

## FIXED IN PLACE:

### *Vancouver's Downtown Eastside and the Community of Clients*

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THIS ARTICLE EXAMINES the history of the Downtown Eastside (DES) area of Vancouver and the social and economic factors involved in its current rapid redevelopment. For much of the city's history, the area has been a location for those shunned by the mainstream. In the 1970s and 1980s, activists organized successfully to advocate for the community's identity and needs. Their defence of the area's poor residents had the unintended consequence of confirming the DES's status as the "natural" home for the socially neglected and undesirable. As other parts of the city were gentrified and redeveloped, the DES grew as a concentrated community of poverty and abjection. In the late 1990s, the DES was the site of an HIV/AIDS health emergency among drug users, which concentrated the attention and resources of state bodies on the area. As health and social service provision expanded to become the area's main industry, new health and social policies, which were based on harm reduction, had a significant impact on redefining the DES and its residents. DES organizations assumed new prominence. DES community organizations became service providers whose economic interests and social priorities were aligned with the funding priorities and neoliberal policies of outside bodies. Community development proceeded as a negotiation between the commercial interests of community agencies and those of outside developers. Together with the usual gentrifiers – artists, condo owners, universities, and businesses – the agencies and organizations of the DES have been actors in the area's redevelopment. What has resulted is an example of neoliberal economic rationalism and the creation of a modern therapeutic community. Commercial interests have revitalized the area, turning it into an economically and socially vibrant, healthy community, while DES social and community services have implemented a model for the enlightened and efficient management of the socially marginal. The DES has been divided between the community of services and clients, on the one hand, and the community of businesses and citizens, on the other.

## NEOLIBERALISM AND COMMUNITY SERVICES

Historically, the activities of organizations providing for the needs of the disadvantaged can be roughly divided into early charitable giving, government welfare intervention, grassroots advocacy, and, finally, community-based service provision. It is the last of these that I examine most closely. In Vancouver's DES, charity organizations, particularly religious ones, continue to provide direct services. The government continues to provide direct services but has moved to indirect provision through funding community-based organizations. Advocacy organizations persist in raising awareness of the needs of various groups and pressing for them to be met; however, they themselves are not generally able to meet those needs without outside support and funding. Should they receive that support and funding, their organizational character typically moves from advocating for community residents to seeking services for communities of need.

Whatever their philosophical basis, organizations operating under a neoliberal funding regime must accept neoliberal ideology and implement its policies in order to continue to receive funding. The educational philosopher Michael A. Peters (2001) describes neoliberalism as an ideology that sees all human behaviour as guided by "rationality, individuality, and self-interest" (vii), which underpin a "global social science able to explain all rational conduct, or even simply all behaviour" (viii). This philosophy is fundamentally opposed to the state's interfering with individual liberty by intervening in its citizens' affairs. According to this view, the rational actor should be able to look after his/her own interests, which are primarily defined in terms of economic self-interest. Similarly, Pierre Bourdieu (1998) discusses neoliberalism as a "scientific description of reality" (94) that "recognizes only individuals, whether it is dealing with companies, trade unions or families" (96). Corporations are actors in the neoliberal society and are assumed to be motivated by the same three things – rationality, individuality, and self-interest – as are individuals. Under neoliberalism, those collectives that act in economically rational ways are favoured. Those without power or resources, or those who advocate "unreasonable" fundamental change, are devalued as irrational.

Much writing in the social sciences examines how this ideology of economic rationality alters the exercise of power in the "neoliberal" state and how it affects the ways in which the state defines services to

its citizens.<sup>1</sup> Particularly interesting products of this funding regime are “community” organizations whose services are funded exclusively by public and private grants and whose priorities must reflect the priorities of those funders. They are “not-for-profits,” but they form partnerships with businesses and developers, enter into commercial agreements, and even act as businesses and developers in their own right. Commenting on what she calls the “shadow state,” the geographer Jennifer Wolch (1990, 15) notes: “The increasing importance of state funding for many voluntary organizations has been accompanied by deepening penetration by the state into voluntary group organization, management, and goals. We argue that the transformation of the voluntary sector into a shadow state apparatus could ultimately shackle its potential to create progressive social change.”

The voluntary organizations of which Wolch writes came into existence to serve the needs of populations and communities: they continue to exist because they cooperate with external bodies and have a role in implementing the latter’s priorities when managing needs. They form an extra-governmental shadow state. Are they truly “community” organizations or are they the means by which state and private interests extend themselves into the community? To what extent do they exist to serve the needs of their community and population, and to what extent to serve the interests of their funders? Analyses of the nature and value of service providers under neoliberalism illustrate the difficulties researchers have in separating the multiple roles and positions of these organizations. This becomes even more complicated when we consider community groups that represent areas and people (such as those in the DES) that are being recolonized by gentrifiers and developers.

Authors differ in their assessments of the benefits and the disadvantages of this devolution of the state’s responsibility and authority to not-for-profits. Political scientist Tony Robinson (1996) takes a positive view of the powerful “in-between” status of community organizations created by this process. He lauds the successes of the “non-profit development corporations,” which he describes as “inner city innovators,” emphasizing how cooperative rather than purely confrontational political stances benefit all parties and bring new resources to help vulnerable

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<sup>1</sup> I use the term “state” to denote the broad social structures of power and governance, not government alone. In terms of funding for organizations, this would extend beyond government funding to include, for example, funding from the United Way, private charitable foundations, real estate developers, banks, professional medical associations, and pharmaceutical companies. Under certain preconditions, with which the recipient would have to comply, each of these “rational economic actors” would provide funding for specific purposes.

populations and communities. He feels that these pragmatic, politically and economically savvy partnerships can only benefit communities that are faced with the inevitability of decay and redevelopment. As an academic and activist, Dylan Rodriguez (2007) criticizes cooperation as the co-optation of community and representative groups into the structures of dominance they were formed to oppose. He argues that this makes community organizations partners in a “non-profit industrial complex,” which trades short-term benefits to the organizations themselves for the interests of those whom they are supposed to serve. By accepting the limits imposed by funders, organizations are increasingly forced into compromising their ability to advocate for the needs of their community in order to maintain their ability to provide services. Community groups must control or suppress dissent in order to continue delivering their communities to the highest bidder. The difference between Robinson’s and Rodriguez’s views is the difference between gradual reform and radical change. The governments, businesses, and private foundations that fund community groups are more comfortable with the former.

In the 1960s and 1970s, grassroots activist organizations pushed to have the state take greater responsibility for the needs of the people by increasing services to meet those needs and by making them more responsive to those towards whom they were directed. These organizations, by becoming the voice of disadvantaged communities, became the conduits through which the state provided resources. In her critique of funding for organizations that supported radical responses to racism and violence against women, American academic Andrea Smith (2007, 7) describes the 1960s and 1970s as a period in which the state increased resources to community groups in order to channel movements for social change away from radical objectives and towards reform objectives. Informal grassroots groups became legally constituted not-for-profit organizations. Activists and organizers became or were replaced by professional administrators and program directors. The activist organizations that made a successful transition evolved into “stakeholders” at the tables where decisions were made and then into gatekeepers or technocrats who represented a given constituency, “diverting their energy from organizing to social service delivery and program development” (ibid). The passion and idealism of these people’s initial activism was tempered by the difficulty of moving from service critic to service provider.

The legitimacy of those representing disadvantaged groups is based on how well they represent the needs of their grassroots supporters. Once the system acknowledges these needs, activist community groups are then faced with the difficulty of ensuring that they are met. If they simply demand more from the state, then they have little control over how the latter perceives and responds to those needs. If they agree to work with the state to meet acknowledged needs, they risk their “outsider,” grassroots authority and become invested in what the state is willing to provide rather than in what their grassroots supporters want. Activism against the system becomes advocacy within the system, legitimating that which was once opposed. Geographer and Canadian Studies professor Katharyne Mitchell (2001, 173) comments on how the rise of community and not-for-profit groups in Canada

enabled the provincial and federal governments to entrench a neo-liberal agenda through the transfer of responsibility for public services to the voluntary sector, yet without a corresponding loss of legitimacy resulting from an abrupt decline of welfare state provisions. The state was able to privatize and *subcontract* out many services formerly covered under the federal and provincial umbrellas, yet retain firm control of the social service institutions through grant funding, tax remittances and other economic ties. (emphasis in original)

American political scientist John S. Ransom (1997) describes this as the interplay of governmentality and pastoral power. *Governmentality* encompasses the reasons and mechanisms for imposing power over the individual and the collectivity in order to solidify control over populations and to advance the goals of a particular, or set of, programs of power. The state may sponsor specific initiatives in order to address agreed-upon social problems or to foster a climate in which calls for such initiatives arise. Social policies in health, welfare, and policing are such state initiatives, important because they “play a key role in forming ‘the social.’” According to British sociologist Martin Hewitt (1991, 225), “[governmentality] promotes and organizes knowledge, norms and social practices to regulate the quality of life of the population – its health, security and stability.” *Pastoral power* involves the care of the individual’s needs, so named for the Church’s attention to the spiritual needs of its “flock.” Foucault (1979) argues that the exercise of pastoral power is now carried out by the new disciplines of medicine and psychology. While the pastoral goals of services often contradict or oppose those of governmentality, the dominance of the latter over

the programs and the social and scientific knowledge underpinning the former defines the allowable forms of opposition and alternatives. This forces pastoral power into the role of “loyal opposition” to governmentality. Pastoral power is so invested in the structures of power that it cannot question the legitimacy of governmentality: it can only provide variations and reforms.

Community groups and interests in the DES have long struggled to control the definition of the area’s social problems and to gain local control over government funding to address them. Throughout the 1970s and 1980s, community activists pushed the Social Credit government to provide more resources for the DES, but they suffered from the area’s traditional support for the opposition New Democratic Party (NDP). When the NDP gained power briefly in 1972 and then for ten years beginning in 1991, it moved to reinforce its strong support in the area by intervening more directly in providing services and funding. This process was accelerated when, in the late 1990s, the area was identified as the site of an unprecedented increase in HIV infections among drug users. New as well as existing organizations received emergency funding to address this “health emergency.” Community organizations that emerged from the political community in the DES were in a better position to gain this funding than were other organizations. In allying themselves with government priorities, however, their community activism lost much of its impetus for opposing government intervention and priorities. Even under the NDP, the neoliberal devolution of service provision from the state to community and not-for-profit groups (and its emphasis on individual responsibility for social problems) was particularly evident in the responses to the HIV health emergency after 1996. This accelerated when the Liberals took power in the province in 2001 and began encouraging commercial development in the DES (as a solution to the area’s poor economic health) and encouraging programs to supplement their funding through “public-private partnerships.”

#### THE DOWNTOWN EASTSIDE AND THE “PLACE OF THE POOR”

The liminal status of the DES reflects its historical and current role as the public location for the socially marginal, representing the social boundary between deviant and respectable Vancouver. The DES has long been Vancouver’s “place of the poor” (Sommers 2001), created and recreated by society’s definitions of and responses to the poor and the

socially marginal. The manner in which not-for-profit and community groups came to define the DES and its residents after 1970 illustrates the complicated political and economic roles “community” has come to play in representation and governance in neoliberal society.

The City of Vancouver began in the DES. In 1886 it was “a town of men – young men. Then as now, these men lived in single-room occupancy hotels and rooming houses when they were in town. Women and children were few and [Vancouver] had only 58 children on the school rolls” (Morley 1974, 107). In the broader society, race, religion, and class framed a strong social hierarchy, which used to “establish the dominance of British cultural values and institutions and to marginalize people of colour such as Chinese, Japanese, Sikhs, and [First Nations] ... [and] also used to define Southern and Eastern Europeans – whose skin colour was white – as ‘non-White’” (ibid. 202; Knight 1996). As historian Robert McDonald (1996, 200) notes, however:

Residents who for reasons of racial identity or ethnicity were considered “foreign,” who worked at the lowest-status jobs, who lived in a masculine environment of multiple-unit dwellings in the oldest parts of the inner city, or who were poor, this third stratum, which the social survey report of 1913 labelled the “immigrant section,” formed a single entity only from the perspective of the dominant.

In practical terms, they were nonetheless concentrated in a compact cluster of areas defined by class, ethnicity, and religion in and near the downtown area now known as the DES.

While money and time have “whitened” many ethnic groups, the divisions of class and race remain. The DES remains a place for whichever group is stigmatized and shunned by contemporary mainstream society – including recent immigrant groups, drug users, drunks, and the poor (Canada 2008). First Nations people, disproportionately poor and marginal in Canadian society, are also disproportionately represented in the DES:

One-seventh of the area’s population is aboriginal, seven times higher than for Vancouver as a whole ... For Vancouver, status Indians account for just 1 per cent of the population; for BC, 3 per cent; and for Canada, 2 per cent. But in the DES, status Indians are 9 per cent of the population. “In some people’s minds, it’s the largest reserve in Canada,” says John O’Neil, dean of faculty health sciences at Simon Fraser University and a specialist in aboriginal health care. (Brethour 2009)

The maintenance of marginal communities also led to an implicit tolerance, if not overt acceptance, of criminal activities in the DES. The confinement of the Chinese community and businesses in Chinatown in the nineteenth and early twentieth centuries, and the legal suppression of opium, had caused the growth of a distinctive Vancouver opiate-using subculture centred in the DES (Anderson 1991). A 1970s Ministry of Health report on addictions treatment states that, “from 1911 to 1965, the addict lived in the main in a two square mile area of downtown Vancouver bounded by Hastings and Columbia Streets” (British Columbia, Alcohol and Drug Commission 1977, 4). The attitude expressed in reports and in histories of drug use in British Columbia is that the DES was the natural home of drug use and drug users. This is where they had been contained, but they were now spreading from the DES to other areas. The DES was offered up as a moral example of what would happen if local drug use was not suppressed (British Columbia Coordinated Law Enforcement Unit 1974, 1976, 1979; Narcotics Addiction Foundation of British Columbia 1967). The explicit portrayal of the DES as the central location for drugs, criminals, and prostitutes carried with it the implicit message that this was where they belonged.

In other words, the social and political problem of the DES is neither spontaneous nor recent. The DES “problem” – its poverty and neglect – has continued because it has always been useful to various agents, both inside and outside the community. Through the years – whether as a social dumping ground, a moral example, and/or a place of blame and shame – the DES has served many useful purposes for the City of Vancouver and its non-DES residents (Anderson 1991). As Mary Douglas (1992, 60) comments: “Public moral judgments powerfully advertise certain risks. The well-advertised risk generally turns out to be connected with legitimating moral principles.”

#### ACTIVISM AND DOWNTOWN NEIGHBOURHOODS IN THE 1970s

In the 1960s, the city administration developed a plan that would have effectively destroyed the Chinatown and Strathcona neighbourhoods to the south of the DES. Major freeways were proposed to run through the area in order to feed traffic from suburban Burnaby and Coquitlam into the downtown core. New low-income housing projects were to replace residences and rooming houses in a process of urban renewal. Residents and businesses in the downtown, Strathcona, Chinatown,



and Gastown areas organized to oppose the expropriation but were unable to stop the redevelopment until a new political force was formed. As Wing Chung Ng (1999, 99) states:

Strathcona suddenly emerged as an ideological battleground for the future of Vancouver. Disturbed by the pro-development stance and heavy-handed approach of the municipal government, a group of concerned professionals spearheaded a city-wide movement to support neighbourhood preservation and grass-roots involvement in the planning for future change. That movement had a far-reaching impact on local politics in Vancouver.

The formation of this coalition was a significant event in Vancouver's and British Columbia's political history. The efforts of this new alliance resulted in the shelving of most of the ambitious redevelopment plans – a triumph for local residents and businesses. It marked the beginning of the Chinese community as a major political force in British Columbia. It also ushered in strong neighbourhood political organizations, not to mention the formation of new municipal political parties and the launching of the careers of numerous municipal, provincial, and federal politicians (primarily linked with the NDP) who would represent the area into the twenty-first century. And it marked the beginning of “career” activism in the DES (Ley, Anderson, and Konrad 1994; Ley, Hiebert, and Pratt 1992; Marlatt and Itter 1979).

In 1973, when ten men died in various hotel and rooming-house fires – and there were over a hundred of those fires in skid road hotels – community members formed the Downtown Eastside Residents Association (DERA) and successfully lobbied the city to enforce fire and other building regulations in DES rooming houses (Ley, Anderson, and Konrad 1994, 707). Later, the organization moved on to secure the financing needed to build and manage new social housing. DERA was a grassroots organization, restricting membership to area residents and pushing for community-run and responsive social services (Cameron 1996; Canning-Dew 1987). It joined with other groups to persuade the city to repair and reopen the Carnegie Library building as a community centre. Carnegie is now known as “the Downtown Eastside's living room” and is funded and operated by the City of Vancouver as a community centre. DERA was determined to give DES residents an active role in their neighbourhood. Libby Davies, who represented DERA in 1973, stated: “It's time we told City Hall we have no use for expensive hired hands. We have competent workers of our own” (Hasson and Ley 1994, 183).

In the 1970s, the DES was an economically depressed, mostly immigrant and working-class neighbourhood, but with a remarkably stable population – 40 percent of its residents had been there for ten years or more, a similar proportion at the same address for three years or more. Its population was about seven thousand, and the typical resident was white, male, and poorly educated. Many of the income earners were dependent on general labour, the seasonal industries of fishing and forestry, social assistance, or all three. While alcohol was a significant problem, drugs were regarded by area activists as confined to a relatively limited population of hard drug (heroin) users who were not considered part of DERA's community (Hasson and Ley 1994, 178). DERA based its activism on the image of the DES as a blue-collar community and its residents as lower-class but deserving citizens – the “worthy” poor (Hasson and Ley 1994; Sommers 2001).

In the process of fighting for the people and needs of the DES, DERA became the area's voice and face. Through its representation of the residents of the area and their needs, DERA defined the DES as a community and as a political force in a way that it had never occurred before. Jeff Sommers (2001, 184-85), a DES resident and SFU student who researched the area's history and problems, describes this as a process through which

the emergent inner city communities, skid road included, were constituted socially through the formation of non-profit groups that claimed to act on behalf of as well as in the name of the poor. Such groups gave concrete form to a new relationship between the state and the “community,” serving as both representatives of the latter and, to the extent they were financed by the former, as mediating devices between the two ... [I]t would no longer be possible for political authorities to operate without cognizance of the aspirations of the skid road population through engagement with those groups that acted in its name.

DERA matured as an organization and had an established position not only in the DES but also in the city as a whole. By the late 1980s, it had properties and a large staff to manage, and it had guaranteed access to all levels of government as well as to property developers wanting to operate in the DES. Its role and functioning changed substantially from what they had been during its activist, populist origins. In a 1989 interview, Jim Green, one of the founding and sustaining members of DERA, expressed it this way: “Since Expo [1986] we've moved into sort

of a third stage of DERA. Now we're more of a partner in development. We're becoming part of the development process" (Hasson and Ley 1994, 204). DERA veterans Jim Green (former city councillor and mayoral candidate), Libby Davies (current NDP MP), and Jenny Kwan (current NDP MLA) all moved into politics representing the DES. DERA had changed from being an "outsider," an activist organization criticizing landlords and the political process, to being a landlord and a political "insider." In another 1989 interview, Jim Green stated: "people have learned it's better to do a deal with DERA than be held up" (Hasson and Ley 1997, 53). Through DERA, "outside" interests were able to "do a deal" to gain access to the downtown. Through its success, DERA moved from being an organization created to *serve* a constituency of interest to being one that *defined* a constituency of interest through its services.

DERA's emphasis on the DES as a community of the working poor as a counter-narrative to "skid road" was limiting, however. Sommers (2001, 280) observes that, while it mobilized community support for local development and opposition to outside interference, it excluded those individuals "whose conduct conformed to the skid road stereotypes – public drunkenness, criminality, drug use, or violence," who were a historic part of the DES community. Similarly, demands for more services and more control over them both reinforced the stereotype that skid road "denizens" were incapable and pushed DERA away from advocacy and towards service provision. Proudly asserting that the DES was the "place of the poor" had the unintended consequence of making it easier for other parts of the city to justify gentrifying and thus forcing the poor out of their areas and into the DES.

DERA and the DES faced mounting pressures as time went on. In 1985, the province's largest residential mental hospital, Riverview, began moving its residents into the community. Many of these people moved to the DES, with its concentration of cheap housing and social services. In 1986, the city hosted the world exposition known as Expo '86, and DES community activists were unable to prevent sweeping evictions from single-room occupancy (SRO) hotels. Hundreds were displaced, and social networks that had sustained individuals as well as organizations were broken. In 1991-92, DERA itself underwent a series of internal crises as workers struck, managers quit or were fired, and finances were questioned. It emerged as a service organization, with few of its earlier political activists still involved. In 1993, Woodward's, the last of the big retail stores on Hastings Street, closed. Already depressed, the area was devastated by the wave of retail closures that followed the loss of this

anchor. The DES became a bleak area of boarded up storefronts, cheap hotels, and bars.

DERA's "community of the working poor" was increasingly out of step with the needs of the diverse and increasingly poverty-stricken population in the DES. DERA's decline as a political force, changes in the community's demographics, and growing public "moral panic" over visible drug use and disease in the area set the stage for a process of "remaking the citizen as client" (Sommers 2001, 243). By the mid-1990s, the DES had 77.9 percent of Vancouver's affordable SRO accommodations and 28 percent of its bar seats (Mulgrew 1998a). With a population of over sixteen thousand, the DES accounted for just 3.1 percent of the city's population. But because of the loss of alternative, affordable accommodation elsewhere in the city, more and more of the abject poor found their way to, or were forced into, the DES. The poverty of the area deepened significantly. In 1997, the median income of households in the area (which included a large number of SRO rooming houses) was \$11,209 (McLean 2000).

In 1994, 40 percent of the general population of the DES, and 30 percent of drug users registered at the needle exchange, were First Nations (Office of the Chief Coroner 1994, 56). In 1998, the "criminal code offense rate" per one thousand people in the DES was 812, compared with 187 city-wide (Mulgrew 1998a). This small area and population accounted for 20 percent of the city's mental health patients, 80 percent of its drug arrests, and 23 percent of its sudden deaths (Mulgrew 1998b). Regular drug users made up almost half of the total population of the DES, and illicit drugs – heroin, powder cocaine, and crack cocaine being the major ones – were plentiful and cheap. A high prevalence of infectious diseases (HIV, hepatitis C, and tuberculosis) resulted (Kines 1999).

In 1995 and 1996, research conducted by the BC Centre for Excellence in HIV/AIDS pointed to a dramatic increase in HIV infection among injecting drug users in the DES – from 7 percent to as high as 23 percent in the two years since a 1994 study known as the Points Project (Archibald et al. 1998; Harvey et al. 1998; Strathdee et al. 1997a; Strathdee et al. 1997b). A "health emergency" was declared in 1997, and a major redesign of service provision and health policies relating to "at-risk" groups was instituted. The Penny Parry Report (BC Ministry of Health/Vancouver Richmond Health Board 1997), which came to be called the Action Plan (Wolfe-Gordon Consulting 1998; Wolfe-Gordon Consulting 1999), laid out a comprehensive plan to address the crisis on several levels. Key to responding to the HIV crisis was the expansion and reorientation

of community service organizations in the DES so that they would be capable of carrying out health interventions based on the harm reduction model.

Harm reduction, or risk reduction, was the shift in service focus that helped policy-makers break through community resistance to change. Harm reduction is generally agreed to have originated in the Netherlands in the 1970s (Roe 2005; van de Wijngaart 1990). In the form of needle exchanges, it gained acceptance and increasing prominence as an intervention. Needle exchange (the provision of a clean syringe in return for one that has been used) is an effort to prevent the re-use of syringes and, therefore, the spread of blood-borne diseases that could result from needle sharing. It is controversial for many reasons, not the least of which is that it contravenes laws against possessing or distributing drug paraphernalia. In order to function effectively, needle exchange generally requires a special exemption from those laws. The police also have to explicitly relax enforcement of those laws in order to encourage drug users to avail themselves of the service. The first needle exchange in Canada was founded in 1988 when John Turvey of the Downtown Eastside Youth Activities Society (DEYAS) began an unofficial program. With the support of Vancouver's Chief Medical Officer, John Blatherwick, he was able to open the exchange as a public health program in 1989 (Blatherwick 1989). But that program was forced to operate under severe restrictions, imposed by those who felt that its partial exemption from drug laws, even for public health reasons, implied societal approval of illegal and immoral activities.

#### ACTIVISM, POLITICS, AND COMMUNITY SERVICE

The organizations that represented the DES politically were all to some degree activist in their origin. Their initial activism – inclusive, democratic, and populist – was a response to genuine needs and represented the will of the grassroots. Through time, individual advocates and advocacy organizations became established and cultivated constituencies both inside and outside the area. They made it clear to outside politicians, funders, and commercial partners that their organizations' control over particular community issues and populations made them essential partners in any action. Insiders were shown that the leadership and control of these organizations were their best defence against being exploited or ignored by outside interests: "Victim blaming facilitates

internal social control: outsider blaming enhances loyalty” (Douglas 1985, 59). DERA simplified the DES’s legitimacy as a community, and its own political role in the defence of that community, through this “insider-versus-outsider” opposition. With the decline of DERA and the rapid increase in the number of services and the amount of funding available to the DES, community and legitimacy became hotly contested among its successor organizations. For the most part, they retained the insider/outsider opposition established by DERA, and, while they fought each other (at times viciously) for control and legitimacy, it was a family affair. They remained more or less united in opposition to outside interference.

A recurring theme in reports from the DES during the HIV crisis describes this “cutthroat competition” and community politics among DES agencies and organizations as a stumbling block to implementing new programs (Bognar, Legare, and Ross 1998; Roe 2003; Wolfe-Gordon Consulting 1998; Wolfe-Gordon Consulting 1999; Carrigg 2009b). These programs were aimed primarily at drug users and HIV, and they were evidently needed. The reluctance of older DES groups to accept them was partly attributable to long-standing resistance to outsider “interference,” but it was also an ideological problem. Accepting new resources and new priorities to address the HIV crisis also meant accepting that the DES *was* a problem and that it *needed* outside help. Accepting new and expanding services for drug users and sex workers meant that DES groups would have to accept that these “skid road stereotypes” were legitimate members of the DES community. This was a radical change to the only recently won definition of the DES as a community, and its reluctance to change it was understandable.

The health emergency overwhelmed many of the legal and moral objections that, in order to appear to be trying to control rather than to encourage drug use, had limited the DEYAS program to needle *exchange*. In the HIV/AIDS health emergency, these moralistic efforts to control drug use and drug users were superseded by the pragmatic need to control the spread of HIV. Needle *distribution* without limitations became a major initiative of the Action Plan (Bognar, Legare, and Ross 1998; Roe 2003; Wolfe-Gordon Consulting 1998; Wolfe-Gordon Consulting 1999). Newer and more radical groups in the DES, most notably the Vancouver Area Network of Drug Users (VANDU) and the Portland Hotel Society (PHS), had been advocating the adoption of harm reduction as a principle for all services to this population, not just those related to needle exchange and condom availability. Existing DES organizations were able to

channel much of the initial public concern into more funding for their programs, but they resisted pressure to substantially change either their concept of the DES community or their definition of its problems. This exposed fault lines within the various factions in the DES and created opportunities for these new players – new organizations as well as new programs and program philosophies – to gain ascendance. Under the Action Plan, new community groups were eagerly supported by the different levels of government that were seeking to contain the social and medical threat posed by the drug-using population. As a result, power in the community shifted to those local organizations willing to accept change and to give up a measure of “community” autonomy in return for greater funding and “stakeholder” status in how those changes would affect the DES.

New services and expanded harm reduction programs included easily accessible methadone, non-judgmental program outreach, street nurses and medical outreach, police tolerance of low-level drug activities, even a safe injection site: and they were successful in stabilizing HIV in the area. The new programs and organizations came to enjoy popular support in the DES and in the city generally. Vancouver was able to portray itself not only as a beautiful city but also as a compassionate one. Support for harm reduction measures that were considered radical in other jurisdictions became almost mandatory for politicians of every ideology in Vancouver. Harm reduction even received support from a right-wing think tank, the Fraser Institute, which regarded it as an example of cost-effective social policy (Basham 2000). In the process, the DES became a therapeutic community in which residents became clients whose right to services was asserted by community providers who were funded to manage both.

These interventions stabilized, but did not fundamentally change, many of the problems faced by DES residents. Much affordable housing was available through commercial, SRO hotels, but these were frequently poorly maintained and dangerous. The real estate boom of the 2000s pushed increasing numbers of people seeking affordable housing to the DES, even as redevelopment pressure threatened the DES itself. Vancouver's successful bid for the 2010 Winter Olympics brought international press attention to the desperate poverty of the area's residents and new pressures to “solve” the problems of the DES. It also brought opportunities for community stakeholders who were willing to partner with commercial and government redevelopment in return for some control over the nature of that development and assistance for their par-

ticular services and programs. By embracing the new emphasis on harm reduction and incorporating it into their programs, organizations such as the PHS, VANDU, Street Nurses, and the Vancouver Native Health Society became more important players in the DES community. This pragmatic acceptance of drug use as an illness changed how the DES “community” would be defined and how the needs of its residents would be met.

#### THE DES, A COMMUNITY OF OBJECTS

The adoption of harm reduction is the key to understanding what is happening to the DES today. The “harms” being reduced were not only those its residents faced but also those affecting the larger interests of the City of Vancouver and even the organizations representing the community. The HIV crisis and the concentration of visible poverty in the DES made that area a problem that had to be solved. But the DES could not be bulldozed, and its residents could not be moved on, so the “problem” had to be solved in place. The policies and resources came from the outside, but they were implemented by community organizations that had a great deal of influence over the result.

Much of the solution involved “impression management.” Blame for the situation in the DES was moved from the social and structural conditions that created them and placed on those affected by them. New funding and new neoliberal organizations dealt with individuals in terms of health risks and social categories, but little funding was available for actions that were political in the sense of calling for substantial and radical changes to underlying conditions. Academic researchers replaced community activists as the credible voices pointing out that the area’s problems could be traced to underlying social and economic conditions, but even the most activist of researchers shied away from taking concerted political action to alter them. Community organizations were able to blame their own neglect of political action on external constraints and non-cooperation with their work, on the one hand, and on their clients’ non-compliance, on the other:

As these agencies define “the problem” as one of individual pathology, they simultaneously isolate poor people and locate the blame for failure on those they isolate. In the absence of new opportunities and resources – and in the absence of a cure for cocaine addiction – service providers and the men [sic] they serve are unable to fulfill expectations for change set by program planners. In order to present the appearance



of success, they are forced to fall back on impression management. (Johnston, Rowe, and Swift 1995, 364)

The commonly accepted definition of a typical DES resident is now someone who is both poor and sick, someone whose problem behaviours require him or her to be under supervision and care. Such people are clients, and they are represented by those who provide that supervision and care. In its heyday, DERA successfully developed affordable housing for working-class poor residents; today, the DES is witnessing the expansion of primarily *supportive* housing for its “hard-to-house” population of people with problems. In recognition of rising property values and the arrival of the Olympic press corps, the DES is being “cleaned up” both literally and figuratively. This cleanup (and expansion) is being funded by the city, the province, and the federal government, and the housing it produces will be administered by a variety of community groups charged with managing the residents and their social and medical needs. The DES has now become a community of communities – communities of need rather than worth, supervised by various not-for-profits whose buildings are intermingled with new businesses and residential developments.

The PHS best exemplifies how deeply involved in the cleaning up of the DES community organizations have become. It was formed in 1991 as a not-for-profit whose mandate was to provide supportive housing for the “hard to house,” mostly drug addicts and those with HIV.<sup>2</sup> In 1993, the PHS took over the management of the Pennsylvania Hotel from DERA and began developing an alternate vision of community and services for the DES. It recognized that the demographics and the needs of the DES community had changed significantly since the founding of DERA.

The expectations of the public and private funders of DES organizations had changed as well. With the health emergency and with former DERA activists in power in the provincial NDP government, the PHS and other progressive DES organizations were listened to. The PHS expanded dramatically during the Action Plan and has continued expanding ever since, in the process renaming itself the Portland Hotel Society - Community Services (PHS-CS) to reflect the expanded services it provides. Beyond operating several SRO hotels, it now also looks after one of the emergency homeless shelters used to keep people off the streets. It has partnered with government departments, health boards, businesses, and universities to operate an art gallery, a bank,

<sup>2</sup> See [http://www.raisingtheroof.org/ss-case-dsp.cfm?casefile=Portland\\_Hotel\\_Project](http://www.raisingtheroof.org/ss-case-dsp.cfm?casefile=Portland_Hotel_Project) (viewed 23 January 2009).

a grocery store, a restaurant and a coffee shop, a dental clinic, a medical clinic, a safe injection facility, a detox facility, and more. It has partnerships with all three levels of government, Simon Fraser University and the University of British Columbia, real estate developers, and other community groups.

In one well publicized case, the PHS-CS was the successful bidder in the initiative to redevelop the giant Woodward's site. It is one of the community partners in the Concord Pacific Group's construction of businesses, university classrooms, and 536 market housing units on the site of this former department store. The Woodward's project includes seventy-five "affordable" family units administered by one not-for-profit as well as 125 "supportive" housing units managed by the PHS-CS. In another, more recent, case, the PHS-CS transferred "heritage bonus density" credits that it had been granted by the city as owner of the heritage Pennsylvania Hotel to Concord Pacific in return for \$3.6 million. Concord Pacific plans to build 154 market condos nearby, and it applied those density credits to circumventing zoning requirements that would have required it to incorporate affordable or subsidized units into the project. The PHS-CS put the money from the swap towards renovation of the Pennsylvania Hotel, an older SRO, in order to replace the seventy single rooms having shared bathrooms with forty-four self-contained suites and on-site support staff. The ground floor contains several storefronts, which the PHS-CS will rent out to businesses to assist with revenue. The total renovation cost was reported to be between \$11 and \$14 million, with the balance provided by all three levels of government (Matas 2009b; Paulsen 2009).

The renovation of the Pennsylvania Hotel was made more expensive because the end result had to complement the streetscape, which had been designated as part of the tourist walkway from the harbour to Stanley Park. This segment along Carrall Street is intended to offer a safe path through the DES from Gastown to Chinatown.<sup>3</sup> The PHS-CS owns or manages other properties at or near the intersection of Hastings and Carrall streets. While the Pennsylvania Hotel renovation has been lauded by the media and government as "a potent symbol for the long-awaited rejuvenation of the troubled neighbourhood" (Mackie 2009), it is an improvement that resulted in a net loss of affordable housing. Further, the renovation expense of over \$330,000 per room (and PHS-CS staffing costs) far exceeds the \$25,000 per room reported by the privately, government-, and charity-supported owners of the Dodson and Jubilee

<sup>3</sup> See <http://vancouver.ca/engsvcs/streets/greenways/city/carra;/index.htm> (viewed July 2009).

hotels (Stueck 2009), whose aim was to produce clean, safe, and affordable housing without reducing the number of rooms or redesignating residents as clients of the staff.

The Concord Pacific project has been loudly and consistently opposed by housing activists from DERA and the Carnegie Community Action Project (CCAP), who insist that the government should develop housing without forcing the community to accept commercial redevelopment. These protests are not directed at the PHS-CS and its deal with Concord Pacific because the PHS-CS is part of the DES “community,” and its actions are accepted as being in the best interests of that community. But the PHS-CS is operating according to a new neoliberal vision of community, in which the needs of the DES are subdivided into smaller service categories and problem populations, each of which is managed by the various “community” and “stakeholder” organizations. Whereas older organizations like DERA raise a political voice for the residents and community as a whole, the new community organizations, by seeking a political and corporate presence for themselves, operate to serve only their residents and the needs they represent. The Carnegie Community Centre, home of the CCAP, is owned and operated by the City of Vancouver. It receives funding to provide outreach, health services, and litter pickup, and it also waters the hanging flower baskets on Hastings Street. *Atira* Women’s Resource Society has formed a for-profit property management company to support its operations and to supplement government funding. Even more organizations have secured contracts to manage the thirty-odd residential hotels the province has recently purchased and renovated in and around the DES. All of these organizations are now heavily invested in the changes to the DES, and their protests in favour of more community autonomy and more resources or services for it have to be assessed, at least in part, in light of this conflict of interest.

A lot of money has been and is being invested in the community and community organizations of the DES. When a *Globe and Mail* reporter tried to account for the more than \$1.4 billion that had been pumped into the DES since the Vancouver Agreement was signed by all levels of government in 2000 (Matas 2009a, 2009b), he was able to do so only in the most general terms. Another article (Carrigg 2009a) details the lack of financial accounting for the money coming from so many sources to the over 174 service organizations in the DES. One of these articles reported Jenny Kwan, long-time DERA activist and now NDP MLA for the area, as saying: “honestly, politics aside, I have never seen

such desperation on the streets. I walk down there in the early hours, I go down to the community, and I am literally stepping over bodies” (Matas 2009b). This is not a situation entirely imposed on the DES by decisions made elsewhere. Certainly, those decisions have restricted DES organizations, but those same organizations had a strong hand in defining the needs of the community and in shaping much of the policy designed to address them. They were “rational actors,” guided by “rationality, individuality and self-interest.”

Activism is very much alive and well in the DES, but it is tempered by a growing identification of the DES community and its residents with the organizations that represent them. Because service organizations embody community in the DES, criticism of them is easily portrayed as criticism of the DES itself, or even as an attack on the poor. As the earlier discussion of the Pennsylvania Hotel renovation and Concord Pacific illustrates, DES organizations are not opposed to development *per se*, particularly not redevelopment that supports and sustains DES organizations. Radical DES activists avoid criticizing those organizations too severely because, while they may be at odds with regard to particular issues, they, too, believe that the DES community is embodied by their strength. Successful DES organizations have accepted that redevelopment is inevitable, and they work to ensure that benefits to the current residents are built into the process. That those benefits are tied to their own business and program interests is assumed since, in a very real sense, they *are* the DES. In this, they are supported by a growing community-based research lobby whose access to research subjects and research careers is facilitated by organizational “embedding,” and which has become ever more sophisticated in identifying “at-risk” categories and the services they require.

## CONCLUSION

City maps show the physical space of the DES as being part of the Chinatown, Strathcona, Hastings corridor and other neighbourhoods. The DES is not so much a physical community as a conceptual community. As initially promulgated by DERA and since sustained by its successor political organizations, the DES has been defined in terms of need. The concept of the DES community, and the definition of the rights and entitlements of its residents, has undergone a significant shift in the last decade. Community organizations have succeeded in shaping redevelopment to accommodate both their communities of need and the

desire of external actors to “fix” the DES. In the process, the conceptual community of the DES has been reintegrated into the larger mythology of Vancouver. It has been transformed from the physical manifestation of how an uncaring society failed the needy into an example of how a caring society is acting boldly to help. The City of Vancouver has DES community organizations to thank for its success.

DES organizations have tended to rise from the grassroots, pushed up by issues that, at base at least, everyone agrees are important. Remembering the devastation caused by Expo '86 – SRO evictions and clean-up campaigns – DES community groups moved aggressively to ensure that the Action Plan and, more recently, the 2010 Winter Olympics would benefit the community. As part of the bid for the Olympics, all levels of government were forced to commit to “fixing” the DES and to working with community organizations to do so. In the lead-up to both Expo '86 and the 2010 Olympics, the prospect of the world's attention being focused on the “blot” on Vancouver's landscape formed by the DES provided community groups with an effective means of bargaining for more resources.

In their book about non-profit organizations in the United States, Smith and Lipsky (1993, 208) describe the appropriation of the concept of community by government: “Community would not be a rallying point for demanding public provision of more comprehensive state services and increasing the equity of the service system. Instead, it would be a vehicle for devolving social services to non-governmental providers to enhance individual responsibility and reduce claims for public spending.” The current use of the concept of community in the DES reflects this appropriation. In the 1970s, DERA succeeded in providing a “rallying point” for community aspirations, but it could not fundamentally change the external factors that, for the next two decades, ensured that poverty flowed into the DES while opportunity flowed out of it. Community organizations were able to regain influence by accepting, in return for the survival of the particular communities of need that they represented, the right of external power to intervene in the DES. Smith and Lipsky note that “a crucial source of goal succession in voluntary organizations is the preferences and behavior of government” (163). The organizations that successfully represent community in the DES today accommodate the preferences of government by being partners in development, contractors for social services, and cheerleaders for Vancouver's progressive policies.

Recent articles describing preparations for media attention on the DES during the 2010 Olympics illustrate how closely DES organizations and funders work together to present the new, improved DES. One describes how the city and BC Housing are opening a media office in the new Woodward's development to talk about social development and to "handle inquiries and suggest sources" for the media. They will "connect reporters with homeless people, outreach workers and non-profit groups" so that they can depict a balanced view of the area (Hendry 2009). The PHS-CS has already been active in providing tours of the neighbourhood and its own facilities, particularly the InSite safe injection facility. Liz Evans, founder of the PHS, has been recently quoted describing a positive media strategy for the Olympics, in which the PHS-CS is "planning coaching sessions for residents to help them tell their stories, if that's what they want to do, and to talk about the things they like in their neighbourhood" (Bula 2009). The same article quotes Wendy Peterson of CCAP, "the Downtown Eastside's most vocal critic of government policies," describing plans to show visitors the Woodward's project and the Concord Pacific condo development as examples of the failure of government promises to deal with homelessness. In doing so, however, she is tacitly supporting intervention in the DES. Indeed, she is asking for more of the same.

The consequence of the conceptual and actual redevelopment of the DES community was that residents were no longer seen as autonomous citizens in their neighbourhood. They were reclassified into service categories, members of risk and health groups, deemed, even by their advocates, as not competent to govern or speak for themselves. Mainstream society and funding institutions accepted the distinction between victim and victimizer, and provided funding in order to operationalize it. This made the community (through its defining organizations) responsible for both – as long as they were in the DES and in service. The DES became a therapeutic community, created by powerful actors inside and outside the DES who shared the neoliberal ideology of service devolution and individual responsibility. In the process, the larger issues of social inequality and economic disparity were subsumed within individual medical and psychological problems, and social services – even policing – came to be considered as treatment for the individual resident's disabilities. Members of this therapeutic community are known as "clients": they have services, buildings, and programs specifically designated for them. This frees up other parts of the DES for development and occupation by

members of another community – the larger society – and these people are known as “citizens.”

The DES has a growing number of affordable and subsidized housing options, and yet homelessness continues to increase there (Metro Vancouver 2009a, 2009b). It has the highest police presence in the City of Vancouver, yet drug use occurs casually and frequently on its sidewalks (Urban Health Research Initiative 2009). These contradictions are noted but not emphasized in most of the scientific and popular depictions of the area. What is most prominently presented is the DES as a spectacle of enlightened neoliberal management of poverty, where poverty and pathology, community and governmentality, are conflated. As a result of the power that stakeholders have exercised over reforms to the DES, many bold and even radical initiatives have been approved. The activism of community organizations was responsible for promoting the “Four Pillars Approach” (prevention, treatment, harm reduction, and policing) that the city and province have since adopted and promoted.<sup>4</sup> It was also responsible for the opening of the InSite safe injection facility, for the city’s and province’s recent purchase and renovation of numerous SROS, for the five new “emergency” homeless shelters, and much more. The police now say their job in the DES is not to suppress “victimless” criminal activity but, rather, to guide visible drug use off the streets and into the new community services, into the care of service providers that is offered behind closed doors. This has had an upside for Vancouver’s image, which has moved from taking the blame for the DES problem to taking credit for the “world-class” progressive social and drug policies used to solve it. However, while all this makes the existing situation better for clients of particular services, it disempowers residents and citizens, making them more controllable, less powerful, and less visible in their own community. Governance has triumphed over the DES as a community.

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<sup>4</sup> <http://vancouver.ca/fourpillars> (viewed 12 January 2010).

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