L'Observatoire de l'ACA
par et pour l'action communautaire autonome

**COVID-19
IMPACTS ON COMMUNITY ORGANIZATIONS**

A Long Crisis Experienced in Multiple Phases

IN THIS REPORT:

A crucial aspect of the COVID-19 crisis is its **temporality**. Both its duration and its cyclic nature, characterized by waves of increases in COVID-19 cases in the population, set it apart. These **phases** had varying impacts on populations and involved different health measures. They also required distinct adaptations from autonomous community action (ACA) organizations.

Using data from focus groups with community organizations held during the winter of 2021, this report presents an overview of **issues experienced by community organization over the course of the COVID-19 crisis' various phases**, and introduces the topics addressed in the *research reports published by the Observatoire de l'ACA*.

Evolution in the Mean Rate of New Confirmed Cases of COVID-19 Reported in Quebec in the Previous 7 Days (per 100,000 inhabitants) Between March 2020 and December 2021

Source : *INSPQ*

Early March 2020: The shock

- **11 March:** Gatherings of 250 people or more are banned
- **13 March:** State of emergency declared

While, on a global scale, the COVID-19 crisis began in late 2019, most individuals the Observatoire de l'ACA met with said they were taken by surprise when the crisis began in Quebec. The first positive case was detected on February 27. The Quebec Government very quickly followed up with a declaration of a state of emergency and the implementation of drastic social isolation measures to stop the spread of viral transmission throughout the population. Focus group participants reported a **generalized state of shock** that was experienced after the announcement on March 13, 2020 and the intense adaptations that followed.

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> Personally, when it happened, I felt like the rug was pulled out from under me. I was in total shock, I had no idea how we could continue our mission in that context. Honestly, we were at a loss during the first week. *
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> **Group in the Laurentides**
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A major stressor in the beginning was how to **maintain jobs**. Following pressure from umbrella organizations, community groups received confirmation that their **core-mission funding** would continue on March 18, 2020 (see our report on community organizations' funding entitled *The Financial Precarity of Community Organizations Exacerbated*).

One person contacted by the Observatoire de l'ACA summarized the three steps that community organizations experienced at the beginning of the crisis as follows:

1. **Understanding what was going on:** finding the relevant information and adapting it to their organizational reality (see our report entitled *Heath Risk Management Within Community Organizations*). Umbrella organizations played an important role in supporting community groups with this step.
2. **Reorganizing working conditions:** Resolving technical, logistical and family issues to facilitate in-person and remote work, maintaining cohesion among team members.
3. **Maintaining contact** with members and communities during lockdowns (see our report on community organizations' accessibility entitled *Staying in Touch with Populations during a Crisis*).

Community organizations were not on equal footing when facing these challenges, especially in terms of **their ability to telework** (e.g., access to computer equipment). Some employees didn't have a computer at home that they could continue working on remotely while waiting to receive the equipment they needed.

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> We didn't see this coming, but suddenly we realized everything that would follow. We weren't at all prepared for teleworking, we always work from the office. There was a huge run on laptops. Our first priority was communicating with our people. That's what we really focused on, but we were all dealing with so much in parallel, in our own heads. *
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> **Group in the Capitale-Nationale region**
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In contrast, other community organizations **already had employees working remotely**, whether due to travelling for work, multiple points of service being covered, team members living in different regions, or working with other organizations located in remote areas. As such, some community organizations were at an advantage, having already undergone a renewal of their **computer and communications equipment**. Many people described themselves as "lucky" to have these tools at their disposal from the start of the crisis, helping them maintain **internal communications** and **team unity**.

Throughout the crisis, but especially in its early days, many people experienced **fear** and **anxiety** about the risks of viral transmission or the effects of health measures. People in leadership roles had to manage these fears among their employees and help support their teams as they faced them.

Some community organizations felt overwhelmed by the scope of the transformation required and the **weighty decisions** to be made with little access to credible information (see our report entitled *Heath Risk Management Within Community Organizations*). Adjustments had to be made while considering each person's fears and comfort levels. People within community organizations **reacted very differently**, both due to personality differences and the information to which they had access. Many reported feelings of **disbelief** at the scope of the measures. Others indicated that they **knew what was coming** by following the situation in European countries in early 2020.

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> I was in denial. I didn't see the pandemic coming. With swine flu, nothing ended up happening. Same thing with bird flu. I felt like it was the same thing, so I didn't worry about it. The Board told me, "We're going close for two weeks, like the schools." So, in my mind, we were going to close for two weeks and then come back. *
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> **Group in the Laurentides**
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Some focus group participants also mentioned a **feeling of relief** when the lockdown was implemented, because it meant that the whirlwind of activity was going to calm, especially, for many community organizations, in terms of obligations related to the March 31 end of fiscal year. This feeling of finally being able to take a breather was cut short as the crisis required the addition of several new responsibilities. Even so, this reaction alone is a stark witness to the **level of exhaustion** already present in the community sector **before the crisis**.

Lastly, when the crisis began in Quebec, an immediate **wave of solidarity and care** was experienced among workers and between community groups (see our report on community organizations' relationships with external parties entitled *Between Solidarity and Threat to Autonomy*). Team members felt bonded by a **shared responsibility** to their members and communities. This feeling of responsibility sometimes engendered an **outsized commitment** in their professional lives, along with a significant accumulation of overtime hours. For example, many of the people the Observatoire de l'ACA met with reported being on leave when the crisis began and returning to work early in order to support their team members.

March to May 2020: First lockdown and immediate adaptations

- **15 - 24 March:** All "non-essential" activities are closed
- **18 March:** Confirmation that core-mission funding for ACA groups will be maintained
- **21 March:** All indoor and outdoor gatherings are banned

Adapting to the health measures imposed as part of the first lockdown was a new experience for Quebec's community organizations, who had never faced obligations like these. Generally speaking, these changes were implemented rapidly, yet the **experience of implementing them varied significantly from one organization to the next** (see our report entitled *Actions from Community Organizations in Times of Crisis: Essential, Yet Unrecognized*).

For many of them, this period was characterized by a **frenzy of work and requests**. This intensity at work, coupled with the ongoing crisis, weighed on the **mental health** of many community workers. Being able to access clinical supervision or psychological support made a difference for many people.

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> Every one of my employees has gone through a "COVID crisis," including me and my boss. We all had a turn, whether you had kids or you were cooped up alone, you'd blow a fuse out of nowhere. People were forgetting to take care of themselves. Everyone lost it at some point or another. I had to do a lot of supervision. We also started talking with other people, and everyone was going through the same thing. It put things into perspective to realize we weren't alone. *
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> **Group in Laval**
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On the other hand, many community organizations that were no longer able to provide in-person activities banked on a more **flexible management approach to remote work** out of consideration for the realities of their workers, whether that involved anxiety caused by the pandemic or increased personal and familial responsibilities. These teams continued to maintain ties with their members and communities, all while focusing on other aspects of their operations, such as staff training and project development.

Over the long term, some individuals the Observatoire de l'ACA talked to reported that **remote work** had **negative effects** on their work individually and as part of a team. They described feeling over-solicited and perpetually on call while working remotely.

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> The Zoom meetings were constant, and we forgot about commuting time, or taking time to eat. It never stops. *
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> **Group in Laval**
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According to the most recent *Les Repères* poll from the *Comité sectoriel de main-d'œuvre Économie sociale et action communautaire* (CSMO-ÉSAC), community groups and umbrella organizations experienced mean turnover rates of 30% (median of 25%) and 37% (median of 33%), respectively. The CSMO-ÉSAC's survey specified that "*according to the Ministère de l'Économie et de l'Innovation (MEI), an acceptable turnover rate is between 4 and 5%. This rate is the subject of debate among human resources specialists, who, for their part, place it between 10 and 15%"*. When the crisis began, community organizations were already working with high **turnover** rates, and many people had only recently started in their position. The new adaptations required by the crisis served to further complicate these people's **onboarding experience**.

Further, increases to core-mission funding for certain ACA sectors, such as the collective rights defense sector, meant that many community organizations received funding for the first time. These organizations were onboarding their first ever employees as the crisis landed in Quebec. One can imagine the immense challenge involved in building an organizational structure to accompany this funding (hiring staff, setting up an office) in this context.

For community organizations that were **already struggling before the crisis began**, barriers to adaptation were even larger. Some community organizations were already dealing with issues with their physical locations (moving, construction, etc.), staff (ongoing leave, new hires, etc.) or their Board of Directors (difficulties with recruitment, new members, etc.).

Collaboration between team members and **cohesion** were often cited as factors that helped teams get through this period, which presented so many major professional and personal challenges. Community organizations also had to manage **different perceptions** of risk for viral transmission and different degrees of adherence to health measures within their teams (see our report entitled *Heath Risk Management Within Community Organizations*).

Lastly, many focus group participants expressed a **great deal of anxiety about the challenges their members confronted** in relation to the crisis (see the Observatoire de l'ACA reports on the *impacts of the crisis on populations from the point of view of community organizations*). For many community organizations, the impossibility of maintaining in-person ties directly threatened their missions, and many community workers felt underequipped to manage the challenge of reinventing their activities.

> My team had all sorts of different anxiety responses [to the crisis]. As the Coordinator, my hamster wheel kept spinning. We weren't at all prepared for teleworking, our activities all took place in real life. Our mission is to help young people build connections and work on their relationship skills, so it's all group activities. There are one-on-one activities, but that's just once a month. My coworkers were saying, "We're not going to be able to continue our mission! We can't keep doing our magic like this!" We did manage to adapt in the end. *
>
> **Group in the Laurentides**

Cyclic Nature of the Crisis

Cases rise

Lockdown Measures

Cases drop

Lockdown lifted / Measures loosened

Lull
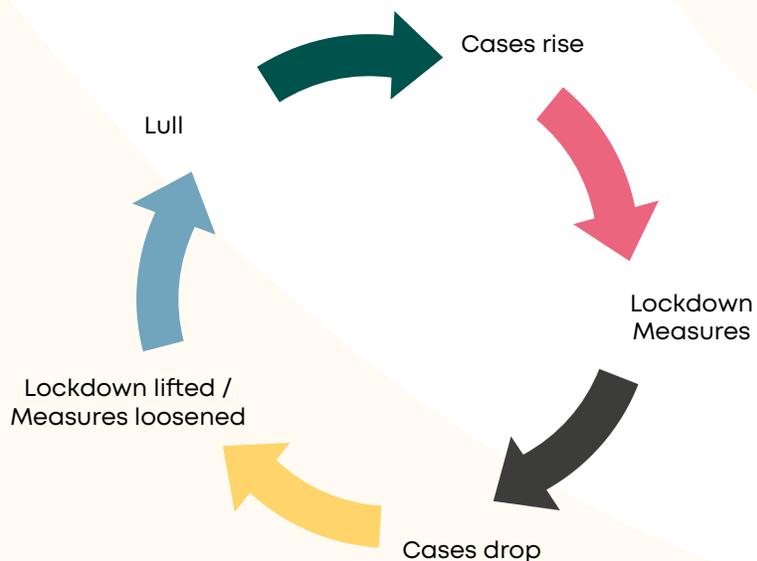
SUMMER 2020: A RESPITE

June to August 2020: Redefinitions and lifting of lockdown

- **4 May - 3 July:** Progressive reopening of different activity sectors
- **12 June:** Suspension of activities for community organizations lifted (list of measures to follow)
- **22 June:** Indoor and outdoor gatherings permitted in some public spaces (maximum of 50 people)
- **18 July:** Gradual return of staff to office buildings (maximum occupation at 25% of capacity in workspaces)
- **18 July:** Mask-wearing mandatory in indoor public spaces throughout Quebec
- **3 August:** Maximum number of attendees at indoor and outdoor events increases to 250 people

While some activity sectors were able to reopen in May 2020, it wasn't until mid-June 2020 that all community organizations received permission to return to their normal activities starting on June 22, with the stipulation that all health guidelines were to be followed (see the June 17, 2020 *press release* from the RQ-ACA). After months of isolation, and with the hope that the worst of the crisis was behind us, the announcement that the lockdown was lifted was a **breath of fresh air** for the community sector.

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> The summer was kind of a balm. We were able to do our summer programming and get back in touch with most of our youth. We really felt a new energy, it was good for everyone to reconnect. We put a risk-management guide together; we went to get all the equipment we needed. We had a really nice summer with the youth. *
>
> **Group in Montérégie**
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After several months of reorganization, **in-person activities** were able to begin again more systematically, using a new format adapted to the health measures in effect: social distancing, masks, disinfecting surfaces, Plexiglas panels, etc.

This period of deconfinement was accompanied by a major **effort to revise the different guidelines** available and adapt them to each community organization's distinct circumstances, both for activities and working conditions for staff. Many community groups started developing their own "Risk-Management Guides" well before the announcement of re-opening, in order to be prepared as soon as it was made.

The return to in-person activities also raised **issues of acceptable risks of viral transmission and adherence to health measures**, even within teams (see our report entitled *Heath Risk Management Within Community Organizations*).

> « When we were able to reopen on May 11, I found it really hard as a manager. I had employees who were incredibly anxious about the virus and were afraid of dying, because it was such an unknown. And I was asking them to go into people's homes, with vulnerable families, who don't always have perfect hygiene. I had so few guidelines on how I could go into people's homes, how I could offer my services. The thing I really like about the community sector—the autonomy—was hard to manage, and I would have liked it if someone had sent me stricter recommendations. *
>
> **Group in Bas-Saint-Laurent** »

Distress was even more visible in people who were reached after months of isolation (see our report on the impacts of the crisis on populations entitled *Increase in Isolation and Distress*). Seeing people in-person again during this summer period made it possible to determine the scope of needs on the ground. Many people were specifically waiting for this lull before asking for help.

> « When we reopened for clients, I was in a state of shock. The first day, I was at the door to welcome people and see them. Some people's capacities had declined so much, it was unbelievable: trouble walking, trouble speaking. I looked into their eyes and could tell that they were not okay! I don't think we were able to determine that before, with some people. *
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> **Group in Laval** »

For many, this period made it possible to experiment with new ways of leading their activities through the use of **outdoor spaces**, all while respecting health measures (see our report entitled *Actions from Community Organizations in Times of Crisis: Essential, Yet Unrecognized*).

> « We also put a home respite service together. During the summer, we'd go to people's homes and watch their kids outdoors. It allowed parents to do housework, take a nap, whatever. It meant we could follow the health measures and give parents a respite, because in the first months, that's what we saw as the most pressing need, having time to themselves without the constant presence of their kids. *
>
> **Group in Bas-Saint-Laurent** »

However, operating outside of normal locations presented certain **limitations** and didn't allow community organizations to reach all of the people they normally worked with (see our report on community organizations' accessibility entitled *Staying in Touch with Populations during a Crisis*).

Some also took advantage of the summer to restart **collective outreach activities**, whether in spaces large enough for social distancing or outdoors.

> « We caught a break in the summer. We could see our members, we could talk about the four demands we wanted to bring in the fall, and we prepared things with them. We did some audio clips and tons of things with our members that we'll be able to put online, because we were saying that we'd probably have a second wave. *
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> **Group in Montréal** »

This **return to summer activities** also meant more work compared to other years and, subsequently, less time off. In other community organizations, where activities slowed down during the summer, some workers took advantage of that time to get training with the tools they would need for remote activities and, more generally, to **prepare for the fall**.

FALL 2020: FIRST PART OF THE SECOND WAVE (23 AUGUST 2020 – 20 DECEMBER 2020)

September to December 2020: Progressive return to lockdown and new adaptations

- **8 September:** Implementation of a regional colour-coded alert system: vigilance (green), early warning (yellow), moderate alert (orange), and maximum alert (red)
- **21 and 28 September:** Return of measures including the limitation of gatherings
- **1 October:** The Quebec population is asked to limit their contacts as thoroughly as possible for a 28-day period (1-28 October) to slow the second wave
- **26 October:** Measures in the red zone are extended until 23 November
- **19 November:** Proposal of a "Moral Contract" to limit contacts over the holidays
- **3 December:** All gatherings banned in red zones

Despite the hope brought by the summer, the increase in COVID-19 cases in the fall of 2020 led to the imposition of new protective measures. The second wave was **very long**, with a first increase in September 2020, followed by a plateau from October to December.

To avoid imposing the same measures throughout the province, authorities instituted a regional alert system in September using a 4-colour coding system based on the level of risk of community transmission. However, this **method of epidemiological tracking, both more reactive to change and sensitive to regional and local contexts**, complicated things for community organizations with **even more variable guidelines** than during the first wave. Some people contacted by the Observatoire de l'ACA would have preferred a more stable approach over a longer period (for example, on a quarterly basis) in order to more efficiently adapt their actions.
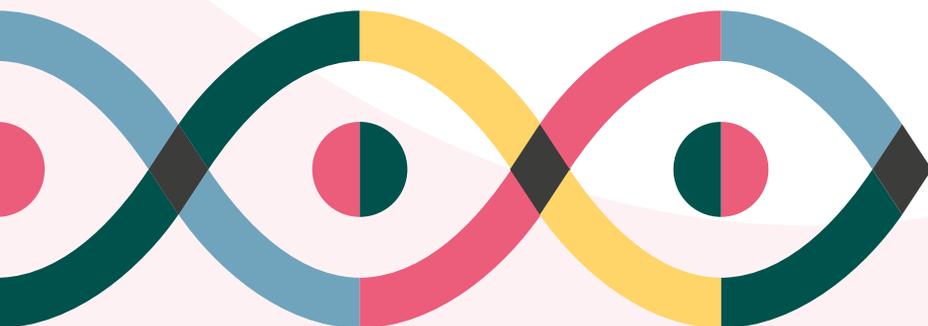
> « We're a regional organization, our service points are everywhere. When the second wave started, it wasn't the whole region all at once that reached the same levels or zones—orange, red, yellow, green. If we wanted to do a group meeting, we had a place where up to 25 people could gather, but we couldn't have people from a red zone in the same room as people from an orange zone. *
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> **Group in Montérégie** »

In contrast to the first wave, the bolstering of health measures was experienced very differently by community organizations. They were **more prepared** and able to implement adaptations for their activities much more quickly, whether in-person (availability of material, adaptations to the space, etc.) or remotely (the individuals reached had more equipment and training, etc.).

> « When the lockdown happened again in October, we were more organized. We had more structures in relation to technology and applied for emergency subsidies to help us out, but we still felt a kind of fatigue and discouragement from the youth. One of our strategies was to continue taking walks with them. We tried to get them out of the house; we'd learned to get creative with our activities while staying safe. *
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> **Group in Montérégie** »

For many, **support from public health authorities** was finally accessible for community organizations.

However, the implementation of measures like social distancing and mask-wearing had **negative effects on attendance** at community organizations' activities (see our report on community organizations' accessibility entitled *Staying in Touch with Populations during a Crisis*).

As tests and contact tracing became more available, community organizations had to manage situations of COVID-19 transmission and **preventative isolation measures** following proximity with someone who tested positive for COVID-19.

The lengthening crisis strained teams' levels of resilience and many people expressed a feeling that the second wave was harder to weather than the first. **Mental health** among both staff and communities was more fragile, including more fatigue and even burnout.

As remote work or socially distanced work continued, it began to have negative effects on **workplace satisfaction** and **team cohesion**. **Stress surrounding annual general meetings (AGMs)** was especially hard for teams to experience, especially when authorization came so late, on November 11, 2020 (see our report on community organizations' associative and democratic life entitled *Significant Challenges in Maintaining the Spirit of ACA*).

The fall also heralded a **return to old expectations**. Despite increases to the number of cases and the intensity of adaptations that workers had to apply in both their personal and professional lives, they still experienced pressure from certain external parties and financial partners comparable to the level it had been before the crisis (see our report on community organizations' relationships with external parties entitled *Between Solidarity and Threat to Autonomy*).

Lastly, efforts to adapt in the fall ended with a return to a strict lockdown in December of 2020.

WINTER 2021: SECOND PART OF THE SECOND WAVE (21 DECEMBER 2020 – 20 MARCH 2021)

### December 2020 to March 2021: Second lockdown

- **25 December:** Non-essential stores are closed
- **9 January:** Implementation of a curfew from 8 p.m. to 5 a.m.
- **8 February:** Progressive reopening of different activity sectors
- **1 March:** Vaccination opens to the general public based on age groups
- **17 March:** Curfew pushed back to 9:30 p.m. in red zones

The second peak of cases during the second wave, in December of 2020, led to more drastic isolation measures and the imposition of a **second lockdown**. Within community organizations, the necessary readaptations of activities during this second lockdown were marked by **feelings of exhaustion and hopelessness** about the crisis' duration. Many community organizations put measures in place to attenuate these effects and care for their workers.

> The groups on the ground are all kind of at their wits' end. Often, as we know, national umbrella organizations don't have a huge staff. So there was a lot of fatigue. With all the support we offered our community groups, we ended up doing a lot of "venting" with our groups. I think there were a lot of things that came up with us but weren't called out internally. At the national level, there was a certain amount of fatigue, but we felt it a lot on the ground. Maybe people had less energy to keep up that solidarity, with all their concerns about the pandemic, because we all knew it wasn't over and that it wouldn't be over the next morning either. *
>
> **Quebec-wide umbrella organization**
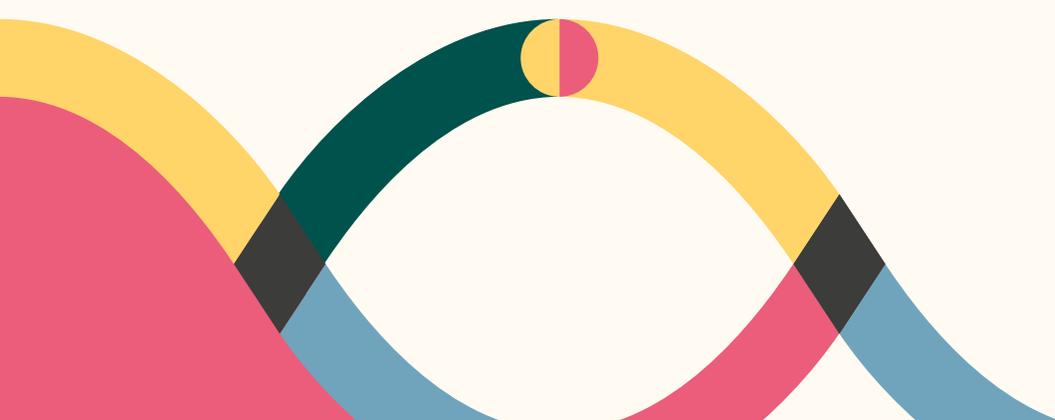
Many people worked until burnout during the first wave. It became clear that this pace couldn't be sustained over the long term. Staff had to grapple with an inability to make projections and plan their activities for the future. The **mental load of this continual uncertainty and readaptation** took its toll on staff (see our report entitled *Heath Risk Management Within Community Organizations*).

Despite the return to drastic measures and difficult working conditions, **pressure** and **requests** from external parties and financial partners continued, pushing for community organizations to respond to new demands (see our report on community organizations' relationships with external parties entitled *Between Solidarity and Threat to Autonomy*).

The lengthening crisis also chipped away at capacities for resilience and increased the levels of distress among **populations** and **individuals that community organizations work with** (see our report on the impacts of the crisis on populations entitled *Increase in Isolation and Distress*). Online fatigue was a reality across all populations. People reached also expressed concerns about access to vaccines.

While mutable, **government-issued guidelines** were nonetheless somewhat easier for community organizations to apply, in particular when organizing in-person activities in the highest possible security conditions. However, the imposition of a curfew added an additional obstacle to accessibility for community organizations.

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> The curfew really made things worse. With intimate partner violence, some women were ready to leave, we'd call, and the emergency shelters were all full. All the ones [who couldn't leave their homes], not being able to leave, or their boyfriend not being able take a walk before he'd blow up... We had a lot more of those calls. *
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> **Group in Montérégie**
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The second wave and uncertainties about the future slowed the **collective and civil outreach campaigns** that had only recently been reactivated in the fall. The growth of grassroots campaigns against health measures also made it more complicated to occupy public space and publicly express an informed critical position to government actions on the crisis without creating confusion.

« If we hold a demonstration, is that going to be poorly received by the population? There was a minute there where it was as if the streets belonged to the anti-maskers. You almost had to put it right next the title of the event that it wasn't against the health measures. It led to a lot of challenges in organizing people. *

Umbrella organization in the Capitale-Nationale region »

Lastly, as the crisis continued, many community workers expressed **dissatisfaction** about their tasks during COVID-19. Proximity to members and the joy of creating ties with the individuals that community organizations work with were both negatively affected by health measures. For many, having to spend most of their days in front of a computer didn't match up with what motivated them to work in the community sector initially.
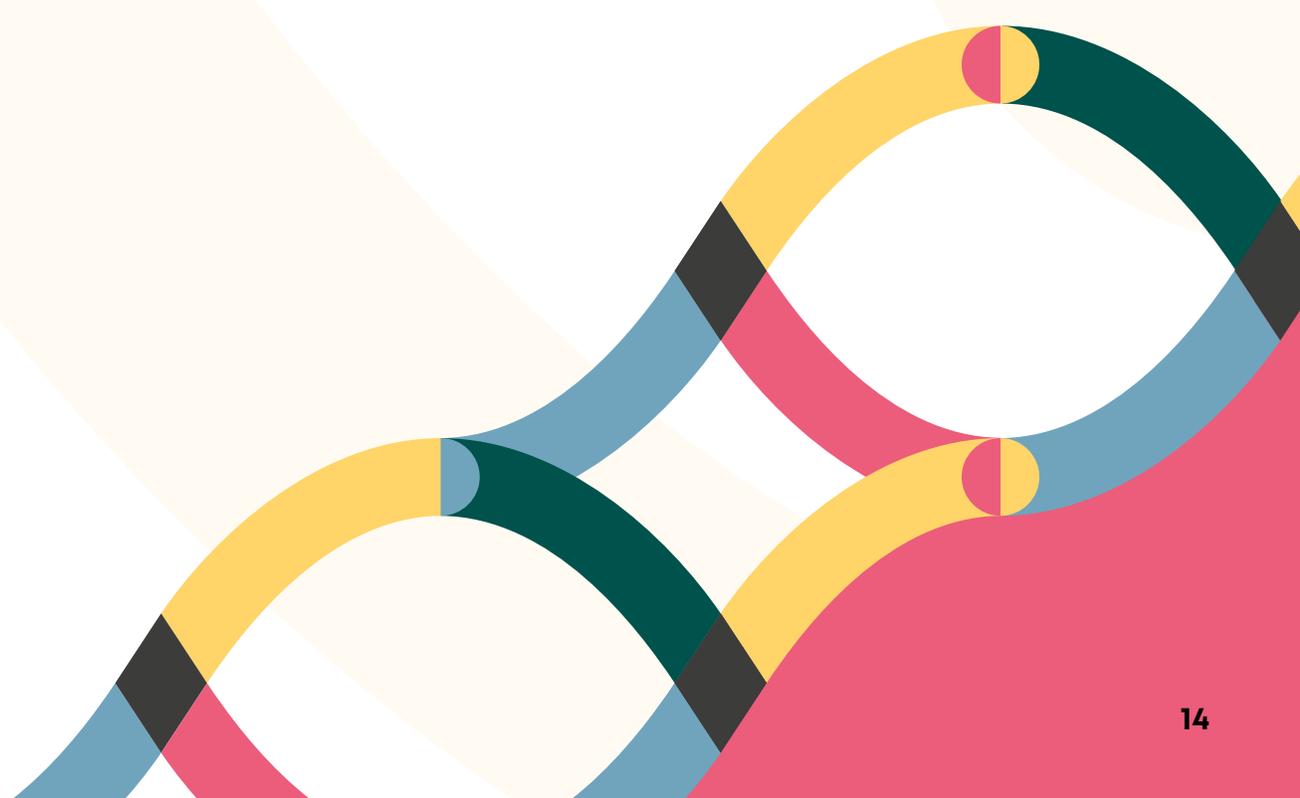
## SPRING 2021 TO WINTER 2022: THIRD, FOURTH AND FIFTH WAVES

At the time of writing this report, the Observatoire de l'ACA has not collected data on the experiences of Quebec's community organizations during the third wave, which was characterized by the vaccination rollout and progressive lifting of lockdowns (21 March 2021 – 17 July 2021), the fourth wave (18 July 2021 – 4 December 2021) and the fifth wave, in which the Omicron variant arrived in Quebec, leading to a third lockdown (5 December 2021 – present).

When asked about their vision of the future, individuals the Observatoire de l'ACA spoke to in early 2021 expressed **major concerns** about the long-term impacts of the crisis on the communities they work with and the measures that would be implemented by governments.

> We're seeing austerity cuts right now. Even if we were twice as many employees, we still wouldn't be able to help vulnerable people. The people who are most affected by the pandemic are the people we help, who are in precarious circumstances or "vulnerabilized." The government isn't supporting us enough to be able to help those people. *
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> **Quebec-wide group**
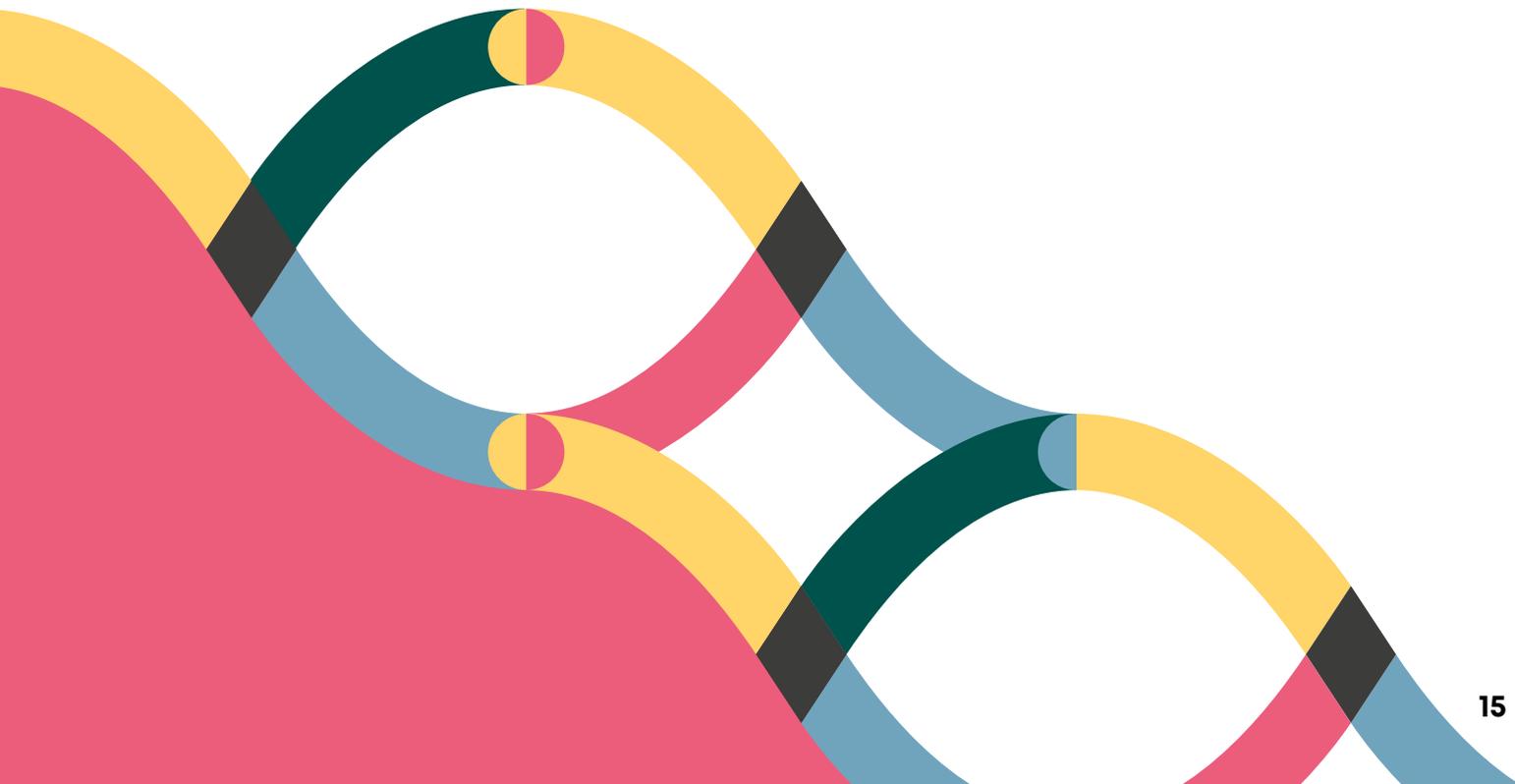
It should be noted that many **new practices** put in place during the crisis seem to have been adopted and will continue to be used by some community organizations, including technology allowing for remote participation in working committees and other bodies in the ACA movement.

Yet this digital shift was not possible for many of the populations that community organizations work with. Some individuals contacted by the Observatoire de l'ACA expressed concerns about the **virtualization** of services for populations that are already marginalized (see our report on the impacts of the crisis on populations entitled *Loss of Access to Information and Resources*).

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> Right now, what I'm worried about is this so-called "digital shift" that we're doing while the people we work with, on social assistance, seniors, very disadvantaged people, aren't reachable like that. We're all going digital and we're not reaching people. The people I defend and usually support, they don't have the Internet at all. I think it makes no sense that we'd fit into that mold with the people we help. *
>
> **Group in the Capitale-Nationale region**
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Furthermore, many people highlighted that temporary funding opportunities related to the crisis should not lead to an underestimation of the **chronic underfunding** that ACA organizations experience (see our report entitled *Financial Support for Community Organizations in Times of Crisis: An Inadequate Response*).

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> My fear isn't for the present moment, it's for what comes after, when we get out of this crisis and they say, "Okay, it's fine, figure it out for yourselves now." At some point, we're going to have to pay for all this. How is that going to work? We're in situations where a lot of people have lost their jobs. I'm worried that, right when we get out of this crisis, is that when they're going to take an axe to our funding while all of the same needs are still there? That's what I've been worried about from the very start. *
>
> **Group in the Capitale-Nationale region**
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Many had **hoped** that the essential work conducted by community organizations during the crisis would lead to **more recognition** and, by extension, better funding. However, whether it's the lack of increases to core-mission funding, poorly adapted reporting requirements or the failure to consider community organizations' realities when applying health measures (e.g., managing vaccine passports among the communities reached or obligatory vaccination for workers), the government's **failure to recognize** and consider the ACA movement appears to still be a major factor in the fall of 2021, when this report was written.

Lastly, the COVID-19 crisis has demonstrated the importance for community organizations of being able to benefit from **solid and resilient infrastructure**, both material, technological and human, allowing them to quickly adapt when needed.

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> Sad to say but I don't think we've seen the ends of pandemics and there will continue to be crisis that affect the world, whether climate or pandemics or breakdown of technology. I think the experience of the community sector need to be told because we have been agile in adjusting to meet the need and I don't know that that has been validated adequately. And I think it's important to invest on infrastructure so we're not caught again. Like we can't do all that overnight -- I mean many of us did, right, so there's the assumption that we can do more with less, all the time!
>
> **Group in Montérégie**
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DATA SOURCES

The Observatoire de l'ACA is a large-scale **action research project** that seeks to document the impacts of the COVID-19 crisis on Quebec's autonomous community action (ACA) organizations.

The data used in this report are drawn from **analyses** conducted in summer 2021 from:

Qualitative component

15 focus groups conducted from November 3, 2020 to February 24, 2021 (97 participants)

Quantitative component

Online survey carried out by IRIS from October 23 to December 14, 2020 (740 organizational respondents)

Documentary component

Consultation of reports and analyses produced by governmental sources, the ACA movement and the research community during the COVID-19 pandemic, up until July 2021

Translator's note: Citations that are followed by an asterisk were translated into English from French. The original citations can be found in the French version of this report.

To learn more: observatoireaca.org   observatoire@rq-aca.org