

# 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<sup>1</sup> 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. Klinik, 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.<sup>2</sup>

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.<sup>3</sup> 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?

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## **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

Who is drafting public policy and for what public?

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?

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.

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

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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 proactively 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.<sup>4</sup>

### **“Invisible People”<sup>5</sup> 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.<sup>6</sup> 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 white 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.<sup>7</sup>

*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.

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## 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,<sup>8</sup> 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.

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## 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.

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## Endnotes

- 1 <https://ccednet-rcdec.ca/en/toolbox/neeche-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 “vulnerability” can be interpreted as an essential characteristic of the person or speaking to a lack of agency or resourcefulness which is certainly 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 Neighbourhoods Winnipeg is a subsidiary of Spence Neighbourhood Association.