Smokey D's COVID-19 Mural
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A NEW WAY FORWARD: A POST-PANDEMIC COMMUNITY RECOVERY PLAN FOR THE DOWNTOWN EASTSIDE
EXECUTIVE SUMMARY

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Photo Source: Atira Women;s Resource Society

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Background

On March 17th, 2020, COVID-19 was declared a public health emergency by the BC CDC (BC CDC 2020). The COVID-19 pandemic affected everyone globally but the impact of the pandemic was not felt equally. COVID-19 exacerbated pre-existing structural and social inequities vulnerable populations were already subject to. For those already in crisis, the impacts of the COVID-19 pandemic were disproportionately felt.

The Downtown Eastside neighbourhood, as an area with a concentration of structural inequities, disproportionately felt the impact of the COVID-19 pandemic.The closure of or limited capacity of services and housing impacted the community. Often, public health guidelines and recommendations such as social distancing and isolation were simply not an option for those already living in inadequate and over capacity shelters or single room occupancy hotels (Sharif and Faraha 2020). Organizations were forced to act quickly and unilaterally to follow developing BC CDC and Vancouver Coastal Health guidelines. The context in which these policies were implemented had an impact on community, in which organizations were tasked with balancing safety from disease with other kinds of unintended consequences. Organizations were able to control COVID-19 outbreaks by following rapidly changing health authority guidelines, however, as the community works toward recovery the focus must now be on the areas affected by the unintended consequences of the COVID-19 pandemic. A focus on these areas can prepare the community, and the organizations that serve them, to better respond to future pandemics, emergencies, and environmental shocks.

Framework Overview

The purpose of this framework is to provide organizations working in the DTES with a pathway toward community recovery. The areas adversely affected by COVID-19 should be prioritized for organizational intervention. Typically, it was the pre-existing crises that were exacerbated by COVID-19 protocol, rules and regulations. These crises pre-existed the pandemic and will continue after the pandemic has subsided. What is required is the same kinds of resources, collaboration, will and support shown in COVID-19 response for other forms of emergencies. It is not enough to return to normal, what is needed is a new way forward.

Recovery and safety are holistic and require the inclusion of community every step of the way. Community are the first responders in times of crisis, and they are the experts on their own lives. By including and centering the voices of community, solutions will be more successful, trustworthy, and better received. The non-profit sector working in the DTES needs a unified, holistic, and collaborative approach to recovery. This plan can be a first step or a living document that can be added to or amended for future use.

This framework provides recommendations towards a new way forward by focusing on five key areas that have been identified by staff members and community as necessary for recovery:

1. Overdose epidemic and safe supply
2. Access to adequate, appropriate, affordable and dignified housing
3. Social connection and public space
4. Autonomy and self-determination
5. Gender-based and sexualized violence.

Each area of focus includes a brief contextual overview, a data analysis section, and recommendations. The contextual overview provides justification for the area's inclusion in the framework as well as the ways in which COVID-19 has affected it. The data analysis section breaks down the findings of the research. Lastly, each area of focus has both long-term and short-term recommendations for recovery. These recommendations are derived from the mixed-methods research conducted for the study and are suggestions based on conversations with service providers and questionnaire responses from community members. The long-term recommendations are the more structural long-term goals that get at the root cause of the area of focus. The short-term recommendations are things that organizations can begin to implement immediately or start to work towards. These recommendations are non-exhaustive and are suggestions. They can be adapted, amended, or ignored.

The importance and success of the framework is its holistic nature. Each area of focus should be worked toward in tandem with the other areas of focus. Each area is necessary for community recovery and should not be siloed. It is crucial

that community members be included in a collaborative approach towards recovery in the implementation of this framework. As experts of resistance, community contribution in a meaningful, non-tokenizing, way can ensure success.

Methodology

A mixed-methods research methodology was used for this report. Both questionnaires and key informant interviews informed this work. Seven carefully selected key informants were interviewed over Zoom from May-July 2021. All seven of the key informants are staff working in the Downtown Eastside. The key informants worked across five prominent organizations in the neighbourhood: WISH, Atira Women's Resource Society, Lookout, RainCity and Aboriginal Mother Society.

The questionnaire was distributed via on online platform to over 150 people living in Atira Women's Resource Society and Atira Property Management housing. The goal of the questionnaire was to seek a better understanding of the community's perspective on COVID-19 response, and the areas of focus organizations should gear recovery efforts towards.

SUMMARY OF RECOMMENDATIONS

Area of focus #1: Overdose epidemic and safe supply

The legalization and decriminalization of drugs

The legalization or decriminalization of drugs was the most common solution suggested by those interviewed. A toxic and poisoned drug supply is killing people. The legalization of drugs would ensure regulation and a safe supply. As a longer-termed solution, advocating for the legalization or decriminalization drugs should be a priority and a pathway toward community recovery.

Increase accessibility and affordability of mental health services

The magnitude of loss from the epidemic on the DTES needs to be a centered. Accessible, available, and affordable mental health services are required to deal with such a large-scale loss in community. The current health care system excludes necessary mental health services, making these services inaccessible and unaffordable. A long-term goal of advocating for more accessible, appropriate, and affordable mental health services is a recommendation in order to help survivors of the epidemic recover.

Safe supply distribution

There are short-term creative solutions currently being practiced in the DTES to distribute a safe supply to community. However, access to a safe supply needs to be a long-term solution to battling toxic and poisoned drugs. A long-term model of safe supply needs to be accessible and available to those who need it. A medicalization of safe supply can

be problematic due to issues of gatekeeping and discomfort with the medical system for many people in community. Access to a safe supply of drugs, while advocating for a more long-term decriminalization or legalization of drugs, is important to reduce the number of overdose related deaths occurring in the neighbourhood.

Creative methods of safe supply distribution when possible

Creative solutions in distributing a safe supply of drugs to community increased during the pandemic. These solutions should continue to be practiced. Low barrier and de-stigmatized safe supply is needed in order to ensure the most people have access to a non-toxic drug supply.

Investing in and ramping up grief counseling

The loss of the overdose epidemic is heavily felt. For the community to properly recover there needs to be an emphasis on grief counseling and helping a community in mourning. Immediate responses to community recovery need to include an investment in and increase of counseling availability for members of the community. The loss of the epidemic cannot be ignored.

Area of focus #2: Access to adequate, appropriate, affordable and dignified housing

Address the root cause of homelessness

The individualization of homelessness ignores the structural and systemic issues that cause it. As a long-term strategy, dismantling and advocating against these systemic issues can create a resilient community that no longer necessitate the need for survivorship. The scale of these oppressive structures is so vast that requiring organizations to dismantle them alone is an unfair request. However, organizations can actively work with community to change the narrative of homelessness from that of individual circumstance to an acknowledgment and recognition of systemic issues.

Commitment to a right to housing and a housing first policy approach

A housing first policy approach can help make a right to housing a reality for folks living in the DTES. Genuine investment into the creation of housing that is appropriate, affordable, and dignified by the federal and provincial governments can better enable organizations to house the community they serve. A long-term investment in affordable housing options can also include the protection of existing housing stock. The forces of gentrification currently threaten the neighbourhood, and an investment and commitment to affordable housing in the DTES can help organizations combat it.

Creation of more low-barrier housing options

An increase in low-barrier housing options can enable more members of community to find housing that works for them. Everyone deserves a right to be housed, regardless of life circumstance. Low barrier options allow people to be housed who may otherwise not be welcomed into certain forms of housing.

Rethinking the shelter system and how people are welcomed in

By re-thinking the shelter system and how guests are welcomed into housing, staff can foster communities of care and spaces of safety. There are several smaller interventions housing staff can enact in order to make housing work better for those they are welcoming in. The first intervention is working with community to decide how housing works. Working with community rather than preemptively making decisions gives community the opportunity to shape their own homes. This type of intervention provides residents with more control and autonomy in their housing. The second intervention is allowing residents to make their own rules about their housing. People are the experts in their own lives, and they know what kinds of rules and regulations will work best for them. By enabling residents to work together to create the specific rules of the home, regulations can be more individualized to a specific building while creating community. Lastly, these kinds of interventions releases power from staff and allows others to take control. Relinquishing power from the self and allowing community to decide for themselves creates conditions of housing that powerfully reject the status-quo. These kinds of interventions can help combat the power imbalances between the housed and unhoused, and staff and guests.

Area of focus #3: Social connection and public space

Creating permanent public spaces that create community and connection

During the COVID-19 pandemic spaces such as parking lots and streets were converted into public outdoor gathering spaces. These temporary efforts have proven to be beneficial for the Vancouver community and should remain in place. Creating permanent public gathering spaces should be a long-term strategy for recovery in the neighbourhood.

Dismantling systems of oppression that create unequal access to space and stigmatization

Who public space is meant for has classist, racist, patriarchal, and ablest undertones. This was clear in the forced decampments on Oppenheimer, Strathcona, and Crab Park during the COVID-19 pandemic. Stigmatization and social perception of who public space is for creates unequal access to parks, plazas, and outdoor gathering spaces. Everyone deserves access to these spaces as everyone can benefit from them. These systems of oppression can no longer continue to be perpetuated or held up. Organizations can contribute to dismantling these systems by working together to help change the narrative about the DTES. Simplistic media representation of folks creates an image that contributes to stigmatization. This is an opportunity for collaboration across organizations.

Moving services outdoors

During the COVID-19 pandemic, many organizations sought creative solutions to continue serving folks in community. Amongst these solutions, moving services outdoors was some of the most popular. Parking lots were converted into women-only overdose prevention sites, gathering spaces, and drop-in centres. The move to outdoor service delivery allowed organizations to continue to provide often critical and lifesaving services. If possible, organizations should consider outdoor options as an emergency response.

Stepping up services rather than stepping back

Many services and organizations were forced to close their doors or reduce their capacity in order to not violate public health guidelines on essential services and social distancing. A reduction in or closure of services was detrimental for community during the COVID-19 pandemic for various reasons. In times of crisis, it is therefore important for organizations to prioritize stepping up services rather than stepping back.

Make spaces of connection a priority in an emergency

In emergency response, fostering connection and community is often not a priority. However, ignoring the need for social connection and community for folks can be harmful. Making the space for connection needs to a priority during emergency and not ignored.

Honouring the culture and community of the DTES while supporting connection amongst folks

The DTES is a neighbourhood built on connection. There are ways of knowing and doing in the neighbourhood that work for those that live there. The culture and community of the DTES should be supported and encouraged by those that work in the community.

Area of focus #4: Autonomy and self-determination

Creating a unified approach to crisis across the sector that includes community

The non-profit sector working the DTES needs a more collaborative and unified approach when dealing with crisis, including the COVID-19 pandemic. Collaboration amongst organizations should also include community members to help guide decision-making. By including community members in a collaborative approach, in a non-tokenizing way, the results are more likely to be successful and reduce harm or unintended consequences.

Designing for the most vulnerable

All policies, procedures, initiatives, and interventions need to be designed around the most vulnerable. The most vulnerable in community can fall through the cracks of service delivery when their needs are ignored. By centering the needs, voices, and lived experience of those who are the most vulnerable in community, solutions can better the serve and benefit everyone.

Creation of low-barrier services

71% of questionnaire respondents identified a want for more low-barrier service options in the DTES. Having access or options for low barrier services ensures that everyone, regardless of circumstance, has access to the things they need.

Challenge normative hiring practices

There are several ways that organizations can challenge normative hiring practices to create equitable, trustworthy, and trauma-informed spaces. Hiring people from community and ensuring wage parity for these workers is one key example of an important intervention. By hiring those with lived experience and those from community, services are being delivered by someone who truly understands the experiences of those served. Equating lived experience to more traditional professional training is a method that enables more people from community to become staff members at organizations. This is a great example of creating lower barrier employment opportunities. Low barrier employment can contribute to power redistribution in community and enable community led or peer-informed practice to flourish.

Resist power imbalances

Organizations can implement policies and procedures that actively resist harmful power imbalances. Policy such as women-held leases are an example of a kind of intervention that places power in the hands of women to ensure that they will continue to have access to their housing regardless of their relationship status. Rules and regulations that re-distribute power between staff and guests is also an important way organizations can resist the harmful status-quo. Ensuring active and proper consultation and collaboration with community can lead to more bottom-up rather than authoritative and top-down service delivery. Bottom-up or grassroots service delivery has the potential to make interventions more successful and equitable.

Build mutual trust and respect

Building mutual respect and trust between staff and community should be a priority. Actively collaborating with and consulting community is important, but these kinds of interventions need to lead to action. Consultation cannot be an empty gesture. Following through on promises and resourcing community-based solutions can help build trust and respect.

There is a high level of staff turnover working in the DTES. Staff need to be provided with proper training and supports to reduce this rate of turnover. Trust takes time to build, and a continuous change of frontline staff diminishes the building of trust. Employing folks from community who have lived experience creates more empathy and understanding which can further build trust and respect.

Area of focus #5: Gender-based and sexualized violence

The decriminalization and change of federal laws around sex work

The continued criminalization of sex work in Canada creates conditions of that are unsafe for women. Criminalization pushes sex work further underground, making interactions riskier. Vetting processes for dates become shorter and makes women more vulnerable to abuse and violence.

Adding a gendered lens to all policies, programs and services

All programs, polices, and services in the DTES need to apply an intersectional gendered lens. Continuing to ignore the role of gender creates spaces and policies that simply do not work for women or gender diverse folk, potentially contributing to an increase in vulnerability. Applying an intersectional gendered lens on all decision-making at all organizations can make spaces and polices safe for everyone.

Increased women-only or women-dominated spaces

Women-only or women-dominated spaces are an important option for those living in the DTES. Co-ed spaces quickly become male-dominated space and can often be unsafe for women. More funding and adequate support for women's organizations in community is required to help organizations serve all those who require their service.

All organizations, not just women's organizations need to take this issue seriously

Too often, women's organizations are tasked with simultaneously advocating for and running programs, housing, and services for women and gender diverse folks in community. Issues of gender-based and sexualized violence should not only be a priority for woman-based organizations, but rather need to be a priority for all organizations working in the DTES. All organizations need to look at their current services and programs and ask, where are the women? Would women feel safe in this environment? If women are not present, it typically means they feel unsafe, and a change is required.

Prioritizing gender-based and sexualized violence in the same way COVID-19 was

Gender-based and sexualized violence is often viewed as a secondary issue and is not prioritized in the same way other kinds of emergencies are. Solutions to gender-based and sexualized violence need to be prioritized with the same sense of emergency and level of importance as the COVID-19 response

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