

***Marginalized Communities in Times of Crisis***

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The preliminary statistics regarding contraction and transmission, as well as mortality from the COVID-19, confirms (again) that marginalized communities face higher risks in health crises. Numerous overlapping factors account for this higher risk to marginalized communities: poverty and its many consequences of poor living conditions; tighter living quarters; inadequate nutrition; anxiety and overall psychological health); impeded access to health care and information (both before (creating underlying health issues) and during the pandemic; job insecurity; higher reliance on public transport – the list is relatively well-known. In my brief remarks I want to show how this plays out in an intersecting manner with the crisis in long-term health-care facilities (in Québec called *Centres d’hébergement et de soins de longue durée* = CHSLD). In Montréal in particular, a connection is becoming clear between the employment in CHSLD (under very bad conditions) of part-time workers from marginalized communities and transmission from one CHSLD to another of the COVID-19.