

The Implications of COVID-19 in the Downtown Eastside

As most Lower Mainland residents have no context for what it is like to be part of the Downtown Eastside (DTES) community or work closely with the residents of the DTES, I'd like to ask you a few questions to give an idea of what your work is like. Why is it crucial to be inclusive of this community? Where do we get reliable information about what is happening? And how can we show our support? So, with all that in mind, thank you for taking the time to speak with me and I'm looking forward to hearing what you have to say.

First, what does WISH stand for and how does its mandate look?

WISH's original name is Women's Information Safe Haven. Our mandate is to support women in street-based sex work, and we have a vision that every woman should have the opportunity to make safe, healthy, and positive choices.

Before COVID-19, what would you have said were the biggest challenges facing residents in the DTES?

Ironically, the biggest challenges are not much different. What we are seeing now is just an exacerbation of all those issues. The biggest challenges are all stemming from our collective inability to address poverty on a larger, more comprehensive scale, and the other impacts of poverty: homelessness, housing crisis, adequate supports for mental health and [physical] health (so we can address safe drug supply and the ongoing opioid crisis). We're now just seeing them at a level that is even more dramatic and that I think people outside of the DTES are sort of paying attention to and are feeling a little bit of the shock of it now...

Your answer plays right into my next question: Getting more into our current reality, how have those challenges changed or been impacted? What I'm taking away is people are seeing how this is an issue which affects everybody as the situation becomes more dramatic.

It is an issue that affects everybody; but if we put an equity lens on everything as we typically do, it is affecting everybody differently. What we are seeing in the DTES right now is not even the effect of positive COVID results yet. It is the effects and the impacts of less access to services, supplies, sanitation, and income.

For the women we support, sex workers would have been the first people to really feel the impact of dramatic and sudden loss of income. So once again, it's coming back to issues of poverty, racism, stigma, discrimination, criminalized communities, criminalized activity, and the harm of all those issues compounded – with the existing crises of poverty, homelessness, and the opioid crisis.

Is there an example you can give of how COVID-19 has compounded the pressures organizations are under – given the pre-existing challenges like the opioid crisis?

The opioid crisis was a huge problem to begin with, and the number of people we lost due to the opioid crisis far surpasses COVID; except this time COVID is affecting people who are not drug users, who aren't

in the DTES, not poor, not street-based sex workers. In terms of pressures compounding organizations and residents, drug use does not stop¹. Whatever dependencies you have aren't going to magically stop. There are fewer drugs available, or they're harder to get or afford.

Safe drug supply has been made possible, which is revolutionary and remarkable that City Council passed [that motion]. Getting it to happen on the ground is slower. People are not able to access physicians for prescriptions or access their meds or their drugs quickly, so we are seeing people who are dope-sick and in withdrawal. They are put in even more of a desperate situation so the ability to make safe and healthy choices is getting harder.

Secondly, all the measures we have put in place for physical distancing is also having an impact on peoples' ability to use together and to keep each other safe in case of an accidental overdose. With restrictive guest policies being mandated to contain COVID, people can't have guests in their rooms who may have been their spotters – the person who would revive them or call for help. For sex workers who rely on trading sex for their income – and where drug use and drug acquisition might be tied in with sex work – it's the same challenge. Not only are they cut off from their ability to make money, they are also compromised in their ability to obtain their meds and their drugs.

You mentioned a term earlier: “Dopesick”, is that another word for withdrawal?

Yes. And it's interesting because sometimes it can look like some of the symptoms they're talking about with COVID. It's been interesting to see the shift in response because these might be symptoms we deal with all the time so it's really challenging to be able to keep light on the fact that these were emergencies we were already dealing with before COVID.

Can you share a story about your staff team and what their day/night might look like right now?

Like everybody, we had to quickly modify and pivot how we deliver services. All “non-essential” programs are suspended [including our volunteer program], and we've had to dramatically shift the way the drop-in looks.

Our hours [have not reduced] for the drop-in or the [MAP Van](#) - and in fact, as a team we have increased services and support. That's a story of just how creative the team has been to, one: resolve the logistical challenges of keeping women safe and letting them access our services without turning anybody away, and two: what more can we do while still ensuring physical distancing? We have been using our back lot and patio as an extension of our drop-in. We serve food out there, work with participants, hand out shower kits and care packages... But in terms of how their day and night looks right now, it's really challenging for the staff. They work so hard and there is much more the women coming into WISH need that we can't always provide.

We have had to stop accepting clothing donations from the public until we can figure out a way to launder it or ensure it's safe. There have been many nights where we have turned women away without new clothes – and they are showing up in clothes they have bled through, or might be urine-soaked, feces-soaked, and we don't have new clothing to hand out [because the donations can't be cleaned]. We've taken to bringing in laundered clothes, ourselves, and asking our volunteers and close circles to

¹ If someone is drug-dependent, suddenly abstaining from all use can result in dangerous or deadly withdrawal symptoms.

bring in laundered or new, unopened clothing. Having to say “no” when the need is so much greater, and women are showing up in tears or frantic or desperate is heartbreaking. So, we keep getting as creative as possible!

It’s heartbreaking to be on the frontlines and to see *exactly* where the gaps are and *exactly* how people are suffering and not be able to fill all the gaps.

And to add to that point, you go home, and you have to go back and do it the next day or night, right?

Yeah, and the bulk of our programming is overnight as well. It’s difficult, graveyard shift work. We’re doing absolutely everything we can to respond. The non-profit sector and service providers in the DTES are very adept at pivoting and responding to crisis – that’s not new. The frustrating part is when funders can’t move as quickly as we need to or can’t get the dollars in our hands quickly enough to implement the solution. We feel like we’re in a holding pattern for way too long when if they had just trusted us and our relationship – that we know how to respond because we’re hearing directly from the community – rather than taking time to do needs assessments – *we could have had the solutions on the ground weeks before!*

Are you worried about losing funding at this point and/or does it look like that could happen?

I think because WISH falls into Emergency Service Provision we have not lost any funding yet. The contracts we have (BC Housing for the drop-in and Victim Services for the MAP Van, and the City of Vancouver for both) allow us to make the necessary operational changes to contain COVID and keep participants and staff safe.

But the challenge is more around the additional collateral damage. The lack of bathrooms and sanitation options has become quite critical. Getting green lights on some of the partnership proposals is taking forever. We are turning to community instead to fundraise, and some of the community foundation partners who are able to be more nimble are feeding the money into community hands.

Knowing the DTES is a tight knit community in many ways where people are dependent on each other for survival, does this look the same throughout the COVID-19 crisis? Is there anything workers are doing to promote the safety of the community specific to the pandemic (physical distancing, for example), or is this a non-option and why?

Without safe housing, and with spaces now limited, closed, or reduced in some way, there are fewer places for people to just “be” in the community. Sidewalks are more crowded. There is no physical distancing happening. I think the combination of the logistics aren’t even possible (if all the services have provided meals to-go because communal eating is now unsafe, people with to-go containers have nowhere to eat. They congregate in parks, on sidewalks, and benches). If all your services, connections, and friends are in that ten-block radius, you’re going to stay.

And to your question “are workers doing anything to promote safety...” Yeah, all of us are coming together. There are entire networks within the DTES of different groups of service providers connecting all week long around community-wide responses. We are looking at: “Are there any unused spaces that can be activated?” Empty lots which can be expanded in the same way WISH has done with our secure back lot. That’s the community-led response I’m talking about.

From the outside looking in, your staff are resilient people to work with vulnerable communities on a day-to-day basis. What are some things you are proud of, or what are some things you want people to know about your team?

That they are extremely caring women who understand the vulnerability and why WISH is here. It's a group of women who care tremendously about the population that depends on us and about each other. They strive to make the space as dignified as possible. They make sure it's clean, safe, that there's a feeling of sisterhood – even when it's really hard to maintain that, like when violence breaks out, or if someone is in psychosis and a risk to themselves or others. Through it all, the staff are very supportive and respectful of the women in our space. Staff leave notes for the women sometimes, and we have peers working right alongside the staff. They get paid proper wages and they're on the schedule right alongside the other staff so there's respect for the peers as well within the program.

Is there an example of what collaboration between not-for-profits / other support services in the DTES looks like?

There are so many examples! I think we naturally collaborate and partner. Right now, what we're seeing is quite broad and selfless despite funding that can typically risk pitting us against each other or competing for funds. But I'm seeing something rising above that and really challenging that trope and structure. We're borrowing materials and supplies from each other. If one organization can make a purchase for another – that's happening right now!

One great example within the last couple days: WISH had been working to get our back lot as an extension of our services and a washroom trailer out back as a much safer solution than port-a-potties (and to avoid some of the tragedies we've seen with the port-a-potties) but we were stuck waiting for funding. Union Gospel Mission stepped in to see if they can help fund the rental of a washroom trailer on our lot. That's beautiful! *(Since the interview, the bathroom project has been approved. WISH now has a 24/7 access washroom trailer on site.)*

It sounds like you are really providing a united front – which is a great example of what a lot of non-profits should be doing right now.

It's what we already do, it's just now at a scale that's much broader because this is so many compounding crises. This is the kind of thing I wish the rest of the community would see; I know a lot of times the stereotype of the DTES – for both the residents and the service providers - is a chaotic hodgepodge of services that don't intersect or talk to each other; or it's a vacuum of funding - when that's not the case. *It is actually a diligent group of people who are doing far more than the funding allows.* This is not a group of people who say, "Well we can't do it!" This is a group of people who will figure it out one way or the other because we recognize what we're doing is about saving lives. It is not "nice to have," [these services] are critical to have.

What I can gather is views of this population and the support work involved can be influenced by the perspective of police through reporters. Is that accurate?

I think so. I do like to think many reporters who focus on the DTES know to not just go to the police, but I think there is an element of perception of complete lawlessness and vigilantism that requires significant police crack-down. If you were to hear reports like "Large Cash of Weapons Discovered in Oppenheimer!" then yeah that is sensational – but it isn't always the reality.

If nothing else: calling the police is rarely ever the safe route. I know a lot of us always worry about more policing, because that just tends to raise the anti and create more anxiety and likelihood of violence erupting. It is complicated because Oppenheimer is a perfect example of hitting the point where [the park] really was unsafe – and women were *quite* unsafe and something more dramatic had to happen. But again, policing is not the primary solution. Housing is. Safe, long term housing.

To add fuel to the fire, I just heard police are asking for more funding to address Oppenheimer?

Yep! That's the struggle. I think people fundamentally feel like "You have to have police around, otherwise chaos will occur!" without recognizing violence erupts when options are taken away and people are pushed to a breaking point. We can't discount how frustrated, tired, exhausted people are. If you add the effects of long-term poverty and trauma / mental health issues that are not diagnosed or treated, of course things will happen! But again, within that context, policing or some heavy-handed approach or oppression is not going to solve the problem. It may stop something in the moment, but it is nothing [compared to] a more comprehensive approach to addressing poverty.

Are you able to share with me a specific story of a client WISH has supported recently that can help others see how your team is impacting the community?

We recently received a donation from a woman who used to come to WISH as recently as eight or nine months ago! She was quite deep in her addiction and domestic violence as well as violence while working the stroll. Her goal was to exit sex work and to not need WISH. Not only did she follow that, she came back and donated. I was crying reading her message; she said – sort of tongue in cheek – "I'm glad I don't see you all anymore, but I love you!" That just blew me away.

If you suddenly had another \$250,000 what would you do with it? What would your priorities be?

The biggest issue we are seeing for street-based sex workers is the loss of income. The federal supports identified for workers do not include sex workers. It's heavily stigmatized and largely criminalized activity. I can see the Federal Government struggling to wrap their heads around explicitly including sex workers in income replacement supports. From day one when we saw how dramatically the loss of business was affecting sex workers, our call was for the Federal Government to include sex workers and make it possible for emergency cash release to happen. \$250,000 towards an emergency relief fund for sex work is hugely needed.

You aren't even saying "Give that money to us so we can do more services," you're saying, "Give that directly to the people who aren't getting [support]".

Yeah. And our friends at PACE Society started an emergency relief fund and they started it by *crowdfunding*, because we needed to figure out a way to get cash in peoples' hands immediately. Not waiting for the Federal Government to not respond, which they still have not. Between [PACE's] crowd funding and the grants, they have dispersed over \$72,000 in one-time contributions to (I think) over 550 individual sex workers. And just yesterday (April 30, 2020) that fund ran out.

The second aspect is to not short-change the structures that need to be in place for service providers to operate efficiently and safely. I think all of us in the non-profit sector – *especially* front-line serving DTES organizations – are typically under-funded. There is an element of "We're too stretched thin too many times, consistently" in crisis upon crisis. With [more funding] we would hire more support workers!

Funders often compare staffing levels and note that “so-and-so only has two people on for a given shift...” which is never a fair comparison to make – especially when you’re trying to say “Yes, and they’re telling you that they’re stretched too thin”; and if we’re trying to hit a bar of safe, dignified support, the staffing levels should be well supported. Get the money into the operations so we can be as nimble as possible and we have a chance to train people quickly, get people on the floor, and have enough so people can take time off, too.

It’s become really interesting to see so many other types of workers in other sectors being sent home and how much they are getting compensated. They won’t feel safe to pick up this kind of work and yet we have a whole bunch of frontline workers who are doing this every single day.

Considering \$250,000 might not happen what could others – individuals and governments – do to help you achieve those priorities?

Don’t guess at what is helpful – just ask. Don’t say “Hey, I have this idea for a program!” [laughs]. Every single non-profit – if you provide cash donations, we can do so much more with that. If you supply the cash, we can use it in the most efficient way. If non-profits are asking for physical donations, pay attention to what kind. A lot of times out of good will people bring things down that are not helpful or that we can’t use, and we then have to deal with sorting or disposing of it, using staff time that should be directed towards delivering programs, instead.

Trust the organizations with long-standing relationships and expertise, that they will leverage your funding and get it done in the most appropriate way.

Where would you send us to get the most credible information about the work in the DTES?

Social media and our new [Courage Campaign](#) website [is where to find what we need]. We are doing our best to keep that up to date in terms of what WISH is seeing, what sex workers are experiencing, how WISH is responding, and what WISH needs.

My bias: I’m always going to say to look to the other women’s organizations as well (DTES Women’s Centre, The Vancouver Women’s Health Collective, ATIRA, Aboriginal Mother’s Centre) and a balance of the big organizations as well as the small ones who *don’t have* a lot of social media and whose website might not be fully updated because they just don’t have enough staff.

Is there anything else you want people to know I have not addressed?

I would encourage people to think about the DTES as a neighbourhood deserving as much respect, attention, and dignity as any other neighbourhood... and to think about the inconveniences and hardships people are experiencing now due to COVID may only be a *tiny* fraction of what the DTES experiences on a daily basis. If people are feeling a bit of panic about where their next paycheque is going to come from, and if anyone has experienced panic in this time around “Oh wow! There’s not as many things on the shelves as before,” just imagine that, times 50, every single day. I wonder if this could be an opportunity for people to have a little more humility and compassion for what it must be like to live in poverty with multiple health and safety emergencies 24/7.