

TAINTED SPACE:

Representations of Injection Drug-Use and HIV/AIDS in Vancouver's Downtown Eastside¹

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MUCH HAS BEEN WRITTEN on the stigmatization of those with HIV/AIDS.² In this literature the observation has been made that those with HIV/AIDS are often viewed as culpable for their infection on the basis of their participation in so-called risk behaviors, and, therefore, they are seen to lack the moral virtue and prudence of the non-infected citizen. By creating this symbolic separation between the "infected" (or "at risk") and the "non-infected," the non-infected undergo a ritual of purification; that is, they valorize and sanctify a particular form of moral order by casting judgment on a tainted Other who is perceived to be outside of this moral order.³ Furthermore, the separation between the infected and the non-infected will often be realized through a physical separation whereby the infected are located in communities imagined to be outside the moral space of the city. In producing and reproducing a "tainted" or infected symbolic and spatial realm separate from what is deemed "healthy," a relationship between the two parties is constructed that thereafter defines their interactions.⁴ In particular, the externalization

¹ I would like to thank R.S. Ratner, Thomas Kemple, as well as the editors and the two anonymous reviewers from *BC Studies* for their helpful comments and criticisms on previous drafts of this article.

² See D. Altman, *AIDS in the Mind of America* (Garden City, NY: Anchor/Doubleday, 1986); K. Plummer, "Organizing AIDS," in *Social Aspects of AIDS*, ed. P. Aggleton and H. Homans (London: Falmer, 1988); S. Watney, "AIDS, 'Moral Panic,' Theory and Homophobia," in *Social Aspects of Aids*, ed. P. Aggleton and H. Homans (London: Falmer, 1988); S. Sontag, *Illness as Metaphor and Aids and Its Metaphors* (New York: Doubleday, 1990); and L. Takahashi, "The Socio-Spatial Stigmatization of Homelessness and HIV/AIDS," *Social Science and Medicine* 45, 6 (1997): 903-914.

³ M. Foucault, *Madness and Civilization* (Toronto: Random, 1969).

⁴ It should be noted that, although the conceptual development of this article draws occasional connections between the representations of homosexual men with HIV/AIDS and the representations of IDUs with HIV/AIDS, each form of stigmatization possesses its own particular qualities and meanings. This is also true with regard to

of the infected has consequences for the forms of moral responsibility existing between the two parties. My goal in this article is to examine how the moral configuration of city space leads to the separation of the infected from the non-infected and how this is evidenced in media representations of the spaces inhabited by the infected. In doing so, I intend to explore the consequences these perceptions have for building helping relationships between the two parties as well as to point out some of the material realities that are ignored in the construction of tainted spaces.

THE CONCEPTUAL CONTAINMENT OF HIV/AIDS

What is ignored in the construction of a moral order separate from those with HIV/AIDS is that HIV/AIDS is what Bruno Latour refers to as a “hybrid”;⁵ that is, it is a phenomenon that belongs to no single domain of our knowledge and, thereby, befuddles our attempts to purify it into the neat categories we have invented in order to understand the social world. As much as we try to think of HIV/AIDS as a disease that invades bodies engaged in certain risk behaviors – and therefore as a problem to be attacked by medical science – we cannot ignore its social/cultural dimensions. In Latour’s words, “the smallest AIDS virus takes you from sex to the unconscious, then to Africa, tissue cultures, DNA and San Francisco, but the analysts, thinkers, journalists and decision-makers will slice the delicate network traced by the virus for you into tidy compartments where you will find only science, only economy, only social phenomena, only local news, only sentiment, only sex.”⁶

Similarly, HIV/AIDS is not an object we can easily isolate in a space that is a safe distance from ourselves. In this sense, John O’Neill reminds us that HIV/AIDS is not just within bodies, it is “between bodies.”⁷

the stigmatization of the spaces inhabited by each of these groups. For example, Vancouver’s West End is considered to be an enclave for gay men, and it is another area of the city on which HIV/AIDS has taken a serious toll. However, the middle-class nature of this space, the sexual identity of the people with AIDS here, and the nature of their political activism all distinguish the stigmatization of this setting from that which is placed on the Downtown Eastside. For a detailed analysis of AIDS activism in Vancouver, see Michael Brown’s *Replacing Citizenship: AIDS Activism and Radical Democracy* (New York: Guilford, 1997).

⁵ B. Latour, *We Have Never Been Modern*, trans. Catherine Porter (Cambridge, MA: Harvard University Press, 1993).

⁶ Ibid.

⁷ J. O’Neill, “Two Cartographies of AIDS: The (In)describable Pain of HIV/AIDS,” in *When Pain Strikes*, ed. B. Burns, C. Busby, and K. Sawchuk (Minneapolis: University of Minnesota Press, 1999), 26–40.

Therefore, it must not be imagined only as the ailment of a specific body or subculture, but also as a consequence of our social policies, practices, and negligences. Pedagogies intent on spreading the gospel of abstinence from risk behavior usually fail to tackle the social nature of the virus. Likewise, the conviction that HIV/AIDS resides in certain "trouble zones" ignores the interactive and social character of its spatial existence. To extend O'Neill's point, one could also suggest that HIV/AIDS is located not only within spaces, but also between spaces.

Yet the tendency to perceive HIV/AIDS as existing within specific social spaces persists, and geo-cultural repercussions arise from this form of thinking. First and foremost, the reduction and simplification involved in purification lead to metaphoric constructions of space, which stigmatize all of its residents en masse, and to the fictitious isolation of the problem within imagined boundaries.⁸ In this article I explore how Vancouver's Downtown Eastside has been represented in newspaper articles reporting on injection drug-use and/or HIV/AIDS problems in this region. I demonstrate how these reports participate in the stigmatization of this area, portraying it as the epicentre of HIV/AIDS and as culpable space where depraved actors have brought about their own demise. Furthermore, I suggest that the language used in these reports is emblematic of wider perceptions of the Downtown Eastside as a realm separate from the rest of Vancouver and as a threat to its health. I view these linguistic techniques, insofar as they are potential devices available to those who wish to numb any sense of moral responsibility to their physical neighbours, as more than mere descriptive accounts of a particular social problem.⁹ In this regard, I present the twin processes of stigmatization and purification as codeterminant in the process whereby tainted individuals and the spaces they inhabit are removed from the field of local moral concern. However, such negative moral conditioning does not occur in an absolute sense, and many ignore or deconstruct the devices that would allow them to rationalize turning a blind eye towards the Downtown Eastside. I do not intend to paint all of the residents of Vancouver with the same brush, nor is

⁸ See T. Cresswell, *In Place/Out of Place: Geography, Ideology, and Transgression* (Minneapolis: University of Minnesota Press, 1996), for an instructive study of how space can be mobilized as an ideological mechanism for classification and differentiation.

⁹ See Z. Bauman, *Modernity and the Holocaust* (Ithaca, NY: Cornell University Press, 1989), for a detailed discussion of the ways in which moral separation from one's neighbours is achieved.

it my intention to cast moral judgment on certain people; rather, I wish to explore the ways in which the discursive and material construction of space can contribute to a lessening of concern for others.

THE DOWNTOWN EASTSIDE

In the first half of the twentieth century the Downtown Eastside, Vancouver's oldest residential area, was home to a working-class community that found its employment at the nearby canneries, meat-packing plants, metal-working shops, and sawmills. However, following a complex historical trajectory that is beyond the scope of this analysis,¹⁰ the neighbourhood experienced a qualitative change after the Second World War. The small and inexpensive residential hotels were increasingly occupied by retired resource workers (many with disabilities) and "a transient population of middle-aged and elderly men, some alcoholic, Native people, and transient youth."¹¹ This concentration of individuals, commonly rejected from mainstream society, led to a shift in the public's perception of the Downtown Eastside; it was henceforth discursively constructed as "skid row," an area defined by non-residents' visions of drunkenness and debauchery rather than by the residents' own perceptions. But, as members of the neighborhood became politically organized, one of the many struggles in which they engaged was the fight to define their own identity. This symbolic battle found its focus after 1973 when the Downtown Eastside Residents Association (DERA) set a goal to rid the area of the label "skid row" and to re-invent it as the "Downtown Eastside" – a place defined by the stability and loyalty of the community members and not by the transients and alcoholics.¹²

But for poorer communities there exists a permanent struggle for identity. In the past few decades the demonized figure of the alcoholic in the Downtown Eastside has been replaced by that of the "junkie," or injection drug-user (IDU). However, the stigmatization of the latter group has been multiplied by the entry of a perceived threat – HIV/AIDS – that has transformed the middle-class moral indignation towards the junkie into fear. The awareness of HIV/AIDS, and its transmission through the exchange of bodily fluids, that developed in the 1980s has inspired panic in a general populace that now views

¹⁰ S. Hasson and D. Ley, *Neighborhood Organizations and the Welfare State* (Toronto: University of Toronto Press, 1994).

¹¹ *Ibid.*, 175.

¹² *Ibid.*, 190.

injection drug-use not merely as a self-indulgent retreat from reality, but also as a danger to public health.

There is no accurate count of IDUs in Vancouver, but police, needle, and outreach services estimate that their numbers are between 6,000 and 10,000.¹³ Of those who frequent the Downtown Eastside, there are estimates that their rate of HIV infection could be as high as 50 per cent,¹⁴ but this figure fails to indicate whether or not HIV seroconversion has occurred. Slightly more reliable, perhaps, are the results of a recent survey of 1,000 IDUs in the Downtown Eastside; this survey first showed 23 per cent of participants infected with the virus believed to lead to AIDS, then, only six months later, it showed that a further 17 per cent had tested HIV-positive.¹⁵

MAKING THE DOWNTOWN EASTSIDE

As can be seen in the brief historical sketch provided above, the naming of the Downtown Eastside as "skid-row" was not a random occurrence. The social and class status of the neighbourhood's inhabitants provided the symbolic material from which outsiders were able to re-imagine the Downtown Eastside as an outpost of poverty and addiction. This historical imagining lent instant credence to the assumption, after the onset of HIV/AIDS, that such a disease would naturally arise within such a community. However, poorer neighbourhoods (even those with a large number of IDUs) still require the introduction of an infected individual(s) into the pre-existing drug-using networks for HIV/AIDS to become a problem.¹⁶ Thus poverty, in and of itself, cannot be held as a sufficient explanation for the occurrence of HIV/AIDS in a particular neighbourhood.

This said, there is likely a relationship between poverty, injection drug use, and HIV/AIDS, but it is by no means a simple, causal relationship. In particular, the direction of the relationship between these three factors has been questioned by McDonnell et al.¹⁷

¹³ D.M. Patrick, S.A. Strathdee, C.P. Archibald, M. Ofner, K.J.P. Craib, P.G.A. Cornelisse, M.T. Schechter, M.L. Rekart, and M.V. O'Shaughnessy, "Determinants of HIV Seroconversion in Injection Drug Users During a Period of Rising Prevalence in Vancouver," *International Journal of STD and AIDS* 8 (1997): 438.

¹⁴ J. Steffenhagen, "Safe Houses for Drug Users Ruled Out in HIV Fight," *Vancouver Sun*, 21 October 1997, B2.

¹⁵ W. McLellan, "The Grim Facts," *Vancouver Province*, 26 September 1997, A2.

¹⁶ M.L. Williams, Z. Zhao, A.M. Bowen, R.C. Freeman, W.N. Elwood, R. Rusek, "Introduction of HIV into Drug Injector Networks Outside AIDS Epicentres," *International Journal of STDs and AIDS* 8 (1997): 629-35.

¹⁷ J.R. McDonnell, L. Persse, L. Valentine, and R. Priebe, "HIV/AIDS and Homelessness," *Journal of Social Distress and the Homeless* 2, 3 (1993): 159-175.

Typically, it is assumed that poverty leads to injection drug use, which then results in HIV/AIDS infection. However, this causal chain can, in fact, work in a different direction. For example, there are likely a number of cases in which injection drug use leads to an individual contracting HIV/AIDS, which then affects the individual's economic status and results in poverty. In this sense, a person who is an IDU may find him/herself in a situation where either his/her addiction or the contracting of HIV/AIDS has led to a drastic change in socio-economic circumstances and has compelled him/her to relocate to an area where human services (e.g., shelter, food, needles) are available.

Such services are heavily concentrated in Vancouver's Downtown Eastside. Residential hotels, rooming houses, and shelters are more prevalent here than in any other area of the city, and they provide occasional and affordable housing for IDUs. Similarly, the Downtown Eastside is home to a number of organizations that are dedicated to providing food, health, needles, and social services to the needy in this area. Thus, it is a place where someone who directs a large portion of his or her money towards an addiction can find shelter, food, and basic medical care.

As well, the Downtown Eastside is home to many predatory pawn shops. These shops are renowned for purchasing and reselling stolen goods, sometimes in direct exchange for drugs. There are estimates that close to four dozen pawn shops and second-hand stores operate in the Downtown Eastside.¹⁸ Thus, the Downtown Eastside provides an underground economy for those who cannot hold regular employment. Other economic initiatives available to IDUs in this area include the sale of drugs, towards which the police have traditionally turned a blind eye so long as the dealers do not venture into more touristy areas of town,¹⁹ and prostitution, which is, in part, perpetuated by men who live outside this area but who come here to find desperate women and men who are willing to sell themselves at the lowest price.

Thus, in the Downtown Eastside we have a region that has been home to a surplus labour population that was formed by the de-industrialization of the inner city. Left without opportunities in their traditional areas of employment, many of these individuals relied upon the social services available in this region to take care of their basic

¹⁸ M. Campbell, "Mayhem of 'Killing Fields' Overflows," *Globe and Mail*, 17 November 1997: A6.

¹⁹ Vancouver-Richmond Health Board. *Something to Eat, a Place to Sleep, and Someone Who Gives a Damn: HIV/AIDS and Injection Drug Users* (Vancouver-Richmond Health Board Report to the Downtown Eastside Community, Joy McPhail [Ministry of Health] and the Vancouver-Richmond Health Board, 1997).

needs. However, it is important to remember that the Downtown Eastside is home to a diverse population of people – including both young and old, renters and homeowners – who have lived there for the past five years or more and who find themselves neighbours with an ever-changing population of people reliant upon available services.²⁰ A recent Vancouver Intravenous Drug User Study (VIDUS) report demonstrates the high degree of mobility amongst HIV-infected drug users who frequent the Downtown Eastside. Often these individuals will temporarily migrate to the Downtown Eastside because it offers a combination of available drugs, needles, and social services (i.e., shelters, food services) that are convenient to the IDU's lifestyle and that are not always readily available in other communities. However, this is not to say that they do not return to their other communities and engage in injection drug use and sexual activity there.²¹ Thus, HIV/AIDS does not flow from the Downtown Eastside to other communities in a unilinear fashion; instead, the Downtown Eastside, given the amenities it has to offer to people with little money to spend on food and shelter, receives individuals from various communities who are drawn, for one reason or another, to drug use and to engaging in so-called risk behaviours.

READING THE DOWNTOWN EASTSIDE

Articles discussing drug and/or HIV/AIDS in Vancouver's Downtown Eastside published between September 1997 and May 1999 were collected and analyzed with regard to the way they describe the physical space of that area. During this period there occurred a heightening of awareness about the growing number of IDU-related HIV/AIDS cases in the city, and much attention was focused on the Downtown Eastside. As can be expected when people are grappling with a complex problem, an object of blame was sought in hopes of identifying its cause. To this end, the Downtown Eastside was labelled as the source of the HIV/AIDS explosion, with little analysis of how this came to be. Since this initial period, both the media and politicians have sought more elaborate explanations of the problems faced by the Downtown Eastside, and they have sought them within the

²⁰ *Downtown Eastside Monitoring Report*, City of Vancouver, downloaded from: www.city.vancouver.bc.ca/commsvcs/planning/dtes/monrep99/mr99intro.htm (1999).

²¹ S. Currie, M. Pitchford, K. Heath, M. O'Shaughnessy, and M. Schechter, *Mobility and Risk Factors for HIV Infection in a Cohort of Injection Drug Users* (VIDUS Project, Vancouver: Centre for Excellence in HIV/AIDS University of British Columbia, St Paul's Hospital, 1999).

larger context of the social systems of Vancouver, British Columbia, and Canada.²²

In all, I looked at forty-two *Vancouver Sun* and thirteen *Canadian Press* newswire articles. I refrained from selecting articles from Vancouver's other major daily, the *Province*, since it typically covers the same news stories as the *Vancouver Sun* only in a more sensational fashion. By eliminating *Province* articles from my sample I hope to stem criticisms that I have focused on pieces written by non-objective reporters who do not reflect mainstream values. Also, the newspaper space dedicated to Downtown Eastside issues in both the national dailies, the *Globe and Mail* and the *National Post*, was too minimal during the period of interest to justify including either of these papers in my sample.²³

The descriptors selected from the articles can be placed into several categories. First, I looked at the way the area was named in the articles – whether it was referred to as the Downtown Eastside or whether it was derided as “skid-row” or “skid-road.” Second, I examined the adjectives used to describe the streets of the Downtown Eastside (e.g., “mean” streets or “filthy” streets). Third, I searched for any descriptive metaphors. For example, it was not uncommon for authors to resort to war zone, plague, and horror film metaphors when portraying the troubles of the Downtown Eastside. Finally, I read the articles to see if they morally condemned the Downtown Eastside in any manner – as a cost, blight, or burden to “healthy” Vancouver.

These descriptors were further thematized (see Table 1) in order to establish a number of narratives that appear in our discourses about the Downtown Eastside. These narratives are not intended to be exhaustive, nor are they the only possible interpretations of the articles. They indicate, however, reappearing themes that are readily within our grasp when we try to understand the complex issue of the co-existence of poverty, injection drug use, and HIV/AIDS in the Downtown Eastside. These descriptors allow us to simplify the

²² The *Vancouver Sun* has recently (20-27 November 2000) run a series of articles that examines the city's latest proposal for dealing with the drug and HIV/AIDS problems in the city. In this series, various reporters have shed more light on how the Downtown Eastside has inherited the city's drug problems, and they have provided biographical sketches of IDUs who explain what brought them to the Downtown Eastside from, for example, Kerrisdale, Victoria, Calgary, and so on. This said, many of the descriptors examined in this paper were employed by the various journalists taking part in this series.

²³ However, the *Globe and Mail* did publish a five-part series on the Downtown Eastside that will be mentioned briefly in a later section.

hybridized nature of the problems of the Downtown Eastside and to reduce it to a single paradigm or metaphoric construction.

It should be noted that the descriptions extracted from a particular newspaper article should not necessarily be attributed to the journalist responsible for its composition. In my selection of descriptors I did not differentiate between references made by the journalists themselves and references made by the people they were quoting. This is because my intent is not to chastise particular members of the media but, rather, to capture the more general ways of seeing, knowing, and describing the Downtown Eastside – ways that are often present in the discourses of this region's advocates as well as in the defamatory rhetoric of its detractors.

TABLE 1
Downtown Eastside Descriptors

	Vancouver Sun (n = 42)	Canadian Press Newswire (n = 13)
DES* referred to as "Skid Road" or "Skid Row"	6 (14%)	7 (54%)
DES presented as a threat/danger to health of Vancouver (e.g., fear of disease spread)	15 (36%)	4 (31%)
Focus on "disorder" and "decay" of the DES (e.g., "squalid," "run-down," "filthy")	13 (31%)	4 (31%)
DES presented as morally questionable (e.g., "sleazy," "seedy," "gritty")	4 (10%)	5 (38%)
DES viewed as a "blight" on the beauty of the city	8 (19%)	9 (69%)
War zone metaphors (e.g., "under siege," "battle zone")	13 (31%)	2 (15%)
Focus on cost of DES to Vancouver (e.g., the costs of HIV/AIDS or IDU-related programs)	22 (52%)	11 (85%)
Morally culpable (e.g., open drug use)	13 (31%)	6 (46%)
Mean streets descriptions (e.g., "tough," "hard-bitten," "violent")	15 (36%)	6 (46%)

* DES = Downtown Eastside

It is also true that many articles represent the Downtown Eastside in a manner sympathetic to its diversity and do not morally condemn this neighbourhood in any obvious fashion. Thus, there is by no means only one way of describing the Downtown Eastside.²⁴ However, in every article, whether its tone was one of judgment or compassion, “common-sensical” descriptors served to distance the Downtown Eastside from the moral space of Vancouver. The predominance of these descriptors leads me to hypothesize that there exists a hegemonic discursive construction of the Downtown Eastside that we tend to draw upon (and reproduce) when confronted with the complex reality of this neighbourhood. However, following the Italian cultural theorist Antonio Gramsci, it is worth mentioning that no hegemonic discourse is ever total in its application. Individuals do not succumb to a dominant discourse through a form of false-consciousness;²⁵ they adopt a dominant discourse because such a worldview is convenient to or expedient in a social universe defined by the ruling classes. This said, subaltern discourses continue to exist in embryonic form and can be mobilized to counter particular hegemonic understandings of the world.

I also examined Canadian Press (CP) newswire articles on the Downtown Eastside. This newswire provides stories for over 500 news sources, including radio and television news programs, newspapers, and on-line news sites. I chose to include CP articles in this study because they were likely to serve as the basis for information about the Downtown Eastside for Canadians outside of Vancouver. It was important to include such a perspective because, as will become clear below, Vancouverites are not the only ones who seek to separate themselves from the suffering in their midst; this behaviour is also exhibited by many other Canadians. Furthermore, the Downtown Eastside is not merely the collection point for IV drug users in Vancouver; rather, the Downtown Eastside is a destination for IV drug users from across Canada.²⁶

TAINTED SPACE

Sociologist Erving Goffman describes how, in social relations, we understand others through a series of socially constructed generalizations. If

²⁴ To be fair, many of the *Vancouver Sun*'s reporters typically exhibit sensitivity and knowledge when discussing the Downtown Eastside. However, they, too, fall prey to the convenience of simplistic descriptors. For example, I have found the work of Ian Mulgrew and Francis Bula particularly helpful to my research.

²⁵ A. Gramsci, *Selections from the Prison Notebooks*, trans. Q. Hoare and G.N. Smith (New York: International Publishers, 1971).

²⁶ Currie, *Mobility and Risk Factors*.

individuals are considered to be somehow different from us or non-conforming to perceived social norms, then they are sometimes “reduced in our minds from a whole and usual person to a tainted, discounted one.”²⁷ Subsequently, the process of stigmatization continues by categorizing these individuals into groups, each defined by the devalued attribute shared among group members, and viewing them as Other, undesirable, and potentially dangerous.²⁸ Stigmatization, therefore, is a burden imputed to numerous (and varying) socially discredited groups, ranging from ethnic minorities to prostitutes to the other-abled. Furthermore, this burden is very familiar to the two inter-related categories relevant to the present study: those infected with HIV/AIDS and IDUs (with the latter increasingly being seen as synonymous with the former).

Sociologist and historian Ken Plummer points out that HIV/AIDS suffers from a triple stigmatization: “it is connected to stigmatized groups, it is sexually transmitted, and it is a terminal disease.”²⁹ With the first stigmatization, the perceived relationship between HIV/AIDS and marginalized groups has often been expressed by the religious right in extreme statements that claim that this disease is “the wrath of God upon homosexuals”³⁰ and other groups seen as being morally degenerate. However, a similar sentiment is evident in an epidemiological discourse that often makes reference to groups that are “at risk” of infection because of their participation in certain behaviours. In both cases there is an element of personal culpability imposed upon the person with, or seen to be at risk of contracting, HIV/AIDS. The second stigmatization also feeds into the impression that the person is responsible for his or her infection because of his/her sexual or moral licentiousness. Finally, the third stigmatization – the terminal nature of HIV/AIDS – causes both offence to middle-class aesthetic sensibilities, which are repelled by the blotches that reveal the presence of Kaposi’s sarcoma, and a “moral panic,” which arises from the potential destructiveness of this disease. The term “moral panic” refers to the intense feelings of fear, anxiety, and moral outrage³¹ that contribute to the view that infected and at-risk groups are a threat to the non-infected and, therefore, need to be segregated from “healthy” communities.

²⁷ E. Goffman, *Stigma: Notes on the Management of a Spoiled Identity* (Englewood Cliffs, NJ: Prentice Hall, 1993), 3.

²⁸ Takahashi, “The Socio-Spatial Stigmatization of Homelessness and HIV/AIDS.”

²⁹ Plummer, “Organizing AIDS,” 28.

³⁰ Quoted in Altman, *AIDS in the MIND of America*, 76.

³¹ S Cohen, *Folk Devils and Moral Panics* (London: MacGibbons and Kee, 1973).

To date, the literature on stigmatization has primarily focused upon how these categories apply to individuals with HIV/AIDS. However, in Vancouver, as in other cities considered to be “AIDS epicentres,”³² stigmatization is also cast upon the physical spaces where those infected are thought to reside.³³ The geographer Soja describes the social construction of “spatiality” as a combination of material-physical space, the socially produced space that interacts with and transforms physical space, and the cognitive mapping and mental representation of space. In this sense, spatiality – or “socially produced space” – is neither completely material nor imagined. It is a product of these overlapping factors (physical space, socially produced space, and the representation of space) that remains in a constant state of transformation and that continuously produces new meanings.³⁴ Therefore, as we try to understand a particular space, we find ourselves seeking a partial and temporary knowledge of how these factors combine to give us a momentary glimpse of its constructed reality. In terms of HIV/AIDS and the Downtown Eastside, I am interested in how the third factor, the mental representation of space, is being used to re-interpret the image of the Downtown Eastside as a tainted wasteland of illness and despair. Through this re-interpretation, the representation of the Downtown Eastside risks being distanced further from the status of locally invented civic space and, instead, remaining a physical and social space that is defined by powerful outsiders as a realm that falls outside their sphere of moral responsibility.

SKID ROW

The impermanent nature of spatiality makes it a contested terrain; that is, among other things, it is a discursive terrain in which interests compete over the right to define a space. As mentioned earlier, this is a struggle in which activists in the Downtown Eastside have long

³² M.L. Williams, Z. Zhao, A.M. Bowen, R.C. Freeman, W.N. Elwood, and R. Rusek, “Introduction of HIV into Drug Injector Networks Outside AIDS Epicentres,” *International Journal of STDs and AIDS* 8 (1997): 629-35.

³³ See footnote 4. The Downtown Eastside is only one of two neighborhoods stigmatized as being the “home” of Vancouver’s HIV/AIDS problem. The other, the West End of the downtown core, is often represented differently, although still quite often in a morally disapproving fashion. However, given the middle-class socio-economic status of this neighbourhood and the perceived exclusivity of gay sexual behaviour, it can be expected that there would be less emphasis on discourses of physical blight pertaining to the West End than there would be on such discourses pertaining to the Downtown Eastside.

³⁴ E. Soja, *Postmodern Geographies: The Reassertion of Space in Critical Social Theory* (London: Verso, 1989).

been engaged. Furthermore, it is in this sense that HIV/AIDS can be seen not only as a serious illness affecting the health of many of the Downtown Eastside's residents, but also as a symbolic quagmire that once again threatens to muddy their image. As Smart and Smart suggest,

as well as having stories told about them, places are stories, stories that we tell each other about spatial locations and their social meanings. In telling these stories, we constitute the places, or at least we try to. Places, or their representations, always have multiple and ambiguous meanings and when we tell stories we are often denying or erasing the stories others propose.³⁵

One of the ways in which a space is defined, an element of the story being told about it, is how it is named. Naming constitutes space by providing a common signifier to which people can attach themselves on the basis of their residence. However, when a region is given a derogatory designation, such as "skid row," it becomes more difficult to establish a positive identity for oneself on the basis of locality; making a public claim to be a resident of "skid row" will usually lead one's readers or listeners to derive certain assumptions about one's social status and leisure pursuits.

Furthermore, designating an area as "skid row" also serves a purpose for those who do not live there. It enables the speaker to imagine an out there, which, unlike her/his own place of residence, is home to the troubles of the city.³⁶ This is evident when the term is applied in newspaper reports. References are made to "the drug problem in Vancouver's skid row,"³⁷ to "skid row ... addicts,"³⁸ effectively localizing Vancouver's problems within one region. In this manner, the troubles and threats perceived by the non-infected are deemed to be the possession of a specific area of the city rather than of the city as a whole. Moreover, the misnaming of the region through the use of socially stigmatizing language helps naturalize the association between the social problem and the physical space of the Downtown Eastside. One expects nothing more of an area described as "Skid Row" than that it would house the "flotsam and jetsam" of the city.

³⁵ A. Smart and J. Smart, "Monster Homes: Hong Kong Immigration to Canada, Urban Conflicts, and Contested Representations of Space," in *City Lives and City Forms: Critical Research and Canadian Urbanism*, ed. J. Caufield and L. Peake (Toronto: University of Toronto Press, 1996).

³⁶ Cresswell, *In Place/Out of Place*.

³⁷ G. Joyce, *Canadian Press Newswire*, 16 September 1998.

³⁸ I. Bailey, *Canadian Press Newswire*, 26 October 1997.

THE DOWNTOWN EASTSIDE AS A
THREAT OR DANGER TO VANCOUVER

The attempt to isolate HIV/AIDS arises from the desire to achieve security in an uncertain world.³⁹ HIV/AIDS is a threat to this security as it appears as a powerful and incurable disease transmitted through social relationships. The seemingly common-sensical means to security, then, would be to sever social relationships with those known to be infected or at-risk. Likewise, this entails creating boundaries, both mental and physical, between oneself and those perceived to be a threat. Ideally, if the "problem" is isolated and contained within a delimited region, then it can be attacked in a rational manner, eradicated, and the security of those bordering on the region perceived to be infected can be protected.

The discourse of threat is one of the most prevalent methods used in describing the Downtown Eastside. Typically, it focuses on the risk that either the drug problem or the HIV/AIDS problem will move to other parts of the city,⁴⁰ to other parts of the country,⁴¹ or down the Pacific coast and into the United States.⁴² At times, medical researchers will employ the discourse of threat as a means to appeal to apathetic Vancouverites, who are seen as feeling too secure in their communities. For example, John Blatherwick, a medical health officer with the Vancouver/Richmond health board, warns: "the drug scene is not just in the Downtown Eastside, it's *coming* to a neighborhood near you."⁴³ However, as in this example, the direction in which the danger runs is always made clear. HIV/AIDS is viewed as residing in the Downtown Eastside, and it threatens to flow from there into other communities if actions are not taken. As Perry Kendall of the Addiction Research Foundation writes: "The spread of the HIV/AIDS epidemic will not be restricted to the downtown or to injection drug users. There is already evidence that these geographic and social boundaries have been *breached*."⁴⁴ In an article from the *Globe and Mail* (not included in this study), the direction of spread is stated in

³⁹ See the sociologist A. Giddens, *Modernity and Self-identity: Self and Society in the Late Modern Age* (Stanford, CA: Stanford University Press, 1991).

⁴⁰ R. Sarti, "Drug Treatment Proposed for Entire Lower Mainland," *Vancouver Sun*, 24 October 1998, A3.

⁴¹ I. Bailey, *Canadian Press Newswire*, 16 May 1999.

⁴² *Ibid.*, 23 October 1997.

⁴³ Quoted in R. Sarti, "Drug Treatment Proposed for Entire Lower Mainland," *Vancouver Sun*, 24 October 1998, A3 (emphasis added).

⁴⁴ P. Kendall, "Downtown Eastside Needs More Methadone, Legal Heroin," *Vancouver Sun*, 18 November 1997, A9 (emphasis added).

a more alarmist fashion: "There are already indications that the epidemic is *breaking out* of the Downtown Eastside." From here, the author goes on to suggest that the infection travels through the city's SkyTrain light-rail service, which symbolically serves as the "veins" spreading the infection to the heretofore healthy body of Vancouver.⁴⁵

While the intentions behind this discourse may vary from creating a moral panic to encouraging social responsibility in those currently ignoring the problem, they all serve to reinforce the myth that the Downtown Eastside is the organic centre from which the threat of HIV/AIDS emanates. As mentioned earlier, this representation is far too simplistic since it fails to grasp the social interconnectedness of regions within British Columbia and Canada and how the troubles faced in one are connected to the social situations in other areas. Clearly, the IDUs who frequent the Downtown Eastside are not all born and bred in this region; most, in fact, migrate to this area from all over Canada, and they do, on occasion, return to their original communities.

Yet in the public imagination it is the Downtown Eastside that is castigated as the epicentre of the drug and HIV/AIDS problem because, in other communities, we choose to ignore that it is our neighbours, not just people living elsewhere, who become addicts. This wilful ignorance provides us with another layer of distance from those who frequent the Downtown Eastside because it enables us to deny that we have any proximity to them. In this way they become strangers to us and, potentially, dangerous.

DISORDER AND DECAY

Is the Downtown Eastside somehow dirtier, more run-down, and filthier than other communities in Vancouver? This is the impression one receives from numerous articles as journalists attempt to describe this area for their readers. But a walk through the Downtown Eastside with a resident of the area can provide one with a somewhat different impression.⁴⁶ Alongside the empty, boarded up storefronts and trash-strewn alleys, one will also observe the numerous heritage buildings that are located in the Downtown Eastside and that, in contrast to other parts of the city, have been preserved. One will notice the number of art projects and memorials that decorate the streets. And

⁴⁵ Campbell, M. *Globe and Mail*, 17 November 1997, A6 (emphasis added).

⁴⁶ I took such a walk with long-time Downtown Eastside activist Jim Green in fall 1997.

one will see the attractive social housing units that have been erected in this area. To a degree, then, it is a matter of perspective, and a matter of what you focus on in the Downtown Eastside, that will determine whether or not you view this community as being in a state of decay.

However, I would posit that it is not solely the physicality of the buildings and streets that has led to descriptions of the Downtown Eastside as being “an enclave of filth and desolation”⁴⁷ and “squalid;”⁴⁸ rather, the lifestyles of some of the people living in this area have been transposed onto the streets. Those seen as alterior to the oneness of a dominant culture are, in contrast to the “purity” of the latter and its representatives, defined as unclean. A historical precedent for conceptualizing the other as “dirty” can be found in the early treatment of Aboriginal persons in this region. In the residential school system, which was established in Canada in order to assimilate First Nations by removing Aboriginal children from their families and culture, an all too frequent complaint issued by those in charge of the schools concerned the “filth” of the “Indians.” In this case, the schools performed a purification process in order to extract the taint of Otherness from a socially derided population.⁴⁹ Similarly, the creation of Vancouver’s Chinatown demonstrates how White imaginings of Chinese immigrants as impure and filthy contributed to, and was reinforced by, the symbolic and physical relegation of Chinese persons to an “ethnic neighbourhood.”⁵⁰

In descriptions of the filth of the Downtown Eastside, complaints of “filthy Indians,” and the construction of Chinatown as “dirty,” the dirt to be cleansed is as much symbolic as real. The threat of Otherness is seen as a potential taint, as a source of pollution, to the wholeness of the dominant group. What is considered dirty is what is seen to transgress the overarching order.⁵¹ Thus, the castigation of a group or area as being dirty says as much about the castigators as it does about the castigated. A group can oppose itself to those perceived as

⁴⁷ W. McKay and T. Hinton, “Skid Road meets... Adam Smith,” *Vancouver Sun*, 24 October 1997, A21.

⁴⁸ I. Mulgrew, “Cash Infusion into Skid Road Fails to Halt the Bleeding,” *Vancouver Sun*, 4 November 1997, B1, B7.

⁴⁹ C. Haig-Brown, *Resistance and Renewal: Surviving the Indian Residential School* (Vancouver, BC: Tillicum Library, 1988).

⁵⁰ K.J. Anderson, *Vancouver’s Chinatown: Racial Discourse in Canada, 1875-1980* (Montreal: McGill-Queens University Press, 1991).

⁵¹ M. Douglas, *Purity and Danger: An Analysis of Concepts of Pollution and Taboo* (Harmondsworth: Penguin, 1970).

filthy and, in doing so, reinforce its own personal feelings of cleanliness. Furthermore, the implication of perceiving a group as filthy is that this group is deemed unfit to take care of itself and, therefore, is best disregarded until found to be a threat, at which point it will be subjected to the paternalistic controls of, or cleansing by, the dominant group.⁵²

THE DOWNTOWN EASTSIDE AS A "BLIGHT" ON THE BEAUTY OF VANCOUVER

Related to assessments of the dirtiness of an area is its portrayal as a blight on all that is whole and pure around it. In media discussions of the Downtown Eastside, one often finds a focus on its location astride popular tourist regions and the detrimental effects this has on the well-being of the city. This "problem area of the city"⁵³ is described as "an area of substantial urban blight"⁵⁴ that is home to "injection drug users ... thought to be carrying the AIDS virus on the edge of touristy Gastown."⁵⁵ In others articles, the Downtown Eastside is situated: "between touristy Gastown and Chinatown;"⁵⁶ as a "squalid area squeezed between trendy Gastown and prosperous Chinatown;"⁵⁷ or as "a small area near the glitzy city centre that more resembles a war zone than a neighborhood."⁵⁸

More than allowing readers to understand exactly where in the city the Downtown Eastside is located, the use of these markers helps establish the aforementioned sense of threat that the Downtown Eastside is thought to pose. The language paints the picture of an area that is currently in a diseased state and that threatens to bring about the deterioration of the areas that surround it. Even more alarming, the districts that border on the Downtown Eastside are none other than key tourist destinations. In this manner, the blight is shown as uncontained, and the effect it has on these adjoining regions is

⁵² D. Sibley, in *Outsiders in Urban Societies* (New York: St. Martin's, 1981), 38, points out that the "disorder" of the peripheral group is typically merely the *perception* of the dominant society, which ignores the internal order of the peripheral group.

⁵³ D. Ward, "Police-Union Ad Attacks Council's Plan," *Vancouver Sun*, 14 November 1998, B6.

⁵⁴ Stephen Panzer quoted in L. Culbert and M. Jimenez, "100 More Police, Detox Centre to Make City Safer," *Vancouver Sun*, 17 October 1997, A1, A8.

⁵⁵ I. Bailey, "Fear of Dirty Needles Major Worry for Police in Downtown Eastside," *Vancouver Sun*, 26 January 1998, B6.

⁵⁶ I. Bailey, *Canadian Press Newswire*, 8 July 1998.

⁵⁷ *Ibid.*, 20 October 1997.

⁵⁸ G. Joyce, *Canadian Press Newswire*, 16 September 1998.

shown to imperil the economic and aesthetic health of the city. With this discourse the Downtown Eastside and its troubles are portrayed as predatory. As with the discourse of spread, the area is no longer regarded as a passive recipient of misfortune but, rather, as a looming danger that could impair areas around it. And, once again, this transforms the way we perceive the problems faced by the Downtown Eastside from being a matter of neighbourly concern and complicit responsibility to one of containing a problem within a region – and of doing so, above all, in order to protect ourselves and our economy.

WAR ZONE METAPHORS

Once these spatial boundaries are established and the problem is seen as being somewhat isolated (despite the fear of its spread), we may find ourselves in apathetic despair based on the convenient rationalization that the issues are too difficult to solve. In other words, we are able to remove ourselves one step further away from moral responsibility when we conceive of the problem as being exceedingly complex. We envision it as having its own rationality – one that is inaccessible to those outside it. Such is the case when metaphors are employed to paint the Downtown Eastside as a war zone.

One journalist described the Downtown Eastside as resembling more “a war zone than a neighborhood.”⁵⁹ Others speak of the Downtown Eastside as a stage for “battle”⁶⁰ or as a problem we must “combat,”⁶¹ wage “war”⁶² on, or upon which we must make an “all-out assault.”⁶³ Such metaphors are not surprising since war is often a predominant cultural motif used to describe social problems and our responses to them (e.g., the war on drugs or the war on poverty). Typically, references to war serve one of two purposes. First, they provide a way of signalling the justice of a certain cause. Thus, when we make reference to a “war” against HIV/AIDS or a “battle” for East Hastings Street we are engaging in the construction of a noble fight against a perceived ignoble enemy.

In a second sense, war is a signifier with which we hope to capture a situation that is thought to be irrational and complicated. As was

⁵⁹ Ibid.

⁶⁰ I. Mulgrew, “The Battle for Hastings,” (series title) *Vancouver Sun*, 19–23 September 1998.

⁶¹ M. Jimenez, “More Help for Addicts Urged in HIV Fight,” *Vancouver Sun*, 20 October 1997, A1, A7.

⁶² L. Culbert, “Rock to Offer \$1 Million in City AIDS War,” *Vancouver Sun*, 14 November 1997, A1, A2.

⁶³ Culbert and Jimenez, “100 More Police.”

the case with the conflicts in the former Yugoslavia, war can be painted as a deep-seated conflict that goes beyond our ability to understand it. As sociologist Keith Doubt says of Bosnia, "if unimaginable, never-ending crimes are events that defy discourse, then all we can do is gaze at the event as if it occurred in the realm of nature rather than the social world."⁶⁴ In other words, when our simplifying discourses fail, and we are compelled to acknowledge the complexity of a given situation, we sometimes respond by naturalizing the phenomena with which we are grappling. In this way, we remove our own ability to make a difference (i.e., by stopping or preventing human misery) by placing the event in a realm not amenable to human action. This is also true of the way we understand the Downtown Eastside. If portrayed as a "war zone" or as the scene of a "nuclear reaction,"⁶⁵ the issues we face in the Downtown Eastside take on a complexity that places them beyond repair (except, perhaps, through extreme authoritative measures). This manner of thinking is exemplified by the Port Coquitlam mayor who responded as follows to the suggestion that Kosovar refugees be housed in vacant housing units on the Downtown Eastside: "we surely don't want to take these refugees and stick them on the Downtown Eastside. It would be like going from Kosovo to Kosovo."⁶⁶ As with the troubles in the former Yugoslavia, we describe the problems of the Downtown Eastside as being beyond possible remedy by citing their intricacy and long-standing nature. In the Downtown Eastside, we imagine an area that has been under the grip of poverty and substance abuse from day one, and, therefore, the struggles taking place there seem almost natural, almost unalterable.

THE COST OF THE DOWNTOWN EASTSIDE

Modern politics are an exercise in what sociologist Max Weber refers to as "formal rationality." Not so concerned with issues of "substantive justice," today's politicians operate largely from a logic of cost-efficiency. This likely stems from the predominance of neoliberal economics, which measures the success of a political party by the extent to which it creates an inviting economic climate for potential

⁶⁴ K. Doubt, *Sociology after Bosnia and Kosovo: Recovering Justice* (Lahman, MD: Rowman and Littlefield, 2000), 4-5.

⁶⁵ I. Bailey, *Canadian Press Newswire*, 23 October 1997.

⁶⁶ Quoted in H. Munro, "Downtown Eastside Vacancy Rate Highest in City," *Vancouver Sun*, 29 May 1999, A1, A2.

investors. In this political world, the issue of the cost of social problems plays an essential role in policy formation. Problems are not evaluated solely on the basis of the burden they place upon those who suffer their consequences, but also on the degree to which these problems take money from the public coffer. Furthermore, money is also the vehicle through which we attempt to exert our morality. Those of us worried about an issue typically write a cheque to demonstrate our concern. In this sense, as social theorist Keith Tester suggests, "morality has become commodified."⁶⁷

With this fetishism of costs one can expect that reporters are very conscious of the economics of HIV/AIDS and the Downtown Eastside. In one article, Vancouver's mayor Phillip Owen responds to the promise of more federal government spending in the Downtown Eastside by arguing that "throwing money against it [the Downtown Eastside] is not the answer." The article goes on to state that "up to \$200 million a year already goes into the neighborhood."⁶⁸ Elsewhere, a journalist tells of the costs to the general public for each IDU infected with HIV/AIDS ("each new case imposes a *burden* of more than \$100,000 on the system") and how this has motivated the Vancouver Health Board "to launch a \$4.6 million attack on the problem."⁶⁹ But the calculation of costs does not end with reports of major spending in the Downtown Eastside; rather, every single expense is documented and assessed by the media, from the \$22,000 that went towards a so-called "shooting gallery"⁷⁰ to the \$185,000 a year spent to keep the needle-exchange program running.⁷¹ Furthermore, these articles often appeal to the amorphous group of "taxpayers" who "can't understand ... why more than \$60 million a year in public support can't ... stop the collapse of the neighborhood."⁷²

This moral accounting serves two purposes. First, it absolves the general public of its responsibility for the well-being of its neighbours (who continue to suffer) because Vancouverites and other Canadians are portrayed as having "done their part" through their contribution of tax dollars. With the amount of money filtered into the area every year, those of us living outside can blame the continuing hardships in the Downtown Eastside on those who are mismanaging our

⁶⁷ K. Tester, *Moral Culture* (London: Sage, 1997).

⁶⁸ G. Joyce, *Canadian Press Newswire*, 16 September 1998.

⁶⁹ Bailey, I. *Canadian Press Newswire*, 26 October 1997 (emphasis added).

⁷⁰ *Canadian Press Newswire*. 1 October 1998.

⁷¹ M. Jimenez, "Needle Swap Programs May Spread AIDS: Experts," *Vancouver Sun*, 5 August 1997, A1, A2.

⁷² Mulgrew, "Cash Infusion into Skid Road."

generous contributions. Second, this moral accounting constructs the Downtown Eastside as an economic "burden" on the rest of the city. Such a message likely increases the moral resentment Vancouverites feel towards this area of their city. In the worst case scenario, this can lead to further distancing from an area that has been identified as being dependent on those living in a supposedly risk-free manner.

MORAL CULPABILITY

The feeling shared by many of the non-infected (i.e., that those at risk are taking advantage of public kindness) is further reinforced by images and expressions of moral culpability found in reports pertaining to the Downtown Eastside. Very often articles are accompanied by pictures of individuals shooting up or looking for leftover drugs in the garbage in an alley. Or we often read of addicts "openly" (to both the police and the public) injecting cocaine or heroin⁷³ on the streets of the Downtown Eastside and of drug dealers on the sidewalks who "peddle their illegal narcotics".⁷⁴ These images implicitly express a moral indignation towards people who lack the shame to hide their addictions. We are confronted by people who, in the words of police spokeswoman Anne Drennan, are "unrepentant."⁷⁵ This sense of judging those with HIV/AIDS as complicit in their illness is furthered by politicians and community groups who complain that the needle exchange provides a place for IDUs to meet and share needles with one another.⁷⁶ The idea of purposeful infection was given even greater credence by a Vancouver-Richmond Health Board report that stated that desperate individuals in the Downtown Eastside sometimes wilfully infect themselves with HIV/AIDS because they believe that this will allow them to gain access to more government funding with which to supplement their drug use (this claim received a great deal of media attention).⁷⁷

However, culpability is also cast on the physical space of the Downtown Eastside. In one article, this physical space is anthropomorphized as a dark figure that lures in youthful innocents and "drives those who have barely reached adulthood to find slow suicide in the form of AIDS."⁷⁸ In this sense, the Downtown Eastside itself

⁷³ For example, Bailey, I. *Canadian Press Newswire*, 8 July 1998.

⁷⁴ Bailey, I. *Canadian Press Newswire*, 20 May 1999.

⁷⁵ Bailey, I. *Canadian Press Newswire*, 7 December 1997.

⁷⁶ Sarti, R., "City's HIV Infection Rate Falls," *Vancouver Sun*, 11 April 1998, A5.

⁷⁷ Vancouver-Richmond Health Board. *Something to Eat...*

⁷⁸ McKay and Hinton, "Skid Road Meets... Adam Smith."

takes on responsibility for its troubles, while other regions in Vancouver, Canada, and elsewhere – regions' whose sons and daughters have become addicted and infected on the streets of the Downtown Eastside – are freed from feeling any responsibility for, or connection to, the people in this area. Those who are addicted and infected on the Downtown Eastside are lured in by an area that is, itself, inherently immoral, and they then begin to carelessly exhibit immoral behaviour, flaunting their vice in the faces of the morally upstanding.

MEAN STREETS METAPHORS

The final rhetorical device I will discuss is the tendency to portray the streets of the Downtown Eastside as “mean” or “tough.” It is commonplace in Vancouver to hear people discuss how they avoid or do not enter the Downtown Eastside because they fear for their safety in this region. And, granted, one does occasionally find oneself in threatening situations in this area of town (as one may in other areas of the downtown core). However, fear may be a convenient excuse to avoid the Downtown Eastside because, in truth, we do not want to bear witness to the need and suffering of people who frequent this area. Thus personal safety may be a pretense for maintaining a sense of purity; that is, of protecting one's identity from situations that would challenge one's sense of wholeness. In other words, we attempt to protect what sociologist Richard Sennet refers to as “purified identities” by filtering out whatever may confuse our pre-defined sense of the world.⁷⁹ For example, we may believe that our society is a caring place where people look out for and help one another, but seeing people lying on the street asking for money or suffering from a drug overdose threatens to tear this worldview apart.

It is in this light that I read the frequent references to the “derelict”⁸⁰ or “crime-ridden”⁸¹ nature of the Downtown Eastside. Other references to the area describe it as filled with “violence”⁸² or “danger,”⁸³ thus reinforcing the sense of trepidation the public feels upon entering this area and providing the logic required to justify staying away from

⁷⁹ R. Sennett, *The Uses of Disorder: Personal Identity and City Life* (London: Faber and Faber, 1996).

⁸⁰ F. Bula, “Groups have Heady Visions about Improving Inner City,” *Vancouver Sun*, 1 April 1998, A1.

⁸¹ D. Ward, “Vancouver Property Taxes Rising to Pay for Extra Police,” *Vancouver Sun*, 23 October 1998, A1, A2.

⁸² I. Bailey, *Canadian Press Newswire*, 7 February 1999.

⁸³ G. Joyce, *Canadian Press Newswire*, 16 September 1998.

it. As with the misnaming of the area as Skid Row, these descriptions help us create an "out there" that comes to us only in media reports. We divorce this area from our immediate reality and hold it separate from our purified selves.

THE DOWNTOWN EASTSIDE AND MORAL RESPONSIBILITY

With these examples I have attempted to demonstrate how the way we speak and think about IDUs, HIV/AIDS, and the Downtown Eastside localizes the problem; transforms the space into a threat to the larger city; perceives it as dirty and, therefore, requiring distance or cleansing; views it as a blight that might infect economically important regions; portrays it as a war zone that needs to be attacked but is too complex to comprehend; chastises it for being a financial burden; judges it as morally culpable; and fears it as a source of personal danger. All of these visions of the Downtown Eastside serve to place it in an other-world, helping us to militate against feelings of guilt and moral responsibility.

The desire to distance ourselves from feeling guilt likely results from guilt being a taboo emotion in our society. It is perceived as wholly negative, as a weakness, and as resulting from a personal fault for which we deserve punishment. This fear of guilt can have the unfortunate consequence of preventing us from feeling responsibility: if we are responsible, then it is assumed that we must be guilty. And so we deprive ourselves of a sense of guilt that is positive and proactive. Such guilt, borrowing from the work of Karl Jaspers, would be "metaphysical" in that it would reflect an experience of responsibility for that which we have not directly caused yet have participated in as witnesses and survivors.⁸⁴ Through metaphysical guilt we are led to a feeling of solidarity with those who are suffering, and we desire to act with the hope of relieving their suffering. How we act is a more difficult question since attending to social problems often requires that we rely on an institution of some sort to act morally on our behalf.⁸⁵

However, in the city (where wealth and poverty live side by side), when faced with the suffering of those around us, instead of feeling a sense of moral responsibility for our neighbours we tend to isolate the sufferer regionally and to see ourselves as separate from him or

⁸⁴ K. Jaspers, *The Question of German Guilt*, trans. E.B. Ashton (New York: Dial, 1947).

⁸⁵ M.N. Barnett, "The UN Security Council, Indifference, and Genocide in Rwanda," *Cultural Anthropology* 12, 4 (1997): 551-78.

her. We hold such people at a distance and keep them as what sociologist George Simmel referred to as "strangers."⁸⁶ The stranger is similar to us and lives within our society in only the most abstract sense (i.e., we share universal human similarities). However, the general character of this similarity leads us to look to the dissimilarities between us and the stranger and to hold him/her at a distance (i.e., outside). Following Simmel's analysis, one can glean a hint of the process whereby groups of Others are identified in abstract terms and placed outside the sphere of human responsibility. Furthermore, one can also see how whole areas of cities are made "strange"; that is, how areas of a city can be perceived as foreign and dangerous realms both within and outside the larger city. Both the region and its supposed inhabitants are identified and stigmatized on the basis of the latter's alleged negative characteristics. These characteristics are then deemed to be in opposition to those possessed by those who do not reside in the strange region. In the end, the troubles of this tainted space become an affirmation of all that is good about the region outside of it.

By making this separation we sever our potential solidarity with those who are our neighbours. They become unrecognizable, and it is difficult to feel deep human emotion (e.g., sadness, anger, etc.) on their behalf because their suffering appears to be irrational. However, this process of separation is by no means a teleological one. The stigmatizing discourses that produce and reproduce the distance between city spaces, or, in the case of the Downtown Eastside, the distance between healthy and tainted spaces, are countered by discourses that provide other representations and that try to prevent people from settling on convenient, simplistic understandings of a social problem. Counter-discourses such as these must continue to contest the stigmatized imagining of the Downtown Eastside and, at minimum, bring us to confront the challenge of HIV/AIDs and injection drug-use in Vancouver in a meaningful, non-dismissive manner.

⁸⁶ G. Simmel, "The Stranger" in *Georg Simmel on Individuality and Social Forms*, ed. D.N. Levine (Chicago: University of Chicago Press, 1971).