

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

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.

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 interconnectedness 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

“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.”

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?

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,

“We urge readers 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.”

“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.”

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.”

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

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?”

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 remunerated 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.

“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.”

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.

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.

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.