

# OPPRESSION

A Social Determinant of Health  
2ND EDITION

edited by

**ELIZABETH A. MCGIBBON**

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*To Em Case Gardner and Sophia Margaret McGibbon,  
ever inspirations that a just and  
compassionate society is at hand*

EXCERPT

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Excerpt

# Preface

When I was updating my first edition chapter about the mental health impacts of oppression (and how they are reframed as pathologies), I discovered a stark fact: In 2009, more than one million Canadian children, or one child in ten, lived in poverty — a more than 20 percent increase since 1989. In 2020, 1.3 million children, or one in five, live in conditions of poverty — a 30 percent increase since 2009. Canada is at a tipping point in terms of neoliberal public policy denial of the facts of worsening wealth inequality and the racialization and marginalization of poverty in our country — social murder and structural violence laid bare for all of us, especially those with governance power, to wake up and take responsibility and action. This book is a renewed call to decrease and halt injustices and to name the beneficiaries of market-driven and morally bankrupt wealth accumulation in Canada — the hidden side of worsening inequality and its entirely avoidable consequences.

The evidence and discussions in this book underscore the urgent need to reframe health inequities explicitly within the context of systemic oppression. Although there is increasing discussion in Canada about differences in health outcomes and how they may be related to social inequalities, there is a continued reluctance and resistance to identifying the root causes (the causes-of-the-causes) of disparities in health outcomes across race, social class, gender, sexual orientation and age, among others. The intersections of these oppressions, and the ways that their powerful synergy impacts health and well-being, are what complexity scientists refer to as “wicked problems” — which are, according to the National Collaborating Centre for Healthy Public Policy, a variety of particularly complex, persistent and resistant problems in public policy, where mechanistic and simple linear approaches in public policy are not useful for addressing health inequities. This book contributes to the relatively small but growing field of critical health studies in Canada, where the focus is

on political ideologies and resultant public policy that persistently supports oppressive social and material conditions.

My compass for this book rests in my years of clinical work on the pointy edges of material and social deprivation — community health centres, centres for homeless young people and inpatient/outpatient mental health clinics and institutions. In order to make meaning of what I witnessed, early on I realized that the sheer enormity of unfairness and relentless everyday injustices must surely have a source, a catalyst, an engine, a supporting apparatus. This is where change must happen. The more we (civil society, public policy makers, practitioners in the health and human services, researchers, and so on) know about the details of how oppression operates, the more we can tackle it. The writings in this book bring the reader into the realm of these details, with statistical and qualitative evidence, careful attention to theoretical notions that are important in understanding the mechanisms of oppression and a clear solution-based focus.