State of the INNER CITY

COVID 19: The Changing State of the Inner City

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Line queue stencils at St. Matthews Maryland drop-in, West End

Strengthening community in a time of isolation 2020

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COVER PHOTO

Karen Schlichting, social distance sidewalk stencils outside West End Commons, Winnipeg.

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From Shayna Plaut: my family and I are part of this story; we live and work in West Broadway and the West End. It is important for me to acknowledge the community of people, and community based organizations, who welcomed me in 2017 and continue to help take good care of me, my partner and my daughter while we try and document and support our neighbours so that we can all live a life of health, safety and dignity.

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State of the Inner City Reports 2005 – 2020

Date	Reports	Topics
2005	The Promise of Investment in Community-Led Renewal	1) Policy Considerations: • Describing inner-city • Statistical overview • Housing, employment development and education 2) A View from the Neighbourhoods: • Comparative analysis of Spence, Centennial and Lord Selkirk Park
2006	Inner City Voices: Community-Based Solutions	• A portrait of West Broadway and North Point Douglas • Inner-City Refugee Women: Lessons for public policy • Bridging the Community-Police Divide: Safety and security in Wpg's inner city
2007	Step by Step: Stories of Change in Winnipeg's Inner City	• Building a Community of Opportunity and Hope: Lord Selkirk Park housing developments • Costing an Ounce of Prevention: The fiscal benefits of investing in inner city preventive strategies (Cost to themselves and society of young women entering the street sex trade.) • Is Participation Having an Impact? (How do we measure progress in Wpg's inner city? A participatory approach to understanding outcomes.)
2008	Putting Our Housing in Order	• Policy, people and Wpg's inner city • Voicing housing experiences in inner city Wpg • From revitalization to revaluation in the Spence neighbourhood Homeownership for low-income households: Outcomes for families and communities
2009	It Takes All Day to be Poor	• Seven individuals document their experiences living on a low income budget • Tracking poverty in Wpg's inner city 1996 – 2006 (analysis of census data) • Lord Selkirk Park: Rebuilding from Within (How community and government can work together to make change for the better.)
2010	We're in it for the Long Haul	• Together we have CLOUT: Model of service delivery and analysis of "The Just City" • Early Childhood Education and Care in the Inner City and Beyond: Addressing the inequalities facing Wpg's Aboriginal children • Squeezed Out: The impact of rising rents and condo conversions on inner city neighbourhoods
2011	Neo-Liberalism: What a Difference a Theory Makes	• Manitoba's Employment and Income Assistance Program: Exploring the policy impacts on Wpg's inner city • Housing for People, Not Markets: Neoliberalism and housing in Wpg's inner city • Policy and the Unique Needs of Aboriginal Second-Chance Learners
2012	Breaking Barriers, Building Bridges	• Who's Accountable to the Community? (Two way accountability government to community-based organizations) • Fixing Our Divided City: Aboriginal and non-Aboriginal youth, inner city and non-inner city and Aboriginal Elders' dialogue on breaking down barriers
2013	A Youth Lens on Poverty	• Literature of Youth & Poverty: Safety, housing and education • Youth photovoice
2014	Community, Research & Social Change	• Its More than a Collection of Stories (Look back on community-led development and State of the Inner City research) • It takes a Community to Support a Family: Community-based supports and the child welfare system
2015	Drawing on our Strengths	• High and Rising Revisited: Changes in poverty and related inner city characteristics 1996 – 2011 • Indigenous and Newcomer Young People's Experiences of Employment and Unemployment • Beneath the Surface and Beyond the Present: Gains in fighting poverty in Wpg's inner city
2016	Reconciliation Lives Here	• Introduction by Dr. Niigaan Sinclair • A Marathon Not a Sprint: Reconciliation and organizations in Wpg's inner city • Bringing our Community Back: Grassroots and reconciliation in Wpg's inner city
2017	Finding Her Home: A Gender-based Analysis of the Homelessness Crisis in Winnipeg	(second part of 2016 report, released on March 8th, 2017 due to time needed to complete research) • Women and Homelessness: Winnipeg Street Census 2015 • Finding Her Home: A gender-based analysis of the homelessness crisis in Wpg • Women & Homelessness a Review of the Literature
2017	Between a Rock and a Hard Place: Challenges of Measuring Value and Impact in Community-based Organizations	
2018	Green Light Go: Improving Transportation Equity	
2019	Harm Reduction in the Inner City: Community-based Responses & Role of Government	
2020	COVID-19: The Changing State of the Inner City – Strengthening Community in a Time of Isolation	• Bridging the Gap: CBOs, Governmental Systems and Basic Needs • Never to Leave the Ground: How Indigenous communities cure pandemics • "We work in crisis all day long": Rethinking emergency planning in Wpg's inner city • Crisis, Interdependence, and Solidarity in the Inner City and Beyond

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Introduction

By Shayna Plaut

> "There is no amount of government system navigation that would have responded in as a quick of way as every community agency I know, to COVID-19"
> — *staff and management at West Central Women's Resource Centre*

> "When the leadership failed; community prevailed"
> — *sign outside of The Tallest Poppy, local restaurant in West Broadway community of Winnipeg*

FOR SIXTEEN YEARS, the Canadian Centre for Policy Alternatives - Manitoba office has walked alongside community-based organizations (CBOs) to document the strengths and challenges facing the hard-working and dedicated CBOs whose mandates are to serve the people of Winnipeg's inner city. The *State of the Inner City Report* series shines a light on the ecosystem of not-for-profit organizations who've emerged over the past forty years to respond to racialized, spatially concentrated inner city poverty; poverty that is double the average of Winnipeg as a whole. These organizations — some big and some very small — take direction from the communities they serve: to support the empowerment of residents including children, youth and families, as well as those who may live alone. They do so by providing no-barrier-to-access spaces, recreation and life-skills programming to those facing new as well as inter-generational traumas, access to basic needs and community driven safety through social development and neighborhood revitalization.

CBOs follow the Neechi Principles[1] of community development in Winnipeg and uphold the ethos of cooperation and mutual support. They have endured despite years of neoliberal policies which have seen government social services cut back or eliminated, little social housing created, social assistance rates far below the poverty line and all within the context of archaic government systems that lock out many of the people they are supposed to support systemic racism and a lack of substantive government action on Truth and Reconciliation.

After years of inadequate funding and macro-level economic and social issues that create systemic challenges every day in inner city Winnipeg, COVID hit. Thankfully the hard-working, creative and dedicated CBOs of Winnipeg were on the ground, ready to do what they could to lessen the impact of the pandemic on the communities they serve.

The topic of this year's report became obvious when we held our initial consultation with leaders of community development and community economic development organizations in mid-March to discuss common research priorities. We were in the middle of the first lockdown. Schools were closed. Shops were closed. The situation was new and scary. People were limiting contacts to those they trusted, and for many, that trust was with the community organizations where they already had connections.

But the CBOs were also struggling. They were struggling with how to keep themselves safe. Do we stay open? Do we close? Do we switch to outreach? Do we amp up the outreach we are already doing? If so, where do we get masks? Hand sanitizer? Toilet paper? They were struggling with how best to anticipate and then meet the needs of the communities. They were struggling with how to work remotely with often antiquated and inadequate technology. Many were struggling with funding cuts from the City and the Province and the fear of future cuts. Perhaps most importantly, they were struggling with how to consume, interpret and distribute a vast amount of ever changing public health information to the people they serve. Put simply, are frontline essential workers but are often not provided with the "hero's pay," personal protective equipment (PPE) or respect given to other frontline essential workers in other sectors.

CBOs have shown incredible innovation, tenacity and solidarity which enabled them to "pivot on a dime" and continue serving their communities when so much of the rest of the world was closed. Thus, unsurprisingly, the CBOs wanted *The State of the Inner City Report* to document, analyze and evaluate the impact of the pandemic on the inner city of Winnipeg in the middle of the largest global pandemic in a century.

Of course, at the time this was decided, it was assumed the pandemic (and all the disruption it brings) would be a short-term thing. This would be a report written in the past tense that could serve as a means of reflection and lessons learned.

As of late-November we can see this is certainly *not* the case.

COVID-19 is not over and thus this report is very much written in the fluctuating present — and that is one of the main findings of this research: the importance of flexibility (by all) and the skills, relationships and resources needed to adapt to ever changing contexts.

For purposes of research as well as this report, COVID can best be written about in phases: initial lockdown/the first wave (March – early June), "the summer" (mid-June – end of August), and the second wave (September – the present). It could be argued that the second lock down (November 12, 2020) is the beginning of the fourth phase. (See the Appendix for a COVID-19 timeline in Winnipeg.)

At the time of this writing, we are two weeks into the second lockdown in Manitoba. Our test positivity rate hovers around 14 percent with community transmission in Winnipeg counting for about 50% of the cases. We have been in a State of Emergency for nearly nine months and hundreds of doctors, nurses and teachers have written public letters begging for more support — especially from the Province.

But through it all, CBOs have found innovative ways to anticipate and respond to the needs of those they serve. And that is the purpose of this report: to document how community-based organizations met, and continue to meet, the needs of the communities they serve.

It is important not to paint CBOs with a single brush — each is different in scope, mandate, funding and size, and this very much influences how they do their work. Some of the CBOs profiled are large. Klinic, for example, has 170 employees. Central Neighbourhoods Winnipeg, by contrast, has 1.5 employees, while the Mama Bear Clan, which is the focus of Niigaan Sinclair's chapter, has a paid coordinator but otherwise is volunteer-driven by and for the community.[2]

The focus of this introduction and the subsequent chapter, written by Shayna Plaut, is to get a better understanding of how basic needs within inner city Winnipeg have changed, or been reprioritized by CBOs, throughout the different phases of the pandemic.[3] We then ask what support — financial, information, policy — do they (or did they) have from different levels of government: federal, provincial, municipal and/or Indigenous governments? What support did CBOs give one another? And lastly, what support do they need in order to do good work at this time?

Niigaan Sinclair writes about the incredible leadership of Indigenous women in the inner city, in his reflections on walking with the Mama Bear Clan during the pandemic. He reminds us that Indigenous people have survived sickness before, create and use ceremony to heal. This is much needed given the disproportionate impact of COVID-19 on Indigenous communities, which are already struggling under centuries of colonialism and racism.

In addition to this, we are also focusing on the lessons learned and ways to move forward. This is documented through two chapters. Justin Grift and Sarah Cooper's chapter focuses on understanding how the government's emergency response to the pandemic has played out in the inner city. It argues that consideration of the social determinants of health is essential in preparing for and responding to emergencies. It also describes the unique and important roles that CBOs have played, and will continue to play, in responding to the pandemic as bridges between communities and governmental systems.

The last chapter, by Katharina Maier and Bronwyn Dobchuk-Land, asks us to rethink the crisis as an opportunity for change. In other words: with everything disrupted, where do we — as people who live, work, study, love and play in the inner city of Winnipeg — want to go from here?

The Lenses of This Report

Intersectionality and the Personal is Political

Policy can be a blunt instrument but people's lives, and the experiences of their lives, are complex. As legal scholar Kimberlé Williams Crenshaw explained in 1991 when coining the phrase "intersectionality," people's race and class and gender — expanded to include one's sexuality, nationality, (dis)ability, familial status, Indigeneity and language all colour how one experiences different forms of oppression and privilege. Therefore, one's identity and position within society have wide impacts on how policy is written, and how it is experienced. Applying an intersectional lens to COVID: the closing of schools and daycares in Manitoba in March affected grandparents quite differently than a single parent or a teacher who is also a parent, let alone a high school student who does not have kids. Their experiences will also be influenced by their age, health status, class, geographic location etc. which, as put forth by sociologist Patricia Hill Collins (1986), shapes their perspectives (or "standpoint") on particular issues. In other words: how you identify yourself (including how you are seen/perceived) can be referred to

as your *positionality*, and your positionality may influence your approach to a particular issue or topic as well as where one may turn to for support.

For example, "home" is often considered a private space — one, as Pierre Trudeau famously stated, should be outside of the reach of government. But this assumes that a person has a home, and that the home is safe. If a person is experiencing homelessness, or domestic violence/intimate partner violence (DV/IPV) or is elderly and living alone, then suddenly things that would be rendered into the "private sphere" (such as access to a washroom, a person's safety or the devastating effect of isolation) become matters of political debate and public policy. But who is drafting public policy and for what public?

Who is drafting public policy and for what public?

This has important implications when thinking through COVID-19's effect on the inner city (following Tam, 2020, p. 22). As numerous as numerous people whom we interviewed for this report pointed out, there was a vast difference between people who had jobs that enabled them to work remotely, and those who worked in hospitality or retail. In terms of access to information it is a very different experience if you have consistent internet at home, or rely on the now closed library or community centre for computer access. In terms of food, and food insecurity, people who had access to a car to go to a big grocery store had a very different reality than those who walked/took the bus and were scrambling for toilet paper.

Too often it is those in positions of privilege who are writing and enforcing the policies, and those who are suffering from "interlocking systems of oppression" (Hill Collins, 1986; Crenshaw, 1991) who bear the brunt. Within Winnipeg the effects of the interlocking systems of oppression are most clearly seen with Indigenous residents, who according to the 2016 Canadian Census, make up 12.1 per cent of the city's population.

On-going Colonization and Displacement

Colonization is an ongoing process and the effects of displacement regarding Indigenous peoples' experiences during COVID are pressing. According to the 2016 Canadian census, fifty percent of Indigenous people in Canada live off reserve accounting for 970,000 people. Winnipeg is the homeland of the Métis nation and is located in Treaty One Territory, and in addition, has consistently served as a home and a hub for many First Nations people from reserves throughout Manitoba.

Because of the ongoing colonization and structural racism within the economic and health systems, Indigenous people have differential exposure and differential susceptibility to COVID-19 (Tam, 2020, pp. 23–28). During

the second wave, Indigenous peoples are experiencing the severest effects of COVID-19 with, as of December 3rd, 2020 accounting for 44 per cent of those in ICU due to COVID-19 identifying as Indigenous. According to the First Nations Health and Social Secretariat of Manitoba, as of November 27th , the test positivity rate for Indigenous peoples on reserve is 22 per cent and off reserve is 20 per cent, considerably higher than the 14 per cent of Manitobans in general. In addition, the effects of the public health and socio-political responses to COVID-19 affect Indigenous peoples in Winnipeg differently.

According to Statistics Canada's May 2020 report, "Indigenous Peoples in Urban Areas: Vulnerabilities to the Socioeconomic Impacts of COVID-19," the *economic starting point* for urban Indigenous peoples is much more precarious than non-Indigenous peoples. In 2016 one quarter (nearly 240,000) of urban Indigenous peoples (those residing off reserve) were living below Canada's poverty line, compared to 13 per cent of non-Indigenous peoples. Of those children being raised by a single parent, 51 per cent were considered below the poverty line.

Such economic conditions are not limited to Indigenous peoples. Nevertheless, as explained earlier in the discussion on intersectionality, poverty is often racialized and in Winnipeg, this often means urban Indigenous peoples and recent immigrants and refugees. Such racialized poverty leads to people with low incomes having differential exposure to COVID-19 as the result of, for example, an increased use of public transportation, more cramped living conditions, more public-facing jobs that do not allow one to work from home and increased food insecurity (Tam, 2020, p. 27). In addition, many of these low wage, often hourly and tip or commission-based, jobs — such as retail and hospitality — were the first ones to be effected by COVID-19 restrictions (MacDonald, May 8, 2020). Therefore, when COVID-19 and the subsequent shutdowns of business, government offices and CBOs took place, the impacts on Indigenous peoples was, and is, much greater than for non-Indigenous populations.

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In addition to the differential exposure to COVID-19, ongoing systemic racism within the healthcare system can result in inter-generational distrust of the medical system (McCallum and Perry, 2018; CBC, December 17, 2016). Dr. Marcia Anderson, Vice Dean of Indigenous Health and a member of First Nations COVID-19 Pandemic Response Coordination Team, has consistently detailed how the egregious, ongoing, differential treatment of Indigenous peoples within Canada's health care system (including differential access, quality and treatment which has been called out repeatedly by Canadian courts and international bodies) can prevent Indigenous peoples from accessing healthcare for underlying conditions, such as diabetes, which

results in an increased susceptibility to COVID-19 (Tam, 2020, p.25, 27). The lack of trust in the health system not only makes them more susceptible to COVID-19, but may also result in people not seeking treatment for COVID.

Importance of Positive Rights and Responsibility of Government

Canada has signed and ratified all of the core international human rights treaties including, but not limited to, the International Covenant on Economic Social and Cultural Rights (ICESCR), the Convention for the Elimination of Racial Discrimination, the Convention for the Rights of the Child and the Convention for the Elimination of Discrimination against Women. Canada is also a party to the Convention for the Rights of People with Disabilities.

Such treaties, which are law, require that the government of Canada pro-actively ensure that these rights are upheld throughout the country. Some are considered "negative rights," meaning that a law cannot discriminate or a law cannot prohibit a right from being enjoyed (i.e. freedom from discrimination). But some rights are positive rights, meaning that the government often has to take proactive steps to ensure that a right can be enjoyed (e.g., the right to equality). This means that if there is a situation in which economic rights are being violated (e.g., lack of adequate shelter or food insecurity) or the rights of certain people are being denied because of their race or ethnicity or disability (including mental health), the government of Canada must take steps to rectify this situation. This differs from negative rights which rarely requires a government to take proactive action.

Such steps could be to ensure that local or provincial laws are changed or enforced, or it could mean financial assistance to remedy an imbalance. Either way, the government is obliged to ensure that all citizens (and sometimes those residing in the country who are not citizens) enjoy their rights. What has become clear is that too often the government offloads its responsibilities to community organizations by providing inadequate and precarious funding for what are essentially public services. As the director of the West Broadway Community Organization says,

> "Why is it down to us and our goodwill, and our willingness to take a risk and our flexibility, and our 'pull ourselves up by our bootstrap-ness' that's the difference between someone eating and someone starving? Or someone goes to the bathroom and someone peeing in a back lane? Or someone being forced to sleep on the couch with a person who abuses them instead of going to a safe, public space that they can be taken care of?"

In the context of neoliberalism of the past forty years and the austerity measures of the current provincial government, communities are expected to meet such needs, too often with inadequate resources.

The Five "Rs" of Indigenous Research

According to Verna Kirkness and Ray Barnhardt (2001), respect, reciprocity, relevance and responsibility are the cornerstones of ethical and sound Indigenous research. In 2009, Amy Parent added a fifth R, "relationships." Although the *COVID-19: The State of the Inner City Report* is not focused only on Indigenous peoples, the research process and analysis is guided by the 5Rs. This includes ensuring that the topic itself emerges from the people and organizations in the inner city and will be beneficial to the communities. In addition, there is ongoing communication between the researchers to ensure not only the *accuracy* of the information but also the *usefulness* of the research.

The research and writing are done using an asset-based rather than a deficit approach. We ask, what are the strengths of the community and what is need to uphold those strengths, rather than detailing the "problems" of the community (Sinclair, personal communication, November 9), which often frames "the problem" from the perspective of those in power. This tends to render people as simply criminals, victims or invisible (Plaut, 2012). A deficit approach tends to strip people of both their agency and their dignity.[4]

"Invisible People"5 and the Unintended Consequences of Policy

It is a truism that policy can be a blunt instrument, with cookie-cutter solutions often placing the "unmarked norm" (middle class, heterosexual, able bodied person etc.) as the model for which policy is built. This can have damaging consequences for those who do not fit into that norm and who are often invisible to those drafting, and at times enforcing, said policy.

Black Feminist sociologist Patricia Hill Collins (1986) urges researchers to conduct research from the perspective of the "outsider within," and to start our inquiry and analysis from the perspective of those who do *not* benefit from the status quo. According to Hill Collins, by starting from this perspective we can better see the machinations of power, and have a better understanding of who is benefiting and who is being left out when certain decisions are made. This suggestion can be expanded to drafting and evaluating policy, including public health policy surrounding COVID-19. Which "public" is

being considered and how is "health" understood? Repeatedly we see that those who are already marginalized are often rendered invisible.

In the case of COVID-19 some of these "invisible people" include those who use drugs, are currently incarcerated or just released from prison/jail, refugees awaiting family from abroad, sex workers, and single parents who work a front-line (often low-paid) job. It is clear from the interviews conducted for this Report that the lives and realities of these people were simply not considered when various national and provincial policies were created.

For example, the closing of the US/Canadian border had a drastic effect on the street drug supply, but preventive measures regarding the needs of drug users (such as securing a safe supply, opening safe consumption sites or increasing access to Naloxone) were not considered. The result has been a drastic increase in drug usage as well as overdoses, many of which have been fatal. Given that prisons and jails have communal — and too often overcrowded — living spaces, it is understandable that the institutions would be concerned about visitors and the possible spread of COVID 19. This is evident in the outbreaks reported in Headingly Correctional Centre, Agassiz Youth Centre and Women's Correctional Centre.[6] However, it appears that little consideration was given to the effect that banning visitation (without providing increased phone or video conferencing options, for example) would have on the families of those incarcerated or the mental health of the prisoners. In addition, given that organizations such as the John Howard Society and Elizabeth Fry also were denied access to the prisons and jail, inmates lost many of the supports to prepare for release, thus making an already delicate transition even more difficult. Once again the unintended consequences of the policy in the name of safety and public health left those with less power and visibility *less* safe and *less* healthy

By mid-March, 87 per cent of the world's student populations were affected by school closures (Tam, 2020, p. 4). However, a single parent with a young child who works a frontline job at a grocery store or pharmacy faced a very different reality than that of a dual income family or a while collar parent. This parent must suddenly choose between their employment and the safety and wellbeing of their child, but they must make these decisions having lost much of the community and public supports that would have helped feed, educate and mentor that child throughout the day. In addition, their risk of infection (because of the fact that they work with the public and perhaps their use of public transportation) is also higher than someone who can work from home or who can afford to not work.[7]

COVID-19: The Changing State of the Inner City Report pays special attention to the lived experiences of people who are living under the poverty line and are socially excluded, and the unintended consequences that policy decisions have on these populations and the organizations that support them.

Methods

After receiving approval from both the University of Winnipeg and Manitoba's Human Research Ethics boards, primary data collection took place between mid-September and mid-October, 2020. I, Dr Shayna Plaut, and Justin Grift conducted thirty separate interviews, with 21 different inner city organizations — from youth serving organizations to neighbourhood organizations,[8] women's centres, community health centres, family centres and those serving people involved in the criminal justice system. Some organizations are Indigenous-led, others focus on newcomer populations and still others are focused on a particular geographic area. Recognizing "the danger of a single story" (Adiche, 2009), and to enable a more robust perspective, we attempted to interview both frontline and managerial staff.

Each interview took about one hour. They were semi-structured interviews and we asked each interviewee to define and use various terms, such as "basic needs" or "vulnerable" or "challenges," as they understood them. About three-quarters took place over video conferencing and the rest in person adhering to public health protocols for physical distancing. People were given an option to be recorded or have their responses documented by the researchers by hand. All interviewees were provided a transcript of their interview and a chance to review it and make any changes; we used only the approved version of the transcript for analysis. After completing the interview and again upon review of their transcript, interviewees chose how they wanted to be identified in the Report. Some chose to keep themselves, and their organizations, anonymous whereas others named their organization but chose not to identify themselves; still others wanted their full names used. In keeping with the spirit of self-determination, we followed the lead of the interviewees and identified them as they wish in the report.

We then synthesized the findings into "main themes" and circulated this document via email amongst all those who were interviewed in order to solicit input. In keeping with the spirit of community-based research and guided by the 5Rs (especially respect and reciprocity), we wanted to both share the findings *in process*, and ensure that we did not miss, misunderstand

or misrepresent anything. About one third of those interviewed provided feedback which was incorporated into the findings section and analysis.

Given the fluctuating nature of the pandemic every attempt was made to fact check and ensure information was current and accurate. Such fact checking included going back to the interviewee and cross-checking with publicly available documents such as City Council meeting notes, provincial updates and bulletins, reports generated by Public Health Canada and Stats Canada as well as funding reports and news stories.

Limitations

Although every effort was made to ensure a broad representation of CBOs located in and serving those in the inner city of Winnipeg, there is a significant gap: we did not have capacity to speak with any organization that focuses on the needs of seniors/Elders nor their formal and/or informal caregivers. Given the disproportionate impact that COVID-19 has on this population this is a significant oversight and one that should be addressed in an additional report.

Because of the disruption that COVID-19 is having on everyone's life, there was a significant delay in receiving initial ethics approval from the universities to begin the interviews. Therefore although we had initially allotted eight-ten weeks for interviewing, all 30 interviews had to take place in a short amount of time (four weeks) and *after* the resumption of school — a very busy time for the organizations (and us researchers). Unfortunately, that meant there were a few strong partners of previous *State of the Inner City Reports* who were unable to participate this year. It also meant we did not get to speak to as many frontline staff as we had hoped. We recognize their absence.

Interviews took place from mid-September to mid-October after a summer with very few cases and just as the second wave was beginning. As always, the timing of the interviews greatly affects the data collected. In keeping with the truism, "you can't step in the same river twice," in some ways the timing of the interviews made it a bit more difficult for people to "be-in-the-moment" of the initial phase. At the same time, it did enable those interviewed to reflect and compare the various stages of the pandemic and their (and the community's) responses. In fact over three-quarters of those interviewed spoke of the pandemic, and the CBOs responses, in phases thus assisting in how it is presented in this Report.

References

Adichie, C. (2009) "The Danger of a Single Story," Ted Talks, Films Media Group. New York, NY. https://www.ted.com/talks/chimamanda_ngozi_adichie_the_danger_of_a_single_story?language=en

Arriagada, P.; Hahmann, T.; O'Donnell, V. (May 26, 2020) "Indigenous people in urban areas: Vulnerabilities to the socioeconomic impact of COVID-19 https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00023-eng.htm

Crenshaw, K. (1991). Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color. *Stanford Law Review*, 43(6), 1241–1299. doi:10.2307/1229039

First Nations Health and Social Secretariat of Manitoba https://www.fnhssm.com/covid-19 (last accessed November 28, 2020)

Hill Collins, P. (1986). Learning from the Outsider Within: The Sociological Significance of Black Feminist Thought. *Social Problems, 33*(6), S14-S32. doi:10.2307/800672

Kirkness, V. J. and R. Barnhardt (2001). "First Nations and Higher Education: The Four R's - Respect, Relevance, Reciprocity, Responsibility." *Knowledge Across Cultures: A Contribution to Dialogue Among Civilizations*. R. Hayoe and J. Pan, Comparative Education Research Centre, The University of Hong Kong. Hong Kong.

MacDonald, D. (May 8, 2020) https://behindthenumbers.ca/2020/05/08/unequal-burden-covid19-joblessness/

McCallum, J and Perry, Adele (2018) *Structures of Indifference* University of Manitoba Press. Winnipeg, MB.

Parent, A. (2009). "Keep us coming back for more": Aboriginal youth speak about Indigenous knowledge & wholistic education [Research summary and community report]. Retrieved [16 May 1014] from http://www.unya.bc.ca/downloads/keep-them-coming-back-for-more-amy-parent.pdf

Plaut, S. (2012b). Expelling the victim by demanding voice: The counterframing of transnational Romani activism. Alternatives: Global, Local, Political, 37(1), 52–65.

Tam, Theresa (2020) *From Risk to Resilience: An Equity Approach to COVID-19* https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/from-risk-resilience-equity-approach-covid-19.html

Unger, D (November 23, 2020) https://winnipeg.ctvnews.ca/outbreak-at-manitoba-jail-spikes-to-more-than-70-cases-1.5201315

White Coat Black Art December 17 2016 (rebroadcasted November 13 2020) https://www.cbc.ca/radio/whitecoat/i-am-a-white-settler-why-that-matters-in-healthcare-1.3900354/it-s-the-hardest-conversation-we-can-have-confronting-racism-in-health-care-1.3900375

White Coat Black Art November 6, 2020 https://www.cbc.ca/radio/whitecoat/amid-manitoba-s-covid-19-surge-first-nations-response-team-leads-fight-in-hard-hit-indigenous-communities-1.5789916.

Endnotes

1 https://ccednet-rcdec.ca/en/toolbox/neechi-principles

2 Mama Bear Clan, started in 2016, is a movement born out of mothers, grandmothers and sisters in North Point Douglas Women's Centre. Its motto is "run by our women, supported by our men."

3 It is important to note that the interviewees — the managerial and frontline staff of the CBOs — defined basic needs. Although there were many consistencies: food, clothing, hygiene supplies and safe consumption supplies; some CBOs also included phone and computer access as a basic need as well as access to an open/inviting space and community.

4 A focus on assets rather than deficits is also the reason why I have chosen to not use the term "vulnerable" but rather "vulnerable" can be interpreted as an essential characteristic of the person or speaking to a lack of agency or resourcefulness which is certainty not the case when speaking about residents of the inner city of Winnipeg. Although there are valid critiques regarding the term "marginalized" I do believe it speaks more to the effects of unjust systems and structures which then render a person, or group of people, to the margins of power.

5 I am borrowing the term "Invisible People" from Sarah Duggan, a former student who used that phrase when describing the situation of migrant farm labourers in Canada in her 2016 piece https://www.kzoo.edu/praxis/invisible-people/

6 According to Elizabeth Fry Society, as of November 9, 2020 there were a total of 223 cases of COVID-19 in Manitoba provincial jails. The largest outbreak is in Headingly where, according to the CBC, as of November 10, 2020, 185 people — 38 staff and 147 inmates — had tested positive for COVID-19. According to CTV News, as of November 23rd, 73 inmates in Stony Mountain Federal Prison have tested positive for COVID-19.

7 The examples above are by no means exhaustive. We could also easily speak about refugees in Winnipeg who were awaiting family reunification when all processes came to a grinding halt (IRCOM, New Journey Housing); sex workers who had an almost impossible choice in terms of health, safety and income (Spence Neighbourhood Association); and the low-income seniors/ Elderly who became even more isolated and at risk (West Broadway Community Organization; Central Neighbourhoods; Spence Neighbourhood Association).

8 Some neighbourhood organizations are technically considered community renewal corporations and therefore are part of a network and can receive some core funding. Central Neigbourhoods Winnipeg is a subsidiary of Spence Neighbourhood Association.

Bridging the Gap: CBOs, Governmental Systems and Meeting Basic Needs

By Shayna Plaut

> "The things that we have been talking about forever — safe affordable housing, safe drug supply, access to Naloxone, food security, childcare, poverty — all of these things just came into the forefront [during COVID-19]. The social determinants of health finally registered on everyone's consciousness."
> — *Manager at a youth serving organization*

THERE IS A problem in the inner city of Winnipeg: many people struggle with being able to have their basic needs met as guaranteed to them by international, Canadian and provincial law. Canada — and Manitoba, in particular — has been publicly rebuked by a variety of United Nations (UN) Committees for their failure to ensure that all people can live a life of dignity and enjoy their basic human rights. As noted in "Failing Grade: Manitoba Poverty Reduction Strategy and Budget 2019," the level of poverty and governmental inaction also directly contradict the words of the Premier Brian Pallister who, in 2016, acknowledged poverty in Manitoba as a number one

issue. There is a direct relationship between poverty and health and this has only been exacerbated and highlighted by the ongoing COVID-19 pandemic.

As the Chief Public Health Officer of Canada's Teresa Tam's 2020 report, *From Risk to Resilience: An Equity Approach to COVID-19*, points out, basic needs — shelter, food, clothing, washrooms and access to communications — are key social determinants of health. Yet, because of poverty, colonialism, sexism, racism, ableism and ageism, people's ability to access these basic needs vary drastically. Thus, people's experiences of COVID-19 differ based on the intersecting factors of class, Indigeneity, gender, race, ability and age (Tam, 2020)

This disparity became shockingly clear to a larger public in March 20, 2020 when Manitoba declared a State of Emergency in response to the COVID-19 pandemic. People were told to stock up on food and hygiene supplies and "shelter at home" but this proved impossible for thousands of people in the province. As the pandemic unfolded it became quickly evident that one's level of access to these basic needs directly relates to how different people have differential exposures and differential sustainability to COVID-19 (Tam, 2020, p.23)

Within the inner city of Winnipeg, as noted repeatedly, too often it is community-based organizations (CBOs) who respond to the lack of, or inconsistent access to, these basic needs (McCracken and Higgins, 2014), and do so with strained financial and human resources. As a manager at a youth serving organization explained, people usually rely on community supports as points of access for help. "Usually they [marginalized people] reach out to community groups during an emergency rather than traditional institutions. [At the beginning of the pandemic] there was a level of frustration they were exhibiting based on not knowing how to meet their basic needs when everything is closed."

Access to food, internet/ phone and safe (drug) consumption supplies (including Naloxone) became even more pressing during the pandemic.

According to CBO workers who were interviewed, three of these basic needs — access to food, access to internet/phone, and access safe (drug) consumption supplies (including Naloxone) — became even more pressing during the pandemic. These basic needs, as well as providing a place for people to use the washroom, often became the focal point for responding to people's immediate needs during COVID-19.

CBOs often pride themselves on offering "place to be" for community members, without any barrier to entry. COVID-19 strained this reality and the organizations often struggled to balance the need for an "open door" (especially during the day) with the realities of public health guidelines. As one frontline worker at a community health centre put it,

> "You cannot just walk in any more. Now it is appointment based or phone call or screened entry. These changes *had* to be done, [but although] it may not seem that big of deal to the provider it was a *huge* hit to the community."

Over and over again those interviewed, both frontline and managerial staff, would shake their head, sigh and say, "We really miss the drop-ins. I worry what effect closing the drop-ins have had, not only for those we serve but for us, as a community."

That said, as a member of management at a youth serving organization put it, CBOs "are quick to adapt, and as things change from the top down and the bottom up, we just surf our way through." Thus, as noted in the introduction, many CBOs were able to develop innovative responses to meet the needs of the communities they serve. And as the pandemic changes, the response changes. The ability to be flexible and connection to the community are the basic needs and skills of the CBOs themselves.

So although, for the most part, the needs themselves were not new, the numbers and urgency of people lacking those basic needs increased drastically. In addition, the situation demanded cooperation between CBOs, which was possible because of rich, pre-existing relationships. Every interviewee referenced the generous support that CBOs provided to each other, sometimes formally through weekly or bi-weekly director's meetings, sometimes informally through middle-of-the-night text messages. As Lin Howes Barr the acting executive director of the Spence Neighbourhood Association explained, "putting your energy in relationships in non-pandemic time is not a waste. If you go into crisis with solid relationships, you actually have a lot."

"Putting your energy in relationships in non-pandemic time is not a waste. If you go into crisis with solid relationships, you actually have a lot."

Some of the support CBOs provided to each other was just getting through the initial shock of the pandemic and determining which organization was offering which service, whereas others were sharing safety protocols, providing robust support to shared clients who may be seeking help at multiple organizations, locating PPE or determining who was providing what services in different parts of Winnipeg. Everyone spoke of how, if there was one silver lining in the pandemic, it was increased communication, support and trust between the COBs throughout the inner city. As a manager at Ndinawe put it, "Our network of CBOs are fuckin' rock stars. We supported each other and, in that way, we could support our community." Although the words differed, nearly all those interviewed shared something similar.

This chapter examines how the understanding, provision and actualization of basic needs are affected by the COVID-19 pandemic. What are some of the challenges, strategies and supports that became visible during these

times? What are the current limitations of federal, provincial and municipal policy in addressing basic needs and what is needed to ensure a sustainable, healthy inner city within the realities of COVID-19?

Defining and Responding to Basic Needs in the Context of COVID-19

Shelter

> "Food and shelter are two things that every human being needs before they can even attempt to make progress and do [the] things that are needed to turn their life around. Without those two things, you don't have consistency, dignity, you don't have a place to belong, and you don't have safety."
> — *Fedja Redzepovic, housing manager, Wahbung*

The risks and susceptibility to COVID-19 for the homeless and/or precariously housed people of Winnipeg was understood early on. On March 17, 2020 End Homelessness Winnipeg (EHW) held its first meeting with CBOs, city officials and regional and provincial health agencies to identify needs and resources available and enable communication and a more well-rounded response. Nearly everyone interviewed spoke of the benefits of having EHW serve as a coordinating body to ensure accurate and up-to-date information for frontline and managerial staff. The establishment of an isolation shelter for those who are homeless or precariously housed and awaiting test results (or recovering from COVID-19) was quickly identified as a pressing need. EHW helped bring together Main Street Project and the Winnipeg Regional Health Authority and, with the help of the city to locate appropriate space, 777 Sargent was established for that purpose. As of this writing, it has been operating for eight months with the funding support of the provincial government. In addition, EHW helped distribute federal money to various CBOs that were assisting those who are homeless and/or precariously housed including youth.

One specific concern was homeless and precariously housed youth in the City of Winnipeg who may not be connected to social media nor be in consistent contact with specific organizations. Spence Neighbourhood Association (SNA), Resource Assistance for Youth (RaY), West Central Women's Resource Centre (WCWRC) and Ndinawe quickly mobilized existing relationships with each other and with hotels to temporarily house 60 youth until more stable housing plans could be made available.[1]

According to management at RaY, with the financial support of the province, 43 youth secured permanent housing within eight weeks and 20 more units of transitional housing were opened. In addition, there was cooperation between newcomer (primarily refugee) serving organizations to ensure safe housing was available. For example, for purposes of ensuring a smooth flow of people and serving those who are most at need, IRCOM previously had a strict mandate that residents could not have been in Canada for more than six months nor stay as a resident for longer than three years. Because of the border closures (thus stopping the flow of new refugees) and the extraordinary circumstances, IRCOM loosened its eligibility criteria to enable refugees in need of housing to live with them regardless of how long they had been in the country. Therefore, New Journey Housing and Accueil Francophone were able to refer their clients to IRCOM for safe, longer-term housing. In addition, IRCOM extended housing to current residents for up to four years.

All of the organizations interviewed that have a residential component (Ndinawe, IRCOM, Wahbung, John Howard, Accueil Francophone, Elizabeth Fry) worked to make existing housing safer within the context of COVID-19, including increased sanitation, restrictions on visiting within common spaces and physical distancing, which at times meant expanding or acquiring additional space.

Food

In tandem with shelter, the concern regarding access to food was identified immediately by the City, Province and community-based organizations. The cross-Canada Food Bank Network, of which Harvest Manitoba[2] is a member, received $50 million dollars in funding from the Federal government to ramp up the purchasing of bulk food, which was distributed throughout the country based on population and need. Manitoba Harvest received $1 million and has access to future bulk food purchases. As soon as it became evident that schools were not going to reopen, Harvest Manitoba was in immediate conversations with the Winnipeg School Division (as well as other school divisions and some reserves where students received meals through schools) to establish ways of ensuring that these children and families would continue to receive substance until schooling resumed. It was a mixed approach of providing monthly hampers to families connected to schools (as of mid-October, 72,000 hampers had been distributed through Winnipeg schools alone), supplying monthly food hampers to CBOs and providing

food to soup kitchens and other places providing hot meals. In addition, Harvest Manitoba worked closely with the City of Winnipeg to open up certain city spaces that could serve as food distribution sites (for the public as well as for local CBOs), at times replacing places that had been closed as well as ensuring that additional areas of the city would be served. West Broadway Neighbourhood Association's "Good Food Club" increased their distribution of food, especially to seniors and those who have underlying health conditions.

Of course, CBOs that already had food pantries and soup kitchens (places providing hot meals) continued to offer and at times increased service but in a modified fashion — often through a door or window, referred to as "door service." CBOs, such as Central Neighbourhoods, North End Women's Centre and Wolseley Family Place that traditionally had not provided food (beyond snacks at programming) began to do so both because they saw the need and because it was a service they could provide safely within the confines of public health guidelines. After a few weeks, some places, such as Rossbrook House, WCWRC and Andrew Street Family Centre, switched to providing hot meals to balance out the increase of bagged lunches that people were receiving elsewhere.

In addition, because CBOs continued to remain in contact with community members, there were proactive efforts made to distribute food directly to people who may struggle to come to the organization itself, such as Elders, those with compromised immune systems or underlying health conditions, or single parents with young or multiple children. Many CBOs such as Wolseley family Place, Spence Neighbourhood Association, RaY, West Broadway Neighbourhood Association (Good Food Club), WCWRC, Wahbung and Sage House used these "food drop offs" as a chance to have informal wellness check-ins, replacing what would often take place during drop-ins

Safe Consumption Supplies and Naloxone Availability

The closing of the U.S./Canadian border, the slow-down of international and domestic travel and the stay-at-home order resulted in a significant change in the street drugs being consumed, an increase in drug usage and a dramatic increase in overdoses throughout Canada, including in Winnipeg's inner city communities. According to Dr. Theresa Tam (2020, pp. 33–34), overdoses at this time are not only because of an increase in drug usage, but because COVID-19 restrictions limiting safe, supervised places to consume drugs leads to more people using alone. This has been exacerbated in Manitoba,

including Winnipeg, because of the lack of safe consumption sites and the strict regulation surrounding Naloxone distribution. As Shohan, the Executive Director of the Manitoba Harm Reduction Network (MHRN) explained,

> "So, [COVID] didn't change who we're seeing. Some folks have disappeared, because they've gone off to isolate. Other folks are, mental health, anxiety, all of that stuff have led to them isolating even further. But all of those things have increased risk for people who use substances."

Many CBOs that work with people who use drugs, such as Nine Circles and MHRN, foresaw this concern and quickly modified their distribution of safe consumption supplies. Whereas before people would come in and ask for supplies (Nine Circles) or meet up with a peer mentor (MHRN), supplies were now prepackaged and distributed quickly. Some CBOs, like Central Neighbourhoods, incorporated it into their door service, distributing food, condoms, safe consumption supplies, hygiene supplies and information about the pandemic all in one package, while other organizations, such as RaY, WCWRC, MHRN, and Sage House, initiated or increased distribution through direct outreach.

Many frontline workers had mixed feelings about this approach. Although the distribution of safe consumption supplies continued — and, in fact, increased according to all the CBOs who distribute supplies — the conversation and connections that previously took place stopped. As one frontline health worker explained:

> "It is a much riskier situation because what they [people who would walk through the door] could access previously is no longer available. They walk in and get half of what they used to get, not in terms of harm reduction supplies but in terms of support and information and referrals."

What has increased exponentially is the need for and usage of Naloxone. According to the Winnipeg Fire Paramedic Service, as of October 13, 2020, 1,189 patients had been administered naloxone so far this year compared to 789 patients in all of 2019 (Klowak, 2020). Because of the trust and ongoing relationships with the community, many CBOs have become safe points of distribution for Naloxone, both in-house (such as Nine Circles) and when conducting outreach. As one frontline worker at a community health centre explained, "There has been an increase in demand for naloxone. If someone knocks on the door and says, 'Someone is OD-ing we need a kit!' we give it to them. That did not happen prior to the pandemic but we've adapted to whatever walks through the door." In the spirit of outreach — going to

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where the people are rather than waiting till they come to you — , the nurse practitioner who accompanies RaY's outreach team handed out 105 Naloxone kits in October alone, "12 of which were successfully used to save lives."

Washrooms/Showers/Laundry

For the first few weeks of the lockdown all anyone in the core area of Winnipeg seemed to be able to talk about was the fact that "there was no place to go." As businesses and public spaces shut down, so did access to the most basic of human needs: going to the toilet.

Different organizations responded in different ways based on their physical space and staffing, but there was often a coordinated geographic approach. The leadership of various CBOs reached out to other CBOs in the same neighbourhood to figure out who had an open, accessible toilet and, if there wasn't one available, how to fill that need. This information was then shared with the community. For example, for many months in West Broadway the need was filled by RaY renting a porta-potty and, up until November, going to Nine Circles where there was screened walk-in washroom usage.[3] Many other organizations (WCWRC, North End Women's Centre, Ndinawe) continued to permit people to use the washroom but it would be one-at-a time and people would need to be screened and don PPE, which would often cause frustration and tempers to fray.

Although it took many months (and an unexpected, unsolicited donation by the Canadian Medical Association Foundation) Winnipeg City Council agreed to allocate funds to build both a permanent public washroom as well as seven or eight porta-potties. After the motion passed on July 10, 2020, there was ongoing consultation with CBOs to determine the best locations. As of this writing, the City of Winnipeg plans to have the porta-potties up by December and the permanent public washroom open by the end of February.

Access to showers and laundry facilities has fluctuated during the pandemic. A few CBOs, mostly women's organizations, have provided people with time-limited access to both showers and laundry.[4]

Phones and Computers

Consistent access to phone and internet quickly emerged as a basic need and public health issue throughout the various phases of the pandemic. Information about how to stay safe, where to access resources and supports, and the ever-changing context of living in the context of COVID was shared virtually.

HealthLinks provides COVID referrals but is only accessible to those who have a phone. In addition, doctor's appointments, banking appointments, appointments with parole officers, EIA and social workers were all moved onto the phone. But this proved to be quite problematic for many people in the inner city of Winnipeg. "Electronics are not exactly a reality of the communities that we serve so phones, tablets, laptops, access to internet, the whole nine yards, that's not exactly reality of how we communicate," explained Fedja Redzepovic, the Housing Manager at Wahbung. He went on, "Especially what I do. I deal with a lot of homelessness, a lot of in-between, a lot of couch surfing, a lot of shelter. So access to those devices is abysmal." A manager at a youth serving organization agreed: "This population does not typically have access to media, social-media and this got worse during the pandemic. Folks didn't have access to computers or wifi, and with so many drop-in spaces and public buildings like libraries closed access to information decreased even more.

Therefore, not having access to a phone or the internet quickly became not having access to the world, especially that of governmental agencies such as Employment and Income Assistance (EIA) or Child and Family Services (CFS).

As Lin Howes Barr, acting executive director of Spence Neighbourhood Association explained, "The world was quickly divided between those who suffered from information overload and those who did not have access to information that could potentially save their lives." This sentiment was echoed by many of the interviewees who discussed the glaring digital divide and lamented the assumption that many policy makers (and some governmental funders) had that all programming could "just be moved on line." As CBO workers explained, "For our folks, it just doesn't work that way."

"The world was quickly divided between those who suffered from information overload and those who did not have access to information that could potentially save their lives."

In the end, organizations that kept staff working on site would often continue to allow community members to use the phone but on a limited basis, either one-at-a time with people knocking on the door or by appointment. The latter protocol was especially important if people needed to have medial phone appointments or needed to reach (or be reached by) EIA, CFS or parole officers. Computer access proved to be trickier as computers were often housed in public spaces, are harder to sanitize and often involve spending longer periods of time. Of all the organizations interviewed, only the North End Community Renewal Corporation was able to continue allowing computer access to community members.

Some organizations, such as Wolseley Family Place, IRCOM and SNA, were able to connect with telecommunications companies to provide a limited number of phones, iPads and computers to people who needed

them, especially homeless youth or low-income families with children. IRCOM, which only houses families with children, also worked to try and ensure internet boosters on every floor and to find low-priced internet packages, including attempting to sign people up for the federal government's "Connecting Families," a program that provides internet for $10 to families receiving the maximum amount of Canadian Child Benefit. Although both of these approaches could be examples as models going forward, they ultimately relied on private companies and their willingness to provide a service, including going into people's homes, during the pandemic.

Social Connection and "A Place to Be"

Being connected to people, community and place has long been understood as a critical dimension of health within many Indigenous communities. For example, the definition of health adopted by the First Nations Health Authority in British Columbia details how the health of the individual is intricately connected with the health of the community, family and land and the health of the community, family and land is connected to the health of the individuals. Some, like Karine Duhamel, former Director of Research for the National Inquiry into Missing and Murdered Indigenous Women and Girls, choose to refer to *wellness* in addition to health noting,

> "What is wellness? What is health? From a variety of Indigenous perspectives, wellness goes beyond the absence of illness. Not being sick isn't the same as being well — our conceptions of wellness include care for the whole person based on a holistic vision of physical, mental and spiritual health. Wellness is supported by language, ceremony and teachings. Within this context, Elders, families, and communities are necessary for healthy individual, community, and family life."

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In other words, social connection and community can be understood as a basic need (Klassen, 2016; McCracken and Higgins, 2014; Cooper 2012). This need became exacerbated when many of the public spaces such as libraries and community centres closed, leaving people even more dependent on CBOs to provide both a place to be and social connection, while at the same time many CBOs felt forced to close their physical doors to the very community they serve.

In speaking with managerial and especially frontline staff of CBOs, it became very clear that the disruption in social connection, in having a place to be with other people, was extraordinarily damaging to people in

the community, including staff. As a manager at the North End Women's Centre explained when elaborating on her concern regarding mental health:

> "The lack of connection, and then with lockdown not being able to go out. People come here and they can have a conversation out in the parking lot or at the door, but it's not the same as you get to sit and have a chat with someone."

Everyone was affected but particularly those who were already the most marginalized, living with mental health concerns or in periods of transition. The manager from North End Women's Centre continued,

> "The disconnect, and then also when you have somebody who's dealing with mental health issues and then you're having a list of questions to ask them at the door so that they can use the washroom and then you're checking their temperature that looks like a gun and then you're asking them to sanitize their hands, and then you're asking them to put on a mask and then they're not comfortable with that. And then you can't let them in if they answer any of the questions with a yes, you can't let them in if they refuse a mask. That's huge. It can sever relationships with us. It creates more barriers when we're trying to reduce barriers. And yet it needs to happen for safety. It's that oxymoron of safety but what is safety?"

As a frontline worker in John Howard Society explained:

> "Right when we closed, we were in the middle of programming and so a lot of that programing just stopped abruptly.... Not being able to finish programming [combined] with a pandemic and [perhaps] not having social supports [plus] having to stay home all the time, we had clients ... who were doing do well up to that point, but they, because of everything that goes along with the pandemic, including mental health and whatever, it was a bad time for a lot of people."

Multiple organizations spoke about needing to turn their open-door culture into a much more clinical setting, which went against their ethos but also confused many people who had come to rely on the organization as the one safe space they may have during the day. As the manager at a community renewal organization put it simply, "Suddenly we can't have people in for a cup of coffee. That hurts us all."

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That said, as is typical, CBOs responded in innovative ways. Most notable was either initiating an outreach model (multiple organizations spoke about the importance of "going to where the people are") or ramping up already existing outreach programs. Many organizations said that they would like to continue some form of outreach in their practices even after the pandemic is over. In

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addition, there was a change in the medium in which outreach services were provided so, whereas before, people would physically drop in to pick up harm reduction supplies or use the phone (and then in-turn possibly get connected to other services such as housing referrals or counselling) now the outreach would be done through a door or window ("door service") or through the phone.

> "We do still do that [conversations and connecting] and as we opened up with the restrictions [during the summer] we did outdoor drop-in... We've had crisis counselling throughout, whether that was on the phone or in-person with safety in mind, we've had that throughout. But it's not the same when you're wearing a mask and having a crisis counselling or a conversation with someone, either. And especially if someone's under the influence and they know you but they can't recognize you because [you're wearing] a mask, that relationship for them isn't there anymore."

Phone outreach seemed to work very well for some people and would be done in two ways: community members calling the CBOs and staff from organizations reaching out to families and individuals. The latter strategy was particularly utilized by CBOs that would have regular contact or client lists, such as Wolseley Family Place and Andrew Street Family Centre, but also places that provide regular groups such as Klinic and Nine Circles.

During the summer, as the COVID numbers decreased and the weather got warmer, many CBOs moved their programming outside. This worked particularly well with organizations that had sports and cultural programming, as well as healing groups that often include smudging and drumming, and groups that were open to young children. People were still asked to pre-register if possible but in the summer outdoor gatherings of 100 or less were permissible so this was not a problem. Of course, Winnipeg winters come early and fierce so by mid-September many groups were needing to move indoors with limited numbers. By November, when Winnipeg was put into code red, nearly all indoor programming stopped.

(In reference to the move to online and phone counselling) "We noted that the no-show rate for our mental health therapists plummeted. Where they might have had a traditional fairly high no-show rate, it was almost nonexistent early on.

According to Tammy Reimer at Nine Circles there was actually fewer "no-shows" with online and phone counselling. "We noted that the no-show rate for our mental health therapists plummeted. Where they might have had a traditional fairly high no-show rate, it was almost nonexistent early on." Klinic also experienced an increase in utilization of mental health services, both through their crisis line as well as more structured counselling and a decrease in "no-shows." As such, both organizations are considering making virtual or phone counselling options available in the long term. That said, the lack of consistent phone or internet access, or the lack of a

safe and quiet place to have a counselling appointment, is a real barrier. CBOs have adapted to this reality differently. Whereas North End Women's Centre provided "door service" counselling or counselling outdoors during the summer months, Nine Circles aimed to continue seeing 50 percent of its client base in-person and prioritized those whom they knew did not have consistent access to phone or internet.

But this approach still focuses on the individual aspect of mental health rather than the group and community setting. This reality was recognized by the CBOs who were quite cognizant that individual counselling was not filling the gap of community safety and consistency. As the ED of Klinic explained when reflecting on trying to adapt to meet the needs of the population they serve:

> "[The effects of cancelling drop-in groups] bothers me. I've talked to many other leaders that have struggled through this and have populations that they feel they've left and not done a good job with and they're still struggling with what is the best way to do this. We knew that we couldn't do groups. [But the participants] have always gathered as a group, all of their services have been group-based and that's been a huge part of how we bring them together. A big part of their services is (Indigenous) drumming, is peer-based, so retooling and thinking about that service in a different way, it's not… There's this idea that we could just move everybody online … but that's just not how it works."

"We knew that we couldn't do groups. [But the participants] have always gathered as a group, all of their services have been group-based and that's been a huge part of how we bring them together."

Nicole Chammartin, the ED of Klinic paused to articulate why shutting down groups and drop-ins bothered her so much, saying that it's "a microcosm of their larger lives" and reflects "the barriers that they're facing everywhere."

Access to Safety

By the time Manitoba declared a State of Emergency and stay-at-home order, it was clear to policymakers that for some people, home was not a safe place to be. On a federal and provincial level, it was well understood that by requiring people to stay home and limiting access to the "outside world" (through school, cultural/religious events, work or even doctors' offices) the risk to and severity of intimate partner violence and child abuse would increase (Government of Canada, 2020; Tam, 2020, pp 34–35). The federal response was to allocate $50 million across Canada for domestic violence shelters, including those in northern and rural communities (Government of Canada, July 20, 2020,).

These much-needed funds were appreciated. However, this was often not the route that people encountering domestic violence were choosing

By the time Manitoba declared a State of Emergency and stay-at-home order, it was clear to policymakers that for some people, home was not a safe place to be.

to utilize. In fact, according to frontline staff at New Journey Housing and WCWRC, as well as managerial staff at Klinic and North End Women's Centre, the use of domestic violence shelters went down in the early months of the pandemic. This was for a number of reasons including: a lack of opportunity to flee one's home; a fear of contracting COVID-19 in a communal setting; and a lack of transportation to get to shelters coupled with a fear of using public transportation.

What did increase during that time were calls to crisis lines, including Klinic, which operates nine crisis lines throughout the province. What did not increase was funding to support the crisis line, which previously had been heavily dependent on volunteers. According to Nicole Chammartin, the ED of Klinic, they have not been able to hold a volunteer training since the Spring and are currently using relief funds to continue their current operations with the increased call volume. In the future, increased communication between the governmental agencies and the CBOs working directly with people on the ground could assist in more targeted, efficient interventions.

Challenges to Meeting the Basic Needs of People Being Served

> The community sector and CBOs "have a skill and a proven track record to pivot on a dime. We are innovative. I often hear government saying they are looking for innovative solutions. Well [if they are still looking] they aren't paying attention because we are innovative and responsive. And the reasons we can be is because we are connected to our communities in a different way than any government is ever going to be."
> — *Lorie English, Executive Director of the West Central Women's Resource Centre*

> "People are getting screened now. Prior to that they had a private space where they could go talk, to be and get the supplies, supports and connections they need. Even a moment of dialogue can help so much — help make connections — now there is no one to listen."
> — *Frontline worker at a community health centre*

All of the CBO workers were asked to explain the challenges they faced, and continue to face, in providing basic needs for those whom they serve. Below is a list, loosely divided into three spheres: governmental (federal, provincial and municipal); societal; and internal (as identified by the organizations themselves). Of course, these divisions are not clear-cut and many of the

Governmental

• **Accessing to governmental offices/personnel:** For the individuals and populations being served, negotiating with government systems, especially during the lockdown, was a real challenge. Nearly everything took longer because people were not in the office so the public could not just "go down to the EIA office" or "walk down the hall" to get a document signed. The one exception to this seemed to be MB Health. According to some people interviewed, they were able to issue health cards much faster.

• **Employment Income Assistance (EIA)** Challenges with EIA were particularly acute given: 1) the increase in the number of people signing up for EIA at the beginning of the pandemic prior to CERB; 2) the fact that the offices were closed to the public; and 3) the fact that EIA workers who had been working within the community setting (e.g. Sage House and Ndinawe) were no longer physically present, and did not have a direct phone number, made accessing EIA much more difficult.

• **Canadian Emergency Relief Benefit and EIA** CERB was a source of support as well as a challenge, particularly for those receiving EIA who applied and received CERB. At least half of the organizations interviewed were deeply concerned with how to get people's EIA files reopened if they had applied for CERB. Make Poverty History recently drafted an open letter and petition directly addressing these concerns.

• **Regulation of Naloxone:** The strict regulation of Naloxone[5] by the Province of Manitoba was identified as very problematic given the rapid increases in opiate overdoses during the pandemic.

• **Poor communication from the province regarding social supports:** The lack of clear information at the beginning of the pandemic regarding how the province would handle evictions as well as a lack of initiative on paid sick time (until October) was very problematic and stressful for staff as well as the people they served (and people who identify as both). The fact that the eviction ban was lifted October 1st with the ending of CERB and the onset of winter and the second wave was also flagged repeatedly as a perfect storm for evictions and increased homelessness or precarious housing.

• **Lockdown in prisons and jails:** Both federal prisons and provincial jails were put on lockdown with little to no outside visitors allowed entry. As of mid-October, provincial jails were still denying visitors and outside programming, which has made things much more difficult in terms of providing support to inmates or to prepare people for release and has increased isolation and mental health distress for both prisoners and their families.

• **Concerns regarding governmental funding:** Lack of flexibility in funder's expectations was mostly a concern with provincial funding. Almost all those interviewed spoke with appreciation of the flexibility shown by the federal agencies as well as private foundations.

• **Closing of City public spaces:** Closing of City public spaces (community centres and other large spaces) was seen by many CBOs as problematic and a wasted opportunity to have large spaces available to continue serving the community. One organization was able to convince the City to let them remain operational in a city-owned building and this enabled them to continue and even expand their services.

Societal

• **Changes in Street Drug Usage** There were significant changes in street drug use and drug supply, which has led to a drastic increase in overdoses. This issue was noted by every community health centre (Nine Circles, Klinic, Sage House) as well as women's centres (West Central Women's Resource Centre and North End Women's Centre) and youth organizations (RaY, Ndinawe, Rossbrook House). As one frontline staff worker at Ndinawe stated, "I have worked here for 2.5 years and I had never seen in an overdose. Since May (4.5 months) I have seen multiple overdoses every week."

• **Increase in Domestic Violence/Intimate Partner Violence (DC/IPV) and challenges in providing support:** An increase in DV/IPV and a corresponding increase in calls to crisis lines or phone/zoom counselling by the domestic violence shelters has occurred. But and this is key, there has been a decrease in people accessing shelters because of physical distance requirements, fear of contracting COVID and/or a lack of opportunity to flee (because of the lockdown and its after effects). Also significant is that although there was an increase in funding for shelters, there has been no increase in funding for crisis lines. This was a point brought up by leadership at Klinic as well as management at the North End Women's Centre, West Central Women's Resource Centre and Wahbung.

issues feed into one another. As emphasized by Justin Grift and Sarah Cooper in their chapter, by identifying these challenges, CBOs and various levels of government could better plan and strategize for emergencies in the future.

What Kind of Support have CBOs Received from Different Levels of Government?

> "We are not magicians. We are trying to do this every day and we need the support, the financial support as well as planning. So often we are looked at [by governments of all levels] as the solution because we are cheap! We are free! We are resourceful! We'll do it! But this is the wrong way to approach it. At the beginning of the pandemic we earned the respect we finally deserved because it was clear that we were providing essential services. Now that the economy has opened up it's back to us to figure out how to do this..."
> — *Manager at a youth serving organization*

All managerial staff were specifically asked about governmental support through all stages of the pandemic. "Support" was defined as financial, informational or advice and "government" referred to federal, provincial, municipal and Indigenous governments. Although every organization was asked about communication and support with all four levels of government,

Internal Challenges Identified by the CBOs

• **Closing of "drop-in" spaces:** The closing of the "drop-in" spaces of many of the CBOs has had a significant impact on both staff and the people they served. It has taken away "a place to be" for community people. This has not only had a direct impact on health (no place to sleep, eat a hot meal, and get away from abusive or dangerous situations) but it has also impacted how services are accessed. Prior to the pandemic, someone may have come in for safe consumption supplies or a cup of coffee or computer access and then used that time to connect with other services (housing, health care, mental health etc.).

There is a collective fear that barriers to physical entry/drop-ins have hurt relationships and are contrary to the spirit of the organizations. At the same time, because drop-ins either had to cease or become extremely restricted quite a few organizations either ramped up (RaY, Sage House, Ndinawe, NERC) or initiated outreach (Wahbung, SNA, Wolseley Family Place, Manitoba Harm Reduction Network).

• **Sourcing Personal Protective Equipment (PPE)** Although health centres did receive PPE many of the other CBOs did not and had difficulty sourcing PPE, especially at the beginning, which was problematic as many continued seeing people, including while doing outreach.

• **Digital divide (with community as well as within the organization)** An organization cannot rely on just transferring everything online in terms of services and programing. There is a serious technological divide both in terms of comfort with technology and access to consistent internet/data/phone plans or a physical computer. This is true for the staff as well as those who are being served. Nearly all of the CBOs interviewed mentioned this issue but it was especially difficult for those CBOs working with families (including those with a residential component like IRCOM) where there would be competing demands for computers and internet access for work and school, as well as those working with home(house)less populations. Because of health regulations (physical distancing/sanitation) few CBOs were able to stay open for phone and computer use (NERC and Rossbrook were able to stay open for computers, WCWRC and Nine Circles and North End Women's Centre allow phone usage). CBO staff were also struggling with trying to transfer everything remotely and there was often a scramble to adjust budgets to cover the purchase of equipment and data plans.

very few organizations had direct, consistent contact. Those that did were primarily involved in supporting CFS child visitation (such Wolseley Family Place) or assisting people as they transition out of prisons or jails.

Federal

Additional money was specifically allocated for housing, food and the elderly. Additional federal funding for housing, for food and for Elders was funneled through End Homelessness Winnipeg and United Way Winnipeg.

In addition, the federal government was flexible in how existing program funding could be spent (i.e. in-house programming was no longer feasible thus the money could be spent to provide basic needs or to purchase technology enabling online programming or phone supports). There had been concern regarding program evaluation and reporting deadlines; however, all managers that were interviewed discussed how federal agencies proactively reassured CBOs not to worry and that program evaluation and reports due would be considered in the COVID context.

In terms of information and advice, those CBOs involved in immigration issues (Accueil Francophone, IRCOM) had a clear line of communication with Citizenship and Immigration Canada in terms of safety and immigration procedures. That said, both were struggling with the effects that border closures and the halting, and then backlog, of refugee resettlement had in their communities.

Provincial

Those who were more directly involved in healthcare (community health centres or organizations with connections to public health) did have clear information regarding the unfolding nature of the pandemic and public health guidelines as well as access to PPE for staff from the province (although not for the community members that they serve). Those who requested access to public health nurses (such as MHRN) were provided with nurses who would participate in information sessions for staff as well as larger community.

People relied on MB Health and Shared Health for information regarding the pandemic and how to stay safe. Many discussed how they listened to the briefings (at first daily, then twice a week, now, as of this writing, once again daily) and then translating that information into a language that would be more easily accessible to the communities with whom they worked.

As CCPA has consistently demonstrated over the years — and was made public by Make Poverty History's open letter — the rate that people receive through Employment Income Assistance (EIA) fails to meet people's basic needs. Prior to the pandemic, people would often turn to CBOs in order to meet these needs, especially clothing, food, hygiene and phone/internet. As a manager at a youth organization explained: "The youth's needs have not changed but all the resources and avenues that they would normally use to address those needs are closed."

As innovative as CBOs are, COVID-19 made it harder for people to meet their needs and, with few exceptions (namely, shelter), the province failed

to fill this gap. EIA offices were closed to in-person appointments and some organizations that previously had access to dedicated EIA workers lost their direct contact. The province, which administers EIA, provided a one-time $200 cheque to people with disability on EIA in order to offset the increased costs associated with COVID-19, including hygiene supplies, masks and increase in the cost of food. Single adults and people with children did not receive any provincial support. This is woefully insufficient. Some people on EIA registered for the Canadian Emergency Relief Benefit. Because they were receiving CERB (federal money), their EIA files (provincial funds) were then closed. As of October, when CERB ended, eviction bans were lifted and the second wave was in full swing, people were left scrambling to try and have their EIA files reopened. Over and over again, those interviewed shook their heads and said, "It is a perfect storm."

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Guidance from the province as a whole was fairly clear in the early part of the pandemic but became more confusing and at times "contradictory" in June and July as the province opened up. This trend was acknowledged in the Chief Public Health Officer's report, which discussed how "risk communication" was clear at the beginning but got more complex, and at times confusing, as things "changed and evolved" (2020, p. 52). Although all of those interviewed recognized that COVID itself was evolving, there was a desire from many for clearer guidance from the province. As the executive director of a youth serving organization reflected: "There were times, especially in the summer, where we really felt like we were left alone to figure out what was safe or not for our staff, for those we serve. Oftentimes we just figured it out and adapted as we went along, but clearer guidance would have been helpful."

In terms of finances, many of the organizations interviewed were affected by the 10 per cent provincial cut to "non-essential programs" that came in April (CBC, 2020). They found this very difficult as they were already struggling with pivoting their services, often needing to invest in technology and telecommunications as well as the additional expenses of PPE and other resources to ensure their operations were safe. There was a lot of resentment at the timing of the cuts. "It's like they are going to kick us when we are down, when we are most vulnerable, when our future is most uncertain."

Many of the organizations interviewed were affected by the 10 per cent provincial cut to "non-essential programs" that came in April.

At the same time, the province did proactively offer money to support those who are homeless or unhoused. There was a deep concern about what would happen if COVID got into the homeless population or those who were precariously housed (couch surfing, shelters, etc.) and this was recognized.

Innovative Community Based Organization Led Responses to COVID-19

Outreach ("instead of expecting them to come to you, go to where the people are")

- Increasing or initiating street outreach
- "Wellness checks" (on phone or at doorstep) with people who cannot easily go outside (i.e.: single parents, Elders, those who are immune-compromised)
- Flyers in neighourbood/lamposts to reach out and gauge community needs
- Bringing health professionals/Naloxone trainers out on street outreach
- Bringing basic needs (food, hygiene supplies, baby supplies) to people's homes

"Door Service" (providing supplies through a window, door etc.)

- Food
- Hygiene supplies
- Masks
- Safe consumption supplies
- Referrals to other organizations

Creative Spaces (including cyber space)

- Outdoor programming
- Online/phone counseling
- Collaborating with other agencies to share space that would enable public health and safety as well as sharing staff

Knowledge Translation/Dissemination

- Creating and distributing printed materials/flyers to distribute with food/basic needs regarding how to stay safe during COVID as well as which organizations are currently provide which services
- Calling residents in their first language with information re: how to stay safe during COVID as well as which organizations are currently provide which services

Community Information/Resource Sharing

- Holding regular meetings with the managerial staff of other CBOs, businesses, schools, public entities etc in the area to ensure that basic needs of the residents are covered (where is there an available washroom, who is distributing what kind of food, who is providing access to a phone etc.)
- Holding regular meetings with the managerial staff of other CBOs working in your particular sector (i.e.: DV/IPV, family resource centres, harm reduction etc.)

City of Winnipeg

With a few notable exceptions, the City was often absent in responding to COVID. Only two organizations, for instance, mentioned any direct financial support from the City. Nevertheless, the notable exceptions were quite significant. Harvest Manitoba was quick to mention that with the increased demand and the decrease in volunteers (many of whom were elderly) they would not have been able to maintain operations without the redeployment of city staff in the spring and summer. According to their director, the 30 city workers redeployed for food hampers were invaluable. In addition, the city provided spaces for food bank distribution.

Some organizations that worked with children or conducted outreach with Elders in the community, such as IRCOM, Spence Neighbourhood Association and Central Neighbourhood Centre, worked with Winnipeg Library staff to create kids' kits and Elder kits with books and learning and entertainment materials throughout the summer.

Spence Neighbourhood Association asked, and was granted permission, to continue their operations in the Magnus Eliason Recreation Centre, a large community centre space that enabled physical distancing and provided a central space for sorting food and other supplies and materials. Many of the CBOs lamented the fact that other recreation and community centres were closed since they could have served as an excellent resource for washrooms, showers and, if large enough, day drop-ins.

A consistent refrain was that the closing of recreation centers and community centers — most of which are large spaces with showers and washrooms — was a lost opportunity to meet the needs of those in precarious housing situations.

Conclusion and Recommendations

Community-based organizations provide a multitude of essential services to meet the physical, social, cultural and emotional needs of the communities they serve. But in order to do this, and do it well, they need a solid financial, institutional and political foundation supported by the larger system: one cannot provide healing if they are constantly struggling or at odds with the larger context. CBOs also need to be able to ensure that their staff and volunteers are taken care of — well-fed, housed and rested — so that they can continue to do their good work in a consistent and healthy manner.

The following are some specific recommendations to ensure that people in the inner city of Winnipeg can, at the minimum, have their basic needs met and live a life of health, safety and dignity:

1. Ensure PPE for community members and CBOs.
2. Create more spaces for "day drop-ins" for those who do not have a safe, warm place to go during the day
3. Deregulate Naloxone and ensure that it is readily available
4. Ensure accessible, accessible, culturally appropriate, mental health care for community members as well as CBO staff
5. Ensure quality, affordable, permanent housing is available (either by new housing being built or older buildings being retrofitted)
6. Increase EIA rates to a livable amount that is adjusted for cost-of-living increases (similar to that which is done for Rent Assist)
7. Increase funding to crisis lines/phone supports that provide DV/IPV counseling as well as other forms of mental health supports and referrals
8. Provide a means for inmates in provincial jails and federal prisons to maintain contact with family, friends and supports on the "outside." If in person visitation is not possible due to public health (as it is in the time of this writing) allow for free phone calls and/or enable video chats
9. Provide access to affordable, quality childcare
10. Provide consistent, flexible, core funding for CBOs to enable them to come up with projects and programs that respond to the shifting needs of the community rather than simply short-term project based funding
11. Provide permanent public washrooms and einsure they are clean and safe
12. Provide spaces for frontline staff to network and share ideas and resources similar to that which is already in existence for managerial staff

References

Barkman, M. and McCracken, M. (2019) "Failing Grade: Manitoba Poverty Reduction Strategy and Budget," https://www.policyalternatives.ca/publications/reports/failing-grade-manitoba-poverty-reduction-strategy-and-budget-2019#:~:text=In%20March%202019%2C%20the%20Province,followed%20by%20a%20provincial%20budget.&text=For%20this%20reason%20Make%20Poverty,failing%20grade%20on%20poverty%20reduction.

Connecting Families Initiative https://www.ic.gc.ca/eic/site/111.nsf/eng/home

Cooper, S. (2012) https://www.policyalternatives.ca/publications/reports/you-know-youre-not-alone-community-development-public-housing-report

Duhamel, K. (September 28, 2020) https://www.theglobeandmail.com/opinion/article-canadas-indigenous-communities-are-resilient-but-not-invulnerable/?fbclid=IwAR209MYWlTGTcM14Uz2hP2YH_ck98LUnLfCP1WVH50EsCI17AVbE008yPO8

Government of Canada (July 20, 2020) "Government of Canada provides emergency COVID-19 funds to nearly 1,000 organizations delivering essential frontline supports to those fleeing violence and abuse." https://www.canada.ca/en/women-gender-equality/news/2020/07/government-of-canada-provides-emergency-covid-19-funds-to-nearly-1000-organizations-delivering-essential-frontline-supports-to-those-fleeing-violen.html

Government of Canada Status of Women "Supporting women and children experiencing violence during COVID-19" https://cfc-swc.gc.ca/fun-fin/shelters-refuges-en.html

Hoye (May 4, 2020) CBC News https://www.cbc.ca/news/canada/manitoba/manitoba-finance-covid19-1.5554956

Klassen, J (2016) *"Here we are at home": Social Housing with Supports* https://www.policyalternatives.ca/publications/reports/social-housing-supports-case-westend-commons

Klowak, M. (October 13, 2020) CBC News https://www.cbc.ca/news/canada/manitoba/margaret-swan-covid-matt-murray-raske-chief-john-lane-1.5756872

McCracken, M. & Higgins, J. (2014). "It Takes a Community to Support a Family," *State of the Inner City Report: Community, Research and Social Change* https://www.policyalternatives.ca/publications/reports/state-inner-city-report-2014

Tam, T. (2020) *From Risk to Resilience: An Equity Approach to COVID-19* https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/from-risk-resilience-equity-approach-covid-19.html

Endnotes

1 As of this writing, temporary spaces at a hotel have once again been made available to those who are precariously housed.

2 Harvest Manitoba is the new name, as of November 24, 2020, of Winnipeg Harvest. They chose to change their name to better reflect the fact that they are the central food bank for the entire province, not just WInnipeg.

3 This policy changed once Winnipeg went into Code Red

4 Ndinawe also allowed access to showers, with time limits and contact information, throughout all phases of the pandemic and resumed its laundry service in May.

5 Naloxone (also known as Narcan) is administered to reverse the effects of an opioid overdose. It tends to have a high success rate and multiple doses can be given if there is a higher amount of opioids in a person's body. After Although opioid withdrawal symptoms may happen suddenly after receiving this medicine, it is considered a safe way to assist in opioid withdraw. Manitoba has some of the strictest regulations surround Naloxone in the Canada.

Never to Leave the Ground: How Indigenous Communities Cure Pandemics

By Niigaan Sinclair

INDIGENOUS COMMUNITIES KNOW about epidemics — and what's needed to stop them. Just look in our creation stories. Virtually every Indigenous nation has a story about a sickness, often telling of how it taught a people long ago about hope and healing by believing in the power of community. Some are more recent, speaking of the plague of whiskey, violence, and colonization amongst our peoples. During this time — of the COVID-19 pandemic — there may be no more better equipped people than Indigenous communities.

Amongst Anishinaabeg, my people, our most powerful story about how to deal with sickness resides in the story of the jingle dress. It speaks of how, in January 1918, a deadly influenza pandemic known as the Spanish flu began its grip on the world — a sickness that would rage for two years, infecting 500 million people or about 27 percent of the world's population. Tens of millions across the world died and Anishinaabeg were not immune.

Amongst our people, a man was taking care of his sick daughter, who had fallen ill due to the flu. "She appeared to be near death," Anishinaabe

scholar Brenda Child explains in her book *My Grandfather's Knocking Sticks: Ojibwe Family Life and Labor on the Reservation*. This man had a dream of a special dress and dance that would save her. "The father made this dress for his daughter," Child states, "and asked her to dance a few springlike steps, in which one foot was never to leave the ground." The colourful jingle dress, covered in 365 metal cones called ziibaaska'iganan (one for each day of the year) embodied the rhythmic sound of rain, with the dance steps representing a pattern of gentleness and commitment one needs to heal oneself and others. The girl, once weak and frail, cured herself and her people.

A tradition was born. For decades following, according to Child, Anishinaabeg women "applied the ceremony like a salve to fresh wounds. They designed jingle dresses, organized societies, and danced at tribal gatherings large and intimate, spreading a new tradition while participating in innovative rituals of healing." As demonstrated by the jingle dress healing dance, for Anishinaabeg the answer to a sickness isn't found just via medicine and "social distancing" but in the way a community supports itself during a crisis — how it turns more to one another, not less.

"As demonstrated by the jingle dress healing dance, for Anishinaabeg the answer to a sickness isn't found just via medicine and "social distancing" but in the way a community supports itself during a crisis — how it turns more to one another, not less."

Curing ills and supporting community are the ethics the Mama Bear Clan (MBC) has followed since 2016, when they began patrolling the Point Douglas and North Main Street communities three nights a week. Operated and overseen by the North Point Douglas Women's Centre (NPDWC),[1] the motto of the MBC is "led by women, supported by the men," a message demonstrated during most walks, with women volunteers often outnumbering men, two or three to one. MBC's primary work is done in community; supporting families and individuals via four specific gifts: food and water, community clean-up (specifically needles and sharps), emotional support, and cultural support. Intentionally, these are also the four gifts of ceremony, which is why they are so important to be offered to relations, especially Indigenous people experiencing poverty and homelessness.[2]

I've been walking as a captain with the Mama Bear Clan for about a year. The term "captain" is really a misnomer; I'm more a helper to the real decision-makers of the group; grandmothers, aunties, and women committed to caring for the North Point Douglas community. I walk mostly on Sundays in a group led by remarkable women I now consider family. Their names are Grace, Karen, Karen, and Jeannie — who lead myself and others with bravery, compassion, and love. Every week I witness something remarkable, from the gifting of warm soup and sandwiches to people living in tents to grown men crying when offered a smudge to weekly check-ins on single mothers

in the neighbourhood. Rarely a week goes by where we don't intervene in some way in violent situations, offering front-line support that police and paramedics can't provide. The MBC are leaders, role models, and protectors all at the same time; people wave and honk at us in support. Last summer we even cared for a family of geese living in the downtown.

When the COVID-19 pandemic hit Winnipeg in early March 2019, our patrols were reduced to captains-only due to health restrictions. We also wore masks and other heath equipment full-time and for the first time. Still, it was critical we continue, if not to give a sense of normalcy but to support community members forgotten by now-closed public and private services downtown. While there were few cases in the city, as soon as we started we could tell the community and the streets were tense. There was an unusually high amount of people struggling that night and more conflict; I remember that because the smudge we lit and offered to people we met never went out that evening.

"It was critical we continue, if not to give a sense of normalcy but to support community members forgotten by now-closed public and private services downtown."

One thing I'll never forget on that Sunday is when we arrived at our main drop off site, between two tent cities, the Thunderbird House, and the Salvation Army facility on Henry Ave. Typically, we ask people to line up when we hand out warm clothing, food, water, and a smudge. That night, however, we were swarmed as people enveloped and surrounded us instead of waiting patiently for items to be handed out. They reached in our containers with a sense of urgency and panic. People ask us for gloves, sanitizer, and masks, even asking for ones we are wearing. The feeling of fear was real and palpable — even as there were no cases in the neighbourhood yet.

In the weeks following, we pick up more needles than ever before. We witness an explosion and openness in the drug trade. We see people breaking into a fenced-in sweat lodge ceremonial area for shelter and warmth. Then, came the forced removals of Winnipeg's tent cities by police and City officials — some of the safest places for people to find community in the downtown — which resulted in the proliferation of unsafe spaces for people to sleep and live and more trauma for the already traumatized. Every week, we walked, keeping the smudge going from the time we leave the NPDWC until we would return hours later.

We tell everyone and anyone who will listen that the first months of the COVID-19 pandemic was not just a struggle for physical health but mental health. The facts resemble this truth; Winnipeg sees a rise in domestic abuse and child abuse and anxiety and depression grips the lives of too many. During these months we witness much self-harm on the streets. Like in Indigenous communities in cities like Vancouver — where overdoses

"The first months of the COVID-19 pandemic was not just a struggle for physical health but mental health."

quadrupled in the downtown — we see a rise in self-medication and drug use to escape from the trauma. Then, as the city experienced the first wide-scale wave of positive cases by the end of the summer 2020, things really became challenging. Yet, MBC continued to walk, week after week, committing to the community more than ever, putting our health and safety on the line to love our relations more than ever before. As always, we were led by women and supported by men.

Manitoba's three main defenses to stop the COVID-19 pandemic are for citizens to wash their hands, keep a "social distance" from others, and stay home. These three actions, on top of testing, is how virus spread is slowed and the "curve is flattened." Much of this is impossible though for people living on First Nations and experiencing homelessness in urban areas. Washing hands regularly, social distancing, and "staying home" is impossible in these circumstances — never mind the lack of testing in most communities. For example, how do you wash your hands when the water is undrinkable? How do you stay home from work when you're working paycheque to paycheque? How do you keep a "social distance" when there are ten family members in your home? How do you find a safe place when your house is unsanitary or infected with mold? How do you test when it takes weeks for results?

COVID-19 may have started elsewhere, but the virus became Indigenous very quickly. Like the 2009 H1N1 influenza pandemic (when Indigenous peoples made up nearly 46 percent of all sickness-related hospital admissions during the "first wave" and eighteen percent of all H1N1-related deaths), poverty in Indigenous communities predictably and exponentially drove the spread of the sickness via overcrowded and unsuitable housing, poor infrastructure, and compromised health and immune systems due to the absence of suitable food and drinking water. This led to an overwhelming number of COVID-19-infected Indigenous peoples by Fall 2020 and the time of this *State of the Inner City Report*. The fact is that COVID-19 impacts Indigenous communities disproportionately and worse than other Canadians due to 150 years of mistreatment; colonialism is Canada's biggest problem in the fight against COVID-19.

"Like the 2009 H1N1 influenza pandemic, poverty in Indigenous communities predictably and exponentially drove the spread of the sickness via overcrowded and unsuitable housing, poor infrastructure, and compromised health and immune systems due to the absence of suitable food and drinking water."

If COVID-19 is to be stopped, we must make Indigenous communities a priority. This was a big part of the initial plans of most community-based organizations working in Winnipeg's inner city. For instance, to combat the COVID-19 infection Main Street Project instituted new rules; staff were not to move freely between buildings and units, visitation was restricted, and spaces

were increased between shelter beds. The Bear Clan reduced its community walks, limited contact with community members, and handed out premade sandwiches in sanitized bags. The Manitoba Métis Federation cancelled all in-person meetings and asked all employees to cease any activities outside of their offices on Henry Street. The Assembly of Manitoba Chiefs cancelled all events as well and in a press release "encouraged" all First Nations in Manitoba to "close schools and daycares" while calling on provincial authorities to "ensure that medical supplies are available to each First Nation in Manitoba."

The federal government reacted by making some targeted funding available alongside sending isolation tents, temporary shelters, and health care staff to communities — even sending military nurses to Opaskwayak Cree Nation in Fall 2020. These supports, while important, have not gone far enough, evidenced by the explosion of first-wave cases in Manitoba's north by the end of summer 2020. According to the First Nations and Social Secretariat of Manitoba, by November First Nations peoples made up nine per cent of province's population but twenty-one per cent of the province's new COVID-19 cases, twenty-seven per cent of hospitalizations, thirty-eight per cent of patents in ICU beds, and thirteen per cent of deaths from the disease. All of these statistics were rising one to three per cent per day by the time of this report's release. The most startling statistic is that the five-day positivity rate is twenty-one per cent on-reserve, a full seven per cent higher than the fourteen per cent experienced Manitoba-wide. This means one of out every five tests on First Nations are positive for COVID-19. Virtually identical patterns are taking place in Saskatchewan and Alberta — where the federal government announced more targeted funding to stop outbreaks.

Returning to urban areas, inner city and impoverished Indigenous communities are left at the mercy of provincial and civic governments — both of whom have spotty track records dealing with Indigenous communities under their jurisdictions. The fact is that governments must address the health of Indigenous communities in a targeted, focused fashion. Just as colonialism targets Indigenous communities, so does COVID-19 — so provincial and civic leaders cannot treat Indigenous communities like any group of citizens. This also means that — just as every Manitoban has benefited from the exploitation of Indigenous communities — every single Manitoban has a role to play to stopping the sickness from spreading. This is what it means to be a community; to live, resist, and even die together.

This means everyday Manitobans, Indigenous and non-Indigenous, now have to step up where governments will not or cannot. For business owners, an open, available downtown bathroom will become the front line in the fight

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against COVID-19. For individuals, a few dollars of spare change, a pair of gloves, and a bottle of drinking water will become the front line in the fight against COVID-19. For all of us, a few moments of empathy, support, and commitment to each other as family, wherever you come from, has become the front line in the fight against COVID-19. This is how we will survive as treaty people.

Like the rest of the world, women are leading the front lines in the fight against COVID-19. They comprise the majority of health care workers, primary caregivers for children and elderly, and are paid less while expected to do more work than men—making time off not an option. In Indigenous communities, Indigenous women are at risk the most in catching the virus. It's worth noting, for example, that First Nations women constituted eighty per cent of the first sixteen cases of COVID-19 in First Nations in May 2020 and continue to obtain the sickness nearly two-thirds of the time. This means Indigenous women are risking their lives at the front lines of the sickness—as caregivers, nurses, and advocates in infected areas like homes, hospitals, and other essential services—proportionately more than others. Yet, they walk and work and put themselves on the line anyways.

When the COVID-19 pandemic forced all of Manitoba into "code red" this past Fall (after the Manitoba provincial government's too-aggressive and foolhardy "open-up" Manitoba campaign and failure to shut down bars, restaurants, and casinos when it was clear the virus was getting out of control), the Mama Bear Clan decided to stop it's walks for the first time in four years. This was heartbreaking but a necessary choice to protect both the community and help stem the rising cases of a life-threatening disease. It's further proof however of how far Indigenous communities are willing to go to stop COVID-19 and how examples like First Nations self-choosing to go into lockdowns prove that Indigenous sovereignty is something that supports and protects everyone, not just Indigenous peoples.

"It's our responsibility to give the love, show the love, and be the love." *—Karen, Sunday leader with Mama Bear Clan*

When the story of the COVID-19 pandemic is written, it will be written in the footsteps, words, and work of Indigenous women, who put themselves in harm's way to gift gifts that saved lives. While I was writing this, I got a message: the Mama Bear Clan is starting up again next weekend in small groups on Sunday nights. As one of our Sunday leaders, Karen, says to us every night we walk: "It's our responsibility to give the love, show the love, and be the love." Just like the gift of the ziibaaska'iganan, Indigenous women are leading this community out of the storm of sickness and into healing. All we have to do is follow, support, and honour them by keeping our feet on the ground, never leaving them and ourselves in the process.

Endnotes

1 The North Point Douglas Women's Centre started began as a community-inspired project in 2000, sponsored and supported by the Social Planning Council of Winnipeg and North End Community Renewal Corporation as an empowerment project for local women who experience inequality, discrimination, and socio-economic marginalization yet continue to play a critical role in building communities. Operating on Austin Street, it houses a drop-in centre, five full-time employees, five part-time employees and is run by a seven-person community board (with the majority being women, two-spirit, trans, and non-binary identified) and serves over 17,000 clients annually. All of it's programming supports and empowers local — and mostly Indigenous — women to enhance their social, economic, and environmental conditions and their families and includes social and emotional support and resources, a phone, computer, laundry, free feminine hygiene products, emergency food, diapers, clothing and help with accessing support for Employment Insurance, taxation, child welfare, and housing.

2 According to municipal reports and Statistics Canada, one in eight people in Winnipeg live in poverty. For Indigenous peoples, the situation is worse: one in four. Among the city's homeless, sixty six per cent are Indigenous. Many of these individuals live in the North Point Douglas community, one of Canada's economically poorest urban areas and neighbourhoods. While 35 per cent of North Point Douglas residents identify as Indigenous (compared to 12 per cent of Winnipeg), 89 per cent percent of the clients of the NPDWC self-identify as First Nations (status and non-status), Métis, and Inuit. In other words, while the NPDWC and the MBC serves everyone and anyone in the Point Douglas community, the majority of its volunteers and clients are Indigenous.

“We work in crisis all day long”: Rethinking Emergency Planning in Winnipeg’s Inner City

By Justin Grift and Sarah Cooper

MANY OF WINNIPEG’S inner city neighbourhoods live on the brink of crisis. Emergencies can come in many forms: illness, fire, violence, homelessness. With mandates to serve marginalized populations in the inner city and working in difficult circumstances with precarious funding, emergencies are nothing new for community-based organizations (CBOs). However, the COVID-19 pandemic is a new kind of emergency. It is a global crisis, requiring unprecedented individual and collective changes to everyday life to protect all members of society. As such, the pandemic is certain to disproportionately affect communities that are already under stress.

CBOs have responded to the pandemic with agility and adaptability. They have changed their drop-ins, programming and staffing to accommodate health regulations, including physical distancing and requirements for personal protective equipment. They have found new ways to communicate with community members and other CBOs, working together to get through the difficult days.

While the pandemic has provided opportunities for some CBOs to develop new ways to connect with participants and to become more flexible and adaptable, it has also presented challenges, especially related to gaps in provincial and federal emergency responses to the pandemic. Examining these challenges and opportunities, as well as the gaps in governments' emergency response, provides a clearer picture of how preparedness can be improved for current and future emergencies. It shows that a consistent lack of government attention to the social determinants of health has resulted in greater social and economic marginalization in the inner city, and thus an increased vulnerability to COVID-19.

For this year's *State of the Inner City Report*, 30 staff from 21 community-based organizations in Winnipeg's inner city were interviewed in September and October 2020 to learn how they have been affected by the unfolding of the COVID-19 pandemic. They were asked about the support they've received from governments, and whether they had any pre-existing emergency plans. The organizations interviewed included women's centres, community health clinics, neighbourhood renewal organizations and those serving youth, people experiencing homelessness and people who have been involved in the criminal justice system. Keeping in mind that the COVID-19 pandemic is ongoing, this chapter highlights the importance of considering the social determinants of health in emergency management and response. It concludes with recommendations to ensure that CBOs and government are equipped to respond to future emergencies.

Responding to Emergencies

Emergencies are sudden, unexpected events that evolve quickly and can cause lasting damage. They vary in nature and severity: some may be natural disasters like floods and tornadoes, some are due to human accidents like chemical spills, and others may be unexpected public health events. To respond efficiently to emergencies, coordination of resources, roles and responsibilities is imperative. This coordination is referred to as emergency management.

Emergency management plans and policies exist at multiple levels of government, including within the public health sector. Emergency plans describe the roles, responsibilities and precautions needed to respond to immediate hazards and crises. They are usually formulated by emergency specialists, policymakers or public health experts to help prevent emergencies from happening, to reduce the risk of disaster, to alleviate the risks and

extent of injuries and damage and to provide a path for recovery (Kapucu, 2008; Public Safety Canada, 2017). Governments are responsible for efficient and rapid communication to make sure all are aware of the unfolding of an emergency and the necessary precautions that are needed to respond effectively (Blumenshine et al., 2008).

Emergencies, Vulnerabilities, and the Social Determinants of Health

Vulnerability to emergencies is not shared equally. It is not a static concept, but one that changes depending on a variety of factors (Hilhorst and Bankoff, 2013). Those who experience social or economic marginalization in everyday life are more likely to be vulnerable in an emergency (Morrow, 1999).

Health-related factors that influence the vulnerability of a community and capacity to respond to emergencies can be referred to as the social determinants of health (Biedrzycki & Koltun, 2012). These determinants describe the influence of social factors on the health and wellbeing of a population (Braveman & Gottlieb, 2014). Social determinants of health include social exclusion, social status, employment, gender identity, (dis)ability, race, housing and access to education or health services, among others. Income is a key determinant, as it shapes access to housing, food and other basic necessities of life. Household makeup, social capital and networks of reciprocity as well as access to information and power also shape vulnerability (Joakim and Doberstein, 2013; Morrow, 1999).

In Winnipeg, neighbourhoods with lower average incomes have higher rates of many significant health issues than neighbourhoods with higher average incomes (Silver, 2018). Although the public healthcare system is important, especially in a pandemic, so too is attention to these social factors which shape health much more than individual lifestyles and genetics (Fernandez et al. 2015). Yet these social determinants of health have not been adequately included in emergency management.

COVID-19 Emergency Management in Manitoba

The COVID-19 pandemic caught many off guard. Governments usually have emergency plans in place to respond to public health crises. However, this virus has exceeded expectations, surpassing in numbers of cases and deaths any influenza pandemic in recent decades, both locally and globally (Peeri et al., 2020). The World Health Organization has been a leader in responding

to the COVID-19 pandemic, and advocates for policies that address vulnerable and marginalized groups, because the "most vulnerable people suffer disproportionately" (World Health Organization, 2013, p.9).

At the federal level, emergency responses are led by the National Emergency Response System, which is responsible for emergency planning under Public Safety Canada. The federal government has addressed the pandemic through travel restrictions and border closures, and financial supports through the Canada COVID-19 Economic Response Plan, including the creation of the Canada Emergency Response Benefit. Significant federal investments have funded shelters for those experiencing homelessness and for women and children experiencing domestic violence, as well as mental health supports, the Canadian Red Cross and community organizations (Government of Canada, 2020).

At the provincial level, the response to the pandemic was led by the Province of Manitoba and Shared Health. On March 20, 2020, the Province of Manitoba declared a state of emergency; it also set out health directives, including physical distancing, limits on gatherings, and reduced capacities for shops, offices and other indoor spaces. Recognizing housing as a critical concern, it postponed non-urgent eviction hearings, temporarily froze rents, and provided funding to homeless shelters to enable physical distancing (Cooper and Hajer, 2020). It also supported an isolation centre and a testing centre in Winnipeg for those without shelter, and contributed 25 per cent of a federal-provincial program to provide workers in certain essential jobs with a one-time payment (Cooper and Hajer, 2020; Mulvale, 2020).

At the City of Winnipeg, emergency task forces are led by the Office of Emergency Management. In June 2020, the City of Winnipeg established a new emergency management by-law (By-Law No.59/2020), which includes a Community Emergency Advisory Committee to advise the Office of Emergency Management. The City partnered with homeless-serving organizations to establish a daytime drop-in space called Weetamah Day Drop-in, and City staff were redeployed to work at Weetamah and Winnipeg Harvest during the first several months of the pandemic. Library staff also worked with CBOs to prepare activity and programming kits for families, seniors, and youth experiencing homelessness.

Despite the substantial federal, provincial and municipal investments in the pandemic response, there were still gaps identified by CBO staff. At a basic level, the pandemic exposed how unprepared Winnipeg's inner city was to deal with a large-scale emergency, primarily as a result of decades of underfunding and policies that increased social and economic marginalization by governments.

"At a basic level, the pandemic exposed how unprepared Winnipeg's inner city was to deal with a large-scale emergency, primarily as a result of decades of underfunding and policies that increased social and economic marginalization by governments."

Bringing Equity into Emergency Planning and Response

In Winnipeg's inner city, individuals, community-based organizations and governments leapt into action in early 2020 to prevent, mitigate and address the impacts of the COVID-19 pandemic. CBOs revised their operating procedures, creating new ways to meet the needs of their participants and the populations they serve. At the same time, the federal and provincial governments were rolling out pandemic response plans and policies. However, these plans often did not consider the distinct needs and concerns of the communities in Winnipeg's inner city and failed to recognize that vulnerability to the COVID-19 is complicated by the social determinants of health and inequitable access to basic necessities.

CBOs' Responses to the Pandemic

CBOs in the inner city deal with emergencies on a regular basis. Community members may come into offices and resource centres in crisis, needing support with eviction, domestic violence, child apprehension, and other urgent issues that require both emotional support and practical strategies and resources. No CBO, however, was prepared for an emergency like the COVID-19 pandemic—only one CBO, IRCOM, a CBO that provides wrap-around housing and services for refugee families, mentioned having a pandemic plan prior to the COVID-19 pandemic. Dorota at IRCOM noted, "I had a pandemic plan in my computer for a decade now. It's like, be aware of the pandemic and follow Public Health protocols." Although Dorota admitted, "the best laid plan doesn't actually prepare you for the moment," the organization was able to mobilize its staff into teams, including a High Needs Support Team, which is an interdepartmental team to share information quickly through a phone tree, and an Interpreter and First Language Team, which was critical in providing up-to-date public health information to families. IRCOM also established a team called the Pandemic Busters, which has been tasked with staying informed about public health directives and ensuring that IRCOM follows pandemic protocols.

The majority of the emergency plans at CBOs were unrelated to influenza pandemics. "You'd know what to do if there was a big incident in the building, if there was a fire, or different things like that, but you weren't predicting pandemics or anything like that" said Phil Chiappetta at Rossbrook House, a youth drop-in centre. At the same time, because of their previous experience dealing with a variety of emergencies, many CBOs were able to mobilize

and make on-the-spot decisions to address the changing context of the pandemic. A member of the management at a different youth-serving agency said, "No, we did not have an emergency health plan, but I say 'no' with a caveat because we are an emergency response organization, so we know how to handle emergencies. We work in crisis all day long." This flexibility and adaptability would prove essential as the pandemic evolved.

"No, we did not have an emergency health plan, but I say 'no' with a caveat because we are an emergency response organization, so we know how to handle emergencies. We work in crisis all day long."

New Ways of Reaching Out

In the early days of the pandemic, health directives changed frequently. Organizations adapted their workplaces and programming to address physical distancing, limited capacities for offices and other restrictions. Many expressed that at the onset, workdays were long and spent pivoting from their normal in-person services to new formats. Most of these changes were developed and implemented as the pandemic was unfolding.

The implementation of new approaches didn't always go smoothly. Some interviewees noted that because they had to close their drop-in services and some of their programs were cancelled, participants had no place to be and became upset. "Folks are clearly frustrated and at times the frustration is taken out on staff," said Darlene at West Central Women's Resource Centre. Given the important and often urgent gaps in meeting basic needs for many people during the pandemic, it is no surprise that the reduction and changes in CBO-provided services were confusing and frustrating for many.

Different organizations responded in different ways to the pandemic and accompanying health directives. In the early weeks of the pandemic, Accueil Francophone—a CBO that assists newcomers, refugees and immigrants—quickly distinguished between essential and non-essential services. The organization offered its essential services through a cellule de crises (crisis unit), where a small group of staff rotated through the office each week. Some CBOs were able to keep their doors open and offer limited services, for example, by limiting the number of visitors, offering appointments only or restricting participants to 15-minute visits. Many of the health-based CBOs offered services by phone appointments instead of in person, while other CBOs opted to offer drop-ins, lunch bags and food baskets outdoors with physical distancing in place.

The COVID-19 pandemic also pushed several CBOs, including West Central Women's Resource Centre and Resource Assistance for Youth, to do more outreach and go out into the community to provide services, as explored in Shayna Plaut's chapter. Holding drop-ins outside and replacing drop-ins with outreach services allowed for relationships to continue to be

fostered and strengthened, a critical part of CBOs' work. This was especially important when buildings were closed to visits, because as one interviewee stated, "the bread and butter of community agencies has been building those relationships, you can't do that remotely." Increasing outreach permitted organizations to reach out directly to community members and to provide information about public health measures. Management at a youth-serving organization where outreach has doubled said it "serves as a point of access," making it easier for participants to connect with the programs and staff. At West Central Women's Resource Centre, staff noted that the outreach enabled new kinds of relationships which they hope to keep after the pandemic.

As well, many CBOs switched to online platforms to provide services to and communicate with participants and staff. Staff had to learn new programs and software to be able to work with colleagues and community members; in some cases CBOs did not have laptops and other technology required for remote work. Staff at many CBOs are hopeful that these new practices and experience with technology will continue beyond the pandemic. Quinn at Elizabeth Fry Society of Manitoba said, "this has shifted people's perspectives on using technology and learning how to use those different types of platforms." As with the newly developed outreach programs, the need to use social media and other online platforms presents a new opportunity for some CBOs in building relationships with the populations they serve.

Mutual Support

While CBOs in the inner city have long worked together, the pandemic resulted in an incredible support within the sector. "We were walking through the pandemic as a group" said the management of a youth-serving organization. While pre-existing relationships made it possible for CBOs to work together, new connections also emerged as a result of the pandemic. Several interviewees mentioned the work of staff at End Homelessness Winnipeg, who facilitated regular virtual meetings with CBOs, funders and representatives from different levels of government to share information and provide advice. These meetings not only enabled the sharing of information but also helped foster relationships among different sectors. "We came together more than we ever did before. We've had food security meetings and all kinds of meetings," said the management of a women's centre. Lorie English of West Central Women's Resource Centre stated:

> This is probably the most coordinated our sector has been, out of necessity. But I think, again, it's shown us what's possible and I'm really hopeful now

> that we've seen what's possible, that people will stay committed to working in this coordinated fashion moving forward.

The high level of collaboration shows that in precarious times, the established relationships between CBOs make possible the exchange of information, advice and stories. This, along with how CBOs are used to working "in crisis all day long," has made it possible for CBOs to respond to the pandemic and continue to support the communities they serve.

Gaps in Federal and Provincial Emergency Responses to the Pandemic

Emergency plans focus on avoiding and mitigating the impacts of emergencies. However, planning for emergencies is usually 'one size fits all' and created to be applicable anywhere (Biedrzycki & Koltun, 2012). As such, emergency plans usually do not consider the implications of vulnerability resulting from socio-economic marginalization. Homelessness, substance use, poverty and other socio-economic forms of marginalization result in increased vulnerability to emergencies. In the case of COVID-19, health directives to wash hands and stay home, for example, are difficult or impossible to implement without access to clean water and housing. CBOs identified a lack of awareness of the needs of marginalized communities, inadequate communication, and a lack of funding for the work of CBOs in responding to emergencies as key gaps in the governments' emergency response to the pandemic.

Emergency Planning and Marginalized Communities

Whether in healthcare, education, income assistance or housing, current and historical systemic injustices like racism, discrimination and colonialism result in marginalized groups often feeling and being inadequately supported by and disconnected from governments. As a result, Lorie English at West Central Women's Resource Centre pointed out, "people who are on the margins and have been disrespected and discriminated against in systems, don't trust systems." The executive director of Klinic expressed frustration about the focus of Canada and Manitoba's plans, saying:

> We need a plan that is not about managing the pandemic just for the middle-class… [We] rarely plan our interventions for the segment of the population that is most barriered and most marginalized by society. And because we don't do that, then we're consistently surprised when they struggle to interact in the health care system or in a way that society would deem as successful.

"Although housing has long been acknowledged as an important social determinant of both individual and public health, thousands of people in Winnipeg don't have housing at all."

Perhaps the most obvious gap in emergency planning for the COVID-19 pandemic is housing. Although housing has long been acknowledged as an important social determinant of both individual and public health, thousands of people in Winnipeg don't have housing at all (Social Planning Council of Winnipeg, 2018). The pandemic and related health directives made housing a necessity. When asked who was most vulnerable before and during COVID-19, over two-thirds of the interviewees identified those who were unhoused. "Housing is fundamental and being unhoused or in housing insecurity exacerbates vulnerability. The most vulnerable folks in our community are those who are unhoused. It is very difficult to live a secure life without a secure place to live," stated a housing worker for a community organization. A frontline worker at a community health organization added that without a home, people are exposed to violence, lack access to hygiene facilities, are more likely to experience mental health difficulties and are usually food insecure. While many commended the Province and City of Winnipeg for providing funding and resources to expand emergency shelters, others pointed out that no amount of shelter provision addresses the larger demand for safe, good quality, low-cost housing.

"No amount of shelter provision addresses the larger demand for safe, good quality, low-cost housing."

Another social determinant of health that intensified during the COVID-19 pandemic was social exclusion. To protect staff and follow health directives, CBOs had to close their doors and turn away participants from what a member of the management at a women's centre described as a "place to rest, a place to stay warm, a place to stay dry, a place to connect, a place to just be safe." Due to ongoing physical distancing restrictions and the reduction and closure of drop-in services, CBOs have had difficulty connecting with participants. "I think it affected mental health. They became more isolated," said a frontline staff person from Wolseley Family Place. The increase in mental health challenges also led to related issues in the inner city, including increasing drug use. The executive director of Klinic explained:

> It increases the amount of people that struggle. They're losing their social connection, they're more isolated, in crisis. I mean, it's [a] fact, everybody knows there's a rising use of [drugs]... [W]e've got our co-occurring epidemic of overdoses, right? There's definitely evidence people are struggling.

This is another example of an unanticipated gap in the emergency response to the pandemic: the toll of social isolation and its impact on community resilience.

Emergency management relies on resilience in communities for success. Resilience is fostered through ongoing relationships, connections, trust and

community capacity-building before the event of an emergency. Past *State of the Inner City Reports* have detailed how CBOs provide on-the-ground basic needs and supports on a daily basis and they are frequently the go-to place in the community for information and resources (CCPA-MB, 2009; CCPA-2010; CCPA-MB, 2016; CCPA-MB, 2017). Community members often trust CBOs in a way that they may not trust governments, and therefore often rely on the CBOs in times of crisis. The director of a women's centre said, "we are connected to our communities in a different way than any government is ever going to be... [L]istening to those in the community is important in knowing which solutions work." Throughout the pandemic, CBOs have bridged the gap between their participants and government.

> "We are connected to our communities in a different way than any government is ever going to be... [L]istening to those in the community is important in knowing which solutions work."

The COVID-19 pandemic has highlighted the lack of prior government investment in the social determinants of health. Programs and resources to address determinants such as housing, poverty, education, social exclusion and others have been systematically underfunded for years (Fernandez et al., 2015; Bernas, 2015), increasing vulnerability for thousands of people. As the management of a youth-serving agency pointed out, "the pandemic shone a light on what was wrong within the system" as everything CBOs have been advocating for "became visible and 'real' to a larger population." While the billions of dollars made available by governments to maintain Canada's economy and to protect Canadian citizens from the impacts of the COVID-19 pandemic are important, much of the vulnerability of Canadians could have been reduced through proactive investment in the social determinants of health.

> "While the billions of dollars made available by governments to maintain Canada's economy and to protect Canadian citizens from the impacts of the COVID-19 pandemic are important, much of the vulnerability of Canadians could have been reduced through proactive investment in the social determinants of health."

Emergency Planning and Communication

Effective communication is a critical component of emergency management. Especially during the early days of the COVID-19 pandemic, policies, protocols and regulations changed frequently as health officials and medical professionals learned more about the virus and how to prevent community spread. Figuring out how individuals should respond to the pandemic requires clear messaging from governments.

However, many people living in the inner city were not able to access the information shared by public health officials because of the methods used to share it. Most public COVID-19 communications, led by the provincial and federal governments, are broadcast through televised briefings, news media and social media. Not all households have televisions, radio or internet access. For example, "access to the internet and phones isn't consistent" among the participants that visit Central Neighbourhoods Winnipeg, nor do

the youth at a youth-serving organization "typically have access to media or social media." Lin from Spence Neighbourhood Association spoke about the awareness of health directives and the changing pandemic being "really divided because of the differing levels of access to internet." Several CBOs, primarily those serving youth and street-involved individuals, noted that participants were not fully aware of the unfolding nature of the pandemic and public health regulations.

As well, public health communications and terminology are not always easy to understand. Many CBOs translate and act as messengers for their participants. In many cases, CBOs became intermediaries in the sharing of information as participants would visit to learn about emerging public health restrictions and procedures. "We were explaining it, we were giving them a number to Health Links and telling them what the symptoms were and when they should call," explained the manager at a women's centre. The manager of a program involved with women engaged in survival/sex work elaborated: "our community health facilitator had typed up an information sheet in language that was really direct and basic for folks to be able to understand and we would hand that out." The pre-existing relationships of trust that participants have with staff at CBOs made it possible to share information in ways that were relevant and understandable.

"The manager of a program involved with women engaged in survival/sex work elaborated: 'our community health facilitator had typed up an information sheet in language that was really direct and basic for folks to be able to understand and we would hand that out.'"

The lack of clarity in information was not exclusive to individuals. CBOs also felt inadequately informed by governments. Especially at the onset of the pandemic, some CBOs were unsure how to proceed with their work. "We were hungry for information and for direction, and there really wasn't a lot," said the director of a neighbourhood community organization. The director of a women's centre stated: "a lot of the time what we got [was] 'we don't know' 'that's still unclear' and 'nothing we can share at this time'" from the Province. The initial health messages disseminated by the Province targeted individuals or businesses but failed to recognize the unique nature of CBOs and the ways they engage with community. Instead, the majority of CBOs relied on information-sharing with each other to gather ideas of best practices and how to respond to public health directives in their work.

Despite these challenges, there have been times when communication between the public health sector and CBOs worked effectively. Community organizations that offer clinical services commended Shared Health and the WRHA for providing information, personal protective equipment and, in some cases, on-site public health nurses. These organizations have pre-established relationships with public health organizations, which helped them adjust accordingly and follow appropriate measures. One organization also had

the opportunity to join a call with Manitoba's Chief Public Health Officer, during which he gave direct advice for best practices moving forward. These pre-existing relationships and the information-sharing that resulted made it easier for organizations to access knowledge and resources to address their participants' needs during the pandemic.

Emergency Planning and Funding

Adequate funding is an essential piece for community organizations to be able to respond to the pandemic, but CBOs in the inner city are precariously funded at the best of times. Funding levels are inadequate, often short-term, and focused on project funding rather than sustainable core funding. Investing in CBOs is particularly important in unpredictable times, like during a pandemic, to enable them to respond effectively.

Interviewees expressed a mix of sentiments about the allocation and types of funding during the pandemic. Several were pleasantly surprised by the support they've received from funders, including the federal government, private donors and foundations, and at times the provincial government; the pandemic has provided for more rapid issuing of funding. At the same time, precarious funding has also resulted in increased stress for CBO staff. "There have been a lot of times when we have been afraid that our funding was going to be cut during the pandemic," said a frontline staff person from Wolseley Family Place. With the fiscal year ending in March, one-third of the CBOs interviewed for this report expressed concerns about provincial support expiring. "There is a possibility that [the provincial government] will not renew our contract. And so, that's a bit unnerving when you're dealing with the pandemic and uncertainty of your programs," said the director of a neighbourhood community organization. Ensuring stable streams of funding is especially important during an emergency to allow for long-term planning and responsiveness.

Over half of the interviewees spoke of the importance of having flexibility with finances, especially in times of emergencies. One director said, "all our funders have been really good at allowing us to do things differently with the money they sent." A member of the management of a youth-serving organization said, "There was an understanding that we know to spend the money in the best way. The relationship was not top down. Rather, they provided unspecified funding without larger reporting requirements." Lin from Spence Neighbourhood Association said that, "flexible, unrestricted funding" would be helpful during difficult times like the pandemic.

In addition to stable and flexible funding, over 20 interviewees reported that they could use more funding to hire and maintain staff, allow for more adaptability in their work, help facilitate programs, and provide services to their participants. The manager of a program involved with women engaged in survival/sex work said,

> [F]inancial support is number one, that contributes to a lot of things... Being able to fund for the positions we need to support the amount of community we support, to feed the amount of community we support, to be able to grow our programming and bring in new programming.

The challenges presented by the COVID-19 pandemic underlined that during public health emergencies, funding for CBOs should remain sustained and flexible—and that it is a time to expand programming and resources, not to reduce them.

Conclusion and Recommendations

The *State of the Inner City Report* is an opportunity to shine a light on the strengths of CBOs in Winnipeg's inner city. There is no doubt that these organizations are accustomed to responding to emergencies. Even within the unprecedented context of the COVID-19 pandemic, CBOs have been able to address the pressing needs of their participants. The pandemic, however, has highlighted challenges and gaps in emergency management that have affected CBOs and their ability to serve inner city communities.

Current responses to the COVID-19 pandemic appear to have the sole objective of reducing the virus' casualties (Rangel et al., 2020). As of this writing, the second wave of COVID-19 raises many of the same issues as the first, and some new issues as well. Many healthcare workers and medical doctors have publicly expressed concern that the Province took action too slowly and failed to respond appropriately during the summer to the threat of a second wave, resulting in incredible stress on the healthcare system (Tsicos, 2020). The lack of consideration of the social determinants of health in the response to COVID-19 has in many ways contributed to the ongoing marginalization and vulnerability of the populations in the inner city. The following recommendations for governments and CBOs would improve emergency planning and responses to better benefit the populations that reside in Winnipeg's inner city.

1. Include the social determinants of health in emergency plans.
The social determinants of health should be integrated into federal, provincial and municipal emergency plans. Considering the social determinants of health will help to identify vulnerability due to pre-existing social and economic factors during an emergency. One way to address the social determinants of health in emergency management would be to establish a team of policy advisors, including representatives of CBOs, for emergency planning and response. The new Community Emergency Advisory Committee, part of the City of Winnipeg's emergency by-law, offers a first step in this direction.

2. Address the social determinants of health before emergencies.
A large component of emergency management is preparedness, that is, the measures or precautions taken before an emergency occurs (Kapucu, 2008; Waugh, 1994). As part of preparedness, all levels of government should address the social determinants of health and the needs of marginalized groups. This will improve population health, reduce vulnerability caused by marginalization, and prevent negative impacts in future emergencies. For instance, providing a Liveable Basic Needs Benefit would ensure that all Manitoba households have adequate financial resources to meet their basic needs (CCPA-MB, 2020). Other ways governments can invest in the social determinants of health to benefit all populations in the next emergency include adequate housing for all, universal accessible and affordable childcare, access to harm reduction supplies and equitable access to health care. As Theresa Tam, Canada's Chief Public Health Officer stated: "No one is protected from the risk of COVID-19 until everyone is protected" (Tam, 2020, 38).

3. Continue to foster relationship among CBOs and governments.
The partnerships created and sustained between CBOs during the pandemic should be maintained. The mutual support of CBOs, which predates the COVID-19 pandemic, has again proven to be a valuable asset. The sharing of information, advice and equipment has helped many organizations respond to the pandemic. Creating a means for a coordinated response is critical in creating a resilient team among CBOs. This pandemic has shown that the entire CBO sector can be resilient as a team and it should be celebrated and sustained for the long term.

4. Adequately fund and resource CBOs.
Beyond including the CBO sector in emergency plans, governments need to provide the resources necessary to enable CBOs to be better prepared to

respond to emergencies. This research identified three needed resources. First, CBOs work best when they have stable, flexible and predictable funding. This is especially true during emergencies when so much else may be unpredictable. Funding should be provided as block grants to CBOs so that they can allocate the funds as needed. Second, governments should provide CBOs with expertise and resources to create their own emergency plans. Documenting how CBOs have adapted to the current context and providing organizations with specialists who can analyze, record and support the creation of emergency plans would lead to better emergency responses in the future. Third, governments and CBOs should invest in information technology, including laptops and training. These resources would increase CBOs' capacity to adapt to changing circumstances, including working remotely and developing new modes of communication among staff and participants.

In conclusion, emergency management has long been used by governments to prepare and respond to emergencies. These plans often take a 'one size fits all' approach, intending to return society to normalcy as quickly as possible. However, without addressing the factors, including the social determinants of health, that create vulnerability for marginalized populations, emergency management risks a return to the status quo once the pandemic is over—a constant state, for many, of marginalization and vulnerability to day-to-day emergencies. Through their ongoing perseverance and continued relationships, CBOs in Winnipeg's inner city have once again proven their immense value by responding to an emergency and picking up the pieces that were left behind. Rather than returning to 'business as usual' once the pandemic is over, Manitoba should respond to the opportunity and the necessity of addressing social and economic marginalization through the social determinants of health.

References

Bernas, K. (2015). *The view from here: Manitobans call for a renewed poverty reduction plan* (2nd ed.). Canadian Centre for Policy Alternatives-Manitoba and the Canadian Community Economic Development Network. www.policyalternatives.ca

Biedrzycki, P., & Koltun, R. (2012). Integration of Social Determinants of Community Preparedness and Resiliency in 21st Century Emergency Management Planning. *Homeland Security Affairs 8*:14. www.hsaj.org/articles/228

Blumenshine, P., Reingold, A., Egerter, S., Mockenhaupt, R., Braveman, P., & Marks, J. (2008). Pandemic influenza planning in the United States from a health disparities perspective. *Emerging Infectious Diseases 14*(5), 709–715. doi.org/10.3201/eid1405.071301

Braveman, P., & Gottlieb, L. (2014). The Social Determinants of Health: It's Time to Consider the Causes of the Causes. *Public Health Reports 129*(Suppl 2): 19–31.

CCPA-MB [Canadian Centre for Policy Alternatives-Manitoba]. (2009). *State of the Inner City: It takes all day to be poor*. Canadian Centre for Policy Alternatives-Manitoba. www.policyalternatives.ca

CCPA-MB. (2010). *State of the Inner City: We're in it for the long haul*. Canadian Centre for Policy Alternatives-Manitoba. www.policyalternatives.ca

CCPA-MB. (2016). *State of the Inner City: Reconciliation lives here*. Canadian Centre for Policy Alternatives-Manitoba. www.policyalternatives.ca

CCPA-MB. (2017). *State of the Inner City: Between a Rock and a Hard Place: Challenges in Measuring Value and Impact in Community-Based Programming*. Canadian Centre for Policy Alternatives-Manitoba. www.policyalternatives.ca

CCPA-MB. (2020). *Change Starts Here: Manitoba Alternative Provincial Budget 2020: Social Welfare: Converting Employment & Income Assistance to Liveable Basic Needs*. Canadian Centre for Policy Alternatives-Manitoba. www.policyalternatives.ca

City of Winnipeg. (2020). *Emergency Management By-Law No.59/2020*.

Cooper, S. and Hajer, H. (2020). The COVID-19 Policy Response for Renters and Persons Experiencing Homelessness in Manitoba. In A. Rounce and K. Levasseur (Eds.) *COVID-19 in Manitoba: Public Policy Responses to the First Wave* (173–180). University of Manitoba Press.

Fernandez, L., Mackinnon, S., and Silver, J. (eds.). (2015). *The social determinants of health in Manitoba* (2nd ed.). Canadian Centre for Policy Alternatives-Manitoba.

Government of Canada. (2020). *Canada's COVID-19 Economic Response Plan*. Government of Canada. www.canada.ca/en/department-finance/economic-response-plan.html.

Hilhorst, D. and Bankoff, G. (2013). Introduction: Mapping vulnerability. In G. Bankoff, G. Frerks, and D. Hilhorst, (Eds.), *Mapping vulnerability: Disasters, development and people* (pp. 1–9). Earthscan.

Joakim, E. and Doberstein, B. (2013). Policy recommendations for reducing vulnerability to disasters in Canada: Perspectives from practitioners in Waterloo Region, Ontario. *Risk, Hazards & Crisis in Public Policy 4*(4): 274–291.

Kapucu, N. (2008). Collaborative emergency management: better community organising, better public preparedness and response. *Disasters, 32*(2), 239–262. doi.org/10.1111/j.1467-7717.2008.01037.x

Mulvale, J.P. (2020). Income Security in a Time of Pandemic: Neo-Liberalism Meets the Coronavirus in Manitoba. In A. Rounce and K. Levasseur (Eds.) *COVID-19 in Manitoba: Public Policy Responses to the First Wave* (163–172). University of Manitoba Press.

Morrow, B. H. (1999). Identifying and Mapping Community Vulnerability. *Disasters 23*(1), 1–18. doi.org/10.1111/1467-7717.00102

Peeri, N. C., Shrestha, N., Rahman, M. S., Zaki, R., Tan, Z., Bibi, S., Baghbanzadeh, M., Aghamohammadi, N., Zhang, W., & Haque, U. (2020). The SARS, MERS and novel coronavirus (COVID-19) epidemics, the newest and biggest global health threats: what lessons have we learned? *International Journal of Epidemiology 49*(3), 717–726. doi.org/10.1093/ije/dyaa033

Public Safety Canada. (2017). *An Emergency Management Framework for Canada*. www.PublicSafety.gc.ca

Rangel, J. C., Ranade, S., Sutcliffe, P., Mykhalovskiy, E., Gastaldo, D., & Eakin, J. (2020). COVID-19 policy measures: Advocating for the inclusion of the social determinants of health in modelling and decision making. *Journal of Evaluation in Clinical Practice, 26*(4), 1078–1080. doi.org/10.1111/jep.13436

Silver, J. (2018, January 22). Health Care Blind Spot. *Policy Fix*. policyfix.ca

Social Planning Council of Winnipeg. (2018). *Winnipeg Street Census 2018: Final Report*. streetcensuswpg.ca

Tam, T. (2020). *From Risk to Resilience: An equity approach to COVID-19*. Public Health Agency of Canada.

Tsicos, S. (2020, November 8). 'You must act now': 1,500 nurses write letter to Premier, Health Minister in support of doctors' calls. *CTV News*. winnipeg.ctvnews.ca

Waugh, W. L. (1994). Regionalizing Emergency Management: Counties as State and Local Government. *Public Administration Review, 54*(3), 253. doi.org/10.2307/976728

World Health Organization. (2013). *Emergency response framework*. www.who.int

Concluding Remarks: Crisis, Interdependence, and Solidarity in the Inner City and Beyond

By Bronwyn Dobchuk-Land & Katharina Maier

AS WE ARE writing this year's *State of the Inner City Report*, the province of Manitoba, by all accounts, is in a state of deep crisis: ICU occupancy rates hover around 95 per cent; the number of COVID-19 infections and deaths in care homes has been on the rise; doctors and nurses on the frontlines are reporting burnout, stress, and quickly dwindling personal protective equipment (PPE) supplies; there is an outbreak in every Manitoba jail and prisoners are being subject to solitary confinement; and more and more COVID-19 cases appear in school settings (see e.g., Kives, 2020). These crisis conditions should not be as surprising to us as they may feel given that the same conditions unfolded months before in a similar fashion elsewhere. However, it is jarring to consider that much of the pain, harm, and suffering that Manitobans are currently enduring, and will likely experience for the foreseeable future, could have been prevented or at least mitigated. Presented in advance with the deadly lessons learned in other provinces, the Manitoba

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government has routinely decided not to act as quickly and comprehensively as they could have. And so, crisis prevails.

In the early spring, researchers of the Canadian Centre for Policy Alternatives (CCPA), in collaboration with scholars at the Universities of Winnipeg and Manitoba, set out to examine the work of CBOs in the current crisis moment. Of course, highlighting the work of CBOs is certainly not new to the *State of the Inner City Report* and past work of the CCPA. Indeed, the *State of the Inner City Reports*, over the years, have documented the important work that can be done at the community level to respond to the needs of Winnipeg's poorest residents in the neighbourhoods that have been subjected to severe divestment and government neglect over years. We know from these past Reports that CBOs provide essential supports and resources to deal with the everyday emergencies and challenges of these communities; from childcare, emergency food, harm reduction supplies, safe spaces, employment training and upgrading, to cultural programming, and more. Inner city community organizations also act as mediators between residents and the larger social welfare systems like Employment Income Assistance (EIA) and Manitoba Housing. These kinds of systems and structures act as gatekeepers to more substantial supports, but also at times threaten to exacerbate people's vulnerability through their surveillance mechanisms and their failure to be adaptable to people's complicated lives. In addition to documenting the work as well as incredible adaptability of CBOs to increasingly dismal conditions, past *State of the Inner City Reports* have also documented the challenges and problems faced by CBOs, including decreasing funding in the face of increasing need, and conditions which make it difficult for these organizations to contribute to sustained structural change beyond the neighbourhood scale.

The findings of this year's *State of the Inner City Report* are not so much revealing of *new* lessons for future social change as they are a testament to the *urgency* of acting on what has been known, felt, and reported on in past reports and elsewhere for a long time. This year, in the context of the COVID-19 pandemic, the dispatches from the frontlines of CBO work are simultaneously the same, but also different.

In the context of neoliberalism, the idea of a "community" as a site of intervention has been re-imagined as a discrete entity made responsible for its own problems. This is consistent with neoliberal appeals to individual responsibility, and it coincides with the desire of the neoliberal state to get out of the business of large-scale coordinated service delivery. Winnipeg's inner city is a hyper-local expression of a decades long global trend, thrown

into relief by the pandemic: the retrenchment of life-affirming state services accompanied by increased investments in policing and surveillance, and the downloading of responsibility for care onto smaller-scale, perpetually under-resourced community-based organizations. Winnipeg's city-center neighbourhoods and their residents continue to be treated as disposable through systematic neglect, but the neglect of needs made more urgent by COVID-19 (like hygiene, housing, privacy, information technology) has been experienced as a new wave of disenfranchisement. CBOs continue to respond to these needs within the limits of their funding with the care and creativity they always have, but the pandemic context has thrown into relief the unsustainability of the community-scale and short-term nature of their interventions. Indeed, the spread of COVID-19 has laid bare the inter-connectedness of the "inner city" and the rest of the city; the inextricable relationship between the health of CBO workers and the people they serve; and the interdependent relationship between large-scale social welfare infrastructure and community-level service providers.

Thus, in this concluding chapter, we focus on some of the ways that these understandings, laid bare by the COVID-19 pandemic, might push us to think about the role CBOs could play in activating their knowledge and experience to not only respond to crisis conditions in their midst, but to resist the inevitability of those conditions.

Prior Conditions and Everyday Emergencies

> The responses to an emergency or crisis situation that are possible in the present are heavily dependent on prior planning decisions, and likewise, future possibilities are dependent on the paths we chart in the present. What has become obvious are the deep failures pre-pandemic that are playing out now on-the-ground and in real time: We can't build a proper and sustained emergency response on a weak and fragile welfare system.

As the chapter by Justin Grift and Sarah Cooper has shown, being well prepared for a time of crisis means having a healthy, cared for population in 'normal' times. The social determinants of health are concrete conditions that can be addressed in non-crisis times in order to mitigate the impact when a public health crisis or emergency hits. Previous *State of the Inner City Reports* hold valuable information about the nature and location of pre-pandemic state violence and neglect and failure to invest to meet people's needs. In so-called 'normal' times, the crises being faced by our most marginalized

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community members are indicators of where to start. Winnipeg's poorest residents and the people who work alongside them at CBOs hold very useful knowledge about how systems, even in their so-called 'normal' states, are organized in ways that can exclude, neglect, and marginalize people and entire communities. The precarity faced by poor Winnipeggers, as documented in previous reports, has deepened for those people and spread to others. We might even consider that the sense of 'crisis' is actually just the broadening of the experiences of vulnerability and disempowerment beyond those for whom it has been deemed 'socially acceptable' in the past. In this sense, the current pandemic may be an opportunity to organize in solidarity in response to the experience of being made structurally vulnerable—to build relationships between those who are new to the experience and those who have been struggling with it for much longer.

This year's *State of the Inner City Report* has identified many of the pre-existing social conditions that have been exacerbated in the course of the current pandemic. For many city-center residents, the pandemic has come in the form of a crisis overlaid on top of pre-existing crises. These pre-existing crises were caused by a welfare system that was not only weakened due to under-funding, but also organized in ways that are discriminatory and exclusionary. People who use drugs, those without shelter, the elderly, prisoners, and people without independent incomes and resources, among other groups, have been particularly vulnerable to the effects of this pandemic which has intensified and exacerbated already existing forms of oppression. As demonstrated in the chapter by Shayna Plaut, interview participants, in one way or another, all said that this pandemic has highlighted the gross inequalities between people living in poverty, struggling with poor housing or experiencing homelessness, and those who are not. As Plaut's chapter documents, as public spaces and services shut down in the course of the pandemic, front-line organizations have had to fill more gaps and pivot their focus.

"...the damage and harm caused by a public health crisis such as this one must be treated as the outcome of political and policy decisions."

While triggering conditions such as the emergence of a new disease may be out of human control, the damage and harm caused by a public health crisis such as this one must be treated as the outcome of political and policy decisions. In the same ways that the pre-existing organization of social welfare is a political calculus, so too is the capacity (or lack thereof) to respond to emergencies. Geographer Neil Smith's (2006) writing shows how every aspect of a crisis involves social actors: its causes; the uneven vulnerability of different groups; people's preparedness to respond to a crisis; the results of the crisis; and the reconstruction efforts that follow. For Smith (2006)

then, the question of who lives and who dies in so-called natural disasters is essentially a social calculus. In line with Smith's thinking, we urge readers of this year's Report to consider seriously the political and socio-economic conditions that have created crisis situations in inner city communities; that have increased people's vulnerability over many years; and that have created the conditions under which CBOs are now forced to operate and do even more with even less. Indeed, the pre-pandemic decisions made by municipal and provincial governments not to bring EIA rates to the poverty line, not to coordinate widespread access to devices and wifi, not to provide access to a safe supply of drugs, among other things, are all political decisions whose effects are now directly felt by and directly affect front-line organizations' ability to respond and provide support during this time of crisis.

Indeed, for decades, the overall attitude of governments (including the Manitoba government) regarding poverty, hunger, lack of access to housing and internet, and general inequality is that these are inevitable realities of social life. Front-line organizations have been expected to meet a range of needs created by capitalism and insufficient public welfare systems but have received the bare minimum funding and resources to do so. With an ever-shrinking social safety net, the demands put on community-based organizations have only grown. Austerity politics and divestment from welfare services and public health have created the conditions under which community-based organizations are increasingly tasked to 'fill the gaps.' There is very little ability for these organizations to be proactive with any of the issues they are tackling. Rather, they may feel they are operating from a reactive position. This is a huge disadvantage from which to operate because it does not allow for any power or agency in the larger fight against poverty and social inequality. Thus, we ask: How can these organizations reclaim some of that power and agency so CBOs can respond to the needs of inner city communities in a sustainable way?

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"Front-line organizations have been expected to meet a range of needs created by capitalism and insufficient public welfare systems but have received the bare minimum funding and resources to do so."

Interdependent: The Social Welfare State and Its Community-level Arms

> CBOs can supplement but not replace a social welfare state. How can CBOs effectively act to resist, not just respond, to these shrinking social supports that have such an impact on the context in which they are operating?

The findings from this year's report urge us to consider further the relationship between government and CBOs. CBOs tend to be government funded,

and should be even more government-funded than they are, given that their ability to act flexibly and responsively to people's needs. At the same time, the urgency and intensity of current needs and vulnerabilities, as outlined in chapter two, show that organizations on the community-level cannot act on their own. Indeed, there are things that can be provided at the community scale but which can only be made possible with recourse to broader scales and structures of action. These include: the provision of safe spaces (City publicly-owned spaces closed down); washrooms, showers, laundry, and hygiene supplies; safe supplies of drugs and access to naloxone; phone and internet access; childcare; food; income supplements; protection against eviction; women's shelters and adequate housing options—these are things that are perhaps best offered and accessed at the community scale, but they do not materialize at the community scale. CBOs cannot be expected to fill the gaps or replace an inadequate social services system. Rather, for people's needs to be addressed in an effective and encompassing manner, CBOs need to act in tandem with a strong social support and caring welfare system.

Interconnectedness: The "Inner City" and the City as a Whole

> It is impossible to improve the inner city by acting only on the inner city. We need a collaborative and cooperative approach between inner city communities, CBOs, and larger social systems and structures.

CBOs can be understood both as sites of struggle for local and Indigenous control over the delivery of social programming, and as a manifestation of the above-mentioned neoliberal trend toward state downloading of responsibility for social service provision to semi-private organizations that have very little power or resources to affect structural change. This tension is highlighted in Alyosha Goldstein's history of community-based action in the US, where he situates it as part of a much larger trend in left-liberal politics experienced throughout North America in the post-war period (Goldstein, 2012). Goldstein recounts how community-based action in response to poverty was steeped in radical ideas like "the exercise of self-governance, the integrative purpose of citizen participation, and the negotiated tension between demands for self-determination and self-help" (2012, p. 3). However, he also highlights the contradictory nature of these strategies. In crafting community-based responses to larger structural problems, he observes that problems were reimagined as "solvable" and "manageable" at the community scale, which

was both exciting politically—in that it incited people to take action—but also narrowed people's senses of what scale of political action was possible and desirable (Goldstein, 2012, p. 6). He characterizes this dynamic as a tension between grassroots efforts to organize community-based power against capitalism (self-determination), and tendencies toward initiatives that treat poverty as a condition internal to communities to be overcome by those suffering from it (self-help), letting the state off the hook for failing to provide structural support. This tension between paradigms of self-help and self-determination can be used productively to analyze the politics of community-based responses to crises in Winnipeg.

While the appeal of the local often emerges from a bottom-up demand, as communities have organized to reclaim more power and control over their lives in the face of large and ineffective institutions of the welfare state, the configuration of control offered by the neoliberal state to communities is often responsibility without power (Lietner, Sheppard, & Sziarto, 2008). Community organizations are given limited resources to address gaps in the provision of social services where they do exist, but are given no power or voice in changing how these services are implemented in their communities (Wolch, 1990). They are made responsible for absorbing the risks of and mitigating the effects of the inequalities generated far beyond their borders. For example, in Winnipeg, Andrew Woolford and Jasmine Thomas (2011) have observed the "deputization" of CBOs to participate in fighting against crime. Ruth Wilson Gilmore (2009) observes that, in the context of a political landscape where non-profits must increasingly provide for the basic needs of increasingly desperate people, political issues become narrowed to program-specific categories that limit the range of activities non-profit workers can participate in, even if they have much more complex understandings of the politics their work (p. 46).

"Community organizations are given limited resources to address gaps in the provision of social services where they do exist, but are given no power or voice in changing how these services are implemented in their communities."

Inextricable: The CBO as *Of* and Not Just *In* the Inner City

Organizations need healthy workers in order to work, and the threat of viral spread has highlighted the interdependent nature of the health of CBO workers and the health of the people they serve.

The current pandemic has revealed the artificiality of considering one population (i.e., CBO employees as people who meet needs) as different and separate from another (i.e., low-income residents as people with needs).

"We could imagine a world where the work being done on the frontlines of CBOs to keep people alive in the midst of cascading crises was as well-paid as government work. This isn't a stretch since, in many cases, CBO workers are making up for gaps in services the government ostensibly provides, and those workers are paid in largest part via government grants."

This is also true in relation to a broader definition of worker and community health, beyond the COVID-19 context. Indeed, the current pandemic provides the impetus to re-structure in ways that attend to this interdependence. Some CBO workers, as reported in this Report, talked about being burnt out, stretched *beyond* capacity (since they were already beyond capacity to begin with). If organizations couldn't get the supplies they needed to prevent viral transmission in their spaces, their ability to respond to resident's needs was severely curtailed. Their capacity to find new ways to get people what they needed should be lauded. Nevertheless, they have continued to do this under conditions of being underfunded as organizations, and underpaid and precariously employed as individuals. We could imagine a world where the work being done on the frontlines of CBOs to keep people alive in the midst of cascading crises was as well-paid as government work. This isn't a stretch since, in many cases, CBO workers are making up for gaps in services the government ostensibly provides, and those workers are paid in largest part via government grants. However, CBO work has become imbued with an air of humanitarianism — encouraging people to work beyond their scheduled hours, beyond their capacities, beyond the resources they have access to. This is true of other government workers like nurses and teachers as well, but these groups are largely unionized, and their work is widely considered essential, not additional, to the functioning of government services.

CBOs are frontline and essential, but often lack the infrastructure, staffing and finances to serve their communities safely. This fact is part of the organized abandonment of the inner city and other low-income neighbourhoods. The de-prioritizing of the essential work done by CBOs is also a de-prioritizing of the lives of the most vulnerable people CBOs serve. It is also representative of a de-prioritizing of peer support work and the frontline work done by people in the CBO sector who are hired because of their first-hand experiences with the conditions their organizations are designed to respond to. For both their skills and ethics, many CBOs prefer to hire "experiential people" as front-line staff, a context in which the separation between CBO workers and low-income residents breaks down even more. Both CBO workers and the people they serve could benefit, therefore, from asserting and organizing for more power and stability as a sector. As one CBO worker asked: "Why is it down to us and our willingness to take risk and our flexibility that's the difference between someone eating and someone starving?"

"Both CBO workers and the people they serve could benefit, therefore, from asserting and organizing for more power and stability as a sector."

CBOs want to and should be the ones doing some of this work because of their intimate knowledge of low-income communities and their flexibility. But it should be organizational flexibility, as a bridge to well-funded social

services, not individual flexibility where low-paid workers are putting their lives and sanity on the line in order to help people whose needs are in some cases only slightly more acute than theirs. The value of work needs to be identified and remunerated; like the nurses that keep being thanked, or the mothers that keep being empathized with, gratitude is not the same as material support. And just as frontline workers know a lot about what people in the city center need, they know even better what they need in order to do their work more effectively. Put differently, the current pandemic has made particularly clear that what is needed is solidary and improvement in material and working conditions that are good for both CBO workers and clients. CBO workers are also people who live in the inner city; experience poverty; who support families; and who are struggling against an economy that does not value their labour. The actual working conditions at CBOs need to be considered as a site of concern for the sustainability of the CBO infrastructure. The culture of over-work, structured by under-funding and therefore under-staffing relative to the outsized need in the community, needs to be tackled as part of our concern with the state of the inner city. In short, CBO work must be valued and renumerated on par with state workers.

Moving Forward — Crisis as Opportunities for Change?

"Don't ever squander the opportunity of a crisis!"
— Lorie English, WCWRC

> Declarations of crisis produce opportunities for power moves — from above and from below. What are the conditions under which this crisis moment could provide a catalyst for social transformation that benefits poor people in Winnipeg's city-center and elsewhere?

The term crisis describes extraordinary situations. E. Summerson Carr (2019), for example, clarifies that "crisis projects *urgency*," demanding "*fast, more immediate*" action in the sense of "do now, think later" (p. 162). Crises thus, are not only revealing of our social realities, but also are moments of action, change, and potentially long-term transformation. Thus, we encourage readers of this year's *State of the Inner City Report* to think about, consider, and imagine collectively how the current health crisis could present and be used as an opportunity for structural and systematic change.

As one first step, CBOs should be involved in the co-creation of a vaccination plan for the inner city and those made vulnerable to COVID-19.

As one first step, CBOs should be involved in the co-creation of a vaccination plan for the inner city and those made vulnerable to COVID-19.

The knowledge and relationships CBOs hold will be key to ensuring the vaccination plan reaches as many people in the inner city as possible. CBOs must be involved in a proactive manner and be at the table to help strategize towards public health and safety.

> "In the same way that we need to study how governments can prevent emergencies like this from becoming crises in the future, we also need to strategize how to build the powers and capacities to force a response from a deliberately non-responsive government."

As criminologists, we cannot help but address the fact that as we write, ICUs are overflowing, nurses and doctors do not have enough PPE, and millions of dollars has just been pledged by the province for policing of public health orders rather than support to help people adhere to them. Recently, Premier Pallister asked for volunteers to help in the COVID testing and contact tracing tasks — tasks that could have been well-paid jobs if the government weren't so committed to austerity. These emergency response strategies are political, and they are predictable. Just like we know the Pallister government *could* have prepared Manitoba for this pandemic, many people correctly anticipated that he *wouldn't*, based on his government's well-established record of gutting public services. How could we have better prepared for our government's refusal to prepare? In the same way that we need to study how governments can prevent emergencies like this from becoming crises in the future, we also need to strategize how to build the powers and capacities to force a response from a deliberately non-responsive government.

To conclude, this year's *State of the Inner City Report* has shown that CBOs — in their ideal form as organizations run by and for poor people — can and should be at the center of these strategies. Future possibilities are dependent on the paths we chart in the present, and this report has affirmed many ways that the essential service infrastructure of CBOs can be better supported now in order to create more socially just futures. CBOs are organized to identify and meet people's needs directly, and given adequate support they have unmatched capacities to decrease people's vulnerability. CBOs not only need to be better supported in this work, they also need to be better consulted. This report has affirmed that within CBOs there is an incredible amount of knowledge and expertise that should be centered in the political decision making that shapes the conditions they are operating in. If they are not going to be consulted voluntarily by political decision-makers, times of crises are opportunities for re-imagining how they can assert themselves politically in new ways.

It isn't possible to transform conditions for poor people in the city center without acting to transform society at other scales simultaneously, which is to say that CBOs alone can't change the conditions they are struggling with. However, as this crisis has highlighted, the expertise and experience held at the level of CBOs about how systems work (and don't work) for poor

people is absolutely essential to broader struggles against capitalism and austerity, especially in their capacities to nurture and build the life-sustaining relationships against incredible odds.

References

Brenner, N., & Theodore, N. (2002). Cities and the Geographies of "Actually Existing Neoliberalism." Antipode, 34(3), 349–379.

Carr, S. (2019). The Work of 'Crisis' in the 'Opioid Crisis'. *Journal of Extreme Anthropology*, 3(2).

Gilmore, R. W. (2009). In the Shadow of the Shadow State. In INCITE! Women of Color Against Violence (Eds.), The Revolution Will Not Be Funded: Beyond the Non-Profit Industrial Complex (pp. 41–53). Cambridge: South End Press.

Goldstein, A. (2012). Poverty in common: the politics of community action during the American century. Durham: Duke University Press.

Lietner, H., Sheppard, E., & Sziarto, K. M. (2008). The spatialities of contentious politics. Transactions of the Institute of British Geographers, 33, 157–172.

Kives, B. From first to worst: How Manitoba squandered its pandemic advantage — and what it takes to get it back. CBC News. November 7, 2020. https://www.cbc.ca/news/canada/manitoba/manitoba-first-worst-pandemic-1.5793805 Last accessed: November 16, 2020.

Wolch, J. R. (1990). The shadow state: government and voluntary sector in transition. The Foundation Center.

Woolford, A., & Thomas, J. (2011). Exception and Deputization under Today's NDP: Neo- liberalism, the Third Way, and Crime Control in Manitoba. Canadian Journal of Law and Society, 26(1), 113–132.

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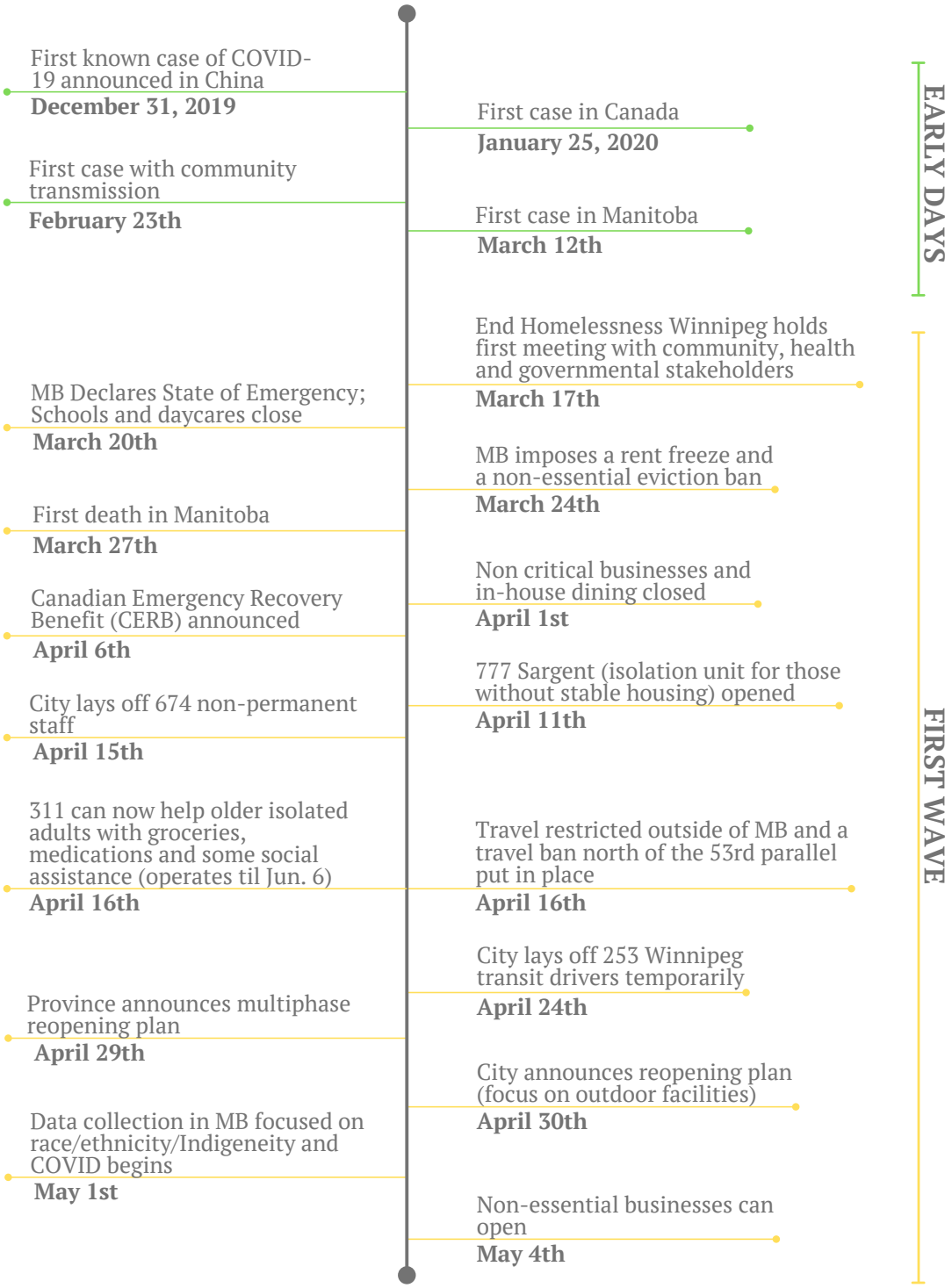
Appendix

TIMELINE OF COVID-19 IN WINNIPEG



People no longer need referral to go to a COVID testing site
May 13th

Community testing sites open in WPG for those experiencing homelessness or living in a shelter
May 19th

Groups can gather 25 people indoors/50 outdoors
May 22nd

Phase 2: Gyms, nail salons, tattoo parlours can re-open
June 1st

Thunderbird House closed as community testing site because of low numbers
June 5th

Phase 3 – Travel to Western Canada allowed; Restaurants can open to full capacity
June 21st

School reopening plan announced
July 30th

Redeployed city staff return to their City jobs
August 30th

Winnipeg areas placed under restrictions (gatherings limited to 10 people and mandatory facemasks)
September 28th

CERB Ends
October 3rd

Winnipeg placed on Code Red; Restaurants closed/socializing with household only
November 2nd

Over 10,000 total cases and 6,000 active cases
November 13th

Test positivity rate for First Nations peoples (on and off reserve) 20%/MB population 13%
November 29th

the number of active cases drops below 30
May 15th

Provincial government gives $10 million to community orgs and municipalities to assist in recovery
May 20th

No hospitalizations due to COVID
May 23rd

$120 Million* to be distributed to frontline workers through Risk Recognition Program
June 2nd

No new COVID cases
June 6th – 12th

No new cases, only one active case
July 1-13th

Masks become mandatory on Winnipeg buses and City-operated facilities
August 29th

Travel restrictions reinstated to Northern MB
September 3rd

Eviction ban ends
September 30th

Gatherings limited to five or fewer (inside and outside)
October 19th

MB in Code Red
November 12th

Test positivity rate is 14% for MB
November 23rd

SUMMER

SECOND WAVE

SOURCES:
- Chief Public Health Officer of Canada's Report on the State of Public Health in Canada 2020
- https://winnipeg.ctvnews.ca/a-timeline-of-covid-19-in-manitoba-1.4866501

*$90Million from federal/$30Million from Province for workers having worked 20 March – 29 May

Questions for Front-line Staff

Interview Guide:

1. What are the populations that you work with/serve? Have they changed at all during the pandemic?

2. To what extent were/are the populations you serve, or program participants and neighbourhood residents, aware of the unfolding of the pandemic (e.g. large crowd restrictions, phases to reopening) as well as ways to protect themselves and others? What has helped get that information out? What has made that difficult?

3. Among your organization's program participants and neighbourhood residents, who was *usually* considered most vulnerable prior to the pandemic (please do not identify any individuals but describe key characteristics that create vulnerability).

   a. Why/what are the factors that create this vulnerability?

   b. What if any effect has the pandemic had on these groups' vulnerability? Has the pandemic created new vulnerabilities?

   c. Many people speak about the pandemic making the people who were already vulnerable, more vulnerable. What are your thoughts on this?/ What does this mean amongst the people with whom you work?

4. Does your organization address basic needs? Y/N? If so, which basic needs, and how do you address them?

   a. Thinking back before March 13th (when the state of emergency was declared), what, if any, changes in basic needs have you seen among the people you work with/serve? (e.g. new or emerging basic needs)

   b. How are people meeting their basic needs with social distancing and other pandemic restrictions?

   c. In what ways are people unable to meet their basic needs and/or struggling to do so?

5. Are there any challenges or barriers your organization is experiencing as it works to support program participants and neighbourhood residents to meet basic needs during the pandemic that you think we should know about?

6. What kind of support do you need in order to be able to do good work in these times?

7. How do you think the pandemic, including health impacts, government responses, business closures, social distancing and stay-at-home restrictions, will affect your organization in the future?

8. What are the types of everyday emergencies faced by program participants and neighbourhood residents that your organization deals with/responds to? E.g. housing displacement, fires, personal crises, etc.

9. Have these everyday emergencies changed throughout the pandemic? Y/N. How has your response changed? Can you give an example of something you are most proud of in the way you responded?

10. How did CBOs network and support each other during the pandemic? When did that not work well? What would be needed to increase support?

11. Are there new or emerging opportunities for your organization in the COVID-19 pandemic? For the inner city more broadly?

12. Is there anything else you would like to share?

Managerial Interview Questions

Interview Guide:

1. What are the populations that you work with/serve? Have they changed at all during the pandemic?

2. To what extent were/are the populations you serve, or program participants and neighbourhood residents, aware of the unfolding of the pandemic (e.g. large crowd restrictions, phases to reopening) as well as ways to protect themselves and others? What has helped get that information out? What, if any obstacles do you see with this information sharing?

3. Among your organization's program participants and neighbourhood residents, who was *usually* considered most vulnerable prior to the pandemic (please do not identify any individuals, but describe key characteristics that create vulnerability).

a. Why/what are the factors that create this vulnerability?

b. What if any effect has the pandemic had on these groups' vulnerability? Has the pandemic created new vulnerabilities?

c. Many people speak about the pandemic making the people who were already vulnerable, more vulnerable. What are your thoughts on this?/ What does this mean amongst the people with whom you work?

4. Does your organization address basic needs? Y/N If so which basic needs, and how do you address them?

   a. Thinking back before March 13th (when the state of emergency was declared), what, if any, changes in basic needs have you seen among the people you work with/serve? (e.g. new or emerging basic needs)

   b. How are people meeting their basic needs with social distancing and other pandemic restrictions?

   c. In what ways are people unable to meet their basic needs and/or struggling to do so?

5. Are there any challenges or barriers your organization is experiencing as it works to support program participants and neighbourhood residents to meet basic needs during the pandemic that you think we should know about?

At the Organizational Level

1. How has your organization's approach to supporting your program participants and neighbourhood residents changed as a result of COVID-19? E.g. new priorities; changes in which programs are offered or how programs are offered.

   a. What prompted these changes?

   b. How is your organization adapting to the Province's phased opening (phase 1, phase 2, etc.)?

   c. Will you keep these changes once the pandemic is over? Why or why not?

2. Have you been able to maintain a safe work environment for your staff?

   a. If yes — how were you able to do so?

b. If no — why not?

c. For both: What do you wish you could do better?

3. What kind of support do you need in order to be able to do good work in these times?

4. How do you think the pandemic, including health impacts, government responses, business closures, social distancing and stay-at-home restrictions, will affect your organization in the future?

Emergency Planning/Response

1. What are the types of everyday emergencies faced by program participants and neighbourhood residents that your organization deals with/responds to? E.g. housing displacement, fires, personal crises, etc.

2. How do you respond to these emergencies? What if any ways do you prepare for these emergencies?

3. Have these everyday emergencies changed throughout the pandemic? Has how your organization responds/provides support changed?

4. Prior to the pandemic , did your organization have plans in place to deal with a large-scale health emergency?

   a. If no: how did you develop your organization's response to the pandemic?

   b. If yes: How were these plans originally developed? Did the plans work as expected? How did they need to be adapted to COVID?

   c. Whose responsibility was it to make these plans/decisions? To implement them?

5. What lessons will you take forward for future emergency response? Emergency planning?

6. What were the most important considerations for your organization in addressing COVID? What about the sector as a whole?

7. How did the different types of government (provincial, municipal, federal, Indigenous) support your organization during the pandemic? (Financially, information, advice)? When did that work well or not work well? What does your organization need from government to carry out its work?

8. How did CBOs network and support each other during the pandemic? When did that not work well? What would be needed to increase support?

9. Are there new or emerging opportunities for your organization in the COVID-19 pandemic? For the inner city more broadly?

MAKE POVERTY HISTORY
MANITOBA

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Premier Brian Pallister and Hon. Heather Stefanson, Minister of Families
Room 204 and Room 357 Legislative Building
450 Broadway
Winnipeg, MB, R3C 0V8
cc: Deputy Minister of Families

November 10, 2020

Re: Open letter to the Manitoba Government: Urgent action needed to avoid humanitarian and poverty crisis in Manitoba

Dear Premier Pallister and Minister Stefanson:

Make Poverty History Manitoba (MPHM), is a multi-sectoral collaborative coalition committed to changing public policy to achieve a Manitoba without poverty. We are calling for urgent action to support those struggling with poverty during the COVID-19 pandemic.

There is broad consensus that COVID-19 disproportionately affects people living in poverty as income is a social determinant of health. MPHM is concerned that the Manitoba government is making matters worse by implementing policies that will exacerbate poverty and homelessness, and the spread of COVID-19, as the pandemic surges.

1) Employment and Income Assistance Claw Back

In April, the Province decided to claw back Employment and Income Assistance (EIA) for those who received the Canada Emergency Response Benefit (CERB). The same claw back is being applied to CERB's replacement, the Canada Recovery Benefit. Some CERB recipients were unaware of the claw back and have had their benefits held back or cut. This has left many unable to pay the rent and put food on the table, leaving them at greater risk of homelessness.

Increasing homelessness at this time is particularly alarming as we approach the cold weather months and as COVID-19 infection rates continue to rise.

The federal government was clear that the CERB was intended to build upon provincial income support programs so that people would be better off. Provinces typically deduct some federal benefits

from social assistance dollar for dollar, but the CERB was an exceptional emergency measure put in place during exceptional times. British Columbia, Yukon and Northwest Territories agreed, and exempted CERB from social assistance claw backs. It is not too late for Manitoba to do the same. Clawing it back serves only to save the Manitoba government money while leaving the most vulnerable at risk.

2) Increase EIA rates and move to a Liveable Basic Needs Benefit

The desperation that led some EIA recipients to apply for the CERB should come as no surprise. EIA rates have been inadequate for too long.

People who have no choice but to depend on EIA as their only source of income live in a state of emergency most of the time. This includes many people with disabilities, seniors, and single parent households. For example, the $800 a month ($9,600 annually) received by a single person on EIA provides an annual income that is only 53% of the poverty line ($18,272 based on Statistics Canada's Market Basket Measure). It is barely enough to rent an apartment let alone cover the cost of basic needs that lead to stability and financial independence. The basic needs budget (food, hygiene etc) for those on EIA has not been increased in many years.

Many people on EIA rely on non-profits to access things like food, telephone, internet and laundry facilities. The majority of these services have been either shut down or drastically reduced during the pandemic. Like others who have been provided supplements due to their heightened vulnerability during the pandemic, people on EIA need additional financial support now more than ever. The vast majority are not eligible to apply for the CERB.

MPHM recommends single adults on EIA receive an increase of $383 per month and people with disabilities an increase of $236 per month to bring their annual incomes to 75% of the poverty line. Thanks to federal benefits, parents on EIA have incomes closer to the poverty line. We also recommend changing the EIA claw back on earned income from 70% to 30% of each dollar earned. This would reduce the welfare wall and increase the incentive to find employment for those on EIA who are able to find work. These recommended amounts for a Liveable Basic Needs Benefit are also recommended by the Canadian Centre for Policy Alternatives Manitoba 2020 Alternative Budget.

3) Eviction ban

Housing insecurity is closely aligned with the inadequacy of income. This is a problem for low-income Manitobans at the best of times but potentially life threatening during a pandemic. In March, the Manitoba Government implemented an eviction ban to prevent people from losing their housing if unable to pay the rent. Despite an increase in the number of individuals testing positive for the virus, the ban was lifted on October 1st. An estimated 5,456 – 7,882 tenants and their households are now at risk of eviction and homelessness. Dedicated isolation spaces for people who do not have a home to isolate in have reached their capacity putting a greater number of people at risk of contracting and spreading the virus.

The Government of Manitoba can reduce poverty and homelessness and stop the spread of COVID-19 through immediate action:

1. Fully exempt the CERB, CRB and other federal COVID-19 recovery measures from EIA claw backs to ensure EIA benefits are not interrupted or reduced.
2. Increase the EIA allowances for single adults by $383 per month and for people with disabilities by $236 per month and transform EIA into a Liveable Basic Needs Benefit.
3. Reinstate the provincial eviction ban to prevent homeless during the COVID-19 pandemic.

Thank you for your attention on this matter. MPHM is available to meet with you and representatives of your government.

Sincerely,

Provincial Working Group,
Make Poverty History Manitoba
For contact: chair@makepovertyhistorymb.com

CCPA
CANADIAN CENTRE
for POLICY ALTERNATIVES
MANITOBA OFFICE