

**MY VOICE, MY SPACE, *OUR* COMMUNITY: A VANCOUVER DTES COMMUNITY  
ACTION PROJECT**

by

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## **Abstract**

My Voice, My Space, Our Community profiles a community-based action project and storytelling exhibition in partnership with the drug user organization VANDU which accesses the rich oral histories of men and women of the drug user subculture in the DTES. Utilizing a participant action approach this projects demonstrates community-based collaboration in the interest of community empowerment and public education.

**Keywords:** Participant action research; oral history; Vancouver DTES; VANDU

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## **INTRODUCTION**

Within Vancouver's downtown eastside (DTES), community is defined through the idea of togetherness grounded in the struggle to exist amidst various forms of marginalization and the desire for independence. My research coheres with Manuel Castells' (2007) conception that "societies exist as societies by constructing a public space in which private interests and projects can be negotiated to reach an always unstable point of shared decision making toward a common good, within a historically given social boundary" (Castells, 2007:258). This definition of community is cultivated through my research and involvement with 'Through Our Eyes', a community action project which profiles members of Vancouver Area Network of Drug Users (VANDU). The group is comprised of drug users and former users who work to improve the lives of users of illicit substances through user-based peer support and education. "Through Our Eyes" is an initiative which seeks to access and profile the rich histories of a particular subset of men and women living in the DTES community in the interest of empowerment, documentation, and public education. It is the goal of this study to profile this process, and in doing so illustrate the important role qualitative oral history has as both a methodological approach and as a rehabilitative and empowering process for the subjects themselves. The resulting narratives from this project represent nineteen individual life stories of men and women who live in this particular social environment in the DTES of Vancouver and are members of VANDU. No single phrase describing the lives of these inhabitants of

the downtown eastside can be derived from the narratives, which range from tales of loss to recounts of mental illness and generations of addiction.

Initially, my intent was to conduct a meta-analysis of all of the works (academic analysis; historical accounts; policy documents; current community and government initiatives; etc.) that address issues of marginalization, displacement, homelessness and the open drug market in the DTES. My vision was to create a state-of-the-art picture of the research on this topic to identify holes, contradictions and confounding results, to determine the most effective way to direct subsequent research in the area and to find common ground between community groups and government policy, increasing collaborative action.

After spending some time reviewing the research and volunteering at the Vancouver Coastal Health Contact Center in the DTES I realized my own contradiction between my method of inquiry and what I was trying to find out about the community and it became clear that the most effective way to address these concerns was to combine efforts with a community group at street level. At this point I met with an advisor from the action research exchange program (ARK) at SFU who connected me to VANDU to assist the organization in carrying out a written oral history project and photography project engaging characters of the DTES in telling their stories. This project later came to be known as “Through Our Eyes” an ongoing oral history and photography project of VANDU members living in the DTES.



During one of my final scheduled interviews for “Through Our Eyes”, the interviewee mentioned a photographer whose project objectives were in line with the ones I had been working on with VANDU. He commented that this photographer was seeking image subjects as part of the urban installment of her Canada-wide representation of First Nations communities. We were still looking for a photographer who had ties to the community and thus would understand the type of representation we were looking to access through the visual element. The interviewee suggested that we join efforts in the mutual interest of our projects. He passed on my information to her and she contacted me that evening to discuss the details of our projects and define the scope of our collaboration.

During the time that I had been interviewing participants for the oral history project I was taking an urban policy course in which we were required to work with W2 (a new community development organization in the DTES) to carry out research or provide a project that could later be used by the community group. At VANDU meetings in the months leading up to this, we had considered the idea of hosting an event to showcase the “Through Our Eyes” project. W2 had a ‘launch pad’ space and were looking for community work or programming to showcase in the space to increase their collaboration with the community. At this point Rita, VANDU, W2 and I decided to collaborate to host an oral history and photography exhibition.

While the breadth of literature discussing issues concerning homelessness and drug use on the DTES is comprehensive, the analyses often

tend to medicalize the subjects. I join those researchers who take up the position of grounded theory that advocates a multi-perspectival, subject-based focus with regard to society and the construction of community, space, and identity. Rather than working from policy and reports in an attempt to understand the complex socio-cultural condition in the DTES, I have consulted community members at length to generate a more grounded and representative understanding of the effects of policy, research, and current social circumstances on the lives of its inhabitants. The distinction between grounded theory and a more traditional positivistic approach is important, as too often researchers reinforce and reproduce analytical categories whose relevance is defined by policy-makers, rather than the community for which the policy is intended (Robertson, L., 2009). Invoking change requires an understanding of current policies that are grounded in a representative and comprehensive cross-section of the community under consideration; “if a majority of people think in ways that are contradictory to the values and norms institutionalized in the state and enshrined in the law and regulation, ultimately the system will change” (Castells, M., 2007; 239). By accessing the intimate stories of individuals living in resistance in the DTES, the aim of both this study and the associated “Through Our Eyes” initiative is that a more grounded and representative portrayal of the DTES, as defined by the community in question, can be accessed by those who previously were not granted access.

In addition to taking a grounded theory perspective, this study also operates within the theoretical frame set out by constructivist research, which

examines the construction of meaning and action within a specific community or population subset. In this sense, this project provides a more accurate understanding of the unique political, cultural, and economic perspectives of those living in the DTES, as constructed and negotiated by the inhabitants themselves. In doing so, the overall goal of this study, and other similar projects, is to provide information and perspectival access to a greater number of people outside of the community itself, whereby a more prominent platform to eventuate change is cultivated.

The disjunction between community perspective and policy formation is readily apparent to inhabitants of the DTES, as demonstrated through the oral history interview conducted with Jackie, a long time resident of the DTES, who addressed the disconnect between those who construct policy, and those for whom the policies are created. Her strong opinions regarding the importance of designing policy outward from the community, rather than policy makers enacting commonly held political ideals, stems from more than a decade of frustration over inadequate policy in the DTES:

I just want to help my brothers and sisters down here. A lot of it is fighting for addicts and giving addicts a voice from an addict's perspective, not from somebody who has no clue what they are talking about but they are making policies for us. They seem to trivialize that they are dealing with somebody's life here. So they are giving policy and it's just not working but yet they haven't tried what could possibly

work. The reason why it isn't working is because people that are making the policies that don't have a clue. Well if you made the right policies, consulted the right people, it would work. (Jackie)

This project emphasized three methodological premises. First, multiple perspectival realities demand that no one 'true' perspective is representative of the community. Second, the data collected reflects the mutual construction of meaning the researcher and the participants. Finally, this methodological tactic necessitates the recognition that the perceptions of the researcher have been affected by the participants' worlds (Holstein & Gubrium, 2003). In reviewing the oral histories collected the researcher must account for both his/her role as an interviewer and researcher in constructing, influencing, and directing the life stories. The subsequent influence of extensive field-work on the perspective of the researcher must also be acknowledged.

### **DTES: A HISTORICAL NOTE**

With recipient rates of welfare and disability income assistance soaring, the 1996 Statistics Canada report categorized the DTES as one of the most impoverished urban neighborhoods in the country (Kerr, 2006). Health researchers estimate that "approximately 5000 injection drug users (IDU) liv[e] in the DTES" (Kerr, T. et al., 2006). As a result, Vancouver's DTES, which was once known as a popular tourist spot with a strong economic backbone, is now

instead renowned for its dense population of homeless citizens, those suffering from drug and alcohol addiction, and its collection of abandoned buildings and businesses.

The DTES is most commonly profiled by medical journals using statistics surrounding mortality, rates of HIV prevalence and transmission, and high risk sex trade and drug use behaviors (Wood et al., 2002; Garty, et al., 2009; Hollander, et al., 2006; Hoffman-Goetz, 2005). In the popular media, the DTES is often portrayed through a lens of increasing homelessness, disease and criminality. The area figured prominently in the media frenzy surrounding the disappearance and murder of 69 female sex trade workers in 2002, and the Robert Pickton murder trial. Current local media reports of DTES often reflect the displacement and gentrification of the community in preparation for the 2010 Olympic Games (Wood, 2009). Notably, the articles rarely discuss the current “neoliberal policies that have drastically cut social services and affordable housing” (Robertson, 2006), nor do they draw attention to the thousands of silent voices from within the community which demand the accurate representation that is denied to them . As such, the role of VANDU is to give voice to those silenced in the community through the representation of Vancouver drug users in the interest of user-based support and education.

It's a tug of war it constantly goes back and forth, back and forth. VANDU is here because, just like the mission statement says, we are a user organization that it user based with both former and current drug users

of illicit drugs. When VANDU came up with that mission statement, they couldn't have been more dead on. If us addicts don't look after one another and we get shunned, we get shot down (Rob).

## **VANDU**

Recognized internationally as the largest substance user-based peer organization in the world, VANDU is a user-based, user-run organization that emerged in the late 1990's in response to increasing prevalence of drug overdosing and HIV infection rates in the DTES community. In 1997, the Richmond-Vancouver Public Health Board declared the state of the DTES as public health emergency for the first time, which sparked action within the community. Bud Osborn, co-founder of VANDU, spoke about the crisis in his life story interview:

In the summer, the drug situation, and the epidemics, and the disease, and the overdose deaths were so horrendous and a lot was centered around Oppenheimer Park...we started meetings in 1997 called user discussion meetings. When I was able to get the money then it became VANDU and we were able to make it an official organization. I didn't want to do what I thought was the best thing to do, I didn't want to go off on my ego and think 'this is the best thing for them, I know them because I've been a junkie so I know the best thing'. All we wanted was to have an organization, which has

emerged, that people will be able to speak for themselves and on the basis of that we would determine what we as a group would take on as issues (Bud Osborn).

VANDU is committed to improving the lives of users and former users of illicit substances and has correspondingly organized a number of public demonstrations to draw attention to the overall state of health emergency in the DTES. To commemorate drug overdose deaths in the community, VANDU co-organized events during 1000 and 2000 crosses events, during which several thousand crosses were erected in Oppenheimer Park. Through continued advocacy efforts, VANDU has since participated in a number of user-based research studies and initiatives, including influencing and supporting the opening of INSITE, North America's first supervised injection site. As a DTES community hub, VANDU is taking action as a counter-hegemonic organization in order to "challenge and eventually change the power relations institutionalized in society" (Castells, 2007: 248).

Growing from a small weekly meeting to an organization of over 2000 members, VANDU has organized several groups within its membership, including the Western Aboriginal Harm Reduction Society, the British Columbia Association of People on Methadone, and an active Women's Group. The year 2009 marked the first Pacific Summit of Drug User Health in Canada, hosted and organized by VANDU staff and its members. The Summit was funded by the Vancouver Foundation, and brought over 100 drug users and activists from the

Pacific Coast and Ontario to the DTES to discuss issues regarding the health and well being of drug users. The main goal of the conference, initiated by VANDU board members, was to unite municipal efforts in order to create a province-wide and eventually a Canada-wide drug user organization modeled after VANDU.

Upon the celebration of the ten-year anniversary of its inception in June of 2008, the VANDU board of directors and active members identified the need to preserve the stories of the community and its struggles through the documentation and archiving of oral histories. In what follows, I profile the ethnographic research initiative “Through Our Eyes”, conducted in partnership with VANDU, which sought to access and profile the rich oral histories of the men and women living in the DTES community in the interest of empowerment, documentation, and public education. I briefly discuss how the “Through Our Eyes” project evolved, including how I came to be involved in the project and the subsequent development of ‘My Space’, a two-month exhibition of photography and oral histories collected as part of the initiative. The exhibition provided an insider view of the DTES as a community, contrasting with the common representation of the area through street-level photography.

### **“THROUGH OUR EYES”: VANDU ORAL HISTORY PROJECT**

This project stems from the desire to access and portray the unique life stories of drug users in the DTES by engaging them in a way that is meaningful



and does not exploit the community, as many research projects in the area have done. In short, the goal of this project is to tell the story of Vancouver's Downtown Eastside through the eyes of its inhabitants. It features the stories and personal histories of community members, including former and active drug users, those who work in the area, and those who play activist roles within the community.

Working from a participant-based methodological foundation, this community-action project not only strives to include community members in the process, but also gives them the power to determine how their story is told. One of the most important concerns for VANDU was that the participants remain in control of their own story. This meant that once the stories were collected, they were transcribed verbatim and given back to the participants for review and editing before finalizing the story. The ultimate goal of this project is to produce a publication which documents and archives the oral histories, which will achieve the following. For VANDU, it will provide a first hand account of the history and development of the organization through the eyes of its members in a tangible form. Second, individuals who have provided their stories and contributed to the project maintain control of their own representation. This control helps participants improve their own self care and recognize their role in the community. Lastly, it will provide for outsiders an inside view of the DTES as a real and vibrant community of individuals confronted with real issues.

In the initial planning process of this project (March to June, 2008), I worked with a team of four other researchers, including two undergraduate students from Simon Fraser University's department of Women's Studies as well as one staff member and the president of VANDU. Our team's objective was to consult VANDU staff, its Board of Directors and members, as well as community support workers, in order to gather a list of participants who would be interested in participating in the project. From these consultations, we identified a list of twenty five potential participants. In attending weekly Board of Directors meetings at VANDU, we established goals for the project and a foundational plan, which included a detailed project description, the roles and expectations of each member participating in the project, and a set of questions to guide the open ended oral history interviews. These questions included the following: How did you get here? What brought you here? Where are you now? Where are you headed? Finally, what keeps you here?

Between May and July of 2008, the dynamics of the team-oriented project changed drastically as all four of my fellow co-researchers withdrew their participation in the project due to other professional and academic obligations. This left me as the only original researcher able to move forward and honour the project. It must be noted, however, that all five researchers and the VANDU board of directors influenced the initial planning stages of the study. As the project progressed, a series of staff and volunteers assisted with and contributed to the project, although I organized and facilitated all oral history interviews.

The interviews varied in length from eight minutes to two and a half hours. The reason for this range of duration for interviews was that participants were given the opportunity to determine how in-depth they wanted their narratives to be. The intention was to allow the interviewees enough freedom to discuss their experiences in a genuine manner without attempting to embellish or tailor their story to a particular set of objectives. Before commencing the one-on-one interviews, I was aware that most interviewees had never had the opportunity to open up about their pasts, their journeys to recovery, or their daily struggles linked to poverty, abuse, and addiction. As such, I was prepared to allow each interviewee to reflect on their individual experience in a manner and length which they deemed to be most appropriate.

All of the interviews were conducted from July 2008 through to March 2009 in the VANDU office, and the participants were paid a small stipend of five dollars for their time, which was offered by VANDU and approved by the VANDU Board of Directors. Participants were identified through referrals and discussion with other members and staff at VANDU on an ongoing basis throughout the interview process. Although a preliminary participant list had been generated and the research team had begun approaching each participant to request his or her involvement, a number of individuals were either unavailable or unwilling to participate in the project. Despite the fact that VANDU and the research team provided a formal statement outlining rights regarding confidentiality, some community workers identified as potential participants had concerns about confidentiality agreements at their place of employment and chose not to be

involved with the project. In addition, due to daily stresses that accompany life in the DTES, we were unable to maintain consistent contact with some community members that were identified in the initial planning stages. As this project necessitated a high level of involvement, those members who were frequently unavailable were not able to participate.

While the collected stories capture a snapshot of a particular situation in a specific context of space and time, the “Through Our Eyes” initiative intends to continue to maintain a strong relationship with the VANDU membership through the documentation of the changes within the community as the 2010 Olympics approaches and passes. Upon completion of the project, we will publish the stories and photographs in a book that contains the narratives by which community members chose to represent themselves. In this publication, participants will have the opportunity to reflect on their involvement in the project, including documented reactions to both the oral history and photography components. From personal journal entries maintained throughout the research process, I will also reflect on my role in the project, focusing particularly on the process of gaining access and building and maintaining credible relationships within the community. These reflections will eventually make up the “afterward” of the book.

## **MY SPACE**

Rita Liestner is a photojournalist whose photographs have won three Canadian National Magazine Award Gold Medals. She also has received multiple awards and grants including those from The Design Club of Canada, the Rory Peck Trust, and The Canada Council for the Arts. Her work has been published in magazines such as *Time*, *Newsweek*, *Rolling Stone*, *Vanity Fair Italy*, *Maclean's*, and *Battlespace: Unrealities of War and The Australian Photojournalist*. Rita was in Vancouver to capture images of the DTES as part of the Edward Curtis Project, a First Nations representation initiative which was awarded the Arts Partners In Development Grant. She has also collaborated with playwright Marie Clements in a multi-disciplinary theatre performance and photographic instillation that will premier during the 2010 Olympic Games in Vancouver.

'My Space,' produced in partnership with VANDU, W2 (a social development project housed in the new Woodward's development) and Rita Liestner, is an installation of transcribed oral histories and photographs representing the DTES. The concept for this project emerged from the collaboration and shared experience of Rita and me within the DTES community. Conversations leading to our partnership revolved around the recognition of the need to rectify the ongoing misrepresentation of the community to 'outsiders.'

I have been listening to what people who live and work on the DTES have been saying about their image to the "outside." One of the things that most struck me was this sense that outsiders do not appreciate that the DTES is a viable community that houses thousands of people (Rita).

This was a recurring theme in many of the inhabitants' oral histories, in which an overwhelming sense of identification as members of a cohesive community emerged. One of the guiding principles of the oral history project was to provide a more comprehensive and representative picture of the DTES as an authentic community of individuals confronted with real issues. Other 'street photography,' treatments of the DTES have led to the perception that the people in the community do not belong to "normal" society or share characteristics with more typical communities. In contrast, our emphasis on the interiors and views of the surrounding buildings from the perspective of the inhabitants themselves provides a unique, and more accurate, representation of the DTES community.

In order to represent the merging of these two projects, we created a mosaic of excerpts from the transcribed oral histories and photographs of the DTES environs from the perspective of the residents in the DTES to create a 'real' picture of the DTES as captured in a particular context of space and time. The integration of the oral histories and photographs of the residents' intimate spaces captured the fundamental essence of "Through Our Eyes", as more than a mere "reflection" of social matters of the DTES. As Castells has argued:

[S]pace is not a 'reflection of society', it *is* society. It is one of the fundamental material dimensions, and to consider it independently from social relationships, even with the intention of studying their interaction, is actually to separate nature from culture and thus to destroy the first

principle of any social science: that matter and consciousness are interrelated, and that this fusion is the essence of what history and science are each about” (Castells, 1983; 4).

Thus, presenting stories with the absence of meaningful space creates a gap in understanding that cannot be remedied without a conceptual representation of the space itself.

The exhibition, which was open from June 17<sup>th</sup> through August 11<sup>th</sup>, 2009, also served as a community project space in and of itself. Various groups from the DTES (such as VANDU, W2, and the National Film Board) utilized the space as either as a venue for, or an educational space in which to hold community-based initiatives. On June 13<sup>th</sup>, just prior to the public opening of the exhibit, VANDU hosted a reception for the Pacific Summit on Drug User Health (PSDUH) in the space, housing over 150 people from the DTES and across BC, the Pacific North Coast and Ontario. The event featured four speakers from VANDU and also afforded me the opportunity to introduce the project on behalf of VANDU. Hosting the PSDUH reception in the exhibition space provided the opportunity for participants to showcase their stories, their space (as captured by the photographs) and their involvement in a meaningful project to their friends, peers and outsiders. Taking ownership of their own stories and their involvement with the project empowered the participants to discuss community action with their peers and consider ways in which to use this project as a

platform for further action and awareness initiatives in the DTES community and the Canadian drug user community at large.

## **ORAL HISTORY AS METHODOLOGY**

The collection of life stories results in the generation of a unique set of data that represents an in-depth account of the major trends and issues within a community. Being privy to extensive personal narratives grants access to the participant's perspectives and values, personal definitions and understandings, including their knowledge of social processes and practices as acquired through experience (Bertaux & Kohli, 1984:217). This is a level of insight that cannot be achieved through traditional positivist methods, which tend to concentrate primarily on measurable empirical trends instead of individual accounts. In this practice, methods of statistical analysis cannot measure or conceptualize qualitative data unless it is quantified as a unit of objective analysis. However, in the translation to a quantifiable data set, the details underlying social relations are often lost. In addressing the positivist methodology as compared to the oral history approach to studying cultural phenomena, Bertaux (1981) notes, "I would like to tell them that their concern with representativity of samples, with data analysis, with proof, can be met also with this reputedly 'qualitative' approach, and that this approach yields even more: a direct access to the level of *social relations* which constitute, after all, the very substance of social knowledge" (31).



The analysis of qualitative data reveals the rich, complex and diverse perspectives and experiences of participants in their own words, as opposed to the categorical limitations imposed by 'outsiders' for the purpose of generalized analysis. In contrast to this more impersonal representation, oral histories inform researchers of the current state of a particular issue in a particular space and time as conceptualized and depicted by the subjects. Common assumptions held by society can be challenged through oral history in a way that comparing figures of statistical data cannot because the intimate nature of the oral history approach grants admission to opinions and views of particular individuals in a society that analysis from afar cannot access. In one of our conversations, Lucie, who once worked as a nurse in a Richmond hospital but became a resident of the DTES as a result of domestic violence, spoke of her ongoing struggle to restore her sense of agency and dignity in trying to make ends meet, which she reports has become increasingly difficult in her dealings with the welfare office:

I know it's hard, but that's why, you've got workers at welfare that can't determine where you are. 'Should we put some time and effort into this one person? Or should we just label that person with the rest?' I think that's very unfair...I have a 22 year old at welfare telling me some bullshit, that's very degrading (Lucie).

Although this is just one example, negative assumptions held by society, even by those who are working to help DTES residents, increases the divide between 'us' and 'them'. Qualitative methodologies such as the collection of oral histories

allows oppressed community members to escape the objectifying tendencies of a more categorical and quantitative approach.

The methodological approach of oral history provides a very different picture compared to other research projects in the DTES, including the Vancouver Injection Drugs Users Study (VIDUS)<sup>1</sup> and the Naomi Project,<sup>2</sup> both of which are based on statistical data and rooted in a cross-sectional approach to public health on a broad scale. While I recognize the importance of this type of research, my objective is to present a complementary account which focuses on the personal narratives of community members. Rather than providing categorical distinctions, my intention is to provide a richer understanding of some of the unique political, cultural, and economic perspectives of people living in the area in order to foster a sense of awareness and perhaps empathy within the community itself, in addition to educating those outside of the community who have little knowledge about the DTES. My task is not to seek confirmation of a generalized hypothesis, but rather to understand conflicts, changes, and other movements in this small community in a way which recognizes that “life stories are some of the best tools with which to elicit the expression of what people

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<sup>1</sup> A statistical study about the affects of a safe injection sight on the over health and well being of injection drug users on the DTES, done in collaboration with the BC Center for Disease control, St. Paul’s Hospital, Insite and a team of UBC researchers (See Kerr, T., 2001)

<sup>2</sup> Naomi Project (North American Opiate Medication Initiative) a study conducted in Vancouver and Montreal to will test whether heroin-assisted therapy benefits people suffering from chronic heroin addiction who have not benefited from other treatments (See Gartry, C. C., 2009)

already know about social life” (Bertaux, 1981:39). In doing so, a more nuanced and representative understanding of the perspectives of community members is cultivated, which ideally would lead to the creation of informed policy by and for DTES inhabitants.

Accessing a community or particular sample population through the recounting of life stories has informed researchers across disciplines (cf: Geiger, 2006; Leukefeld, et al., 2007; Rockwell, et al., 2006). For example, behavioral scientists Rockwell, Joseph, and Friedman (2006) utilized oral history interviews as a source of data, as they examined emerging themes of syringe-sharing patterns during the peak of the HIV/AIDS epidemic in New York. Through in-depth interviews, Rockwell et al. were able to recognize a change in injecting patterns during the early years wherein the virus was recognized as being transmitted through syringe-sharing. The collected oral histories informed policies that promoted increased access to safer-injecting supplies and education surrounding safe-injecting practices (Rockwell, et al., 2006).

In another qualitative study, Geiger (2006) used Foucault’s (1983) concepts of power, control, and resistance to analyze the life stories of eight Mizrahi female offenders. Specifically informed by Foucault and Durkheim’s theory regarding the important function played by crime and deviance in relation to social change, this study examined oral histories in order to link involvement in crime, drugs, and prostitution to an expression of resistance to abuse and severe socio-economic deprivation (Geiger, 2006: 591). The life

stories of the Mizrahi women revealed their intimate reactions to harsh conditions, which influenced their adoption of deviant behaviours. Insights into the psyches of these women in the context of resistance provided a unique opportunity for researchers to understand this particular issue beyond what may be available through histories documented using less direct and personal methods.

In this methodological tradition, this project documents the major events in the lives of the participants which led them to where they are today, in addition to their projections regarding their personal futures and that of the DTES community. This research approach not only uncovers personal values and experiences but also reveals individuals' perceptions of their roles within the community as well as their concept of the current sociopolitical state of the DTES. The spectrum of perspectives among the diverse set of participants facilitates an understanding of the role of community identity in DTES inhabitants' everyday lives, as well as the overall structure and character of the community itself.

### **ORAL HISTORY AS THERAPY**

I had no idea when I sat down with you that telling you my story would be such a big part of my recovery, of getting over all of this (Fern).

I had met Fern through a women's group at VANDU, in which I took part in the context of a research exchange project with VANDU. In the three months prior to sitting down to discuss her oral history, Fern expressed apprehension about sharing her experiences. However, the day we recorded her life narrative, she told her story as if every word carried with it part of the pain she had been holding on to for several years. There is a considerable body of research (cf: Lichter et al., 1993) which supports the theory that the recounting of one's life story offers therapeutic value. In a study assessing the benefits of life-review in a New Zealand hospice, the relaying of personal biographies was found to aid in positive behavioral changes, improvement of mood, and overall enhancement of patients' general sense of well being (Lichter et al., 1993). Through recounting their personal biographies, participants are able to relive positive events and come to terms with negative experiences.

In the case of the DTES, members of the community are often asked or required to complete brief questionnaires, surveys, and other more impersonal forms of assessment; the extensive and intimate presence of a dedicated listener is a unique and often welcome opportunity. In a population comprised of substance abusers, participants often feel as though they are no longer 'useful' members of society. Recounting their oral histories in a context in which they are intently listened to seemed to promote reflection and the restoration of meaning and a sense of self-purpose, as evidenced here in Lucie's account:

In September of 2005 I found myself in a situation which put me in the homeless category due to domestic violence. I lived in Richmond for almost eighteen years [and] I worked at the Richmond Hospital for ten years... I hadn't done any drugs in about seven or eight years and I come down here, I was a mother, you know, soccer, baseball, shit like that. Then all of a sudden it's [drugs] like everywhere... See if it took ten years to put on a hundred pounds it ain't going to take you two days to take it off. So this process is not going to be a fast one. I'm going to take one step at a time and just hopefully I'll be at a place where I'm happy... So that's my goal, to get better mentally and to get my personal life on the straight and narrow and still able to live down here and contribute to the community. Maybe I'll get more involved as I go along but I have to take care of myself and the contribution to downtown will be minimal at this point (Lucie).

Following her involvement in the oral history project, Lucie left the DTES to attend a drug treatment facility. I do not purport to claim that this is a causal link, although the correlations in my study support previous research regarding the therapeutic effects of discussing one's personal biography. In this sense, the aim of this oral histories project is not to produce scientifically grounded results or provide grief therapy, but rather to acquire knowledge and foster understanding through an ethnographic account documenting a set of

sociocultural relations within a community. Documenting oral histories affords the community and its members the opportunity to reflect on the unique and deeply personal accounts of those who have lived through or lost their fight with drug and alcohol addiction. Although this was not my original intention, self actualization through the telling of one's life story, particularly in the drug user population, has been shown to foster a stronger connection to the community. As a result participants may view themselves as responsible community members instead of resentful, helpless victims. Narrative may also serve to increase a sense of compassion and caring amongst users as well as promoting self care and the pursuit of outside treatment.

## **COMMUNITY-BASED PARTNERSHIP**

According to Andrew J. Sense, participant action research (PAR) is a collaborative process which meets the needs of both researchers and participants (Sense, 2004). More specifically, PAR is a research methodology in which participants are involved throughout the process as co-researchers, including having a role in planning and implementation and sharing ownership of the final product. In other words, it is "research in which researchers work explicitly with and for people rather than undertake research on them" (Meyer, 1992: 179). This is particularly important in the case of the DTES, where there is a low degree of trust in figures of authority and external researchers, both due to

the ongoing struggle for control in addition to the perceived voyeuristic tendency of outsiders to sensationalize the 'drug addicted homeless'.

Employing a PAR methodology affords participants the opportunity to influence research design and maintain control of how their story is told, consequently deemphasizing the sensationalization of a community seemingly driven by drug addiction and homelessness. Throughout the project, participants engaged in self-reflexive critical assessment regarding their role as active members who contribute to the community. This in turn promoted discussion between participants in terms of using the project as a platform for further community development initiatives. In the end, participants expressed the ambition of expanding the project to include a larger number of residents in the DTES and drug user communities across Canada.

Through their role in VIDUS, the NAOMI project and their establishment of British Columbia Association of People on Methadone (BCAPOM), VANDU has established itself as the largest user-based peer organization in the world. With the expansion of this project, they hope to go beyond the scope of the medical definitions that often characterize the community, by recognizing that drug users are in fact interesting people of value.

## **REFLECTIONS AND CONCLUSION**



The “Through Our Eyes” and “My Space” initiatives gave DTES inhabitants the opportunity to reflect on their life stories, and in some cases encouraged them let go of past events and look ahead to the future. Many of the participants paused at the question “where are you headed?”, as it is not something that is often considered in the DTES. When asked where she was headed, Lucie eventually replied:

My plan is to try to keep myself occupied and start back taking care of my business, what I need to take care of...I’m going to take one step at a time and just hopefully I’ll be at a place where I’m happy. The only thing that really bothers me is my kids and my family. I have always been a loner, I’ve never expected my family to take care of my problems. So when I get into a bind, I push them away. Of course I’m ashamed, of course! If I wasn’t, I would be on the corner, the same as everybody else. So that stigma that I have to deal with it’s not something that’s easy for me. I’m not a quitter, I’m a fighter.

The shame of leaving her children has prevented Lucie from moving forward and contributes to her fear of becoming a “full blown drug addict.” Voicing this through her oral history gave Lucie the opportunity to let go of this shame and embarrassment so as to recognize the positive changes she had made and her contributions to the community, particularly as a volunteer at VANDU. Although this was not the original intention of the study, self actualization through the telling of one’s life story, particularly within the drug user population, was

shown to foster stronger communal connections. Participants viewed themselves as responsible community members instead of victims.

As study participants and members of the DTES community read the life stories of their peers in the My Space installation, they often realized that the differences between them were not as vast as they perceived. Although two participants, Marvin and Robert, had known one another for 10 years, they had not seen the other's space or sat down to listen to one another's personal stories. The realization the "we are not so different" was echoed in the recorded reactions to the show, and fueled discussions of struggles and triumphs in the face of social change. Participants also spoke about the potential of using the project as a platform for further community building initiatives. Accessing their intimate space and exposing everyday struggles restored the "normalcy" of the participants not only to outsiders but also to their peers.

With such a positive response within the community and particularly with VANDU, our pool of participants expressing interest in sharing their personal histories has increased. As a result, I will be facilitating a further selection of original oral history interviews as well as follow-up discussions with those who would like to offer their response and reactions to the exhibition as a contribution to the final publication. I also hope to document any changes within the community as the 2010 Olympics approaches and passes. Although no formal publication has resulted, participants have been provided copies of their own story with the intention of beginning the process of co-editing

between the narrators and researcher in preparation for publication. The final publication will be modeled after *In Plain Sight* (2005) in the interest of providing an ethnographic account informed by oral histories in the DTES with the intent of fostering public education and encouraging meaningful and accurate representation, as opposed to the visual or verbal 'snapshots' that seem to sensationalize issues of drug addiction and homelessness.

What participants had to say about their community embodied mixed emotions of gratitude, loss, despair and hope for the future. The stories reflected multifaceted struggles surrounding belonging, pain of childhood abuse and neglect, and failed relationships. The concept of community took on multiple meanings within the project, but ultimately the stories were reflective of a society characterized by resistance to institutionalized power. Clearly this resistance was a consequence of feeling controlled by the 'systems' (welfare, justice, ministry) which diminished a sense of personal agency and power. The struggle to recover a sense of control over personal representation is found through uniting to resist and challenge institutionalized power, and the achievement of a sense of togetherness and belonging in addition to restoring a further sense of communal and personal identity. Through this project, the DTES is demonstrated to be a community of individuals with integrity and autonomy who deserve a voice in the complex social, economic and political issues facing their community.

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## **Appendix A: My Space – Text Panel Excerpts**

### **Bud**

I would have never believed as a lone junkie that VANDU would become an organization that has come together and accomplished important things. But when we came together, to see this transformation, to see people saying “I am somebody, I am important, I am not a piece of shit that should be locked up, that everybody hates”, “I’m worthless”, which is the message that’s constantly pounded in, but to see people come alive and realize that maybe we can actually change something and be of help here; that was beautiful to see, just to see the enthusiastic expressions in the faces, and people worked 70 hours a week for \$40 or something like that, because they were so fired by what we were doing. It was a really emotional and powerful feeling; it was a powerful time. “We can finally change something”.

One vital thing I think that VANDU has done, is that at first there were agencies that really didn’t like VANDU, that they thought that the drug addicts down here were the problem and that’s changed. That change has been because of the dedication of the members of VANDU. That is a major accomplishment. Now that this community is really under siege with gentrification I wonder how



much the members now realize that VANDU has been a powerful force in keeping this a community. Every meeting, every event that they go to, these things have broadened what VANDU is and also it reinforces that this is really a community. When I first got here, like I said, I didn't know what a family was, what a community was what really being alive was. I kept hearing this is a community so I started researching, community, what is community, and I saw that this area has characteristics of community which is traditional and rare really. It's a community of primarily low-income people, many of whom are very ill and yet the spirituality is powerful here. The creativity is so strong I couldn't imagine how many documentaries, plays, books, and music have been made by people here and how many people are drawn because of that spirituality and that kind of inspiration. If you're here honestly, well you are very welcome.

I have good feelings about where I am now that I never had in my life or ever imagined or dreamed and it has to do with being in a community and doing what I can with other people who are similar to me in many ways and who have come through the traumas. And being involved in resistance together, there is a togetherness in saving this community and I think it will only become stronger

## **Clyde**

As a result of being part of the Ministry until I was an adult, I was moved around the province from foster home to foster home; I was taken from my

family at age 6. I did eventually get back to my family but my mother had past on after I got out of the ministry. I was a troubled child being in there.

I got into the drug scene when I got to the DTES. I stayed for 3 years and did pot, or cocaine, or heroin. Doing all those drugs I ended up mixing them and ended up flat-lining and coming to, and thinking “wow what a rush”, not realizing that I was by myself at that point. After doing those drugs a number of times I realized that I had overdosed and flat-lined. I’ve seen some stuff that I cannot describe. I was not here in the body, but spiritually I crossed over and came back. Realizing I had overdosed and I had flat-lined, after experiencing that side, I knew I wasn’t ready, the creator wasn’t ready to take me.

I stay in the DTES because I am learning and knowing that I’m actually helping people escape their addiction. They can control the product rather than the product controlling them. They can be a functioning user. People need to know that you do have the power to say no; you are not hopelessly addicted.

We are a city that actually has a soul and a spirit and we do care for other DTES residence. There may be the odd individual that when they consume their drug of choice their personality changes so they may be happy go luck and when they consume their drug they may change. Not everyone is like that down here. We do watch out for each other. We do care. I do not want to move from down here. We are magnetized to each other; we draw each other to each other, we have been there done that. We’ve finally got a spot here in the city where we actually feel like we belong.

## **Paul**

Ending up in Federal prison was how I got to DTES. When I first arrived in the DTES I was still involved with drugs but realized after being in the big house there were not many more options, so I knew I could continue using drugs till I died, or do something about it. I saw a counselor for a year and went to rehab program at MRTC. Feb 18, 2009 is my 4-year anniversary of being clean. By the time I finally got clean I had been involved in substance abuse for 40 years, I started sniffing gas before I went to school. I still see a counselor today. Through counseling I realized all the developmental things in my life that were dysfunctional, like relationships and job knowledge.

I have been in the Downtown Eastside for 5 years and am and feel I am part of the community but I'm just not using drugs. I have a great rapport with so many people.

I have a bond with people, I have been there and they trust me. You have to think outside of the box to help some people to go to meetings and apply for benefits. You have to take the people by the hand and help them get their stuff together. The dope sick people need a lot of help its part of the bonding process with the people.

Everyone does their own thing and that's ok. I just want to help people that are down and out. I blew my life and survived being drug free; I'm a good

and bad example. The odds were stacked against me but I did it and am living proof it can be done. The odds are slim but it can be done.

### **Jackie**

I work because a lot of girls seem to come to me for help and to get things off their chest; not just women, men too. I keep my self out there more for the women because I find the women, especially the sex trade workers, have very few people that they can confide in and that they can actually trust to not judge them about what they do. The reason I do it is because this is how I was treated through the years that I worked the street; to be ashamed of what I did. People shouldn't be ashamed of what they have to do.

A lot of times people think that we are just addicts and we never want to change our lives but nobody gives us the chance to change our lives. You know what, we came from somewhere, circumstances brought us down to where we are but it's all about saying "hey would you like a chance to turn your life around".

### **Chris**

I went through it for a while with no money, I thought I'd just suffer, but over time I couldn't take it anymore I wanted to get out. So I started picking bottles for my time and it took me a few months but I started making enough

money where I could go get a half gram or 20 everyday after going out and picking bottles. So I do that and I just started living the part like fuckin' not showering, not shaving, just covered in fucking pop, juice, just anything.

My boss would come back from Europe and I would go back to work in construction and everything was good for six or eight months with lots of money and partying all the time. This cycle went on for four years.

I did my whole taping apprenticeship, smoking dope all day at work. My routine at work was, if I didn't have a place to stay I would sleep at the house, like security, to watch all the tools we had there. So the routine was, he'd buy me breakfast, show up at the site wake me up, feed me, I'd work for maybe an hour, an hour and a half until the drug phones turned on. After about two years I started going and asking him for money; he would give it to me because I worked better when I was high. I was fast and made him lots of money. I made about \$200 a day. I would get high all day and all night. I am realizing now that doing so much dope while he was here because I had so much money was probably why I would fall so hard when he was gone to Europe for the winter.

### **Chilli Bean**

I gave up my place to live because my best friend was living here and we moved in together. I unfortunately got into drugs and got a fast way to get drugs.

I ended up down here when I was 29 and I am 42 right now. For the first 7 years I was really into drugs and the sex trade; that's all I cared about. After that, I found the DTES women's center and now things have changed quite a bit. I've been a volunteer there for a good number of years. I am a huge participant at WISH. I am also on the board of directors at WISH and VANDU. I am not using as much.

### **Rob V**

I spent 5 years inside out of the 11 years I have been here; I've spent 6 on the street. I have been right through Canada, from one end to the other 7 or 8 times, back and forth. I know every stretch of the Trans Canada Highway from here all the way.

It's a tug of war it constantly goes back and forth, back and forth. VANDU is here because, just like the mission statement says, we are a user organization that is user based, with both former and current drug users of illicit drugs. When VANDU came up with that mission statement, they couldn't have been more dead on.

There's one of 3 ways you'll end up down here, you'll either end up locked, fucked up or dead. I can't put in any other form or put it into words any simpler than that.

## **Juanita**

You just kind of go where you know, where you feel most comfortable. Everything I do is around here. I have VANDU, I have the Health Contact Center, I've got the Consumers Board, Emerging Voices at WISH, I've got ladies night at the Downtown Eastside Clinic; so I do a lot of work in the neighbourhood. I just kind of stumbled upon the work, and then boom I'm just into all these things.

My job keeps me in the DTES. I know everybody and I've lived down here, it's just a force of habit now. People want me to work for them down here so I do; it's a good feeling! You know, there are thousands of bars in this city, and I only go to one of them, and it's down here.

It's pretty cool down here you know. You can't know anything, you have to learn it on your own, you really do. Vancouver's a pretty city, it's very beautiful. There are only couple of snakes around but you always be careful and watch your back.

## **Anonymous**

There were 2 different after hours restaurants on Davie. One was for high end and one was for low end, I was high end when I got here. But I owed money and I knew that there was a way to make money; I knew there was prostitution, I knew about prostitutes. The drag queens that I was hanging out with, you couldn't just go out on the street, you'd get eaten up. It just didn't work out that

way. I was too good for that, I was a complete snob back then. But when I owe money and had to make money fast I figured out that I could just go work the street.

Eventually I got pushed into the DTES, there is nowhere that you could really get a no go in the DTES. That's how a lot of these girls end up down here, they started off in these glamorous areas escorting and they end up homeless in the DTES. A lot of people don't know that these people used to be beautiful vibrant healthy people and then just a lot of bad things happened and you get a chain effect.

**Fern**

**Thursday Jan 15, 2009, 12:30pm**

7 years ago my daughters found out about my choice, what I was doing; spending all my money on crack. My kids asked my to go to detox which I did. While I was in there my girls up and left with my grandkids. When I got out of detox and went home all I had there was my cats and they were nowhere to be found. Social services had me sign them away. They were in and out of foster homes after that and even when I was trying to find them they didn't want anything to do with me because of what I was doing.

I had a house up on 29<sup>th</sup> and Rupert , I lived in that house for 9 years with my kids. I thought for sure my kids would be there until they were all 19 but they



weren't, they were just young teenagers when they left. Back then, 7 years ago, not only did I have that house, I had a car, I paid my bills, I looked after my kids, and I had a job. I was working in a cannery in North Van and I was making really good money, I was supporting the family on my own.

Now I don't have a job, I'm on welfare, I'm living in a shitty hotel. I work around drug addicts, I work at the safe injection site, I have been there for over 4 years as a peer support worker. Some clients of that come in, they get upset and they tend to cry in front of my, especially the ladies. The stories I hear there are similar to what I went through, you know being alone.

After I got out of detox I was in my house for 1 month and I got kicked out and I just had a house full of everything you could think of in there. I ended up leaving it all and I was in the homeless shelters for about 3 months and that's how I got here. I was going from line up to line up. The curfews at the houses they were setting me up; I didn't like being in the shelters. I 'm used to coming and going as I want. Curfews were at 11:00, the doors lock at 11:00. And sleeping on the floor with just a sheet on top of you, waking up at 6:00 in the morning "here's your [cold] coffee and [stale] doughnut" and get out. There was only space for 10 women at the UGM (Union Gospel Mission), there were like 60 men on the other side, but there was only 10 spots for women. It was the most depressing time of my life, being homeless; I had nobody, I was all by myself. I had friends down here but they were doing the same thing I was. The only time someone would come visit me was when I was smoking crack in my room.

Having that experience back then helped me with what I'm doing now. I was at the Front Door on Main Street. I was in that group for about 3 years down here. There was a bunch of young kids that came down from up north, we toured them down skid row told them about drug dealers and drug users; they saw that people inject in the alley, smoke rock in the alley. Hopefully we made a difference with these kids 'cause they were like 12 and up. We shared a lot of stories with the kids; don't grow up to be like this. I lost a couple of friends that I used to do drugs with, they're all gone now. They're overdosing or dying of AIDS or HIV.

I would like to get out of this area but all my work is down here. I volunteer and run groups, I work, all of that's down here. All of the friends that I've made down here. A lot of people I'm friends with I could go up and share anything. My healing circles I do, I never went to residential school but I was abused by 2 of my half brothers. I started drinking at 12 years old, not down here but in Port Alberni. 12 years old standing in front of the beer parlor and asking them to get me a case of beer and they did it. That was my way of forgetting everything I went through as a young girl. I hid that for years and years because of my half brothers, I had nobody to talk to. I shared a lot of things in that group that I wouldn't have told my own family. We just let go of things that we keep in and open up and your not ashamed to crying front of people you don't know. Being able to talk openly and have people just sit there and listen.

I experimented with pot when I was a young kid too, that's all I did before I got down here. I'd watch everybody else do drugs and then I got curious and I got carried away and then I ended up losing everything.

Think really hard before you do that drug you know cause in the end it's not worth it. I still cry today about what I lost; my girls my grandkids, not being able to see them.

**Rob**

**Thursday Jan. 15<sup>th</sup>, 2009, 1:00 pm**

Before I came here, I was living back in Ontario in 1996/997. I have never been the kind of person to stay in one area very long. As a matter of fact Vancouver is the longest.

I hitchhiked from Ontario and the way clean through to St. Johns Newfoundland. I know every stretch of the Trans Canada Highway from here all the way. In 1997 I made my way out here to Victoria, then I made my way out to Vancouver in 1998 and I have been here ever since. I had heard some horror stories about how the drugs ran ramped and stuff like that. I am a very speculative kind of person. I had to come check it out for myself; that was 11 years ago. My addiction basically is what keeps me here, in this area.

When I first got here I landed a full time job off of cash corner doing demolition work. I worked for 2 week, got 1 paycheck and I lost the job because I got into

doing drugs. From there I got on the welfare system and I have been on the welfare system off and on for the last 7 or 8 years. I spent 5 years inside out of the 11 years I have been here; I've spent 6 on the street,

I'm not much farther today than I was when I got here 11 years ago. I have been with VANDU almost the entire 11 years. My membership number is 108. I signed up with VANDU in August of 98. I have been on the board of directors 3 times. It gives me a lot of structure and a broader perspective on how addicts as individuals actually support and look after one another.

It's a tug of war, it constantly goes back and forth, back and forth. VANDU is here because, just like the mission statement says, we are a user organization that is user based with both former and current drug users of illicit drugs. When VANDU came up with that mission statement, they couldn't have been more dead on. If us addicts don't look after one another and we get shunned, we get shot down when we go to the hospitals and stuff like that for absences and certain types of diseases that get spread around through intravenous drug use, sharing of pipes, that kind of thing. A lot of people turn a blind eye.

There's one of 3 ways you'll end up down here, you'll either end up locked, fucked up or dead. I can't put in any other form or put it into words any simpler than that.

If an addict on the street has a problem, that's why VANDU is here. You have a problem with the police you come to VANDU.

Seeing all of the addicts that need help keeps me here. I have a lot of friends, a lot of acquaintances. I have started burrowing my roots; it's my community. I don't know how many times I have had people come up to me and say if it was for me they would have been dead a long time ago, that I have helped them out more times than they can remember.

People should take a broader look at their life, their goals, their plans, and not just jump into the first thing that comes along. Just to think about all of your choices.

## **Lucie**

**Monday, January 19<sup>th</sup>, 2009, 10:30 am**

In September of 2005 I found myself in a situation which put me in the homeless category due to domestic violence. I lived in Richmond for almost 18 years I worked at the Richmond Hospital for 10 years. Lived in the shelter in New Westminster for a little while. The welfare system makes it very hard for people who find themselves in this predicament that aren't drug addicted to get themselves out fast enough to not get caught in the vicious circle.

The first shelter that I ended up in downtown was the Bridge (Bridge women's housing). I lived in Richmond for 17 years, I was a mother, you know, soccer, baseball. I hadn't done any drugs in about 7 or 8 years and I come down here, then all of a sudden it's like everywhere; I was flabbergasted. It was very difficult

for me, especially dealing with welfare because I had worked all my life and I went there and they treated me horrible, they take away your dignity. I tried very hard to overcome that but I still got caught up in the drug world.

Eventually I did manage to get out with this particular person, which I thought, "this is it, this guy is it". But sometimes its hard to deviate from the same pattern that you did all your life.

I ended up in Vitoria and then I went to Rob Creek, I loved it, it was in the bush. We bought property up there; I was going to open up an antique store. All of a sudden he couldn't find a punching bag, so guess what. Once you've been down here and you find yourself again in this situation of domestic whatever, you tend to come back because people like welfare, businesses, they might judge you but the people on the street they don't necessarily judge you. You can kind of be invisible because we all have a story.

This time when I came back I couldn't care less what happened to me. After a while, I was an addict, people were taking advantage of me. So I started working the street. Which was a mistake, although I made a lot of money; but, it's not me, it wasn't me. I have to go through this particular stage of getting my anger out of me. Now I'm starting to feel again, I don't want to be like this the rest of my life.

Living down here, it's not a bad place, its unfortunate that we are all stuck.

Everybody's stuck in the same box and most people do not get out of that box. I force myself to go out of the box. It's just that pride that will not allow me to go there. Now I'm starting to try to work, I'm working 5 days a week at VANDU, I'm

starting to volunteer at other places, I want to keep myself busy. I've injured my foot and I can't go to work but welfare and WCB do not want to take responsibility; they call it wear and tear. I'm 50, I'm not interested in going to work for \$10 an hour when I was making \$28. It's not acceptable to me. I wish that agencies would concentrate more on the welfare issue and the dignity of people.

I don't know if I will ever quit doing the rock. It used to be a recreational thing, it wasn't something I got up in the morning and thought about. So I think there are people that can manage, I don't see what's wrong; because it's illegal? I go to work 5 days a week and volunteer, so who are they to judge me.

I know it's hard but that's why you got workers at welfare that can determine where you are. I have a 22 year old at welfare telling me some bullshit, that's very degrading. What can you do, but you just adapt and lie and try to get things for free everywhere you go. Half of the time, people get it and just go and sell it, you know, pills and stuff like that. Everybody's contributing to this issue, you can't tell me that doctors don't know that their prescribing T3's and Percocet and don't know that person actually makes money off it. It's so true. Who in this world allows people to hoot in the alley where the cop station is?

My plan is to try to keep myself occupied and start back taking care of my business. If it took you 10 years to put on 100 pounds it ain't going to take you 2 days to take it off. So this process is not going to be a fast one. I'm going to take one step at a time and just hopefully I'll be at a place where I'm happy. I'm not a

quitter, I'm a fighter. The only people I owe are my kids and my family and until that process starts I am going to be stuck, that's the only thing that really stops me from forging ahead.

So that's my goal, to get better mentally and to get my personal life on the straight and narrow and still able to live down here and contribute to the community. Maybe I'll get more involved as I go along but I have to take care of myself and the contribute to downtown will be minimum at this point.

There is something about downtown, there's a history, I think there's a richness here, it just catches you. You have a hard time, even if you become drug free, you still want to hang out down here. It's beautiful.

## **Bud Osborn**

**November 13<sup>th</sup>, 2008, 1:00pm**

I got to Canada because of the Vietnam war and that was important to me because otherwise I don't think I would have been alive. I was going to go to prison; I had been drafted into the military and I definitely wasn't going to Vietnam, they were going to send me there. Instead I met a man and he said "don't do that, go to Canada, and I have a friend who will help you." He was a pianist in residence at the University of Toronto and he helped me become a landed immigrant so I lived in Toronto for several years.



For a long time I had been writing poetry, I sort of made a vow that I would do that for the rest of my life whether I failed or not at it. What I would mean by success with poetry would be that the poems that I read helped me live another day, another hour. It seemed that the poets I read spoke to me emotionally and about my experience more intimately than any friends or parents. I didn't really know anything about family or community or anything else. There was a great deal of violence and alcoholism, homicide, suicide, mental illness, it was just chaos.

I was, as the rest of my family was, an alcoholic and a drug addict and I had been in jail in the states a few times and also in treatment centers and all kinds of nightmarish situations. I was then trying to become the kind of poet that would have meaning for someone else that poetry did for me which I didn't think would succeed and I thought if I did it, it would take a very long time, which it did.

I moved here in 1986 just after expo had closed and after all of the evictions so I stayed in an abandoned warehouse full of artists for a while until I got on disability. Actually I have Hep C, spinal arthritis and Fibromyalgia and that came from a lot of car crashes and suicide attempts, and the Hep C from sharing dirty needles. That was long before we started trying to get Insite going and things like that.

Coming here it seemed to me I was going to the end of the line, the ocean, everything. This was going to be it for me, I was either going to find a way

somehow to live or I was just going to just destruct. Actually it's been kind of a combination of both since I've been here.

Fortunately, I now have a good living space, I have been here about 3 years at the 4 sisters co-op, which is really important to me. I know so many people down here after being here for 20 years and being involved in so many activities. I figured that this was more secure housing than the chaos that is going on here now; people being booted out and all of the misery that's going on.

First thing I got involved with in terms of activism was dealing with Woodward's, I thought it was a cornerstone along with the Carnegie Center and a couple of other buildings which were really important. Initially I was trying to get Woodward's for the needs of the people here. At that time there wasn't a lot of activism; the agencies that were here were really in conflict at the time so I formed a small group and we demonstrated continually at Woodward's and spray painting and went to city hall every Monday morning and we did 80 demonstrations in a year.

During that year (1997) the drug situation and the epidemics and the disease and the overdose deaths were so horrendous and a lot was centered around Oppenheimer Park. Ann and I decided to hold a meeting there among not only the users or dealers that used the park but also those families that lived around the park and then there's seniors who live in housing there, and we sort of brought everyone together at a meeting. Ann recorded everything that was said

and the question was “what would make your life better?”. Basically there was an agreement that users needed their own place to go.

In a very ironic development, I mean it will never happen again, I’m sure of that, I was appointed to the health board and when I realized that the health board had 3 times the budget of city hall and had a lot more political power it, in fact it was a political body more than a health body.

I was trying to do anything and everything I could think of; I was doing writing groups at the Portland Hotel and the women’s prison, at other places. I was doing a lot of readings, I was trying to get out the message from here, the cry of suffering and what could be done about it. Those two things I thought were strongest as far as an activist message. I had a couple of bands, a jazz band, a rock band, we performed at the festivals stuff and it drove the musicians nuts when I’d give these rants about the DTES and that people needed to be more involved.

We did some tours in the east and even there trying to get people aware of harm reduction. I was involved with the Toronto harm reduction network. I was going back and forth there as well as Ottawa and that was when there was an excellent health minister and it was unfortunate that he wasn’t able to rise higher in that party. He understood harm reduction and he understood the gravity of the situation nationally. He and I talked at great length and he had a representative here helping us. He gave us the money for a resource center on Powell Street, which is now the health clinic on Powell. But that building was actually

purchased with the money, to be a resource center for drug users; a place where they would feel that they had ownership of it and that you could hold meetings there. There would be a place that you could go in the night. I remember women saying that sometimes it would get crazy in the hotels at night, they had nowhere to go and that would have been a place to go. You could go there to do your laundry, make a phone call, have a meeting, but an actual place for drug users.

The other part of the money finished the Bridge women's housing.

The minister that gave us this funding was really behind this project and he wanted it to be driven from the bottom, not from the top. He wanted it to be a kind of test case to see whether or not it would work. If it worked, he wanted to put them across Canada, he had this ambition.

We had a unique committee to get the centre started that lasted for 2 years. By then I had been able to get money from the health board to start VANDU; it was a real battle. I found out the viciousness of politics on that health board.

We started meetings in 1997 called user discussion meetings. When I was able to get the money then it became VANDU and we were able to make it an official organization. I didn't want to do what I thought was the best thing to do, I didn't want to go off on my ego and think "this is the best thing for them, I know them because I've been a junkie so I know the best thing". We wanted to have an organization that will allow people to speak for themselves and on the basis of that we would determine what we as a group would take on as issues. It didn't

take long actually. We began having more than 100 people at a meeting, it was really quite heartening and inspiring.

At that point the users themselves decided that the resource center was the most important thing because already VANDU had begun to make a dent into the overdose deaths and into the HIV AIDS epidemic because people were really connecting at the meetings. They started using their own hotel rooms for safe injection and places to distribute clean rigs and harm reduction things like. The first thing that was wanted was, a resource center. It wasn't just users which was what made it unique; there was a cop there, there was a major architect from Gastown, people from China town, there was a variety of people. When I was assured that we got the money, what happened was the mayor at that time declared a moratorium on drug services in the DTES.

We planted 1000 crosses in Oppenheimer Park to memorialize the people who had died and so after that I tried to think about something that would raise the awareness, this cry of suffering even louder and farther, so I studied and I realized that there had never been before in the history of Vancouver a public health emergency declared, so I educated the agencies down here and the city health director and the people on the health board but the health board executive staff, didn't want it. They tried to prevent it actually, but I had so much support on the board that the motion passed so the first public health emergency in Vancouver's history was declared. It lasted for just over a month and at the end of that month the resource center just disappeared. I mean I had

been involved in politics in the 60's and I thought I had some idea about politics but I realized I didn't. We had the building, we had the money, we had the key to the front door, we had everything just ready to go and they stopped it. I realized then that they didn't want us to have that building because it would have been ours, an actual space at a time when they are now even preparing to try to somehow gentrify that area. It was extremely disappointing and its still painful and quite bitter for people who were on the committee for 2 years and more.

The second thing VANDU members had said that they wanted was a safe place to inject so we began a campaign which took several years again.

I would have never believed as a lone junkie that VANDU would become an organization that has come together and accomplished important things. But when we came together to see this transformation, to see people saying "I am somebody, I am important, I am not a piece of shit that should be locked up, that everybody hates, I'm not worthless", which is the message that's constantly pounded in, but to see people come alive and realize that maybe we can actually change something and be of help here. That was beautiful to see, just to see the enthusiastic expressions in the faces, and people worked 70 hours a week for \$40 or something like that, because they were so fired by what we were doing. It was a really emotional and powerful feeling, it was a powerful time. "We can finally change something".

It was hard too during the beginning years because we could never get a place that was at all permanent. We started at the street church, that's when we didn't

have any money, when Ann and I were just doing it out of our pockets to get the thing started and I knew the people there so they let us use it for free.

I went to Ottawa to do a poetry reading and that's how I got connected to that federal health minister (Alan Rock). I'm pretty close friends with Libby Davies and we got there and she said "how would you like to talk to Alan Rock", and I said "I would love to". He cleared his schedule to talk to me and when he did he said, "yeah I've heard of you and what you've been doing with VANDU in Vancouver and I want to know about what we need to do, what we could do to help". I was really excited. We timed that at the same time as a major demonstration by VANDU here and I gave a press conference in parliament about this whole issue and so I had hoped the message of that cry of suffering was getting louder than when the emergency was declared. Actually I got phone calls from BBC, there were articles in the New York Times, things like that. We began to get more allies.

Now it is a different time. Now the agencies are coming together in a unity, in such a critical time and it is really important that that has happened, that unity. I am happy now that this unity has come about and is growing actually. I expect it to grow larger as it comes closer to the Olympics.

At the beginning it was all new, everyday either Ann would tell me or I would tell her, look, no matter how crazy it gets around here at times, if VANDU lasts one more day, that's a victory. I thought everyday that a drug user group survives is a victory in this 'war on drugs'.

How I see VANDU now is that it survived 10 years is amazing to me. I never anticipated that I would live to be this old but I thought if I did I would be in pretty rough shape and I am so what's frustrating to me personally now is that I cannot participate more. What I can do and what I was told by a woman on the board today, I was told, "we really like it that you keep coming here even if it's hard because it inspires us and you have the history and you got us the money and you got the things started and it helps when you read your poetry". So I see now, the role that I have is a kind of a poet, historian, and sometime activist in those terms.

I think to make change you have to press a nerve on the political people that can make that change on the thing you are advocating for. They aren't going to make a change if they don't see votes in it or if it makes them look bad or something. And when we went to Victoria years ago, it was just me and Ann and a couple of other early VANDU members. I will never forget this, the health minister said "you are the reason the NDP is going down the drain". I thought, "hey, a hand full of junkies and we've got this much power", I mean geez, we could go city to city and change governments.

One vital thing I think that VANDU has done, is that at first there were agencies that really didn't like VANDU, that they thought that the drug addicts down here were the problem and that's changed. That change has been because of the dedication of the members of VANDU. That is a major accomplishment.



Now that this community is really under siege with gentrification I wonder how much the members now realize that VANDU has been a powerful force in keeping this a community. Every meeting, every event that they go to, these things have broadened what VANDU is and also it reinforces that this is really a community.

When I first got here, like I said, I didn't know what a family was, what a community was what really being alive was. I kept hearing this is a community so I started researching, community, what is community, and I saw that this area has characteristics of community which is traditional and rare really. It's a community of primarily low-income people, many of whom are very ill and yet the spirituality is powerful here. The creativity is so strong I couldn't imagine how many documentaries, plays, books, and music have been made by people here and how many people are drawn because of that spirituality and that kind of inspiration. If you're here honestly, well you are very welcome.

It has been amazing to me how generous-spirited people are, and the things that they say to me. I walk down the street and run into people all the time and they are very appreciative of the writing I do and the other things. I don't know where else I could live in a place like that and be a presence in peoples lives in a positive sense. Certainly not with the background that I have and where I came from. It just astonishes me that I have been able to be of help and that there are people that care about what happens to me.

On the corner of Main and Hastings its different now, more police presence, and it's become more desperate because the police are pushing people really hard. It's talked about at every VANDU meeting. What harassment does is that it really destabilizes the drug market in the way that people get really desperate and burn each other and do things that put poisons in drugs to be able to sell them quickly and other things which are very damaging.

Anyway, the thing is that every once in a while I will buy some tranquilizers on the corner just to relax and feel better. I certainly have to be careful with it because I can get addicted easily to almost anything. Probably paper clips if I ate em.

I have good feelings about where I am now that I never had in my life or ever imagined or dreamed and it has to do with being in a community and doing what I can with other people who are similar to me in many ways and who have come through the traumas. Being involved in resistance together, there is a togetherness in saving this community and I think it will only become stronger.

To have a home and a community means so much. For instance Saturday I read a poem about the area and not long after the beginning of the poem I became really passionate about this being my home and I really fired it out there and a friend that I've known ever since I have been there he said "boy I haven't heard you read like that in a long time" and I thought yeah because they've got this 9 story condo right across the street and the noise is nerve wracking and I love the DTES and the strong community. If the building was for social housing, I could

put up with the sound, I would feel differently about the cataclysm that it is there. They're like \$300,000 suites and there's not a single low cost suite in there.

I knew I would feel this bad or worse physically because of a lot of car crashes and all kinds of mutilation when I was younger but I never thought I could have a place that I cared about and that there would be other people that cared about what happened to me and we would be sharing this experience of defending and strengthening a community, and it makes me feel good in ways I never thought that I would.