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Being from a Bad Neighbourhood: Confronting Bad Decision Discourses in the Impoverished Inner City

Laura Bisaillon, Mehdia Hassan et Maryam Hassan

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Résumé de l'article

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BEING FROM A BAD NEIGHBOURHOOD: CONFRONTING BAD DECISION DISCOURSES IN THE IMPOVERISHED INNER CITY

LAURA BISAILLON, MEHDIA HASSAN, MARYAM HASSAN

***Abstract**: This article confronts mainstream discourses about poverty and inner city poor neighbourhoods. It argues that the ways that poverty and poor inner city neighbourhoods are made publicly known in writing and through visual representations present problems such as overpowering structural causes of health and illness, reifying false dichotomy of us and them, and normalizing people living in poverty or working poor people as de facto vulnerable. This can happen when the social relations that govern poverty and sustain human suffering eschew the social relations that produce these experiences. Taking these relations as the objects of analysis, this article focuses sociologically on the Dundas/Sherbourne neighbourhood in Toronto, Canada, as the terrain of inquiry. The aim here is to contribute to analyses of the political, social, and economic determinants of health as well as to critiques of bad-neighbourhood and bad decision discourses. To do this, it*

***Résumé** : Cet article conteste les discours populaires sur la pauvreté et les quartiers défavorisés. Il estime que la manière dont la pauvreté et les quartiers désavantagés sont rendus publics par écrit et dans les représentations visuelles est problématique car ces perspectives font disparaitre les déterminants structuraux de la santé et de la maladie, renforcent l'altérité et normalisent les personnes défavorisées comme étant vulnérables. C'est notamment le cas lorsque les relations sociales qui régissent la pauvreté et entretiennent la souffrance humaine sont laissées de côté. En prenant ces relations comme l'objet d'analyse, cet article se concentre, d'un point de vue sociologique, sur le quartier Dundas/Sherbourne à Toronto au Canada comme terrain d'enquête. L'objectif est d'apporter notre contribution aux analyses des déterminants politiques, sociaux et économiques de la santé et aussi aux critiques des axes de réflexion du style mauvaise décision et mauvais quartier. Pour ce faire, l'article relie la pratique visuelle à l'analyse sociale critique :*

bridges visual practice with critical social analysis: drawing together the authors' individual practices as visual artists, marshalling their social positions as residents of the adjacent St. James Town neighbourhood, and sharing their experiences of the Dundas/Sherbourne area. They employ insights from sensory ethnography and street photography to offer an alternative source of knowledge about the poor inner city that contrasts and contests mainstream ways of knowing these same spaces.

en unissant les pratiques individuelles de ses auteures en tant qu'artistes visuelles, en mettant à profit les positions sociales de ces dernières en tant que résidentes du quartier voisin de St James Town et en partageant les expériences de la vie du quartier Dundas/Sherbourne de ses auteures. L'analyse s'est constituée à l'aide de l'ethnographie des senses et de photographies de rue, et offre une source de connaissance alternative sur les quartiers défavorisés qui contraste et qui conteste les manières traditionnelles de connaitre ces mêmes espaces.

> *Nobody should get eulogistic over a slum.*
> *Hugh Garner (1968)*

> *Our federal housing program…was destroyed in 1993. Imagine if that happened to Medicare. Since the demise of our housing program, there have been only piecemeal, sparsely funded, and minimalist programs.*
> *Cathy Crowe (2007)*

As geographer Nicholas Blomley (2004) has shown, the poor inner city of large contemporary cities is a profoundly political space. This point is made clear in how we think, talk, and write about poor inner cities, past and present. Novelist Gabrielle Roy (1945) and playwright Michel Tremblay (1978) wrote extensively about north-south and east-west spatial divides, respectively, in poor inner city neighbourhoods of Montreal. As chroniclers of French-Canadian working-class society in the first half of the twentieth century, their bodies of work document neighbourhood segregation along economic (and religious and linguistic) lines from the perspectives of those living on the so-called wrong side of the tracks. While the protagonists in Roy's and Tremblay's tales might frequent wealthy boroughs, serving as maids, drivers or deliverymen, they do so self-consciously and with discomfort; they respond to being aware of the social gaze upon them, which feels uncomfortable; they react

to being frustrated by how their society is organized, such that they are positioned to be impoverished from one generation to the next.

About these real, albeit opaque, divides or boundaries, author Curt Moreck wrote, "Every city has an official and an unofficial side, and it is superfluous to add that the latter is more interesting and more informative of the essence of a city" (in Whyte and Frisby 2012 540). Writing about Berlin in the 1930s, Moreck was juxtaposing a thriving, underground, same-sex scene with what he problematized as a constricting, mainstream, and hetero-normative German society. By intermingling geographic and social tensions, then, we initiate a productive inquiry into how minority and majority dwellers know the same city differently.

Social researchers emerging from poor inner city neighbourhoods have taken scholarly steps to nuance, correct, and contest popular discourses about the places they know well. Novelist Kathy Dobson (2011, 2018) was born and grew up in Pointe St-Charles, Montreal, during the 1960s and 1970s. In her debut novel *With a Closed Fist* she shows what it looked and felt like to be raised in a family that struggled to meet its basic material needs in what was, at the time, one of the city's poorest neighbourhoods. In the sequel, *Punching and Kicking*, the workings of poverty and their consequences roll out during her adolescence. Using the situations of her life and those of her fellow community members as analytic fodder, she demonstrates convincingly that poor people are not poor by choice. Her argument that poor people's chances of emerging and recovering from poverty and its assaults are only possible through social, economic, and political investments organized in their subjective best interests has long been demonstrated by the social determinants of health literature (Raphael 2016).

In *The Stickup Kids*, sociologist Randol Contreras (2013) describes life for drug thieves, many of them his friends, who robbed higher-level drug dealers throughout the late 1990s in the South Bronx, New York City, where his single immigrant mother raised him. In rich and detailed ethnographic form, he reveals the interconnections between drug trading, human suffering, and social relations responsible for producing and sustaining people's violent and self-destructive prac-

tices in the first place. In showing how the dots connect between the drug industry 'up there' and the chaos on the streets and inside the dwellings he knows well 'down here', he destabilizes ideas about the poor inner city being anything *but* produced by market activities well beyond its borders. Researching and storytelling from places within the social margins, as these examples do, make it possible to first document and then furnish empirically supported critique, which can, in turn, serve as an alternative to status quo thinking about what organizes and supports poverty, suffering, and violence in the poor inner city.

There are various provocative experiments with visual fieldwork practice and social analysis where disjuncture or contradiction provides the launching point for social investigation. In her 2015 experimental short film entitled *El Immigrant*, art historian Lina El Shamy explores the loss of one's mother tongue after settling in a new country. By focusing on experiences of loss, her auto-ethnographic analysis carefully and bravely shows how emigrating can produce long-lasting remorse. She identifies various tensions that stem from her family's immigration to Canada, discussing how these emerged as responses to the organization of social and institutional life in their new society. As she writes, "identity is not just an abstract, internalized feeling; it is a lived, material reality: the languages our tongues (are allowed to) speak, the professions we (are allowed to) practice, and the alienation resulting from the physical and linguistic distances created by generations" (in Bisaillon et al. 2019 1031). Her intervention corrects popular misconceptions that immigration only ushers in opportunities for people. These perspectives are too often nestled within claims that newcomers should be grateful to adopted states for hosting them in the first place.

Within anthropology, Dara Culhane (2017) encourages paying attention to our ways of sensing the world around us. Using what she calls "sensory ethnography" (46), and building outward from people's embodied experience, she produces new knowledge to challenge mainstream discourse about what it is like to be colonized, and what it is like to resist colonialism. Starting from social dissonance, and tracking sensory responses to it, carries the promise of showing how power and politics—as social relations rather than as conceptual cate-

gories divorced from embodied experience—pervade and shape daily life. This impetus takes anthropologist Setha Low's (1996) invitation to social researchers: engage with the city across seasons and times of day, treating it as a dynamic and living text that we subject to multiple interpretations.

Through this article, we build on the preceding issues and strategies to enrich an examination of the social relations and geographies of poverty in Dundas/Sherbourne, a neighbourhood in the poor inner city of Toronto, Canada's largest city. Our approach involves using visual and social inquiry as valuable and equal parts of a same whole, and there is an assemblage of thirty images. The analysis proffered makes productive use of ethnography as both a mode of social inquiry and engagement and as narrative for communicating results. This article is organized into three principal parts, and the reader will hear each of us taking turns discussing the poor inner city from our standpoints and personal interactions with this space. We conclude by voicing a paradox that is as obvious as it is troubling in contemporary Toronto.

BRIDGING VISUAL PRACTICE WITH SOCIAL ANALYSIS: SYMPTOMS OF ILLS RATHER THAN THEIR CAUSES

In analyzing how what happens there is coordinated by and hooked into larger fields of interest and politics, we argue that the ways that poverty and poor inner city neighbourhoods are made publicly known, in writing and through visual representations, present problems such as overpowering structural causes of health and illness, reifying a false dichotomy between us and them, and normalizing people living in poverty or working poor people as de facto vulnerable. This article draws on anthropological research findings from the 1990s to today in Vancouver's Downtown Eastside, more commonly known by its shorthand, and hereafter referred to, as DTES. In what follows, we reveal that this latter neighbourhood is more similar than dissimilar to the Dundas/Sherbourne area. We have taken care to bring sensitivity to how we reflect on, and what we are able to say about, the impoverished inner city and its inhabitants. In this way, we raise conceptual questions in parallel with practical

questions. This inquiry stems from the materially observable conditions we encountered first-hand using sensory ethnography to engage with Toronto's poor inner city.

What does our terrain of focus resemble spatially and socially? The Dundas/Sherbourne area is not its own administrative jurisdiction within the City of Toronto, but rather comprises a small grid of a few compact city blocks. It gets its name from the intersection of Dundas Street East, running east-west, and Sherbourne Street, running north-south. This intersection is a hub for daytime and nighttime activities of both legal and criminalized kinds (figure 1). The streets that approximately delineate this neighbourhood are Gerrard in the north, Seaton in the east, and Queen and George in the south and west, respectively. While the Toronto Police Service's 51 Division has come to closely police this area, which has higher than City averages of criminality and criminalizing, these are recent practices rather than longstanding patterns. Western European settlement in this "Old Toronto" area dates back to the 1850s, and the wealthy and the poor have co-existed here continuously since that time (figure 2). Within its boundaries is Moss Park: a three-tower public housing project complex built in the 1960s—sprawling in both height and footprint—, which provides stable and affordable housing to residents who are visible minority, second-generation immigrants, for the most part (City of Toronto 2018a). For the area's most impoverished, there is housing in the form of rooming houses and shelters. Collectively, this housing stock is in very poor condition and at threshold- or over-capacity in terms of vacancy. Interspersed throughout this area are low-rise housing cooperatives, occupied and vacant nineteenth-century detached homes, and attached early-twentieth-century and more contemporary new-looking vintage brownstones. Together, these places and spaces compose Canada's most densely populated neighbourhoods. From Dundas/Sherbourne, and into and beyond St. James Town, is Sherbourne Street, which ends in Rosedale. The latter area has long been the City of Toronto's most affluent neighbourhood; forty percent of residents are descendants of Western Europe, with lineage traceable specifically to the United Kingdom (City of Toronto 2018b). Unlike the areas to its immediate south, this area has remained stable in the midst of dramatic

patterns of income inequality, impoverishment, and urban transformation through gentrification, which have marked the City deeply since the 1970s (Hulchanski 2010).

VISUALIZING SHERBOURNE AND DUNDAS

Fig. 1: Intersecting at Sherbourne/Dundas

Fig. 2: Situating Sherbourne/Dundas and St. James Town

As a social scientist and university professor, I (Laura) strive to offer my undergraduate students studying health and life sciences the occasion to explore Toronto's poor, inner city first-hand. Generally, my students aspire to work in government or in the health or caring professions. Some past students have gone on to study public health, nursing, teaching, social justice, and law. As we know, caring work is never just about caring. I decided to bring students to the Dundas/Sherbourne area. The aim of this pedagogical intervention was to have them learn to develop capacities for deciphering and discussing the relationships between people's individual troubles and the problems with how society is organized in such a way that people experience the troubles they do, and from there, to encourage them to understand that social problems need to be addressed, and their symptoms resolved, through societal responses. A priority was to create conditions that set students up to be able to knowledgeably challenge status quo thinking about the impoverished inner city and its people. I saw this as carrying valuable short-term benefit: getting them started with the sort of thinking that would be necessary in their imagined professional futures, in which they need to practice collective concern for impoverished people in the inner city and elsewhere. The sorts of employment these students aspire to are interventionist by aim, design, and effect. The spring-into-action and must-fix-it/fix-people impulse, as the organizing logic of training across the health sciences, has been problematized and critiqued by physicians themselves for how it gives rise to professional practices that suppress other forms of response, including listening and attending to others as valuable forms of action (Mukhopadhyay 2016). A pedagogical experiment steering students firmly to develop first-hand experience and conceptual resources by training them to see the political and social organizers of poor inner city poverty and suffering was valuable.

I was faced with a dilemma that I took seriously, given the gravity of the ill health, suffering, and disrepair that we see in the Dundas/Sherbourne neighbourhood. How to cultivate thoughtful, scholarly practices that usher in possibilities for making deeper-level sense of things we see at the surface? How to do the more complex analytic move of pathologizing the social rather than the individual? In the words of the protagonist in Hugh Garner's Depression-era novel *Cab-*

bagetown (1968), set in a neighbourhood adjacent to Dundas/Sherbourne today called Regent Park: "nobody should get eulogistic over a slum" (1968 vii-viii). Indeed, we should likewise not extol the concomitant unemployment, uncertainty, demoralization, dispossession, suffering, and poverty-induced illnesses that people can experience in these contexts.

This article should thus also be understood as an extension of a scholarly partnership between a professor and experienced social researcher with her mentees, who are at once fledgling researchers and sisters. In an earlier publication, the three of us troubled the waters of a disjuncture we detected in how St. James Town is made publicly known in writing and through visual representations, on the one hand, juxtaposed with our experiential knowledge of this place as people who live there, on the other (Bisaillon, Hassan and Hassan 2017). Specifically, focusing on the social production of bad neighbourhood discourses, we produced an evidentiary base to support our claim that our home community is, in many ways, a desirable place to live (El Mugammar 2017). These twin projects share a concern about the sorts of visibility, hyper-visibility, and invisibility that the poor inner city and its people garner in popular discourse. Lines of inquiry such as these humanize the knowledge production process. They also compel us to do a reflexive double take—to think more critically about the way that our thinking is socially organized such that we come to know about the often chronically trying circumstances in which people in St. James Town, Dundas/Sherbourne, and neighbourhoods like them actually live.

Finally, in contemplating how power and politics shape what happens in the poor inner city, our research trio considered the discursive organization of our own thinking practices as researchers and residents. Theoretically, we exercised our sociological imaginations (Mills 1959, 2000) and through feminist eyes, conceived of our "everyday world as problematic" such that we set out to investigate the social production and organization of inequities as we experience and observe them (Smith 1987: 105). We also took seriously the call for sociologists to engage in frontal fashion with social suffering and secondary forms of violence (Auyero 2010, Proudfoot 2019); documenting "those less well-marked forms of domination—both on the

side of those who exercise power and those who experience it" (Harvey 2012 528) with social suffering and secondary violence. These theorized ways of studying the social invite complexity and reflexivity, promote learning and discovery, and, in our project, meant that we actively aimed to resist the temptation to steer toward simplistic interpretations about the poor inner city. After all, people there (here) are our neighbours, friends, and families. The three of us are aware that social imbalances and policy choices can produce and reproduce inequities that hit poor inner-city people particularly hard. Translating this theoretical statement into practice, we (Maryam and Mehdia) are aware of the relationship between disinvestment in social housing by federal and Ontario governments beginning in the late 1980s and our decaying and poorly maintained high rise, run by the Toronto Community Housing Corporation (figure 3). Urban planner David Hulchanski's (2010) foundational report *Three Cities within Toronto* documented the deep income polarization and its effects between 1970 and 2005 in the Greater Toronto Area. Troublingly, these patterns have continued, and their effects deepened. In other words, the convergence of policy and practice means that the social problems in St. James Town and Dundas/Sherbourne must be understood as symptoms of ills rather than their causes.

Our goal is to contribute through this article to ongoing debates and social analyses of the political, social, and economic determinants of health as well as to critiques of bad-neighbourhood and bad-decision lines of thinking. This is because we understand these discourses as harmful because they individualize social problems while distracting us from the possibility of being able to see the root causes of human dislocation. We have set out to bridge visual practice and social inquiry, and as such, we have combined our own work in photography and mixed media, which we created for the purpose of this article, with publically available texts (such as photographs and maps). We hope to evoke the ways in which political, social, and economic determinants of health press down bluntly on the poor inner city, and the Dundas/Sherbourne area specifically. We have tethered our individual practices as visual artists, experienced this neighbourhood firsthand, and marshalled our everyday knowledge as residents of an adjacent neighbourhood.

Narratively, this article is written in a dialogical format. Each of our voices is audible and present: at times together, at times separately. Methodologically, our fieldwork took place over a one-year period. We experienced the Dundas/Sherbourne area in spring, summer, fall, and winter. This was beneficial for a project such as this one: "hanging out and about" and slowing down to 'be' rather than 'do' offers opportunities to see, hear, smell, touch, and taste the features and events of a place (Woodward 2008 5). We used our senses in all of these ways. This lengthy gestation period was purposeful. First, personal meetings were opportunities to mature ideas iteratively and reflexively. We committed to developing lines of narrative and visual analyses to situate the neighbourhood culturally, geographically, and historically, both internally and beyond itself. Second, we walked the area, together and separately. In observing and listening to people we met, we were drawn, during repeat visits, to using 35 mm Canon digital cameras to practice street photography; a genre through which attention is turned towards minutiae and perhaps otherwise overlooked features of social life (Hunt 2014). We ask that our readers interpret the visuals in specific ways. First, by considering deliberate absences. For example, we drew from the public record to use frontal photographs that we knew were taken to humanize poor inner city people and their life circumstances; a choice informed by the documented harms of frontals of the mug shot sort on racialized (non-white) persons in Canada (Hastings et al 2020; Mykhalovskiy et al 2020). Second, and by extension, by considering that photographs are active producers, organizers, and coordinators of the social. In this way, readers should attend to how we have assembled the images and in parallel, how they themselves are "activating" the people, places, and politics displayed (McCoy 1995 181). Through these explicit ontological and epistemological moves, we have aimed to nuance and critique bad-neighbourhood and bad-decision discourses about the Dundas/Sherbourne area.

HISTORICIZING THE POOR INNER CITY: EMBEDDED IN OVERLAPPING GLOBAL ECONOMIES

We chose bad-decision discourses as the analytic entry point into this social inquiry because these words commonly circulate in the poor inner city. People we met in the Dundas/Sherbourne neighbourhood used this language when talking about themselves. Still others we did not meet but saw on television used this same turn of phrase (figure 4) (CityNews Toronto 2014). As we would come to learn, inner city poor people in this neighbourhood, and others like it, can be heard to talk this way because, as their logic goes, they are indeed individually culpable for being poor, for living in subsidized housing, for using drugs, for managing or recovering from addictions, and so on.

The ways the inner city poor can talk about themselves, within a framework of culpability, is not surprising given the documented effects of neoliberalism. This type of social organization articulates human worth to be under market priorities; commercial gain is its central preoccupation. Since neoliberalism has evolved to be the dominant cultural-economic practice globally, such priorities have in turn shaped how we relate to others and ourselves. This phenomenon becomes especially problematic for people who need collective-level supports, since this paradigm produces intolerance towards people who are not, or possibly are not able to be, autonomous (Elliott 2014, 2019; Kingfisher 2001; Spooner 2018). This bind underscores an important irony: though neoliberal thinkers would deny it, at some point in our lives we will all, without question, need public support of some kind or another. Over the last fifty years, neoliberal organizing shifted "responsibility from the state to individuals, families, and communities, [and in] the inner city space, individuals who are unable to care for themselves…end up abandoned by all" (Elliott 2010: 191). What these effects have looked like, and what they have meant and felt like, for Ontarians who are poor, who are publically assisted, and who live with HIV infection, have been well documented (Bresalier et al 2002; Neysmith, Bezanson and O'Connell 2005; Vaillancourt 2010). Critically, the muscularity and ubiquity of this frame of reference, the practices to which it has given rise for the last five

decades, and their effects drastically limit our abilities to be able to grasp, and step outside of it, and we are including scholars, activists and everyday citizens, everyone we know and will come to know.

MAKING "BAD DECISIONS"

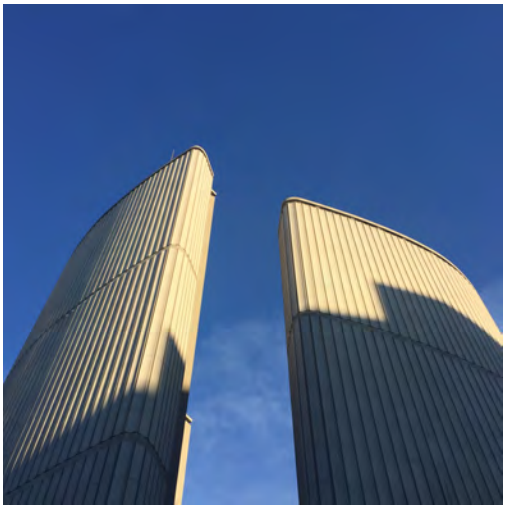

Fig. 3: Doug (Ford) in City Hall

Fig. 4: John (Doe) in George Street

Since 2005, anthropologist Denielle Elliott (2010) has examined how public policy related to health and illness is enacted in Vancouver's DTES. Her ethnographic work critiques the relationships between social marginality and governance in the poor inner city. She describes this neighbourhood in British Columbia's most populous city as a five-block by four-block place of "unimaginable poverty, hunger, suffering, and dispossession" (182). The lived experience of impoverishment and neglect that Elliott describes in Vancouver's DTES could also apply to Toronto's Dundas/Sherbourne area, even though that would be collapsing each location's unique historical particularity in terms of development, class struggle, and the ongoing settler-colonial occupation of Indigenous lands. The Dundas/Sherbourne neighbourhood is located on the traditional territory of the Anishnabeg, Chippewa, Haudenosaunee, Mississaugas of the Credit, and Wendat peoples. Some of these nations were signatories to the Toronto Purchase Treaty 13 in 1805, which saw their lands ceded to the British regime. In Vancouver as in Toronto in these areas, we come face-to-face with deeply marginalized people whose social suffering is legible on their bodies. More specifically, Elliott writes that

> ...the displaced, unskilled working-class men, new refugees fleeing violence and poverty from other homelands, the deinstitutionalized mentally ill, First Nations representing communities from across Canada... [these areas are] characterized by unsanitary and unsafe housing, homelessness, and the spread of infectious diseases like tuberculosis and hepatitis...combined with the effects of modern illicit pharmaceuticals like crack cocaine and 'crystal meth' and an intensity of injection drug use, AIDS is a devastating visible marker on the lives of inner city residents... [these spaces have been] transformed...by the ways in which capitalism has rooted itself in the community—where everything is for sale (2010, 182).

In this passage, we learn that among the deeply marginalized people in Vancouver's inner city are Indigenous people, who also happen to be overrepresented there. Though the lands in question are in the territories of the Tsleil-Waututh and Squamish peoples, in the DTES there are Indigenous people from many places. The presence of First

Nations and also Inuit and Métis people in these areas in Vancouver and Toronto tethers them to rural and reserve communities well beyond their borders. In turn, this connects the neighbourhoods with colonial governing strategies that led to social and physical appropriations, displacements, and dislocations across Canada. That there are very serious and persistent intergenerational effects of these historical, political, and economic arrangements, which directly shape Indigenous people's lives today, has been well established (Truth and Reconciliation Commission of Canada 2015).

As well as, or maybe because of, being gathering places for Indigenous and other dispossessed peoples in the city, these neighbourhoods are hotbeds of political activity. During the last quarter of the twentieth century and the first two decades of the twenty-first century, both Toronto's and Vancouver's poor inner cities have been shaped by the politics of left-leaning communities. Organizing around labour, housing, and antipoverty issues, such work is informed by local histories of working-class and feminist political mobilizing. In both places, social and health services' agencies operate in great concentration and with vigorous intensity. Offering "housing, food, health care, advocacy, and support, among other services", these groups are a combination of state-run, state-sponsored, grassroots, and Christian (historically, for the most part, but as of late, not entirely) humanitarian agencies (Elliott 2010 184) (figures 5 and 6). Recently, a poisoned drug supply has produced a lot of suffering and many deaths in Dundas/Sherbourne, which has the second-highest number of calls to 911 for overdose and sites offering overdose prevention, supervised injection and consumption in the City of Toronto (Street Health 2019). "The scale of grief and loss is terrible" (Kolla in Singer 2019).

EXPERIENCING OTHERS' RELIGIOSITY

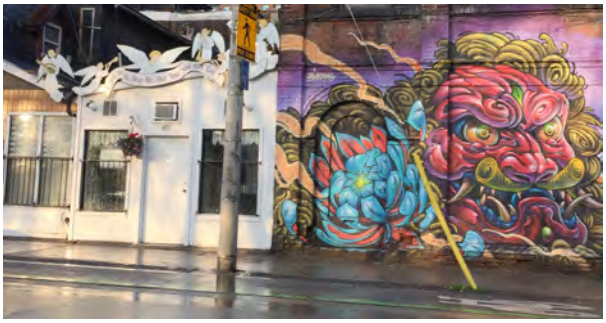

Fig. 5: Christian Charity

Fig. 6: Sikh Charity

The presence of these social and health agencies and their collaborations with each other hitch what happens in the Dundas/Sherbourne area to municipal, provincial, national, and global politics, practices, and priorities. By day as by night, we find a wide cast of characters intermingling: sex workers, people who use recently legalized and illegal drugs, real estate agents, police officers in plain and uniformed clothing, social workers, medical practitioners, academic and clinical researchers, members of city hall, land developers, frontline care workers, peer support workers, and others. All of these actors have some sort of social and economic stake in the Dundas/Sherbourne community. In sum, an orientation towards Canada's poor inner cities through the lens of these issues and intersections compels us to see how these spaces are very much "embedded in multiple and powerful overlapping global economies—prostitution, welfare provision, illicit drugs, and research" (Elliott 2010 182).

Furthermore, the Dundas/Sherbourne neighbourhood and others like it in Toronto's poor inner city, including St. James Town, have become contiguous, all-season construction sites. We residents seem to have almost normalized cranes and diggers, drills and dumpsters, debris and mud, noise and dust, and traffic pylons and for sale signs that populate our inner-city landscape (figure 7). On the other hand, we have little choice *but* to compete with these effects and vie for space along sidewalks, adapting to the heavy infrastructure works that have steadily increased in number and also intensified in activity over the last five years (figure 8). When we walk through the streets of Dundas/Sherbourne, we see a residential housing stock and an urban form in complete and utter transformation, resulting from the pressures associated with gentrification. Condominiums are replacing shelters and rooming houses. Costlier cafeterias are supplanting cheaper eateries (figure 9). These pressures are the latest iterations of longer historical patterns in this area, and the Ontario Coalition Against Poverty notes that

> Gentrification, which began in the 1960s, has intensified over the last fifteen years. Working class people and the unemployed, who have been welcomed in Downtown East Toronto since the mid-1850s, are now being displaced by large developers speculating and buying property in the neighbour-

> hood...the corner of Dundas and Sherbourne remains one of the most important parts of our neighbourhood...the poor have a long history of fighting for housing at the Dundas and Sherbourne area. In the 1970s, the City of Toronto was facing a crisis as more and more rooming houses were disappearing...more than forty rooming houses were [...] bought by the city in the late 1970s, after poor people fought back against speculators buying up rooming houses during St. James Town redevelopment (OCAP 2018)

TRANSFORMING NON-STOP

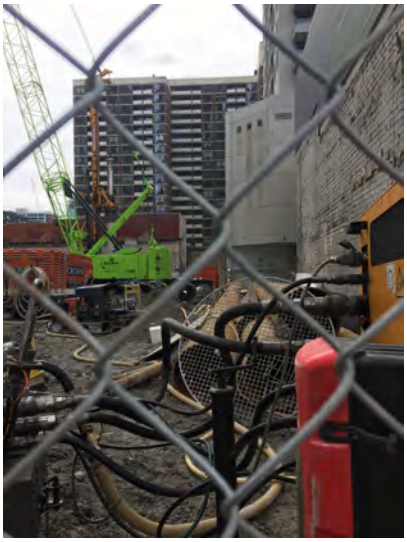

Fig. 7: Our Backyards

Fig. 8: Our Homes

Fig. 9: Our Shelters

The situation described above is arguably most troubling (because most tangible) for persons who can least afford to have subsidized housing units disappear through demolition or conversion into luxury condominiums. Seaton House, on George Street in the Dundas/Sherbourne area, for example, is a drug treatment facility and men's shelter that is home to about six hundred (figure 10). Colloquially, this institution is more commonly known by its nickname: Satan House. Seaton House is home to men, many of whom have lived there for upwards of ten years, it is their community (figure 11). As the neighbourhood 'revitalizes', Seaton House is expected to close. Walking along this street is uncomfortable, disturbing, and frustrating in the extreme. Here we see people manipulating crack pipes; collapsing century-old homes, torched and hollowed out; undercover police in unmarked patrol cars; hardly an idle pedestrian; men and women crouched on the pavement, organizing sacks of drugs among

themselves; and people in torn clothes, with eyes the size of dinner plates, rambling around talking to themselves. Here, we find a collision of policy, governance, financial speculation, and everyday life. It would seem that people have accepted that the neighbourhood is this way. The colloquial name says it all.

In the late 1990s, I (Laura) visited Vancouver's Japantown (*Paueru-gai*), just north of the city's DTES. This visit was where I first saw people smoking crack. I remember seeing a woman crawling around the sidewalk, apparently searching out small bits of something or other that I could not imagine were to be found wedged into the recesses of concrete she was fixated on. Years later, when I moved into Toronto's poor inner city, I again saw people using crack on George Street. Here, women and men, poised on all fours, were creeping along the asphalt in search of resin, just like the woman in Vancouver's Japantown. There is something drastically wrong with our way of organizing and redistributing resources, not to mention our valuing human life, when we see people flopped out on the sidewalk, within view of a newly sold million-dollar home, whose For Sale sign, like a beacon, announces to the passerby that the structure was "sold over asking": a telling signal about the realtor's or buyer's indebtedness, which in turn demonstrates how the person is wedded to Canadian banking and insurance interests.

Like the streets to its north, east, south, and west, George Street is the focus of intense private sector land speculation. Since disinvestment from social housing at the federal and Ontario provincial levels began in the 1980s, coupled with the total absence of rent control mechanisms limiting the private real estate market in Toronto, land-use decisions, practices and trends will continue to press down most harshly on the inner-city poor. Latest reports indicate that men who dwell in Seaton House might be re-housed into a series of smaller shelters throughout Toronto (Canadian Broadcasting Corporation 2019). The three of us wonder where they will be dispersed, where they will live, and what will happen to them.

OBSERVING GEORGE STREET

Fig. 10: Sheltered until when?

Fig. 11: Valuable to whom?

EXPERIENCING THE POOR INNER CITY: "THE LAW IS A KEY SOCIAL RELATION"

We all imagine what poor inner city neighbourhoods *are* and are *about* when we make decisions about how to interact with them. How do we circulate through them: foot or car; frequent or avoid; speak to people or not? All of these experiences inform what we know about the poor inner city; they also shape how we know it. In the case of Dundas/Sherbourne, which is neither an easy nor a beautiful place, I (Laura) wanted to design a pedagogical experiment that could help students develop lines of questioning to explore the social organization of the inner city through which they could humanize ways of thinking about the people and situations there. I wanted to subvert the extremes of fairy tale or horror story narratives about this neighbourhood by having students consider who lives in the poor inner city, and what their lives there are like. What time of day or night do people work, if they are able to work, and indeed, if they are employable at all? A larger question I was drawing them towards was this: how might what happens in our lives be connected with what happens in others' lives? In this pedagogy, I was attempting to acclimatize students to the "arbitrary accidents of history" that are features of human existence when we grapple with answering important existential questions such as these (Mukhopadhyay 2017). We can lay a strong foundation for this type of encounter by introducing messiness and contingency into our classrooms, and indeed, by leading students beyond the university walls and into spaces that will challenge them to contemplate answers to hard and necessary questions.

For inspiration, and to gather ideas about how to go about acclimatizing students to uncertainty while also asking them to develop the reflexes to ask questions from the standpoint of people experiencing vulnerability, I did two rounds of groundwork.

I first began by attending an inner-city public screening and panel discussion of Hugh Gibson's (2016) feature-length documentary film *The Stairs* in the spring of 2017. This film chronicles the ways drug policy, the law, policing, and the criminal justice system intersect to shape the lives of street- and drug-involved people in the Dundas/

Sherbourne neighbourhood. Over a five-year period, the film focuses on three residents and support workers: Greg, who uses drugs; Marty, who formerly used drugs; and Roxanne, who was involved in sex work (figures 12, 13 and 14). Deeply compelling, the film succeeds in showing the struggles and skills necessary to live with and amidst deep human suffering, both of one's self and of others we care about. Importantly, the film shows just how closely enmeshed impoverished people's lives are with the law, the police, and the criminal justice systems. This point was poignantly confirmed in findings from more recent fieldwork published as *Perils of "Protection"*, a report documenting sex workers' experiences with law enforcement in the Dundas/Sherbourne area and in other communities across Ontario (Chu, Clamen and Santini 2019). Sociologist William Carroll's theoretical claim that "social life as we know it is marked by inequities that are deeply structured, yet contingent, features of human organization" (2006 234) is empirically demonstrated in Gibson's film and the *Perils of "Protection"* report.

WATCHING "THE STAIRS"

Fig. 12: Greg and Companion

Fig. 13: Marty and Friend

Fig. 14: Roxanne (left) and Friends

What Greg, Marty, and Roxanne show us is that becoming impoverished, being poor, recovering from addictions, finding a bed in a shelter, staying out of harm's way, travelling from one bureaucracy to the next, taking care of oneself, and also figuring out how to care for others—all of these actions require a person to learn these skills and to practice them to stay alive. Elliott reminds us that daily, "the urban poor grapple with their own failing health and the illness and/or death of friends and family members due to AIDS, hepatitis C, pneumonia, bacterial infections, and other chronic illnesses" (2010, 183). These social relations converge to support sociologist Adele Clarke and colleagues' (2003) assertion that the intensity of health programming in the poor inner city has often been demonstrated to overtake as well as 'bio-medicalize' people's lives.

As we can see, the Dundas/Sherbourne neighbourhood is a place of paradox. While its building stock and surrounding urban landscape are visibly neglected, the area is an object of focus for some of the most intense law enforcement and police scrutiny in Toronto. As there is a dense network of health and social services, and there is also deep and ongoing dispossession. As with Vancouver's DTES, here we see that structural decisions and practices governing the poor inner city simultaneously marginalize and centralize poor people who live, work, or move through the area. One line of thought is that such spatial clustering is helpful for people needing care. The trouble with this perspective, however, is that the people accessing care there do not necessarily share this view. Rather, this is the point of view of persons who do not live or regularly frequent the streets and alleyways of Dundas/Sherbourne yet are nonetheless decision-makers for the area (figure 15). An assumption, supported by the *a priori* belief that poor people actually use said services, is that services offered are working for people, despite all evidence to the contrary, or else the services would cease to be needed and would not need to be so 'densely' offered. This line of thinking misses a crucial point.

The idea of a slow march to the elimination of homelessness and hunger neglects to realize that poor inner city people are not static. As Greg, Marty, and Roxanne graphically show and teach us, impoverished people in the inner city are, in practice, extremely mobile. This is the case *precisely because* staying alive when one is poor is

a full-time commitment. Based on anthropological and geographical fieldwork with people with HIV infection accessing food banks (Miewwald, McCann, Temenos and McIntosh 2019; Picotte 2014; Toronto Food Policy Council n.d.), and also Bisaillon's (2010) first-hand experience at food banks serving people with HIV infection in Montreal and Toronto, we know that poor people circulate far and wide throughout Canadian cities to obtain food, goods, and various social and legal entitlements. In fact, impoverished people spend most of their time and energy on trying to find food, shelter, take care of themselves, and stay out of harm's way (figure 16). Moving about the City of Toronto, with its 96 food banks, twenty-two of which are in the administrative ward in which Dundas/Sherbourne is located, is a necessary strategy and matter of survival for impoverished people. Taken together, it has been demonstrated that these forms of activity, and the knowledge that one must hone to accomplish them, are forms of work and types of emotional labour (Bresalier et al 2002; De Vault 1991; Ehrenreich 2017; Waring 2004). These mobilities have costs for people in terms of their time, available energy, and the chronic anxiety that needing to do them in the first place produces for them.

BEING POOR IS HARD WORK

Fig. 15: Harper was Wrong

Fig. 16: Marx was Right

In a second stage of groundwork aimed to imagine what a future possible visit with students to the Dundas/Sherbourne neighbourhood could consist of, and bearing in mind the social context outlined above, I (Laura) did some reconnaissance walkabouts through its streets, back alleys, and other public recesses. As I made my way around the area on foot, I saw and accidently tread on used condoms, needles, and other discarded injection equipment. And as I bent in to take a closer look, I had second thoughts about bringing students to the area. Would the built and social environments simply be too bald or bold for them? I also wondered whether I was best positioned to guide students. The idea was for us to go experience and, through discussion with each other, work to develop understandings about the social production and organization of poverty. The promise was that we would come away with politically incisive and socially situated lines of thinking to analyse the political, social, and economic determinants of health and thus be well informed to be able to critique bad-decision and bad-neighbourhood lines of thinking. A fine line needed to be very carefully attended to, however, since I wanted to avoid using or fetishizing the neighbourhood as a pedagogical

resource for students' edification. This was a serious concern that organized the fieldwork process from start to finish.

As I contemplated these issues and the tensions they evoke, I came across a newspaper article that discussed the work of Joyce Rankin, a registered nurse at Street Health. This organization has been operating health and social services in Dundas/Sherbourne for over thirty years as an advocate for people who are the most marginalized. In June 2018, it opened an Overdose Prevention Site with extended drop-in hours "as a response to the increased level of overdoses in our neighbourhood, in our driveway, and among our clients" (figure 17) (Street Health 2019).

A short time before, I learned, Rankin had been bestowed the Nightingale Award for her activist nursing and frontline service over many years (Forani 2015). As I read about the agency's work, I imagined an opportunity to bring students there to have them learn about the "harm reduction model [and to] see the impacts of the social determinants of health in action" (Street Health 2019). When I called her to explain the learning goals and politics organizing my interest, Joyce agreed to receive us.

In the end, five students were available to attend the planned visit to Street Health (figure 18). They were racialized women in their early twenties. Four lived in Toronto's outer eastern and western suburbs, and one lived in the inner city (Mehdia). I learned that some of these women had grown up in affluent households. Without exception, however, all of their parents were born outside of Canada, making them what has come to be called in migration studies, first-generation Canadians. The women told me that after graduation they envisioned careers in social work, nursing, arts education, or the law. Precisely because of the type of professional roles they talked about wanting to fulfill, I wanted them to encounter the people, politics, and problematics facing Toronto's poor inner city. Given the state of global flows of people and resources in 2017, it seemed that the historical moment was a relevant one to have students think about the implications of these trends in their home city. As I would come to find out, our visit to the Dundas/Sherbourne neighbourhood was the

first experience they were to have with this specific area of the poor inner city.

VISITING STREET HEALTH

Fig. 17: Syringe, Saline and Sanitizer

Fig. 18: Nurse, Professor and Students

ACCORDING TO WHOM ARE WE VULNERABLE? MEHDIA'S EXPERIENCE IN THE POOR INNER CITY

As a student in Dr. Bisaillon's class in 2017, I (Mehdia) signed up to take part in her proposed group visit to Street Health. I was curious to learn about the organization's direct service work. Before visiting Dundas/Sherbourne with classmates, my first-hand experience of this district was minimal. For the most part, I had usually crossed the intersection of these two streets sitting in the back of my family's car. I had never explored the area on foot, despite the fact that I was raised there and still live a short walk away.

I have lived in St. James Town my whole life. What is more, the intersection of "Dundas/Sherbourne" carries half of the named location where my home is: Sherbourne Street. And yet, when I visited Street Health, it dawned on me how precious little I knew from first-hand experience about this specific part of the poor inner city. As we were preparing this article, Dr. Bisaillon challenged me by asking, "How is this is the case, Mehdia?" meaning, *how could I have lived so close but have few tangible connections with the place and so little knowledge about it?* Reflecting on my answer, I realized that I have more or less deliberately avoided going there because, during my lifetime, at least, this area has had a rough and tough reputation, and it is widely documented to be a difficult area.

It might seem odd to those unfamiliar with Toronto's inner city political and legal geography that I had not been to this area. However, it makes perfect sense that I did not go there considering the reputation of this neighbourhood, not to mention how it looks when we actually go there. What do we see? There are shoddily subdivided, derelict structures—ruined rooming houses; password protected, padlocked perimeter fences; massage parlors edged by churches; construction cranes keeping company with bulldozers. Signs of material deprivation and the effects of addictions and illness are palpable. Yet, glossy posters and placards inform residents and passers-by that glass-towered condominiums are on their way up (figures 19 and 20).

SEEING EVERYTHING FOR SALE

Fig. 19: Condos and Cutbacks

Fig. 20: Cranes and Crack

As I thought about how to prepare for a visit Street Health, I decided that I would draw inspiration from sociologist C. Wright Mills' (2000) idea of sociological imagination. Mills' approach involves cultivating a willingness to see the world from the perspective of others

and also organizing one's investigation to explore how personal/experiential happenings connect to those of a public/societal kind. Practically speaking, researchers map interactions between features of biography, culture, history, and societal structure. Mills understood this ontological and epistemological orientation as the promise of social science because of how it enables analyses when put into practice. As it happens, having learned this approach from Dr. Bisaillon has been something of an occupational hazard: now, I must see the conditions and problems around me, and those that I read and hear about, in the theoretical frame of the sociological imagination. Whether as a former graduate student in Thunder Bay or as a resident of St. James Town, I am now habitually "committing sociology" as *modus operandi* and way to frame, describe, and interpret the world (Bisaillon, Hassan and Hassan 2017 109).

On arriving at Street Health, our small group met with Nurse Joyce Rankin, who introduced the organization's history, providing details about its mission and the way Street Health works with people who seek care and services there. Street Health clients live in poverty, work in the sex trade, manage addictions, and live with chronic illness. The basic principle organizing their services is to ease the negative effects inner city poor people experience due to structural inequities and intersecting forms of oppression. For example, not having an address is a huge impediment for un-housed or itinerant people; the Street Health office provides a civic address for its clients. A fixed address plays a crucial function by making all of us institutionally legible in databases at all levels of government. An address is a necessity, signalling a place at which to receive mail. Without an address, one cannot receive a provincial health card. Without a health card, one cannot easily access care at a hospital or clinic. Adaptability and empathy govern Street Health's work. They aim to 'meet people where they are' in both metaphorical and material senses of the expression, since where we live and socialize are also the places we gather information, make decisions, and form bonds with others.

We also spoke to clients who were at Street Health while we were there. For example, Marty works as a peer support worker (this Marty is the same "Marty" who is featured in Hugh Gibson's documentary, *The Stairs* [2016]). He is also a Dundas/Sherbourne insider who

is recovering from drug use and working hard, as he told us, to resist the pull of drugs. Marty was born into a large family, but his connections with his kin have waned. He has experienced homelessness on and off during his adult life. He now lives with his cat in a one-bedroom apartment with a balcony and an address in the Dundas/Sherbourne neighbourhood.

Marty's trajectory gives him personal insight to understand and empathize with Street Health clients, with whom he shares many lived experiences. Marty talked to us about safe-injection kits, drug use, addictions, and the sex trade with remarkable frankness. He spoke of his professional role and responsibilities as a peer-support worker, and he expressed frustration about systemic issues that make his job chronically difficult. For example, he described the ways that addiction bespeaks trauma and shapes neurological wiring. He also elaborated on the ways that, in one way or another, the police and justice systems are daily figures in his clients' lives. But he finds meaning in working with the Street Health team, and he cares about the people he connects with while trying to figure out how to support them in ways that make sense within the context of their lives (figure 21). Watching how he carried himself, listening to the silences between his words, I could clearly see his knowledge and wisdom were hard earned. The concept of the personal being embedded in the political and vice versa now makes empirical sense to me, as it never had before.

As it turned out, Marty had a great deal to teach us. A key Street Health service is to provide safe injection kits, and these are available at the agency's reception desk. Normalized. The kits are assemblages of various materials for people who use injection drugs to do so cleanly and safely, such that they do not contract blood-borne infections such as hepatitis C or HIV infection. Harm reduction science has demonstrated that injection kits save lives and that it is also good economic practice (Zlotorzynska et al 2013). Infection and disease are curtailed through sanitary conditions and where people are socially supported. Marty walked us through how he assembles and packages safe-injection kits. He also demonstrated how people use the materials to prevent infection. Injection kits are normalized and displayed in a 'help yourself' manner at Street Health's reception

desk. The self-service is practical, and I should think it goes a long way to ease social stigma associated with drug use. The visibility of the kits can also be springboards for discussion and peer learning. Since it is obvious that all classes of people use illegal and recently legalized drugs, making safe-injection kits and other harm reduction materials accessible in facilities in all neighbourhoods in Toronto is a purposeful action to alleviate stigma, promote safe health practices, and expose people to sources of health care and addiction counselling and referrals.

Joyce, Marty, and other frontline workers at Street Health must work hard to sustain the services they provide to clients. They lobby all levels of government for financial support to train students on professional placements and work with nearby hospital-based researchers. They must apply for cycle after cycle of project funding, and they also cultivate relations with private donors for monetary backing. They take time to work with groups of students such as us. Collectively, this group of people is working to keep fingers pressed on the places where people feel harm. They participate in trying to effect structural change and to dismantle that which produces sickness and suffering in the first place. They want people to think critically about the causes of poverty, and then do something about those causes. At Street Health, I saw people of my generation who were visibly unwell. I am certain that these unknown-to-me peers did not choose to be living on the street or in the unsafe conditions of Dundas/Sherbourne. A fact long established in the social determinants of health literature is that health and illness are shaped more strongly by our social conditions than by our biological baggage (Bryant 2016). As I conducted this fieldwork, these issues and perspectives began to crystallize into an observed reality.

Joyce and Marty's work is emotionally and physically taxing in an ongoing sort of way, which raises a long-standing question: who cares for the caregivers? (Contenta 2019) The caring work they dispense to people they know and care about is draining not least of all because of the fact that their work should not be necessary at all. Death by overdose and other traumatic ends are all around them. They want to keep people alive and for the people around them to suffer no longer. They might also feel tension with what they do, with how they

earn a living, since their work is predicated on the poverty and suffering of the clients with whom they interact every day. Being poor, housing insecure, and criminalized for engaging in sex work: these are the predicaments confronting people who come to Street Health. As racialized, gendered, and economically impoverished people who might also use drugs, their experiences with social institutions are chronically fraught with tensions. People in the poor inner city are positioned to experience various sorts of *vulnerabilities* as an ongoing feature of their existence.

LIVING IN A 'BAD NEIGHBOURHOOD'

Fig. 21: Connections

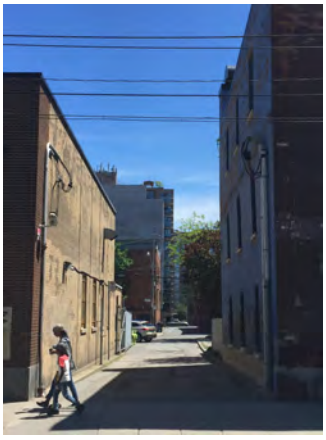

Fig. 22: Crossroads

And here, I write the word *vulnerability* with hesitation while at the same problematizing it and its application. Who gets to assign *vulnerability* to others? After all, this term arrives from a bureaucratic category that public health personnel, academic researchers, and clinicians use to make visible, and also intervene on behalf of, large swaths of people: Marty and other residents of Dundas/Sherbourne, my family, others I care about, and also me (figure 22). What characterizes vulnerability, who carries the term, and is it enabling or disabling? Why and how does, or will, it affect all aspects of people's existence? I am calling attention to the politics, fields of interest, and human practices that bring this concept to life and sustain it. Ultimately, I am subverting by inverting hierarchies of knowledge, urging a revised starting place for inquiry. What do people who are deemed vulnerable think of this concept? People who are written and talked about within this frame of reference rarely or never, in my experience to date, refer to themselves as vulnerable. My parents are racialized immigrants living with me in poorly maintained public housing in Toronto's poor inner city, but we do not use this language to describe ourselves, and neither do we easily accept that this category be applied or used to define us. Perhaps I will have the good fortune to meet Marty again, introduce him to my sister, Maryam, and hear what he thinks about my discursive resistance to mainstream brush stroking, typecasting people like him, me, and us as vulnerable.

Since visiting Street Health, I have taken to asking people in my midst in Toronto what they know about the area. When I probe, though my interlocutors have usually not been there, they concur that Dundas/Sherbourne is, in their view, most certainly a "bad neighbourhood." This returns me to the contradiction that I illuminate and open with above: that some can live so close to this part of the city and know nothing about it while others spend their whole lives there working to help people fulfill their needs.

SEEING IS BELIEVING...IN THE DISCURSIVE ORGANIZATION OF KNOWLEDGE: MARYAM'S EXPERIENCE IN THE POOR INNER CITY

Until July 2019, I (Maryam) had a full-time job as a legal administrative assistant working at a mid-sized law firm in

North York, which lies to the north of the City of Toronto. I remember various encounters and conversations I had with co-workers during my time there, especially interactions that left me questioning what it means to live in a "bad neighbourhood", and indeed what living in such a place might say about me, as a person, and also about my family. When I tell acquaintances or co-workers that I live in St. James Town, a common reaction is shock. They tell me that they would not have guessed that this is where I live. Some people have warned me to be careful when out in the neighbourhood late at night (figure 23). Still others have tried to teach me self-defense strategies. My common response is to laugh, albeit rather nervously. I explain that I do not feel fearful, since it is my home community. People have told me that they wonder how I can live in an area where there are so many "crazy" people walking, talking, and screaming on the streets. Interestingly, when I ask them if they have been to St. James Town, few have. I am told that they know the neighbourhood through mainstream media reports.

I remember having lunch with a co-worker, and during our conversation, he asked me where I lived. I replied, "downtown Toronto." He said, teasingly, "Oh! I knew you were going to say that! In one of those expensive high-end condos, right?" I was taken aback, wondering why he would assume that. As I told him that I grew up and still live in one of the nineteen high-rise apartment towers in St. James Town, I watched his jaw drop. He later took me aside and apologized. He clarified that he hoped that he had not offended me, since that was not his intention. He told me that the issue for him was that he could not imagine that someone like me would have been raised in "that kind of area." When I asked him what he meant, he specified that he was referring to a poor inner city neighbourhood. He continued by saying that because of the way I dress, speak, and carry myself, "No one would assume that you come from a 'bad neighbourhood'."

This exchange encouraged me to reflect deeply on how society sees and also labels people who, in popular discourse, are understood to hail from "bad neighbourhoods." What is a person from a "bad" or "good" neighbourhood supposed to look like? Act like? Sound like? *Be* like? Mainstream media can portray people from poor inner city neighbourhoods stereotypically; that is, if we are featured at all out-

side of sensationalist stories and hyperbolic headlines rooted in deviance. Perhaps we are thought to be lazy, not particularly educated, wayward, or just not good sorts of people to know.

As the colleague with whom I was having lunch looked at the rings and watch I was wearing, he said that he would have thought that I came from what he called an aristocratic or elite background. 'The way I carried myself, with "elegance and grace"," he said. "I never would have imagined someone from St. James Town being as educated and well mannered as you." Over the years, and now, when people learn that I have spent all of my life in St. James Town, they want to have these sorts of conversations with me. I do not like having these kinds of conversations with people, since they feel pathologizing of my family and neighbourhood in addition to being tedious because predictable and repetitive for me. Maybe one day I will sit down and write a novel inspired by our family life as residents of St. James Town. Borrowing narrative cues and clues from novelist Kathy Dobson's *With a Closed Fist* (2011) or *Punching and Kicking* (2018), I could imagine titling my debut novel something along the lines of *With a Ring on my Finger, and Watch on my Wrist: Growing up in Toronto's Poor Inner City*.

We (Mehdia and Maryam) have begun to track a curious pattern in how guests who visit us at home react to our apartment. People have expressed surprise, commenting that our three-bedroom flat is welcoming, aesthetically pleasing, and culturally curated with tastes, textures, and traces of Afghanistan (figure 24). The appearance of our domestic space, indeed, contrasts with the public areas inside and outside our high-rise apartment building. Everywhere you look in and around the vicinity of our building, there are signs of deteriorating structural conditions: the interior hallways, elevators, and surrounding streets are visibly rutted and deeply worn.

Peoples' reactions to our home and building have given us pause. We try to see things through their eyes and to walk in their shoes to contemplate our community with fresh eyes. We are not indifferent to outsiders' perceptions of St. James Town. What does it mean when people express relief that, between the walls of our apartment, we live well, while using the public sphere, our neighbourhood, as its un-

desirable foil? We wonder whether our parents have, at some level, paid extra close attention to rearing us and providing a certain type of home environment in response to what they know to be publically held ideas that St. James Town is a "bad neighbourhood."

Some visitors have asked my parents why they have decided to remain in St. James Town for more than two decades. We are not aware that our parents, settling here as new immigrants, had much choice in the matter. We live in subsidized public housing, and we are in close walking distance to schools, hospitals, and the subway line. While some of our guests have commented that, in their view, we do not seem to "fit" into St. James Town, this judgment pinches at us. We are uncomfortable with the implicit judgment of our neighbours, teachers, and friends. And, while some guests have given their suggestions about "better" neighbourhoods or smaller cities to which we might consider moving, we are not aware whether our parents are either interested in or financially able to move to a place that others might deem safer or more suitable. We have made our home here, we have been well educated here, we have contributed here, and we are satisfied living in the poor inner city.

LEARNING IN ST. JAMES TOWN

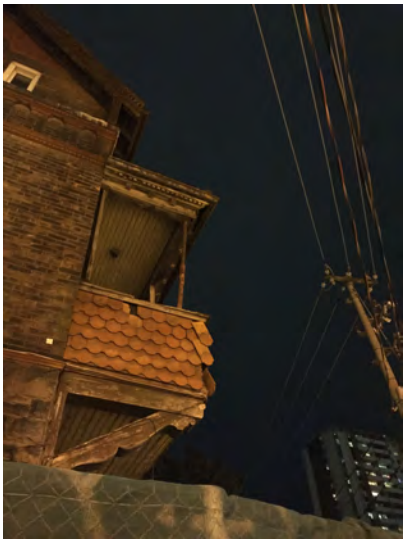

Fig. 23: Of Sherbourne/Howard

Fig. 24: Of Afghan Diaspora ("I am Complex", Maryam Hassan, 2018, Acrylic on canvas. 32x36")

MOVING INTO THE 'HOOD: LAURA'S EXPERIENCE IN THE POOR INNER CITY

In fall 2015, I (Laura) was treated to a history lesson about the Dundas/Sherbourne neighbourhood. My teachers on this occasion were two middle aged, white men seated on the curb in an alleyway behind the People with AIDS Foundation on Gerrard Street, where I was destined.

As I approached the men, I said hello. I smiled because they looked like they were enjoying themselves. It was ten o'clock in the morning, and Bruce and Noah (I will call them) were drinking beer and talking. We began to chat. Bruce told me that he was born in this very community. He spent his childhood weaving up, down, and through this part of Toronto's inner-city concrete jungle. Bruce openly discussed moments of his life stretching back to the 1970s, explaining that he had moved away many years ago to take up various hard-labour jobs in Alberta's petroleum patch. When he sustained an injury on the job, he was unable to return to work, and he never again found stable work. He was not eligible for workers' compensation or employment insurance payments, and so he looked for work, doing "odd jobs, here and there," to get by. Though he has no family remaining in Toronto, he thinks that he might stay in the city. His colleague, Noah, revealed that he was born in Newfoundland, and has lived on-and-off in Toronto since the 1980s. Not finding work in Atlantic Canada, like Bruce, Noah left home, migrated west and settled there, "working in oil." When he sustained an injury that evolved into a disability, he, too, was unable to find paid work, and was ineligible for government income support programs.

"We made bad decisions," said Bruce in a matter-of-fact way, speaking on their collective behalf. Noah nodded his head in agreement. They went on to say that they have lived for some time in nearby Seaton House. Though these were not their parting words to me, this is the sentence that, at the heels of having heard details of their lives, sat very heavily with me. The statement "we made bad decisions" has a significant organizing presence in this article and informed the choice of subtitle.

My family and I moved into a housing cooperative in St. James Town in the spring of 2015. For a time, I was acutely ill. Through the painful experience of being sick, followed by a trying and long-term process of getting well, I came to know about the Sherbourne Health Centre and the services it offers to inner city poor people (figures 25 and 26). It serves a great number of impoverished people. In fact, it offers services to all residents of the inner city; I accessed services vital to my recovery, despite our being far removed from living in poverty. Walking was a big part of the activities I did to get better. I have set foot in a great number of the public streets and shadowy recesses in the Dundas/Sherbourne neighbourhood. In its streets and in its waiting rooms, doctor's offices, reception areas, elevators, parks, bus stops, grocery and liquor stores, community centres, movie theatres, rooming houses, thrift shops, and alley ways, I have listened to, and learned from, people of all ages, colours, sizes and shapes, born in Canada and elsewhere.

CARING AT SHERBOURNE HEALTH CENTRE

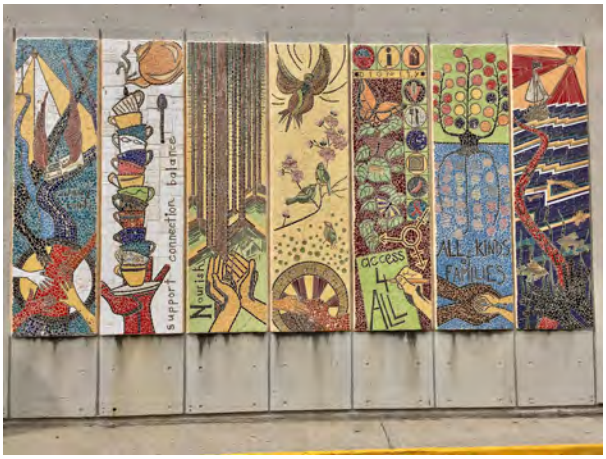

Fig. 25: Public art for caring

Fig. 26: Wheels for caring

During my regular walks in the Dundas/Sherbourne neighbourhood from 2015 to today, I have come to understand it as a place of con-

tradictions. This is because it is simultaneously a place of misery *and* caring. Signs of social suffering and illness are visible on people's bodies, in the form of facial scars, missing limbs, broken teeth, and sunken cheeks. The bodily effects of suffering, structural violence, and austerity on the most impoverished are gut wrenching and considerable: homelessness, sickness, disorganization, and itinerancy. Absent and disappeared bodies also have a presence in this area. I have seen them remembered by makeshift memorial installations made of candles or by inscriptions and sketches placed on the patch of greasy pavement on the sidewalk across from Seaton House (figure 27). In nearby Allan Gardens, an open-air mural installation was mounted in June 2019 and a dozen large panels were suspended, hanging overhead for public display. Indigenous women artists working in various media and world regions had their work selected for this six-month exhibition. As I learned from attending the inauguration, where I spoke with organizers and also artists (for example, the woman shown walking under the overhead banner of her creation, figure 28), the installation was part commemoration for murdered and disappeared Indigenous women, part celebration of their continued presence and resistance.

MEMORIALIZING OUR DEAD

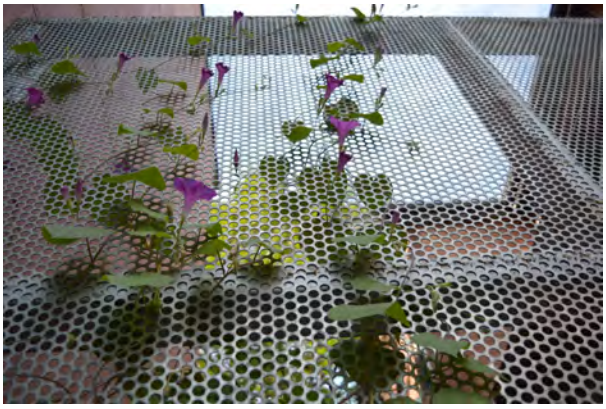

Fig. 27: Morning Glory, Mourning Friends

Fig. 28: Mural Artist, Missing Women

Through the fieldwork and writing process of this article, we wondered how to adequately dismantle and displace the idea that Dundas/Sherbourne is a bad neighbourhood populated by people who make bad decisions. First, this community has not always been a health and social-services ghetto for the urban poor. It has not always looked or felt the way it does now. In the nineteenth century, wealthy western Europeans settled in and built up Dundas, George, Gerrard, Jarvis, and Sherbourne streets. The grand villas located up and down these roads—of those that have not come under the wrecking ball, many of which are used as rooming houses and group homes—testify to the immense wealth that these settlers amassed by growing local, national and global manufacturing dynasties. Allan Gardens, as a public botanical garden set inside a public square of the same name, was designed as a place of leisure for these nearby residents (figure 29). Today, this square is an important neighbourhood landmark. Its grounds are beautifully landscaped in spring, summer and autumn. Along its south-facing street is a concentration of health and social agencies set up to serve people who gather in the park when it is

warm enough during the last decade: racialized new immigrants and Indigenous persons for the most part. While the vegetation inside the greenhouses is in fine shape, the humans who congregate or formerly congregated outside its entrance are anything but, as we can see (figure 30). The public benches and water fountain were removed in June 2019, prompting one Indigenous woman with whom I spoke to say, "They took away their homes."

Second, amidst the myriad sorts of social suffering noted and discussed in this article, the three of us have observed and experienced deep caring in the Dundas/Sherbourne neighbourhood. Since moving to Toronto in 2013, it is in its streets, and those immediately surrounding it, that I have listened to some of the most candid and frank stories about the human condition I have ever heard. My exchange with Bruce and Noah related above is an example of this. Their statement about having made bad decisions is a refrain commonly sung by poor inner-city people. People I have met there (here) can and often do talk about themselves punitively, condemning their bad decisions that they understand led them into difficulty. So goes their logic. And yet, this can only ever be part of the story, since, as we have illustrated, what they say and do are set within broader social relations. The observation "We don't hold back when we talk to ourselves about ourselves" (West 2017) is consistent with how I have heard people judge themselves in Dundas/Sherbourne. I yearn for people to centre the politics that organize how we live and also how we fall sick, since this carries the promise of helping everyone to be kinder with others and themselves as they (we) recollect pasts and talk about presents.

BEING (AND NOT) IN ALLAN GARDENS

Fig. 29: Colonials Gather

Fig. 30: Post Colonials Gather and Not

TORONTO'S GRAVE PARADOX: FLAGRANT WEALTH FLANKS GUT-WRENCHING POVERTY

When we (Mehdia and Maryam), cross Allan Gardens on foot from its northeast to southwest corners, as we do when we leave home, heading in the direction of downtown Toronto, we have looked around, wondering: how might aspects of our lives be similar to those of the people gathered in this square? It is only by accident of birth that we are born into the families we are. We have little control over much of what happens in our life. What is more, it is unlikely that there is any family anywhere in the world untouched by addictions and the chronic problems they induce. Reflecting on Allan Gardens as a landmark, until recently a hub for poor inner city people to 'just be' in the Dundas/Sherbourne area, perhaps someday, if the benches and drinking fountain are restored, and the people who once gathered there return, we will stop: striking up a conversation with someone sitting on one of the benches, as Dr. Bisaillon did in our walkabouts. We would approach a woman, who would likely be racialized. We would be interested to listen to what she might be willing to share about her experience in this square, and in Toronto's poor inner city, and maybe others like it across Canada. Her first-hand knowledge of these spaces would go a long way in nuancing and perhaps correcting popular framings about the poor inner city and its places and politics. What works well, and what does not, and in whose interest, is best revealed by those of us in minority and marginalized positions that stand outside the mainstream in the so-called social margins.

A grave paradox in the City of Toronto, and one that is ripe for all to observe and experience, is the flagrant wealth that flanks gut-wrenching poverty and palpable suffering in all of its inner city neighbourhoods. Dominant portrayals of Canada's largest urban centre commonly showcase its countless condominiums for high cost, fashionable food menus at fancy restaurants, and parades of products at pop-up stores. The housing, eateries, and offerings in the commercial spaces in the Dundas/Sherbourne area do not square with these depictions, and this is not what Toronto's inner city should be like. In this narrative-driven article, we bridged visual practice with so-

cial analysis by combining sensory ethnography and street photography to contextualize the people, places, and politics in the Dundas/Sherbourne neighbourhood. In doing so, we confronted popular discourses of poverty and the poor inner city to deliver a critique of bad neighbourhood and bad-decision lines of thinking. Ultimately, the three of us hope that if Greg, Marty, and Roxanne, as protagonists of Hugh Gibson's documentary film *The Stairs*, were to read this article, they would agree that we have avoided fetishizing people and their lives' circumstances in favour of holding up for analysis and debate the social production, organization, and coordination of that which goes right and wrong in the Dundas/Sherbourne neighbourhood that they know so well.

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