



SUBMISSION TO:
THE UNITED NATIONS HUMAN RIGHTS
COMMITTEE, 132ND SESSION

FOR:
THE LIST OF ISSUES PRIOR TO REPORTING
FOR THE CANADA'S 7TH PERIODIC REVIEW

THE RIGHTS TO LIFE IN CANADA
Alternative Report Raising Issues Related to Article 6

Submitted by:
Canada Without Poverty
May 2021

1. Introduction

Canada Without Poverty (CWP) submits this brief to the United Nations Human Rights Committee in preparation for the review of Canada under the International Covenant on Civil and Political Rights (ICCPR) for the 132nd Session.

Founded in 1972 and operating as a leading national anti-poverty organization, CWP has represented the low-income population in Canada for almost 50 years. CWP's Board of Directors is comprised of people with direct, personal experience of poverty, both past and present. CWP has a network comprised of over 1,000 members across the country made up of individuals living in poverty as well as organizations representing low-income individuals.

CWP is committed to providing strong representation of people living in poverty and promoting a more robust societal understanding of the lived experience of poverty in Canada. Moreover, CWP acts to combat the stigmatization, discrimination, and social barriers faced by low-income people.

With a pan-Canadian reach, CWP is often called upon by parliamentary committees, civil society, and the media to speak about poverty as it relates to various stages of the life cycle and vulnerable demographic groups.

Under our former name, the National Anti-Poverty Organization, **CWP was the first non-governmental organization to appear before the UN Committee on Economic Social and Cultural Rights in 1993.** In 2015, CWP raised several issues to the Human Rights committee, including concerns regarding the right to freedom of speech and to assembly due to restrictions on charities under the Income Tax Act of Canada, as well as the right to life as protected by the Covenant in relation to poverty, homelessness, and hunger in Canada. CWP continues to identify the promotion of human rights as the fundamental justification for the eradication of poverty and serves as a central resource point on poverty and human rights in Canada.



The following written report outlines several of CWP's key concerns with respect to Canada's compliance with the ICCPR in the wake of the COVID-19 pandemic. These concerns have a direct impact on the enjoyment of the right to life as protected by the Covenant in relation to poverty, hunger, and health outcomes. Additionally, CWP calls on the Government of Canada to conduct comprehensive data-gathering initiatives on the impact of COVID-19 on marginalized communities, such as essential and migrant workers, and to engage in further study regarding the inequalities of vaccine distribution.

2. The Impact of Canada's Response to the COVID-19 Pandemic on the Enjoyment of Article 6 for Low-Income and Marginalized Communities

We are deeply concerned about the possible infringement of Article 6 of the ICCPR as a result of Canada's inadequate response to the COVID-19 pandemic, particularly with respect to low-income, racialized, and other vulnerable populations. General Comment No. 36 on the right to life states that Member States should take the necessary measures to address conditions that may give rise to direct threats to life, such as poverty.¹ States are also required to ensure access to food, water, shelter, healthcare, electricity, and sanitation to all who live within their borders. The General Comment also clarifies that the right to life must be ensured without distinction of any kind, including on the grounds of socioeconomic status, property, race, or social origin. As a signatory of the ICCPR, the Government of Canada has a clear responsibility under Article 6 to address poverty in the country, and in particular, the impact of the COVID-19 pandemic on low-income and marginalized communities.

A. Intensification of Poverty

Currently 1 in 7, or 4.9 million people are experiencing poverty across Canada. Extensive data compiled since the outset of the pandemic through the surveys like those conducted by the National Advisory Council on Poverty in 2020 and 2021, indicate that low-income individuals have been more severely impacted by the COVID-19 pandemic than other people in Canada. Through their failure to address the unique circumstances and challenges people living in poverty face, the Government of Canada has allowed the pandemic to exacerbate the challenges faced by low-income communities.

The Public Health Agency of Canada's (PHAC) model of "intensification of inequalities" groups COVID-19's intersecting factors in producing unequal outcomes into three key areas.²

The first is **differential exposure**, which refers to the "material circumstances of life" for many low-income individuals which increase their susceptibility to infection and illness. These circumstances include the inability to work from home, precarious job security,

¹ <https://www.ohchr.org/en/hrbodies/ccpr/pages/gc36-article6righttolife.aspx>

² <http://www.sprc.hamilton.on.ca/wp-content/uploads/2021/05/SPRC-Hamilton-Social-Landscape-COVID-19-Intensifications-of-Inequalities-May-2021.pdf>



access to paid sick leave, living conditions and reliance on services such as public transit and childcare.

The second area identified by PHAC is **differential susceptibility**, which refers to biological factors including age, exposure to disease, underlying health conditions, mental health, and behaviors such as nutrition or smoking.

The third area is **differential treatment**, which involves access to and experiences with the healthcare system, which including lack of access care due to financial or logistical barriers, and barriers to access services based on geographical location.

As the pandemic has continued to unfold, the inequalities outlined by the PHAC model have translated into tangible realities for many low-income people in Canada. For instance, differences in the ability to work remotely contribute to higher earnings inequality. Households with lower levels of education and income are typically the least likely to hold jobs that can be performed remotely. Due to work interruptions stemming from multiple lockdowns, many financially vulnerable families and low-wage workers have experienced sharp increases in earning inequality compared to those who are able to remotely.³ The impact of lockdowns also resulted in paid employment at significant hours dropping by 39% between December 2019 and December 2020.⁴

The lack of mandated paid sick leave has also had a significant impact on low-income communities throughout the pandemic. For many employees, paid sick days is the chief option for financial support if faced with a mandatory 14-day quarantine due to exposure to COVID-19. According to the Canadian Centre for Policy Alternatives, low-income workers are more likely to take leave that is unpaid to comply with health protocols, and therefore more likely to experience an unpaid quarantine. Just 42% of Canadian workers have access to paid sick days, with this rate dropping to around 10% for low-wage workers.⁵ In 2019, 14% of the leave taken by workers in the lowest income decile was paid, while those in the top decile had 74% of their leave covered by their employer.⁶

Paid sick leave is essential, particularly during the COVID-19 pandemic, as it allows employees to avoid the pressure of coming into work despite experiencing COVID-19 symptoms in order to maintain employment or avoid a reduction in their income.

Forcing workers to choose between working while sick or self-isolating without compensation is dangerous, unfair, and threatens the safety of all. Asking low-wage workers to stay home when sick shifts the burden of protecting public health onto them – a burden many cannot afford and can further intensify situations of poverty.

Although the Government has offered some supports since the onset of the COVID-19 pandemic, such as the Canada Emergency Response Benefit (CERB) and the Canadian

³ <https://www150.statcan.gc.ca/n1/pub/11-631-x/11-631-x2021001-eng.htm#a4>

⁴ <https://www150.statcan.gc.ca/n1/pub/11-631-x/11-631-x2021001-eng.htm#a4>

⁵ <https://www.policynote.ca/paid-sick-leave/>

⁶ https://www.policyalternatives.ca/sites/default/files/uploads/publications/2020/03/CCPA%20Report_COVID19%20and%20the%20Canadian%20Workforce.pdf



Recovery Benefit (CRB), crucial gaps remain in providing the financial support that would offset the impact of the pandemic. According to a study conducted at McMaster University, CERB recipients in Ontario experienced more financial hardship than those who did not need to apply for government support. Recipients of the Ontario Works (OW) or Ontario Disability Support Program (ODSP) reportedly experienced the most financial hardship of all.⁷ CERB recipients were one-third more likely and OW/ODSP recipients twice as likely to report that their personal debt increased during the pandemic. While 95% of those receiving no support were keeping up with their bills, over 15% of CERB recipients reported they were struggling to pay their bills, and more than half of OW/ODSP recipients reported they were falling behind.⁸

The COVID response initiatives put forth by the Government of Canada have not been sufficiently comprehensive to ensure the financial wellbeing of low-income households throughout the pandemic.

B. Food Insecurity

Prior to the COVID-19 pandemic, 12.7% of Canadian households were experiencing some degree of challenge in reliably affording the food they need. This figure increased to 14.6% in May 2020, with one in seven people across all ten provinces reporting experiences of food insecurity.⁹ Almost two-thirds of food insecure households are reliant on employment income, with low-wage, part-time, temporary, and racialized workers facing the greatest risk.¹⁰

The substantial overlap between food insecurity and difficulty in meeting financial obligations and essential needs demonstrates that food insecurity is an indicator of pervasive financial hardship. Food insecurity is strongly correlated with an inability to pay bills, afford medication, and make timely rent or mortgage payments. As the pandemic has significantly impacted the income stability of many households in Canada, it is no surprise that the problem of food insecurity would be further exacerbated as well.

There is a clear relationship between food insecurity and employment circumstances, wherein those working low-wage jobs are more likely to experience prolonged food insecurity than individuals in comparatively higher paying jobs. A study conducted by PROOF found that less than 5% of workers who transitioned from working outside the home to working remotely experienced food insecurity, whereas 13.9% of other workers were food insecure.¹¹ One-quarter of job-insecure individuals experienced food insecurity compared to 7.9% of their job-secure counterparts. Additionally, food insecurity was at least twice as prevalent among applicants for CERB or Employment Insurance (EI) than

⁷ <https://labourstudies.mcmaster.ca/research/impact-of-covid-19/financial-well-being-covid>

⁸ <https://labourstudies.mcmaster.ca/research/impact-of-covid-19/financial-well-being-covid>

⁹ <https://www.breakfastclubcanada.org/covid-impacts/>

¹⁰ <https://www.utpjournals.press/doi/pdf/10.3138/cpp.2021-001>

¹¹ <https://www.utpjournals.press/doi/pdf/10.3138/cpp.2021-001>



among those who did not experience work interruptions, and therefore did not need to apply for any government supports.

The study also identified that those most at-risk of food insecurity were those who had not been able to transition into working from home, workers absent from their jobs because of COVID-related business disruptions or lay-offs, those who had applied for CERB and those who believed they would likely be laid off.¹²

Food insecurity also has a significant impact on mental health. Statistics Canada reported that during the early months of the pandemic, households experiencing food insecurity were significantly more likely to report their mental health as fair or poor and to report moderate or severe anxiety symptoms when compared to food-secure households.¹³ Food insecurity has also been associated with inadequate diet quality and a host of physical and mental health issues. In the context of the COVID-19 pandemic, the stress experienced from food insecurity may be compounded further by physical and social isolation, worries about new health risks and deepening financial insecurity.¹⁴ Studies also show that those with high-risk conditions are more likely to be affected by food insecurity, meaning that these individuals are faced with the double risk of contracting COVID-19 in addition to the adverse health outcomes associated with poor nutrition.¹⁵

C. Disproportionate Impact on Racialized Communities

Although race-based data is not readily available across Canada, many sources indicate that racialized communities are being disproportionately impacted by the COVID-19 pandemic. These disproportionate impacts stem from pre-existing health inequities influenced by social and economic factors such as income, education, employment, and housing.¹⁶

Members of racialized communities are more likely to experience inequitable living and working conditions that increase their susceptibility to COVID-19, such as low-incomes, precarious employment, overcrowded housing and limited access to health and social services. Many also face increased risk of exposure to COVID-19 due to being essential workers whose jobs necessitate frequently interacting with the public and a limited ability to work remotely.¹⁷

Public Health Ontario has reported that COVID-19 rates are three times higher in areas with high proportions of racialized people, hospitalization and ICU rates are four times

¹² <https://www.utpjournals.press/doi/pdf/10.3138/cpp.2021-001>

¹³ <https://www150.statcan.gc.ca/n1/daily-quotidien/201216/dq201216d-eng.htm>

¹⁴ <https://www150.statcan.gc.ca/n1/daily-quotidien/201216/dq201216d-eng.htm>

¹⁵ <https://healthydebate.ca/2020/08/topic/fighting-food-insecurity-covid-19/>

¹⁶ <https://www.canada.ca/en/public-health/news/2021/02/cpho-sunday-edition-the-impact-of-covid-19-on-racialized-communities.html>

¹⁷ <https://www.canada.ca/en/public-health/news/2021/02/cpho-sunday-edition-the-impact-of-covid-19-on-racialized-communities.html>



higher, and mortality rates are doubled.¹⁸ In Toronto, despite composing only 52% of the population, racialized people accounted for 83% of COVID-19 cases between mid-May and mid-July of 2020.¹⁹ Black people had the highest share of COVID-19 cases at 21%, followed by South Asian and Indo-Caribbean at 20%, Southeast Asian at 17%, white at 17%, Arab/Middle Eastern/West Asian at 11%, Latin American at 10% and East Asian at 4%.

COVID-19 mortality rates have revealed the uneven health impacts of the pandemic on racialized communities. Areas with the highest proportion of population groups designated as visible minorities had a COVID-19 mortality rate approximately two times higher than those with the lowest proportion.²⁰ Additionally, the mortality rate was more than three times higher in the highest-proportion areas than in the lowest-proportion ones in Quebec and Ontario; in British Columbia, the mortality rate was more than ten times higher.

Black communities in Canada have faced particular difficulties throughout the COVID-19 pandemic. Pre-existing and current social determinants of health, including pre-existing structural inequities and discrimination, have had a significant impact on the disproportionate impact of COVID-19 on Black communities. Prior to the pandemic, 21% of the Black population lived in a low-income situation, compared with 12% of the rest of the population. Since March 2020, over 50% of black people are experiencing economic vulnerability arising from the COVID-19 crisis, with 61% having seen a decrease in their income, 50% having difficulty meeting financial obligations and 47% being unable to pay their mortgage or rent on time.²¹

COVID-19 has intensified existing structural inequalities, such as race-based discrimination in income security, healthcare access and job opportunities. It is critical that the Government of Canada develop an equitable and intersectional strategy to prevent further harm to marginalized communities as a result of the pandemic.

D. Preventable Deaths of Temporary Foreign Workers

The Government of Canada does not currently provide public data on COVID-19 infection and mortality rates for temporary foreign workers, also referred to as migrant workers. Migrant workers comprise a significant portion of the labor force, particularly within the crop production sector, where they represent over 27% of the temporary foreign workers in the country.

Migrant worker advocacy groups have raised concerns about the poor living and working conditions many workers experience, such as the inability to effectively social distance,

¹⁸ https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7787238/pdf/41997_2020_Article_456.pdf

¹⁹ <https://www.theglobeandmail.com/canada/article-torontos-marginalized-communities-disproportionately-affected-by/>

²⁰ <https://www150.statcan.gc.ca/n1/pub/11-631-x/11-631-x2021001-eng.htm#a4>

²¹ https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7787238/pdf/41997_2020_Article_456.pdf



unsanitary shared bathrooms, the lack of access to hand sanitization materials and personal protective equipment and inadequate meals provided in quarantine hotels.²² Migrant workers are not covered by Canada's publicly funded health insurance, rendering them susceptible to particularly adverse reactions to COVID-19, and thus it is critical to mitigate their risks of COVID-19 infection.

Reports from the Migrant Workers Alliance for Change and other advocacy groups have found that in Ontario, where 40% of temporary foreign workers are located, over 1500 foreign temporary workers have contracted COVID-19 and 5 workers have died from the virus since the start of the pandemic. The deaths of these workers, who were under the age of sixty and healthy, may have been prevented if migrant workers had been provided with safe living and working conditions.

In response to COVID-19 outbreaks and deaths amongst Ontario's migrant workers, the Deputy Chief Coroner in Ontario conducted a review of their working conditions. This review included 35 recommendations to the Government of Ontario and the Government of Canada to improve the accommodations and public health regulations for migrant worker residences and workplaces.²³ Unfortunately, there has been little information on the conditions for the other 60% of migrant workers in British Columbia, Quebec, and Nova Scotia. In order to better understand and address the impact of the pandemic on these individuals, CWP is calling for a national inquiry into the working and living conditions of migrant workers, as well as increased public reporting on how COVID-19 has impacted these communities.

E. Inequality of Vaccine Distribution

Vaccine rollout plans across the country have led to inequality in vaccination rates with marginalized, racialized, and impoverished communities experiencing low vaccine rates despite having the highest rates of COVID-19 infection.²⁴ In Ontario, vaccination coverage has been even across all neighborhoods in the province. An even distribution, however, does not meet the needs of different neighborhoods because specific areas have higher cumulative rates of COVID-19 infections than others. When accounting for this discrepancy, there is approximately twice the difference between vaccination rates and the need for vaccinations as measured by COVID-19 infection rates.²⁵

It is clear that Ontario in particular is not concentrating its vaccination efforts in places with the highest rates of illness, nor is it distributing vaccines in an equitable way to racialized and low-income neighborhoods. Reports indicate that South Asian, Black, and

²² <https://migrantworkersalliance.org/wp-content/uploads/2020/07/Letter-to-Immigration-Minister-English.pdf>; <https://thetyee.ca/News/2021/05/14/Migrant-Farm-Workers-Pandemic-Worse/>

²³ <https://www.mcscs.jus.gov.on.ca/sites/default/files/content/mcscs/docs/Report%20-%20DCC%27s%20Review%20of%20COVID->

[19%20Related%20Deaths%20of%20TFAWs%20in%202020.pdf](https://www.mcscs.jus.gov.on.ca/sites/default/files/content/mcscs/docs/Report%20-%20DCC%27s%20Review%20of%20COVID-19%20Related%20Deaths%20of%20TFAWs%20in%202020.pdf)

²⁴ <https://www.ices.on.ca/DAS/AHRQ/COVID-19-Dashboard>

²⁵ <https://www.wellesleyinstitute.com/wp-content/uploads/2021/04/An-uneven-recovery-Measuring-COVID-19-vaccine-equity-in-Ontario.pdf>



Latin American people have lower vaccination rates than White residents. In Toronto, there is a strong negative association between the impact of COVID-19, racialization, and vaccine rates; this demonstrates that vaccination efforts are not being concentrated in areas with the highest COVID impact.²⁶

Further, the Ontario Government has faced a Charter of Rights challenge that claimed the vaccine rollout did not adequately accommodate people with disabilities and homebound seniors as there were no transportation services to access vaccination sites, and the bulk of vaccination appointment booking has been only available online, making it more difficult for those who lack computer and internet access to book an appointment.²⁷ While data on vaccine distribution is less readily available from other jurisdictions, CWP is concerned that similar patterns may be replicated across the country.

There is a clear need to implement equitable vaccination strategies across Canada in order to reduce the disparities in illness and deaths by taking an intersectional approach in identifying which communities are in most dire need of immunization. National databases highlighting inequalities in COVID-19 infection and vaccine rates are also necessary to better understand failures in public health protection and vaccine rollouts, as well as improve policies for future health crises.

²⁶ <https://www.wellesleyinstitute.com/wp-content/uploads/2021/04/An-uneven-recovery-Measuring-COVID-19-vaccine-equity-in-Ontario.pdf>

²⁷ <https://www.cbc.ca/news/canada/toronto/covid-vaccine-discrimination-court-challenge-1.6014892>



3. Recommended List of Issues

We recommend that the Human Rights Committee ask the Government of Canada:

1. Will a national inquiry be conducted into the living and working conditions for temporary foreign workers across all sectors in Canada?
2. Will permanent residency status be granted to all temporary foreign workers so they can access health care, be provided with government benefits, and receive wages that reflect the minimum wage of their province of employment?
3. What measures will be taken to establish a public national database with disaggregate data on infection rates, vaccine rates, and financial impacts caused by COVID-19 in order to:
 - a. better understand how various communities were affected; and
 - b. act as lessons for future public health policies to address disparities between socioeconomic and racialized groups?
4. Please provide any available information about vaccine distribution across all provinces and territories in Canada and whether low-income, racialized, and other marginalized groups are being provided adequate access to immunization.
5. What policies, legislation, and initiatives will the Government of Canada develop to address the exacerbation of poverty and food insecurity during the post-pandemic period? How will the health, economic and social effects of the COVID-19 pandemic on poverty and food insecurity be offset in the coming months?