

**Courage My Friends Podcast – Episode 4**  
**From Epidemic to Pandemic: Rethinking Health**

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**ANNOUNCER:** This is a rabble podcast network show.

**VOICE:** New voices in your head. It's radio...free...

[music transition]

**COURAGE MY FRIENDS ANNOUNCER:** COVID. Capitalism. Climate. Three storms have converged and we're all caught in the vortex.

**STREET VOICE 1:** How do I feed my kids and protect myself from this virus?

**STREET VOICE 2:** I'm safe here in Canada, but I'm worried about my family back home.

**STREET VOICE 3:** I'm scared about the future. When this pandemic is over, we still have the climate crisis to deal with.

[music]

**COURAGE MY FRIENDS ANNOUNCER:** What brought us to this point? Can we go back to normal? Do we even want to?

Welcome to this special podcast series by rabble.ca and the Tommy Douglas Institute (at George Brown College) with the support of the Douglas-Coldwell Foundation.

**VOICE 4:** Courage my friends; 'tis not too late to build a better world.

**COURAGE MY FRIENDS ANNOUNCER:** This is the *Courage My Friends* podcast.

**RESH:** Welcome to episode 4 of the Courage My Friends podcast. I'm Resh Budhu, co-producer and host of this special 6-episode series and coordinator of the annual Tommy Douglas Institute at George Brown College.

In today's episode, From Epidemic to Pandemic: Rethinking Health, guest host John Caffery welcomes Keith McCrady, Executive Director of 2-Spirited People of the 1st Nations and Zoë Dodd, activist and Community Scholar with the University Health Network. Zoë and Keith discuss the ways in which this time of intersecting crises calls on the need to expand our understanding of health and approaches to healthcare as so many grapple with the multiple hardships and isolation of this moment.

Keith McCrady has dedicated his life to supporting the goals and dreams of Indigenous communities, particularly in Toronto. Initially, he focused on children and youth programs, and eventually expanded into Indigenous education, employment, human trafficking, physical literacy and housing. Keith McCrady's advocacy and leadership also come with his identity as a two-spirited person. "It's not just a sexual orientation or a gender identity," he says. "It's also my role in my community and a place in our circle." As the executive director of 2 Spirited People of the 1st Nations, Keith's goal is to walk alongside the 2SLGBTQ communities and provide education and support to members of the 2- Spirit Community and reclaim our place in the Circle.

Zoë Dodd is a long-time harm reduction worker and advocate for drug user health and liberation living and working in Tkaronto/Toronto. She spent 15 years co-facilitating Hepatitis C support groups that are rooted in popular education and harm reduction. She was instrumental in developing a community-based model of Hep C care that prioritizes people who use drugs. She is a vocal critic of government responses to the overdose crisis; an expert in overdose response - she helped to establish Ontario's first overdose prevention site, Moss Park OPS. Zoë is a co-founder and co-organizer with the Toronto Overdose Prevention Society. She is currently working as a community scholar with MAP centre for Urban Health Solutions focused on the harms of involuntary drug treatment. She is an abolitionist, anti-capitalist and is strongly committed to dismantling the drug war.

What lessons can we learn from Indigenous approaches to health and harm reduction practices?

What is the state of the opioid epidemic during the pandemic?

Why is it necessary to build compassionate, community-based and holistic approaches to healthcare?

Here is John's conversation with Zoë Dodd and Keith McCrady.

**JOHN:** Hi, Zoe and Keith, thanks for joining us. Let's begin. In your view, how do you see people coping in the pandemic? And why don't we start with you, Keith?

**KEITH:** Well, I guess it depends on who people are. I mean, there's some people that were able to kind of adjust and really kind of nimbly figure out what they're gonna do, or how they're going to react to it. And there's other people who've really struggled and I've worked with two-spirited people, Indigenous people, people who use drugs, people who are not housed properly, or housed at all. And we knew that those people didn't fare very well. In fact, were very disconnected at the beginning of the pandemic.

**JOHN:** Zoe, same question: how do you see people coping in the pandemic?

**ZOE:** I agree with Keith. It depends on who we're talking about.

I have a neighbour who I spoke with the other day who said, the pandemic's been good for him, he can work from home, he's not having to go in the office. He's doing okay. His job has always been something at a desk. And then there's people that I work with and who I support who really struggled through the pandemic, who saw services close around them, who were stuck outside, who ended up living in encampments being shuffled around.

You know, lots of people I work with have died. A lot of people I also support have been dealing with the grief and loss of losing people throughout the pandemic. And people's mental health has been really impacted. We saw the overdose crisis, like double in size - 2456 people die in 2020. that's not just because of the toxic drug supply. In Ontario, we had 521 people die here in Toronto.

So yeah, I think it's been really hard on a lot of people. Their access to supports has definitely dwindled.

**JOHN:** And you're speaking to this, but we now generally understand that the pandemic is not impacting all people in the same way. So where do you see the most vulnerability? And what led us to this point?

Maybe we can start with Keith and then hear from Zoey again.

**KEITH:** Okay, well, what I saw was, you know, we all were told to stay home and work from home. And what we knew was that people use our services in very different ways. For example, some people use our services to come and get meals. And so we had programs that people came to get meals, and we basically just started to say, well, that's how they're supplementing their food and how they get food. What are we going to do about that? But we also knew that other people used it for companionship and kind of gathering and being very social. And then there's other people who used our services for internet access. I mean, we literally were an internet cafe. And once we cut that off, what would people do?

People used us because we had a bathroom. People used our services for many other reasons, including pickup for harm reduction supplies. And so when we were at home, we knew that there's a lot of people who didn't have the same access, and we had to adjust quickly. So that was the biggest problem at the beginning.

Also, once we just connected, there's some people who didn't have ways for us to reach out to them. So we still had to stay in the office to let people know how we were changing and how we were adjusting

**JOHN:** Really hard in terms of the communication breakdowns.

Zoe, health is not just clinical, but also a social reality. Considering the social determinants of health and the triple crisis we are in of COVID, capitalism and climate, can you speak to social determinants that we really need to consider.

**ZOE:** We need to see people as whole beings.

I think what the pandemic has shown us is we have so much grave inequality- the impacts of colonization, racism, poverty. Some of the biggest social determinants of health have been really around housing and income. Just like massive inequality and it's massively impacting people in such negative ways. Causing people to die.

I mean, a lot of people I work with did not die of COVID, they've died from overdose. I've had friends who have taken their lives over the last year, people in real mental health distress. A lot of these things existed pre the pandemic. We've been in a housing disaster for a long time. We've had four decades of neoliberalism. We've had cuts to the social welfare state. We've been in all these crises; we've not had the supports for people. We figured out different ways to be managers of poverty instead of giving the things that people need - They need housing, they need water, they need food, just the basic necessities of life. We live in a society where we have those in power who don't believe that those are things that people need. We have to earn a living, which is wild! I mean, we should just be able to live.

I think, for me like some, when I think of health and well being, we're just trying to keep people alive. And that's, not a good quality of life we should be thinking about, you know. What are good qualities of life for people? How do people thrive? How can people thrive in the systems we currently live in and the reality after the pandemic, you know, so much loss. We haven't seen governments jump to building housing or addressing the systems of oppression. It just has continued to escalate during COVID.

**JOHN:** Keith, Zoe brought up access to clean water. And as one of the world's richest nations, we have communities like Grassy Narrows that have boil water advisories for decades. There are over 75 communities on the boil water advisory list in Ontario alone, and Prime Minister Trudeau promised to end the boil water advisories in the country by spring 2021. And that didn't happen. Could you speak to the lack of access to fresh water?

**KEITH:** So let me begin by saying I was having a very difficult time showing up today because of what's happening, right now. We found out that 215 Indigenous children's bodies were found. They were found, and how that kind of reinforces what we're talking about.

The promises that were made by Trudeau are not honoured. You know, Truth and Reconciliation is just another gesture. And we talk about something like this and say it's sad and shocking. Well, Indigenous people aren't shocked. I wrote a post on my social media saying, Why are you being sad and shocked when we know that it's pure evil?

I think the lack of access to water is pure evil. I mean, let's call it what it is. If this was any other community, I think it would be solved long ago. And so, this ideal of how Indigenous people are going to be put in the forefront at some point is exhausting. It's a waste of time, and the people in power are failing us. In fact, they're adding to the

problem. Because now to even feel that you're worthy of water is, you know ... Why are we here in Canada. We pretend that Canada is some wonderful state that everyone should come to; Yet, we can't even respect the people that were here first.

**JOHN:** Keith, thank you for making the time to show up for this conversation, given what communities are going through.

You once said, having the over representation of Indigenous children in the child welfare system is a tragedy; *"It is ridiculous that we are accepting this. Why is this okay? What are we doing wrong, that we are not paying attention to the Indigenous children?"*

You have over 25 years of experience with Indigenous early years? And as you spoke to what we recently learned of the burial of 215 Indigenous children at a residential school in Kamloops. Could you speak to how the historical trauma and social determinants of health impact Indigenous people?

**KEITH:** Well, you know what, I stand there because I'm considered part of leadership in Canada because I have a job as an Executive Director. However, I take that responsibility very seriously. I don't believe that others do. You know, we talk about the social determinants of health. How Indigenous people score poorly across the board on no matter what we talk about, you know, child welfare, poverty, housing, incarceration, etc. And then we add COVID-19, of course, we're going to score poorly there. So the fact that leaders feel that they're doing their job is embarrassing, and I question and challenge their leadership. Because if things haven't got better. What are you doing? Why? Why are you there? Get out of the way; let someone else do it if you can't do it. And I think it has a lot to do with this idea of equality. You know, right now, we don't need to focus on equality, we need to focus on the area that includes Indigenous people. That includes Child and Family Programs.

Someone told me the word: child poverty. I'm like, well, that's ridiculous. There's no such thing as child poverty, because there's no child alone poor. The whole family's poor, the community's poor, and so we need to think about how we have to service families as a whole, not these little blanket, fix one little thing, and we're going to hope that it's all connected. It's not. You have to think bigger. You know, the one way I look at things is like think of our teaching of an eagle: how they could see all, instead of thinking of the one thing when you're close to the ground. So we all have roles, and I think leaders need to think much more bigger, and also have a much more bravery to make decisions that are not going to be for everyone.

And those people that they're thinking of are the people who already have access, who already have privilege, who already have the connection to get all the resources, but they're still thinking of them. To me that's ridiculous leadership. It's embarrassing. It's a joke. And I'm just fed up with it. And I think, without knowing what's going to come next, after finding out this, I mean, I said shocked and sad. We weren't shocked. It just tells us

what we already know. And I think, you know, change is going to come whether Canada wants it or not.

**JOHN:** I hope so; it's needed.

Zoe, according to a new report titled "Changing Circumstances Surrounding Opioid-Related Deaths in Ontario During The Covid-19 Pandemic", as you spoke to earlier, opioid-related deaths in Ontario have increased by 76% over the last year. A total of 2050 people died between mid-March and December of 2020. Zoe, you recently said, "We are in an emergency, we've been in it for a decade. And if things were going to change now that we wouldn't be throwing cups of water at the largest raging fire". I know you've lost many people in your life recently from the crisis, in your experience, what do we need to do to deal with this raging fire?

**ZOE:** I mean, just listening to Keith and just thinking about what this country has been built on, and just the level of violence, the level of state violence and church violence that has been enacted, and just the role of settlers. And you know, how this ties into the overdose crisis.

I grew up in the Yukon Territory that had several Residential Schools and Indian Day Schools. And some of the first people that I lost in my life were Indigenous who died from overdose and suicide. And when I think about our responsibilities and the overdose crisis, I think of people's stories like I think of where people come from and how they are deeply impacted. And I'm just so angry. I'm so angry, because, you know, like, Keith, I just don't see leadership. They don't care. These people are completely expendable. I know, colonization and residential school impacted, like my first love who overdosed and died. And I know that a lot of it impacts Indigenous people in this country. And I know that overdose crisis is also a crisis of peril and despair.

There are people who are dying, mostly people who are living in poverty who are struggling. When you live somewhere that it doesn't care about, like so many of the people that were here before, the Indigenous people. I mean, Canada is a violent state. And the overdose crisis is a crisis of prohibition. It's a crisis of policies. And it just continues to rage because there is no interest in changing those policies and changing direction that would stop this crisis from happening. And there are people who work hard to try to stop it. But you know, we're just putting band aids on some like massively gaping wounds.

We need to end prohibition. We need to end colonization. We need to make sure everyone we're talking about, Indigenous communities getting access to water, we have people living in encampments who lack water. That also increases their risk of overdose. We have people living outside, we have people living in parks who we saw an increase in overdose deaths amongst homeless people in public spaces. We saw an increase in deaths of people living in the shelter-hotels. We don't have coordinated efforts to look at what are all of the systems. That it's not just about an individual's relationship to a substance. What are the things that are impacting that person's life?

And then also, what are the things that people have tried to access? What are the things that people couldn't access? And so we have a crisis of policy failures? We have this crisis that has just, like, blown up.

I mean, I'm struggling to find the words. We have four co-workers who died over the last few weeks. And, you know, we have people who are trying to respond to this emergency who are from those communities. There are people who also have experience with drugs, who are trying to save each other's lives, and they're not surviving either. And we're not going to have a workforce to respond.

You know, I was asked, did I think that government was going to do anything about it? And no, I really felt at this point after we've been in the overdose crisis for over a decade now. You know, the government can say it started in 2016. No, that's just when they started collecting the data. It started when prescribing happened with Oxycontin and that happened, you know, around 2010. It's been going on for a long time. And they just know that the people, they're not like White middle class people. Government's not going to invest in the resources that are needed to, or change policies that are needed to stop the overdose crisis. Even though we know what the solutions are. Even though there's like many solutions, which would be like ending drug prohibition, stopping the criminalization of people, stop incarcerating people; you know, safe supply, overdose response, housing, income supports, grief and loss support, healing - Things that are culturally relevant to people and spiritually relevant. Yeah, I don't know.

**JOHN:** It appears some of the programs designed to help the homeless during the pandemic, such as living in their own hotel or motel rooms, rather than in shelters were harmful. And that was by Dr. Tara Gomez, an epidemiologist, and Chief Investigator for the Ontario Drug Policy Research Network. She said, "We observed relatively large shifts in the location of opioid-related deaths during the pandemic among people experiencing homelessness". And the report said, "A significant increase in opioid-related deaths occurred in hotels, motels and inns". Can you speak to some of these efforts that were failed? And what would have been more meaningful and helpful?

**ZOE:** At the beginning of the pandemic, I advocated for hotels. I thought, you know, this is a good solution, like people shouldn't be in congregate settings. I mean, it is a good idea. People should have their own spaces. But the problem was that there was no interest and there was no urgency in actually implementing overdose death prevention strategies within those hotels. And so when we would ask like city officials and shelter operators to take into consideration people's access needs, that people should be near their resources that they're used to. If people have routine and go to safe injection sites often, or if there are certain organizations they need to connect to that are in the downtown core, we should try to keep people, closer to their communities. And people you know, were: No, I helped move someone from Moss Park, who like two days later overdosed and died at a shelter hotel that was up at the 407. It was an hour and a half away by transit to come back downtown.

And when we were talking about whether to go or not, you know, I said to him that you need to think about all the services you access here. But he was so desperate to have a place to stay that he couldn't think about what the other services were that he would need or what his routine was. There was a lot of pressure. And there is a lot of pressure.

When you have police and bylaw officers and parks ambassadors showing up all the time to like, get you out of the park, you're going to take it. If you're not wanting to take it, or there's not options like, some people weren't given any options to stay downtown. And the first time that they moved people in the summertime last year, there was no option for anyone downtown; they were all north of the city. And you're also moving people out of where their drug networks are to pick up drugs, who they will be buying from. You're removing people from their networks of community and family, when they're going by themselves. You know, there are all these things to consider. And I was on lots of phone calls with the city and shelter operators.

In April, a group of us presented some options that you could implement within the shelter hotels and the respites so that people don't die. And those were not implemented. There are a series of recommendations that have been made - That the Toronto Overdose Working Group, which was a bunch of us that worked off the side of our desks, went and did assessments with the hotel operators to have a look inside the hotels of what could be done. Some of those recommendations were taken up by a couple operators, but many weren't. And there are still issues relating to, you know, services that people need from peer witnessing, to access to Naloxone, to staff training. And until those are implemented, we're gonna still continue to see this climb in deaths of people who are using and isolated in the shelter hotels. It's very unfortunate. There's always been deaths in the shelter system and has always been an issue in terms of the overdose crisis. But the kind of level of cooperation and coordination needed to address that crisis within that system has just not existed. You don't hear the shelter operators in the media talking about the emergency within the shelters. You just never hear that.

**JOHN:** Keith, Jane Harrison, at Anishnawbe Health, nurse and Mobile Health Unit Coordinator, said 90% of our Indigenous populations are living below the poverty line, and we have multiple complex health issues. Can you speak to how Indigenous people are being impacted?

**KEITH:** Well, you know, the thing about it is that we know how everything is connected, as Indigenous people, we're all related. But our health is connected and trying to displace these health issues and say that they're separate is the biggest mistake. Not having access to healthy options because unhealthy food is cheaper and more accessible is a tragedy. As people we accepted, and we're saying that's just how it is. But that's not okay. I mean, I'm not understanding how there's no real modeling of things like recreation, with Indigenous people having access to recreation. You know, the way that people use services, it's connected to our health, but also our mental health. And being isolated is one thing, but also being overcrowded and putting strain and



stress on these families, because there's too many people living in a two-bedroom house. We know that breaks down relationships that causes, stress and anxiety in parenting, and all these things. And this is all connected to our health.

You know, depression, suicide, domestic violence, all these things have increased during pandemic. I opened a hotline for our members during the holidays, because our team was taking two weeks off, but we had one member answer the phones, and within one day, we got two issues about people struggling with suicide, a domestic violence issue. And so we knew that we'll have to do something more long term. And so we ended up accessing funds to do some counseling, traditional counseling, but also, you know, mainstream counselling for our members.

Not having access to culture, not having access to traditional medicines, is an issue, because this is all part of our health. And the way that we use our spiritual health, which is not always something that government or people who make these decisions think as important. But as Indigenous people we know, that's part of our healing. That's the thing that keeps us thriving, keeps us surviving through all this, you know, these issues, these tragedies and this violence that is against us. And so, how is health affected us? It's been really, it's just been really, I'm sorry.

**JOHN:** It's okay, take your time.

**KEITH:** It's just very painful. It's very painful for our community to try to heal and grow and walk together, when another community sets up a system that won't allow it, that won't even allow Indigenous people to define their own success. You know, the ideal of self determination is such a powerful, wonderful idea. But we'll make sure that a system is set up so you can ever achieve that. And this is all connected to the health and well-being of Indigenous people.

**JOHN:** Thank you. Zoe, there are great tensions between the City of Toronto and anti-poverty and harm reduction organizers, about shelters and encampments. Can you speak to what is going on currently?

**ZOE:** I mean, we're battling PR. And I think the City has always lied about the numbers of people within the shelter system. I mean, government lies. And so the city has lied, tried to lie to the public about how many shelter beds there are. How can people access the shelter beds? I mean, this has been an ongoing debate for almost 20 years. Well, as long as I've been working downtown, like they've always kind of obscured like the numbers and access.

So yeah, I think at this point, people who maybe worked more collegially in the past do not work so anymore. There's been two lawsuits against the City. One was to make congregate setting safer during COVID. And the fact that the City had to be taken to court just to separate beds by six feet. - And that's not even, it wasn't even like a circumference of six feet. But we know congregate settings are not safe. We knew that the virus aerosolizes. That's why we're being told to stay home with our own families or

if you lived on your own, you could bubble up with someone. But we're not supposed to be like going out and socializing. But we could put 100 people in a congregate setting with a virus that aerosolizes and put those people's lives at risk.

You know, then there's the argument about people outside. Like all winter, people fought, people survived. You know, we hear the government talk all the time about supportive housing. It's like, well, if people needed supportive housing, how were they able to support themselves outside? People need housing, they just need, they need housing.

And all winter, if it wasn't for Khaleel, who built tiny shelters for people, more people would have froze to death. People have lost, like their fingers and other ligaments because of the cold weather and the frostbite that they endured. They couldn't go inside anywhere to warm up. And so the City wants to obscure the facts about what's really happening. This housing disaster that they're responsible for and they want to blame the people and problematize the people who are outside. And yet, what power do those people have? They're just trying to live; they're just trying to survive. So that's the fight.

The second lawsuit that happened last summer was to change the bylaws around camping, so that people could stay outside without being evicted and being given trespass notices of \$10,000, and fines of \$10,000. We tried to stop the mass evictions that were happening in the parks. And I think we were pretty successful at doing. That there were 14 applicants, homeless people who joined the Toronto Overdose Prevention Society and OCAP to put an injunction in place. We unfortunately lost that injunction. And we did not appeal it.

Yeah, it's just really unfortunate, because now the city is using trespass orders. And saying that they've exhausted all options to try to house people. They haven't tried to house people. They don't, they're not out there with Streets-to-Homes, like working on people's identification, making sure people are on housing lists. That's just not what's happening.

You see a lot of people out there counting tents, taking pictures of structures. They have a lawsuit against Khaleel and the tiny shelters. The City's suing him for helping people survive. If he hadn't done that people would have died. And the City is okay with people dying. I mean, that at the end of the day, that's the crux of why there is this divide between the City and housing advocates; because we don't want people to die. And the City would be okay with the people being expendable.

I mean, our whole system is built on is that expandability and disposability. And I think a lot of us, that's not how we want to live. And it's been really upsetting. It's taken a lot of energy. There's people who are organizing every day, who've been bringing out humanitarian supplies to people in the parks, because we couldn't even get the water turned on. So there's been a lot of distribution of water, and Gatorade and ice and, you know, keeping people going through the heat-wave last year, which I'm sure we're going to have more of this year.

And what is the responsibility of the City Administrators? These people make a lot of money, they make a lot of money, they sit at tables, figuring out how to displace people dislocate them, clean them off the land, move them about? And, you know, where are people supposed to go? They say they have enough rooms inside. But there's a lot of people who don't want to go to the shelter hotels for various reasons, or they've been and they've been kicked out. Or maybe they have like an abusive ex-partner at a shelter that they don't want to go to, they don't feel safe there. And they're not being listened to. The needs of the people are just not being addressed. They're not being spoken to. You know, the city councillors, you know, Joe Cressy, has some of the highest encampments in his ward, and he's the Chair of the Board of Health, and he's our City Councillor, and he's never set foot in an encampment. He's never even spoken to the people to ask them like, what are your needs? So that's some of the friction and I'm pretty angry at the City. But I've been angry at the City for a long time. That's nothing new, like the way that they devalue people is, it's just the been their role; it is their role.

**JOHN:** Keith, Zoe brought up the carpenter, Khaleel Sievwright, what are your thoughts on the carpenter, Khaleel, who received a Cease and Desist for building tiny homes for homeless people?

**KEITH:** Oh, well, one of the first times that I saw a post on Khaleel, was actually one of my 2-Spirit members that were given home. And, you know, we got to hear the backstory of like, why this person couldn't go live with the family member. We know that there's lots of complications and lots of different issues that as people who love to throw a simple solution act like, that's the only reason why they couldn't do it.

And we were so happy. In fact, I was like, Oh, well, how can we get involved in this? Because one of the things that Zoe said was about: Have you ever been to an encampment? And I've been in these discussions with councillors and other leaders? And I'm like, Why are you talking about what you've read? Making decisions about what you're read? Have you been to an encampment? I have. In fact, we I go out quite often.

And I've spoken to people, and as Executive Director, I'm still giving out harm reductions supplies, and helping feed people. Because to me, without knowing directly what people want, but also what my team needs, you know, kind of like, what are the needs? How are we making these types of decisions? And I think things would be much better if leaders who make decisions would be out there. They'd probably make much different decision about what's happening, because it's so easy to sit up in an office and then send people out and get information and make decisions by who's going to vote more? Or how are you going to make people more happy?

I'm happy that he kept people alive. In fact, I know we all have different roles. And I respect that that was his role in all of this. And you know, I have my role. And we all have our roles, in this, as human beings. And so to me fighting this is again, just another way of not allowing people to take care of each other. Is it a coincidence that he's a

person of color? Not at all. And the way that he's being treated is not, I believe, is very intentional.

**JOHN:** Zoe, clearly, the efforts of Khaleel Seivwright and his carpentry work were a positive effort. In your view, what have been positive efforts in response to the opioid epidemic, and the pandemic?

**ZOE:** I think the mutual support that people have offered, you know, I think about 2-Spirit out there, like on Thursdays with their tent, and like set up for people in the park. Like, there were groups that just like went outside and offered support to people. I know, at my work, first day that things shut down, we just went out. And like people took it upon themselves to figure out what the needs were, talk to people, to support people. And it is about listening, and is looking for those solutions. And sometimes you have to, you have to skirt past what the government wants you to be doing.

I mean, it was like the overdose crisis when things in 2017 really were popping off. And we were waiting on the City of Toronto for supervised injection services to happen. And they were just like, wasn't happening fast enough. It took a year from the point of putting in, getting an exemption from the Federal Government to getting it going, to getting a supervised injection site going. And in the meantime, we had all these people dying. So we just went up and set up, like Ontario's first supervised injection site. We just put it in Moss Park in tents because we didn't want to wait for the government. We couldn't just let people die.

And just like you get caught up in like bureaucracy of red tape, everything gets slowed down. When you're in an emergency, you need to act. And so people just taking it upon themselves, working together, people really came together to support people. And that to me, those have been some of the biggest solutions is that mutual aid, support and listening, and being present, and going and talking to people and like, listening to what their needs are and trying to figure out solutions. That is how we get out of many of the crisis we're in. We need to be listening and we need to be acting.

For me, just the lack of urgency that exists at all levels of government has been painful. I actually went off work in November because, I presented at the Board of Health meeting. We all made deputations, like begging the government to help us. Begging the City of Toronto to help us in the overdose crisis. I regret begging them. I regret pleading with them. Because they did not care. They did not even acknowledge any of us. And it really affected my mental health. I couldn't, I had to stop working. I have worked with people for so long. And it's not the relationships of people. It's the relationship to the State. It's the bureaucracy of the State. And that to me ...I find so hard.

Unless that changes, I think we're going to continue to break rules as a path for people's survival, like that's what we had to do for Naloxone. Those overdose kits didn't come from nowhere. It was a person who used drugs who created the first Naloxone kit in 1996. And his name is Dan Bigg. And he showed people how to reverse overdoses using Naloxone. And then some of us smuggled-in Naloxone over the border and just

gave it out to people when you needed a prescription to get it. You know, we have to do things like that, we have to break rules, or their rules we're being subjected to. Because this is about people's survival. A lot needs to change; a lot needs to change.

**JOHN:** There's a long history of civil disobedience being the breakthrough in order to achieve positive social change. Keith, we are currently in the midst of the vaccine rollout. Are there any lessons that Public Health can learn from your experiences of Indigenous health practices and harm reduction?

**KEITH:** Well, I remember when the vaccine rollout came out, or just before, it was the promise of Indigenous people first. And to me, it was a nice gesture, you know, to say, Oh, hey, this time, we're not going to forget Indigenous people. But then the way that it came out, it was really troublesome and bothersome for some because of a miscommunication in the way that there was access, but not consistent access, where people were being told, No, you're not in the front of the line, or there was issues with getting the vaccine. But even the kind of information that people had about the vaccine, the kind of myths and the way that people don't trust, and whatnot. So there wasn't really a focus on, if you're being transparent, if you're being real, you would say, Oh, yeah, Indigenous people don't trust. So let's make sure that they have all the information they have, before we even talk about this.

I know that as much as you know, I was part of this, you know, we were all part of being isolated for a year. But I didn't judge people for the decisions. I said, Okay, I respect your decision and what you're doing and how you have to do it, if you can't really be part of this bigger thing. It's because we're all individuals. We all have different reasons why we make choices. And so the way that some people just didn't have the same similar choices, even the way that some people were making comments about. Why are Indigenous people getting the vaccine first? Within our own Indigenous community, how non-Indigenous service providers were saying, Well, I work with Indigenous people, I should be part of that. It was really disappointing, because I thought this was potentially going to be the one of the first times that we did something right. And again, we failed,

**JOHN:** Zoe, harm reduction has evolved in our lifetimes. Can you speak to its evolution nationally, you did share about the Moss Park overdose prevention site you were a part of. But can you speak to its evolution nationally and globally? And what do you envision are next steps?

**ZOE:** Yeah, I mean, I think that harm reduction has definitely been taken up. I mean, it's great that more and more people are talking about it, but it survives on a shoestring. And I think that's the thing that people don't understand, it still doesn't get the kind of funding that it needs. Like, people are still operating on really small budgets to try to do a lot of things. We know that harm reduction isn't just like handing out supplies. It's also like offering support and being non-judgmental. It's kindness. It's like offering kindness and care and compassion to people. And it's meeting people where they're at.

You know, we have this really binary way of looking at substance use where it's like, we have harm reduction and then we have addiction treatment, which is like abstinence-based treatment. And it's just sort of this kind of lazy way of thinking about people and like what the needs of people are.

For me harm reduction- and it's also really political- it's deeply rooted in the liberation of people who use drugs from systems of oppression, it's like ending the drug war and ending drug prohibition. It's more than just HIV and Hep C reduction of transmission, although those are super important. But that also includes, like the care provided, and yeah, and it's becoming, internationally, harm reduction is like all over the world. And you know, there are places where it's completely illegal, where people cannot even talk about HIV education, they can't even hand out a pamphlet. And there are places where like Toronto, where we have, like, so many needle exchanges, supervised consumption site, we have safe supply programs going on.

It ranges all across the country. There are communities that are so desperate to have expansion of harm reduction services, and they just can't or governments are hostile, they won't fund them. You know, we've got the safe injection site in Saskatoon- fundraising, t shirts sales, donut sales. I mean, it's amazing the amount of community support they get. But why do they not have funding? If they can't get funding from their hostile provincial government, why isn't that fun funding coming federally?

So while harm reduction is becoming more and more in the public sphere and more discussions around it, we still don't have the kind of resources and funding that need to be allocated to it. And you know, we share a lot of like what we learn with each other. You know, a lot of what I've learned has come from people from other places and vice versa. And I think that's an important thing. It's really again about that kind of mutual aid support.

Right now we are talking about decriminalization is a big part of harm reduction and Vancouver's proposed a decriminalization model. But again, in the ways that we would do things, this model was not done with the number one stakeholder, which is people who've been the most impacted by criminalization.

The number one stakeholder that the City of Vancouver used is the police. And so it's a model that unfortunately, the thresholds for possession are far too low. And it's important for all of us to pay attention to, because that's sort of the standard that we have to work from. And it's a very low bar, like it's not a good model. Better if you're going to create a model, you do it right the first time, because that, you know, then gets taken up, and why is it not for the whole of the country? Why is it just for one city?

So, I mean, there's so much to advance and so much to continue to work on. And for me again, it's just about accepting people and, having understanding and also like fighting systems of oppression.

**JOHN:** This last question I'll ask for, to each of you. This is such a painful time in our society, what has been helpful for your personal health care enduring this global pandemic, and maybe we can hear from you first, Keith?

**KEITH:** Well, personally, I have to do many things to be able to take up this role as a two-spirited person, as a person who helps support our community. And one of them is being transparent and accountable. Like, to me, this is a responsibility, and I take it very seriously. I remember someone once saying, Oh, if you weren't paid to be here, would you be here? And I can honestly say that a lot of this work I would do, because that's my role. And I don't know that others can. I make sure that I have someone to talk to.

I make sure that I laugh and joke and have fun and laugh at the ridiculousness without making sure I'm harming others. But some of the decisions politicians make and some of the things that we have, when we'd laugh and joke about it, it kind of relieves, even though it's really highlighting how foolish some decisions seem to be. You know, stay at home, but don't you dare be homeless. You can't even be homeless, because we don't want you to use the park. And the park isn't meant for you. It's meant for other people who we appreciate because they're the ones who voted us here. That's really what they're saying. What they're saying is you're not worthy. And so what I focus on is making sure that I'm connected to community.

Our agency delivers food hampers. I delivered them with my staff. I went out and do harm reduction. I go out and make sure that I'm aware. I have information sessions so that people have access to me. I'm on social media, and any member could message me right now. I'm not hidden away in this office protected by these people who are kind of doing this damage control. And to me, that's what is needed - accountability, transparency. And so it actually helps me, you know, in this leadership, because I'm authentic. I'm not pretending to be anything. I could stand up and challenge anyone to say, What are you doing? Because I'm doing what I have to do. So that's what makes it much easier to be able to say, you know, you're doing all right. In reinforcing it myself and not needing someone else to reinforce what I'm doing.

But also, you don't see photos of me; you know, here's me doing this, here's me doing that. I'm not there to make someone feel like, look at me, I'm helping you. I'm walking beside my brothers and sisters. This is what I'm doing. And I don't need a photo for that. I don't need this kind of message to say; Look at me, I'm looking how wonderful I am. And it really helps me wake up every day and start anew. It really helps me to be able to say; You are doing your best. Tomorrow's a new day, we could start all over and I do my best to start over every day. And you know, kind of reinforce why I'm here.

If I wanted to I could start all over, and do something else in life. I have so many options. I'm so fortunate. I've lots of skills and gifts. But this is what I choose to do. And so I remind myself, you know why I'm here. I don't want to be here to gain as much power and wealth as possible. I want to make sure that the people around me have opportunities and choices and access and information. So yeah, that's kind of what I do

to make sure. I don't believe self care is necessarily a bubble bath. I mean, I think self care is you know, sharing stories. That's what it is to me.

**JOHN:** Beautiful and that's so tender. Thank you for sharing that story. Zoe, what has been helpful for your personal health care in enduring this global pandemic?

**ZOE:** Well, I would say it was really hard for me this year. I actually needed a lot of support from my own friends to help me through a few months, which I'm pretty honest and open about because you know, there is only so much the heart and the brain can take. And I witnessed a lot. That was really difficult, like seeing people outside dead and losing people. And just the work being, like really hard.

I think it was one of the hardest years I've worked. And unfortunately, well, no, I mean, I don't know if it's unfortunately, but I stopped doing frontline work for the first time in almost 20 years. And I switched jobs. And I work mostly from home in the last couple months in my new job. I'm working at Mac as a First Community Scholar, doing work around people who use drugs.

And, I also think what helps me keep going, it's just like it's really transactional. I don't know if "transactional" is the right word - actually is a terrible word. But mutual, you know, people offer me support, I offer a lot of support to other people. I just make sure that I'm there for people. I like what Keith said about how he's accessible to people. People can find him in all these different ways. And I also follow that, I try to be just really open to anyone who like, needs my support, or having a hard go. I try to be around for people. And I think that's important. It's like very mutual. And that's what sort of what keeps me going.

I love music. So I've been trying, like, when I went off work in November, I just tried to remember parts of myself that I also really hadn't neglected. So just my love for music and being outside. I go fishing, and I go hiking, and then I go with people. And I talk to people a lot about birds; which is maybe annoying to some, but it's kind of funny. And then you know, just like laughing and like having some joy, because it is important to find that. I think it can be really hard. It's been really hard this year. But having those moments where, we're all doing like really hard work, and engage with people doing a lot of activism and organizing. We just try to find moments to find some lightness and in between all of it.

I will say it's been challenging, with people dying and how to come together. That I've found personally difficult, not being able to come together to like, be together. Yeah, that's been tough. But you know, I have a dog, which also brings me a lot of joy. And I'm just in it, you know, this is like a journey that was picked for me. I don't know why, but it is. And it's not easy. But you know what, I'm here; I'm in it.

I honestly, I think about all the people that have gone and I just am like, the fuel for me and what helps take care of me, I want to honor those people. I want to see the drug war end in my lifetime. Like there's so much I want to see change and I want to be a



part of that. And so, it's important to take care of yourself. I also think the self-care thing is funny. You know, with community care, like we have take care of each other, and I've really appreciated the people who look out for me and who I look out for and yeah, I feed off that.

**JOHN:** We do have to take care of each other. And thank you so much to the both of you - to Keith McCrady and to Zoe Dodd for being here and for sharing your insights and your experience. We really appreciate it.

**RESH:** That was Zoë Dodd, activist and Community Scholar with the University Health Network and Keith McCrady, Executive Director of 2-Spirited People of the 1st Nations with guest host, John Caffery.

Please join us for our next episode, ***Toward A Rights-Based City: Access, Equality, Sustainability*** with guests Cheryl Case (author and Principle Urban Planner and Founder of CP Planning) and Dave Meslin community activist, author and founder of the Toronto Public Space Committee

I'm Resh Budhu host of the *Courage My Friends* podcast.  
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