac, a Health Promotor and Past-President of our organization, was instrumental in launching this conference. Regretfully, she passed away suddenly on September 19, 1996, but her dedication to anti-racist health care will continue to inspire our work.

This deputation to the Anti-racism, Access and Equity Committee, The Municipality of Metropolitan Toronto (Committee), has been prepared with the contributions of many CBWC - Toronto Chapter members, a number of whom are health care workers. They include: Adonica Huggins, Claudine Charley, Evelyn Brody, June Veecock, Marjorie King, Akua Benjamin, Akilah Meade and Darlene Barnes.

On July 2, 1996, we presented our report to the Committee which includes 63 recommendations, themes and initiatives, identified and endorsed by over 200 conference participants, the majority from hospitals in The Municipality of Metropolitan Toronto including Centenary Health Centre, Lyndhurst, North York Branson, Northwestern General, Queen Elizabeth, Scarborough General, Sunnybrook, Toronto East General, Wellesley and Women's College, as well as other hospitals in Whitby, Oshawa, Ottawa and Windsor. We appreciate the support that we have received thus far from the Committee and would like to take this opportunity to expand on why it is crucial that Metro Council: (a) endorse this conference report; and (b) undertake to follow-up on key initiatives highlighted in the report's Executive Summary (page 3).

(3) The Provincial Government must establish a commission of inquiry into systemic racism in the health care sector including the mental health system.

Conference participants shared horrendous experiences of differential assignments, absence of supportive supervision, biased performance evaluations, scapegoating, culturally biased and derogatory labelling, being forced to work excessive hours of over-time without pay, over-monitoring, differential discipline, and the fabrication of so called "evidence" to support allegations of incompetence. Black health care workers collectively identified that these unchecked practices are long established patterns of the targeting of Black health care workers. As a result, an excessive and disproportionate number of Black nurses and other health care workers are being unfairly dismissed from their long held jobs. They are then forced to wage physically,

mentally and emotionally exhaustive and expensive battles through grievance, Ontario Labour Relations Board and Ontario Human Rights Commission processes. These Black health care workers and the CBWC - Toronto Chapter argue that this treatment and resulting loss of employment for so many, across numerous health care institutions, is arbitrary, and as proven in the case of Northwestern General Hospital, clear evidence of systemic racism. An inquiry into systemic racism in the health care sector is needed if we are to have systemic solutions.

(6) Health care institutions must provide mandatory anti-racism education and training to their staff, senior management, Board of Directors, etc.

Anti-racism training must be about: providing knowledge about the roots of racism; identifying how racism is seemingly attached to the intent to take opportunities from and harm People of Colour; and confronting systemic anti-Black racism.

Comprehensive anti-racism organizational change work is necessary to stop the pattern of Black nurses being deemed naturally competent to do heavy, debilitating and low status work, and thus their overrepresentation in chronic care units, while automatically deemed too incompetent to be trained for the more elite assignments in oncology, emergency, operating rooms, multi-organ transplant units and the ICU. The cases of Black women who have not secured management positions, in spite of years of service and high skill levels, is further evidence of differential treatment. The notion that so many Black health care workers are incompetent is an attempt to cover-up racist treatment, denial of training and promotion opportunities, and the setting up of Black health care workers to fail and quit, or be fired.

(7) Health care institutions must develop, implement, monitor and evaluate their employment policies and practices to ensure that racism and other forms of discrimination are eliminated.

Though some institutions do have written policies, Black health care workers complain that there is no effective implementation, monitoring and / or evaluation, and so the racist practices continue as if there were no policies at all. The Anti-Racism Task Force of the Joint Policy and Planning Committee has recently completed its report and, among a number of recommendations, calls for its anti-racism guidelines to be made mandatory by the Ministry of Health. The consequences for hospitals, community and mental health facilities that refuse to implement system wide anti-racism training and fair employment policies must be loss of accreditation and funding.

CONCLUSION

All constituents of The Municipality of Metropolitan Toronto are entitled to health care employment and services that are equitably delivered. As an employer and funder in this sector, The Municipality is a leading stake holder alongside Black health care workers and the CBWC - Toronto Chapter. We call upon Metro Council to mediate a systemic solution by forwarding our conference report to and meeting with senior provincial and federal government representatives to champion our recommendations.