



## WNY APA EDITORIAL BOARD

### **Editorial Board Introduction**

*Written By: Rocky Navarro*

As a professional organization representing the planning profession in Western New York and Southern Ontario it is important that we serve our community by harnessing the experience and expertise of our membership. To that end, we have formed an Editorial Board that comprises of a cross-section of the membership. This Board will draw upon its wealth of experience to provide valuable insight and comment on issues, topics, news, and matters that are important to the community, the profession, and the section members. The Board is tasked with providing editorial commentary and letters to various media, elected officials, governing bodies, agencies, and appropriate entities that explain WNY APA's analysis of the topic and its professional opinion on the matter. Ultimately, the intent is to promote the planning profession, inform and educate the public on the sound principles of planning, and bring value to our membership

On January 6, 2020, Rocky Navarro, Jonathan Bleuer, Ken Swanekamp, Shawn Rooney, Wendy Salvati and George McKibbin met at the Clarence Municipal Offices to discuss the creation of a Western New York/Niagara Peninsula Editorial Board and related publication.

Given the mix of New York State and Province of Ontario planners in the Section membership, we plan to draw upon this rich and varied planning experience to create a dialogue and special place for planners for the Western New York section. After agreeing to proceed, we sketched out our vision for an Editorial Board e-newsletter.

This publication will offer critical planning opinion on matters of local cross border public interest in Western New York and the Niagara Peninsula. We will draw on our talented municipal and private sector planners and planning educators. Our articles will be civil and objective in tone and highlight matters of public interest and importance. Where possible we will address emerging planning topics and technologies. Our objective will be to create a public space for and appreciation of planners and their contributions within our communities,

Rocky, Jonathan, Ken, Shawn, Wendy and George volunteered to begin writing and organizing articles, which will be seen in the next few Editorial Board e-newsletter editions. Kim Amplement will handle organizing the publication for distribution. The Editorial Board e-newsletters will likely have a separate distribution then the normal WNY APA Newsletter, which intends to continue to highlight news related to the WNY APA Section members, Board decisions, and its events. In certain instances, some Editorial Board articles may appear in the regular Newsletter. Rocky Navarro will handle the final signoff and George will represent this effort on the Section Board.

This edition contains the first editorial on the subject of the Covid 19 pandemic. It is intended to stimulate discussion among our members and the larger community on what the planning profession can do. We invite your feedback on Editorial Board e-newsletters at our email [communications@wnyapa.com](mailto:communications@wnyapa.com) or on our social media pages where this e-newsletter will be posted. Let us know your comments on the editorial, especially since it has relevance with today's issues.

Welcome to the first edition of this joint effort and enjoy! Please tell us what you like and want to read next!



A handwritten signature in black ink, appearing to read "Jonathan Kim".

## Planning During and After the Age of Covid 19<sup>i</sup>

*Written By: George McKibbin*

Today, at the end of March 2020, Erie County is experiencing rapidly growing numbers with Covid 19. Niagara Region experienced its first death: an elderly resident visited by a friend recently returned home from a trip abroad. Non-essential traffic across our mutual border has ceased. The pandemic will impact our social, economic and physical community relationships. How will planners respond to this leviathan?

Four planning ideas can inform us as we respond: evidence-based analysis; story telling; reflection on the pain and trauma involved with Covid 19; and decision-making process design that addresses each of these considerations.

First, public health professionals have analyzed how Covid 19 spreads throughout our communities. Their work is an excellent example of evidence-based analysis and practice! They have made recommendations on appropriate responses as epidemiological researchers search for vaccines and better treatments to address individuals with the virus. Social spacing and self-quarantining are the immediate measures needed to keep infections at a level which doesn't overwhelm the health care system. These evidence-based practices form the basis of our immediate response to this pandemic no matter how difficult these may be to implement: saving and nourishing life is fundamental.

Less well thought out, and more difficult to analyze, is what the new normal will look like when the pandemic passes. What will our commercial, residential, work and office environments look like? What will our demographics look like, given the high mortality rates in the elderly and people with pre-existing health concerns. Who will be able to participate in rebuilding our communities and how?

We can expect less demand for both commercial and office space as businesses downsize, implement more remote working from home, and fail. What uses can be put to the vacant space that will confront communities? With layoffs and the rise in unemployment, will sufficient relief be available to weather the transition, how will individuals and families be housed? How will businesses, civic institutions and not-for-profits large and small survive and scale up? We need to begin now to devise what planning analyses and responses we will need to consider.

Second, how will we deal with the emotional responses to the pandemic? Where communities and families have lost loved ones to this illness, how will we enable grieving and provide comfort to those who remain?

Several processes can help. Opportunities for people to be silent and grieve are important. We will need space and opportunity for sharing our stories with each other – in churches, synagogues and mosques, in community spaces, in media – stories about how we and our families and businesses survived this pandemic, or did not and space to remember and cherish those who didn't. The forums which enable these stories to be told and listened to will be critical to sorting out the multiple purposes community members have that will need to be reconciled in an emerging community.

Storytelling, really listening to each other, and contemplation will help humanize the abrupt changes we experience and begin to identify ends to which we can direct our plans.

One potential foundational piece to consider is what form will our communities take as we devise online meetings to do business and to purchase food and commodities. Will some of these innovations be preferable to office work and visiting commercial facilities and restaurants/bars? In these situations, how can we better listen to trauma's echo that the pandemic has generated?

Trauma is a unique phenomenon in making decisions. While public health officials project the numbers potentially impacted by Covid 19 and enable prevention and care for all, we can create safe places (in places of worship, community centres, neighbourhood cafes, potluck suppers, and so on where the emotional needs of those who experience the pandemic can start to be addressed. Providing that space and opportunity to address these emotional responses requires safe places for silence and reflection during and after recovery.

Some planners may deny the health research and evidence or see it as something that affects others in another place. They may ignore the emotional energy required to address pandemic responses that drain our emotional stockpile and potentially erect defensive mechanisms to protect themselves. In my opinion, this isn't evidence based response. If you take this position, you need to read further before you discount what I have to say.

Trauma has lasting effects. When we experience traumatic events, our sense of safety, self-respect, sense of self and our ability to navigate relationships can be impaired.

Long after the pandemic passes, we should expect that we and members of our community will continue feel shame, helplessness, powerlessness and fear, the throes of coping with our traumas. We are most vulnerable to addictions of various sorts during these times.

Storytelling about how we survived can be a constructive measure to address trauma. More importantly effective story telling can create safe places and situations in which multiple and potentially competing experiences can be shared and reflection and action undertaken. Providing safe spaces for recounting experiences and attendant emotions will be important for the healing process. As we listen, in addition to telling stories, we begin to identify the multiple purposes our planning analyses will need to address to meet physical and emotional needs. What we hear will be varied and complex requiring carefully reflection, ingenuity and creativity and carefully designed actions.

As example can help. When I was 7 years old, I was involved in an automobile accident in which I almost lost my life. Days later after I recovered consciousness my father visited my hospital bed and informed me my mother didn't survive the accident. At the time he was hospitalized and recovering from polio. I realized that no-one was available to take care of me. As it happened my father's brothers, his sister and my grandmother stepped into the role of raising us. It wasn't until my late 20s that I was able to speak about that journey to others and move, in a step-by-step process toward emotional wellness.

Take another example. Years ago when I was working for an Aboriginal Treaty organization in northwestern Ontario, a colleague informed me that he was involved in a court case in which a member of a religious order was charged with sexually assaulting him as a child when he attended a residential school. The judge had asked him whether he would like to remain unnamed during the trial as the trial was being reported on by the media. He made the decision that he would be named. He wanted it to be clearly understood by all who were present who he was and what he asserted. He wanted to own the tragedy. The priest was convicted and sentenced thereafter.

In contrast, Canadian planners have found it difficult to own their own history where residential schools are concerned. We can acknowledge the factual history but not take ownership of the emotional Aboriginal community legacy as we live today as members of a society that designed and implemented the schools. Reconciliation requires active deliberative action if we are to meet, and not hide shamefully from, our society's needs for emotional and ethical reconciliation.

Beyond protecting and nurturing all of our families and loved ones, community decision making requires us to consider the several purposes if we are to address the pandemic's effects of trauma. From the silence that will surround our emergence from this pandemic, voices will arise that urge action. We will need discernment to sort out what is helpful and possible. In the midst of this crisis we need to consider how we can deliberate together about what we need and what we can do together. Planners can help encourage those conversations.

In these conversations, treating each other well will be vital. For example, multi-stakeholder forums could provide advice reached by consensus among the participants. Basic ground rules are:

1. Participants should be collegial in all their discussions
2. All the applicable sciences are to be applied
3. Evidence based decision making should be adhered to when providing advice
4. All points of view among the participants need to be listened to during discussions and when providing advice.

We need to design political decision making capable of integrating the pandemic's public health analyses with our survival stories and the emotional content and the reality of our multiple, potentially conflicting purposes and priorities we have in our diverse communities.

Our healing process requires us to symbolize these pandemic experiences. Symbols can address our grief as well as our new sense of social spacing as well inform objective decisions on urban form as we conceive and build this future.

I symbolized my earlier trauma in the 90s when I created my business and named it McKibbon Wakefield Inc. The name came from a sign my father and his brothers erected on our family barn: McKibbon Brothers, Wakefield Farms. This name provided the legal identity I needed to create a business and helped me design and express my purpose in environmental planning. My Aboriginal colleague decided to let his name be published in the media during the trial.

These symbols may address distribution systems for food, goods and services, how we design our public open spaces with less office and commercial uses than presently exists, and how we govern our electronic media to design safe digital as well as the physical spaces in which they are applied.

Rational hope in this period of darkness doesn't mean opening up for business based on lower hospitalization and fatality rates: it means accepting the situation and looking for hope leading us to a new beginning. Our lives will be changed. We will fail as planners and individuals if our objectives only work to restore matters as they were before: we will succeed if we create a stronger community that builds on our shared experiences.

Let's start discussions with our colleagues and co-workers in networks across organizational boundaries in working sessions to build that stronger community.

---

*i. John Forrester (Cornell University) and Ann McKibbin (McMaster University) reviewed and provided very helpful comments on drafts of this editorial. I am very grateful for their insights! Thank you!*