Anthropologica

Where the Normal is Crisis
Service Delivery to Underserved Populations during the COVID Pandemic

Shiva Nourpanah

Aller au sommaire du numéro

Découvrir la revue

Citer cet article

Résumé de l'article

Les femmes et les enfants victimes de violence. Les réfugiés. Les personnes incarcérées et criminalisées. Les sans-abris. Les minorités ethniques et raciales. Lorsqu'une pandémie mondiale frappe des populations déjà vulnérables, racisées, marginalisées, historiquement opprimées et isolées, les organisations de la société civile mandatées pour les servir doivent mobiliser toutes leurs ressources et leur ingéniosité pour apporter un soutien tout en suivant les directives de santé publique. Alors que la pandémie mondiale de la COVID-19 imposait la fermeture de nombreux lieux de travail et la réorientation de la vie sociale publique, la vie quotidienne de ces personnes vulnérables, dont beaucoup luttent pour survivre en marge de la société, comme celle de ceux qui sont mandatés pour les servir et les soutenir a changé radicalement sur certains points et très peu sur d'autres. Mon principal argument est que la pandémie de 2020 et les restrictions imposées en conséquence ont transformé la façon dont notre société traite ceux qui, habituellement et en temps « normal », sont poussés à la marge, invisibilisés et ignorés. Les politiques mises en oeuvre dans un contexte de panique et de crise mondiale de santé publique ont braqué les projecteurs sur ces personnes, les rendant nettement visibles.

Cet article est diffusé et préservé par Érudit.

Érudit est un consortium interuniversitaire sans but lucratif composé de l'Université de Montréal, l'Université Laval et l'Université du Québec à Montréal. Il a pour mission la promotion et la valorisation de la recherche.

https://www.erudit.org/fr/

Where the Normal is Crisis

Service Delivery to Underserved Populations during the COVID Pandemic

Shiva Nourpanah
Saint Mary's University; University of Guelph;
Transition House Association of Nova Scotia

Abstract: Women and children subject to violence. Refugees. The incarcerated and criminalized. The homeless. Ethnic and racialized minorities. When a global pandemic hits populations that are already vulnerable, racialized, marginalized, historically subject to oppression, and underserved, the civil society organizations mandated to serve them need all their ingenuity and resourcefulness to provide support while following public health guidelines. As the COVID-19 global pandemic forced the closure of many workplaces and the re-direction of public social life, the daily lives of vulnerable people, many already struggling on the margins of society, and those mandated to serve and support them changed shape drastically in some ways, and in other ways, not so much. My main argument is that the pandemic of 2020 and consequent imposed restrictions brought about a moment of difference in how our society treats those who are usually and in "normal" times pushed to the margins, invisible and overlooked. Policy spotlight, propelled by panic and a global public health crisis, shone on them, rendering them sharply visible.

Keywords: normal; crisis; service; community-based organizations; racialized; civil society; violence against women; refugees; ethnic minorities

Résumé : Les femmes et les enfants victimes de violence. Les réfugiés. Les personnes incarcérées et criminalisées. Les sans-abris. Les minorités ethniques et raciales. Lorsqu'une pandémie mondiale frappe des populations déjà vulnérables, racisées, marginalisées, historiquement opprimées et isolées, les organisations de la société civile mandatées pour les servir doivent mobiliser toutes leurs ressources et leur ingéniosité pour apporter un soutien tout en suivant les directives de santé publique. Alors que la pandémie mondiale de la COVID-19 imposait la fermeture de nombreux lieux de travail et la réorientation

de la vie sociale publique, la vie quotidienne de ces personnes vulnérables, dont beaucoup luttent pour survivre en marge de la société, comme celle de ceux qui sont mandatés pour les servir et les soutenir a changé radicalement sur certains points et très peu sur d'autres. Mon principal argument est que la pandémie de 2020 et les restrictions imposées en conséquence ont transformé la façon dont notre société traite ceux qui, habituellement et en temps « normal », sont poussés à la marge, invisibilisés et ignorés. Les politiques mises en œuvre dans un contexte de panique et de crise mondiale de santé publique ont braqué les projecteurs sur ces personnes, les rendant nettement visibles.

Mots-clés : normalité ; crise ; service ; organisations communautaires ; racisés ; societé civile ; violence contre les femmes ; réfugiés ; minorités ethniques

R acialized minorities. Women and children subject to violence. Refugees. The incarcerated and criminalized. The homeless. When a global pandemic hits populations who are already vulnerable, racialized, historically oppressed, and under-served, the civil society organizations mandated to serve them need all their ingenuity and resourcefulness to provide support while following public health guidelines. As governments forced the closure of many workplaces and the re-direction of public social life in an attempt to control the COVID-19 global pandemic, the daily lives of these vulnerable people, many already struggling on the margins of society, and those mandated to serve and support them changed shape drastically in some ways, and in other ways, not so much. This is an important reflection, because it tries to tell fragments of their stories, and the fact that this paper is unpolished and raw is because I am distracted and rushed. The stories should be told, and I wish I could tell them better, but this will have to do, for now, for here.

In my role as the provincial coordinator of the Transition House Association of Nova Scotia (THANS), an umbrella association of women's organizations across the province of Nova Scotia, Canada, providing support to women and children experiencing violence, including free 24/7 shelter in safe locations, as well as Board member of Halifax Refugee Clinic, I am in a privileged position to observe. Theoretically, as a scholar and an anthropologist, I had been taught and have subsequently taught in the classroom that such vulnerabilities are socially constructed, that they are public ills and not just private suffering, they are policy shortfalls and not individual moral failings and misfortunes. Throughout the months of March 2020 to the present day, I witnessed us, our government and our society, react as this realization hit the ground, no longer

a classroom theory, but a deadly reality. In April 2020, the Canadian satire magazine *The Beaverton* joked that Doug Ford, the Conservative premier of Ontario, had been tested for contracting socialism (Green 2020), in light of his sudden embrace of "socialist" policies which would include housing homeless people, funding violence-against-women organizations, and generally calling for greater collective responsibility. This could be interpreted as a sharp recognition that a raft of unmoored, under-served people drifting around—both metaphorically and literally—was poor public policy, a failure of our political and social will, and bad for our health too. We could no longer blame individuals for their misfortunes, or rather, the virus didn't care if we did. Failure to act could literally kill us. The time of reckoning for clawing back social supports and safety nets under the name of neoliberal restructuring, at global (Shore and Wright 1997), national (Armstrong 2001), and provincial levels (Nourpanah et al. 2018), had arrived with the pandemic.

Policies and Politics of Care

My main argument is that the pandemic of 2020 and consequent imposed restrictions brought about a moment of difference in how our society treats those who are usually and in "normal" times pushed to the margins, invisible and overlooked. Policy spotlight, propelled by panic and a global public health crisis, shone on them, rendering them sharply visible. Shore and Wright's (2011) conceptualization of policy as a "domaining" or "organizing and categorizing" tool that reflects and implements the reigning ideology is useful here. They discuss the genesis of modern state policy towards people who need state support, considering the 1942 Beveridge Report in the UK, an ambitious blueprint for nationalized healthcare, social insurance, and state supports for the elderly, disabled, and children, as a similar moment which "conveyed an image of a new policy world, framing the space to be governed in a radically new way, and recasting the roles of both states and individuals" (Shore and Wright 2011, 2). I follow their call for an anthropological analysis of "policy worlds," examining certain processes and their connections with fragments of social and cultural realities as implemented through several NGOs and community agencies, wondering if they do indeed create "new social terrains" (Shore and Wright 2011, 2).

Another strand of relevant scholarship is on the politics of care. Tronto (1993) argued for a politicized understanding of care, paying attention to the dynamics of power and the decision-making processes in the implementation and maintenance of care. This concept has been taken up in personal (Cohen

2008), institutional (Askins and Blazek 2017), and environmental contexts (MacGregor 2006) as scholars explore the manifold experiences, structuring relations, and consequential implications of providing and receiving care. Emotionally and politically, care is a fraught, complicated and contested arena. With regular reporting on the heavy, tragic impact that the restrictions imposed as a result of the pandemic have had on vulnerable people who require continuous and sustained care, most noticeably in long-term care facilities where the virus left a devastating death toll and exposed appalling conditions, care has become ever more politicized in our present era (Aiello 2020; Miller 2020). Commentators have been quick to point out the long-term failure of the state policy in laying the ground for the devastation wrought amongst those confined in care homes, many dying away from loved ones, others separated for months on end (Lewis 2020). Cementing the intensely political natures of public health and related measures, Lewis correctly notes "Public health care is intensely political because how much we spend and on what signals our priorities" (Lewis 2020).

So how was the transition from "normal" times to "crisis" times experienced? In what follows, I trace the changing work in several community agencies mandated to serve people needing support for different reasons. These changes took place in response to sharp policy shifts and a sudden public attention to their work. I present this material in the form of vignettes, based on interviews I did with local community-based service-providers located in the province of Nova Scotia who were willing to talk to me about their experiences of working through a pandemic. I conducted these interviews as part of my regular community job (funded by the Nova Scotia provincial government) which involves knowledge mobilization and raising awareness about the work and mandate of these agencies. The interviewees were aware of my role and knew that the interviews would be written up and published in the form of blog posts and articles, with their name attached. They were given the full opportunity to read first and final drafts of written texts based on their interviews before publication on their agency's social media sites, and provide feedback. All the quotes and names in the vignettes below are sourced from public websites. To be clear, since these interviews were conducted as part of my community job, as part of my work outside of academia, I was free from the responsibility of applying for institutional research approval, and thus did not seek it.

These vignettes, published on the social media sites of these service providers, are testimony to the resilience, creativity, and passion of those who work with vulnerable populations. They highlight the need for sustainable funding

for their organizations. This paper is my attempt to bring these reflections together, discerning the common themes and building coherence in the narratives on service provision in the time of pandemic, while documenting the moment of change.

The Vignettes

It is April 2020. Most workplaces have been shut down for almost 20 days and the message to stay at home has been blared relentlessly at us, sombre and grave authorities on the screen warning us, begging us, pleading with us to just stay home. Despite the advocacy of community organizations at the national and provincial level, including Women's Shelter Canada to the federal government, no mention is made on mainstream media by our public officials on what to do if you don't have a home, or if your home is unsafe. Reports start mushrooming about the global increase in domestic violence (UN Women 2020). Borders close, but refugees continue to show up (Levitz 2020). People still need help, supports and services, even with a pandemic going on.

After some initial confusion over whether women's shelters are essential or not was cleared up, they remained physically open. Some of these organizations are unionized, an additional factor which needed to be considered in the anxiety-ridden and uncertain atmosphere pervading them. Sheri Taylor began her first day as the new Executive Director of Leeside Society, a women's resource centre and shelter in the small town of Port Hawkesbury in rural Nova Scotia, on 6 April 2020. She asked her outgoing predecessor, Marina Martens, on Zoom: "So should I come in then?" Marina laughed: "It's a shelter. We're open, no matter what. Of course you should come in" (THANS 2020).

Women's organizations, like many other community organizations across Canada, remained open and staffed during the pandemic crisis. This included 24/7 shelters, known as Transition Houses in the Canadian province of Nova Scotia, that provide communal residence, food, and basic necessities to women and children experiencing violence. Transition house staff, despite their pandemic anxieties, showed up for work, ensuring their doors were open, and the premises were safe and compliant with Public Health orders. "This is a family place," explained Liz MacDonald, a staff member at Leeside Society. "We might have three or four families here normally, often with children. They need to go to court, they're involved with police, they're hungry, and need proper food, they have medical issues, and that's before the pandemic started" (THANS 2020).

There is no normal in a Transition House. Ensuring compliance with the provincial regulations is an important part of the work. The pandemic added a complicated layer of Public Health orders on keeping communal places safe. Cleaning and sanitization routines were ramped up, communal kitchens closed down, and in-shelter capacity decreased, necessitating close cooperation with local hotels and motels willing to shelter women and their children who could not stay at home. Anxieties about health, transportation, court dates being cancelled, violent (ex) partners being released from incarceration, and financial challenges were manifold. Supporting clients dealing with these systems, while adapting work practices and offering programming via videoconferencing, meant that life at the shelter during the pandemic reached new heights of complexity. Children moving between two parents due to custody orders caused anxiety and tension with other residents who felt the movements were unsafe. Clients from foreign backgrounds were sometimes on the receiving end of racialized and hostile comments from other residents—acts that had to be dealt with swiftly by staff and management. "We try to keep things feeling as normal as possible for our residents, so they feel safe and comfortable. But then, we have to tell them, you can't bake or cook (meals were portioned and came as pre-packaged deliveries when the pandemic started) and constantly sanitizing high touch areas, with children about, is challenging. Outreach support services continued, offered via phone and text, and video conferencing work quite well. Our childcare support holds Zoom calls with children and their schools. We all say that we can't wait till we meet in person again" (THANS 2020).

Sheri says she is grateful to have started work when she did. "I learned so much, in such a short time, developing close working relationships within [the] community and over Zoom with my colleagues across the province, ordinarily that might have taken years. Being in frequent contact provided the opportunity to support each other in our work, given the challenges we were all facing." She sees the benefits of living and working in rural places, like Port Hawkesbury. "We are very fortunate to work with so many diverse partners, including the Immigrant Services Association of Nova Scotia on how to support newcomer women facing abuse. We have the Indigenous and Wellness Courts in Cape Breton, established by Judge Laurie Half-Penny MacQuarrie, the first of its kind in Canada. People are very connected in rural Nova Scotia—you have to be. You have to know all the resources and be able to quickly connect with them" (THANS 2020).

Community organizations serving racialized populations and ethnic minorities have an acute grasp of the long-standing structural issues challenging their communities, and which all exacerbate the spread of the virus, and worsen the climate of fear and anxiety. Poverty, lack of access to resources including food and transport, mistrust of authority figures, sociocultural norms like multi-generational households and greater reliance on open and face-to-face socialization, were some of the factors which led to the virus spiking in Black communities in and around Halifax. When the provincial authorities in Nova Scotia named the neighbourhoods where many Black people live as hotspots for the virus, there was public outcry, and local Black leaders rallied to express their anger at being singled out in a discriminatory way (Ryan 2020). Such public remonstrations might have had dangerous consequences for Black communities in Halifax, already living under a burden of racialized stigma and a sigh of relief greeted the news that the disease was successfully eradicated in those neighbourhoods after a several weeks of living in intense fear and under public health scrutiny.

The Association of Black Social Workers in Nova Scotia immediately launched a 24/7 hotline to serve African Nova Scotians. They fielded calls continuously, providing counselling and referring to other services as necessary. "Fear, and food insecurity, most definitely," recalls Tracey Dorrington-Skinner, staff member at that time from ABSW, as the main challenges she witnessed facing the African Nova Scotian community. Tracey was quick to re-allocate resources to the COVID-19 response: "Our community basically came to a standstill. There was multi-layered fear. Many of our people are employed at Northwood and other long-term care facilities, so there was the fear of community spread of the virus. And we have many multi-generational households. And of course when Public Health openly named one of our neighbourhoods as having a high rate of COVID cases—people were afraid of the stigma. Meanwhile, we were organizing food delivery, senior and youth care. Our people need spiritual, medical and physical care. And then, George Floyd happened..." (Creating Communities of Care 2020).

At Holly House, the communal residence of the Elizabeth Fry Society of Mainland Nova Scotia, staff had to follow public health guidelines and adapt their lively programming for their clients, who are women and girls who are criminalized or may be at risk of criminalization. As Holly House closed their social programming, women were unable to meet there and obtain their basic necessities, and Sarah Tremblay and Kyiaisha Benton, staff members of Holly

House, found themselves delivering goods around the clock to their clients who were unable to go out or had no access to reliable transport. "For example, we had a new mother who was afraid and couldn't go out for basic errands." They helped them navigate income and housing systems all remotely. But support is more than basic food and goods delivery. "Mostly our clients are victims and offenders," said Sarah. "And they need support and care. Anxieties were high. We've started to meet outside, making our deck and patio comfortable and safe so we can hold Healthy Relations workshops, just a space for us to meet safely." Sarah and Kyiaisha also worked with local suppliers to create wellness packages for their clients. The packages, sourced as much as possible with Indigenous and women-led suppliers, held worry stones, sweetgrass, sage and lavender, as well as more generic products (Tremblay 2020).

"Even including things like Black hair care products," recalls Kyiaisha, "makes a lot of difference. Maybe now clients don't need a history lesson right now, but some want to talk about their cultural heritage, or their experiences with racism and police brutality, and we have to be able to do that with them" (Creating Communities of Care 2020).

The Mi'kmaw Native Friendship Centre also continued to offer a variety of culturally appropriate programs. Noting that domestic violence has predictably risen during this time, their social workers worked hard to support survivors and keep avenues for getting help open. The Mi'kmaw Legal Support Network faces similar challenges. Survivors typically do not want authorities involved in their domestic situations. And conversely, authorities are constrained in identifying and referring indigenous people to community organizations for support.

Gift cards, food, medicines, virtual counseling with support by Alsusuti Aboriginal Crisis & Counseling Support), cultural programs via Zoom such as Circle of Sisters, were ongoing throughout this time. As staff from the Mi'kmaw Native Friendship Centre noted, the continuing racialized poverty of Indigenous people did not go away with the pandemic, and neither did the often challenging relationship with bureaucracies such as Child Protection Services. Their clients need continuous advocacy to work with officers and agents, regardless of pandemic conditions.

Halifax Refugee Clinic was another community-based, civil society organization which kept its doors virtually open during the peak of the pandemic over March-May, and re-opened physically in the first week of June, maintaining

strict public health guidelines regarding capacity and cleaning. Despite border closures, refugees continued to find their way into Halifax, and the decision by Public Health to isolate all new arrivals to the province in hotels regardless of a migration status proved to be wise. After the mandatory 14-day quarantine period, the problem of housing refugees—always a headache in a place with scarce affordable housing—became more acute. Meanwhile, staff continued to support their clients as best as they could, with grocery and essential errands, gift cards, remote advocacy with government agents and officials and other community organizations, all the time cognizant of pandemic fears and public health regulations. I myself acted as an interpreter using virtual technology such as WhatsApp, trying to help refugees understand what seemed like arbitrary diktats about the levels of financial supports they were receiving. Confusions, miscommunications, and misunderstandings were rife, especially in the first few weeks of the pandemic, where an extra edge of fear, anxiety and hostility towards foreign arrivals was felt across the city.

These are just a sample of community organizations who stayed the course throughout the pandemic to support their clients remotely and in-person, and to ensure they access available and life-saving resources. They worked together and with government officials to maintain safe welcoming spaces for some of the most vulnerable people in our society. These are people who have been stigmatized by a toxic dynamic of social policies implemented in societies which have been systematically and systemically taught that people who do not look like them and do not have the privilege of being born in fortunate mainstream circumstances are somehow "undeserving." For a rare public moment, the pandemic shone a light on these dark and neglected margins of society, and reminded us that we are all indeed in this together, because if we are not, then we are all at risk.

Final Words

How should society care for its vulnerable members, those who for whatever reason, require support beyond what is immediately available in their own resources? In our modern, fiercely individualistic societies, care is often considered a "burden"—and the politics of care—who should provide it, why should they provide it and not others, and at what cost, remains debated. Traditionally, some sections of civil society have charged themselves to undertake some of the care burden for some groups (but not others). The precise definition of civil society is debated, if not actively contested (Edwards 2011).

However, since Alexis de Tocqueville wrote about voluntary associations of citizens forming the backbone of democratic societies (de Tocqueville ([1840] 2013), it has been widely acknowledged that such associations, a vital part of civil society, are a necessary and "good" part of modern life (Keane 2003). Civil society as represented by community organizations and advocates, acts as our collective conscience, despite the tensions and complexities that lie at the heart of this concept (Filc 2014). They are more than simply providing services to individuals in need; rather, community organizations have evolved to become a reminder of our common humanity, and the constant need for collective solutions to collective problems. So many times over the past few months I heard from advocates that this is a moment of "opportunity," of "growth" and "recognition" for the sector. Remaining unbeaten by the fear, anxiety, and additional workload induced by the pandemic, they were happily surprised by the public attention to their work, some receiving a significant increase of both public and private funds and donations, others gaining media attention.

Crisis and critical situations, even while exposing policy shortfalls, have been documented to relate to radical policy changes (Brändström and Kuipers 2003, 281). There can be no doubt that the 2020 pandemic led to a policy crisis moment, which in turn resulted in a different set of actions and narratives around vulnerable people and the care that should be provided for them. I can only hope that this was more than a moment, and rather a signaling of a sustainable way to a kinder, fairer, less judgmental, and more generous society.

Shiva Nourpanah,
Saint Mary's University, University of Guelph,
Transition House Association of Nova Scotia
shiva.nourpanah@gmail.com

References

Aiello, Rachel. 2020. "Canadian Red Cross Heading into Some Long-Term Care Facilities: PM." *CTV News.* 13 October. https://www.ctvnews.ca/health/coronavirus/canadian-red-cross-heading-into-some-long-term-care-facilities-pm-1.5143184 (Accessed 31 January 2021).

Askins, Kye, and Matej Blazek. 2017. "Feeling Our Way: Academia, Emotions and a Politics of Care." *Social & Cultural Geography* 18 (8): 1086–1105. https://doi.org/10.1080/14649365.2016.1240224.

Armstrong, Pat. 2001. *Exposing Privatization; Women and Health Care Reform in Canada.* Aurora, ON: Garamond Press.

Brändström, Annika, and Sanneke Kuipers. 2003. "From 'Normal Incidents' to Political Crises: Understanding the Selective Politicization of Policy Failures." *Government and Opposition* 38 (3): 279–305. https://doi.org/10.1111/1477-7053.t01-1-00016.

Cohen, Lawrence. 2008. "Politics of Care: Commentary on Janelle S. Taylor, 'On Recognition, Caring, and Dementia'". *Medical Anthropology Quarterly* 22 (4): 336–339. https://www.jstor.org/stable/25487839.

Creating Communities of Care. 2020. *Creating Virtual Communities of Care.* https://www.facebook.com/creatingcommunitiesofcare/photos/a.113486007090800/113479377091463/?type=3&theater. (Accessed 31 January 2021)

de Tocqueville, Alexis. [1840] 2012. "Democracy in America." In *Classical Sociological Theory (3rd edition)*, edited by Craig Calhoun, Joseph Curtis Gerteis, James Moody, Steven Pfaff and Indermohan Virk, 55–72. Chichester and Malden: Wiley-Blackwell.

Edwards, Michael. 2011. "Introduction: Civil Society and the Geometry of Human Relations." In *The Oxford Handbook of Civil Society,* edited by Michael Edwards, 3–14. New York: Oxford University Press.

Filc, Dani. 2014. "The Role of Civil Society in Health Care Reforms: An Arena for Hegemonic Struggles." *Social Science & Medicine* 123: 168–173. https://doi.org/10.1016/j.socscimed.2014.07.030.

Green, Kyah. 2020. "Conservative Party Submits Doug Ford for Tests, Fearing He May Have Contracted Socialism." *The Beaverton*, 7 April. https://www.thebeaverton.com/2020/04/conservative-party-submits-doug-ford-for-tests-fearing-he-may-have-contracted-socialism/ (Accessed 31 January 2021).

Keane, John. 2003. *Global Civil Society?* Cambridge: Cambridge University Press.

MacGregor, Sherilyn. 2006. *Beyond Mothering Earth: Ecological Citizenship and the Politics of Care.* Vancouver: UBC Press.

Miller, Adam. 2020. "Canada Failed to Protect Elderly in 1st Wave of COVID-19 — Will the Same Mistakes Be Made Again?" *CBC Health,* 26 September. https://www.cbc.ca/news/health/covid-long-term-care-canada-1.5739798 (Accessed 31 January 2021).

Nourpanah, Shiva, Ivy Bourgeault, Lois Jackson, Sheri Price, Pauline Gardiner Barber, and Michael P Leiter. 2018. "Intersecting Policy Contexts of Employment-Related Geographical Mobility of Healthcare Workers: The Case of Nova Scotia, Canada." *Healthcare Policy / Politiques De Santé* 14 (2): 12–21. https://doi.org/10.12927/hcpol.2018.25690.

Levitz, Stephanie. 2020. "Asylum Claims Being Filed in Canada Continue to Rise Slightly Despite Pandemic." *The Canadian Press*, 24 July. https://www.ctvnews.ca/canada/asylum-claims-being-filed-in-canada-continue-to-rise-slightly-despite-pandemic-1.5037226 (Accessed 31 January 2021).

Lewis, Steven. 2020. "As a Society, Canada Has Made a Choice Not to Properly Fund Long-Term Care. The Consequences of this Lack of Political Support Have Been Laid Bare." *Policy Options*. https://policyoptions.irpp.org/magazines/may-2020/the-pandemic-and-the-politics-of-long-term-care-in-canada/ (Accessed 31 January 2021).

Ryan, Haley. 2020. "Preston Group Upset Premier Singled Community Out for COVID-19 Criticism." *CBC Nova Scotia,* 8 April. https://www.cbc.ca/news/canada/nova-scotia/preston-covid-19-premier-mcneil-nova-scotia-stigma-1.5526032 (Accessed 31 January 2021).

Shore, Cris, and Susan Wright. 1997. "Policy: A New Field of Anthropology." In *Anthropology of Policy: Critical Perspectives on Governance and Power,* edited by Cris Shore and Susan Wright, 3–33. London: Routledge.

——— 2011. "Conceptualising Policy: The Technologies of Governance and the Politics of Visibility." *Policy Worlds: Anthropology and the Analysis of Contemporary Power (Vol. 14)*. Edited by Cris Shore, Susan Wright and Davide Però, 1–26. New York, Oxford: Berghahn Books.

THANS (Transition House Association of Nova Scotia). 2020. *Work in a Violence-Against-Women Shelter during a Pandemic.* http://thans.ca/work-violence-woman-shelter-pandemic/ (Accessed 31 January 2021).

Tremblay, Sarah. 2020. "Wellness Packages Created in Response to COVID-19." 28 July, *Creating Communities of Care*. https://creatingcommunities.ca/wellness-packages-in-response-covid/ (Accessed 31 January 2021).

Tronto, Joan. 1993. *Moral Boundaries: A Political Argument for an Ethic of Care.* New York and London: Routledge.

UN Women. 2020. *Violence against Women and Girls: The Shadow Pandemic. Statement by Phumzile Mlambo-Ngcuka, Executive Director of UN Women.* 6 April. https://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic (Accessed 31 January 2021).