Reflections

Avoiding East Hastings

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I was one of the 3000 doctors who descended on Vancouver, BC, in mid-October 2010 for Family Medicine Forum. My first trip to Vancouver meant there were many sights to see: Stanley Park, Chinatown, the waterfront, and Robson Street were all on my list. On planning my sightseeing, I asked the receptionist at the front desk of our hotel for directions to Chinatown. “Straight up Granville and then turn right on Pender Avenue—but whatever you do, don’t turn down Hastings Street. Stay away from East Hastings,” she said emphatically, and drew a big X through Hastings Street on the map. Her warning echoed in my mind, and from that moment I knew I needed to see what made Hastings Street so repellent.

Hastings Street’s reputation preceded it. I vaguely recalled stories that this area of the city was fueled by drugs, crime, and prostitution. I thought to myself, “It can’t be much worse than Queen Street in Toronto,” the city I grew up in, but as I turned the forbidden corner onto Hastings Street, I discovered that I couldn’t have been more wrong.

The view from East Hastings

The sidewalks were crowded. Even the street was packed with people, whether I looked high or low. Pedestrians towered over me waving their hands in the air to grab the attention of a familiar face. Others of similar height leaned on shopping carts overflowing with all of their worldly possessions. People in wheelchairs were talking to others who were stooped over their canes. Some were hunched over to pick up old cigarette butts from the sewage gutter. Still others squatted on the sidewalk beside the merchandise they were trying to sell, which included everything from car radios to breakfast cereal. Moving forward any distance meant weaving my way through the sea of people, being careful not to trip over the makeshift shops on the ground.

It wasn’t only the sheer number of people on Hastings Street that was incredible, but the activities that most were engaged in. Open prostitution, as well as drug use and exchange, was commonplace. The street was dotted with dingy hotels, damp-looking bars, and shops advertising same-day cheque cashing. Interspersed throughout stood boarded-up, abandoned buildings.

But among the utter poverty and vulnerability of East Hastings, places such as needle exchange and safe injecting sites, multiple outreach centres, a community health centre on a parallel street, and construction of affordable housing units nearby offered glimmers of hope for the future.

Where the need is

While many of us cautiously—and perhaps wisely—stayed away from Hastings Street over the course of Family Medicine Forum, let us not forget that we, as family doctors, often need to be the voice for people from places like Hastings Street—for those with addiction and mental health problems. Our role in treating those with addictions and mental health issues need not be completely selfless; we can learn not only from their stories but also from their pathologies, which tend to be rampant in vulnerable populations.

The early 20th-century bank robber Willie Sutton is famous for telling a reporter that he robbed banks “because that is where the money is.” As family doctors perhaps we should be making an effort to go to places like East Hastings because, arguably, that is where the medical need is greatest.

During the convocation ceremony, former Vancouver mayor Sam Sullivan spoke about his passionate commitment to improving his city’s worst neighbourhoods through managing addictions rather than trying to fix them—a concept both challenging and enlightening. Speaking to an audience of newly convocated doctors, Dr Cheryl Levitt encouraged all of us to “find our voice.” As a new family physician, I am still trying to find my voice. I only hope that when I do, it will be heard.

Dr Black is Assistant Professor in the Academic Family Medicine Unit in Regina, Sask.

Competing interests

None declared