

# Suffering and the fervour of statistical evidence in Vancouver's Downtown Eastside

## HASTINGS AND MAIN

“There is nowhere else like it.” “It’s a place like no other.” “Canada’s poorest postal code.” “The highest rate of HIV in the Western world.” These are epithets commonly used to describe the Downtown Eastside in Vancouver, British Columbia. It is a place of vibrant energy, of compassion, hope, love, and heartbreak, a place of generosity, and a place of social suffering and marginalization. The heart of the neighbourhood is the intersection of Hastings Street and Main Street, or what many locals refer to as “Pain and Wasting.” This moniker conjures up images more commonly associated with the neighbourhood, characterized all too frequently with reference to illicit drug trafficking, public use of injection drugs and inhalation of crack cocaine, intense poverty, crime, violence, and a concentrated street-level sex industry.

Its residents include displaced Aboriginal peoples, deinstitutionalized mentally ill people, working-class men, and impoverished new immigrants who are too poor to relocate elsewhere. The 2010 Olympics spurred an intense gentrification project that rendered the community almost unrecognizable as hipsters, artists, students, and middle-class urbanites flocked to the neighbourhood for housing and upscale boutique shopping, displacing the poor. Many of the urban poor live in substandard housing or sleep on the street, their lives bundled up in shopping carts.

Like Francis, whom I met on July 21, 2005. My ethnographic fieldnotes from that day read:

At HIV group yesterday I met Francis—a tall Aboriginal fellow who I had seen around the Ct. earlier in the day. He has some infections in his legs or feet, they are bandaged up, when he walked into the clinic earlier in the day he was only wearing hospital paper

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slippers on his feet. He slept through the part of the meeting, not saying anything—I had wondered if he was mentally ill; but later he awoke and was a bit more chatty. After the group, which lasts an hour, they go somewhere to eat—they have a \$5 limit each—which actually buys a full meal at Flowers Café. There I sat with Francis and Jackson—Francis read bits and pieces of the newspaper to us. I asked him about his feet, he said he hadn’t been taking care of himself lately, and that he is sleeping in the rough. I asked him if he came to group often, he said he used to but that he had not been attending lately, that he’d been doing his own thing lately. According to the nurse—the hospital discharged him earlier but they were unable to find him anywhere to stay. The group leader was taking him for the night to his recovery house but he [the group leader] needed to be convinced/coerced by the nurse. They tried to find him another pair of shoes—someone found a pair of loafers.

## PUBLIC HEALTH EMERGENCY

In 1996 the city of Vancouver declared a public health emergency in response

to unusually high statistics reported by the coroner’s office about rates of HIV infection and drug overdoses in the Downtown Eastside. The public health emergency subsequently became the impetus for the development of new enumerative technologies to count, classify, and track peoples, bodies, diseases, and social behaviours. Counting requires subjects. The HIV patient and the drug addict (or more specifically, the drug-addicted HIV patient) emerged from these figures as evidence, influencing health authority interventions (for example, a focus on the supervised injection site at the expense of a provincial AIDS strategy), clinical encounters, urban health centre policies, and the ways in which police and ambulance respond to those who make the Downtown Eastside their home (Elliott 2014).

Aboriginal men like Francis become simply numbers in all the counting. Numbers represent all sorts of things; but they fail to account for the suffering of Aboriginal Canadians like Francis. Statistics are critical capital used to justify all kinds of political action and *inaction*. Amidst all the calculations and enumerations, Francis was somehow abandoned. On December 4, 2005 Francis died on the street. He was found unresponsive at 8:35 a.m. by emergency services. What is particularly disturbing about this event is that the night before, at 11:30 p.m., a friend of Francis’s called 911 to report that Francis was sleeping on the street during a particularly cold night (temperatures dropped below zero degrees) and that he was feverish and appeared acutely ill. The coroner’s report of this event reads:

An ambulance crew arrived at the Unit Block of East Hastings at approximately 2346 hours. There, the paramedics observed a male

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who was wrapped in blankets and was sleeping positioned against a fence on the north side of the street. The paramedics woke this individual and were told by him that he did not need an ambulance. The ambulance crew *then left* the area. [Emphasis added.]

In the morning they were called back:

An ambulance crew attended to the scene at 0838 hours and attempted resuscitative measures which were unsuccessful and [Francis] was declared deceased at the scene.

His death was deemed the result of “natural causes”; the coroner’s report says he died of pneumonia. In fact, Francis’s death was far more complicated than that. He died in a community plagued by research, statistics, and evidence documenting suffering resulting from historical violence and contemporary neglect, evidence that is ignored by provincial and federal actors, leaving Francis and others like him abandoned by the state.

## NUMBERS AS EVIDENCE

In many areas of science and medicine, numbers become visible and most potent as “evidence.” As Mykhalovskiy and Weir have noted (2004), the evidence-based medicine paradigm has been one of the most influential initiatives shaping modern biomedical practice. The emphasis on providing evidence before implementing preventative, therapeutic, or caring interventions, particularly for HIV and hepatitis C in the Vancouver context, resulted in a mass of epidemiological and clinical research projects seeking “evidence,” a valuable commodity in the local industries of health delivery and medical research.

Statistics are not only a means of compiling data and providing information, they are also “part of the technology of power in a modern state” (Hack-


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ing 1991, 181); they operate as normalizing and surveillance instruments. Counting and classifying are part of the modern state’s technologies of regulation and management of populations in colonial and postcolonial contexts (Foucault 1991). Such forms of evidence are critical to Stephen Harper’s government, whether or not the evidence results in appropriate policy. In the Downtown Eastside, health statistics comprise a “moral science” for what they tell scientists, the public, and policy-makers about the social lives and public health of area residents. Here, as with many Aboriginal communities in Canada, we paradoxically see an overproduction of statistical evidence that is then ignored or hidden when such evidence reflects poorly on the state itself, or demands policy and action that is not consistent with the politics of the leadership (as is the case with the office of Prime Minister Stephen Harper).

One of the most comprehensive studies documenting the lives and contemporary experiences of Aboriginal peoples, the report of the Royal Commission on Aboriginal Peoples, released almost 20 years ago in 1996, clearly documents the social, political, economic, and health impacts of colonialism on urban, rural, and reserve Aboriginal communities. Since then, Aboriginal communities, including urban Aboriginal communities like the Downtown Eastside, have been overstudied. Research papers and reports, one after the other, have documented suffering, illness, and displacement, but rarely are these studies followed by effective and compassionate action.

## INACTION AND INDIFFERENCE

The most recent report by the British Columbia Representative for Children and Youth, Mary Ellen Turpel-Lafond (2015), sadly highlights how the state not only continues to ignore the suffering of Aboriginal communities in spite of overwhelming evidence, but also contributes to their suffering with policies and practices that penalize the Aboriginal urban poor (for example, a discriminatory justice system resulting in an overrepresentation of Aboriginal peoples in the Canadian correctional system and a prejudiced child welfare system with twice as many Aboriginal children in care as non-Aboriginal children). The fervour around collecting evidence occurs alongside the states’ inaction and indifference to lives of individuals like Francis.

Statistics as a science of the state act as a governing technology not only in the ways in which they count and make up subjects and populations, but also in the ways in which statistics are selectively engaged, ignored, hidden, or denied by states. Although we have witnessed many cases historically and in the contemporary period in which evidence is withheld by state actors, in this context we should seriously reflect on how much evidence is actually required in order for the state to respond in a humane and caring way to reduce the intense suffering experienced by so many in Vancouver’s Downtown Eastside. 

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