

## Summary

In this stakeholder analysis, I examined parties involved with the homeless and under-housed population in Vancouver's Downtown Eastside. The homeless struggle with many ongoing issues. With the threat of COVID-19 and government's rapid measures, increased their vulnerability. I outline eight key stakeholder groups and their responsibilities and priorities. The analysis takes place during the outset of COVID-19 in the city..

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#### W Waterfront Rd E Waterfront Rd Alexander St Trounce Alley Powell St Powell St **Downtown Eastside** Gastown E Cordova %t Indust Oppenheimer District Victory E Hastings St Square Chinatown E Georgia St Strathcona Oursmuir Viaduct Thornton Georgia Viaduct Park lilross Ave Atlantic St National Ave **False Creek** LEGEND Area Boundary

### Location

The DTES comprises of seven subneighbourhoods. While there are
overlapping factors, each has their
own distinct communities and
cultures. Many studies address the
DTES including all neigbourhoods. I
have focused on the Oppenheimer
Park District, which has a high
percentage of homelessness and
encampments.

Parks and
Open Space

Image: https://vancouver.ca/files/cov/downtown-eastside-plan.pdf

# **History & Background**

The DTES is one of Vancouver's oldest neighbourhoods. It is home to many Indigenous people, as well as early immigrants including the Chinese and Japanese. About 18,000 people live in this area once named the "poorest postal code" in Canada. The local transient industries led to many single-occupancy rooms (SROs). SRO accommodations where provide short-term rooms with shared facilities (Linden et al., 2013).

Due to its convenient location, transit system, and proximity to downtown, the area is attractive to businesses and middle/high income earners. Investment in the area resulted in the conversion of affordable housing into tourist hotels and other developments. Remaining SROs were in ill-repair. Mediating the pros and cons of gentrification, the city attempted to meet the needs of the diverse communities (City of Vancouver, 2013).

Due to the frequent use of drugs, the population has a Hepatitis C Virus rate of 70% and an HIV rate of 30%. Sex work has also added to the spread of communicable diseases (Linden et al., 2013). They are more likely to have other health issues and disabilities (Marshall et al., 2019).

The changing landscape has added increasing burdens on the vulnerable populations living in the DTES.

## **Ongoing Issues**

#### Homelessness & Affordable Housing

The lack of affordable housing, poverty, increased commercial development have left many out on the streets or in temporary housing.

#### Poverty & Unemployment

The unemployment rate in the DTES is 22%. There is a lack of financial support and services.

#### Drug Use

Drugs, like injectable cocaine and opioids, became widespread leading to an increase in HIV/AIDS.

#### Mental Health

Many in the DTES suffer from mental health issues aggravated by drug use and lack of mental health services.

#### **Infectious Disease**

The high availability of sex work and drugs has led to the increase spread of infectious disease.

#### Crime

In 2002, 19% of "crimes against persons" and 36% of drug arrests in the city took place in the DTES.

(Linden et al., 2013)



### **Exacerbation of Problems**

To control the spread of COVID-19, the Province introduced new regulations in March 2020 (Vancouver Coastal Health, 2020a):

- 1.Capacity: Public gatherings were limited to 50 people. Restaurant dining was not allowed.
- **2.Social Distancing:** People must stay two meters apart, unless they are in the same household. The city limited public spaces, such as play areas and shared public seating.
- **3.Business Operations:** The province ordered the closure of non-essential businesses like restaurants, personal services, and offices. Take-out food was allowed. Non-essential health care and surgeries were postponed.
- **4.Hygiene measurements:** The province recommended regular handwashing, avoiding touching your face, regularly disinfecting surfaces, and covering coughs and sneezes. Those who exhibit symptoms should take a COVID-19 test and stay at home.

### **Exacerbation of Problems**

The homeless in the DTES have been experiencing many layers of hardship. With the advance of COVID-19 throughout the city, these issues worsened. Social distancing, staying at home and limiting travel are difficult measures to follow when you are homeless in a densely populated area, and rely on public goods and services. Many social services, including financial, mental health, and food services closed or reduced their hours, cutting off vital lifelines for the homeless.

**Housing:** Because accommodations, like hotels and SROs, reduced capacity to lessen the spread of COVID-19, people were put out onto the streets (Woodward, 2020). The existing temporary camps and tents in Vancouver and Victoria comprised of over 1,000 individuals, who needed shelter to properly social distance (Tanner, 2020).

Access to Food & Services: Shops and restaurants closed, rendering access to toilets and food limited, if not, completely unavailable. The homeless use restaurants, like McDonalds, for basic hygiene (Smith, 2020).

Access to Services: With government orders for businesses to close, health services shrank (Bramham, 2020). Social distancing caused isolation amongst community members, increasing individual drug use compared to recommended drug use at safe injection sites and with others. The city saw spikes in overdoses in March and April, surpassing the number of reported COVID-19 cases. Safe injection site visitation dropped by one third (Woodward, 2020).

**Financial Services:** To receive financial assistance and save money, the homeless needed direct and easy access to financial services (Takeuchi, 2002).

# Focus: Housing

This analysis examines the worsened conditions during the beginning of COVID-19 (March-July 2020). COVID-19 preventative measures reduced stable housing and isolated individuals.

The homeless population has an uncertain safety net of basic needs and the extreme measures to contain COVID-19 intensified their livelihoods. Lack of adequate housing prevented their ability to adhere to social distancing measures. Consequently, this harmed personal safety and hygiene.

While housing is the major concern, stakeholders needed to consider access to food, financial support, and addiction services.

This stakeholder analysis covers the COVID-19 emergency response's impact on the DTES homeless population. It does not cover the pervasive systematic issues related to housing, racism, drug addiction, and mental health. These are all factors and deeply rooted and related.





## Stakeholder Analysis

DTES Vancouver Housing Housing City of Provincial Federal **BC** Housing **Providers** Advocates Residents Residents Vancouver **Authorities** Government Emergency **COVID Control Health Services COVID Control** R&D/Vaccine Health & Safety Health & Safety Health & Safety Client Housing PPE/Supplies Needs **Priorities** Housing Economy/Emplo **COVID Services Economy** Economy Economy yment Ability to Budget/Funding Budget/Funding Indigenous Increasing Operate Social Order Support Housing Communications Communications Addictions Supporting Tax Spending Addictions Services Clients/Tenants Local Support Services Additional Supporting Income Food & Services Health & Safety Additional Clients **Health Services** Assistance Food & Supplies Income **Health Services** Capacity Indigenous Autonomy Homelessness Oppenheimer Park Support Community Community International Partner Relations Relations



# **DTES Residents**(Oppenheimer)

There are 4,200 people living in the DTES Oppenheimer neighbourhood (Huang, 2019). Of Vancouver's homeless population, 62% reside in the DTES (Marshall et al., 2019). The homeless are 33% are Indigenous, 73% are male, 47% are between the ages of 35 to 54.

#### **DTES Overview**

67% low-income 22% unemployed 40% rely on government payments (Linden et al., 2013)

55% White 21% Chinese 14% Indigenous 10% Other (Huang, 2019)

#### DTES Residents

# DTES Residents (Oppenheimer)

Health & Safety

In Vancouver, 2,095 people are homeless (BC Non-Profit Housing Association, 2020). BC Housing housed 600-700 people living in camps in temporary accommodations during COVID-19.

Housing

The homeless understood the COVID-19 safety measures and desired to fulfill them. However, without housing, the homeless cannot practice social distancing, self-isolation, and proper sanitation. The cascading effects from the lack of housing was multifold.

Addictions Services Social distancing furthered isolated the community and harmed their wellbeing. A noticeable decrease of safe injection visits correlated to a spike in overdoses.

Food & Services
Income

As the city closed restaurants and public services, the homeless were cut off from usual sources of food and basic needs.

To increase their autonomy, resilience and decision-making power, they need financial assistance and reliable support.

Autonomy

Community

Economy

Social Order

Tax Spending

There are 630,000 residents in Vancouver and their demographic makeup contrasts the DTES. They are 43% immigrants and 2.2% are Indigenous. Low-income residents represent 17% of the city population. There is an equal split between male and female (Huang, 2019).

Primary concerns were personal safety, the containment of COVID-19, public safety, financial support and economic recovery. As unemployment increased and businesses were interrupted, financial insecurity distressed the community.

With the threats of limited resources, they were also interested in securing access to supplies and services. They looked to the government to intervene by enforcing social order and appropriate spending.

# **Housing Providers**

Including: SROs, non-profit housing, shelters and temporary housing, community centres and city-owned housing

Health & Safety

BC Housing, in partnership with developers, hotels and property owners, secured temporary housing to prevent a potential outbreak. Providing immediate housing for those at risk of contracting COVID-19 was their primary goal. Some accommodations only housed those with symptoms or COVID-19, which still left people on the streets.

Ability to Operate

Non-profit and private providers needed to protect their own staff and current tenants. Many limited capacity and disallowed visitors. Several experienced financial hardship, which impacted their ability to operate at full capacity. The approach to adequate housing was gradual due to resource management, whether it was intentional or not (Rankin, 2020).

Supporting Clients

### Housing Advocates

## **Housing Advocates**

Including: BC Poverty Reduction Coalition, Union of BC Indian Chiefs

Client Housing Needs

**COVID Services** 

Indigenous Support

Addictions Services

Income Assistance Housing advocates appealed to the government at the municipal, provincial and federal levels. They are in direct conversation with local councilors and mayors. Their stance also covers Indigenous issues and frontline workers who support the homeless.

In an open letter, the Union of BC Indian Chiefs outlined actions that governments could do to protect the vulnerable in the DTES from COVID-19. Addressing the core issues of the DTES, they asked for broader and more sustainable approaches to care of residents. Housing were key points to allow for proper self-isolation (Phillip et al., 2020). Other factors of homelessness were addressed: Indigeneity, additions/drug use and poverty.

Advocates expressed that while emergency powers have been enabled, governments have not used them to the full extent to develop critical housing supply (Varley et al.).

# City of Vancouver

# City of Vancouver

Including: Vancouver Coastal Health, Community Centres

**COVID Control** 

Economy

Budget/Funding

Communications

Local Support

Food & Supplies

Homelessness

The city oversees the execution health and safety programs and the management of public spaces, goods and services. The city has a duty to communicate any new bylaws and best safety practices. As an international port city, the economy and trade were high priorities.

Long before COVID-19, people used Oppenheimer Park, city property, as an encampment site long before COVID-19. The city has struggled to maintain public safety and housing options. Due to its tight fiscal capacity, it called upon the province to help build enough housing (Zussman, 2020).

The city is well-aware of the homelessness in the DTES and anticipated an outbreak. City officials aimed to develop a long-term plan compared to a rapid plan to not overwhelm resources. Because the DTES faced multiple crises, the city looked at **housing coupled** with health services.

The city developed the **Inner-City COVID-19 Response Strategy**. The strategy has three pillars: Prevent, Test and Trace, and Support. Under the pillar of Support, included Temporary Housing Referral Team and Rapid Response Team. The strategy intertwined coordination and communication with the Indigenous community (Vancouver Coastal Health, 2020b).

#### **BC** Housing

## **BC** Housing

BC Housing, a government arm, provides outreach, housing, provisions, and site management. It owns various housing throughout the city. BC Housing worked with Vancouver Coastal Health, the province, and partners to monitor COVID-19 (BC Housing, 2020).

In April, it identified eight temporary housing locations, such has hotels, to convert board those living in Oppenheimer Park (BC Housing, 2020). Taking care of all tenants, it also provided health services.

Acknowledging finance as a necessary means to housing, BC Housing introduced the BC Temporary Rental Supplement Program. The program provided low and moderate-income renters additional payments from April to August 2020 (BC Housing, 2020).

In executing, the new initiatives, it considered the capacity of its staff and obligations to their partners.

Increasing Housing

Supporting Clients/Tenants

Health & Safety

Capacity

Community Partner Relations

#### Provincial Authorities

**COVID Control** 

Economy

Budget/Funding

Additional Health Services

Oppenheimer Park

### **BC** Authorities

Including: Office of the Provincial Health Officer, Ministry of Municipal Affairs and Housing, Ministry of Health, Ministry of Mental Health and Addictions, BC Centre for Disease Control

With funding from the federal government, provincial bodies are responsible for the direct health care of their residents (Government of Canada, 2020). The BC CDC named those unsheltered as a priority group and acknowledged encampments and the drug crisis.

Housing was a major concern as encampments grew and created additional risks for the DTES residents and surrounding area. They concentrated their efforts to move people from Oppenheimer Park to prevent a major outbreak (Zussman, 2020).

Shane Simpson, Social Development and Poverty Reduction Minister, announced more temporary housing under **Emergency Program Act**. The province would clear out the park, housing people in eight hotels and two emergency response centres in the short-term. They hoped to have no one on the streets when the pandemic ends. Their long-term plans are to build 5,000 modular homes within the next year (Zussman, 2020).

However, the province has a broad range of obligations and interests. Its priorities looked at the task at hand: controlling the spread of COVID-19 and its economic effects. It suspended non-COVID-19 related health issues. Under a state of emergency, it may use private or public land as they see fit. Housing advocates criticized the province's suboptimal use of this entitlement (Varley et al.).

#### Federal Government

Emergency Health Services

R&D/Vaccine

PPE/Supplies

Economy/Emplo yment

Communications

Additional Health Services

Indigenous Support

International Relations

### **Federal Government**

The Government of Canada needed to address the uniqueness of each province. It had to act swiftly to curb the spread of the virus, while providing unified measures and supporting localized efforts. The drastic health measures halted economic activity, affecting jobs, spending, and businesses. Alleviating the severity of these economic side effects was the second major priority.

Prime Minister Trudeau created a Cabinet Committee to respond to the virus. Its main role was the **distribution of funds and deploy new regulations**. The government spent \$1,101 million on COVID-19. Provinces and territories, research, public health response (including Indigenous Services Canada), immediate public health response, communications and public education, and personal protective equipment received most funding (Government of Canada, 2020). A \$82-billion aid package for businesses and income relief was also introduced. Many homeless were not able to access financial aid due to their lack of financial services and tools.

The government announced continued funding to protect those most vulnerable as part of rebuilding the economy. Housing and encampments were high concerns for the federal government when looking at the DTES population.



# **What Happened**

#### **Across Multiple Levels of Government:**

- The government spent \$1,101 million on COVID-19 (\$500 million to provinces and territories) and introduced a financial aid package.
- The city, Vancouver Coastal Health, and BC Housing secured 478 spaces in hotels and in two emergency response centres.
- All three levels of government introduced measures specifically for homeless people, including the Reaching Home program for funding accommodations and food programs (Takeuchi, 2020).

#### Provincial (BC Housing, 2020):

- BC Housing provided temporary housing for all those living in Oppenheimer Park.
- BC Housing provided cleaning, health, and meal services at SROs, government housing and other accommodations.
- BC Housing deployed a rental assistance program.

# What Happened - Continued

#### The City of Vancouver (City of Vancouver, 2020):

- The city set up a resident network headquarters to provide community member-delivered COVID-19 updates.
- VCH provided emergency health services to those experiencing homelessness.
- VCH and the city worked together to provide safe access to drugs and harm reduction.
- City-owned housing is being routinely cleaned and guests are provided meals. Limits on capacity are still in effect.
- The city provided tenants living in SROs and low-income housing with hygiene services and supplies.
- The city organized safe outdoor spaces for food consumption and handwashing (ex. around the Evelyn Saller Centre).

#### Residents:

- Access to basic needs were made available to all residents. Although, those experiencing homelessness faced barriers to attaining food, water, and shelter on a consistent basis.
- Community groups and housing providers were under pressure to deliver basic needs and respite to locals with limited resources.

# Insights



### **Met and Unmet Needs**

- The quantity of housing and support for the homeless/under-housed are deficient.
   The Union Gospel Mission claimed there are over 3,000 people in the DTES that need help (Zussman, 2020).
- The province housed the most visible not necessarily the most vulnerable, leaving out many people (Zussman, 2020).
- Governments focused on highly encampments, not those on the streets (Ghoussoub, 2020).
- BC Housing allocated temporary housing for those with symptoms only. Those without symptoms or tested negative for COVID-19 remained at risk.
- The city and province were criticized for not taking immediate and more drastic measures to protect the homeless, especially under a state of emergency.
- The homeless lack autonomy, as they are highly reliant on donations and community assistance.

## **Temporary Relief**

All levels of government and local organizations prepared some relief and housing in the DTES. Vancouver mobilized several city-owned accommodations and channelled basic needs to the DTES residents. They focused on the encampments, neglecting other communities.

The scope of the lack of housing, food and basic hygiene would be manageable, if governments had previously invested in the community. The DTES COVID-19 emergency strategies provided moderate and temporary support. The resilience to withstand future emergencies requires ongoing support.

## Relationships

The COVID-19 emergency response included all levels of government, community groups and residents. Each tier has their own set of responsibilities and power. The federal government played the role of funding various ministries and organizations that can execute special programs, like housing. Vancouver needs a robust budget for housing in the short and long-term to tackle homelessness.

As we move up the hierarchy from residents to the federal government, the complexity and breadth of considerations increases. Higher levels of government have more priorities and constituents to consider.

### **Changing Priorities**

As COVID-19 progressed, national focus evolved from containment of the virus (regulations, messaging, and hospital capacities/resources) to economic measures and testing. As the pandemic evolves, priorities will shift again.

Housing remains an issue and may worsen as the rental relief program has ended. Although we cannot predict what will happen next, governments can provide adequate housing and living standards for all.



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