Managing Methadone Mile: Dynamics of Neighborhood Change and Social Control in Boston's South End

Adam W. Pittman

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ABSTRACT

MANAGING METHADONE MILE: DYNAMICS OF NEIGHBORHOOD CHANGE AND
SOCIAL CONTROL IN BOSTON’S SOUTH END

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Methadone Mile, a pejorative label used to describe an area near Boston’s South End neighborhood, is known for its open-air drug market, disorderly streets, and concentration of addiction and homeless social services. For over a century, social services in the area have provided care to the city’s most vulnerable. Yet, over the past several decades the neighborhood gentrified. Whereas gentrification often results in social services being pushed out of neighborhoods undergoing change, the area continues to be the city’s central social service hub. As a result, the South End is a hotbed of conflict and tension as the city’s well-to-do and social service providers clash over claims as the rightful owners of the neighborhood. I used participant observation of neighborhood meetings and in-depth interviews with social service recipients and/or those on the streets, social service providers, and neighborhood residents to uncover how power dynamics shape neighborhood social control efforts and the contestation for the right to control the South End.
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CHAPTER 1
INTRODUCTION

Statement of Problem and Research Questions

Methadone Mile is a colloquial slight used to describe an area in Boston with a concentration of addiction and homeless services, disorderly streets, and an open-air drug market. The area is primarily located in the gentrified, economically bifurcated, and multiethnic South End neighborhood, although parts of “Methadone Mile” extend into the borders of the predominantly black and Latinx Lower Roxbury neighborhood (Census 2010) and the industrial Newmarket District (See Appendix A Figure 1). At first glance, this borderland appears to be a hodgepodge of highly affluent and low-income residences, light industry, and social services. In a magazine profile, sociologist Robert J. Sampson referred to this mixed-use area as “a no man’s land in the sense of [home]ownership” (Zalkind 2017). A closer look, however, reveals that claims of ownership over the area are highly contested among South End homeowners and renters, social service providers, and those receiving services and/or living on the streets. Managing ‘Methadone Mile’: Dynamics of Neighborhood Change and Social Control in Boston’s South End is an ethnographic study that uncovers how this unique context shapes the contestation for the right to control, or simply remain put in, the South End among residents, social service providers, and social service recipients or those who live and/or hangout on the streets.

Dating back to the late 19th century, the South End has long been Boston’s destination for homeless, addiction, and other social services (Lopez 2015). The neighborhood hosts Boston Medical Center, the region’s largest public hospital, which provides care to the city’s
poor. Three large homeless shelters (112 Southampton, Pine Street Inn, Woods-Mullen), numerous halfway houses, two methadone clinics, a needle exchange program, healthcare for the homeless services, and other homeless and addiction-related facilities are located within the South End. The neighborhood is home to three large-scale public housing developments—Lennox, Cathedral, and Villa Victoria—among other, smaller public housing buildings scattered throughout the neighborhood. In the 1970s through the early 2000s, the South End neighborhood gentrified (Lopez 2015). Whereas gentrification is sometimes characterized as a process of neighborhood change whereby an inflow of capital and well-off, typically white, gentrifiers push out low-income residents and social services to make way for widespread redevelopment and cultural consumption (Glass 1964; Smith 1996; Wyly and Hammel 1999), South End’s gentrification process did not force out the neighborhood’s longstanding social service providers or the low-income residents living in public housing.

Instead, the neighborhood experienced an increase in the number of people receiving addiction and homeless services in recent years (Ramos and Allen 2016). Two factors are responsible for this rise. First, in 2014, the City of Boston closed the bridge to Long Island, a major site for homeless and addiction services located on a Boston harbor island and reopened a new shelter along Methadone Mile called 112 Southampton. Second, the rise in opioid addiction led to an increase in the number of people receiving drug treatment or looking to buy and use drugs in the area (Ramos and Allen 2016). The result is an economically bifurcated, multiethnic neighborhood where those experiencing homelessness and addiction receive services within a neighborhood of renovated Victorian brownstones, posh boutiques, and upscale restaurants. This class chasm causes conflicts between affluent
South Enders, social service providers, and people receiving services as the groups vie to control and shape the future of, or simply maintain a presence within, the neighborhood.

In an effort to understand how dynamics of social control play out in a neighborhood that has a reputation as being gentrified, a social service destination, and an open-air drug market, this project addresses a number of research aims. First, through interviews with homeowners and renters in the South End, this project addresses how South Enders’ experiences living in a gentrified social services hub are shaped by neighborhood tenure, the challenges associated with living in such a neighborhood, and residents’ NIMBY (Not In My Backyard) responses to issues related to homelessness and addiction in the neighborhood. Second, this project also uncovers how urban politics and conflict among South End homeowners and social service providers shape how neighborhood alliances form to address issues stemming from “Methadone Mile.” In particular, this project focuses on how predominantly affluent homeowners mobilize to control the disorder that is associated with services in “Methadone Mile.” While recognizing the benefits that social control and neighborhood alliances might provide the neighborhood, this project also scrutinizes how stakeholders use social control tactics and neighborhood alliances to maintain boundaries between who is and who is not welcomed in the neighborhood. Third, the project looks at how social control tactics affect the lives of people receiving services and/or living on the streets of “Methadone Mile” through interviews with people who describe what it is like to navigate life in a gentrified social services hub. Finally, the national narrative of the opioid epidemic is that it disproportionately affects white communities. This study provides an account of how predominantly white homeowners and social service providers respond to the
influx of addicted and homeless whites and people of color on the streets of “Methadone Mile.” In doing so, this project reveals how racial dynamics of the so-called white drug epidemic play out in a Boston neighborhood. Together, this ethnography provides a multifaceted and nuanced understanding on how stakeholders in an economically unequal and multiethnic neighborhood seek to control the neighborhood and grapple with the effects of homelessness and addiction in Boston’s South End.

**Literature Review**

*Gentrification of Social Services Neighborhoods: Newcomers’ NIMBY Tactics*

Social service facilities are strategically concentrated in disadvantaged neighborhoods for two reasons. First, locating human service facilities in disadvantaged neighborhoods provides easier access to the urban poor seeking help from the facilities (Lyon-Callo 2001). Second, disadvantaged neighborhoods are considered areas of least resistance when siting human services, because residents lack the resources and political capital to ward off the “undesirable” facilities (Takahashi and Dear 1997). Thus, poor neighborhoods become human service “dumping grounds” leading to concentrations of homeless shelters, drug treatment facilities, halfway houses, and single-room occupancy buildings (Sommers and Blomley 2002). These stigmatized urban neighborhoods are pejoratively labeled “skid rows” and have the widespread reputation of places where disorderly people congregate (Ruddick 1996).

In recent years, well-known social services hubs like San Francisco’s Tenderloin District (Huey 2007), parts of Westminster in London and parts of Hollywood, California (DeVerteuil 2011), and the periphery of Los Angeles’s Skid Row (Stuart 2016 and Reese,
DeVerteuil, and Thach 2010) have become sites of gentrification that attract developers and residents due to their convenient access to downtown and relatively affordable housing stock. While debates surrounding the exact definition of gentrification are ongoing among urbanists (see Brown-Saracino 2013), most definitions include some aspect of the following: reinvestment of capital, arrival of higher-income newcomers, landscape change, and displacement of low-income and “original” groups (Lees, Slater, and Wyly 2008). Defining gentrifiers is no easier, but definitions aimed at describing the gentry typically include the “pull” factors that bring draw them to urban neighborhoods, such as (1) economic pull: housing stock is relatively less expensive than suburbs or central city, (2) practical pull: enjoy proximity to downtown and commercial zones, (3) aesthetic pull: attracted to historic housing stock like Victorian homes, lofts, or row houses, (4) amenity pull: enjoy the proximity to museums, waterfronts, parks, cafes, and other urban amenities, (5) social pull: appreciate being immersed in a diverse community, and (6) symbolic pull: desire to live alongside longtime residents whom they feel provides a sense of “authenticity” or desire to restore a disinvested neighborhood back to its former heyday (Schlichtman, Patch, Hill 2017). Urbanists, however, have been admonished for spending too much energy on defining gentrification and gentrifiers without giving the same weight of attention to the potentially deleterious consequences of gentrification for long timers (Slater 2006). This criticism is especially poignant for gentrification of social service neighborhoods where social service agencies are displaced or dispersed, which limits access to important social services among society’s most vulnerable and has the potential to further harm their already precarious lives.
For instance, research demonstrates that newly arrived gentrifiers to social service neighborhoods engage in “Not In My Backyard” (NIMBY) tactics in an effort to “take back the neighborhood” from real and perceived disorder, crime, and decreased property values associated with human service facilities (Dear 1992). In an ethnographic study on a gentrifying skid row in Toronto called Corktown, Smith (2014) traces how newcomers formed a coalition to force out drug treatment facilities and homeless shelters from the neighborhood. Corktown newcomers picketed the facilities, repeatedly called the police to enforce anti-vagrancy ordinances, and formed a neighborhood watch group that monitored the behaviors of those experiencing homelessness and addiction. Through these exclusionary and social control practices, Corktown newcomers pushed the facilities and its clients out of the neighborhood. In Westminster and Hollywood, gentrifiers worked with local government officials to remove existing services from longstanding social service neighborhoods and became increasingly intolerant of existing services and staved off additional services by claiming the neighborhoods had “too many services as it is.” Residents in both Westminster and Hollywood also organized against the expansion of already established social service providers by making claims that the service providers were not “good neighbors” and, therefore, not permitted to increase their presence in the neighborhood (DeVerteuil 2011: 1575).

**Negative Consequences of Gentrifying Skid Rows**

Some gentrifiers view themselves as “brave pioneers” saving the city from crime and blight, while downplaying their role in displacing longtime residents (Smith 1996). In the case of gentrifying skid rows, the removal of human services and the newcomers’
exclusionary practices produced dire consequences for those accessing services in the neighborhood. For example, the gentrification of Manhattan’s Upper West Side, once densely concentrated with single-room occupancies (SROs), increased the homeless population when rising rents pushed low-income tenants out of the SROs and onto the streets (Kasinitz 1983). In Toronto, gentrifiers forced out a needle exchange program—a site where people exchange used syringes for new ones—that correlated with an increase in HIV and hepatitis among injection drug users (Strike et al. 2004). In San Francisco’s Tenderloin District newly arrived residents and businesses pressured two neighborhood institutions that served the poor for several decades to close their doors, because the “disorderly clients” that congregated outside the facilities were bad for neighboring businesses and residents’ quality of life (Huey 2007). Moreover, Walks and August (2008) find that when social services are dispersed across a city, rather than located in a concentrated social services hub, it presents challenges to people who are immobile or lack transportation resources to move across the city, as is sometimes the case with people experiencing homelessness or whom are otherwise marginalized in society. In sum, newcomers’ efforts to “clean up the neighborhood” oftentimes means displacing and dispersing social service agencies, which further complicates and harms the lives of the people receiving services.

**Social Support on the Streets**

People who live or hang out on the streets form meaningful social networks that provide support, safety from the street, and information about receiving services (Rowe and Wolch 1990). For instance, unhoused people sometimes form fictive kinship on the streets where older unhoused people take on the role of a parent for younger unhoused people.
These “street families” provide emotional and instrumental support to help support each other and maintain safety on the streets (Smith 2008). As described above, formal and informal social control tactics sometimes break apart these vital networks. In an ethnography on policing in Los Angeles’ Skid Row, Stuart (2016) argues that it catches police attention and increases the likelihood of arrest when Skid Row residents, especially those who appear homeless or intoxicated, gather together in public places. Thus, Skid Row residents become “copwise” and avoid gathering together in public space. This weakens the social ties among Skid Row residents. In turn, these weakened ties might diminish the benefit of the network’s safety and support on the streets of LA’s Skid Row (Rowe and Wolch 1990; Smith 2008).

Similarly, Duneier (1999) shows how street vendors in New York City, which some passersby perceive as an expression of social disorder that should be evicted from the sidewalks, provide social support by encouraging other vendors in addiction recovery to maintain their sobriety. Finally, people who congregate on sidewalks and street corners can also keep a watchful eye on the neighborhood and fend off some types of crime (Jacobs 1961, St. Jean 2007). For example, St. Jean (2007) finds that men who drink alcohol together on street corners, and sometimes get rowdy themselves, stop drug dealers from staking out the corner. In short, people that congregate on city streets should not be reduced to one-dimensional “elements of social disorder.” Instead, they are multifaceted people who provide support to each other and benefits to the neighborhood, while also sometimes creating signs of social and physical disorders and sometimes engaging in crime.
Perceptions of Crime and Disorder: Variations by Gentrification, Neighborhood Tenure, and Racial Composition

How much disorder residents perceive in a neighborhood is not solely shaped by the amount of actual disorder on the streets. In fact, factors unrelated to disorder—such as length of residency, racial composition of a neighborhood, and whether a neighborhood is being invested or disinvested—are influential in shaping residents’ perceptions of disorder. For instance, residents’ perception of neighborhood disorder is shaped by residential tenure and gentrification. Despite gentrifiers claims that they are attracted to urban neighborhoods for their “grit” and “edginess,” newly arrived residents are more likely to notice disorder than are long-time residents, which results in efforts to “clean up” the neighborhood (Lloyd 2002, Perez 2002, Ley 2003). White middle-class newcomers who move into racially and economically mixed neighborhoods are particularly more sensitive to signs of disorder than longtime residents regardless of race (Tach 2009). However, black middle-class gentrifiers that move into gentrifying neighborhoods are less sensitive to neighborhood disorder on the streets than their white gentrifying counterparts (Sullivan and Bachmeier 2012), in part, because racial segregation in the United States means that black middle-class residents are more likely to grow up in or live within close proximity to poor neighborhoods of color where there is more disorder than white middle-class residents in the suburbs (Pattillo 1999, Peterson and Krivo 2010, Sampson and Raudenbush 2004). Finally, evidence exists to suggest that there is a “wave” effect whereby early (wave one) gentrifiers, who tend to be more risk-oblivious and less affluent, are more tolerant of disorder than later-arriving
gentrifiers (wave 2+) who tend to be more risk-averse and wealthier (Kerstein 1990, Low 2003).

Residents’ perceptions of crime and disorder are also shaped by the racial context of the neighborhood. In neighborhoods with higher concentrations of minorities and poverty, residents self-report higher amounts of disorder compared to actual levels of disorder measured through systematic social observation. Although all residents regardless of race reported “seeing” more disorder in neighborhoods of color than what is actually there, whites perceive more disorder than black residents (Sampson and Raudenbush 2004). In other words, people’s stereotypes about neighborhoods of color cause them to believe that they see more disorder in the neighborhood than actuality. The racial makeup of a neighborhood also colors how residents perceive crime and safety. The higher the proportion of black and brown men in a neighborhood, the more likely a resident is to report that the neighborhood has a high crime rate and fear victimization, even after controlling for actual crime and victimization risks (Quillian and Pager 2001; Quillian and Pager 2010). Additionally, the perception that disorder is higher in neighborhoods of color leads residents to believe that the neighborhood cannot come together to control disorder through informal or formal social controls (Drakulich 2013). In fact, disorder causes residents to feel unsafe in their neighborhoods, which reduces social cohesion among residents that inhibits their ability to directly intervene on crime through informal social control methods (Markowitz et al. 2001). The stigma that neighborhoods of color are more disorderly and dangerous than actuality is, perhaps, one reason whites do not move into neighborhoods of color where the minority population is greater than forty percent (Hwang and Sampson 2014).
Racialization of Drug Use

The criminalization of drug use has long targeted people and neighborhoods of color. For example, in the 1980s, politicians created a drug panic over the so-called crack cocaine epidemic among black Americans in urban neighborhoods (Mauer 2009; Goode 1990). Both Republican and Democratic politicians capitalized on the drug panic and rose to power by pandering to whites’ fears and racist attitudes through their use of thinly veiled racist rhetoric and promise to “crack down” on “inner city” drug dealers and abusers (Lopez 2013). Such rhetoric influenced public opinion and the public’s level of concern over drugs far surpassed people’s self-reports or severity of drug abuse (Beckett 1994). Once in power politicians made good on their promise to crack down on crime and drugs in urban neighborhoods through punitive criminal justice policies and the War on Drugs that overwhelmingly impacted neighborhoods of color and contributed to disproportionate incarceration rates of black and brown people (Western 2006).

Although people of color were the central targets of the War on Drugs, methamphetamine users in white rural areas were also victims of the bogus war and contributed to the “whitening” of the prison population in the early 2000s (Mauer 2009). During this time, methamphetamine was referred to as “redneck coke” or “white man’s crack” and an image of poor whites in rural America was literally the poster child used to warn people against the dangers of meth use. Linneman and Wall (2013) analyzed images of an anti-methamphetamine campaign called “This is Your Face on Meth,” which used mug shots of white meth users before and after starting to use the drug to show the effects of the meth on a person’s appearance. While such scare tactics have little to no effect on preventing
people from using drugs, Linneman and Wall (2013) argue that the intended purpose of the anti-meth campaign was to reinforce boundaries between middle-class whites and poor “white trash.” The images of whites on methamphetamines was a tactic used to stigmatize whites living in poverty that reaffirmed both the dominance and precarious boundary between middle- and upper-class whites and their poor white counterparts in a racialized and classed society (Hartigan 1997; Wray 2006).

**Neighborhood Context, Coalition Building, and Social Control**

Neighborhood social control prevents crime and disorder by providing supervision and resources to a neighborhood (Bursik and Grasmick 1993; Sampson and Groves 1989; Shaw and McKay 1942; Sharkey 2018; Sampson, Raudenbush, and Earls 1997). Moreover, the potential for a neighborhood to achieve safety and order is amplified when neighborhood stakeholders join alliances (Hunter 1985). More recent scholarship, however, calls attention to the factors that shape how neighborhoods form alliances to prevent crime. First, *neighborhood context* influences what types of crime-controlling alliances form and how effectively they mobilize. For instance, consider how a neighborhood’s racial makeup and community-police relations shape the formation of community alliances. Carr (2003) finds that residents from a white neighborhood trust and form alliances with the police and other extra-local city agencies to control crime, which he terms new parochialism. The reason residents engage in new parochialism to control crime is due to a diminishing of social ties among residents at the private- (e.g., family or close friends) and parochial-levels (community organizations). In comparison, Leverentz and Williams (2017) find that distrust of police leads residents in a black neighborhood to tentatively and skeptically rely on black
clergy to forge alliances with law enforcement to help bridge the police-resident divide. Second, conflict among neighborhood stakeholders inhibits coalition building, which weakens a neighborhood’s crime-controlling efforts. Vargas (2016) shows how conflicts among politicians and non-profit organizations in a Chicago neighborhood curtailed the community’s efforts to prevent gang violence in Chicago’s Little Village. Similarly, Morenoff and colleagues (2001) found that neighborhood organizations and voluntary associations had little to no effect on crime prevention. Rather than conclude that decades of scholarship on neighborhood social control overstated the importance of community organizations at staving off crime, they surmise that conflict among the organizations might have rendered them ineffective at preventing crime. In fact, the informal social control benefit of neighborhood non-profits is, perhaps, one of the reasons for the crime drop in the last twenty-five years (Sharkey 2018). In short, neighborhood alliances have the potential to prevent crime and disorder, but the types of alliances that form are contingent upon neighborhood context and cooperation.

Moving Social Control Beyond Crime and Disorder

While neighborhood social control is oftentimes discussed in terms of its ability to curb crime and disorder, social control is also a tool used by residents to maintain race and class boundaries. Collective efficacy is a type of social control that refers to the social cohesion of a neighborhood, the mutual trust among neighbors, and the willingness of residents to work together to achieve the common good (Sampson, Raudenbush, and Earls 1997). Neighborhood associations—alliances of residents and neighborhood stakeholders—foster collective efficacy by routinely convening to address problems and identify solutions.
for the neighborhood. The structure of neighborhood associations and how the members define neighborhood “problems” are oftentimes racialized and classed in ways that maintain the power and privilege of white homeowners (Mayorga-Gallo 2014; Tissot 2015; Tach 2014; Leverentz 2012). In Mayorga-Gallo’s ethnography on power dynamics in a multiethnic neighborhood called “Creekridge Park,” she describes how the all-white neighborhood association enacts “white codes” that dictate appropriate neighborhood behavior between and among racial groups. These white codes are efforts to control residents of color and to maintain white dominance in the neighborhood in ways that reflect racial inequality in society more broadly. For example, neighborhood association members decide upon neighborhood norms that favor white preferences, while subjugating and even criminalizing non-white norms and preferences, such as lawn appearance, parenting styles, and pet ownership practices. While white homeowners perceive the norms as race-neutral, black and Latinx residents understand that these norms are used to maintain racial boundaries and power imbalances. Similarly, in Tissot’s ethnography on diversity in Boston’s South End, she argues that all-white neighborhood associations control the racial and economic diversity in the neighborhood. For instance, when the Pine Street Inn homeless shelter wanted to expand the number of beds available by buying an additional brownstone in the South End, it was the neighborhood association that decided the terms of the expansion and the role of the new shelter location in the neighborhood. The South End homeowners even decided some of the house rules for the shelter, not the residents that lived in the shelter (Tissot 2015). Finally, through participant observation at neighborhood association and public safety meetings, Leverentz (2012) shows how longtime white residents and police officers construct newly
arrived black and Latinx residents as criminal Others in “Factory Town.” For example, without evidence to support their claims, white residents believe that black men without ties to the neighborhood drive in, commit crimes, and then leave. The above accounts demonstrate how neighborhood associations that may foster collective efficacy, sometimes also create racial and economic boundaries between groups of residents.

The study at hand is a multifaceted ethnography that brings together dynamics of neighborhood change, the good and bad of neighborhood social control, and racialization of crime and disorder to understand how stakeholders in Boston’s South End contest for the right to control the neighborhood. While much has been written about tensions among neighborhood stakeholders in multietnic neighborhoods as they undergo gentrification (see Berry 2015; Brown-Saracino 2010; Cahill 2007; Mayorga-Gallo 2014; Newman and Wyly 2006; Rose 2004; Tach 2014; Tissot 2015; Wilson and Taub 2006), the South End is unique in that the neighborhood experienced gentrification over the last several decades and yet still hosts some of the city’s most marginalized and vulnerable populations. Therefore, the project reveals new insights into the ways that stakeholders compete and negotiate for the right to control a neighborhood with the multifaceted identity as a desirable neighborhood for the well-to-do, service destination for those experiencing homelessness and addiction, and an open-air drug market. In the next section, I briefly describe how the history of the South End over the past 180 years that explains how the neighborhood developed into both a wealthy enclave and a social services hub.
The History of the South End

The Failure to Build an Elite Enclave

The South End neighborhood, largely built between the 1840s-1860s, was one of the earliest planned neighborhoods in Boston. Urban planners intended for the South End to be the premier residential neighborhood for the city’s upper-class, second only to Beacon Hill. The neighborhood was built to resemble the Victorian aesthetic of London with brick bow-front row houses that surrounded park squares. Much like other parts of Boston proper, the South End was built on tidal marshlands that were filled with landfill to allow for dry, stable ground on which to build. Despite urban planner’s attempts to create an elite enclave, the South End never became home to Boston’s wealthy class, at least until the latter part of the 20th century, for two reasons. First, the marshland had poor drainage that was prone to flooding and made for an undesirable and putrid smelling place to live. Second, the South End was built at the same time that Back Bay was emerging as a preferred wealthy neighborhood in Boston. Back Bay, which was designed after Parisian architecture, was more in vogue and desirable to elite Bostonians, particularly due to its close proximity to Beacon Hill. Consequently, many of the South End’s row houses remained vacant as developers struggled to sell houses as the city’s elite chose to settle in Back Bay instead (Lopez 2015).

The Emergence of a Social Services and Healthcare Neighborhood

Following the failed attempt to sell the South End to Boston’s upper-class, the brick row houses were sold-off for cheap to working-class families or turned into rooming houses for the city’s poor “lodgers.” Single-family buildings that were not carved into rooming houses were often overcrowded with multiple families living in a single home and struggling to get
by. The low cost of housing also made the South End one of Boston’s gateway neighborhood for immigrants upon arrival to the United States. From the 1880s through early 20th century, successive waves of immigration turned the South End into one of the most racially and ethnically diverse neighborhoods in Boston. The neighborhood was home to Irish, Italians, Syrians, Armenians, blacks from the US south, islanders from the West Indies (particularly Puerto Ricans), and Chinese which each settled different sections of the South End (Merry 1981, Boston College Global Boston 2019). The South End became known as a “skid row” district with poverty, derelict conditions, and issues such as petty crime, prostitution, vagrancy, and public drunkenness (Lopez 2015).

The neighborhood’s conditions caught the attention of social reformers of the settlement movement in the late 1880s, including a visit from Jane Addams, who viewed the neighborhood through a lens of progressive activism and worked to address “urban blight” in the South End. Reformers opened settlement houses across the neighborhood to provide social services, education, and the “socialization of middle-class values” to the newly arrived immigrants and poor South Enders. Other social service institutions sprang up in the neighborhood, which included a home for girls working in factories called the Working Girls Home; three orphanages: Home for Little Wanderers, The Saint Vincent Orphan Asylum, the Boston Female Asylum; and an alcoholic rehabilitation center called Home for Alcoholic Men. During this time, the City created a low-income, subsidized housing development in the South End, which was the first public housing complex in the United States. Through the efforts of social reformers and City officials, the South End neighborhood became a
residential neighborhood and social service hub for vulnerable and marginalized populations (Lopez 2015).

In 1864, the City opened a public hospital, Boston City Hospital, in the South End that provided free healthcare to the city’s poor and uninsured. The public hospital was sited near an open sewer drain on the undesirable swampy land of the South End. The motivation to build a public hospital was driven by the need to provide healthcare to the city’s poor and the City’s attempt to stave off a series of infectious epidemics, like cholera outbreaks, that spread across Boston. The South End also hosted three other major hospitals: Boston University Hospital, Boston Lying-In Hospital (later relocated and now known as Brigham and Women’s), and Boston Children’s Hospital. A number of smaller, more specialized hospitals operated in row houses throughout the neighborhood, which included St. Elizabeth’s Hospital and Boothby Surgical Hospital. The cadre of healthcare services made the South End neighborhood the central healthcare district in Boston whose services were particularly geared towards aiding the city’s poor (Lopez 2015).

Although the South End was intended to be an exclusive neighborhood for the city’s elite, the neighborhood never materialized as such (or, at least not until the latter part of the 20th century). Instead, the neighborhood was a vibrant home to the city’s immigrant and poor residents that hosted numerous social services and healthcare providers that met the needs of its residents. Historian Russ Lopez captures the reputation of the neighborhood at the time succinctly when he writes, “It was a neighborhood with institutions that demonstrated their founders’ commitments to social justice that welcomed those who were unconventional or uninterested in social norms. Though the wealthy had abandoned it, the poor and working-
class found ways to optimize their meager incomes and maximize their ability to live independently in the face of adversity” (63-64).

Gentrification and a Growing Social Service Hub

The South End neighborhood remained ethnically diverse and home to working-class and poor residents through the 1970s when the “Back to the City” movement began across the nation. Capital investment and the arrival of middle-class residents moved into the neighborhood resulting in the gentrification of the South End. The Boston Globe ran a five-part series called “The South End Begins to Stir” in April 1964 with articles titled “Quiet Real Estate Boom Hits Orphan Area” and “They’re Finding Out It’s an Attractive Place to Live.” The series profiled a number of young, middle-class families who moved into the neighborhood who were renovating brownstones to a “scale of grandeur reminiscent of the dignified mansions of the 19th century” (Yudis 1964: p. 20).

In addition to young, middle-class families who were purchasing entire brownstones at low prices, gay men were also moving into the South End and helping to drive the neighborhood’s gentrification. Gay men moved to the South End in order to live more open lives and also established many new restaurants and gay friendly businesses in the neighborhood. The success of many new restaurants and businesses in the neighborhood made way for other businesses to open in the neighborhood. The gay community in the South End was hit hard by the AIDS epidemic in the 1980s. South Enders formed the AIDS Action Committee and worked to address the AIDS epidemic (Lopez 2015). The South End became known as a liberal and progressive neighborhood that was inclusive of diversity (Tissot 2015).
At the same time that the neighborhood was undergoing gentrification in the 1970s, additional, large social services continued to open in the South End. In 1970, the Pine Street Inn, a male homeless shelter, opened in the neighborhood and was generally supported by local residents who saw the homeless shelter as important for addressing problems with homelessness in the neighborhood. However, some residents opposed the shelter as they felt that the neighborhood already had too many social services. In 1974, Rosie’s Place, a homeless shelter for women, opened in the South End as the city’s first homeless shelter. Finally, Casa Myrna, a shelter for battered women, opened in the South End in 1977. In short, the neighborhood continued to grow as a social services hub, even as the neighborhood was becoming home to wealthy homeowners as the neighborhood gentrified over the next three decades (Lopez 2015).

**Closure of Long Island and Relocation of Services**

On October 8, 2014 the City’s largest homeless shelter, Long Island Shelter, located on an island in the middle of Boston harbor, unexpectedly shuttered after the bridge that connected the island to mainland Boston was condemned. Long Island Shelter had 450 beds, 60 detox beds, and hosted numerous social services for unhoused and people with addiction (Ramirez 2015). Long Island Shelter was permanently closed within three hours of the bridge being condemned resulting in the immediate dislocation of hundreds of unhoused people. The men dislocated from the shelter were moved to a temporary shelter in a South End gym where cots were placed on the gymnasium floor. The makeshift shelter operated for eight months until the City opened 112 Southampton Shelter, a 400-bed shelter for men, on the South End/Newmarket District line. Women who stayed on Long Island were relocated to
Woods-Mullen Shelter in the South End (Ramirez 2015). The closure of Long Island and relocation of the unhoused in the South End brought an influx of unhoused people and people who used drugs into the neighborhood. It is worth noting that the South End neighborhood was the location where unhoused people who stayed out on Long Island Shelter were picked up and dropped off each day. Further, the South End is the social services hub for Boston, so many of the people who now stayed at shelters in the South End were already traveling to the neighborhood to receive services. However, opening 112 Southampton Shelter as the city’s largest homeless shelter meant that large numbers of unhoused people were residing and staying in the neighborhood to receive services.

In addition to the homeless shelters and Boston Medical Center discussed above, the South End also hosts two methadone clinics, a needle exchange program, Boston Healthcare for the Homeless, SPOT where people who are intoxicated on opioids can ride out their high in the presence of medical professionals, and other social service agencies that address drug treatment and addiction recovery. The neighborhood is also known for illegal drugs sales with highly visible drug use on the streets. Thus, today, the South End neighborhood has a multi-faceted, complicated identity as a gentrified neighborhood, a social services hub, and an open-air drug market.

Demographics of the Neighborhood Today

The South End is a multi-racial and economically diverse neighborhood. The total neighborhood population is 31,920. The neighborhood is about 11% black, 15% Latinx/Hispanic, 55% white, and 16% Asian. Around 37% of the neighborhood residents are homeowners and the average house value in the neighborhood is $741,601.79. The median
year residents moved into the neighborhood is 2009. Finally, 12% of families in the South End live below the poverty line (census.gov). While the statistics on the neighborhood’s residential demographics make it appear as though the South End is a diverse and integrated neighborhood in terms of race and class, the neighborhood is micro-segregated (Tach 2014). The majority of the neighborhood’s residents of color and low-income residents live in public housing projects that are relatively insular and cut-off from the white, wealthy residents who live in market rate units or own condos in the neighborhood (Small 2004). Therefore, wealthy white residents and residents of color occupy vastly different social worlds and activity spaces within the South End neighborhood (Small 2004, Tach 2014).
CHAPTER 2
METHODS

In an effort to understand how the context of today’s South End shapes the contestation for the right to control, or simply remain put, in the neighborhood among South End residents, social service providers, and social service recipients or those who live and hangout on the streets I drew upon three primary sources of data: (1) participant observation, (2) in-depth, semi-structured qualitative interviews with South End residents, social service providers, and service recipients and (3) content analysis of news articles, archival records of neighborhood association meetings, and social media accounts of neighborhood groups and residents. Together, these data sources complement each other and allow for a nuanced understanding of how neighborhood stakeholders perceive the South End, vie to control the area, and respond to the effects of homelessness and addiction in the neighborhood.

Participant Observation

Participant observation is a data collection method in which the researcher observes people in a specific setting and context through observation and participation in the setting. Through participation, the researcher gains an understanding of the physical, social, cultural, economic, and other contexts of the research setting and learns how relationships and interactions among the people are structured within the setting (Jerolmack and Khan 2018). In order to understand how South End homeowners and residents, service providers, and service recipients experience the neighborhood and address issues related to homelessness and addiction in the South End, I attended neighborhood association and public safety meetings in the neighborhood throughout the four years I was in the field. The goal of
attending these meetings was to understand how residents, service providers, and public safety officials discuss problems stemming from “Methadone Mile,” uncover sources of conflict between the groups, and potential solutions arrived at during the meetings. Importantly, it becomes apparent how neighborhood alliances form by participating in neighborhood meetings and how power is distributed across neighborhood residents and stakeholders (Mayorga-Gallo 2014). During the meetings, I would jot handwritten notes in a notepad and flesh out more detailed field notes on my computer soon after. Although I never formally interviewed any police, with the exception of a public safety director who is also a sworn officer, I learned about the Boston Police Department’s attitude and perspective on the issues in the Massachusetts Avenue and Melnea Cass corridor through community service officers’ roles in these meetings. In total, I attended over fifty community meetings in the South End neighborhood during my time in the field over four years.

While I attended a variety of community meetings in the South End during my time in the field, two of the meetings I regularly attended are important to highlight as they convened for the sole purpose of addressing issues of homelessness and addiction in the neighborhood (rather than general neighborhood problems as was common in other meetings) by bringing together South End residents and social service providers. The first group, called the South End Working Group on Homelessness and Addiction (Working Group), was convened by the Mayor’s Office and City Councilors to address issues of homelessness and addiction in the neighborhood and rising tensions between South End residents and social service agencies. As I discuss in-depth in chapter 7, tensions rose between South End residents and service providers. Residents blamed the social service
providers and their clients for signs of social and physical disorder in the neighborhood. Providers, in turn, became angry with South Enders for calling the police on their clients and increasing the likelihood of their clients being arrested. The meeting met once per month at a hotel conference room in the South End and lasted approximately 1.5 hours. One of the outcomes of the Working Group was to create a “Good Neighbor Policy” that outlined expectations that residents and social service providers had of each other in order to ease tensions and help foster more positive relationships with one another. The task of creating the “Good Neighbor Policy” was given to a subcommittee of the Working Group. The subcommittee is the second group I attended in which I was an active participant. I attempted to work with the group on drafting the Good Neighbor Policy by offering the insights gathered through my interviews with residents, social service providers, and service recipients to help inform the bylaws of the Good Neighbor Policy. Despite my strong suggestions to both the leaders of the Working Group and the subcommittee, people who were receiving services in the neighborhood and/or living on the streets were never invited to participate in the meetings. Unfortunately, as I explain in chapter 7, the tensions between the South End homeowners/residents and social service providers resulted in the dissolution of the group and a Good Neighbor Policy was never fully written or put into effect.

**Interviews**

I conducted in-depth, semi-structured interviews with South End residents, service providers, and service recipients for the project. The goal of the interviews was to understand how the concentration of services, crime, and disorder affects the stakeholders’ perceptions and experience of the neighborhood, to uncover sources of conflict between the groups, to
learn about the social control tactics used to control the neighborhood, and to learn how social control tactics affect the lives of those being controlled. Together, these interviews address the overarching goal of the project to understand how each group vies to control and manage “Methadone Mile.”

I interviewed each of the stakeholder groups over the course of four years. I used an ethnographic technique coined by Robert Vargas (2016) called Ethnographic Uncoupling in my approach to interviewing the stakeholders. Ethnographic Uncoupling calls for the researcher to distance and disconnect from the relationships formed with various groups of people in the field prior to beginning relationships with other groups. Because I was interviewing stakeholders who had starkly different expectations for the neighborhood and were sometimes in conflict with one another, it was important that I uncouple from one stakeholder group before engaging with another for two reasons. First, it allowed me to cleanse my analytic mindset and take seriously how each separate stakeholder group perceived and experienced the neighborhood with less of my thinking influenced by an opposing groups’ perspective and experiences. Second, because the stakeholder groups were in conflict, it allowed me to spend time with each of the stakeholder groups without causing concern among members of the different stakeholder groups that I was sharing information about each other to the different groups. The potential to appear as though I was sharing information across the groups might have caused people to be less candid during interviews or perhaps not consent to an interview at all (Stuart 2016).

South End Residents

I began interviewing South End residents (and attending South End community
meetings) as a research assistant on Professor Leverentz’s project on the neighborhood context of returning prisoners in the South End, South Boston, and Dorchester neighborhoods. As a research assistant, I was assigned to conduct interviews with residents in the South End. During these interviews, I began to hear how residents’ perceived Methadone Mile as one of the primary problems facing the neighborhood. I asked Professor Leverentz if I could begin asking additional questions specifically related to Methadone Mile during my interviews with residents and she graciously agreed. It was through these interviews that my idea for a research project on Methadone Mile emerged and became my dissertation.

Given that the South End is a diverse neighborhood where race, class, residential status (e.g., homeowner, renter, or public housing tenant), and neighborhood tenure shaped the ways residents experienced and perceived the neighborhood, I was careful to sample for a range of these characteristics. I initially gained access to residents for interviews through my personal social network and snowball sampling. When I first moved to Boston for graduate school, I lived in the South End and met a number of neighbors over the year and a half that I lived in the neighborhood. I interviewed most of the people I personally knew in the South End and they put me in contact with other people to interview that they knew from the neighborhood. Most of the participants that I accessed through my and my friends’ social networks were renters, not homeowners. I accessed both homeowners and renters, although primarily homeowners, through various neighborhood association and public safety meetings that I attended across the South End. Typically, I introduced the project during the announcements section at the beginning of the meetings and also approached people
individually at the meetings to ask if they would participate in an interview on their neighborhood. I pitched my research as a study on life in the South End and effects of “Methadone Mile” on the South End neighborhood and residents’ quality of life. Then, I asked those that I met through neighborhood meetings to put me in contact with others in the neighborhood that might be interested in an interview. Specifically, I asked residents to connect me with those in the neighborhood who did not attend neighborhood meetings and aimed for a range of neighborhood tenure. Although residents from public housing developments were typically not in attendance at neighborhood meetings, one woman regularly attended who lived in a large public housing development in the South End. I interviewed her and she put me in contact with others who lived in public housing (both where she lived and other developments).

Generally, I had positive reception from the neighborhood meetings and accessed most participants for the study at community meetings. I chose to allow residents to decide where the interview took place, as to make the burden of the research as minimal as possible for participants. Most of the interviews took place inside people’s homes, but I also interviewed residents in public places such as coffee shops, bars, libraries, or parks throughout the neighborhood. Residents received forty dollars cash\(^1\) incentive for participating in interviews that lasted between sixty and ninety minutes. In total, I interviewed thirty-eight South End residents, one mail carrier who lived outside the neighborhood, and one business leader who lived outside the neighborhood.

I suspect my position as a PhD student also helped to facilitate some of the residents’

\(^1\) The larger project on reentry in Boston neighborhoods was funded by the National Science Foundation (Law and Social Sciences Program, SES 1322965).
willingness to participate in an interview, given that some of the people I interviewed held PhDs themselves or had advanced degrees and were enthusiastic to help with my research. Also, residents seemed to appreciate the opportunity to vent to someone about the frustrations they felt related to crime and disorder in the neighborhood. I developed a positive rapport with many of the South End residents I interviewed and stayed in touch with them over the course of my time in the field, especially those I routinely saw at neighborhood meetings. On several occasions, South End residents whom I interviewed would email or call to notify me of a social event or meeting in the neighborhood related to my research. Some of the residents viewed my role as a researcher who was studying the effects of Methadone Mile on the South End as a way to legitimize their concerns about the neighborhood. For instance, I was introduced at a meeting by the president of a neighborhood association as a researcher who was “bringing to light” all of the problems of clustering social services in the South End.

Oftentimes, I was “studying up” since some of the people I interviewed in the South End had elite backgrounds, attended prestigious universities, worked in high-status positions, and wielded more power than I did as graduate student. On a number of occasions residents with whom I met through neighborhood meetings misremembered my academic affiliation and thought that I attended one of the high prestige, private universities near Boston. The fact that I attended the only public university in the greater Boston-area, which was also facing financial troubles during my graduate school tenure, made for what I perceived to be slighted comments and social distancing between myself and some South End residents. For instance, one resident was surprised that I would relocate from the Midwest to Boston to attend a program at the University of Massachusetts Boston, especially given the fiscal situation. On
another occasion, my family and I were attending a neighborhood block party in the South End with friends who live in the neighborhood. I spoke with a woman who was a resident of the neighborhood and we made small talk about work and I told her I was a sociology professor. She responded by saying, “Oh, that’s wonderful. There are other professors who also live in our neighborhood.” The woman then called over another resident at the party who was a realtor and she joked that he should convince my family and I to buy a house in the South End. During this conversation, I revealed my academic affiliation was a one-year Visiting Assistant Professor at UMass Boston and that I could not afford to buy a condo in the South End. The woman then said, “Oh really? So, what is the behavior like of those kids at UMass Boston?” I told her, with some defensiveness in my tone, that many students at UMass Boston are first generation college students and students of color who work extra hard to overcome the challenges that come with not being privileged. While I felt insecure at times about interviewing people from a higher social class than myself, it is also likely that my own preoccupation about being from the working-class and not being affiliated with an elite institution, which is highly valued by many in academia and used as a proxy for credibility as a researcher, exacerbated my insecurities and perceptions of our social distance.

Social Service Providers

Social Service Providers were the next group of neighborhood stakeholders I interviewed. I met most of the service providers through the South End Working Group on Homelessness and Addiction. I interviewed a variety of different types of service providers, which included city officials from the Mayor’s Office of Recovery Services, harm reduction specialists, line staff and administrators from men and women halfway houses, homeless
social services staff and administrators, homeless shelter line staff, medical doctors specializing in addiction, the director of a private security company in the neighborhood, volunteers at Lighthouse drop-in center, and mid-level managers and administrators from Boston Medical Center. It was important that I interviewed providers from a variety of organizations and at different levels of the organization’s hierarchy (e.g., line staff and administrators), so that I captured a multitude of perspectives on their work and perception of the neighborhood. Interviews lasted between sixty and ninety minutes and participants received a forty-dollar cash incentive for participating. 2 In total, twenty-three service provider interviews were conducted.

In order to gain buy-in from service providers, I introduced my project as a study on the providers’ response to the opioid epidemic and homelessness in Boston. Providers were enthusiastic to do interviews, although many had a difficult time fitting me into their schedules, especially providers who were in positions of administration and leadership. I suspect that the forty-dollar incentive was the primary motivator for the line staff that I interviewed as many were grateful for the money and some made mention of needing the money after the interviews. Administrators and leaders of the organizations typically refused the incentive as they considered the interview part of their job and some encouraged me to donate the money to a “worthy cause” or to buy someone on the street lunch. My interviews with those higher up in the organization were typically shorter and lasted between thirty and forty-five minutes during the work hours in their workplaces, while interviews with line staff in the organizations usually lasted between sixty and ninety minutes and occurred before or

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2 My dissertation was funded by the Boston Area Research Initiative Research Seed Grant in Fall 2017 and incentives for service providers and service recipients came from the grant.
after their shifts, usually in a coffeeshop near their place of work.

Many of the service providers I interviewed perceived me as an ally to the social service providers and the people who were receiving homeless and addiction-related services, in part, because I pitched my project as a study of the providers’ response to the opioid epidemic in Boston. While providers’ responses to addiction and homelessness were certainly aspects of my project, the central purpose of my study was to understand how providers experience caring for patients/clients in a social services hub and their general perceptions of and experiences in the South End residents and neighborhood. While framing my project towards the responses to addiction and homelessness, I think, piqued the interests of service providers and led to an increased willingness to speak with me, it also created a few challenges. First, providers were enthusiastic to speak with me about opioid addiction and responses to opioid addiction, which they rightly believed was the main purpose of the interview, and they spent a lengthy amount of the interview time doing so. Therefore, most of my questions about the neighborhood were asked towards the end of the interview, which was oftentimes rushed and challenging to fit in, because providers had limited time compared to the other groups of people I interviewed. Second, some of the providers had little contact with the homeowners and renters in the South End and did not spend much time in the neighborhood outside of coming and going to work and were, therefore, less knowledgeable about some of the questions I had about the relationships between providers and the neighborhood. While this made for awkward moments in a few of the interviews as the interviewees had little to say in response to my questions, the fact that they knew little about the neighborhood was still a telling and important finding.
Service Recipients

I gained access to people who were receiving services in the area by volunteering at Lighthouse homeless drop-in center, which is a Christian ministry associated with a church in the South End. Lighthouse is open one day per week to provide clothes, toiletries, light refreshments, and host of other services to those experiencing homelessness. The organization gave me permission to recruit their clients and interview them in a private room at the center. I volunteered at the center for a month before I began recruiting people for interviews, so that I could develop rapport with people before asking them to participate in an interview. As a volunteer, I welcomed people to the center and helped them access whatever their needs were for the day (e.g., clothes, toiletries, haircut, computer time etc.). I would also try to work with the same clients each week, so that we could get to know each other and build some level of trust. Trust was important because the interviews sometimes touched on personal information, such as their experiences with homelessness and drug use. Developing rapport with people at the center was also important for myself as a researcher. I was somewhat anxious about how the social distance between service recipients and myself and was concerned with how my anxieties might affect the interview. However, by first getting to know people through working with them at the center, some of the anxiety dissipated and the social distance felt less pronounced.

While researchers typically do not develop truly reciprocal relationships with those whom they study given that the researcher is “doing their job” and profiting from the experience, I do believe that I built relationships, even if temporary and not entirely equal, with people at the center. For instance, over the time I was at the center, people whom I
worked with each week would start giving me hugs or handshakes hello and goodbye, particularly older women who almost acted motherly towards me. We started to learn what was going on in each other’s lives and checked-in each week with each other about how we were doing. For instance, I would ask someone about a job interview they went on over the week, and people would ask me about my studies. A few of the people I met at the center were devoutly religious, and the Drop-In Center was also associated with a church, so they would ask to pray with me before leaving the center. I believe people accessing services experienced the interviews as cathartic and as an opportunity to tell their story about how they became homeless or started using drugs. Although I made the decision to never ask people how they became homeless or how they started using drugs as I did not want people to feel judged and, that information while important, was not central to the study.

Interviews with service recipients usually lasted one hour. People at the center were provided a twenty-dollar gift card to Dunkin’ Donuts for their participation. It was my desire to provide forty-dollar cash incentives to service recipients, which was provided to the South Enders and service providers, as to be equitable across all groups that I studied. However, the administrators at Lighthouse did not want me handing out cash and suggested the twenty-dollar gift card to Dunkin’ Donuts as an incentive. When I pressed the administrators about wanting to provide the forty-dollars, they told me that their concern was not that people might use the cash to buy drugs, but that the forty dollars was too high and might make them a target of a mugging, if others knew how much cash they had on them. It was also for this reason that the administrators did not want me to provide a forty-dollar gift card, but instead a twenty-dollar gift card. Given that I needed to maintain a positive relationship with the
administrators at the drop-in center, because I needed their support of my project to allow me access through the drop-in center, I complied with their suggestion.

Both the drop-in center administrators and I were in agreement that I should build rapport with the people I wanted to ask to do interview before asking people to do so. The drop-in center asked me to wait four weeks before they gave me the go-ahead to start conducting interviews. Therefore, I conducted fewer service recipient interviews for a total of twelve interviews. However, I spent time with many more people receiving services at the center through volunteering and got to learn about their life stories and their perspective on the neighborhood. These informal conversations were captured in field notes and also shaped my thinking and analysis for this project.

Finally, the people I accessed through the drop-in center were typically well connected to many of the other homeless and addiction-related resources in the South End. The drop-in center is a lesser known service provider in the neighborhood, partly because it is located about one mile from the concentration of services along the Massachusetts Avenue and is a small, volunteer organization and not a large, City- or State-run institution. Since the people I interviewed received services from a lesser known homeless resource center, they were also likely to know about and use the other large and well-known resources. Therefore, I interviewed a specific type of person experiencing homelessness who was more connected to resources and this, I think, shaped their experiences in the neighborhood. For instance, people I spoke with, while not liking the amount of crime, drug use, and disorder on the streets of “Methadone Mile,” often talked about the South End neighborhood in terms of being a haven of resources, rather than an open-air drug market. Furthermore, people I spoke
with who were receiving services from Lighthouse Drop-In center were oftentimes in recovery, if they had a history of addiction, and tended to have an optimistic perspective on the South End.

**Content Analysis**

I used archived and contemporary news articles in my analysis to understand different events that unfolded in the neighborhood before or while I was collecting data that shaped the neighborhood and used those accounts to help me better understand the neighborhood. For instance, I used archival newspaper articles from the Boston Globe from 1964, which explained how the South End neighborhood was beginning to experience a “renaissance” as suburbanites were moving into the neighborhood and renovating buildings. Additionally, I started collecting data after the closure of Long Island Shelter and used information from newspaper and other news media sources to understand why the island closed and the consequences of its closure.

A number of the neighborhood association groups also have public social media pages, such as Facebook and Twitter. I followed their social media accounts and incorporated some of the social media posts into my analysis. For instance, residents often posted concerns about unhoused people or drug use in their neighborhood on social media. Analysis of these posts helped inform my thinking on how people frame and think about homelessness and addiction among people on the streets from the perspectives of people I did not interview. Importantly, I could see how residents interacted on these sites regarding unhoused people and people with addiction. For instance, if a resident posted a disparaging comment about an unhoused person accompanied by a picture of that person (which often happens on these
sites), I learned how other residents either joined in on the public shaming and mocking of the unhoused person or how some residents would “stand up” for the unhoused person and call out others’ cruelty. In the instances where data from the social media sites are used in the dissertation, I do not provide direct quotes. Direct quotes could be googled, and the unwitting poster would be identified, despite not giving consent to participate in the project.

**Analytic Approach**

Throughout the project I continuously analyzed the interview transcripts, field notes, and other content (e.g., news articles and social media) to identify salient themes related to crime, disorder, social control, racial dynamics, neighborhood perceptions and experiences, conflict among stakeholders, among other themes. The findings from earlier interviews and participant observation guided the direction of subsequent data collection. This iterative process allowed me to consider dynamics in the neighborhood that were unknown during the project’s inception. I took an abductive approach to analyzing the data. Abduction is an analytic approach used to analyze data that is best understood in contrast to induction (finding new cases to create new theories) and deduction (testing an existing theory using empirical evidence). Instead, abduction requires the researcher to consider the data in light of all of the background knowledge and theories that the researcher has on the study’s topic. Then, the researcher considers how findings do or do not fit in with already established theories and uses anomalies to adapt existing theory or generate new theory altogether (Tavory and Timmermans 2014). Given that the context of the South End was anomalous from the outset (few places are both wealthy enclaves and social service hubs) and I was considering how the neighborhood does or does not fit in with neighborhood social control,
whiteness, and urban scholarship, abductive analysis was an appropriate analytic approach.

The coding techniques used to identify themes to answer the research questions should be informed by the analytic approach the researcher uses to understand the data. Therefore, I used “flexible coding,” a best practice for abductive analysis, to identify pertinent themes in the interviews and field notes from the project (Deterding and Waters 2018). Flexible coding requires the researcher to consider the data in light of the existing theories, empirical research related to the project’s topic, and the project’s central research questions. In order to do so, the researcher first writes broad memos on each of the transcripts or field notes about how the data fit in with existing theory and the research aims of the project. Next, the research applies codes to large “chunks” of the data in which the codes are related to the specific research aims of the project. Finally, the researcher applies line-by-line coding to the larger sections of previously coded data and uses these smaller codes to develop a nuanced analysis of the project’s aims and application to existing theory and literature. This is opposite of the often-cited “grounded theory” approach whereby researchers begin by line-by-line coding and use those codes to generate new theory. I coded the interviews and field notes with the qualitative analysis software, NVivo 12.
Sample

In total, I conducted seventy-three interviews among South End homeowners and renters, social service providers, and social service recipients. I conducted thirty-eight interviews with South End residents (see Appendix B). The racial demographics of the residents were eighteen percent black, five percent Latinx/Hispanic, sixty-eight percent white, and eight percent Asian. The South End neighborhood racial makeup is 10.9% black, 15% Latinx/Hispanic, 54.9% white, and 16.4% Asian. The sample was roughly split between women (forty-two percent) and men (fifty-eight percent). Fifty-three percent of the sample were homeowners and the average years of residency in the neighborhood was around fifteen years and tenure in the neighborhood ranged from six months to fifty-three years. There were twenty-three interviews with service providers (see Appendix B). The racial demographics of the providers were thirteen percent black, four percent Latinx/Hispanic, and eighty-three percent white. Seventy-eight percent of the providers were women and twenty-two percent of the providers were men. There were twelve formal interviews with service recipients for the project (see Appendix B). The racial demographics of the service recipients were forty-two percent black, sixteen percent Latinx/Hispanic, and forty-two percent white. Thirty-three percent of the service recipients were women and sixty-seven percent were men.

Neighborhood Terms

Defining neighborhood boundaries presents a challenge for scholars who study neighborhoods and must decide a neighborhood’s limits based on official administrative labels, residents’ conceptualizations of their neighborhood, or homogeneity of internal neighborhood characteristics (Kirk and Laub 2010). Defining the area I studied was complicated because
“Methadone Mile” is located at the crossroads of three official administrative neighborhood boundaries: the South End, Lower Roxbury, and New Market District. While most of the social services are located in the South End neighborhood, a few social services are dispersed along the borders of Lower Roxbury and New Market District and people receiving services oftentimes spend time in those areas. Moreover, there is a clear break between the types of buildings located and use of space in the interior part of the South End, which is primarily residential and commercial, and the edge of the South End where “Methadone Mile” is located, which is primarily social service agencies with very nearby residential buildings (See Appendix A Figure 1). Moreover, neighborhood boundaries were further complicated by South End residents I spoke with who varied on whether or not they conceptualized their neighborhood’s limits to include or exclude the “Methadone Mile” area of the South End. Finally, a substantial amount of my interviews was among people who lived in the Worcester Square neighborhood in the South End. I strategically chose Worcester Square neighborhood, because it is the closest residential neighborhood in the South End to the concentration of services along and near Massachusetts Avenue and residents’ lives were most effected by the effects of concentrating social services.

To address the complexities of describing the South End neighborhood, I use four terms to describe the different sections of the neighborhood and to keep clear when I think the different meanings associated with the various sections are important. First, I refer to the “broader South End” (see Appendix A Figure 2) to describe the official administrative label for the neighborhood, which I use when discussing how residents, social service providers, and social service recipients contest for the right to control and/or simply occupy the neighborhood,
which includes “Methadone Mile.” Second, I refer to the “interior South End” (see Appendix A Figure 3) to describe the area of the neighborhood that mostly includes residential units and commercial buildings (e.g., restaurants, retail, etc.). Third, I refer to “Massachusetts Avenue and Melnea Cass Boulevard Corridor” (or sometimes Mass and Cass as an abbreviation) and “Methadone Mile” (see Appendix A Figure 4) to describe the area with densely clustered social services and high visibility of drug use and homelessness, which sometimes extends beyond the South End into Newmarket District and Lower Roxbury. Finally, I state when residents live in or when I am referring specifically to the Worcester Square neighborhood (See Appendix A Figure 5).
CHAPTER 3
EARLY GENTRIFIERS AND NEWCOMERS TOLERANCE FOR URBAN LIFE

Introduction

Urban scholars argue that there is a “wave effect” in terms of the residential preferences between early gentrifiers who move to urban neighborhoods at the cusp of gentrification and newcomers who move to already gentrified neighborhoods (Pattison 1983, Butler 2003, Zukin 2009). Early gentrifiers are attracted to urban neighborhoods for their inexpensive and historic housing stock, the sense of “authentic” community that exists among longtime urban residents, and the “edginess” associated with “urban grit,” residential diversity, and even the illicit (Perez 2002, Ley 2003, Lloyd 2002, Zukin 2009, Brown-Saracino 2010). While gentrifiers claim to be attracted to urban neighborhoods because of the racial diversity of its residents, white gentrifiers prefer multi-ethnic neighborhoods so long as whites are the largest proportion of residents (Hwang and Sampson 2014). Newcomers to already gentrified neighborhoods, however, are primarily attracted to the amenities, aesthetics, and the financial investment of owning a home in a highly sought-after neighborhood (Zukin 2009). Moreover, because these newcomers tend to be relocating from wealthier suburban areas, they are also more sensitive to signs of physical and social disorders compared to earlier gentrifiers (Low 2003, Kerstein 1990).

In the chapter below, I describe how early gentrifiers—which I define as those with more than twenty years of residential tenure—moved to the South End, in part, because they were attracted to the sense of community in the neighborhood. Residents who lived in the neighborhood before it gentrified and many of the residents of color I spoke with also...
emphasized the importance of the sense of community in the South End. Early gentrifiers also tolerated some signs of disorder, including the presence of unhoused people in the neighborhood, and thought that the “grittiness” of the South End contributed to the neighborhood feeling authentic. In contrast, more recent newcomers in the neighborhood—which I define as those with less than twenty years residential tenure—were attracted to the already gentrified South End primarily for its amenities and aesthetics. The expectations that newcomers had of the South End as an already gentrified, wealthy neighborhood made them less tolerant of disorder, poverty, or diversity in the neighborhood. The most recent newcomers to the neighborhood also reported having fewer and weaker social ties with other residents than the earlier gentrifiers. These early gentrifiers blamed newcomers for the diminishing sense of community among residents in the South End. In short, the different orientations that early gentrifiers and more recent newcomers have to the South End shapes their tolerance for signs of poverty and social and physical disorders.

While there are unique differences between earlier gentrifiers and more recent newcomers in their orientations to and experiences that shapes their tolerance for disorder, I argue that there is a “disorder threshold effect” whereby early gentrifiers converge with newcomers in terms of their intolerance of social and physical disorders. I describe how the closure of Long Island Shelter in 2014 and the subsequent opening of additional social services to the South End created a “tipping point” at which even early gentrifiers thought that the neighborhood became “overrun” with poor people hanging out on the streets, open air drug use, and associated signs of social and physical disorders.
The Wave Effect: Differences between Early Gentrifiers and Newcomers

Some early gentrifiers and residents of the South End before gentrification, think back fondly on the neighborhood and prefer the “old South End” over the wealthier, “new South End.” In contrast, newcomers to the neighborhood believed that the “old South End” was dangerous and derelict until gentrification “saved” the neighborhood from blight and crime (Smith 1996). Yet, pre-gentrification residents and some early gentrifiers to the neighborhood take issue with this disreputable view of the South End as it does not account for the vibrant, close-knit community they experienced in the “old South End” (Levy and Cybriwsky 1980). For instance, Samuel, a white middle-aged man who has lived in Boston most of his life and Worcester Square for twelve years, remembers visiting friends in the South End during the 1970s. He described the neighborhood as,

It was dynamic. It was poorer. There was definitely a lot more poverty. And there were some streets that had a lot more prostitutes and that kind of stuff. But it was still a neighborhood, you know, it was not this Wild West [as some people now think]. There were troubles as there are in most urban neighborhoods, but it was still a neighborhood, you know? People knew each other. And if you lived here, that was your reality. You still had the neighborhood stores where they knew your name and that kind of stuff.

Similarly, Franklin, a white man in his sixties who is a landlord and has lived in Worcester Square for over twenty years, described how one of his tenants, a black man who is a lifelong South Ender, refutes claims that the South End was “a dump” prior to its gentrification. Franklin quoted his tenant as saying,
“No, it wasn't [a dump]. I liked growing up here. And it was family and people looked out for me. And, you know, sure there were problems, but those weren’t the people [socializing] on the front steps [of their brownstones]. Those people [on the front steps] were saying, ‘Stay away from here or come on in and have lunch’. So, it was a neighborhood, it was a black neighborhood. A poor, black neighborhood. But people took care of one another. Not everyone was a prostitute or a junkie or a thief or a pimp or something like that.

The early wave gentrifiers believe that as the neighborhood became whiter and more affluent, a sense of community among South Enders was lost as longtime residents were displaced by newcomers who were less interested in building relationships with their neighbors (Cahill 2007). The loss of community was especially felt among gay men in the South End who were among the earliest gentrifiers who moved to the neighborhood, in part, to find community among other gay men where they could live their lives more openly and with less fear of homophobia (Sibalis 2004, Lopez 2015). For instance, I asked Jason, a white man in his sixties who lived in the South End for thirty-three years, if he felt a sense of community when he arrived to the South End. He said,

As a gay person, yeah, I did. Definitely. It was a place where— it was more [communal] than it is now. And it was also a different era, so it was much more tribal in that sense, you know, people defining themselves that way, as gays, and so yeah, so I definitely felt that when you were in the South End with the gay people, and yeah, it was good. Later I asked Jason if he continues to feel a sense of community in the South End. He responded,
I don't feel- I mean, yes, I do think there's a sense of community, but I think it's less likely that people know their neighbors. And, I think more, and more, families have moved in. Richer people have moved in, so I think people are much more private. You don't see as many people sitting out on the stoops and that, you know, that kind of thing.

Much like other research on the residential preferences of gentrifiers, the early wave of gentrifiers in the South End were attracted to the neighborhood for the sense of community among residents, the diversity in the neighborhood, aesthetics, and cultural amenities in urban neighborhoods (Ley 2003). Moreover, I also found that early gentrifiers were willing to tolerate the realities of urban living, which included more signs of poverty and sometimes crime, in exchange for these amenities and because the “grittiness” and diversity contributed to a feeling that they were experiencing an “authentic” neighborhood with a sense of community (Zukin 2009). In other words, while issues with crime and disorder have always been a reality in the South End, early gentrifiers were willing to tolerate these issues, even as they worked to change the neighborhood and reduce signs of disorder, for the sake of experiencing community. In fact, early gentrifiers pride themselves as having a higher tolerance for crime and disorder than more recent newcomers and use this perceived difference in tolerance to distinguish between themselves as authentic urbanites and the more recent arrivals as suburban yuppies (Perez 2002). James, a white man in his early sixties and resident of the South End for thirty-three years, reflects on the differences between middle-class residents who moved into the neighborhood twenty years ago and the most recent arrival of wealthy residents. He said,

It was just different, and better, in the sense that folks would sit out on their stoop and
talk to you. It was not always friendly, but it was certainly friendlier than it is now. It's changed as far as diversity. There's a lot less diversity. There's a lot of home ownership now, too. There's a lot less renters. I think there's been an influx of high-end restaurants, shops, [the neighborhood] pretty much has anything that you need. It's really changed quite dramatically, I would say… I don't know what happened there, but something changed, sometime in the last 20 years. I think people that come here, at least people like me when I moved here, I wasn't spending as much money as people that are coming here now spend. *I think there's a difference between new South Enders versus old South Enders, too. I think new South Enders, people that just bought something for a million-plus dollars, in certain sections of the South End, are a little bit less tolerant of crime.*

*They're a little less tolerant of differences of parties and such* [emphasis added]. Whereas in the Back Bay, you can have a very white, middle class [neighborhood]. The South End never will be, which is still attractive for me anyway.

James believes that as increasingly wealthy and white cohorts of newcomers moved into the South End, the sense of authentic community among residents was lost as the neighborhood became increasingly homogenous (Brown-Saracino 2010, Zukin 2009, Levy and Cybriwsky 1980). James also describes a “wave effect” among gentrifiers whereby recent newcomers are less tolerant of crime and signs of disorder that might devalue the investment of their high-priced homes compared to early gentrifiers who paid less and were less risk averse (Kerstein 1990). James also thinks that newcomers thought that they would enjoy urban living prior to actually moving into the South End when the idea was still in the abstract. However, once they moved to the neighborhood they were faced with the reality of
poverty, crime, and racial and economic diversity in the South End, which was inconsistent with their ideas of living in an “upgraded” neighborhood (Tach 2009). Later in the interview, James discussed the reaction of new neighbors that moved to the city from the suburbs to the people hanging out or living on the streets. He said,

I live in a five-unit condo building and one person that moved in from the suburbs was a little bit troubled by people on the street, and this was probably 10 years ago, but had suggested, "Why don't we hire private security to patrol our block?" I'm like, "Uhhhhh ..." I think it was one of those things where people are coming in and they see it and they hear about it and when they get here it's a little bit different. It's not buyer's remorse but there's a little bit of, "This isn't really what I thought." Whereas, if they had moved to Back Bay or Beacon Hill, it probably never would have been an issue.

Similarly, Sandra, a white woman in her seventies who moved to Worcester Square in the 1960s at the cusp of the neighborhood’s gentrification, lamented about the decline in the sense of community she feels among her newly arrived neighbors and her perception that newer, wealthier residents to the South End are superficial and more concerned with the appearance of the neighborhood than about their neighbors (Leverentz, Pittman, Skinnon 2018). I interviewed Sandra on a bench in a park in the South End called Franklin Square Park. Franklin Square Park borders Cathedral Projects on one side, a large public housing development, and renovated brownstones on the other. Directly across the street from the Franklin Square Park is Blackstone Square Park, which is a mirror image of Franklin Square Park, except it is primarily surrounded by historic, renovated, high-end residences and sidewalk cafes. Franklin is known as a place where unhoused people sometimes hang out and
Blackstone is primarily used as an unofficial, off-leash dog park by wealthy, white South Enders. A white man who appeared to be homeless was slumped over in a Boston Medical Center wheelchair next to the bench where Sandra and I were sitting. I asked Sandra to describe the park where we were sitting, and she sarcastically replied as though she were speaking from the perspective of a wealthy newcomer. She said,

Yes, we are daring to sit in Franklin Park (sarcasm). Nothing [dangerous] happened yet, but you never know. That man in the wheelchair might attack us. (Back to speaking in first person) For many years now, since we have so many people with dogs, that's been the place [Blackstone Park] to let your dog run and all that. They [newcomers] think that Franklin is a scary park and they have not been coming over here. They think it's scary because Cathedral Projects is there on one side and because they think there are more bums on benches or something... I say there are two sets of people [in the South End], the ones that care about appearances, and the ones that care about people, primarily. This appearances thing is really big, I mean, to the point where one of them might come over and get rid of that man in a wheelchair, because he doesn't look good. And, I'm sick of it.

Later in the interview, I asked Sandra if she believed that the neighborhood was close-knit. She reflected on the changes from the “old South End” to the “new South End” and said,

I don't know. Because I think the new people really are not part of the neighborhood. They think they are, but they're not very kind towards people that might need help [on the streets] or that used to live here or whatever... My street used to be extremely close knit. I used to know literally everybody on that street. I knew their name. I knew where they lived. I knew what they did. We used to have block parties every summer and we had a
food co-op just for the block. Wow. It was really something. It's hard for me to give that up.

While Sandra misses the close-knit community she once had in the South End, she is still well-connected to the diminishing number of early gentrifiers and pre-gentrification residents in the neighborhood. While we were sitting in the park, a black man who looked middle-aged sat down to smoke a cigarette on a park bench a few benches down from where Sandra and I sat. Sandra told me that his name is Jerry and he has lived in the South End his entire life. She thought Jerry would have good insight on the changes in the neighborhood and dynamics between pre-gentrification residents and newcomers and wanted to introduce Jerry and I, so long as Jerry was willing to speak with me. The following excerpt comes from my field notes written about my interview with Sandra. I wrote,

Sandra left the bench where we were sitting and walked over to Jerry and they spoke for a few minutes. Then, she waved me over. She introduced me to Jerry. Jerry was tall (well over 6 foot), he was very thin, and had salt and pepper hair that was balding on top. Jerry and I shook hands and both said, “nice to meet you.” Jerry spoke with a slow drawl. Sandra must have told him the purpose of my study, because after introducing himself he said, “I only have one thing that I’d like to say. I used to feel very comfortable living in this neighborhood. But now, I don’t feel like I can walk on any of the side streets. I feel like I have to walk on the main streets, because I make the white people feel uncomfortable when I am on one of the quieter side streets.” I asked, “Do people say anything to you?” He said, “No, it’s all non-verbal. People will clutch their purses closely when I walk by. The worst is now they take out their cell phones and dial 911 and have
their finger ready to hit send when they see me.” Sandra said, “Jeez. That’s awful.” I asked Jerry when he moved to the South End. He pointed across the park towards Cathedral and said, “I was born right over there.” He then turned to Sandra and said, “How old do you think I am?” She said, “I don’t know.” He said some year in his early 60s to which she jokingly responded, “You don’t look that young.” He laughed and said, “It makes you feel like you are robbing the cradle doesn’t it.” I wasn’t sure why he said that to her, but they both chuckled. I wanted to set-up an interview with Jerry and when I asked if he would be interested, he told me, “No, I have said everything that I need to say.” He held out his hand to shake mine and we said goodbye.

Jerry’s account of how newcomers to the neighborhood do not know him and perceive him as a threat is different from pre-gentrification residents and early wave gentrifiers who knew each other and felt part of a community. During my interviews with more recently arrived newcomers to the South End, they did not know their neighbors and did not feel a sense of community in the neighborhood just as the residents with longer tenure suggested. For instance, when I asked Celeste, a white woman who lived in the South End for one year, how many people she knew in the neighborhood she said, “I would say within the [condo] building, maybe 6 people. Outside of the building, people that I know by name, no one. I can think of like 2 people that I see over and over. That's because they're bus stop people. We're on the same bus schedule. You recognize people that way, but you don't know them.” While some people consider recognizing people in the neighborhood as part of their definition of “knowing their neighbors,” these social ties are weak and do not contribute to a sense that the neighborhood is a close-knit community. When I asked Celeste if she knew people well
enough to say hello, she responded, “If someone makes eye contact with me on the street, I say good morning. I don't like to ignore people, or I don't like to be ignored. It comes a point, how much can you know your neighbors when you don't know your neighbors at all.”

It was common for newer residents in the South End to have fewer and weaker social ties with their neighbors and not engage with neighbors beyond saying hello. This was partly a function of their relative newness, but also reflected an orientation to the neighborhood that was based more in aesthetics and amenities than in relationships, which was unlike early wave gentrifiers. Many of the newer residents equated “community” to the physical structures of brownstones and row houses that were well preserved and maintained, whereas residents with longer tenure, including early gentrifiers, associated community with their neighbors. For instance, Mike, a white man who moved to the South End a few years before, said, “I was always attracted to the South End, primarily because of the community feel. We were looking for a neighborhood, versus high rises.” I asked, “What is it about the South End that gives it a community feel?” Mike continued, “I think it’s the brownstones. The smaller brownstone-type buildings. I think also some of the resources that are out here in terms of a variety of restaurants and generally things to do” (Leverentz, Pittman, and Skinnon 2018).

Whereas early gentrifiers were more tolerant of signs of disorder and diversity in the neighborhood, many newer South End residents were less tolerant of disorder and fearful of people of color. Massachusetts Avenue served as a boundary, in terms of race, class, aesthetics, and safety that many newcomers did not cross, although a few early gentrifiers I spoke with frequently crossed Massachusetts Avenue to walk to South Bay shopping plaza. Jane, a White woman in her 30s who had lived in the South End for 3 years, also used
Massachusetts Avenue as the boundary between safety and appeal and disorder and danger, based on changing aesthetics and perceptions of social disorder. She said, “We don’t really cross Mass Ave to, I guess there’s no real attraction down there to walk that way. . . Actually, going into the city there would be more stuff. It’s also a little less safe on that side of Mass Ave. We don’t really stroll to that part of town.” When I asked what made her feel less safe in this area, she said, “Well, there’s a lot of people on the street. There’s a lot of loitering. There’s more open space that’s not vacated that you’ll see camps of vagrants, homeless people, etcetera, living around there. There’s a lot of vacant lots which has the same population that makes you feel a little bit less like there’s going to be other people around you, so maybe it’s not quite as safe.” In contrast, she described the South End, there’s always things to do. There’s a lot of amenities, restaurants. It’s a nice group of people to live around, so it makes me feel pretty safe despite being closer to the city. I like the architecture. The brownstones. It’s very appealing, the streets have trees on them, brick sidewalks. There’s something very conceptually or physically appealing of that. There’s a great doggy day care, which is part of the perks of it. Yeah, all those things. Nice parks among the living spaces.

Jane also described her sense of the diversity of the neighborhood. “The people who have been here from the 60s and 70s when it was a very different group that lived here . . . There’s a large gay men population, which is a very nice group to live with. They’re very welcoming, There’s a lot of art. It makes me feel safe. There’s lots of dogs. It’s just that group of people that makes it a little bit more dynamic.” While several of the early gentrifiers of the South End included drug users and people on the street as part of their sense of neighborhood
diversity, newer residents focused on the earlier gentrifiers, like gay men. For newer residents, drug users, people staying at homeless shelters, or using area social services were people, and places, to avoid (Leverentz, Pittman, and Skinnon 2018).

The quotes above illustrate how early gentrifiers were more community-oriented and tolerant of urban living than more recent arrivals who seemed to have a lower threshold for disorder or acceptance of neighbors of color or poor people. However, early gentrifiers’ tolerance lasted only as long as the visibility of disorder, poverty, and petty crime remained relatively minimal. For instance, Derek, a white man in his sixties who lived in Worcester Square for twenty years, remembered how in the early 2000s an abandoned building near his house was used as a hangout for injecting drugs. But, since most of the drug use occurred within the building among a handful of people and was not visible from the streets, he was not overly concerned about this activity. Derek also recalled that although homelessness was visible in the neighborhood when he arrived two decades ago, the neighborhood was not overburdened with people experiencing homelessness at that time and he recognized some of the people by face. He said,

When I moved here 20 years ago, there were some homeless and it was getting better but there were the same people there every day. You got to know them, you said hi to them, they said hi to you. It wasn't an issue. Whereas before we did have some homeless, but they never were undesirable. At least by most people's standards. There was also people who were doing drugs in this abandoned building on Concord Street, at the corner of Concord and Harrison. You would occasionally see it, but they would essentially go in that building so mostly they were not [out in the open]. You knew it was there, but it
wasn't out in the open. Then they developed the building and that all just went away. Similarly, Franklin recalled how the presence of unhoused people and people dealing with addiction in the neighborhood had always existed, but the proportion of people experiencing homelessness and addiction in the neighborhood was small enough that he recognized individuals. For instance, Franklin said,

It used to be that you would recognize the same homeless faces in the neighborhood. They were just a part of the scenery. And you saw occasionally, the sort of people that sort of sit on your steps for weeks at a time. Intoxicated or high or whatever. But it was, you know, it was actually, these people were counted. You could actually count them. There was two or three.

Some early gentrifiers recounted how the neighborhood always had a presence of unhoused people and people who used drugs or drank in public, but the number of people hanging out on the streets was relatively small. In fact, South Enders grew accustomed to seeing the same people on the streets and, in a few instances, befriended them. For instance, Deborah, a white woman in her sixties who lived in Worcester Square for twenty years, recalled getting to know an unhoused man who used to hang out on her corner. She said,

Right. So, even up until maybe a year or two ago, there weren't that many people hanging out. I'll talk especially about my corner, where the corner store is, because that’s really the one that's salient to me. When we moved in, that store was open til 11 or 10, 10 or 11 at night, and then they started backing it up to 9PM because they were worried a little bit about crime, so that was probably like around 2000. There was a homeless African American guy named Denny, like you got to know his name. He was like kind of your
guy. He was a little bit — had a little bit of cognitive disability. The store would
sometimes give him a broom and he'd sweep, he liked to be busy. I'd often give him
money or a scarf or a snack or a, you know, and we knew each other by name. He called
to me across from the street if he saw me coming, you know, “Deborah!” And sometimes
I would have my son—as he got older, like five years old, so this went on into like 2006,
2007—give him a little money or, say, get some lunch, just to kinda keep it friendly,
right. So, not to tokenize him, but you kind of knew the people who were most likely to
be hanging around. And sometimes he'd be gone for a while and I'd be worried and then
he'd come back and say he was in the hospital for a while and I would ask him if he saw a
doctor and he had the doctor's name, but it was like that.

The Tipping Point: The Closure of Long Island Shelter and Social Services on the Island
Deborah’s interactions with Denny demonstrate how some South Enders recalled a time
when people hanging out on sidewalks or the corner were part of the neighborhood’s fabric
and contributed to a sense of the neighborhood’s character (Jacobs 1961 and St. Jean 2007).
However, the neighborhood experienced an exogenous shock that brought an influx of
unhoused people and people with addiction into the neighborhood, which some South Enders
described as the “tipping point” at which there became an intolerable number of people
congregating on the streets in the neighborhood. On October 8, 2014 the city’s largest
homeless shelter, Long Island Shelter located on an island in the middle of Boston harbor,
unexpectedly shuttered after the bridge that connected the island to mainland Boston was
condemned. Long Island Shelter had 450 beds, 60 detox beds, and hosted numerous social
services for unhoused and people with addiction. Long Island Shelter was permanently
closed within three hours of the bridge being condemned resulting in the abrupt dislocation of hundreds of unhoused people (Ramirez 2015). The men and women dislocated from the shelter were moved to temporary shelters across the city. One of the temporary shelters was a South End gym where men slept on cots placed on the gymnasium floor. The makeshift shelter operated for eight months until the City opened 112 Southampton Shelter—a 400 bed shelter for men—on the South End/Newmarket District line. Women who stayed on Long Island were relocated to Woods-Mullen Shelter in the South End (Ramirez 2015). The closure of Long Island and the opening of a new shelter in the South End brought an influx of unhoused people and people who used drugs into the neighborhood. It is worth noting that the South End neighborhood was the location where people who stayed out at the Long Island Shelter were picked up and dropped off each day. Further, the South End is also the main destination for social services in Boston, so many of the people who stayed on Long Island were already traveling to the South End with frequency to receive services. However, opening 112 Southampton Shelter as the city’s largest homeless shelter meant the South End hosted another homeless shelter in the neighborhood in addition to the Pine Street Inn and Woods-Mullen shelters that were already operating in the South End.

Many South Enders that I interviewed described the closure of Long Island Shelter and the relocation of unhoused people to the South End as the point at which they believed the neighborhood became “overrun” by signs of social disorder (e.g., homeless encampments) and drug use (e.g., discarded syringes on sidewalks). For instance, Sally, a white woman in her twenties who lived at a medical school residents’ hall in the South End as a student, recalls the immediate changes in the number of unhoused people “loitering” in the
neighborhood after Long Island closed. I asked her if she noticed an influx of people on the streets and she replied,

Oh, yeah!

Adam: Okay. Can you talk about what that looked like? What happened?

Sally: Yeah. Actually, I think that contributed to the whole loitering around the homeless shelter that’s right there. That was around the end of my first year [of medical school]. Actually, it really pissed off a lot of my friends, because they had a gym that we were allowed to go to for really cheap that was then turned into the Long Island substitute shelter. Then, everyone lost their gym that they went to. There was definitely way more people around who were just loitering in the day, because they didn’t have any jobs, and people do more drugs right around BMC. Yeah.

Sally recalled a noticeable increase in the number of people on the streets following the opening of the temporary shelter in the South End gym, which inconvenienced her and her friends who could no longer use the space to work out. Other South Enders that I spoke with recalled that along with the increased presence of people on the streets came an associated increase in public drug use, sales, and intoxication following the closure of Long Island. For instance, I asked Jason, a white man in his sixties who has lived in Worcester Square for thirty-three years, if he noticed changes in the neighborhood after the new shelter opened in the neighborhood. He replied,

Yes, yes. A huge influx of people. I do PT [physical therapy] down in Boston Medical Center, you know, right down the street, and, you know, just I’d go by Cumberland Farm and there’d just be, you know, I wouldn’t say hundreds, but sometimes perhaps a hundred
people just milling around. We actually had people sleeping on our stoop fairly regularly for a while. Behind our building, there was a number of homeless people who would just sit and spend the day back there, a number of people shooting up and congregating behind our building too behind the dumpster, yeah so.

Adam: Did you take any steps to try to change that? Like tell them to move, call the police?

Jason: Yeah, I did call the police about three times for people sleeping on the stoop. Yeah, and called the police, I think, a couple of times because people were using drugs behind the building. That was really about it, you know, Long Island closing and then I think the opioid crisis actually has also made a huge difference. And of course, the number of people using the methadone clinic also increased the number of kinda the Walking Dead. You could see where they’d just shot up and would be nodding off.

Jason describes how the closure of Long Island contributed to an increase of unhoused people in the neighborhood, particularly people who were using drugs. Cumberland Farms, a convenience store that was located on Massachusetts Avenue that has since closed, was an area where intoxicated people congregated inside and outside of the store and was referred to as a problematic area by many South Enders. Jason also explains that there was increased drug-related traffic in his back alley, which he attributed to the closure of Long Island and increase in unhoused people in the South End. Jason also used a pejorative image to describe people who are high on heroin as “zombies” from the tv show The Walking Dead. Zombies was a commonly used term to describe people on the South End streets who were high on opioids, because the people on the streets who are over-sedated sometimes walk slowly and
hunched over. It is also important to note, that although South Enders perceived an influx in the number of unhoused people and people who use drugs in the neighborhood following the closure of Long Island, Jason and others I spoke with also attributed the rise in opioid addiction and people seeking treatment for opioid addiction as contributing to the increase of people on the streets of the South End. In other words, the opioid epidemic and the closure of Long Island Shelter and social services located on the island coalesced and together contributed to a rise in people on the streets buying and using drugs or seeking drug- and addiction-related services.

Some residents in the South End worried that the influx of homelessness in the neighborhood might cause disinvestment as homeowners sell their homes and businesses close because of the perceived diminishment in quality of life caused by increased social and physical disorder on the streets. For instance, Derek described how he had mixed feelings about Cumberland Farms closing. On the one hand, he describes how he would avoid Cumberland Farms because “at any given point, 60 or 80 people were just sort of hanging out,” which he felt made the area “awful” and “unpleasant.” He was glad that the congregation of unhoused people disbanded after the store closed. However, on the other hand, he was concerned that other businesses might close, because patrons will avoid businesses where people who hang out on the streets are loitering. Derek speculated that the neighborhood might be trending towards disinvestment caused by the influx of people on the streets that he believed were causing an increase in crime. He was considering putting his condominium on the market, while the selling price was still high and before the neighborhood potentially takes a downturn. He said,
I'm debating on selling, if I don't see things starting to improve by the end of the year, and it's January, I really have to think. The other thing is if I see property starting to peak there, I might cash out. It's really hard to say. Now there's still a lot of investment coming in. People are optimistic by nature and the fact that it's cheaper [near Massachusetts Avenue] is why they're coming. I think we have to see what happens with Cumberland Farms. Also, I don't know if these are related, but there was a shooting on Melnea Cass and Mass Ave a few weeks ago. Maybe a couple of months ago now. There was another shooting in front of the Dunkin' Donuts at the corner of Washington Street, but there was no— There were seven shots fired but no one was hit. These are not marksman (laughs). There was a hit, someone was shot at the corner of Melnea Cass. I don't ever remember anything like that. The only shootings that I know about in the neighborhood was Aaron Hernandez a couple of years ago. Things are starting to get— The police seem to think it was gangs and not the drugs, but you know, who knows? Maybe it was over drugs, who has the right to sell the drugs. All I know is things seem to be no longer getting better. They were getting better. Every year they were getting better. Now they're getting worse. Over the course of Derek’s tenure in the neighborhood, he describes how the neighborhood steadily improved until more recently when Long Island closed, and the new shelter opened in the neighborhood. Similarly, Aaron, a white male in his fifties who has lived in Worcester Square for over twenty years, describes how the neighborhood had been “shitty” prior to its gentrification, but had since experienced a period of improvement. Aaron, however, was also concerned that the closure of Long Island and influx of people on the streets might cause the neighborhood to lose its upgrading momentum and begin to disinvest. Aaron recalled the
changes he noticed in the neighborhood from the time he moved to the South End until more recently. He said,

So, 2000. Shitty, shitty, shitty. Then, 2005 and 2006 things gradually got nicer and nicer and it physically looked better. The CVS opened and it was actually kind of nice at first. But now, you can’t actually buy anything there because the shelves are empty because they’ve had to take the stuff because people steal it.

Adam: Everything’s locked up, right?

Aaron: It’s all locked up. You can’t buy shampoo without buzzing a thing. I’ve been in there and seen a guy walk up, take a shampoo, pour it on his head and put his hat back on and go back out of the store. Yeah. So, then it got better and better. I mean, it’s never been Brookline [wealthy inner ring suburb], but it got better and better and it actually felt decent. The people were around, and it was not all crazy. And then the Long Island thing when they shut the bridge. And I thought, "What the fuck are you doing?" And it’s just gone right downhill since then.

**Conclusion**

The closure of Long Island Shelter and social services on the island, followed by the subsequent opening of 112 Southampton in the South End, brought more people into the South End who hung out on the streets and increased the visibility of homelessness, public drug use, and social and physical disorders in parts of the South End. Prior to the closure of Long Island, I found that early gentrifiers were more tolerant of such issues than their more recently arrived counterparts. However, nearly everyone I spoke with, regardless of neighborhood tenure, pinpointed the closure of Long Island Shelter and the subsequent
relocation of unhoused people to the South End neighborhood as the “tipping point” at which the neighborhood became overburdened by unhoused people staying in the shelters, receiving services, or hanging out on the streets. I referred to this tipping point as a “disorder threshold effect” whereby early gentrifiers who were previously more tolerant of signs of social and physical disorder converge to be like newcomers to the South End in terms of their intolerance towards such disorders. Consequently, some South Enders believe that the social services in the neighborhood should be relocated to different areas across the city in an effort to reduce the presence of people hanging out on the streets of the South End.
CHAPTER 4

THE PERCEIVED WHITENESS OF HOMELESSNESS AND ADDICTION IN THE SOUTH END

Introduction

The prevailing narrative of the current opioid epidemic contends that opioid addiction is a public health crisis that disproportionately affects white, particularly middle-class, communities (Santoro and Santoro 2018). This narrative, however, ignores that black Americans are among the fastest growing racial group addicted to opioids and dying from overdoses in some states at the fastest rate (James and Jordan 2018). Yet, the dominant narrative of the opioid epidemic as portrayed in popular media, politics, and the press, posits that middle-class whites turned to heroin after becoming addicted to painkillers. The narrative contends that the epidemic was fueled, in part, by doctors who overprescribed opioids for pain management. Further, some doctors received financial kickbacks from drug manufacturers for prescribing opioids (Quinones 2015, Santoro and Santoro 2018, and Barnett 2019). This narrative frames middle-class whites as unwitting victims of physicians’ prescribing practices and drug manufacturers’ greed, advocates for addiction to be understood as a disease (i.e., substance use disorder) that makes whites less culpable for addiction-related offenses caused by substance use disorder (e.g., committing larceny or selling drugs to sustain drug dependency), and calls for a public health response (e.g., medically assisted treatment, such as methadone) to addiction rather than a criminal justice response (Netherland and Hansen 2017, Kolodny et al. 2015).

This stands in stark contrast to the political response of crack cocaine and heroin in
neighborhoods of color in the 1980s and 1990s whereby swift and punitive criminal justice policies were created that locked up black and brown drug users and sellers through the War on Drugs that contributed to an era of mass incarceration (Travis, Western, and Redburn 2014). Whereas middle-class whites who are addicted to opioids are sometimes framed as victims of doctors’ prescribing practices and as having substance use disorder, during the War on Drugs, politicians and the media socially constructed black men as drug addicts and “inner-city predators” and black women as “crack whores” and used them as scapegoats for systemic problems facing poor neighborhoods of color (Mauer and King 2007, Haney-Lopez 2013, and Carpenter 2012). Beyond the War on Drugs, there is a long history of racialized and racist US drug policies, such as marijuana prohibition in the early 1900s that was used to justify anti-Mexican immigration policies and fueled anti-Mexican sentiments (Bonnie and Whitebread II 1999) and anti-opium laws that were used to criminalize and incarcerate Chinese laborers whom were believed to be in competition for jobs with working-class whites in the 1870s (Hoffmann 1990). In other words, punitive crackdowns on drug use often targets communities of color and are used as one way of maintaining racial control and in a broader racialized system that maintains white dominance in the United States (Alexander 2010).

Not all media portrayals of white drug users, however, are of sympathetic, middle-class whites. Research dating back twenty years details how media and popular culture portray poor white drug users as “heroin junkies” and “meth heads” (see Scheibe 2017 for review). The media often “over-represents the image of the [white] dirty ‘junkie’, with a belt on the upper arm and a needle in the other hand” or the “meth head” as “white middle-aged
individuals with bad skin, open wounds, greasy rumpled hair and wrinkles due to loss of weight.” (Scheibe 2017: 40, 41). The criminal justice system responded punitively to an uptick in white methamphetamine users in the 2000s, particularly in rural areas, which led to the “whitening of the prison population” (Mauer 2009). For instance, in Minnesota, methamphetamine offenses comprised ninety percent of drug arrests in the first half of the decade (Mauer 2009). In short, political response and public sentiment towards addiction is more sympathetic and focused on rehabilitation when it impacts middle-class whites and more hostile and punitive towards poor whites and people of color who use drugs.

The distinction drawn between unwitting *middle-class* whites addicted to pain pills and the *poor*, white “heroin junkies” or “meth heads” relates to the ways that white identities are constructed by class position (Hartigan 1997, Wray 2006). For instance, in an ethnographic study of Briggs in Detroit, Hartigan (1997) finds that more advantaged whites used the term “hillbilly” to denigrate poorer whites who shared some regional and cultural characteristics with their black neighbors. The terms served the function of distancing middle-class, “normative” whiteness from poor “hillbilly” whiteness *and* reinforced the boundary between whiteness and blackness by positioning poor whites as a buffer between the white and black racial boundary. Similarly, Wray (2006) traces the development of the term “white trash” after the Civil War. The term was used by advantaged whites to describe poor whites who were in a precarious class position and sometimes transgressed racial boundaries to become friends and romantic partners with people of color. In both instances, more advantaged whites engage in racial boundary making within and outside of their white group to consolidate and protect their power and maintain racial dominance.
In the following chapter, I describe how some South Enders perceived an influx in recent years of unhoused white people who show signs of addiction on the streets of “Methadone Mile.” I explain how the perceived whiteness of unhoused people who use drugs shapes South Enders’ attitudes towards homelessness and addiction, which in turn, shapes their feelings of fear and safety in the neighborhood. First, I describe how some South Enders attribute the influx of unhoused, white people who use drugs in the neighborhood to the opioid epidemic. These residents believed the dominant narrative about the so-called opioid epidemic and thought that whites on the streets of “Methadone Mile” originated from middle-class backgrounds but became addicted to opioids through prescription medications. Other South Enders I interviewed described whites on the streets in terms of poor and working-class backgrounds and used disparaging language in their descriptions of the people as “poor white trash” on the streets who do not live up to the so-called “white, middle-class ideal” (Wray 2006 and Linneman and Wall 2013). Most of the people I interviewed who perceived whites as a salient racial group on the streets reported feeling relatively safe in their neighborhood and unafraid of unhoused people who showed signs of addiction. South Enders who perceived whites on the streets as originating from the middle-class also expressed feeling sad and somewhat sympathetic towards them, while those who perceived whites on the streets as from the poor or working-class reported much more disgust and disdain towards people hanging out on the streets. Finally, I end the chapter by discussing how the most recent newcomers to the South End typically reported feeling afraid around and avoided people of color, unhoused people regardless of perceived race, and areas where there were visible social and physical disorders.
Perceptions of Middle-Class, White Addiction

Ronald, a black renter in his 60s who lived in the South End for twenty-six years, recalled how the people who appear to be addicted on the streets of the South End were primarily people of color when he first moved to the neighborhood. However, he noticed a more recent influx in both the overall number of people on the streets and white people in particular following the closure of Long Island and the rise of the opioid epidemic. He said, “There’s just much greater numbers of them [who are addicted to drugs]. The population of people affected seems to have become much more Caucasian, not just people of color. It's just a lot more visible.” The increased visibility and salience of whites among people on the streets was also expressed by Franklin, a white man has lived in Worcester Square over twenty years, who said,

I mean we've had this, this stereotype of drug addicts that normally they're black jazz musicians, right? (laughter) And you don't see that. These are not— These are people— It's very hard to say where they're from. But a lot of them look, they're like middle-class, lower middle-class people. That's what you serve. You know, again, they could have been lawyers six months ago. They don't look like that anymore, right? But you know it's mostly a white phenomenon. There's some Hispanic and some black.

Franklin expresses a racist stereotype commonly held among whites that drug users are black (Sigelman and Tuch 1996) and relies on a trope of black jazz musicians as addicted to drugs in his description of whom he expects to use drugs (Lopes 2005). However, his perception that the influx of people addicted to opioids on the streets of the South End are formerly middle-class white professionals is surprising to him and consistent with the current,
sympathetic narrative about the opioid epidemic impacting middle-class white communities (Santoro and Santoro 2018).

Later in the interview, Franklin continued his discussion on opioid addiction by explaining his belief between the different ways that “respectable” white people and “disreputable” people like “prisoners” become addicted to heroin. He said,

So, people who used to get addicted to drugs— you always felt like [addicts] were morally inferior or whatever. A lot of that still continues even though a lot of these people start with prescription drugs. So, this is not, it's not a bad decision [that they made to start using drugs]. You don't want to say, "Hey, you, how could you be so stupid as to trust your physician?" You're supposed to trust your physician, right? So, this is not ...

That's how a lot of them start and then we say, "Hey, this could [be me]” ... You actually do say— most people would realize this could've been you. You know, you hurt your back, you go in, he [the doctor] says, "Take this." You have some great propensity to addiction, and you know, two weeks later you're like, "Get me more, get me more, get me more." Right? Which is a different situation than people who have been in trouble all their lives that, you know, start shooting heroin with their friends from prison. You know, this sort of again, it's a stereotype.

Franklin’s quote illustrates his perception that middle-class whites who are addicted to opioids became addicted only after they legitimately began taking prescribed opioids to manage pain. For Franklin, these whites are unlike “morally inferior” people who “have been in trouble all their lives” and made a consciously “bad decision” to start injecting drugs, such as “prisoners.” According to Franklin, these white people, should not be condemned for their
addiction, because they were simply following doctors’ orders that led to their addiction. He admits that people who became addicted through prescription opioids are looked down upon, but to a lesser degree than other drug users. In Franklin’s juxtaposition between the innocent white person addicted to opioids and the blameworthy, hypothetical “prisoners” who inject drugs with their friends, Franklin provides keen insight into the ways that perceptions of drug users are racialized. It is likely that Franklin’s use of “prisoner” as a stereotype was racially coded language for black men who are synonymously thought of as criminals or prisoners (Russell-Brown 2004 and Haney-Lopez 2013). In doing so, Franklin explains that white drug users’, particularly middle-class white drug users’, addiction is thought of as a disease and of no fault of their own, while black and brown drug users are culpable for their decision to use drugs.

Luis, a Latinx homeowner in his forties who has lived in the South End for five years and is a medical doctor, shares a similar sentiment to Franklin that opioid addiction has increasingly impacted white, middle-class communities. However, Luis expresses frustration that opioid addiction, and drug addiction more broadly, was not considered a “crisis” when it impacted black and brown communities, but instead, only became an “epidemic” and public health emergency once it affected whites. When I asked Luis to describe the demographics of people he sees on the streets, he said,

The storyline is that addiction crosses different ethnicities now. You'll talk to some people who feel that there's always been an opioid crisis and a heroin epidemic in the black and brown communities. Now, the fact that we're hurting white middle- and upper-class families, that's when it's become a problem. To an extent I would agree with that. I
mean, I don't know. A part of this, and I don't want to be guilty of it as well, is I don't talk to [people on the streets]. They look poor, homeless, whatever. But, again, I don't know if this guy [on the street] was a successful businessman 10 years ago. This guy might need another chance. I try to put my doctor glasses on and try to be as unbiased as I can and give someone the benefit of the doubt.

Luis calls out the racist differences in public attitudes and public health responses to drug epidemics in white versus black and brown communities. Yet, Luis also describes a commonly held sentiment that middle-class whites who fall on hard times are deserving of redemption by describing how a hypothetical unhoused white man on the street could have once been a successful businessman worthy of a second chance (Alexander, Entwisle, and Olson 2014). Even so, Luis also feels uncomfortable, towards unhoused white people on the street, so he does not speak with them, even though he does not like that he is “guilty” of avoiding them.

**Perceptions of Poor and Working-Class White Addiction**

Whereas Franklin and Luis believed that the rise in the presence of whites on the street was related to the influx of middle-class whites who became addicted to heroin more recently and were somewhat sympathetic, the majority of people I spoke with believe that whites on the street are from poor and working-class backgrounds and come from poor and working-class neighborhoods, towns, and cities around greater Boston. For instance, I asked Samuel to describe the demographics of the people that he sees on the streets and where he thinks they come from. He said,
I would say it’s—I don't think there's a typical type—Well, actually, there's certainly a lot of white. The ones I see are typically lower-class white. But plenty of Latinos and blacks. You know, I can't say I've ever seen Asians out there. A very large portion are coming from other cities and towns like Lynn and Lawrence and Brockton and former industrial cities, that kind of stuff. Poor, sometimes poor. But you know what I mean?

Samuel first begins to state that he does not think that there is a noticeable racial group on the streets, but then says that there are “certainly a lot of whites” among “plenty of Latinos and blacks.” It is unclear whether Samuel thinks whites are the majority group on the street or whether the presence of white people on the streets is more salient among “plenty of Latinos and blacks” or simply that all three groups are salient in his perceptions of races on the streets. Regardless, Samuel thinks that white people seeking services are outsiders to the South End and originate from towns and cities with reputations as working-class and poor.

Sandra shared a similar perception as Samuel and explained how she is both surprised by the number of poor white people who are on the streets and her confusion as to where they came from. She said,

One of the things I ask everybody, and I can't get an answer is, “Why are they all white out there?” Surely there are black people going to the methadone clinic or whatever. Why are they all white? Nobody can answer. I've asked police.

Adam: Where do you think they are coming from, the people out [on the streets]?
Sandra: Some people tell me that they're coming from the suburbs. I say, "I don't think so." They don't look like they're from the suburbs. Maybe this is very prejudiced, but they don't dress well, they don't speak well. Come on. These people must be from mostly
around here…Now if somebody tells me, say a psychiatrist or someone I hold in some esteem, that they can change, that if they're not on drugs, then they can act in a very normal, suburban way or something. But when they are under the influence, they change. I don't know. I don't know. I need to know more about it.

Although Sandra was unsure of where the white people who showed signs of addiction originate from, she thinks that they must come from within or around Boston, not affluent suburbs outside the city. Sandra drew her conclusion that they are not from the suburbs based on their appearance and linguistic styles. Sandra also equates whiteness with suburban and suburban with normal behavior, which includes abstaining from drugs. Therefore, if, according to Sandra, to be white means to act in a “normal way” by not using drugs, then Sandra could be insinuating that white people who use drugs are “not quite white” and do not live up to the so-called white ideal (Lewis 2004 and Wray 2006). However, because of their whiteness, if they stop using drugs and start acting in “a very normal, suburban way,” then they can reclaim the totality of their white identity.

Like Sandra, others I spoke with also believed that whites on the streets came from within Boston or another nearby area with a reputation of being home to poor and working-class whites, such as Dorchester, Malden, Brockton, and Lynn. However, one of the most consistent places South Enders believed white people on the streets originate from is South Boston. South Boston, colloquially referred to as “Southie,” is a neighborhood with a reputation as a white, historically poor and working-class neighborhood with a legacy of organized crime and generations of residents with histories of drug addiction (MacDonald 2000). Although, today, South Boston is undergoing dramatic gentrification and is known as
an increasingly affluent neighborhood that has resulted in tensions between longtime and newly arrived residents (Leverentz et al. 2018).

Justin, a white man in his forties who has lived in the South End for fourteen years, told me that he thinks the people on the streets of Methadone Mile are “the Southie diaspora” who were displaced from the neighborhood by gentrification and ended up homeless on the streets or staying in the shelters along Methadone Mile after they were priced out of South Boston. The residents I spoke with who referred to whites on the streets as being from South Boston did not know whether or not the people actually originated from South Boston. However, “Southie” was used as a generic proxy for poor and working-class white people on the streets. For instance, Aaron, a white male in his fifties who has lived in the South End for over twenty years, also believes that the relatively recent influx of white people on the streets come from South Boston and recalls a time when the majority of the people on the street were black men who drank alcohol on the corner. When I asked Aaron to describe the people he sees on the streets, he said,

Oh, well, so, back in the day when— and I say, I wish [the relocated] liquor store was [still] there because I miss the nice little drunk Roxbury men, who were harmless, and it was the same people. Now, it’s— they're basically all white. It's all white. It's like, to generalize, it's the Southie trash.

He continued to describe the appearance of “Southie trash” and white drug users and dealers on the streets. He said,

There's a look. They were fourteen years old in 1990 and they're forty-five now and they're still dressed the same with the ball cap on. I can tell [who is] a drug dealer, they're
often great looking people, but they're like [wearing] the backpack, and the women are
getting older and older with their hair tied in the ponytail [wearing a] tracksuit. A lot of
[them] obviously picked up clothes from Salvation Army or wherever, that kind of thing
too. So, I'm generalizing hugely and being awful, but there's like a sixty-percent type of
that and they're all white and they're all from Lynn or Southie or you know. You can tell
by listening to them [because of their accents].

Aaron’s description of people on the streets was intended to be insulting and
inflammatory. However, in his candor, Aaron reveals the common perception that when
whites are poor, or addicted to drugs, or dress in an urban aesthetic (e.g., see Frede 2019 for
how tracksuits were re-popularized in the 1990s hip hop scene by Jay Z and Puff Daddy)
they fail to live up to the so-called “middle-class, white ideal” and are instead relegated to
“poor white trash” or in this case a more colloquial slight “Southie trash” (Wray 2006,
Roediger 1995, and Shiebe 2017). Aaron also claims to have preferred the “nice little drunk
Roxbury men,” to describe black men from nearby Roxbury, over the white “Southie trash”
on the streets. It is possible that Aaron’s preference for seeing black men drinking outside the
liquor store over white people who use drugs on the streets stems from a belief held by
whites that black people are more likely to be addicted to drugs and alcohol than whites,
despite decades of data showing that whites use and sell drugs at slightly higher rates than
blacks (Sigelman and Tuch 1996 and The Hamilton Project, Brookings Institute 2015). In
other words, one explanation for why Aaron might be more preferential towards seeing black
men drinking by the liquor store is that it meets the expectation of a racist stereotype about
black men, and therefore, feels more expected and tolerable than white people using drugs on
the street. Another reason for Aaron’s contempt towards the “South trash” might be rooted in the derision middle-class whites have towards poorer whites (Hartigan 1997, McDermott 2006, Wray 2006).

Like Aaron, others I interviewed also believed that the white working-class Boston accent was a giveaway that whites on the streets were outsiders to the South End. For instance, when I asked Deborah, a now affluent but formerly working-class white woman in her sixties who has lived in the neighborhood for twenty years, if she thinks the people on the streets are from the South End, she said,

I kind of don't think so. Yeah, I can't really quite put my finger on it. You know, my stereotype, and I know it's a stereotype, is that working-class, white people in Boston are more likely to live in Southie or Dorchester. When I hear them talking, they have working-class accents. When I'm tired my working-class, because my dad grew up in Dorchester, accent comes up myself, "How are [pronounced with a soft r as ‘ah’] ya?"

So, I hear it. So, it's like a working-class, white population. But, why wouldn't they be then hanging out in someplace in Dorchester or South Boston? Are those gentrifying or is there just something here or they do come to BMC for some treatment and then they're hanging around?

The people I interviewed described a notable, and to them surprising, increase in the number of white people who are unhoused or addicted to drugs on the streets of the South End. Some people linked the white influx to the opioid epidemic and often described whites on the streets as originating from the middle-class. Those who prescribed to the belief that the influx of whites on the streets originate from middle-class backgrounds and became
addicted to opioids by way of prescription drugs were more likely to hold slightly more sympathy sentiments about white addiction.

Yet, other residents believed that the increase in whites on the streets resulted from the gentrification of nearby poor and working-class, white neighborhoods. According to these residents, poor whites became homeless after gentrification made their neighborhoods too expensive, so they sought shelter in one of the South End’s homeless shelters. The residents who perceived whites on the streets as originating from poor and working-class backgrounds were more likely to use disparaging and pejorative language to talk about white drug addiction. In the next section, I turn to the ways that the perceived whiteness and sometimes class position (either middle-class or poor) of people on the streets interact to shape South Enders’ emotional responses to drug addiction and feelings of fear and safety in the neighborhood.

**Emotional Response to White Addiction**

*White Addiction: Unafraid and Sympathetic*

Among the South Enders I spoke with who perceived white people as a salient racial group on the streets of the South End, there was a sense of feeling relatively safe in the neighborhood and unafraid of people on the streets. Instead, these South Enders reported feeling sad, even somewhat sympathetic, towards people on the streets who appear homeless or addicted to drugs, while simultaneously expressing disdain and feelings of discomfort by the visibility of homelessness and addiction in the neighborhood. For instance, Deborah, who perceived a noticeable increase in the proportion of white people on the streets in the South End, does not feel like she is in danger by the people she sees who are homeless or addicted
as she walks through her neighborhood. Deborah also feels bad for people on the streets who
she sometimes finds sitting on the front stoop to her brownstone passing the time, because
they have no place else to go during the day. In her description of people sitting on her stoop
Deborah said,

I don't think much of my [front] stoop, like, if someone's there, they'll often hop up
[when I am leaving the house] and I'll say, "No, no, no, it's okay, you can stay." Like, I
get that, and I don't feel a sense of danger, but I also feel a sense of, that's not the ideal
place to hang out for your day. Like the [Boston Medical Center] campus benches, picnic
tables, have shade. Something else would be so much better…The Methadone Mile is
part of their daily life and some of them are actually sweet. I don't know the word to
describe it, but this person [a neighbor] was describing, that she was carrying a box and
one of them says, "Oh, ma'am, can I help you carry the box." Not in like a “I’m gonna
run away with it,” but just kinda like some old script, you know, his mom taught him to
be a gentleman, right? And it's much more white people, right? You might see back in
even 2014 [when Long Island closed] and before it might be other and more likely older
African American men.

Deborah’s comment illustrates how she perceives the people sitting on her steps as likely
harmless with no other place to go, so she feels sympathy and allows them to sit on her stoop.
Moreover, Deborah describes the people on the streets as “actually sweet” people when she
recalls a story a neighbor shared about an unhoused man who offered to help her neighbor
carry a box. Rather than recalling that her friend felt fearful of this man who might be
attempting to run away with her belongings, Deborah feels that the man was being a
“gentleman” who was raised by his mother to be chivalrous towards women. Interestingly, Deborah’s concludes her comment about how the people in the neighborhood are largely harmless, sweet, and gentlemen, by mentioning that the people on the streets are “much more white” than they were prior to 2014, when she perceived people on the streets to be largely black men. Deborah’s perception of the unhoused people on the street as white is one reason why she feels relatively safe in their presence and expresses empathy towards their situation.

Franklin, another homeowner who perceived a large number of white people on the streets, also believes that the people on the streets are harmless and he thinks most of his neighbors feel the same, with the exception of wealthy, young families with children who more recently moved to the neighborhood. I asked Franklin how he and others in the neighborhood feel when they see concentrations of unhoused people in the neighborhood. He said,

Franklin: Honestly, just really sad. No one wants to live around that. It is just so damn sad. I know a few families who have moved out of the neighborhood, once they had kids. They didn’t feel safe raising kids in that kind of environment. So, I know some people will move into the neighborhood for one or two years and then say, “No, this isn’t for me.”

Adam: So, some people moved away. For those people that stay in the neighborhood, is there anything that they do to try and deal with the stigma of living in this neighborhood? Like, do they try to reduce the stigma of where they live?

Franklin: One thing is we don’t talk about it. Who wants to talk about such a sad issue? I think if the issues that Methadone Mile presented to us were dangerous, then
we might talk more about it…But, that said, residents in our neighborhood aren’t really scared of the people. How could you be, they are so high, they are not a physical threat. If one of them came at you with a knife, you could just take it out of their hand. There might be some apprehension that they will break-in to your unit looking for money or things to pawn to get high, but that hasn’t been a major issue.

For Franklin and Deborah, the unhoused people, whom they both perceived as overwhelmingly white, that congregate on the streets in the neighborhood or on their stoops are not a threat, despite the fact that many people are high on opioids which lowers inhibitions and is linked with violent behavior (Murphy, McPherson, and Robinson 2014). Despite this, Franklin feels that the white people who are high on opioids are too incapacitated to cause bodily harm and attributes their sedation with his feeling of safety. Moreover, rather than be fearful of the people who show signs of homelessness or addiction in the neighborhood, Franklin and Deborah expressed sadness and sympathy for the people they see on the street. The feeling of sadness and sympathy towards congregations of unhoused whites in the throes of addiction is the polar opposite of research that shows that people, particularly whites, feel that the likelihood of crime and victimization is higher in neighborhoods of color after controlling for actual crime and victimization (Quillian and Pager 2001, Quillian and Pager 2010, Sampson and Raudenbush 2004) and the perception that black people in general, but especially black people who are high on drugs, are aggressive and dangerous (Covington 1997 and Hurwitz and Peffley 1997). Even when black people simply occupy space in public settings or go about their lives like barbecuing in a park (Farzan 2018), sitting at Starbucks (Stevens 2018), or swimming in a community pool
(Harriot 2018) it incites rage and fear in whites who call the police on the presence of blacks bodies (Macharia 2018). Yet, congregations of white people who are high on drugs and/or unhoused are perceived as relatively unthreatening and evoke feelings of sadness and sympathy for some of the people I interviewed. Franklin said that he also avoids talking about the issues of homelessness and addiction that he sees in his neighborhood, because it makes him feel sad and uncomfortable (but not unsafe), which is consistent with research that shows whites highly prioritize feeling comfortable in their interactions with others (Dalmage 2014).

_Poor and Working-Class White Addiction: Unafraid and Disdainful_

Other homeowners who perceived whites as the dominant group of unhoused and addicted people on the streets also reported feeling relatively safe, but unlike Sandra and Franklin, the presence of whites on the street did _not_ evoke feelings of sadness or sympathy. Instead, in some instances, people I spoke with treated unhoused people in the neighborhood poorly and spoke with disdain and disgust about their presence in the neighborhood. For instance, Andy, a white, middle-aged man who has lived in the South End for over twenty years, described what he sees on the streets of Methadone Mile. He said, “It’s Zombie-ville. There’s people who are— They really don't bother you. _They're not dangerous_ but what does that look like for our community to have people in such dire need of service falling over on the street.” Andy refers to his neighborhood as Zombie-ville, because the people on the streets who are over-sedated move slowly and are hunched over, which many people I spoke with liken to the appearance of zombies. Later in the interview Andy recalled walking past an unhoused woman who appeared to be sleeping on the sidewalk outside of the steps to his
brownstone. He said,

This lady is asleep on the sidewalk, next door with her suitcase and covered up, like she just made a bed of the sidewalk. So, I come up here [to my condo] and I call 911 and the [911 operator] goes, “Is this the female subject?”, which means he got another call. “Is this the female subject?” I said, “Yes, it is a woman.” He said, “Do you know if she's breathing?” I'm thinking, you want me to go find out if she's breathing. I said, “Really, sir? Do you think that's my job to know whether this woman is breathing?” How would I figure out if she's breathing? And why would I? [laughs] Then about 10 minutes later a fire truck comes and helps her or tries to take her away.

For Andy, the presence of unhoused people on the streets does not make him feel unsafe. However, he does treat the unhoused woman with scorn and contempt by the way he speaks about her and his motivation to call the police on her for sleeping on the sidewalk, not because he was concerned for her well-being, and refusing to cooperate with the 911 dispatcher by refusing to check whether she was conscious. This, however, was not something Andy felt was his responsibility.

Derek, a white man in his sixties who has owned a condo in Worcester Square for twenty years, also said with surprise in his voice that it is mostly white people who are on the streets. Derek does not feel threatened by people who are on the streets when he walks through the neighborhood, which he says is in part because he is a large man that most people would not pick as a target to harass, but admits he might feel more frightened if he were a woman. Despite Derek not feeling threatened by unhoused people in the neighborhood, he gets frustrated with people who loiter in the neighborhood and show signs
of being high on drugs. Derek told me that while he knows he should feel bad about people who are over sedated and potentially overdosing on the streets of his neighborhood, he just feels annoyed. Derek said,

Maybe as a human being in the planet it's bad, but as a neighborhood, I walk around and it's annoying. It sounds pretty crass but people who are zombies and loitering and not looking like someone that you would want to go near [and they] are a lot more of an issue for me. [It's] not just drug litter, you see a bunch of people loitering, zombies, and you see other litter.

Derek’s annoyance with people who loiter in the neighborhood causes him to frequently call the police over things like people sleeping on a park bench. However, Derek is frustrated that the police do not make enough arrests or at least hassle the people on the streets as to make it uncomfortable for them to congregate in the neighborhood. Derek recalled about his frustration to the lack of police response when he calls 911. He said,

It's not clear to me why police don't harass the people into cutting the shit. As a taxpayer, I'm not sure that I'd want them to spend money in the jail, but you don’t necessarily have to arrest them, just make it unpleasant for them to continue to be here. That doesn't seem to be an option anyone is willing to talk about… They're not arresting the people who are causing problems They're not fixing my problems, the neighborhood's problems. That doesn't mean I want them to be prejudiced or racial profiling. These are different things and in fact most of the people are white. This is not a race issue. This is a behavior issue. Behavior profiling? Yes, that's called crime.

Derek feels that the police not making enough arrests or harassing the homeless is evidence
that the police are not working to improve the quality of life issues he sees affecting the neighborhood caused by loitering and open-air drug use. Interestingly, Derek believes officers cannot get in trouble for arresting white people on the basis of race, because Derek, like many whites, perceives whites as raceless (Lewis 2004). By not perceiving white as a race, Derek also does not see how officers might not be making arrests of the white people, because they are white. In other words, it is possible that the power of whiteness is a protective buffer that deters police from arrests. Later in the interview, Derek reveals how strongly he dislikes people who are addicted in the neighborhood by suggesting that the best solution to the neighborhood’s problems and the problems of the people on the streets is for them to overdose and die. Derek said, “I probably shouldn't tell you this, and I'll deny I said it. To be honest, if some of those people OD'd, I don't know [of a] better way for them or for the neighborhood.”

Similarly, Aaron, who perceived the unhoused people to be overwhelming white, “Southie Trash,” is unafraid of the homeless. He also feels simultaneously bad for their plight and scornful about their presence in the neighborhood, but to a lesser degree than Andy and Derek. Aaron recalled a time when an unhoused woman was sleeping on the steps of his brownstone and how his husband called the police. He said,

I am not one to kick people off the steps, because I felt bad for her, but at the same time it was like, "Oh my God." One night [when she was on my steps], I just went to bed. I just left her there. I mean, she was totally in the house on the steps. One day, my other half sort of called the police and she called him a fucking bastard and I was like, "Well, you were kind of a bastard." You know?
In the quotes above, South Enders who perceived the unhoused and addicted people on the streets as white all believed that the unhoused were relatively harmless and felt safe in their neighborhood. Some of the people also reported feeling sad for the white unhoused people in the throes of addiction on the streets and even acted somewhat sympathetically towards them by, for instance, allowing them to sit on the steps of their brownstone to pass the day. This was oftentimes, although not always, the response of white residents who perceived white people on the streets as from the middle-class. Others, however, while not feeling afraid of unhoused white people, treated them with scorn and contempt by calling the police and expressing little regard for the value of their lives, particularly if they were perceived as poor whites. In the next section, I discuss how some South End residents, particularly the most recent wave of newcomers to the neighborhood, are afraid of the unhoused people in the neighborhood, fearful of areas where people of color lived in the neighborhood, and were generally less tolerant of signs of poverty and disorder in the South End.

*Fear of the Unhoused among Newcomers Regardless of Race*

The feelings of being relatively unafraid and safe around unhoused people in the neighborhood were not uniformly expressed by everyone that I interviewed. Newcomers to the neighborhood were more likely to report feeling afraid of the unhoused people in the neighborhood who showed signs of addiction, regardless of the perceived race of the person(s) on the streets, and were less tolerant in general of seeing poverty or disorder in the South End (Kerstein 1990, Low 2003). For instance, Mike, a white man in his fifties who bought a condo in Worcester Square nearly two years ago, did not know about the presence
of unhoused people and drug use in the neighborhood until a few days prior to closing on the purchase of his condo. He recalled his and his wife’s reaction to finding people injecting drugs on the steps of his brownstone on the day that they did a final walkthrough to inspect the unit prior to closing. He said,

My wife and I were walking our brownstone prior to close, prior to buying it. We walked outside and there's three people shooting up on our steps. So, my wife, she went almost ballistic and didn't want to buy the place, but somehow, I convinced her that it's still a good thing.

Mike, as was the case with his wife, was also unnerved by the visibility of homelessness and drug use in the South End, which motivated him to begin attending his neighborhood association’s monthly meetings and a neighborhood safety group tasked with specifically addressing issues related to safety, crime, and disorder in the South End. I asked Mike which, if any, areas in his neighborhood he avoids and Mike recalled how he and his wife felt unsafe and uncomfortable walking by a Cumberland Farms (a convenience store), which had recently gone out of business, where a large congregation of unhoused people often gathered.

When Cumberland Farms was there. My wife and I typically don't cross on the other side of Mass Ave. Don't feel safe. There's too much— There's one thing about homeless, and people suffering from drug addiction, it feels uncomfortable when there's a high concentration of them together— It's also a little less safe on that side of Mass Ave. We don't really stroll to that part of town.

Mike and his wife avoid walking down Massachusetts Avenue where many social services are concentrated, because the unhoused and people with substance use disorder on the streets
make them feel afraid and uncomfortable. Furthermore, the “other side of Mass Ave.” is racially coded language referring to a shift in majority white to majority black residents as one crosses over Massachusetts Avenue from the South End into Lower Roxbury, which adds to Mike’s feelings of being uncomfortable.

Jane, a white woman in her thirties who moved to the interior South End for three years and owns a condo, also feels unsafe in that part of the neighborhood and tries to avoid it. I asked Jane why she feels unsafe on Massachusetts Avenue and she said,

When there's a lot of people on the street. There's a lot of loitering. There's more open space that's not vacated that you'll see camps of vagrants, homeless people, etcetera living around there. There's a lot of vacant lots which has the same population that makes you feel a little bit less like there's going to be other people around you, so maybe it's not quite as safe.

Jane also said that she avoids Franklin Square Park in the South End because unhoused people and people who inject drugs hangout in the park. Instead, however, Jane regularly visits Blackstone Park, which is a mirror image of Franklin Park located directly across the street, because fewer homeless people hang out in the park and it is mostly used by dog owners and people exercising. I asked Jane to elaborate on the differences between the two identical and adjacent parks. Jane said,

They're very different. The closest park to us it's two, essentially, of the same park divided by Washington Street. It's Blackstone and then Franklin Square, I guess technically is what they're called. It's a very different population of people that hang out at both the parks. The Franklin Park tends to draw a lot more of homeless people
from the BMC [Boston Medical Center] or homeless people, people that have been released from the BMC or some people from the bordering subsidized area [a public housing development borders Franklin Park]. Sometimes you'll see people sleeping there in the morning or even come dusk. We've watched somebody shoot up somebody else in that park. You find needles there. There was somebody running a card table in the middle of the park at some point last summer doing some sort of illegal gambling and they just left the table there.

Like Mike and Jane, Sally—a white woman in her twenties who has rented in the South End for four years and works at Boston Medical Center—avoids Massachusetts Avenue at night, because she feels that the risk of being victimized by the people hanging out on the streets is higher. Therefore, Sally calls a cab to drive her home, which was located two blocks from the hospital, when she works into the night. Because Sally did not enjoy living in the part of the South End near Massachusetts Avenue, she had recently moved to the more interior section of the neighborhood close to Back Bay. Sally described how she now feels much safer where she lives in the interior part of the South End compared to when she lived near “Methadone Mile.” Sally explained,

I feel safe enough [now] that I can let down my guard. I'll walk home at midnight, after having a few drinks, by myself, and feel fine; but I'll be a little more aware. Now, when I lived [near Massachusetts Avenue], I would not feel safe walking by myself around there, at night especially.

Sally was concerned that she would be a target of assault or mugging when she left work and walked by people who were on the streets who showed signs of intoxication. However,
because there are fewer unhoused people or people loitering on the streets of the interior South End, Sally thought she was not a target for victimization.

The narratives of Mike, Jane, and Sally all illustrate a sense of fear and uncomfortableness that newcomers had about living among unhoused people who are using drugs. The people I spoke with also were afraid in parts of the neighborhood where the population was less white and more black and brown, such as “the other side of Massachusetts Avenue.” This is consistent with research on later waves of newcomers to gentrified neighborhoods who are less tolerant of crime, poverty, and disorder than early gentrifiers (Kerstein 1990 and Low 2003). These narratives are important to highlight as they demonstrate that not all South Enders, but especially not newcomers, feel unaflraid in their neighborhood or that unhoused people are harmless.

Conclusion

In this chapter, I explained how white residents noticed a more recent influx of whites on the streets of Methadone Mile who are unhoused and/or use drugs in the neighborhood. South End residents were surprised to see their white counterparts on the streets. Residents either classified white people on the streets as middle-class whites who were unwitting victims of the opioid epidemic or poor and working-class whites who were already addicted to drugs but forced into the streets of the South End following displacement of their formerly working-class and poor communities. Many South End residents who perceived people on the streets as predominantly white did not feel afraid of their presence. However, whether South Enders felt emotions like sympathy or disdain for white people on the streets was conditioned by class position. Those who perceived whites on the streets as originating from
the middle-class were more likely to express sympathy. Conversely, those who perceived whites as poor were more likely to feel derision towards them and use disparaging language like “white trash” to describe them. It is important to note that white people have the power to construct their white counterparts on the streets as either sympathetic middle-class whites or disdainful poor, white trash. Finally, newcomers to the neighborhood expressed both disdain and fear of unhoused people, felt fearful in areas where people of color lived, and had little tolerance for disorder in the neighborhood.

In Eduardo Bonilla-Silva’s 2018 American Sociological Association Presidential Address, he called for sociologists to take seriously the role of racialized emotions, defined as the emotions experienced by people in a racialized society, in shaping policy and the material world. Later in chapter 6, I describe how one of the community responses to homelessness and drug addiction in the South End was the creation of a “Good Neighbor Policy,” which encouraged residents to call Street Outreach Workers (people who patrol the neighborhood and connect people on the streets to services), rather than the police, over quality of life concerns caused by people on the streets. The fact that many white residents did not feel fearful of, and some even expressed sympathy, towards whites on the streets might explain, in part, why South End residents adopted a policy that encouraged connecting people to social services, rather than calling the police which might lead to an arrest. This softer approach to social control was shaped by the emotional response of white residents to their white counterparts on the streets.
CHAPTER 5
NAVIGATING THE SOCIAL SERVICES HUB

Introduction

People who live or hang out on the streets are sometimes reduced to “elements of social disorder” and are the targets of formal and informal social control practices (Raudenbush 2003, Sampson and Raudenbush 2004, Sampson et al. 1997). Such a perception ignores that people on the streets have multifaceted identities and form meaningful social networks that provide support, safety from the street, and information about receiving services (Rowe and Wolch 1990, Leverentz 2020). For example, unhoused people who are biologically unrelated sometimes form fictive “street families” that provides emotional and instrumental support to help support each other and maintain safety on the streets (Smith 2008). However, social control efforts, for example policing practices such as arrests, aimed at reducing social disorder sometimes break apart these vital networks. For instance, when unhoused people in Los Angeles’ Skid Row congregate together in public it catches police attention and increases the likelihood of arrest. Therefore, Skid Row residents avoid gathering together in public space as to avoid unwanted police attention, which weakens social ties among Skid Row residents (Stuart 2016). In turn, these weakened ties might diminish the benefit of the network’s safety and support on the streets of LA’s Skid Row (Rowe and Wolch 1990; Smith 2008). Similarly, street vendors in New York City, which some people view as social disorder that should be evicted from the sidewalks, provide social support by encouraging other vendors in addiction recovery to maintain their sobriety. In short, people that congregate on city streets should not be reduced to one-dimensional
“elements of social disorder.” Instead, they are multifaceted people who provide support and safety to each other on the streets.

Despite the benefits of social networks that are formed among people on the streets, the neighborhoods where unhoused people and people with addiction congregate, such as social service hubs, are sometimes near drug markets that present challenges for people trying to maintain recovery (Sommers and Blomley 2002, Ruddick 1996). For instance, Leverentz (2020) describes how “Methadone Mile” is a service destination for people returning from prison in Boston. People returning from prison that she interviewed were worried that they might have a chance encounter with others in the Methadone Mile with whom they once used drugs, which they thought might trigger a relapse. People in recovery develop strategies to maintain sobriety as they navigate neighborhoods with drug markets and other drug triggers. For instance, residents of a halfway house in a Los Angeles, located in a neighborhood known for drug markets and public drug use, used “avoidance responses” and “approach responses” to describe how they navigate the neighborhood while working to maintain their sobriety. Avoidance responses included not leaving the halfway house or spending too much idle time in the neighborhood. Conversely, approach responses included embracing the neighborhood, including people with whom they once used drugs, as a reminder of what life was like on the streets, which serves as a motivation to maintain recovery (Heslin et al. 2013). Similarly, Leverentz (2014) found that some women returning from prison in Chicago embraced their neighborhoods that had a strong drug presence, because it served as a reminder of a life to which they did not want to return and they felt like they could serve as role models to others involved with drugs and street life.
In this chapter, I address a number of issues that people who are managing the complexities of life on the streets or receiving services in the South End face as they navigate the neighborhood. First, I describe how people who are in addiction recovery navigate the streets as they go from one service to another, while being confronted with a number of drug-related triggers along the way. Although drug markets make maintaining recovery a challenge, I find that the close proximity and variety of services in the area help people in recovery maintain their sobriety in spite of drug markets. I also address how people who are in active addiction rely on the services in the neighborhood for survival and to reduce the harm associated with drug use. Second, I explore how the social support networks people form on the streets or through social services provide companionship, safety, and are conduits through which important information about life on the streets is shared. Third, I show how people who were once homeless or in active addiction in the neighborhood continue to return to the neighborhood even after they have left in order to “give back” through volunteering and to be an example that “change is possible” to others experiencing homelessness or addiction. Fourth, I explain the challenges people on the streets face as they try to co-exist, and go unnoticed, among wealthy South Enders. Fifth, I describe how policing affects the lives of people on the South End’s streets. While much of this chapter highlights the benefits that people derived from the services in the neighborhood, I conclude the chapter with a number of stories that describe negative experiences people had with providers in the area that resulted in them avoiding social services or staying away from the neighborhood all together.
Navigating the Social Services Hub

I interviewed service recipients who were receiving services at Lighthouse Homeless Drop-In Center where I worked as a volunteer to recruit participants. The people I interviewed were typically well-connected to the many social services in the South End, which included Boston Medical Center, Healthcare for the Homeless, resided in neighborhood halfway houses or shelters, and used many of the other homeless and addiction related services nearby. Because the people I interviewed were well-connected to resources they tended to perceive the South End as a respite from the streets and typically felt positively about the neighborhood. It is possible that a subset of people on the streets who were in the throes of addiction and were not well-connected to resources might have felt less positively about the neighborhood. Nevertheless, some people who received services in the South End described the area as a “haven” for its many homeless, addiction, and healthcare resources. The close proximity of services provided people trying to manage the overlapping complexities of homelessness, addiction, mental health, prison reentry, and other challenges with convenient access to important, and sometimes lifesaving, care. Kendra—an unhoused white woman in her 30s with a history of addiction—described how the concentration of services supported her recent recovery. She said,

I go to Boston Medical [Center] for everything. My PCP [primary care provider], GI doctor [gastroenterologist], my skin doctor, my therapist, my psychiatrist. What else? I can go to the dentist here too. Barbara McInnis [health care for the homeless program] has a dentist in there. For my recovery, there are like safe places for me to go to take up my time, recovery programs, day programs that are options for me right
now that are my plan B, C, and D. If one of the programs doesn't work, then I can *quickly* cross the street and go to another safe place. People say of the South End, "Oh, you can't get clean here because you used here." How can't I get clean here? Look at what is offered to me here. All this stuff I could take advantage of for free, the resources that are out there. South End is the best place as far as all that goes.

The *co-location* of services in the South End provided easy access to many, if not all, of Kendra’s healthcare and recovery-related services, which she attributed to helping maintain her sobriety. The *variety* of services were also important for Kendra because she could quickly access a different treatment program when she felt that one recovery support service was not effective. In other words, the social services hub along Massachusetts Avenue was vital to Kendra’s recovery and healthcare. Despite appreciating the services in the neighborhood, Kendra did not like the open drug use in the neighborhood and was anxious that it might cause her to be triggered and use drugs again. When I asked her to describe the neighborhood she said, “It's a shooting gallery, so back in the day a shooting gallery was the house you went up to shoot drugs. I'm not talking shooting as in guns. [It’s a] shooting gallery, [unlike] something I've never imagined or seen.” Kendra worried that someone who had just used drugs on the streets might walk into one of the treatment facilities where she passed the time and trigger her to use again. In reference to this concern she said, “I have [concern] of that person coming in and talking about what they just did or where they're about to go or whatever, whatever and being all like, ‘uhhhhh’ [imitating the groan of a person who is over sedated and nodding off].” The potential to run into a person with whom she once used drugs in the South End and the drug markets in the same
neighborhood where she receives addiction treatment is why Kendra says that some people wonder how she could “get clean” in the South End.

Even when Kendra was actively using drugs, she frequented harm reduction clinics in the neighborhood that provided her and others with supplies to stay safe and healthy. When I asked Kendra what she meant by harm reduction clinics she said,

Places that you can get safe equipment to use, you know, to get syringes. Clean things, you know. Having that is a big deal, you know. I know if I didn't have a clean needle, I'm gonna use a dirty needle, you know. I know this guy is gonna tell me that he has nothing [no communicable diseases] and he's gonna let me use his needle, then I'm gonna use it, you know, but having places like that… They're so necessary and it's so amazing that we have it.

On Fridays, because the needle exchange closes on the weekends, every Friday I would go and get as many needles as I could. I'd even make up lies and excuses like I was going away for a week and I need a whole box [of needles] and this, that, and the other because over the weekend on Mass Ave, everybody runs out of needles and they're just taking whose ever needle. Picking it up off the ground if they have to, so I was like the distributor. I made my own goody bag, packages with stuff. Somebody doesn't have it? Here. Here's a couple of syringes, water, cotton, clean. Everything brand new. I'd just go around and collect all this. I had it in my backpack. I didn't carry clothes. I just carried supplies.

For people who are using drugs along the Massachusetts Avenue and Melnea Cass Boulevard corridor, the needle exchange program not only reduces the spread of disease and
other harms associated with intravenous drug use, but also helps to facilitate social support among drug users. In other words, the needle exchange program might equip one person with clean drug supplies who then acts as a conduit to further disperse the supplies to others in their social network. Such a harm reduction model empowers people who are injecting drugs on the streets to stay healthy and look out for each other.

Like Kendra, other people I spoke with who are in recovery worry that the potential to run into people with whom they had once used drugs or engaged in crime on their way to a recovery program might trigger a drug relapse or cause them to fall back into old habits that they are working to avoid. Therefore, people pack their schedules full of recovery support programs to occupy their time and to avoid temptations in the neighborhood. DeAndre, an unhoused black man in his 40s with a history of addiction and mental health issues, moved into a shelter in the neighborhood after being released on probation from prison where he served half of an eighteen-year sentence for a rape charge which he denies. I asked DeAndre if he had any challenges with his recovery because of the location of the shelter and services in an area with high drug use. DeAndre replied,

DeAndre: Yes. Coming out of prison, I got involved with prostitution. Paying for prostitution. That's what's in the area. So, I gave into it, and I chose to indulge in that. That's a setback for me. So, I had to get out of that. I had to use the recovery groups to overcome that and get back to where I need to be away from sexual immorality, away from drugs. So, I have had some setbacks, and I'm recovering from that.

AP: Is any of it ever related to, like, do you ever recognize people on the street who you used [drugs] with in the past?
DeAndre: Yes, I faced that influence and for me I have to walk by or say hi to people who I've been involved with and not linger. Just to say hi and let them know that I care, but I have to separate myself at the same time, so that I don't go back to where I was at and the negative ways.

Despite the fact that DeAndre’s recovery services are located in an area with high drug use and proximity to prostitution, which he wants to avoid, DeAndre credits the recovery and support programs with his recovery and his ability to overcome these “influences” and potential for “setbacks.” Now, in order to occupy his time and reduce his chances of using drugs or engaging in activities he wants to avoid in the neighborhood, DeAndre packs his days full of recovery and support programs along Massachusetts Avenue and Melnea Cass corridor and further into the interior parts of the South End. I asked DeAndre what a typical day in the neighborhood looks like and he described his routine from the previous day, which included:

- 7:00 AM- wakes up, takes shower at shelter, gets yogurt for breakfast from convenience store at the corner
- 8:00 AM- walks across the street from the shelter to attend a peer-led recovery support program on Massachusetts Avenue.
- 9:00 AM- attends Narcotics Anonymous in the same building
- 10:00 AM- attends a men’s anger management group and eats lunch with the group in the same building
- 12:00 PM- walks to volunteer at Lighthouse homeless drop-in center in interior part of the South End
4:00 PM - leaves Lighthouse and walks back to the shelter to watch TV at the shelter’s day center and speaks with resident case manager about getting dental work

5:00 PM - walks next door to the shelter to claim a bed for the evening

According to DeAndre, it is impossible to avoid people on the streets that he used to do drugs with on his way to different places and services, but he does his best to respectfully acknowledge their presence and continue moving on with his day. Moreover, seeing people in active addiction reminds him of his past and motivates him to maintain his recovery. However, DeAndre is not haughty towards people he sees on the street or self-righteous about his own recovery. Instead, DeAndre is somber, self-reflective, and even somewhat self-loathing when he thinks about what he sees on “Methadone Mile.” When I asked if he avoids any places in the neighborhood he said,

No, I go through that area. But, what I do is I look at the area, and then I look within myself and say, "How am I the same way within me?" So, I have to accept that and work on that before I can point the finger. You know? Because that's within me. That's who I am. I'm the one that created this mess. I'm the one that's not helping clean it up. I'm the one that pushed someone to choose drugs or alcohol. I'm the one that's not helping in that area. I'm the one that's making it worse. I'm the one that made that big mess.

The location of services in an area with an open-air drug market and highly visible public drug use, makes navigating the neighborhood a challenge for people trying to avoid triggers and maintain their recovery (Leverentz 2020, Hetlin et al. 2013). Despite the challenges that come along with the environment, people I spoke with, like Kendra and
DeAndre, manage to avoid their triggers on the street by filling their schedules with support programs and other recovery support services. Even crossing the street in the neighborhood can put a person at risk of using again. For this reason, Kendra says that she quickly moves through the neighborhood on her way from one social service to another. Similarly, DeAndre says that he will say hello to people whom he once used drugs with on the streets, but he does not linger and keeps it moving.

LaToya, a formerly unhoused black woman with a history of addiction who now serves as a volunteer at Lighthouse, also attributes her sobriety to the resources in the South End. Prior to entering recovery, LaToya would stay at the shelters in the neighborhood to get reprieve from the streets following weeks-long drug binges. LaToya said, “I used the women’s shelter [on Massachusetts Avenue]. That’s why I consider it a blessing from God, because when I was tired from using for weeks on end I could go there and shower, eat, and get clothing or whatever.”

By the time LaToya had entered recovery she was no longer staying at the shelter on Massachusetts Avenue, but instead preferred the Long Island Shelter. LaToya preferred staying on the island over the shelters in the city because she found comfort in being surrounded by “God’s creation” and the sense of community on the island, which she likened to an “adult [summer] camp.” LaToya was staying on Long Island Shelter in 2014 when the bridge to the island was condemned and the shelter abruptly closed in a single day. While LaToya acknowledged that the stress caused by the abrupt closure of the shelter and her dislocation from an environment that she found comforting had the potential to cause a relapse, LaToya credits the addiction and mental health services in the South End with
helping maintain her sobriety. Because LaToya had already been using addiction and homeless services in the South End prior to Long Island’s closure, she was able to fall back on those already established connections during an abrupt and unexpected time of transition. Reflecting on the transition from Long Island back to Massachusetts Avenue, LaToya said,

Back then, see, cause I got clean in 2013. So, I used Rosie's Place [women’s homeless service provider], I used Woods-Mullen [women’s shelter], I used the McInnis [homeless service provider], and the resources around that area. It was convenient, and buses were there, so if I had to go anywhere else, but I mean ... I just did what I had to do to keep myself together and to get back on my feet.

When I asked LaToya whether she thought that there were too many homeless and addiction services concentrated in the South End, she said,

No. I think there's just enough services there, and they have to do with medical issues too, which is really good. I think it's really good that they have everything right next to each other for different medical reasons.

AP: What makes that good?

LaToya: It's just 'cause there's help there, right there, you know? I just look at it as a little safe haven for those who have a condition. It ain't just about someone abusing drugs and having an addiction, it's about people who are mentally ill too, you know? They need help. Some of them don't think they need help, but they do.

Aspects of Kendra, DeAndre, and LaToya’s stories are representative of many people I interviewed who relied on the services in the South End for life sustaining support. Their experiences illustrate how for those in the throes of homelessness and substance use disorder,
the services helped reduce harm during times of intense drug use and were avenues to recovery supports when the person was ready. Importantly, it is both the density and variety of services in the South End that meet a person’s basic material needs (food, shelters, clothing, etc.) that the people I interviewed credited to their safety, daily sustenance, and sometimes recovery.

Despite the convenience of having a social services hub, the area also presents easy opportunities to begin using drugs again, which was a major cause of concern for people I interviewed. Nevertheless, people I spoke with still believe that the density of services provides them with ample support to fill their days and stay away from their drug triggers. In other words, the array of services allows people in recovery many options to employ an “avoidance response” to drug triggers that help maintain their sobriety (Hetlin et al. 2013). It is worth noting that one potential reason why I find people accessing services in the South End generally perceived the neighborhood in a positive light is that they were well-connected to resources, which they attributed to not using drugs. It is possible that part of what I am finding is a selection effect and others on the streets who are actively using drugs and perhaps less connected to resources do not share the same sentiment that the neighborhood is a “haven.” That important caveat notwithstanding, the belief among service recipients that the social services hub is the reason for their recovery stands in stark contrast to the homeowners in the South End who would like to dismantle the social services hub in the South End and disperse the services across the city (the Not In My Backyard, NIMBY, responses of South End residents is discussed in greater detail in chapter 5). A desire to evict social services from the Mass and Cass corridor and disperse the facilities throughout the city
fails to consider how people who use the services might be inconvenienced and unable to access the variety of supports they need as they balance multiple challenges related to homelessness and addiction.

**Finding Social Support on the Streets and through Services**

While the basic material needs provided by some of the social services in the neighborhood are essential for survival, it is also important for people to have their emotional and social needs met too (Kunc 1992). The people I interviewed developed emotionally supportive social ties with service providers, other people accessing services, or other people living on the streets. The social ties people made with each other on “Methadone Mile” provided avenues for sharing information about resources (e.g., telling people where to get a hot breakfast or helping people secure employment), companionship and support, and helped keep watch over each other to stay safe on the streets (see also Leverentz 2020, Rowe and Wolch 1990, Smith 2008).

Chisimdi, an elderly black woman who left her abusive husband shortly after fleeing to the US as a refugee, relied on services in the South End (located in interior and Mass and Cass corridor parts of neighborhood) for emergency shelter, groceries from a local food bank, medical care, and, importantly, social support. As a newly arrived refugee, Chisimdi not only had few material resources, but she also lacked a support system to help her through this extremely trying time. Chisimdi frequently visited Rosie’s Place, a women’s shelter in the neighborhood, which she described as a place of “solace” for her and other women who survived domestic violence. Although Chisimdi no longer lived at the shelter or in the South End, she frequently returned to the neighborhood for services and to Rosie’s Place where she
said that she “visits with other women to exchange pleasantries, especially when I'm 
depressed.” When I asked Chisimdi whether she thought, like many of the nearby 
homeowners think, that there were too many services in the South End and that some 
services should be moved to a different neighborhood, she responded emphatically, “No! I 
don’t think so! I think that the area is blessed. They’re just blessed because of the services 
that are there, because of the services.” Chisimdi perceives the concentration of services as a 
blessing because the services provide care for the most vulnerable and believes that the Mass 
and Cass area should remain a service destination for those on society’s margin.

Ronny, an unhoused white man in his 50s, came to Boston from western 
Massachusetts to stay at a shelter after splitting up with his wife of 30 years. Ronny 
experienced depression after he “ruined his marriage” and lost the family relationships and 
friendships he had back home. When Ronny first arrived to Boston, he used to stand on an 
overpass bridge and watch the commuter train below travel back to his hometown and cry as 
he longed for his old life. Yet, Ronny counts the people he met through Lighthouse homeless 
drop-in center, members of a church associated with Lighthouse, and one of the homeless 
shelters in the South End among the best friends of his life. Ronny described how he first 
started going to Lighthouse to receive material resources but continued returning for the 
relationships he built with the volunteers. He said,

I started coming to Lighthouse every week. Getting clothes, and goodies, and coffee, 
and all kinds of stuff, and I loved it. A lot of people that are involved in the church 
are involved in Lighthouse, and I started thinking "these people are really nice, you 
know, I think I'm gonna give this church a try" and thank God, thank God I did,
because it’s just been one of the best experiences of my whole life, man. [begins to cry] I love this church with every bit of my heart.

Adam: What has made it such a moving experience for you?

Ronny: Just the people, my pastor, my pastor he's such a great guy. He's like, I count him as a very close friend. I count 99.99% of the people good friends and people I can trust and talk to about issues I'm having.

Ronny also formed close friendships with other men at the shelter where he stays.

When I asked Ronny what proportion of his friends live in the South End, he replied,

It's my friends actually that I mostly met through the shelter. It's funny, my friends here are- I’ve met some people who are my best friends in the shelter. They're not like these- a lot of people at the shelter are really bummed out and down. But we always joke and joke and joke, you know, and make fun of each other, because that's what guys do, but you know, especially my two best friends Derrick and Don, man, if they are not around, I'd probably shoot drugs, but when they're around it's fun. It's doable.

The camaraderie among the men helped Ronny shoulder the weight of life’s burdens and the challenges of being homeless. In addition to providing important emotional and social support, Derrick and Don helped connect Ronny to a small job selling baseball programs at Red Sox games outside of Fenway Stadium. When I asked Ronny if he ever exchanged favors with people in the neighborhood, he replied,

My friends know I'm not working yet. For the first three months at the homeless shelter, I was so hurt from breaking up with my wife. I literally watched CNN all day and sat in a chair and would nap out and then watch CNN, forever. My two friends
work at Fenway, and they need someone to sell programs Saturday night. It's like "Hey, wanna do this?" “Sure thing.” That's really helping someone in a very tactile way.

People who live in the shelters or on the streets also sometimes create fictive kin families to provide support and safety to each other. Jordan, an unhoused white man in his early 20s, was sent to live in a boys’ home in Boston because his (now estranged) parents could not manage Jordan during his teenage years. Without familial support to fall back on and nowhere else to turn, Jordan became homeless after aging out of the boys’ program. When I asked Jordan how he navigated being homeless for the first time he said, 'Cause when I originally became homeless, that's where—I didn't know where homeless people would stay other than there. 'Cause of driving with the program car, in the program car on program trips, we'd just drive by there and be like, "Oh, this is where they congregate. And maybe someone will know where I can stay and how to get food." It's not easy to navigate things when you don't know where or how to obtain things.

A surprising consequence of a concentration of services and people accessing those services is that it signals to others about where to get help should they become homeless, which is how Jordan turned to Massachusetts Avenue to find help for survival after aging out of the boys’ home. Additionally, Jordan found friendships and social support with other people experiencing homelessness and accessing services in the neighborhood. Jordan recalled how older unhoused people would take on parental roles in the lives of the younger homeless and form “street families.” Jordan said,
There are a few situations where people who are homeless are like families that are homeless. Or people that know each other. Or there'll be older homeless people who see younger homeless people. They talk and stuff. And maybe someone can talk some sense into the other person and they just end up feeling safe staying around with that person. 'Cause yeah, there's the safety in numbers rule [with] whatever you do.

Typically, Jordan avoided staying in the shelters because of the poor conditions, the ruckus caused by some of the other guests, and because his belongings were stolen from him while he slept. Instead, Jordan would sometimes find another unhoused person whom he trusted to sleep with him outside, inside the back of a U-Haul truck parked in a nearby lot, hook-up and stay the night with guys he met at a neighborhood gay bar, or he would couch surf at friends’ house. Jordan described how he and another friend created a makeshift shelter in a back alley in the South End where they would hang out during the day and sleep at night. However, after a few days the owners of the alley (an elderly housing building) left a note threatening to throw away their belongings if the makeshift shelter was not removed by the evening. When I asked Jordan where he stayed next he said, “After that, I can’t remember if I either went to one of my friend’s, who now is my best friend, who also had experienced homelessness, but had gotten her own Section 8 housing ‘cause she had been homeless longer.”

The narratives of Chisimdi, Ronny, and Jordan highlight the important role that social support plays in buffering against the stressors and challenges of experiencing homelessness and, generally, life’s burdens. The relationships people made with others on the streets or who were also receiving services were oftentimes close and intimate, such that the friends
became fictive kin. Many people I spoke with also discussed how their friends spend their
days moving through the city together and help keep each other safe. Additionally, as is the
case with many relationships, the social ties among the people I spoke with provided
information about places to find under-the-table work, the best places to get a free hot meal
in Boston, and a place to stay for the night to get off the street.

**Embracing People, Places, and Things**

A common mantra of 12 step programs is that in order to maintain sobriety, a person
must avoid the “people, places, and things” that remind them of past drug use (Fiorentine
2009). However, for some of the people I interviewed who were formerly homeless and/or
used drugs in the South End, the neighborhood was a place where they could “give back,”
which is another key tenet to 12 step programs, to those who were on the streets, struggling
with addiction, or dealing with the challenges of being homeless. Such people returned to the
South End, particularly the Mass and Cass area, even after they were no longer in need of the
services or living in the neighborhood, in order to encourage people and provide an example
of the potential for change through their own lives. Some of the people I interviewed did this
formally by volunteering or working in the non-profit organizations throughout the
neighborhood. Others engaged more informally with people on the streets by returning to
places where their friends who are still using drugs hang out to check-in on their wellbeing.
The examples below illustrate how the neighborhood is a place where people who have
overcome major challenges in their lives related to substance use, incarceration, and
homelessness can be a helping hand and a source of hope for those dealing with addiction
and homelessness.
Devon, a middle-aged black man, started visiting the Lighthouse homeless drop-in center back in 2007 during a time when he was experiencing homelessness and staying in a nearby shelter. Over the course of several months, Devon became close to a few of the leaders and volunteers at the organization and they encouraged him to start volunteering at the center. Devon recalled,

I was approached by [one of the organization’s leaders] and she said, “Devon, you like helping people, don’t you? Why don’t you volunteer here on Mondays and Thursdays?” And, I was like “Yeah, I like to give back what people has given me.” Because see, I was homeless at the time. I was homeless, you know? I knew what it felt like for people to help me out when I was homeless, you know? Then to see, like, I could give back to people and be generous without money by serving others. I always say I never forget where I came from. I am no better than nobody and nobody is better than me. That’s the purpose for me to start helping out.

Devon “fell in love” with volunteering at the drop-in center and said “I just couldn’t wait for Monday to come around and then for Thursday to come around [when I volunteered]. You grow so much when you get to know people and get to help them.” But despite Devon’s initial zeal for volunteering, he eventually became burned out for two reasons. First, volunteering at the drop-in center can be a taxing experience caused by negative interactions with people experiencing homelessness, particularly those with mental health issues. For instance, Devon recalled how he was spit on while helping a man who had mental health issues. This interaction angered Devon and he wanted to fight the man and led him to think
“this ain’t for me.” Second, after Devon was stably housed and working a job, it was both
tiring and difficult to fit volunteering into his schedule. Devon said,

There was a time when I wanted to quit. I was working from home. I had all of the
freedom in the world. At the end of the day, I was just relaxing and kicking my feet
up at home and I didn’t want to volunteer. That was me relaxing and getting lazy.
But, then after a little while, I was like I gotta do something. I can’t just give up and
quit after people showed me love. I need to give that love back.

Devon, despite wavering from time-to-time, has continued to show-up and volunteer at
Lighthouse for the past eleven years, even after he was housed and no longer lived in the
South End. For Devon, returning back to the neighborhood was both an obligation and honor
that he felt he needed to fulfill in order to help those experiencing homelessness in the same
ways he was once helped.

Dennis a white man in his 50s with a long history of incarceration, also volunteers at
Lighthouse. Dennis, who is now in addiction recovery, was motivated to volunteer at
Lighthouse, so that he could mentor others in addiction and be an example that “change is
possible.” Dennis first came in contact with volunteers from Lighthouse through a prison
outreach ministry at Suffolk County House of Correction where Dennis was serving a jail
sentence. Dennis has a history of addiction and described his crimes that led to multiple
stays in jail and prison throughout his lifetime as “hedonistic.” Dennis said, “If there was
something I wanted, I got it. I didn’t care who it hurt. I lived a life only for me.” However,
Dennis’s life was touched by the jail ministry and he claims to have had a divine encounter
with God that changed the trajectory of his life. Once Dennis was released from jail, he
connected with Lighthouse and began volunteering at the drop-in center and started doing street outreach with other volunteers. I have run into Dennis passing out gospel tracks, brief pamphlets that explain the Christian belief of salvation through Jesus Christ, to people along Massachusetts Avenue, and I once saw Dennis praying with what appeared to be people experiencing homelessness outside of the train station at Downtown Crossing in Boston. It is clear that Dennis now has a drive to live his life for others, and in Dennis’s worldview that means reaching out to people and sharing the gospel, and a desire to use his own life as a testament to the potential for change.

The sense of giving back and being an example of change was not only facilitated through formal volunteering opportunities. Some people I interviewed discussed how they informally stop and talk to people that they once used drugs with on the streets whenever they pass by in order to encourage people that recovery is possible. For instance, LaToya described how she sometimes stops and talks with people outside of a liquor store where she used to hangout. She said,

I stop by once in a while. We just reminisce and then I say, “You know I pray for us.” But I don't have that trigger to use. It doesn't trigger me to use. It just lets me go back to where I was and I let them know there's hope. Maybe they can see something in me because I'm there for an hour, if not less, and I haven't asked anyone, “Hey, let's go get something [drugs].” I had people say to me, “LaToya, I relapsed” and start crying. I'm like, “Don't feel bad. Just pick yourself up.” Then, I'll play music in my car and we'll start dancing and then we think about people we've lost that we knew, so that to me is not forgetting where you've been and who you are or what you were. I was out
there for so long that some of those people I really care about. I really do because they're not bad people just because they use. Their heart is so genuine. I keep it moving, though. I don't do it everyday.

For LaToya and others who choose to maintain contact with friends they once used drugs with on the streets, it is important to show their friends that change is possible and to remind themselves and others that they have not forgotten where they come from and what they went through together, such as losing their friends to addiction. Embracing the people and places where they once used drugs served as both a reminder that they do not want to return to life on the streets and made them feel as though they were an example of that change is possible, which is a motivator for some to maintain their sobriety (Hetlin 2013, Leverentz 2014). In fact, it was common for people who were in recovery to voice the importance of not forgetting where they come from and not wanting others on the street to think that they are now somehow better because of their sobriety. It was also important for people still in addiction to hear and see these stories of people who are now in recovery. For instance, Kendra, who had only stopped using drugs a few days before I spoke with her, described the importance of having people encourage her who are in recovery and can relate to her experiences. She said, “I feel like rather than always being around other people using or in the same position as me, I need to hear the positive future of ‘I did that, done that, been there, and I'm still here.’ I need to hear the maturity of recovery and stuff like that.”

Finally, there is a nonprofit organization in the South End that provides jobs for the unhoused and people who are returning from prison. Street sweeping is one of the jobs available to people through the organization where people pick up garbage and debris along
“Methadone Mile.” This demeaning job is most often reserved for the formerly incarcerated who cannot access better paying and better quality jobs because of their criminal record. I spoke with one of the service providers who ran the program and asked how the people who are in recovery that clean the streets of “Methadone Mile” experience their job. She said,

Well, that's really difficult for our street sweeper folks who clean there. It's actually a great program, because it's almost like they mentor in a way. They're great. They could offer up [to someone on the street] like, ‘Hey, I know this place called PATHS for detox.’ Things like that. They're not required to do that in any way, but most of them are such great people that they go out of their way to do that. I'm sure it's very difficult to be down there cleaning if you're in recovery.

While I never had the opportunity to speak directly with any of the street cleaners, at least from the perspective of the organization’s program director, there was the potential for the workers to act as “ambassadors for recovery” and offer advice on places where people could access treatment through their firsthand experience. In fact, the program director thinks that the workers’ ability to act the role of an “ambassador for recovery” is rewarding for the street cleaners. At the same time, the organization recognizes the potential for relapse by placing their workers in an area with easy access to drugs. One of the case workers at the organization said she worries that her clients who clean along “Methadone Mile” are vulnerable to a relapse. She said,

Yeah, anytime one of my clients is working there, especially if they have a history of substance use, I always make sure to check in with them. I think there should be something system-wide in place for clients that we have out in that area. I think there
needs to be something more in place. And I know that there's been talk of putting something in place. Even just a support group or something after you get back, just talking about it with each other for half an hour or something. Just to process it.

The sections above demonstrates how people receiving services in the Mass Ave. Melnea Cass corridor embrace and perceive the area as a haven because of (1) the social services, (2) sources of social support, and (3) relatedly, the opportunity to give back through volunteering and encouraging people on the street with the potential for change. First, people ascribed the density and variety of services located in a single area to their survival and ability to enter recovery when they felt ready to do so. For instance, people discussed how they use a variety of the services in the area to meet most of their needs, which ranged from needle exchange programs to food banks. The co-location of services made it more convenient for people who are attempting to manage the challenges of substance use disorder, homelessness, prison reentry, and mental health issues, among many of life’s other challenges to quickly access services. Moreover, the multitude and proximity of services also allowed people to fill their schedules with programming to help them stay off of the streets and avoid potential setbacks, such as a relapse or committing crime.

Second, the services in the area did not simply provide the material and basic needs for survival, such as medical care or shelter, but also provided sources of social support among people living on the streets or accessing services in the area. The people I spoke with considered some of their best friends to be people they met along the Massachusetts Avenue and Melnea Cass corridor. These relationships were important at shouldering the major challenges faced by people receiving services in the area. For example, recall how Jordan
made friends with people whom he felt comfortable and safe with sleeping outside, in order
to avoid staying in the shelter where he felt unsafe. Or, consider how Chisimdi found other
women who were survivors of domestic abuse who lifted her spirits when she was depressed.
People credited such friendships with providing the strength they needed to keep going
another day in their pursuit to overcome a great many challenges.

Finally, people who once were in need of the social services and have since left the
neighborhood continue to return in order to volunteer, work, or simply visit with people who
are homeless or dealing with substance use disorder. People who had gotten back on their
feet after falling on hard times felt that it was their responsibility to “give back” to others as a
way to repay the kindness they were shown during a challenging time in their own lives. It is
important to note that while people who returned to the neighborhood to be an example to
others of the potential for change, people also returned to the neighborhood as a reminder of
where they came from and as a motivator to not return to their former life on the streets.

**Co-Existing with Wealthy South Enders**

People who received homeless and addiction-related services along Mass and Cass
corridor did not feel welcomed in the wealthier, interior parts of the South End
neighborhood. I asked Tyrone, a black man in his 40s who has been homeless off-and-on for
his entire adult life following multiple stays in prison, how he feels treated by residents when
he spends time in the interior parts of the South End. He responded, “I would say more
tolerated than welcomed there. I don't think they're welcoming anybody unless you're buying
one of them million dollar flats.” Tyrone’s only complaint about the neighborhood was that
all of the wealth around him served as a reminder of the things he does not have. Tyrone said,
I mean lookin' and seeing what I don't have cause those people around there, they're livin' good. So sometimes like it makes me a little depressed like seein' that. I mean, they got places to live, they got cars, they did what they was supposed to do when they was supposed to do somethin'. Now they livin' the good life.

Whereas Tyrone feels that South End homeowners feel ambivalent about his presence in the neighborhood, others I spoke with believed that wealthy South Enders felt much more hostility and “disgust” about their presence as unhoused people in the neighborhood. Ronny succinctly captured the sentiment about how he thinks wealthy people perceive him when he said, “Sometimes I walk down the street at Copley and I know these really wealthy people are looking at me. This is not nice, or kind, or cool, but it's like, I feel like a Jew in Berlin in 1933. They're thinking like ‘What can we do to get rid of these guys?’ It's kinda funny, but it's not funny at all.”

Because appearing homeless in the South End might draw the attention of the police or residents who might call the police, some people I interviewed worked to appear as though they were not homeless. Attempting not to appear homeless was also out of their own dignity and desire to look nice. For instance, Ronny said, “The first trick in the book is to appear not homeless. Like, if I had my coat on and I was walking down the street, you couldn't tell. I hope that I don't look homeless, I try to appear to look normal so people don't look at me.” Ronny tried to keep a nice coat in an effort to cover up the tattered clothes he was wearing underneath. Similarly, Tyrone also tried to pass as housed by making sure he had new clothes, a shower, and a clean-shaven face and head each day. Tyrone, who was tall with an athletic build, tried not to lose weight from being hungry on the streets. Tyrone would
sometimes steal food, so that he could eat and keep up his weight. At the time of our
interview, Tyrone was frustrated that he was at a lighter weight than he wanted to be. He
said, “Right now I don't even have as much weight on me as I should. But like one thing that
I refuse to do is be so skinny to the point where it's because I'm in the street and because I'm
doing bad.” Of course, Tyrone did not want to suffer from starvation on the streets and
needed to meet his basic human needs by having proper nourishment. However, for Tyrone,
keeping up his weight was not simply about staying well-fed. It was also about not wanting
to become thin and appear like someone who is not doing well on the streets.

The men and women I interviewed who were experiencing homelessness or using drugs
in the South End also went to great lengths to avoid interacting with wealthy South Enders or
behaving in ways that might make South Enders feel uncomfortable or unsafe. For instance,
Tyrone discussed how the Southwest Corridor Park in the interior part of the South End was
occupied by families during the day and people who used drugs at night. Tyrone stashes his
bags there, so that he does not have to lug his belongings across the city and, again, to avoid
appearing homeless. Tyrone described the different uses of the park when he said,

Being in the street the way I do, I get to watch it [who occupies the park] change.
Because I come out of the shelter probably 6:30 am, I always take that route to get
back downtown, and I have book bags stashed because I hate carrying stuff. That's
one thing about being homeless that I just refuse to do is roll luggage bags and carry
big heavy backpacks, so I'll stash them in different spots. So, when I go through that
park in the morning, I would say it's about 7:00, there's always like ... They had a
concert over there in that park the other day for babies, just a big baby concert. There
were about 75 to 100 strollers everywhere, and I was like, "What are they doing over here?" And they had two dudes on the guitar like playing music for the babies. So, you'll see that. You'll see that in the morning. But let's say it's SSI day, and that night people get their checks. It's the worst. Like, you'll be walking through there...But another thing I think about the people that go to that area is they're just like me. If they do have [drug] habits and they're trying to do something, they're not trying to be around a bunch of people that's either going to land them in jail, or just confrontation, period. The people that go over there, regardless of what they're doing, they stay to themselves. So, you might see somebody over here doing cocaine, somebody over there doing heroin. There's a guy that actually sleeps in that park, but he's respectful. He's always up and you can see him leaving like before the kids start coming in the park. He's always gone.

Some people who engage in crime in the South End, like selling or using drugs, also made efforts to respectfully avoid doing so in front of people who do not. John, a Black man in his 50s who lived in the South End and had a history of selling drugs, described his interactions with “people with careers.” He said, “I interacted with a few. I always kept my distance, because, like, what I did, I don’t do it to hit you. If I liked you, if I was doing something [illegal] at that time and I see you walking by I’d be like, ‘Hey how are you doing? I’ll talk to you later.’” He described the neighborhood as “college, hustlers, and you have business-like people that go to work every day.” According to John, these groups interacted, but did not have close relationships, unless they were in the same family (see also Leverentz, Pittman, and Skinnon 2018). Similarly, LaToya described how she tried to avoid
people in the South End who were not using drugs, because she did not want to be a burden to those around her. She said, “I knew my lifestyle. My lifestyle was not ... I didn't interact with anyone that didn't use [drugs], really. You know what I mean? It wasn't a bad thing. I just didn't want to interfere in their day. I didn't want to be this burden. I tried not to, regardless of what I was doing.” Kendra shared a similar outlook of not wanting to upset South Enders by using drugs in highly visible places. I asked Kendra how she decides where to inject drugs in the neighborhood and she responded that she tries to find quiet places like parks or alleyways. She described, however, how she avoids people’s private property. She said, “I’d pretty much try to steer clear of other people's property like that, really. I have gone in the backyard, in a driveway or something like that. Yes, a homeowner a time or two has saw me and yelled or maybe they just didn't yell at all and called the cops, but it was only for a quick second. I don't like to disrespect people's properties and stuff. Some people don't care. I try not to do that really.”

Navigating through the wealthy, interior parts of the South End presents a number of challenges for people who are homelessness and/or in addiction. First, the appearance of being homeless or addicted in the context of a wealthy neighborhood makes a person stand out all the more. Drawing attention to one’s self could result in being stared at by others, which brings about shame and embarrassment, or could lead to the police taking notice or alarming residents who call the police. Therefore, unhoused people put in extra effort to avoid looking haggard to try and “pass” as housed and also out of a desire to look decent and for their own dignity. While many of the South End homeowners I spoke with believe that those experiencing homeless and addiction are careless in their decisions about where and
when the occupy public space while using or selling drugs, the people I spoke with put thoughtful consideration into these decisions. The motivation not to be “caught” using or selling drugs by residents in the South End was not simply to avoid having the police called, although avoiding arrest was part of the calculation on where to use and sell drugs. The people I spoke with were also concerned about respecting others and not being a burden or causing harm to those who were not involved in life on the streets.

**Being Policed in the South End**

People who appear unhoused or addicted to drugs along Massachusetts Avenue and Melnea Cass corridor have to contend with the surveillance and harassment by police in the area. As I discuss in greater detail in chapter 5, the police began conducting “sweeps” of the neighborhood by stopping people who appear unhoused or intoxicated and arresting those who have outstanding warrants as a way to “clean up” the neighborhood through arrests. The “sweeps” started in the neighborhood following heightened pressure placed on city officials by residents, particularly the mayor during his re-election campaign in 2017, to “do something” about the issue of visible homelessness and drug use. Kendra recalled how the increased presence of the police in the neighborhood over the last year made it more difficult for her and others to make money and get by on the streets, especially given her substance use disorder. Kendra said,

> It went from we didn't have Boston Police driving around at all. It was just the shelter security to now undercover detectives jumping out of the car. Just so fast. I know a big deal was the man getting murdered about a month ago. That definitely stepped [police presence] up. Any type of severe violence, that's it. It's unacceptable in the community.
People cannot be afraid to walk out of their houses, so they have to do it. That's why they're jacking up all the cops. If it was for us, we'd all be gone. Not that it's not for us, but if their main goal was just to wipe us out of there, they would have swept… I think they want to do it with us, and it seems like it's getting there, like secret indictments. I've witnessed things like that.

Adam: What are secret indictments?

Kendra: You sell to an undercover, basically and you're involved in some way. That's it. They indict you without you knowing. They put in for indictment, go right to the superior and issue a warrant. Once they have so many, they come down line the streets and just get everybody in. The next day, usually whoever didn't get picked up, the police department will go around with a book with the pictures in it of the people who didn't get picked up and just go pick them up.

Adam: Have you ever been arrested as part of these operations?

Kendra: I was not. I was not a part of them. I lucked out. Definitely lucked out.

Kendra noticed an increase in police following a homicide that occurred near Methadone Mile and attributes the increase in policing as a response to violence, not drug-related issues. However, she then goes on to say that police have started secret indictments where the police go undercover to purchase drugs from people and then make arrests from those who sold them the drugs. She suspects that these “secret indictments” are related to “sweeps” aimed at pushing people off of the streets of Methadone Mile by way of arrests.

Another common tactic used by police officers to make arrests among people on Methadone Mile are unconstitutional stops and frisks and running warrant checks by the
police. Bailey, an unhoused white man in his sixties, recalled witnessing how police officers patrolling Massachusetts Avenue and the surrounding areas indiscriminately stop himself and others, search them for drugs, and check for warrants in order to make arrests. I asked Bailey what the police had been doing during sweeps to get rid of him and others like him and he said,

Police coming up, just grabbing them. Just coming up randomly, checking ID's, trying to arrest them if they got warrants, I mean, putting a lot of pressure on them. Randomly searching them for drugs, 'cause the average person would have drugs. You would think that after a while they would say, I'm not gonna come around, and I'm gonna get out of here, 'cause eventually they're gonna grab me and arrest me. But it doesn't seem to budge them...[They're on] Mass Ave., Albany, buying drugs, smoking crack, doing the heroin in broad, in open...Even though the cops are there, they don't stop. And it gets to be the point where it could be 50 or 60 guys near there. I mean, it's a limit what the police can do, what they can arrest. And that's what it seems like, it's gotten so out of control that I don't know that they can arrest everybody.

Bailey does not use drugs, and therefore, does not include himself in the description of people who get arrested for drug possession. However, Bailey says later in the interview that he is frequently stopped by the police and asked for his identification when he is in the area accessing services. I asked Bailey if he ever feels harassed by the police. He said,

No, and any time they [the police] come up to me it's very simple. I mean I don't feel harassed if the police come up to me and say what are you doing? If they ask me for
an ID, that's very common for me. Anybody you know asking for my ID, you know, who are you, and I say well I'm homeless. I'm at the shelter. I don't feel threatened if I'm being searched, I mean, if I'm in that drug area, and I mean, I don't feel threatened because I don't have nothing to feel threatened for. Maybe somebody would if they have something on them, and they still want to argue their rights. You still don't have a right to search without probable cause, so I mean maybe that's why I think that way, I don't know.

Unlike Kendra, Bailey is not concerned with the police stopping and searching him as the search will turn up empty handed, because he does not use drugs. The police suspect some people who are in the neighborhood as possessing drugs and indiscriminately stop and frisk people or run IDs without establishing probable cause or reasonable suspicion. These unconstitutional policing practices are commonplace for Bailey and contribute a sense of “business-as-usual” for people in the neighborhood whose lives are under heightened police surveillance. Interestingly, Bailey also thinks that the police are justified in searching him, because he is “in that drug area.” However, Bailey thinks that if he had drugs in his possession, then he would likely feel more strongly that his rights were being violated by the police.

Tyrone also shared a story of how police conduct sweeps to round up and remove unhoused people and people who use drugs along the Massachusetts Avenue and Melnea Cass corridor through arrests. Tyrone described how the parking lot of a McDonald’s located on the South End/Newmarket District line is a place where people sell, buy, and use drugs. He described the area as “Hamsterdam,” which is a reference to an open-air drug market
from the HBO series The Wire, because there are at times “50 to 100 people” on the streets that “make the area so bad to where you can’t ever walk through there.” Tyrone said that he was eating in McDonald’s one day after work when police entered the building, locked the doors, and conducted a sweep on the people inside. Tyrone said,

   I got locked in McDonald’s on a warrant check. They locked both of the doors and checked everybody in there for warrants. Like I ain't playin'. I'm tellin' you. They was checkin' everybody for warrants. There had to be like 30 or 40 people inside the McDonald’s.

Adam: The police did this?

Tyrone: They locked the doors and they wanted ID off of everybody. I was like, "Man, I just came from work." They still searched me. They still ran my name. All of that. They still do it. They still do it.

Adam: Did anyone get arrested that day?

Tyrone: A few people. People that have warrants, like of course, man. When you've got that many people in one spot, you gonna get at least three or four people that got warrants, of course. That's why they do it.

Poor Treatment by Social Service Providers

In addition to harassment by the police in the neighborhood, some people I spoke with also felt harassed and poorly treated by some of the providers in the South End. In some cases, people who were treated poorly by providers chose not to return to the service provider and sometimes avoided the area altogether following their negative experience. For instance, Bailey became homeless in 2014 after being released from Bridgewater State Hospital where
he served a twenty-seven year sentence. Upon reentry from prison, and with nowhere else to go, Bailey came to Boston to stay at 112 Southampton Shelter. Bailey requires psychiatric medication to ensure stability in his mental and behavioral health. Because Bailey takes multiple doses of psychiatric medication throughout the day, he carries individual pills in his pocket, so that he does not forget to take his medicine at the appropriate times. Bailey described an incident at the shelter where he was attempting to take his medication that he pulled from his pocket. A staff member saw Bailey pull the pill out of his pocket and accused Bailey of taking illicit drugs. Here is how Bailey described the incident,

I was in the shower, and I realized I had it [the pill], and I took it out of my pants, and I was getting ready to take it. They [the staff member] come in and asked me [what I took]. I said, ‘Well, it's my medication. I have a prescription for it.’ They didn't say nothing, the guy walked out. So I had tooken it. Then when he come back with his supervisor he asked me where the pill was. So, I told him, I says, ‘Well I had it. I took it.’ And he said, ‘Where's your pill bottle?’ Of course, it wasn't on me at the time. It was with my stuff near the bed. So he says, ‘Oh, you can't do that. Any medication you have has to be in that bottle marked with your name on it with the same pills.’ So they barred me for a month, which was fairly extreme. I went down to talk to the Boston Public Health Commission about the situation. The fellow that talked to me tried to have that taken down, you know, less than from a whole month of being barred [from the shelter]. But when I had left, I was just happy when I got to the other place [a different shelter]. I didn't want to go back [to 112]. That night that they barred me, I went right to Boston Medical Center into the emergency, and asked them
to do a blood test on me to show that I wasn't taking no drugs I wasn't supposed to.

But, unfortunately, they don't do random things like that in emergency rooms.

Bailey was angry about the way he was treated at the shelter for simply trying to take his prescribed medicine and was not afforded the opportunity to go back to his bedside to retrieve the bottle and show the shelter supervisor his prescription. Instead, Bailey was thrown out to the streets on a cold night in April with nowhere else to go. For the next three nights, Bailey stayed either in the emergency room at Boston Medical Center or at a friend’s house whom he had originally met in the shelter. However, the friend’s house was only a temporary solution, because Bailey’s friend was on Section 8 voucher and he risked losing the apartment if the landlord found out about his guest. Whenever Bailey’s attempts to clear his name by asking for a drug test from the emergency room and to get his barred status revoked through the Health Commission were unsuccessful, he left the Massachusetts Avenue area and started staying at the Pine Street Inn Shelter by Shattuck Hospital on the Jamaica Plain/Dorchester line.

Sometimes shame from a drug relapse or a return to living on the streets causes people to avoid seeking services from providers who once helped the person get sober or housing. Kendra stopped receiving services at Lighthouse after she relapsed on heroin. Prior to Kendra’s relapse, she was considered a “success story” of Lighthouse and also worked as a volunteer at the drop-in center, but after she started using drugs again, she avoided Lighthouse. The day I met Kendra it was her first time back to Lighthouse in over a year. She came to the drop-in center immediately following a stay at detox, because she needed new clothes and felt proud to tell the people at Lighthouse about her recent sobriety. Kendra
brought a friend, Leigh, with her to the drop-in center who also needed new clothes. I was assisting Kendra by bringing clothes out from the back of the drop-in center to show her and have her try them on. Kendra did not like any of the clothes I picked out and said to me, “Oh, I just wish I could go back there. I know I could find exactly what I am looking for. I could just go back real quick. I used to volunteer here.” I said, “Oh you did?” She proudly responded, “Yep! I used to volunteer here. I was helping people and everything just like you doin’.”

While I was working with Kendra, Leigh went into the bathroom in the drop-in center for a long period of time. Kendra and I were disrupted when the director of Lighthouse started pounding on the door to the bathroom and shouting at Leigh for being in the bathroom for too long. The director suspected that she was using drugs. When Leigh finally came out of the bathroom, she and the director were screaming at each other. The following account of their verbal altercation comes from my field notes on that day.

Leigh shouted, “Oh, wow, this is a real professional place alright. I am a woman and you are trying to break into the bathroom. Wow! real professional.”

The director shouted back, “You wanna talk about professional? There is nothing professional about you. See that sign on the door that clearly says 10-minute limit? Don’t tell me you didn’t know you couldn’t be in there for a half hour. I am going to tell you what’s going to happen.”

She shouted back, “You ain’t tellin’ me nothing!”

The director said, “Oh, but, yes, I am. You are not welcome here. Don’t come back. I am going to put your name in the intake computer with a note that says you aren’t ever
allowed back. You don’t come up in here and disrespect us. You are losing your privilege.”

Leigh, “Oh, don’t worry. I am never coming back here.” While all of this shouting was going on, Kendra got up to leave, but was waiting at the door for Leigh to gather her belongings, so they could leave together. The director walked past Kendra as he was escorting Leigh out of the center. Kendra and the director glared and locked eyes as he walked past. The director also told Kendra never to bring her friend back to the center. In my remaining three months volunteering at the drop-in center, I never saw Kendra return.

The minor infractions over which people are barred from services has the potential to seriously derail someone’s life. For instance, I was invited to go on a tour of halfway house on Massachusetts Avenue with a group of nearby homeowners who wanted more information on the halfway house. While taking the tour, a man was being escorted from the property. He was crying and shouting at the halfway house staff member that he could not believe he was being removed from the program for having snacks hidden in his room. Later, I overheard the man calling someone for a ride on his cell phone. The man was panicking to the person on the phone that his being kicked out of the halfway house was a violation of his probation conditions and might result in him being reincarcerated.

The experiences of Bailey, Kendra, Leigh, and the man from the halfway house all attest to the various reasons why people avoid or are barred from receiving services. Kendra reported feeling a sense of shame for being homeless and a recent drug relapse, and therefore, did not want to be around providers with whom she had once had a relationship and where she was lifted up as one of the ministry’s “success stories.” In the case of all three
people, severe sanctions were the result of minor infractions. While these responses resulted in a temporary ban for Bailey and a stern warning from the director for Kendra, both Bailey and Kendra chose not to return to the organizations. Such strict policies and sanctions are infantilizing and have the potential to keep people away from important resources and care at a time when they are in great need.

Conclusion

Firsthand knowledge about the details of people’s lives who are in the area to access services or because they are in active addiction were largely absent from my interviews with South Enders. From the perspective of many South Enders, people receiving services and service providers should be evicted from the neighborhood because of the perception that the providers and their clients are responsible for crime and disorder in the neighborhood. While it is clear that crime and disorder is associated with the area, reducing the lives of people on the streets to one-dimensional “elements of social disorder” that should be controlled and removed from the South End fails to acknowledge the humanity of people on the streets or respect for the importance of the social services for the lives of many people. The narratives that people shared about the close-knit friendships and the important role that the concentration and variety of social services provided when they were deeply struggling illustrate the benefits of having a social service hub in the city. Yet, the challenges with open drug use in the area, policing of the neighborhood, the proximity to wealthy neighborhoods in the South End, and poor treatment by social service providers caused challenges for people navigating life in the social service hub. For instance, people reported the potential for a relapse by being faced with drug-related triggers, like running into someone on the streets.
that they once used drugs with in the past. Moreover, appearing homeless or addicted in a wealthy neighborhood had the potential to draw scorn from South Enders who might call the police. And, as described above, the police were aggressive at times in their approach to “cleaning up the neighborhood” through sweeps and arrests.
CHAPTER 6
NIMBY RESPONSES TO METHADONE MILE

Introduction

Some South Enders I interviewed self-identified as politically liberal and chose to live in the South End, in part, because of the neighborhood’s reputation as progressive, tolerant, and inclusive of diverse populations. In fact, some South Enders point to the progressiveness, diversity (which they use as a catchall term that includes many categories such as sexual orientation, race, economic class, and nationality), and the presence of some social services in the neighborhood as evidence that they themselves are tolerant liberals and “good citizens” who value equity and inclusion (see also Mayorga-Gallo 2014 and Berry 2015 for similar dynamics in multi-ethnic neighborhoods). For many South Enders, simply choosing to live in a diverse neighborhood is enough to reinforce their sense of selves as people who are welcoming of all different types of people (e.g., gay or straight, people of color or white, unhoused or housed) without ever actually working towards equity or inclusivity within the neighborhood and as long as the “diversity” is limited and controlled (Tissot 2015).

Despite some residents’ claims, particularly early gentrifiers to the South End, to be tolerant of all types of diversity and welcoming of all people in the neighborhood, most residents feel that there are currently far too many unhoused and people with addiction in the neighborhood that has worsened their quality of life, following the closure of Long Island shelter and the opening of new homeless services in the neighborhood. In order to reduce the number of unhoused and people with addiction on the streets of the South End, many residents believe that social services in the neighborhood should be moved to other areas in
the city. However, such open opposition to social services and their clients in the neighborhood is inconsistent with and threatens some South Enders’ self-perception as valuing diversity, equity, and inclusivity.

Therefore, rather than engage in outright Not In My Backyard (NIMBY) tactics, which include efforts by residents to stave off new development or push out undesirable social service facilities (e.g., homeless shelters, Methadone clinics), as is common in other gentrified neighborhoods (Dear 1992, Smith 2014, DeVerteuil 2011), some South Enders engage in what I term Benevolent NIMBYism. Benevolent NIMBYism refers to the ways of discussing, and even advocating for, the relocation of social services to different neighborhoods across the city by making claims that relocation of social services would benefit those using the services. For instance, some South Enders believe that different neighborhoods around the city are better suited for hosting social service facilities by claiming that other neighborhood are more convenient for service recipients to access or in locations that are more conducive to addiction recovery. In doing so, South Enders make their efforts to remove social services from the South End seem like a benevolent act made on behalf of people experiencing homelessness and addiction. I argue, however, that Benevolent NIMBYism is an attempt to remove unhoused and people with addiction from the neighborhood behind thinly veiled claims of goodwill, which is actually self-serving and protects some South Enders’ identities as tolerant people who value diversity and inclusion.

At the same time, while some South Enders framed their desire to relocate social services and their clients outside of the South End as a benevolent act, others were much more openly hostile in their desires to see social services removed. South Enders that hoped to see the
services removed believed that they were defending the neighborhood from being “overrun” by unhoused people and people who use drugs on the streets. As I describe below, these South Enders would call the police on people who were loitering on the streets and used social media in an effort to catch the attention of the Mayor and city counselors about the effects of Methadone Mile on the South End.

In the proceeding chapter, I first begin with a discussion on how some South Enders construct the neighborhood and their own sense of selves as liberals who value and embody diversity, equity, and are tolerant of differences. Next, I explain how such neighborhood and personal identities are in tension with some South Enders desire to evict social service agencies and their clients from the neighborhood. Therefore, they engage in Benevolent NIMBYism, which is more consistent with their sense of selves as tolerant and inclusive people. Third, I explain that not all residents hide their NIMBY desires behind a veil of benevolence, and instead, actively worked to evict unhoused people from the neighborhood, particularly by calling the police over issues such as loitering. Finally, unlike wealthy, white South Enders who mostly owned their homes and were preoccupied by the effects of homelessness and drug use in the neighborhood, I found that residents of color who live in public housing developments in the South End were less concerned with issues surrounding Methadone Mile for a number of reasons. First, public housing developments tended to consider their neighborhood boundaries to be tightly circumscribed around their housing developments where they felt a sense of community and belonging. Second, residents in public housing often reported feeling unwelcome in the South End, and unlike South End homeowners, did not feel the same level of ownership and control over what happened in the
neighborhood outside of the housing development. Finally, some residents explained that there were issues with violence and drug use within the housing developments, which were perceived as more pressing issues than those stemming from Methadone Mile.

**Progressive Neighborhood and Progressive Selves**

South Enders who thought of themselves as politically liberal appreciated that the neighborhood has a reputation as being socially progressive and welcoming of diversity. One common reason residents gave for why they perceive the South End as progressive was because the neighborhood has long been considered Boston’s gayborhood (Lopez 2015). Some residents also drew upon the neighborhood’s history as a social service hub as evidence of the neighborhood’s progressiveness, acceptance, and concern for vulnerable people, such as the unhoused or survivors of domestic violence who receive services in the neighborhood. In fact, the perception that the South End is accepting of diversity (which, again, encompasses a multitude of categories such as race, nationality, sexual orientation, housing status, and class) was one of the major reasons why residents say that they moved to the South End. For instance, Dawson, a white man in his 30s, described why he chose to live in the South End. Dawson said,

I think that a lot of people that live here appreciate the diversity, and kind of— I hate to use the word "liberal", but it's more of a progressive neighborhood. Because one of the things that I loved about the South End, and I'll be completely honest, when I was in college, the South End was the gay neighborhood. All my life, I've been attracted to that. I don't know why. My family, we would go on vacations to Provincetown [gay friendly vacation destination] every summer, and by being in the gay neighborhood, that was a
proxy for just being in the inclusive neighborhood where everybody could do whatever they wanted. I’ve always loved places like that… I’m not a particularly interesting person, but I like being around other people who are interesting. I hope the South End still has that. I bet a lot of people would say it doesn't anymore, but that's kind of what originally attracted me to this area, and I think it's what attracts a lot of people to it. It's just more of a progressive place.

Dawson’s reasons for why he moved to the neighborhood—diversity, progressiveness, and inclusivity—were common reasons South Enders gave for what they like about the neighborhood. For Dawson, one of the central reason he moved to a diverse neighborhood with an eclectic mix of residents, particularly gay men, is that he perceives his own life as bland and boring and feels that the diversity of the neighborhood brings about excitement and liveliness to his own life (Zukin 2009 and hooks 2000). Moreover, the freedom and acceptance for gay men to live their lives openly in the South End is a proxy for Dawson, who identified as a straight man, that the neighborhood is a welcoming and inclusive place. By moving to the South End, Dawson’ self-perception as a tolerant, inclusive, and cool-by-association persona is reinforced by his decision to live in a neighborhood where he believes these values are embodied and expressed.

South Enders also overwhelmingly believed that the majority of their neighbors were politically liberal and identified themselves and others as Democrats. In fact, the sense among South Enders that their neighbors were fellow Democrats was one of the most consistent answers residents gave when I asked, “Do you think your neighbors generally share the same values? If so, what are they?” For instance, Kathy, a white woman in her

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fifties who has lived in the neighborhood for two years, answered the question by saying, “Well, I'm pretty sure that there weren't that many people that were in favor of Trump or voted for Trump in the neighborhood.” Joan, a white woman in her seventies, gave a similar answer by reflecting on the commonly shared values among a group of South End senior citizens whom she frequently socializes with at a coffee shop. She said, “There are a lot of Democrats. That's the funny thing about our [senior group]. One time somebody said, ‘Well, we should try to get a little diversity.’ And somebody else said, ‘You mean a Republican?’ [laughs].” Finally, when I asked the same question to Justin, a white man in his fifties who has lived in the South End for fourteen years, he said, “I don't know. I mean, I'm assuming probably everyone— well, not everyone, but a majority are liberals.”

It is noteworthy that when I asked residents to describe the common values shared among their neighbors, they instead reported their own and their perceptions of their neighbors’ political party affiliation, rather than naming actual values. Because the Democratic Party alleges to represent the values of equality, tolerance, progressiveness, and caring for those on society’s margins—even if just as lip service—it is plausible that residents were using “Democrat” as a proxy for such values (Goren 2005).

Finally, another way that residents frame the South End as a progressive, tolerant, and welcoming neighborhood is by highlighting the historic legacy of social services that have long been a part of the South End. Recall that a neighborhood group was formed in the South End, called the South End Working Group on Homelessness and Addiction, that brought together representatives from longstanding social service providers in the neighborhood and South End neighborhood association representatives to discuss issues of crime and disorder.
stemming from “Methadone Mile.” One outcome of the South End Working Group on Homelessness and Addiction was the creation of a Good Neighbor Policy. The Good Neighbor Policy, which is the subject of the next chapter, outlined behavioral expectations that some South Enders have of unhoused people and people with addiction whenever they are in the neighborhood. The preamble to the Good Neighbor Policy, which was written by a group of long time South Enders and newcomers to the neighborhood, illustrates how South End residents draw upon the presence of the social services in the neighborhood to frame themselves and the neighborhood as a tolerant and welcoming community. The preamble reads,

As a neighborhood, the South End has a long and proud history of welcoming and supporting Boston's most vulnerable as well as those organizations and providers who care for and support their needs. Scores of organizations like Pine Street Inn [a homeless shelter] and Rosie’s Place [services for unhoused women and survivors of domestic violence], established in 1969 and 1974 respectively, were helping the thousands of Boston's most needy residents long before the South End was viewed as a desirable residential and commercial neighborhood. From those seeking refuge from domestic violence to those searching for a supportive pathway out of substance abuse, the South End's many dedicated [social service] partner neighbors offered a hand up, often the only one available in an otherwise enlightened but busy city. We have a rich tradition of hosting and helping populations marginalized, rejected, or with overwhelming social, medical, job, housing and other support needs. Our tradition stretches from the settlement house movement at the turn of the century, to
the city's first, and frequently only, medical and social service support network for victims of the devastating AIDS crisis, to our current challenges [referring to homelessness and addiction], which are no less daunting.

It is worth noting that residents take the position that they welcomed social service providers into the neighborhood, despite the fact that residents who moved into the “desirable neighborhood” did so long after the neighborhood was established as a social services hub over a century ago. The preamble also highlights that it was the longstanding social service providers, not necessarily the newly arrived residents, that “offered a hand up” to help the “marginalized” and “rejected” Bostonians. Nevertheless, South Enders who wrote the preamble used a collective “we” to describe how living in a neighborhood with a social service services hub confers upon residents the values of being welcoming, supportive, and sympathetic towards vulnerable Bostonians without necessarily being a part of that work.

Benevolent NIMBYism

Making Social Services More Convenient for Service Recipients

Some South Enders’ claims of being tolerant, inclusive, and welcoming of all types of people—including the social services and their clients—is contrary to typical NIMBY attitudes and efforts to remove social services from the neighborhood to reduce the visibility of homelessness and addiction on the streets. In fact, many South Enders vehemently opposed any suggestion that they possess NIMBY attitudes or engage in NIMBY practices. For instance, Samuel, a white middle-aged homeowner who has lived in the South End for over ten years, believes that social service providers label South Enders as NIMBYers and he strongly disagrees with the label. In response to this perceived label, Samuel said during an
The South End is not a NIMBY kind of area. However, the backyard's full. And it's in the front yard now, and the side yard, and it's overflowing. And the services need to be shared. The ability to have services needs to be shared throughout the city, not just here. Listen, as the services keep expanding, expanding, expanding it’s sort of like death from 1000 paper cuts. Right?

Like many wealthy South Enders, Samuel believes that the South End neighborhood disproportionately hosts too many of the homeless and addiction social services in Boston, especially after a new shelter opened in the neighborhood to replace the shuttered Long Island shelter. From Samuel’s perspective, the South End is so overburdened by social services and their clients that the neighborhood has become overrun by issues with loitering, needles, homeless encampments among other signs of disorder, which he thinks contributes to a worsening of quality of life for South Enders. Samuel uses the metaphor “death from 1000 [paper] cuts” to suggest that each social service that opens in the South End attracts more people seeking services, thus more signs of disorder, and incrementally will lead to the neighborhood’s demise.

To alleviate the volume of unhoused people and people with addiction on the streets, many South Enders thought that social service agencies should be relocated to other neighborhoods across the city where they believe people in need of social services reside. In other words, South Enders think of service recipients as outsiders and would prefer that they receive treatment and care where they live, rather than in the South End. Of course, South End residents cannot look at a person who receives services in the South End or hangs out on
the streets and know whether that person lives in the South End. Yet, some South Enders consider service recipients as outsiders who are not welcome in the neighborhood.

Nevertheless, some South Enders framed their desire for the relocation of social services to be nearer social service recipients’ residences as benevolence by arguing that it is a burden for marginalized and vulnerable populations to travel into the South End to receive social services or medical care. Therefore, to best care for those seeking social service providers’ help, services should be offered closer to their places of residence. By taking the position that their desire to see social services move out of the South End as being for the benefit of service recipients, not just residents’ concerns of homelessness or drug activity, residents veil a typical NIMBY response to remove homeless and addiction-related services from the neighborhood behind claims of goodwill.

For instance, James, a white male homeowner in his sixties who has lived in the neighborhood for over thirty years, believed that the addiction-related social services in the neighborhood draws too many unhoused people and people seeking drug-related services into the South End and was frustrated with the ways his quality of life diminished after the closure of Long Island and the influx of public drug use and visible homelessness in the South End. James recalled the changes by saying,

I've never seen it like this before and I've been here 20 years. The last three or three and a half, or four years, has been pretty different. I've definitely found needles.

That's the other thing. You find them in the front garden, on Mass Ave. I think part of that, you can't take them into your shelter sometimes, and they [shelters] throw them away. Some people are better about throwing them so other people don't pick them up
inadvertently, but they're definitely out there. I think there's been graffiti, public use of drugs, people that have passed out on the street, kind of in a zombie trance. I hate that term, but lack of a better term, kind of a zombie, or they're just totally out of it.

The quote above illustrates that James is frustrated with the influx of drug activity in his neighborhood in the years following Long Island shelter’s closure and the new issues he contends with in his daily life, such as picking up needles from his front garden. Later in the interview, James expressed that he believes some of the social services, particularly drug- and addiction-related services, should move out of the neighborhood. However, James argues that moving the facilities outside of the neighborhood and nearer to the places where he thinks service recipients might live would be to the benefit of both the service recipients and South Enders like himself. He said,

I just think the Commonwealth of Massachusetts [made] this the focal area [for social services], and it’s not fair. It’s not fair to the people using the services, either, in my opinion, because they’re traveling here from wherever. Open something up in Cambridge or something different in Cambridge. Open something up in Malden, or wherever they’re traveling from. I think the service should be available to them where they live. I think that’s part of the challenge that we’re having in the South End that it’s an area that has so many services and why just keep expanding it?…I don’t think expansion in that area of drug services is good for the neighborhood and I don’t really think it’s good for the people that are using the services. I think it should be more diverse, geographically. I think that’s one of the things I’d like to get us to start talking about, "How do we make that happen?"
According to James, the concentration of services along and near Massachusetts Avenue is both unfair to those receiving treatment, because he assumes that they are inconvenienced by travelling to the South End and unfair for South Enders who think that the services affect their quality of life by causing signs of disorder. James also feels that additional social services should not open in the neighborhood and generally thinks that the existing social services should be dispersed across a broader geographical area to alleviate the burden on the South End.

Others I spoke with considered the social services hub to be negative for both people seeking services and the neighborhood. For instance, Kathy, a white woman in her fifties who has lived in Worcester Square for two years, claims to dislike the concentration of services in the neighborhood, because she assumes it is in an inconvenient location for people accessing the services and views the area as a blight. I asked Kathy how she would feel if additional homeless and addiction-related services opened up in the neighborhood. She said,

But, what’s the point? I wouldn’t feel positive about it. I agree that there may be a need, there may be a need for more facilities. But I don’t see the advantage of creating a small town [Methadone Mile] within a town [the South End]. These people exist, and they have a right to be participating in all parts of the city, or other parts as well. So, what would be the rationale for adding more facilities of this kind to a place which already has many as opposed to [other parts of the city]. And, I’m thinking also that, the people who needs the service will come from all over. So, why would they have to commute to this one same place as opposed to have the opportunity or
capability to commute with places that may be more easily accessible from their location…The City Hall must have a rationale for concentrating all of these services in the same neighborhood. And like I said, I welcome the idea that these structures exist and are not marginalized in the middle of nowhere, where you have to take the bus for three hours and there’s no other way to get there. But, why only in the same place? That doesn’t make sense to me… So, why not have a clinic in your neighborhood, a smaller clinic in your neighborhood, and another one in your neighborhood as opposed to this huge complex where then everyone congregates. And then, all of a sudden it appears as a blight, because there’s so many of them and then, because there is so many, the rest of the neighborhood somehow is so careful in walking by and fretting. It seems to me that it’s also a way to marginalize those people more.

Kathy’s quote demonstrates that she opposes additional services in the South End because she thinks the neighborhood is already blighted by existing services and feels uneasy about the visibility of unhoused people in the South End. Yet, she recognizes that additional social services might be needed to meet the demands of people seeking treatment for substance use disorder or who are experiencing homelessness and is not opposed to existing or new facilities in the city, so long as they are not concentrated in her neighborhood. While Kathy dislikes the social service hub in the South End for the reasons stated above, she also puts forth a number of reasons why she thinks services should be decentralized and dispersed across the city for the benefit of those receiving services. First, similar to James, Kathy believes that people receiving services in the South End are outsiders who are
inconvenienced by traveling into the neighborhood and should instead receive services where they live. Second, Kathy evokes the humanity of social service recipients by claiming they have the right to exist within and experience all parts of the city, not only to be confined within the social services hub, so services should be spread throughout the area. Finally, she thinks that the reactions of residents who carefully and fretfully walk by congregations of people on the streets must make people on the streets feel further marginalized. Therefore, she thinks that the social services should be dispersed as to reduce congregations of unhoused people and people who use drugs on the streets who residents feel they have to cautiously pass or avoid.

Gary, a white man in his late twenties who had lived in the South End for one year while attending medical school at Boston University, resided near Boston Medical Center where many unhoused people and people who use drugs congregate on the streets. Gary frequented a Cumberland Farms convenience store to buy necessities where people on the streets would often hang outside on the sidewalk or in the store. Although Gary went to Cumberland Farms multiple times per week, he did not like that he had to “push through” people who were intoxicated and congregating on the sidewalks to get there. However, because the area near where Gary lived had no other convenience stores or generally any other amenities, Gary had no other option but to patronize Cumberland Farms. I asked Gary what he disliked about his neighborhood and he said,

I dislike the lack of resources, the lack of grocery stores, the lack of restaurants, the lack of more development in general that I've become used to. The congregations of people - of homeless people, of people who are addicted to heroin - I don't even think
I dislike that. I mean, it's a weird ambivalence or apathy cause like, sure, it would be nice if they were someplace else, and so I did not have to push my way through people who are addicted to heroin. I wish the Cumberland Farms wasn't the combat zone when I went into it. If I could change those things, I probably would, but on a week to week basis, when I get frustrated, it's never because of that. It's because of how barren it is. That's what I dislike.

Adam: Are there any other changes that you'd like to see [in your neighborhood]?

Gary: Yeah. I would like the city and state to do something more about the homelessness problem, about the addition problem. Not for my own benefit so that they can get out of my neighborhood, but because it's heartbreaking to see it, and to see it in the hospital, to see it on the streets. There are people who need help who aren't getting it or aren't getting enough or it's not effective, and I wish someone would do something about that for their own good.

Gary feels empathy towards the unhoused people and people who use drugs in the neighborhood and wants them to receive the care they need, while at the same time feeling frustrated by the daily challenges of wading through throngs of intoxicated people on the sidewalks of his neighborhood near “Methadone Mile.” Simultaneously feeling empathetic and frustrated by homelessness and drug addiction makes Gary ambivalent and apathetic about the effects of “Methadone Mile” on the neighborhood. While Gary would like to see the city and state intervene to address the issues of homelessness and drug use in his neighborhood, he claims this is not because he wants them out of his neighborhood. Instead, he frames his desire to see homelessness and addiction addressed as benevolence for those
who are in the throes of homelessness and addiction.

*Drug Dealers Preying on Recovery Community*

Another “benevolent” reason South Enders gave for wanting the social services to be dispersed outside of the neighborhood is that they are concerned that people who are in the neighborhood receiving services to treat and manage their addiction might be preyed upon by drug dealers who see the area as an easy opportunity to sell drugs. Therefore, some argued that the social services hub should be dismantled to get rid of an easy market for drug dealers to help protect people in recovery. For instance, Samuel expressed his concerns for “victims” of drug dealers by saying,

But the problem is they are also targets for drug dealers and… I consider these people the victims. You know? They’re not perpetrators per se, no one wakes up and says, "You know, I’d love to be addicted to opiates." It’s not like a goal people have when they’re growing up, right?

Similarly, Franklin felt that the biggest problem facing his neighborhood in terms of issues surrounding Methadone Mile was not signs of disorder, but instead, the plausibility that drug dealers are “preying” on people in the neighborhood receiving medically assisted drug treatment, such as methadone. When I asked Franklin, what were the major problems facing the neighborhood as it related to the concentration of services, he said, “Well, the biggest one is that the area attracts drug dealers preying on the people getting methadone treatments.”

Both Samuel and Franklin express concern over people in recovery who might be targets of people who sell drugs in the area. They use this concern as a justification for their desire to see the social services hub dismantled and dispersed across the city and state. It is important
to bear in mind that South Enders who expressed benevolent NIMBYism also tended to be ambivalent about drug addiction and homelessness in the neighborhood. They were often frustrated, and at times angry, about the effects of Methadone Mile on the South End. Yet, they wanted to see people on the streets receive the help they needed, but not in their neighborhood. Therefore, to reconcile these ambivalent feelings, they sometimes framed their desires to see the services removed as an act of benevolence.

*A Solace Environment for Addiction Recovery*

Finally, a group of neighborhood and business leaders in the South End and Newmarket District began lobbying the Commonwealth of Massachusetts to move homeless and addiction-related social services from the South End neighborhood and Newmarket District to the partially vacant, state-run Shattuck Hospital. Shattuck Hospital is located on a city park called Franklin Park near the Dorchester, Mattapan, and Jamaica Plain lines. The Massachusetts Department of Health, who operates Shattuck Hospital, had put out a Request for Proposals (RFP) to consider future uses for the vacant parts of the Shattuck Hospital campus. The group of neighborhood and business leaders contended that Shattuck Hospital Campus is more conducive to addiction recovery than the streets of the South End, because the park offers a more solace, quiet, and “leafy” place to receive treatment for addiction than the streets of Methadone Mile. Moreover, the South End and Newmarket group envisions Shattuck Hospital being turned into a comprehensive recovery campus where people can receive treatment for addiction along a continuum of care that includes services such as an emergency homeless shelter (although a shelter is already located at Shattuck), drug and alcohol detox, mental and behavioral health services, transitional housing, job support,
medically assisted treatment like methadone, among other social services. The coalition argues that creating a “recovery campus” on a tranquil park is for the benefit of those receiving addiction treatment to ensure better success for their recovery, and not only about their own interests of wanting to remove the city’s primary social services hub from their neighborhood. It is worth noting that some of the people who supported creating another social services hub at Shattuck Hospital also supported dismantling the social service hub in the South End and claimed that drug- and addiction-related clinics should not be concentrated, but instead, spread across more neighborhoods in the city to make accessing treatment more convenient. Therefore, it is plausible that residents who claim to support both dismantling and dispersing the social services hub and support creating another social services hub at Shattuck for the sake of people who need the services are doing so, not for benevolent reasons, but to support any effort that would remove services from their neighborhood.

The Massachusetts Department of Health assembled an advisory board to consider different uses of the partially vacant Shattuck Hospital. One neighborhood association leader from the South End and one business representative from Newmarket District were given a spot on the board to help determine the future use of Shattuck Hospital. I spoke with a member of the Franklin Park Coalition, a non-profit organization that supports and hosts community activities in the Park who was also a member of the advisory board, who opposed the relocation of homeless and addiction-related social services to Shattuck Hospital for fear that the services would draw unhoused people with addiction into the Park. The Franklin Park Coalition member was also annoyed that the South End neighborhood association leader
and Newmarket business representative were given a seat on the advisory board, given that the South End and Newmarket District are located several miles from Franklin Park and believed that they do not have a legitimate stake in Shattuck Hospital. The coalition member explained that the South End and Newmarket representatives argued during an advisory board meeting that they would like to see an addiction “recovery campus” be created at Shattuck Hospital, because they believed a “recovery campus” would more effectively support people’s efforts to maintain addiction recovery than the streets of Methadone Mile. The person I spoke with from the Franklin Park Coalition did not buy that argument and believed that the members simply wanted to reduce the number of unhoused people and people with addiction in the South End by opening new or moving existing facilities to the proposed Shattuck recovery campus. The coalition member said,

The South End’s involvement in deciding what gets sited at Shattuck is suspect and feels awkward. Why are they so involved with what is happening in JP [Jamaica Plain] and Mattapan? The South End has masterfully made themselves look like the good guys in their desire to help those with addiction get treatment at the Shattuck.

Medical professionals who specialize in addiction treatment were also suspicious of the South End and Newmarket advisory board members’ “benevolent” intentions to create a recovery campus at Shattuck. For instance, Dr. Kolodny, a co-director of the opioid policy research collaborative at Brandeis University’s Hellers School, gave the following statement for a local National Public Radio (NPR) news report regarding the South End’s and Newmarket’s involvement in the Shattuck proposal:
If this is a community recognizing that it’s got a public health crisis and they’re stepping up to the plate, I think that’s great. On the other hand, if what’s driving this is an effort to further marginalize or segregate people suffering from opioid addiction, that concerns me.

Dr. Kolodny acknowledges that representatives from the South End and Newmarket joining forces to advocate for a recovery campus on behalf of the city’s unhoused and substance addicted citizens is a worthy effort. Yet, he has some reservation that their involvement in creating a recovery campus at Shattuck is not entirely well-intentioned and might actually be a way to mask their true efforts to push the unhoused and substance addicted people out of their neighborhood.

I met Anthony, a resident of the South End who has a long career in the field of addiction recovery, at the South End Working Group on Homelessness and Addiction where South End residents and social service providers meet to discuss issues affecting the neighborhood stemming from homelessness and drug use. During the meetings, Anthony was an outspoken advocate for recovery treatment options in the neighborhood and often voiced the importance of providing multiple avenues through which people can gain access to a recovery approach that works for them. Like the Franklin Coalition member and Dr. Kolodny, Anthony questioned the true intentions of South Enders who advocated for a recovery campus in an effort to help those with substance use disorder maintain their recovery. I asked Anthony during an interview how he thought the meetings had been going. He said,

I think pretty well. But, then again, you now, it's really hard to call it, because there is
an element of NIMBY in what they [South Enders] are saying. I think there is kind of a fundamental feeling that we [service providers] are the newcomers to the neighborhood. That the services here are the newcomers, versus the kind of newer folks in the South End, right? So, let me give you an example of how that manifests itself. I think there was a proposal from the South End Forum [neighborhood association] to in essence create this [recovery] campus, at Shattuck Hospital. Which, at face value, is not bad. But, just below the surface of that, and I've been doing this work for a very long time, so you kind of know that this doesn't pass the sniff test, if you will, it's about how do we get people from here and put them some place where no one's going to see them? And in fairness, that is not to say that the community and the neighborhood has not been impacted by this epidemic. You know, we should have a comprehensive campus. I think part of it is an acknowledgement that people need a whole host of services, right? So not just addiction treatment services, but housing services, employment services, and all the other pieces, and wouldn't it be better, in essence, if we had a campus for everybody to do that? While there might be some good rationale, I still think the undercurrent is all about not in my backyard.

Anthony’s quote illustrates how Benevolent NIMBYism operates in the context of some South Enders’ attempt to remove unhoused people and people who use drugs from the neighborhood. As a service provider, Anthony is in full agreement with the South Enders’ position that a comprehensive campus is needed whereby people with substance use disorder can access a wide range of wraparound services to support their recovery. By framing their efforts to remove services from the neighborhood as an act of goodwill intended to benefit
those with substance use disorder, South End residents are able to align themselves as sympathetic towards people facing addiction and as allies of social service providers. Additionally, South Enders fend off, at least to some degree, claims that they are engaging in NIMBY tactics by advocating the removal of services from the neighborhood because their intentions appear benevolent. Despite this veiled attempt at “covering” NIMBY tactics and sentiments, Anthony thinks that the South Enders’ advocacy for a recovery campus does not pass the “sniff test” in terms of truly being about what is best for those with substance use disorder. Instead, he realizes that South Enders’ attempt to move services to Shattuck Hospital has an “undercurrent” of NIMBYism. I also argue that some South Enders engage in Benevolent NIMBYism in an effort to maintain their sense of selves as accepting and caring towards society’s vulnerable, despite trying to push them into another neighborhood.

**Traditional NIMBYism**

Outright opposition to social service facilities, unhoused or poor people, and people with substance use disorder in the South End were also prevalent among the South Enders I interviewed. Some residents voiced strong opposition to additional social services opening in the neighborhood and did not hesitate to claim that their efforts to stop additional services was a desire to keep more unhoused people and people who use drugs out of the neighborhood. For instance, a group of residents mobilized through a South End neighborhood association group to fend off a proposal for a medical marijuana facility that was slated to open in the South End on Massachusetts Avenue near Boston Medical Center. Some South Enders believed that adding a marijuana dispensary could contribute to drug use and people seeking to buy drugs in the neighborhood. Andy, who is an active member of the
group fighting to stave off the dispensary, recalled how he and a group of residents caused a disruption at a South End neighborhood tree lighting ceremony one Christmas season, in an effort to gain political attention from city counselors, state representatives, and members of the Mayor’s Office who were in attendance. Andy recalled,

Frank Baker [city counselor] was there. Sam Chambers [neighborhood liaison to the Mayor’s Office] was there. The mayor's appointment secretary was there. I didn't see any others, but I could've missed somebody. Byron Rushing [state representative] has come before. But what I'm saying is these guys [politicians] stay pretty involved in the community. I will tell you this. When we were screaming and hollering and jumping up and down. [People from the neighborhood association thought] Isn't this hysterics? Isn't [it] a bit much? Fuck you. We're gonna do what we need to do because you're sitting on your ass, you're doing nothing.

Andy’s and others’ stark opposition and commitment to ward off new drug-related facilities from opening in the neighborhood is consistent with NIMBY reactions in other neighborhoods where residents mobilize and try to gain political attention in their efforts to evict or stop the development of social service facilities (Dear 1992, DeVerteuil 2011, Smith 2014). Andy’s group also tried to marshal support from a business association group in the South End, Washington Gateway Business Association, to help build additional clout for his anti-marijuana dispensary efforts. However, Andy said that the business association chose not to support the group’s efforts, in part, because they did not want to associate with a NIMBY group. Andy recalled,

This is the kind of thing that people will say all the time that the people in the South
End are NIMBY, not in my backyard. [The anti-marijuana dispensary group] actually appeared before the board of the Washington Gateway Business Association, at their board meeting and we asked them to support us in opposing the medical marijuana dispensary. At that particular point in time, they actually had people on the board who lived at Lexington, Lincoln [white and affluent suburbs]. They weren't even part of the South End. This guy I'll never forget was eating a cheese cracker and saying, “You guys are gonna get accused of being NIMBY.” I'm thinking you asshole, you live in Lincoln and you're calling us NIMBY. Let's put it next to your place and see how NIMBY you are. That's the kind of stuff that we got, and they did not support us.

Similarly, The Greater Boston Foodbank has a mobile food pantry where they drive to deliver food to people in need across the city. The Foodbank wanted to park the mobile pantry near a large park in the South End. Residents, including the Friends of the Park, opposed the Foodbank truck. At a neighborhood meeting held in a local church where the proposed Foodbank truck was discussed, residents voiced their concerns that bringing a mobile food pantry to the neighborhood would cause unhoused people, or perhaps just people who are in need of food, to “linger” in the neighborhood or park. Juanita, a black woman in her fifties who grew up in the South End attended the meeting. She was appalled by the outright NIMBYism she heard at the meeting. Following the meeting Juanita reached out to the Friends of the Park to try and convince them to support the food pantry truck. She recalled during an interview,

As I sat in that meeting, some of the things that came out of people's mouth, "Will those people linger? Um, you know, we have a beautiful park. Um, you know, will
they sleep on the benches?” Byron Rushing [state representative] was there, and he said, "I hope so, it's a public park." Just some of the connotations and some of the stuff, and I was like, "This is being said in the South End, but it's also being said in the, um, a church." After that meeting, I contacted The Friends of Sparrow Park, and I said, "You know, I attended this meeting," and other things have happened in that park and I remind them that park was named after an African American man who really loved his community and I think he would be just horrified to hear that people who needed food, people were questioning all kinds of others things, like, "Are they gonna litter?" They made all kinds of assumptions that these people who needed a meal, would dirty up the street, dirty up the park.

Juanita is a longtime resident who was taken by surprise to hear the NIMBY opposition to a food pantry truck conveyed by some South Enders. Earlier in the interview, Juanita recalled how the South End was once an “incubator for community activism,” so she thought that the South End was a fitting place to host a food pantry service. Yet, as the neighborhood gentrified and newcomers arrived who were less tolerant of poverty or signs of disorder, the community she once believed would welcome such services now openly opposed them. Juanita elaborated on the Friends of Titus Sparrow’s response to her concerns about their opposition to the truck. They told her,

“Juanita, I don't want you to think that we're horrible people. Now you have to understand, this isn’t Mass. Ave, this is Claremont St. [one block in from Mass Ave.]” They were like, "We live on such a quaint street, does The Greater Boston Food Bank truck, does it have to go down our quaint street?” I said to them, "They
come like once a month. They’re feeding people who need food.” Four or five years later, actually a little bit [later] do you know what litters the street? Because they said the truck was littering their quaint street and I reminded them that they live next to Mass. Ave, one of the busiest intersections. In hindsight, what I see littering the streets, and I am going to do a follow up, is contractor trucks of the rich who are renovating, and they are double parking, triple parking. They’re sitting on- sometimes they sit on our stairs. How could you see The Greater Boston Food Bank truck, which came like once a month, as littering the streets and not [the contractors’ trucks]. That was really eye-opening for me, because I said, "Wow, this is not the South End that I grew up in."

Juanita is pointing out the hypocrisy of newcomers to the South End who claimed that they opposed the Greater Boston Food Truck because it was large and took up too much space on their small, “quaint street,” although they seemed accepting of contractor trucks that block the entire street and the litter caused by renovations of brownstones. Juanita was also calling out their NIMBYism by pointing out that residents do not have a problem with contractors who “sometimes sit on our stairs” of their brownstones but were concerned about poor people receiving food who might “loiter” in the park or neighborhood.

Social media is a platform that some South Enders utilized to garner widespread attention from social service providers and local politicians about their frustrations of unhoused people and people with addiction in their neighborhoods. Although the comments posted on social media platforms were oftentimes downright cruel and clearly illustrate the anger and disgust some South Enders have towards unhoused people and people who use
drugs in the neighborhood, I do not provide verbatim comments from social media, since the quotes could be searched on the internet and posters and commenters identified. Instead, I vaguely describe the types of comments posted on social media platforms to illustrate how social media is increasingly used to address NIMBY concerns in the digital age (Rudgard 2017, Sass 2010). Some South Enders take photos with their cell phones of people using or selling drugs in public, sleeping on park benches, homeless encampments in parks, and syringes discarded on the streets and tag the social media accounts of social service providers and city counselors to berate them for what some South Enders’ perceive as disorder caused by social service providers’ clients. Sometimes other South Enders leave offensive and stigmatizing comments on the original posts and generally reply with comments that lament the visibility of unhoused people and disorder in the neighborhood. However, at times, other South Enders call out how the photographs and comments are offensive and exploitative and report the images as offensive to the social media platform administrators. In short, social media is a platform through which multiple perspectives about people on the streets are expressed. Some South Enders voice their opposition to social service providers directly and try to gain the attention of politicians whom they hope will notice their constituents frustrations and work to address their concerns, while others use social media as a platform to pushback against the horrible comments made about people on the streets.

Calling the police is another tactic some South Enders use to express their NIMBY concerns and attempt to force unhoused people and people who use drugs out of the neighborhood by rounding them up through arrests. For instance, Martin, a white man in his sixties who has lived in the neighborhood for over thirty years, recalled how he called the
police on people who were selling drugs in his back alley. He said, “We had the police down here. We really shook the cages of the City, City Hall, and we got police down here, and it got much, much better.” Others I spoke to were also quick to call the police whenever they saw drug activity, but reluctant to directly intervene and deal with issues such as drug selling themselves for fear of their safety (Carr 2003). I often heard community police officers encourage residents at neighborhood association meetings to call the police, rather than directly intervene, so that the police can deal with issues like loitering or public drug use. For instance, Charles, a white man in his thirties who has lived in the neighborhood for seven years, recalled how at his neighborhood association meeting residents are told to call the police over people smoking marijuana or drinking forties in a public park where unhoused people are known to hang out. Finally, Christopher, a white man in his seventies who has lived in the neighborhood for thirty years, told me how there is an attitude held among members of his neighborhood association that the police should be used to push people on the streets out of the South End, although he does not share that same position. Christopher said,

And I feel confident about not feeling like what we want to do is just move all these people away, but I've heard that. People [at neighborhood association meetings] have said, "Why can't we just move people out here, just get the police and round them up?" It's like did these people ever take a civics class?

A common response in neighborhoods with a concentration of social service agencies undergoing gentrification is for newcomers to engage in NIMBY tactics and attempt to push services out of the neighborhood through political clout or open hostility (Dear 1992,
DeVerteuil 2011, Smith 2014). In addition to Benevolent NIMBYism, which I detailed above, I also found a prevalence of this type of blatant NIMBYism in the South End. Some South Enders were outspoken about their desire to see the social service agencies removed from the neighborhood, because they do not like the signs of disorder created by their clients. In order to capture the attention of local politicians, some residents organized to ambush neighborhood events, like Christmas tree lightings, where politicians were present and shouted their concerns about the unhoused people and drug use in the neighborhood. Another approach South Enders took to garner immediate and widespread public attention about their desires to see social services and their clients removed from the neighborhood was through social media platforms. Social media platforms were digital spaces where other residents commiserated with each other regarding unhoused people and drug use in the neighborhood, oftentimes by posting pictures of unhoused people or people using drugs and ridiculing them. Finally, some people I spoke with felt unsafe directly confronting issues in the neighborhood that made them uncomfortable, such as loitering or public intoxication, and often relied on the police to address these concerns with the hopes that the police might arrest and remove the person from the neighborhood.

Public Housing Development Residents’ Attitudes Towards Methadone Mile

The South End is considered a multi-ethnic and economically diverse neighborhood. However, the neighborhood is micro-segregated such that affluent whites predominantly live in renovated brownstones and high-end new developments and residents of color and poorer residents live in public housing developments, many of which are large complexes, scattered throughout the South End (Tach 2014, Small 2004). South Enders from public housing
developments throughout the neighborhood were less likely to voice concerns about homelessness and public drug use stemming from “Methadone Mile” than the South End homeowners and market-rate renters that I interviewed and described above. Two reasons for this might be that (1) subsidized housing residents did not feel a strong sense of belonging or ownership within the broader, wealthy, and white South End neighborhood and (2) considered their social world and activity space in the neighborhood to be largely restricted to within the public housing developments (Tach 2014, Small 2004). This is unlike South End homeowners who feel a strong sense of ownership over and attempt to control the entire South End neighborhood, including areas around “Methadone Mile,” homeless shelters and other social services, and public housing developments (Tissot 2014).

For instance, Janice, a black woman in her thirties who has lived in public housing in the South End for two years, describes how she is made to feel like an outsider by wealthy South End mothers who ignore her whenever she takes her children to play in South End playgrounds. Therefore, Janice feels like her neighborhood and sense of belonging is restricted within the confines of the subsidized housing development where she resides. Janice described the dynamics between herself and the wealthy South End moms and how these interactions made her feel like she does not belong outside of her development. She said,

Well, first of all, I am not a nanny or au pair, and I go to park with my kids all the time, so that feels very awkward. I don't get to meet a lot of parents and when you do, it's just like there's a uniform. They all looked the same. They all dress the same. They all have the same baby gear. Their kids dress the same and it's like me and my kids are noticeably
different and that's always very interesting. Some people are nice, some people don't even bother, but for me, it doesn't really matter. When I think about my community in itself, Tent City [subsidized housing development], like I would consider that more of my direct or immediate community. It doesn't feel as awkward there because there is such a mix of people there but when you go step outside of that and are going to the parks that I go to and doing all of that, you start to see the different people and you start to see how you just don't fit in in that way…It's really just like, "We'll be nice, but you can't sit with us. I'm not inviting you to my home." You hear them say, "Hey!" I've seen parents do this. Just say their kids are playing together in the park and then afterwards it's like, "Hey! We live right up the street. Would you guys like to come for a play date?" That has never happened with me and my turbans and my unapologetically black self. Like that's not happening. You don't see that. That just doesn't happen.

Being ostracized from the world of wealthy, white South End residents, made Janice and others I spoke with from public housing developments feel uncomfortable and unwelcome in the neighborhood. Janice’s and others’ feelings of exclusion from the neighborhood are consistent with prior research on the South End that shows low-income residents, particularly those that live in subsidized housing developments, live entirely different social worlds and occupy different spaces than their wealthy counterparts, despite both groups living in close proximity in the South End (Small 2004, Tissot 2015, Tach 2014, and Merry 1981). Furthermore, subsidized housing residents considered their community to be within the development where they reported feeling more comfortable and developed a sense of community among some of their neighbors. Because subsidized housing residents did not
feel welcome in the broader South End neighborhood, many did not attend, or even know about, neighborhood association meetings where issues related to “Methadone Mile” and crime and safety often dominated meeting agendas. For instance, Samuel, a white male homeowner who is co-president of a neighborhood association whose meetings are dominated by discussions on homelessness and drug use in the neighborhood stemming from “Methadone Mile,” complained that subsidized housing residents do not attend neighborhood meetings. He recalled posting signs on the doors throughout the neighborhood, including public housing developments, about an upcoming meeting and his frustrations that only homeowners showed up to the meeting. He said,

And it's almost like there's two neighborhoods living in parallel. You know, very, very little mixing [of rich and poor]. We try to change that, I mean [the other co-president] and I went around this entire neighborhood, when we had our neighborhood meeting and we posted things on every single door. We went to every Section Eight building, we went to the housing projects, we went everywhere that people lived. Homeowners and condo-owners were the only people who showed up.

Adam: Why do you think that is?

Samuel: I don't know. We talked to them too. We talked to lots of people. And I don't know, and I wish there was some more sense or feeling of ownership. A feeling of, you know, when I say ownership, of the neighborhood I mean being part of something.

The fact that low-income and residents of color do not attend those neighborhood association meetings could be that the all-white board members made up of homeowners do not represent the interests of people of color or renters, are not held in spaces comfortable for
people of color, do not effectively reach out to residents in a diverse neighborhood in inclusive ways (e.g., send invitations to the meetings in other languages), or are not held at times conducive for working people with families (Mayorga-Gallo 2014). In the over fifty neighborhood association meetings I attended across the South End, there were only a few, and oftentimes no, people of color in attendance at the meetings. Additionally, the topics discussed at the neighborhood association meetings tended to focus on homeowners’ concerns about how new development or an uptick in crime would affect property values. It should be noted that residents I interviewed from subsidized housing complexes attended community meetings within the development, but not the meetings in the broader South End. Moreover, given that much of the information about “Methadone Mile” is shared during these broader South End community meetings among residents and from the community service officers who attend and provide updates on neighborhood safety, it is possible that residents from subsidized housing units were not as aware of specific incidents happening along “Methadone Mile.” For instance, when I mentioned “Methadone Mile” to Janice she simply responded, “Yeah, that’s a thing” and had nothing additional to contribute.

Raven, a black woman in her forties who has lived in the South End for three years in a large public housing development, also described her neighborhood as limited to the boundaries of the development. Raven described the development as having a feeling of community and described how there are holiday parties, exercise classes, and other social events in the complex, which she and her children like to attend. Raven also described how she has built relationships with a handful of families in the development and they protect each other’s kids. When describing the interactions between herself and those with whom she
has a relationship with from the development, Raven said,

We talk. We’re also at the park [together]. Each one of us will take the kids out, just make sure the kids are safe. Talk about common things, what we feel is going on in the neighborhood or in the development, I should say. Just pretty much general things. The increase of money that they want for us to pay if there’s certain things that breakdown. We feel that that’s not fair because it’s a public property. If anything breakdown it’s not necessarily our fault. The increase in rent that’s going on. We talk about that and just the management in general. They frequently change management, so there’s someone new pretty frequently.

For Raven, the major source of problems she thinks facing her neighborhood, which she defines as the public housing development, are related to concerns with the management of the development and cost of living. Later in the interview, I asked Raven to explain what she meant when she said that she and her friends look out for and protect each other’s kids.

Raven said,

Just being aware of what they're doing outside, because there is a homeless shelter up the street. They have Boston Medical down the street with this whole thing with [that’s] going on and they're wandering around. If the kids are at the park with maybe an older sibling or older teenager, we just want to make sure everyone's together and not leaving anyone. That's pretty much it.

While Raven expressed concern about safety stemming from “Methadone Mile,” she was not preoccupied with discussing issues with homelessness and drug use during her interview. And, while she makes mention of keeping an eye on kids at the park because of the proximity
to a homeless shelter to ensure their safety, her concern is relatively minimal. Moreover, she was somewhat dismissive in her tone when she mentioned the “whole thing” going on by Boston Medical Center with people who are high “wandering around.” In other words, it is not that people in public housing developments did not know or express any concerns about homelessness and drug use on the streets, but rather, they were not overly worried about Mass and Cass in the same ways that some South End homeowners and market-rate renters were.

Another potential reason why issues of “Methadone Mile” were not salient in my interviews with low-income residents in subsidized housing developments could be that more urgent and pressing issues like gang activity, violence, and drug use were taking place within the developments. For instance, I interviewed Linda, a black woman in her sixties who has lived in a large public housing development in the South End for forty-years, who spent much of the time during the interview discussing her fear of gang-related shootings that have taken place in the building or grounds during her tenure in the neighborhood and as recent as a few weeks prior to the interview. When I asked Linda questions about problems she perceives in the neighborhood, she expressed concerns about a neighbor across the hall on her floor who was selling drugs. Another concern of Linda’s during the interview was fear that she might be viewed as a snitch for speaking with me in a public space, because I was a white outsider who could be misconceived as a police officer by passersby. I interviewed Linda on a park bench near O’Day Park, a playground known to be a spot where gang affiliated people hang out. Linda asked me to speak quietly, hide my audio recorder, and not make eye contact with the guys who were hanging out in the park for fear that the interview
could be misread as her providing information to me as a law enforcement officer about the guys at the park, many of whom she has known since they were young boys.

The South End homeowners and market-rate renters I interviewed were generally less concerned with actual threats of violence and their concerns about crime and disorder were typically about people who were on the streets that they did not personally know. In fact, one of the questions I asked is whether residents know anyone in the neighborhood involved in crime and very few South End homeowners and market-rate renters said that they did. This is unlike Linda’s account where she felt that victimization was possible and personally knew people from the development that were involved in crime and had been incarcerated. It is important to note, however, that Linda’s daughter, whom I also interviewed, felt that because she has known the guys who hang-out and sometimes commit crime at the park her entire life, they are a source of protection for her in the neighborhood because she knows them and is respectful of the guys, despite not having close relationships with them. In reference to the guys, she said, “Hopefully I’m not deceiving myself, but I feel like those people who hang out on the corner, because I acknowledge their presence and I respect that… I feel protected.” Nevertheless, these more pressing and urgent threats of crime among housing development residents is one other reason why concerns with homelessness and drug use on the streets were less pervasive in my interviews with them.
Conclusion

South End residents who engaged in Benevolent NIMBYism tended to be residents who thought of themselves as tolerant and inclusive and were once welcoming of some social services in the neighborhood. However, following the closure of Long Island and the opening of 112 Southampton shelter in the neighborhood, they now think that the neighborhood reached a “tipping point” in which the South End became too concentrated with services and people on the streets, which was compounded by the rise in opioid addiction. Benevolent NIMBYers sometimes expressed ambivalence about the effects of homelessness and addiction on the neighborhood and felt simultaneously frustrated and empathetic towards people on the streets. One manifestation of this ambivalence is a lobbying effort to remove some, if not all, of the social services from the Massachusetts Avenue and Melnea Cass corridor to Shattuck Hospital in Franklin Park where South Enders argue unhoused people and people in addiction are better off than on the streets of “Methadone Mile.” By engaging in Benevolent NIMBYism, some South End residents are able to maintain their sense of selves as tolerant and caring towards those most vulnerable in society.

Unlike Benevolent NIMBYers, some South End residents viewed people on the streets and social services as undesirable people and facilities and wanted them to be removed from the neighborhood. These South Enders tended to call the police and used social media and public events where city politicians were present to garner attention about their concerns with homelessness and drug use in the neighborhood, in an effort to gain political support to remove the services. Those who were more sympathetic towards those on the streets sometimes engaged in debates with outright NIMBYers about the appropriate response to
people on the streets and gentler ways to talk about people who are unhoused or have substance use disorder.

Finally, residents who lived in public housing and were people of color typically had narrower definitions of their neighborhood, which mostly included their public housing development, than their wealthy, white South End counterparts. There were two reasons for this narrower definition. First, residents in public housing felt unwelcome in much of the white and wealthier, interior parts of the South End. Second, residents in public housing felt a stronger sense of community among those who also resided in the development. Additionally, concerns about homelessness and drug use on the streets of Methadone Mile were less salient among public housing residents who were more likely to express more pressing concerns about violence and drug use and/or sales within the development.
CHAPTER 7

NEIGHBORHOOD ALLIANCES AND THE GOOD NEIGHBOR POLICY

Introduction

Neighborhood stakeholders (e.g., residents, non-profits, business leaders, etc.) sometimes form alliances to control problems in their communities, such as crime and disorder, through systemic social control. However, the types of alliances that form and how they mobilize to exert social control are shaped by neighborhood context and community dynamics (Carr 2003, Leverentz and Williams 2017, Tach 2009, Vargas 2014). For instance, Carr (2005) found in his ethnography of Beltway that residents in the predominantly white neighborhood had weak social ties, low levels of trust among neighbors, and high fear of crime, which led them to feel less safe directly intervening on crime. Instead, residents formed parochial (e.g., neighbors and neighborhood groups) and public (e.g., police and city services outside the neighborhood) alliances, such as a neighborhood night patrol, to control crime in their neighborhood, which he terms “new parochialism.”

Another community dynamic that shapes neighborhood alliances is collective efficacy. Collective efficacy refers to the social cohesion and mutual trust among neighbors combined with their shared expectations for the neighborhood and willingness to intervene when expectations are violated, including intervention aimed at controlling crime and disorder (Sampson, Raudenbush, and Earls 1997). In order for neighbors to join together to exert social control there should be some similarity in their understanding of neighborhood norms, what constitutes a violation of neighborhood norms, and agreement about how to intervene on such violations. In other words, residents who have differing expectations for
the neighborhood might have difficulty agreeing upon what problems should be addressed through social control, which might inhibit the formation of neighborhood alliances.

One source of disagreement on neighborhood norms stems from neighborhood stakeholders who do not share the same neighborhood narrative frame. Neighborhood narrative frames refer to:

- a series of categories through which a neighborhood’s houses, streets, parks, population, location, families, murals, history, heritage, and institutions are made sense of and understood. Residents’ perceptions of neighborhoods are filtered through these cultural categories that highlight some aspects of the neighborhood experience and ignore others. These selective perceptions then become part of a narrative about a neighborhood’s role and significance in residents’ lives (Small 2000 P. 70).

Building on the concept of neighborhood narrative frames, Tach (2009) found that newcomers and long-term residents to a formerly low-income housing development in Boston that had been upgraded with HOPE VI funds and turned into a mixed-income community had different neighborhood narrative frame through which they perceived the neighborhood. These different frames, in turn, shaped differences in their interactions with neighbors, strength of social ties, and willingness to intervene on community problems. Specifically, long-term residents perceived the redevelopment of the neighborhood as an upgrade relative to the old public housing development and were motivated to continue the improvement of the neighborhood by forging ties with neighbors, intervening directly on crime, and joining neighborhood groups. In contrast, newcomers perceived the neighborhood as a dangerous neighborhood where crime and drug problems persisted, and therefore, spent
less time in the neighborhood, did not form social ties, or engage in community events or
groups. In short, neighborhood alliances have the potential to prevent crime and disorder, but
the types of alliances that form and how effectively they mobilize are contingent upon
neighborhood context and cooperation.

In the following chapter, I explain how social service providers perceive the South End as a social services hub that long pre-dates the gentrification of the neighborhood. Therefore, many providers emphasized the use of the neighborhood as a place where people in need of services come for healthcare, drug treatment, and respite from the streets and consider signs of physical and social disorders in the neighborhood as a reality of a social services hub. In contrast, residents primarily perceived the South End as a residential and commercial neighborhood and blamed social service providers and their clients for contributing to signs of physical and social disorders that worsened their quality of life. The difference in the two stakeholders’ neighborhood narrative frames results in tensions and conflict between the social service provider and residents in the South End as each group perceived the neighborhood’s use differently and make competing claims as the rightful owners of the South End. In other words, it diminishes their capacity to come together to form a neighborhood alliance.

Despite these differences, the Mayor and City Councilors brokered an alliance between these two conflicting groups by creating a neighborhood group focused on addressing their tensions called The South End Working Group on Homelessness and Addiction (also called the Working Group). One source of conflict that surfaced during the meetings was a frustration among social service providers towards South End residents for
calling the police on their clients for issues such as loitering or public intoxication. Therefore, one outcome of the Working Group was a Good Neighbor Policy (which I discuss in detail below) whereby residents agreed to call Street Outreach Workers, rather than the police, to deal with non-violent infractions such as loitering or public intoxication. By doing so, residents and social service providers were engaging in a type of new parochialism whereby they relied on Street Outreach Workers to exert social control in the neighborhood.

However, during the mayoral election seasons, pressure from South End constituents on the mayor to “clean up” the streets of “Methadone Mile” resulted in aggressive policing tactics, which included neighborhood “sweeps” and increased reliance on arrests or threats of arrests to clear the neighborhood of people on the streets. Residents were emboldened by the aggressive policing tactics and violated the Good Neighbor Policy by returning to calling the police, rather than Street Outreach Workers, which led to the dissolution of the Good Neighbor Policy.

**Social Service Providers’ Neighborhood Narrative Frames and Neighborhood Conflict**

Social service providers’ perceptions of the South End and experiences in the neighborhood are shaped by their professional lives and the services they provide to their clients. Therefore, service providers were more likely to perceive the South End as a vital social services hub to unhoused people and people with addiction in need of care, rather than a gentrified, residential neighborhood full of amenities as was more common among residents. For instance, I asked Mason, a white man who works in the neighborhood as an addiction specialist, to describe the neighborhood where his organization is located. He said,
Well it's really at a crossroads between the South End, Roxbury, South Boston, and Dorchester. They all sort of meet right here, and so I think there's a lot of history. Those neighborhoods are very different in their histories, who lives there, what's done there, the balance of public housing is different in all four of those areas. There is a mix of residential with industry and Boston Medical Center sits right there in this neighborhood. So, it really is a crossroads and with a lot of history. I don't know what else to say about it. It is a place that people come for help.

While Mason mentions the mixed uses of the area, he primarily emphasizes it as a destination for people who are in need of social services. He does not describe the area in terms of its aesthetics and amenities as some South Enders did, especially those who lived in the Worcester Square neighborhood which encompasses both the interior parts of the South End and Methadone Mile. Part of his perception is shaped by the location of services on the edge of the South End away from some of the interior neighborhood’s amenities. However, his perception is also likely shaped by the different ways that the neighborhood is used during the day when providers are at work and caring for the people in the neighborhood versus the evening hours when South End residents return from work and activate the neighborhood sidewalks or patronize local restaurants, cafes, and bars. For instance, I asked Wendy, a white woman who works as a director for a non-profit organization that provides job training to unhoused people, to describe the neighborhood. She explained how her perception of the neighborhood changes based on the time of day and who is using the neighborhood at that time. She said,
We're sort of on an edge of the South End, it's very interesting to be here during the week during the daytime versus nighttime and versus the weekends. So, it's like I work in a different neighborhood when I come or stay later at night. The kinds of expensive cars that are parked [on the street], the restaurants are alive with people in them, whereas you might not even be able to tell there's a restaurant in some of these spaces [during the day]. The sushi restaurant across the street is the most expensive sushi restaurant and supposedly the best wherever. I forget it exists and I walk by it all the time. I know that the Dunkin Donuts is there, but I don't know that the sushi restaurant is there.

SOWA Market [farmer’s and artist market] is there all the time, we see it because they're [near our organization]. But especially in the summertime, if I come on the weekend, it's just like, yuppie, hipster palooza, with all the markets. It's totally compelling and awesome on one hand, but then there's this other part of me that's like, “This is not where I work.” People will be like, "Oh it's so cool you work in the South End" and I'm like, "That is not what I see.” … But there's still the pawn shop, it's still vestiges of a skid row or another time. So, it's complicated. Deeply complicated.

The workday hours and the location of the organization near the edge of the South End are reasons why Wendy does not perceive the neighborhood as a gentrified, “cool,” or “wealthy” place to work as others perceive the neighborhood. Instead, she primarily thinks of the South End as a service destination. However, when Wendy visits the neighborhood during times when wealthy and “hipster” people engage with the neighborhood, who may or may not be
South Enders themselves, then she sees the South End through the lens of a gentrified neighborhood.

Wendy and other providers I spoke with commented on how the gentrification around the social services hub resulted in tensions between residents and social service providers as each group lays claim as the “rightful owners” of the neighborhood. Wendy later elaborated on this “complicated” relationship between South End residents and providers. She said,

I mean, it's interesting to think about Pine Street Inn [homeless shelter] because I know that when Ink Block was building [luxury apartments with expensive storefront businesses near Pine Street Inn], they [residents] were sorta like "Can't we just move Pine Street?" It was whatever the name of that neighborhood association is right there. I was like, “Seriously, what is wrong with you?! They are the people who have been here the longest, they're the biggest shelter in New England, and you with your privilege just come traipsing in and being like, “No big deal, just relocate.” You've no idea the depth of the history of the services that have existed here, you just want to undo that!” It’s infuriating frankly, but Pine Street manages to be here…

Other providers I spoke with made similar comments about how the neighborhood’s use as a social service hub long pre-dates the arrival of wealthy South Enders. Therefore, South Enders should not be surprised if there are unhoused people, people using drugs, or people in need of social services in the neighborhood. Anthony, a white man who is an addiction specialist and director of a large nonprofit, describes how some service providers think that wealthy South End residents who moved to the neighborhood should understand that they
bought a home near a century old social service hub and should accept the realities of living near it. He said,

We are at kind of the extreme part of the South End, which, for the past 30 years, has been quickly gentrifying and particularly over the past few years, that gentrification has accelerated. So, even though there were some pockets of gentrification here in the South End that kind of touched the Boston Medical Center [area], it's clearly kind of moved to right next door. And real estate prices have incredibly increased, so there are a lot of people who are now very near neighbors who have paid a lot of money to live in the area. You know, from my standpoint, it's kind of like buyer beware. I don't mean that in a bad way. It’s kind of like, “Come on here. You know, we've been here for over a century and with a long history of providing those kinds of services. And not just us. You know, you have Boston Healthcare for the Homeless across the street, and a bunch of other programs kind of co-located.”

While Anthony recognizes that there is frustration among some wealthy South End residents about having social service organizations as neighbors, he thinks that the social service organizations’ longer tenures gives them more of a claim over the use of the neighborhood. Luis, a Latinx man who is a doctor at the hospital and resides in the neighborhood, shared a similar sentiment as Anthony and also considers service providers the rightful owners of the neighborhood. Luis thinks that most social service providers do not realize that some South End residents are upset by having social service organizations as neighbors. However, because of Luis’s dual role as a provider and resident he perceives the South End through both a wealthy homeowners’ and providers’ neighborhood narrative frames and is aware of
South Enders’ frustrations. I asked Luis, “As the neighborhood has changed, do you feel that there are any tensions between the service providers in the neighborhood as, I don’t know, maybe they both vie [to control the place]?” Luis responded,

I think there is to some extent. I think it’s largely coming from the neighborhood members. The providers are somewhat oblivious to it. They’re here to do their job, and if you were to ask them what the neighbors think, if they have an opinion on this, they wouldn’t know. There’s a lack of interaction between the providers and the community, generally speaking. From the provider point of view, and I am just a medical provider, there are a whole list of non-profits here, but I think we do our job. We’re committed to the mission, committed to working with people, and as a provider we somewhat don’t realize the consequences of having the services here. If we do, we for whatever reasons, maybe selfishly say, our reasons are more important than yours. Whereas in the community, they’re frustrated.

Luis thinks most providers do not interact much with South End homeowners, so they are unaware of how residents’ quality of life is affected by the social services hub. However, Luis believes that even if providers were aware of residents’ frustrations, then providers would think that their mission to provide care to people in need is more important than the residents’ concerns. Similarly, some South End residents perceived providers as self-righteous who believed that their mission to do good by helping people in need trumped residents’ concerns about social and physical disorders. For instance, I asked Franklin, a white man who has lived in the South End for over twenty years, whether social service
providers notify residents in the neighborhood whenever they plan to open additional facilities in the area. He responded,

They [providers] would like to do whatever they [want] to do. And, you know, the social service mentality is "We're doing good stuff so how could you object?" Right? You know, you don't push Mother Teresa off the curb or something, right? I mean they do have this mentality. And I think some of them, they're not going to give up that mentality easily, but at least they're starting to acknowledge, "Hey we live in a neighborhood, and at least from the public relations point of view, we should let people know."

Franklin believes that social service providers think that they do not have to answer to residents in the neighborhood when additional services open in the neighborhood, because the services provide important care for vulnerable people and so residents should not oppose such services. However, in more recent years, the social service providers have started to acknowledge the concerns of the neighbors by hosting community meetings to discuss the opening of new facilities and to answer residents’ questions. Martin, a white man in his sixties who has lived in the neighborhood for nearly forty years, recalled how the social service providers never used to consider the concerns of residents until more recently. He described the dynamics between providers who work for the City and residents during a community meeting that was held to discuss the opening of a new social service facility. He said,

Well, the neighborhood fights them. Even in the past they fought them. There was a wonderful woman, still alive, who lived [in the neighborhood]. She is in a nursing
home now, but she was very active, and the City came down and people were asking questions. The City says, "We don't want comments, we just want questions." Karen said, "My question is we don't want it!"

When social service agencies provided a platform where residents and providers could discuss concerns surrounding the opening of additional facilities, the meetings were sometimes contentious, as Martin described. Tabitha, a white woman who works for a harm reduction clinic for people actively using drugs, recalled how heated the meetings between providers and residents could become. When I asked her if she or other providers ever had negative interactions with South End residents, she used community meetings where providers and residents attended as an example. She said,

Yeah, believe it or not. There have been times where people [residents] have called me [on the phone] and screamed at me. My boss will come back and tell these fucking horror stories about people being like, “[our harm reduction non-profit] is a [drug] distribution site.” Even the cops have been saying shit. EMS says bad shit about us. It's fucked up. People verbally abuse us at community meetings. It's been horrible. I don't know if you were at that community meeting where he had a whole fucking PowerPoint on the zombies of Mass Ave. but it’s just fucking ridiculous.

**The Attempt at a Good Neighbor Policy**

The different orientations towards the neighborhood resulted in heated exchanges and a tense relationship between social service providers and residents in the South End. Tensions between the two groups spiked following the closure of Long Island Shelter and the re-opening of the city’s largest homeless shelter in the South End. Therefore, members of the
Boston City Council and Mayor’s Office convened a monthly meeting, called the South End Working Group on Homelessness and Addiction. The meeting served as a platform for social service providers and representatives from South End neighborhood associations to address the rising tensions between the groups and attempt to find common solutions to the neighborhood’s problem with public drug use. In other words, the group was an attempt to foster collective efficacy among conflicting neighborhood stakeholders.

During my time in the field, I attended numerous Working Group meetings where I learned that residents blame neighborhood crime and disorder on those seeking services, while longstanding service providers express frustrations with residents for calling the police on their clients’ for committing minor infractions (e.g., loitering on a homeowner’s stoop). Social service providers were angry that their clients were getting wrapped up in the criminal justice system, rather than being connected to services that would help them with their substance use disorder or work towards finding them housing, because residents called the police.

One outcome of the Working Group was the creation of a “Good Neighbor Policy.” The goal of the Good Neighbor Policy was for residents and providers to outline expectations for how residents, providers, and service recipients interact with each other, in an effort to improve and ease the tense relationship between the groups. For instance, the Good Neighbor Policy outlined that providers should make their restrooms open to the public as to reduce the chance that a person on the street ends up urinating in a residents’ garden, because they have no place else to go. The bedrock, however, of the Good Neighbor Policy was that residents would call City Street Outreach Workers, rather than police, over quality of life disturbances.
caused by people on the street. Street Outreach Workers patrol “Methadone Mile” seven days a week identifying individuals in distressed situations (e.g., over sedated or fighting) and connecting them to services. This agreement appeased both groups. Outreach Workers attended to residents’ concerns about signs of disorder. Service providers were pleased that folks on the street engaged with Outreach Workers, rather than police, which lowered the chances of the person being arrested. It was important that Street Outreach Workers connected people to services, not the police, as research shows officers who engage in such a “therapeutic” approach to policing still rely on arrests or the threat of arrests to harass people into drug treatment (Stuart 2016).

At the same time, people who received services were not included as co-authors to help draft or provide input on the Good Neighbor Policy. Instead, service recipients were relegated to the subjects of control between both residents and service providers in the Policy. I asked leaders of the Working Group, both resident leaders and service providers, why service recipients were not included in the meeting or in the policy drafting, but no one I spoke with considered inviting service recipients to the meetings.

A subcommittee of South End residents, that did not include providers, was formed to create a first draft of the Good Neighbor Policy. After the policy was drafted, a few of the service providers who attended the meeting agreed to provide input on the first draft of the policy. I offered to help the subcommittee by using data from my interviews with service providers, service recipients, and South End residents to inform the contents of the Good Neighbor Policy. Unfortunately, the Good Neighbor Policy subcommittee only met a few times to discuss the policy and the policy was never fully written or put into effect. In the
section below, I explain how residents, including members of the subcommittee who were writing the Good Neighbor Policy, created a “Call 911 Campaign” to encourage residents to call the police over issues related to homelessness or drug use in the neighborhood. Such a campaign was a clear violation of the Good Neighbor Policy. Once social service providers heard of the campaign, they were unwilling to continue working with residents on the Good Neighbor Policy. The motivation for residents to create the campaign was a result of increasingly aggressive policing tactics, namely neighborhood “sweeps,” that emboldened residents to turn to policing, rather than Street Outreach Workers as outlined in the Good Neighbor Policy, to address their concerns with homelessness and public drug use. The impetus for the police sweeps was a result of constituents putting pressure on Mayor Marty Walsh to “clean up” the neighborhood during his 2017 re-election campaign season.

**Policing Methadone Mile**

*Arrests Don’t Work*

Prior to the 2017 mayoral election season, a common refrain made by community service officers who attended South End neighborhood association meetings was that the police would not arrest their way out of the problems on Methadone Mile. During a neighborhood association meeting in March 2016, residents were pressuring a community service officer in attendance to account for why the police did not make a high number of arrests among people who use drugs on the streets. The officer responded to the residents somewhat sternly by saying, “Listen, we learned from the crack epidemic and the failed War on Drugs. Arrests don’t work. These people need treatment.” During my first two years (2015-2016) attending South End neighborhood association meetings, the police insisted that
they would not “arrest their way out of the problems” on Methadone Mile. This response annoyed some residents who thought that arrests were one way to clear people off of the streets. Residents were also frustrated by a belief that the police do not respond to their calls for service over issues like people loitering on their brownstone steps or public intoxication. For instance, at a different neighborhood association meeting, Derek told a community service officer that residents, including himself, think that the police ignore their calls for service, unless the call is to report a violent incident. Derek said,

There is a perception, now whether it’s true or not I can’t really say, that unless it’s a violent crime the police don’t show up. Now, if it’s violence, they’ll be there immediately, but for something like drug dealing, it is not a priority for the department. I mean, especially for drug deals, they don’t last that long, so people don’t think it’s important to call.

Derek generally does not think that the police do enough to deal with homelessness and drug use in the neighborhood. Derek said,

It's not clear to me why police don't harass the people into cutting the shit. As a taxpayer, I'm not sure that I'd want them to spend money in the jail, but you don’t necessarily have to arrest them, just make it unpleasant for them to continue to be here. That doesn't seem to be an option anyone is willing to talk about. They're not arresting the people who are causing problems.

Although Derek is not clear about whether he wants tax dollars to fund incarceration, he does believe that the police should at a minimum make life unpleasant for those on the streets through harassment and arrest. However, as a result of residents’ perception that police do not
respond to calls for service for nonviolent issues and do not make enough arrests of drug
users and dealers, many residents resigned from calling the police to address these
neighborhood problems. Instead, residents used the mayor’s 311 hotline or 311 smart phone
application to report issues related to homelessness and addiction associated with Methadone
Mile.

The approach to policing Methadone Mile shifted during the 2017 mayoral election
season when incumbent Mayor Marty Walsh was up for re-election. Mounting pressures on
politicians, especially the Mayor, from South Enders to address the problems on Methadone
Mile came to a head at a neighborhood “Coffee with the Mayor” meeting in the South End
during summer 2017. The meeting took place at the newly renovated Monsignor Reynolds
playground next to Cathedral Projects where the Mayor was to cut a ribbon for the re-opened
playground alongside of a group of children, mostly black and brown, who were to be the
first to play on the new equipment. However, during Mayor Walsh’s opening speech about
the new playground, a group of around twenty, predominantly white, South Enders ambushed
the ribbon cutting ceremony and started shouting their complaints about Methadone Mile to
the Mayor and threatening not to support his re-election. During the Mayor’s speech, the
Mayor turned to the hecklers and said,

We are going to continue to work with you. And I want to apologize. I know that
people are angry. I can see it on your faces. And that’s fine. You have every right to be
angry and I see heads shaking [yes]. But I also need you to help us. I need you to
continue to help us. If you have an issue out there—we have people who can get out
there, to get onto the streets, to help target some of these individuals… I know you
are frustrated… I am going to walk around and listen to your concerns.

After the Mayor’s speech, he was confronted by the group of vocal constituents who were angry about the effects of drug use on the neighborhood and their quality of life. Two people from the group, a white man and white woman who were a couple and appeared to be in their thirties, spoke about issues with drug use in their back alley. The man told the Mayor,

Every morning at 7:30 I walk my dog. There are people sitting on my steps, so I call 911. Since it’s not a violent crime, they don’t respond. So, I call 311 and report it. I find needles every single morning. There are people in our alley every night dealing drugs. I called 911 three times myself this week and nothing is done.

The woman sternly added,

We call 911 for problems on our street every single week. Look around you, we are the future of this city and every single one of us is leaving or has thought about leaving. There are three condos on our street for sale right now, but guess what? No one wants to live on our street. The epidemic is worse now. I shouldn’t be afraid to walk my dog in my alley that my taxpaying dollars pay to keep maintained!

A different white woman from the group took a less confrontational and more pleading tone with the Mayor and requested that he work to reduce the amount of drug use in the neighborhood. She said,

Mayor Walsh, please, they are openly congregating in our neighborhood. We love this city. We are raising our kid here. But I worry about sending him to Walgreens or to walk home. There is so many great things about raising your kids in the city. Although, in the last few years, it’s made us reconsider that.
The more hostile white woman “interpreted” the other woman who just spoke and said,

What she is trying to say—what we are all trying to say is that whatever you are doing, it is not working. I appreciate that you are trying to do something, but it isn’t working. And honestly, if my dog puts one more heroin needle in his mouth, that’s it!

We are moving. We’ve had enough!

A number of other South Enders expressed their concerns with signs of homelessness and drug use in the neighborhood. During these exchanges, the Mayor would listen to the constituents’ concerns and generically reassure them that he and members of his Officer were and would continue to work diligently to address these issues. The Mayor did not provide any concrete examples of how he would address their concerns, but he did connect each constituent that complained to a member of his Office who took down their contact information.

**Neighborhood Police Sweeps**

In the summer and fall months following the Coffee with the Mayor meeting and leading up to the November 2017 election, community service officers at neighborhood association meetings began touting a more aggressive approach to policing “Methadone Mile” than the prior “arrests don’t work” approach. The new approach included a concerted effort by local District 4 Police, Boston Medical Center Police, and State Police to conduct weekly “sweeps” of people on the neighborhood’s streets. During the sweeps, officers would stop people who had committed minor infractions and use those stops as a justification to search the individual for contraband and check for outstanding warrants, in an effort to find a reason to make an arrest. At a neighborhood association meeting in September 2017,
Community Service Officer Kenny boasted to residents in attendance about an arrest that he made earlier in the day during a neighborhood sweep. My field notes from the meeting read,

Officer Kenny described a sweep that took place earlier in the day in which two people were arrested for warrants. Officer Kenny made one of the arrests. Kenny spotted a guy biking in and out of cars on Mass Ave. in a hazardous way and was holding up traffic. Kenny said that he told the guy, “You know, if you would have just pressed the button to get the walking sign to cross the street, you and I wouldn’t be talking right now.” The man replied, “I understand. I also want to let you know that I have needles on me.” Kenny said he thanked him for being honest about the needles and asked him, “Hey, can you tell me this? Why is it that you guys take used needles and just throw them on the street, or even worse, throw them into someone’s garden where a dog or a kid or someone might get stuck.” The man told Kenny that he doesn’t know why people do that, but he doesn’t do that. Kenny said he believed the man, because all of his needles were in a sealable case. Kenny then told the guy to spread the word around Mass Ave. to stop throwing the needles in people’s gardens. Kenny said that during his “interactions” he questions the people on the street in ways that “puts it back on them.” For example, he made the guy give an account for why people throw needles on the ground. He said by “putting it back on them” it makes them accept their behavior and learn that their behavior is unacceptable.

Officer Kenny, as is the case with many community service officers, describes himself as working on behalf of residents’ concerns as he conducts police work in the neighborhood. South End residents at the neighborhood association meeting were friendly towards Kenny.
and referred to him as a “major advocate” for their concerns. Officer Kenny also encouraged residents to call the police over quality of life issues residents have with unhoused people or drug use in the neighborhood. During the meeting, Kenny said,

Listen, I hear you guys. I am here for you guys. I promise you I am not going anywhere. You don’t have to worry about that. If you ever need anything and I am not around, you just go up to any officer and say, “I need to speak with Officer Kenny” and I will be there. I only live 1.5 miles away from you. You need me and I’ll be there.

Kenny is trying to weave the line between complaining residents and the people they are complaining about, while at the same time responding to residents’ concerns and working in line with community policing when he patrols.

While one of the objectives of the sweeps is to arrest people who have outstanding warrants, another purpose is to disband congregations of people on the streets by the police telling people that they need to “move along.” For instance, Teresa, a white woman who is a police officer involved in the neighborhood sweeps, described how even when no arrests are made, the sweeps clear out the streets. She said,

It’s like turning on the lights with cockroaches. Everybody goes away. But what we do is we call them FIO, which is a Field Investigation Observation. Where [I’ll say] “Hey Adam, what's your business here? You have a license? You can't be hanging out here. [Don’t] come back” you know? The idea is not to arrest everybody because D-4 [local district station] would be like, through the roof…What you do is just try to identify them, “What's your business here?” And so, it's a collaboration of all these
agencies involved in the sweeps. We have another meeting today. And it's working.

People know we're coming back. And the hours change, so it's 9 to 11 one day, 1 to 3 [another day], 4 to 6 [another day], although it's not much problem in the afternoon.

That's what people say, “Where do they all go at night?” I don't know. [Maybe they] go back to the shelter? Or they just go home?

Field Investigation Observations, sometimes called Terry stops or field interviews, are used to stop people on the streets and question them about their activities in the neighborhood. In the event that an officer runs a person’s ID and does not find any warrants, these stops, which could be unconstitutional since they likely do not meet the requirements of reasonable suspicion, also serve the function of harassing people and making them feel uncomfortable in the neighborhood, so that they leave. Moreover, the weekly sweeps are intended to strike a balance between certainty that they will take place, but uncertainty as to when, so that people on the streets are made to feel uneasy about the next attempt to sweep the neighborhood.

Finally, police officers in the neighborhood began detaining people through Massachusetts General Law Chapter 123 Section 35, commonly called Section 35 for short. Section 35 allows a court to civilly commit and treat a person who is deemed a harm to themselves or others, including for alcohol or substance use disorder. Officers were encouraged by judges to arrest people along Methadone Mile under Section 35 and have them civilly committed, usually to a detox program. Teresa recalled how officers use Section 35 powers during the sweeps. She said,
Now Judge Coffey, you know Judge Kathy Coffey out of West Roxbury [District Court], she's got a new justice system where she gives the police the power to, like right now, if I thought somebody was a danger to themselves or others, I would Section 35 ‘em or what they refer to as a pink slip. It's Section 35, by the code. And what that means is you can't make decisions for yourself or others, so I'm going to make a decision for you. And it's not really placed under protective custody, but you do go to a mental health program or you go to substance abuse [program]. And we just started doing them per her order. Like we used to do them more for mental health, that you were suicidal or homicidal. Now, you can do it if they're so high and they keep getting higher and they're going to kill themselves, then we can put them away. She'll [Judge Coffey] get them a bed, usually in a treatment center. Try to get the family to come and get them. You know, you can only hold them for 72 hours. They're trying to make that more, but you don't have the services to do that.

Prior to the Mayor's 2017 re-election and increased pressure by constituents to “clean up” the neighborhood by arresting unhoused people and people who use drugs on the streets, the police were insistent that they would not arrest their way out of the issues of homelessness and drug use in the South End. However, as the mayoral election approached and residents became more vocal in their lack of confidence in Mayor Walsh’s ability to address their concerns, the police became boastful during community meetings about their increased presence in the South End and touted how the sweeps were effective at clearing people out of the South End either through harassment or arrests. Although the new approach was more aggressive, the police still maintained a posture that they were helping people
access treatment through Section 35s, which is in line with therapeutic policing where police use threats of arrest and harassment to force people into treatment (Stuart 2016). While I cannot conclusively state that political pressure from the mayor caused the increased aggressiveness in policing the neighborhood, the timeline suggests this is a strong possibility.

“Call 911 Campaign” and the Dissolution of the Good Neighbor Policy

Emboldened by the increased police presence and their tough-on-crime tactics, residents, including members who were part of drafting the Good Neighbor Policy, started a “Call 911” campaign. The purpose of the campaign was to capitalize on the increased aggressive policing tactics in the neighborhood to “clean up” the streets through arrests and garner the attention of police, politicians, and social service providers. The campaign called for residents to call the police over any infraction committed by a person they believed to be experiencing homelessness and/or addiction in the neighborhood. Second, the campaign encouraged residents to take photos of people committing infractions and tweet them to the Mayor, city councilors, and service providers with the hash tag #SaveTheSouthEnd. A few of the residents planned to post fliers around the neighborhood explaining the “Call 911” campaign. The flier read, in part:

CALL 911! Take back the neighborhood from drug dealers and substance abusers.

CALL 911 every time you see unlawful or inappropriate activity, including drug related offenses, people using yards for restroom facilities, people sleeping on steps, sidewalks, and doorways. Together, we can take back the South End and ensure safety and a normal quality of life.
Although I never heard how many residents were mobilized to call the police following the “Call 911 Campaign,” social service providers in the neighborhood caught wind of the campaign, including providers were involved in providing feedback to residents on their early draft of the Good Neighbor Policy. For instance, the director from one of the City’s homeless providers in the neighborhood was invited to a meeting to discuss the Good Neighbor Policy. During this meeting, the residents told the director about the Call 911 campaign, which the residents in attendance at the meeting also supported. Throughout the meeting, residents expressed their frustration with the director that the City was not doing enough to address the opioid epidemic and the problems they believe it has created in their neighborhood. The revelation of the campaign and the accusation that the city does not listen to the residents changed the tenor of the meeting and the director got defensive. He said, Hang on a minute. We have got to get some things straight here. I counted in my calendar that in the past 15 months I have gone to fifty neighborhood meetings in the South End. We have listened to the community’s concerns. Out of those meetings, and as a result of what the community has told us, we have opened the engagement center [day shelter] to get people off of the streets, which now has 100-plus people per day. We’ve increased and invested in more outreach workers. The City has doubled the bike patrols of police in the neighborhood. Now, mind you, the bike unit is for all of the city, but the Mayor and the commissioner have made Massachusetts Avenue and Melnea Cass Boulevard the primary concern of the bike unit, at the expense of other neighborhoods who no longer have a bike patrol presence. To be totally frank, it is like Groundhog Day whenever I come to these meetings. The
narrative residents tell is that neither the Mayor nor the service providers are listening to them, whenever I just mentioned a number of costly projects that we are doing to address the residents’ concerns. You want to have a Good Neighbor Policy and get the service providers to the table, but each time we attend a meeting with you, we are accused of ruining the neighborhood and not doing anything about it. Frankly, my colleagues at the City don’t feel like the Good Neighbor Policy will work, if every time we speak with you, we are undermined. That’s not how neighbors interact.

As the meeting continued, the director explained that moving forward with the “Call 911” campaign would be a slight towards the neighborhood’s providers and a breach of the Good Neighbor Policy. Residents at the meeting did not back down in their support of the campaign and thought that both the Good Neighbor Policy and Call 911 campaign could co-exist as part of an overall effort to reduce the visibility of unhoused people and drug use in the neighborhood by expanding the number of social control actors (Street Outreach Workers and Police) in the neighborhood. The director stayed and entertained the residents’ concerns for a few more minutes. During this time, however, the residents continued to argue with him that the neighborhood is “ground zero” for the opioid epidemic and that the City and area providers are not responding at an “epidemic level.” The director said that he was there to talk about the Good Neighbor Policy and because the policy was not the center of discussion, he gathered his belongings and left. The residents were surprised that the director abruptly left.

A few weeks later, I met with one of the residents involved in drafting the Good Neighbor Policy who was also in attendance at the meeting with the director. He explained
that he wrote an email to the director apologizing for the tenor of the meeting. The resident also explained that he heard that the director relayed to other social service providers who were providing input on the policy about the “Call 911” campaign. This was the last time the Good Neighbor Policy group met during my time in the field. The social service providers and residents stopped working collaboratively on the Policy, although they continue to meet as part of the South End Working Group on Homelessness and Addiction.

**Conclusion**

Neighborhood alliances that form to address neighborhood issues, including crime and disorder, are shaped by neighborhood context, political forces, and neighborhood conflict (Carr 2003, Vargas 2014, Leverentz and Williams 2017). In the context of the South End, urban politics played a central role in unifying conflicting neighborhood stakeholders through the City Councilors and Mayor’s Office joint effort to create the South End Working Group on Homelessness and Addiction, despite these stakeholders perceiving the neighborhood through vastly different neighborhood frames. The alliance engaged in a type of new parochialism by agreeing to use Street Outreach Workers, rather than the police, to exert social control in the neighborhood. The political decision, however, to increase the aggressiveness of policing tactics to appease constituents emboldened residents’ reliance on police, which culminated in the creation of the “Call 911 Campaign” that undermined the Good Neighbor Policy. Therefore, not only do local politicians have sway to bring together conflicting neighborhood stakeholders and attempt to bolster collective efficacy and new parochialism, but the political decision to increase policing had the unintended consequence
of undoing the alliance among conflicting providers and residents, and inadvertently created more conflict.
CHAPTER 8
CONCLUSION

Since the South End’s earliest days, the neighborhood has had a unique identity as a residential neighborhood and social service hub that has been home to different racial groups and a cross-class of residents who were often in conflict as they contested for the right to control, or simply live in, the neighborhood. In reference to the South End’s first wave of development, Historian Russ Lopez (2015: 30) writes, “…the South End was a mixture of upper class living, middle- and working-class propriety, and grinding poverty” that led to a clash of expectations about community life across the groups. Divisions and conflict in this multi-ethnic and economically stratified neighborhood have been defining features of the South End throughout its various stages of development, which have been well-documented by researchers. Whether the conflict was the result of its earliest and wealthy residents trying to establish the neighborhood as an elite enclave and stave off the reconstruction of brownstones into tenement houses for poor lodgers in the late 19th century (Lopez 2015), Puerto Rican migrants who fought off the City’s efforts to relocate them in the name of “urban renewal” to make way for development in the 1960s and 1970s (Small 2004), the ways fear of neighbors who are of a different race and/or nationality leads to strong in-group/out-group divisions that fostered crime in the South End (Merry 1981), how gentrifiers in the neighborhood in the 1970s—early 2000s positioned themselves as “champions of diversity” in order to control and limit diversity in the South End (Tissot 2015), or the ways that wealthy South End residents and poor residents of color in public housing experience entirely different social worlds and activity spaces in the same neighborhood (Tach 2014), the South End has
long been a hotbed of division and conflict related to urban living that tell us more about social
world.

I picked up on this line of inquiry into the dynamics of power and conflict in the South End at a unique time in the neighborhood’s development. By 2015, the year I began fieldwork, the neighborhood had gentrified. Despite gentrification, large public housing developments and the existence of a social service hub on the edge of the neighborhood contributed to the South End as a stably multi-racial and economically bifurcated neighborhood (Tach 2014). The year before I began conducting research, the City closed the largest homeless shelter and reopened a new shelter in its place on the border of the South End (Ramirez 2015). At the same time, the rise of the opioid epidemic led to more people on the streets of the South End either seeking addiction- or recovery-related services or to buy, use, and/or sell drugs (Ramos and Allen 2016). These two changes, the opening of a new shelter and the opioid epidemic, created an exogenous shock to the South End, which resulted in an influx of people on the streets and increased signs of social and physical disorders in an already gentrified neighborhood. With this context at the center of my research, I set out to understand how South End residents (homeowners and renters), service recipients, and social service providers experience the South End and contend for the right to control the neighborhood.

The South End provides an example for how power is distributed and wielded relationally across neighborhood stakeholders who are sometimes in conflict over their desired purpose and expectations of the neighborhood. Further, the South End provides insights into the ways that power is shared between not just individuals, such as residents, but also among large institutions that make up the social services hub, such as a safety net hospital, that serve
the city’s poor and marginalized. Despite the social service hub predating the arrival of well-off residents to the South End by nearly a century and having a major footprint in the neighborhood, the social service institutions were not the only players with power in the neighborhood. Instead, neighborhood power was shared with residents who were able to wield a great deal of influence, particularly through lobbying and demanding action from local politicians, to try and control the future of the neighborhood by working to move services to different neighborhoods in the city and garnering more police surveillance in the neighborhood. Importantly, those who receive services or hangout on the streets of Methadone Mile have less power in the neighborhood and are, instead, subjected to forms of social control by residents, providers, police, and other stakeholders in the South End. Throughout this dissertation, I have shown how vying for the right to control the South End is done through relational power dynamics among neighborhood stakeholders. In doing so, I show the importance for urban scholars to consider the ways that power is distributed, wielded, and negotiated as a set of relationships among neighborhood actors, and importantly institutions, who are undergoing neighborhood change and/or conflict.

Beyond centering power as a set of relationships in the neighborhood to understand the contestation for space, the dissertation contributes to several subfields in sociology and criminology. This project has implications for the study of perceptions of crime and fear of crime research. Past research consistently shows that people, especially whites, are afraid of neighborhoods of color and overestimate the likelihood of crime and victimization in neighborhoods of color (Quillian and Pager 2001, Quillian and Pager 2010, Sampson and Raudenbush 2004). I contribute to this body of work by showing that the perception of large
concentrations of white people on the streets who are actively using drugs or high does not elicit feelings of fear or concern about crime and victimization. Instead, South End residents felt sympathy towards whites on the street and derision for their drug use and for being homeless.

Second, I addressed a number of issues that people who are managing the complexities of life on the streets or receiving services in the South End face as they navigate the neighborhood. In particular, I highlight an often underappreciated aspect of life on the streets through the narratives of people who receive social services in the South End to show how the social support networks people form on the streets or through social services provide companionship, safety, and are conduits through which important information about life on the streets is shared. The social networks and relationships people form on the streets should be considered for policies and research who relegate those on the streets to forms of “social disorder” that should be evicted and controlled. Such measures to stave off crime and disorder, might break apart these important and lifesaving social support systems.

Third, I contribute to research on NIMBYism through a new term I coined called “Benevolent NIMBYism.” I argued that some South Enders self-identify as liberal and tolerant of diversity and moved into the South End, in part, because the neighborhood has a reputation of being progressive and inclusive of diversity. However, after the closure of Long Island and the influx of unhoused people, many people I interviewed thought that the neighborhood was overrun by signs of homelessness, public drug use, and associated disorders and wanted the social service facilities to be relocated. Such a NIMBY response is inconsistent with their self-perceptions as tolerant and inclusive liberals. Therefore, they
engage in what I term Benevolent NIMBYism. Benevolent NIMBYism refers to the ways of discussing, and even advocating for, the relocation of social services to different neighborhood across the city by making claims that relocation of social services would benefit those using the services. I show how efforts to remove undesirable facilities from neighborhoods sometimes takes a more subtle, even seemingly compassionate, form compared to outright, brute demands to move undesirable facilities from a community.

Finally, I contribute to research on the forces that shape neighborhood alliances to address crime and other neighborhood problems and how effectively these alliances mobilize to do so. Specifically, I explained how social service providers perceive the South End as a social services hub that long pre-dates the gentrification of the neighborhood. Therefore, many providers emphasized the use of the neighborhood as a place where people in need of services come for healthcare, drug treatment, and respite from the streets and consider signs of physical and social disorders in the neighborhood as a reality of a social services hub. In contrast, residents primarily perceived the South End as a residential and commercial neighborhood and blamed social service providers and their clients for contributing to signs of physical and social disorders that worsened their quality of life. The difference in the two stakeholders’ neighborhood narrative frames resulted in tensions and conflict between the social service provider and residents in the South End as each group perceived the neighborhood’s use differently and made competing claims as the rightful owners of the South End. Despite these differences, the Mayor and City Councilors brokered an alliance between these two conflicting groups by creating a neighborhood group focused on addressing their tensions called The South End Working Group on Homelessness and
Addiction (also called the Working Group). One source of conflict that surfaced during the meetings was a frustration among social service providers towards South End residents for calling the police on their clients for issues such as loitering or public intoxication. Therefore, one outcome of the Working Group was a Good Neighbor Policy whereby residents agreed to call Street Outreach Workers, rather than the police, to deal with non-violent infractions such as loitering or public intoxication. However, during the mayoral election seasons, pressure from South End constituents on the mayor to “clean up” the streets of “Methadone Mile” resulted in more aggressive policing tactics, which included neighborhood “sweeps” and increased reliance on arrests to clear out the neighborhood of people on the streets. Residents were emboldened by the aggressive policing tactics and violated the Good Neighbor Policy by returning to calling the police, rather than Street Outreach Workers, which led to the dissolution of the Good Neighbor Policy. I showed how urban politics has the potential to shape neighborhood alliances, even the ability to bring together conflicting neighborhood stakeholders, to address neighborhood problems and contribute to a growing push in communities and crime scholarship to include urban politics in our understandings of crime and responses to crime.
APPENDIX A: MAPS

Figure 1: Map of South End with Relevant Boundaries

Blue Outline = Broader South End
Green Shape = Interior South End
Red Shape = Methadone Mile
Orange Outline = Worcester Square Neighborhood
Figure 2: Broader South End Neighborhood
Figure 3: Interior South End
Figure 4: Massachusetts Avenue and Melnea Cass Corridor aka Methadone Mile
Figure 5: Worcester Square Neighborhood
Table 1: Sample Demographics

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<td>% Homeowners</td>
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<td>Length of residency (mean years)</td>
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<td>Length of residency (range)</td>
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<td>community meetings</td>
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45%
Table 2: List of Participants

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APPENDIX C: INTERVIEW GUIDES

Resident Interviews

Neighborhood description

1. [Show map of general area of neighborhood]. Can you draw what you think the boundaries of your neighborhood are?
   a. Why do you draw the boundaries there? Can you describe your thinking?

2. How long have you lived here?
   a. Who do you live with (who is in your household)?
   b. Are you married? Or living with partner?
   c. Do you have children? (how many, how old)?
   d. Do you rent or own?

3. Why did you first move here?

4. How long do you plan to stay in this neighborhood? (if plans to move: why?)

5. How would you describe your neighborhood? [probe for physical description]

6. What kinds of people live in your neighborhood? How would you describe your neighbors? [keep broad and let them define it. Demographics, morals, jobs/SES, etc.]
   What do they think is notable about their neighbors?] 
   a. Do you think your neighborhood is close knit? (why/how? What do you think that means?)
   b. Do you think you can trust your neighbors? (why/how; probe on who/which neighbors).
c. Do you think your neighbors generally share the same values? If so, what are they? If not, where are there differences?

7. What portion of your friends and relatives live nearby?

8. Do you know people that work in this neighborhood (i.e., whose workplace is in the neighborhood)? If so, where do they work? Do they also live around here?

9. How well do you know your neighbors?
   a. Do you know any well enough to say hello, etc.?
   b. How many people on this block do you know by name? In the broader neighborhood?
   c. Do you interact with any? How many? How did you meet?
   d. Can you think of a time when you’ve asked a neighbor for a favor? What did you need? Did they help? How did you decide who to ask?
   e. Can you think of a time when a neighbor asked you for a favor? What did they ask for? Did you help?
   f. Do you look out for one another’s properties when you’re away?
   g. Do you feel a sense of community here? Why/why not?

10. Do you participate in any formal neighborhood meetings or groups? Why or why not?
   a. if not, do you know of any neighborhood association or other meetings?
      i. If yes, how did you find out about them?
   b. If yes, How long? How did you come to be involved? What do you think of them?
c. If not, why not? Do you know about any? Why don’t you participate?

11. What do you like about your neighborhood? Not like about it? What changes would you like to see?

12. Where do you consider home?

**Activity Spaces and transportation**

13. Can you walk me through a typical day – say yesterday? Where you went, how you got there, how much time you spent there? If you start in the morning, . . . [prompt them along to go through day chronologically]

   a. Are there other places you go regularly that haven’t come up yet?

14. How do you usually get around? (access to a car, personal car, zip car, public bikes, personal bike, walk)

15. Do you ever take public transit?

   a. How often? Which lines do you usually take?

   b. Are there any bus/train lines you avoid? Why?

   c. What’s your experience been with it?

16. Do you walk in your neighborhood?

   a. When you do walk, during the day, do you usually walk alone or with others?

   b. When you do walk at night, do you usually walk alone or with others?

   c. Do you generally feel safe walking in your neighborhood? Why or why not?

17. What percentage of your time would you estimate you spend in your neighborhood?
[at home or out in n’hood, but try to specify which is which]

a. Where do you spend your free time? (neighborhood and specific places)?

b. Do you go to religious services? Where? [in neighborhood or not] how often?

c. Where do you typically do your grocery shopping?

d. Do you do any of your other shopping in the neighborhood? (clothing, household)?
   i. Where do you typically do this?

e. Do you ever go to local parks? Which ones? How often?

f. Do you ever go out to eat in your neighborhood? How often?

g. [SHOW ON MAP for places in neighborhood (but also try to get them to detail other places they frequent outside of n’hood)

18. Are there any areas in your neighborhood that you try to avoid? Why? How do you avoid them [trying to get at how far out of their way/convenience they go to avoid areas] [SHOW ON MAP]

19. Are there any areas in your neighborhood that you would consider a problem area? Why? Describe? [SHOW ON MAP]

Perceptions of safety and disorder

20. I’m going to list off some things that you might consider a problem in your neighborhood. Let me know if you think each of these is a problem.

21. [Physical disorder:]
1. How big a problem do you think the following are in your neighborhood?
   a. [for any that are a problem, probe for story/example to illustrate]
      a. Trash in the street?
      b. Run down or abandoned buildings?
      c. Foreclosed buildings?
      d. Abandoned cars?
      e. Potholes and poorly maintained streets and sidewalks?
      f. Used needles in the street or public spaces?
      g. Homeless shelters, halfway houses, or recovery houses?
      h. Anything else?

[Social disorder:]

2. Ok, now I’m going to ask about people or behaviors that might be a problem. How big of a problem do you think the following are?
   b. [for any that are a problem, probe for story/example to illustrate]
      a. People hanging out in the street or other public spaces?
      b. People drinking in public?
      c. People using or selling drugs in public?
      d. People selling sex or prostitution?
      e. Squatters or homeless people
      f. Anything else?

[Crime and violence:]

1. And, now I’m going to ask about some crimes that might have occurred in your
neighborhood. How often have the following occurred in your neighborhood during
the past six months? If any, how did you find out this happened? [probe for
circumstances/details]

c. A fight, with a weapon?
d. A violent argument between neighbors?
e. A domestic argument or fight?
f. A gang fight?
g. A sexual assault or rape?
h. A robbery or mugging?
i. A burglary of a residence or business?
j. A drug overdose?
k. Anything else?

22. [Probe to SHOW ON MAP if there are problem areas. Note if these problems are
throughout neighborhood]

23. Do you know anyone who lives in this neighborhood who is involved in illegal
activity?

24. Do you take any precautions to protect yourself? Your family?

25. Do you take any precautions to protect your house, car, other property from crime?
What?

Intervening

26. Have you confronted someone in your neighborhood that you thought was doing
something illegal?
a. Do you think your neighbors would confront someone in your neighborhood that was doing something illegal? [probe on neighbor characteristics who would/wouldn’t]

27. Have you ever had a conflict with a neighbor?
   a. How did you handle that? (confront the person, be confronted by them, legal action, nothing).

28. Have you ever had issues with a kid in the neighborhood? What was the problem?
   What did you do? Did you ever call the kid’s parents? Why?
   a. Have your neighbors/would your neighbors?

29. Have you ever reported a crime? How? Who did you call? (e.g., 911, community services, district station, anonymous tipline)

30. Have you ever reported non-emergency issues? How? (e.g., 311, citizen’s connect app, anonymous tipline)

31. Have you called police for anything else? What for? (prompt for circumstances?)
   a. If not, would you? In what circumstances?
   b. Do/would your neighbors call the police? In what circumstances?

32. Do you know any of the police officers that work in your neighborhood?

33. Do you think police in your community do a good job? Why or why not?
   a. Do you think the police tend to be fair in dealing with people? Why/how?

34. Outside of calling them yourself, have you had any personal interaction with the police? What happened, how did you feel about it?
   a. Have you ever felt personally harassed by the police?
35. Do you think city services do a good job in your neighborhood? (trash pickup, street cleaning, abandoned buildings, conditions of roads, public parks)

Involvement with criminal justice system

36. Have you ever been victimized? Can you tell me about the circumstances?
   a. Were you living here? How long ago?
   b. Did anything come of it? Did you report it to the police? Was anyone arrested?

37. Have you ever been arrested? Incarcerated? Circumstances?

38. Do you know anyone that has been arrested? Incarcerated? [probe on relationship to respondent] How did you learn that they had been incarcerated?
   a. Do you know people in the neighborhood that have been arrested or incarcerated? How do you feel about that?
      i. If not, how do you think you would feel if you found out a neighbor had been incarcerated or if a formerly incarcerated person moved in?
      ii. If you are or were in a position to do so, do you think you would rent an apartment to someone who had been incarcerated? In what circumstances?
      iii. If you are or were in a position to do so, do you think you would hire someone who had been incarcerated? In what circumstances?
   b. If you know someone who’s been incarcerated, do you think that experience changed them? How?
39. Do you know anyone who works in the criminal justice system? Who do they work for (police, courts, corrections)? Do you know people in the neighborhood who work in the criminal justice system?

40. Do you think about the prison system does a good job? How so or not?

41. What kinds of changes would you like in the criminal justice system?

**Methadone Mile**

42. Why do you think human services are concentrated in this section of the city?

43. Do you have experience treating patients with addiction or who are experiencing homelessness?
   a. Were you trained in that?
   b. What’s your philosophy?
   c. Has treating patients changed you?

44. Do you think concentrating services in this section of the city is positive or negative for the neighborhood?

45. Do you think concentrating services make accessing treatment easier or impedes the purpose of treatment?

46. What affect do the services have on the neighborhood?
   a. Specific examples? Personal stories? Have you ever seen a drug deal? Have you ever seen someone use on streets?

47. Describe the physical appearance of the streets?
a. Demographics? Fearful?

48. Are the people accessing services from the South End?
   a. Where do you think that they are from?

49. Do you think that the services are positive or negative in the neighborhood?

50. Did you notice an increase in people when Long Island closed?

51. When new services open in the neighborhood do they consult neighborhood?

52. What is your response to the opening of new services in this neighborhood?
   a. What do you think your neighbors’ responses would be? Which neighbors?

53. Do you know if there are tensions between the neighborhood and service providers?

54. If you were to thin out services in the neighborhood where would you put them?

55. How do you feel about people calling the area Methadone Mile, Recovery Road, Mass and Cass?

Demographics

56. What year were you born?

57. How would you describe your racial/ethnic background?

58. With what gender do you identify?

59. What is your approximate household income?

If you could live anywhere in the city/region, where would it be? Why?

a. If you could live anywhere in the world where would it be? Why?
Service Recipient Interview Guide

Experiences in and perceptions of neighborhood

1. How would you describe the area near Massachusetts Avenue and Melnea Cass Blvd.?
   a. Describe the people you see in the area.

2. How would you describe the South End neighborhood?

3. What kinds of people live in the South End? How would you describe them?

4. Have you had any interactions with people who live in the South End? Can you describe what the interaction(s) was like? [probe to find whether interactions with residents are friendly, neutral, or hostile].

5. What do you like about this neighborhood? What do you dislike about the neighborhood?

6. What changes would you like to see in the neighborhood?

7. Do you feel like you are welcomed in the South End? Why or why not?

8. Do you feel safe in the neighborhood? Why or why not?

9. Do you take any precautions to protect yourself? How so?

10. Have you ever been a victim of a crime in the neighborhood? Did you report it to the police? What was the outcome?

11. What portion of your friends and relatives live in the South End? How about in the greater Boston area?
12. Where do you consider home?

13. Can you walk me through a typical day – say yesterday? Where you went, how you got there, how much time you spent there? If you start in the morning, . . . [prompt them along to go through day chronologically]
   a. Are there other places you go regularly that haven’t come up yet?
   b. How do you usually get around? (access to a car, personal car, zipcar, public bikes, personal bike, walk)

14. Do you ever take public transit?
   c. How often? Which lines do you usually take?
   d. Are there any bus/train lines you avoid? Why?
   e. What’s your experience been with it?
   f. Do you pay full fare? Do you get passes? From whom/how?

15. Do you walk in the South End neighborhood?
   g. When you do walk, during the day, do you usually walk alone or with others?
   h. When you do walk at night, do you usually walk alone or with others?
   i. Do you generally feel safe walking in the neighborhood? Why or why not?

16. Are there any areas in the neighborhood that you try to avoid? Why? How do you avoid them [trying to get at how far out of their way/convenience they go to avoid areas]

17. Are there any areas in the neighborhood that you would consider a problem area? Why? Describe?

18. New Market district—an area with light industry located off Mass Ave—is nearby. Do you spend any time in New Market? What takes you there?
19. Some people call this area “Methadone Mile” and others call it “Recovery Road.” What do you think about people using these labels?

20. Some people think that there is too much loitering in this area. Do you think that’s true? Why or why not?

21. The city has taken measures to reduce loitering in the area, such as removing benches from bus stops, putting up fences along Mass Ave to keep people off of grass, and placing large planters in the medians. What do you think of the city taking these measures? Have any of these changes affected you? How so? Anything else people do to reduce loitering?

Concentration of services

1. Some people think that there are too many services here. What are your thoughts on that? Why do you think services are located here?

2. Do you think that having services concentrated in this section of the city is helpful for receiving services? (e.g., convenient)

3. Are there any downsides to having services concentrated in this area? (e.g., inconvenient)

4. This area has a reputation for drug activity. Do you think this is true? If so, does this affect people who are in recovery and receiving treatment nearby?

5. Do you think that there is a need for more services? Which ones? Where would you locate new services?
6. Some politicians and addiction treatment specialists are proponents of a Safe Injection Facility—a facility where people can inject drugs in a space with medical professionals on hand. Do you think that such a facility should be opened in the city? Why or why not? Where would you locate it?

7. In 2014, The Long Island Bridge and shelter on the island were closed. Did you ever spend time at Long Island? If not, what have you heard about Long Island? How did the closure of the bridge affect your life? If you weren’t there when it closed, have you heard from others who stayed on Long Island how it impacted them?

8. Recently the mayor announced that the city has set aside $58 million to reopen Long Island. What do you think of this plan?

9. How do you think the reopening of Long Island will affect people receiving services?

10. Some residents in the South End have started a campaign to move services to the Shattuck Hospital. What do you thin about this plan? How would moving services to Shattuck affect your life? Why do you think the residents chose Shattuck as a place to move the services?

11. Recently the increase in number of people addicted to opioids has been called an epidemic. Do you think it is an epidemic? Why or why not?

12. Why do you think some people have labeled this an epidemic? (probes: race and prescription drugs).

Perceptions of service providers

1. What, if any, services do you receive?
   a. How has your experience been receiving services?
b. Are there any social service organizations that you like better than others?
   What is it about these organizations that you like more than the others?

c. What would you like to change about the service organizations that you least
   like?

2. Are there any stipulations/requirements that you must meet to be eligible for the
   services? Do the rules ever get bent?

3. Can you lose your access to services? What would cause a person to lose their
   services? How do you feel about this?

Social support and networks

1. Do you know other people that hang out in the area?
   a. Would you consider them friends?

2. Do you feel a sense of community? What makes it feel like a community?

3. How much time do you spend together?

4. Do you support one another? How so?

5. Do you look out for each other? How so?

6. Have you ever asked anyone of them for a favor? How did you decide whom to ask?

7. Do you feel that you can trust each other? What does (or does not) make you feel that
   you can trust them?

Police and street outreach workers

1. Have you had any interactions with the police in the neighborhood? What happened?

2. Have you ever called the police? For What? What came of the incident?

3. Do you think that police tend to be fair in their dealings with people?

4. Have you ever felt personally harassed by the police?
5. What is the role of Street Outreach Workers?

6. Have you had any interactions with Outreach Workers? What was that like?

Demographics

1. What year were you born?

2. Where do you consider home?

3. How would you describe your racial/ethnic background?

60. With what gender do you identify
Social Service Provider Interview Guide

**Individual Questions**

1. What is your role in the organization?
2. How long have you worked here?
3. What was your motivation for working with this organization?
4. What is the most rewarding part of your job?
5. What is the most challenging aspect of your job?
6. How long do you plan to stay? Why?
7. How much time do you spend in the neighborhood outside of work?

**Institutional-level Questions:**

1. What is the mission/purpose of the organization?
2. What types of programs/services does the organization provide?
3. How many people do you serve? What is the organization’s capacity to provide services?
4. How is the organization funded?
5. Is there political pressure from the city or state or private funders that affects what services you provide? How so? (e.g., grants or earmarked funding)
6. What do you think the organization does well? Why?
7. What is the organization’s biggest need? Why?
8. In what ways might the organization be improved?
9. What would you like to change about your organization? Why?
**Service Recipients**

1. Are there any people you’ve provided services to that impacted your life in a particularly meaningful way? How so?
2. Are there services that your clients need that are not being met?
3. Are there any stipulations/requirements that people must meet to be eligible for the organization’s services? Do the rules ever get bent?
4. Can a person lose their access to services? What would cause a person to lose their services? How do you feel about this?
5. This area has a reputation of drug activity. Do you think this is true? Why or why not? Does it affect your clients receiving treatment?
6. Where are most of the people you provide services from?
7. How do people usually get to your organization? Is that challenging for people?
8. Does your organization provide a place for clients to “hang out” either before or after they receive your services?

**Other Service Providers**

1. Do you work informally or partner with other service providers in the area? What does that look like? Why did this partnership form? Positive or negatives?
2. Do you share information and resources with other organizations? E.g., law enforcement
3. Are there conflicts or barriers between service providers/organizations that prevent them from working cooperatively together?
4. Do you think that the providers in the area could/should work more cooperatively together?

5. Based on your perception, do you think that any of the organizations ever get territorial towards other organizations? How so?

6. Does the organization have any partnerships with the police? Does the organization have any other types of interactions with the police? (e.g., calling 911)

**Closure of Long Island and Opioid Epidemic**

1. Did the closure of Long Island Bridge affect how your organization provided services? How so?

2. Did the closure of Long Island impact your clients? How so?

3. Recently the mayor announced that the city has set aside $58 million to reopen Long Island. What do you think of this plan?

4. How do you think the reopening of Long Island will affect people receiving services?

5. Where do you think would be the best location to open a new shelter? How about a new drug treatment facility? Why?

6. Recently the increase in number of people addicted to opioids has been called an epidemic. Do you think it is an epidemic? Why or why not?

7. Why do you think some people have labeled this an epidemic? (probes: race and prescription drugs).

8. Has the opioid issue affected how the organization provides services? How so?

9. Is the organization equipped to respond to overdoses? How so? Do you keep an eye out for overdoses?
10. What do you think is the best response to a person who is addicted to opioids?

11. Say, for example, someone addicted to opioids breaks into a car to take valuables/money for their next fix or a person going through withdrawal assaults someone on the street. What do you think should be the response?

12. Some politicians and addiction treatment specialists are proponents of a Safe Injection Facility—a facility where people can inject drugs in a space with medical professionals on hand. Do you think that such a facility should be opened in the city? Why or why not? Where would you locate it?

**Relationship with Neighborhood and Residents**

1. Can you describe the neighborhood where your organization is located?

2. The South End is a neighborhood with an affluent reputation. Do you think the South End is an affluent neighborhood? Why or Why not?

3. Does having services located in a neighborhood with the reputation of being affluent affect how you provide services? How so?

4. Some people call this area “Methadone Mile” and others call it “Recovery Road.” What do you think of people using these labels to describe the neighborhood?

5. What types of people live in the neighborhood? (Let them decide what is most notable).

6. Do you feel that you are a part of the South End? Do you think other service providers feel that they are a part of the South End?

7. Some people think that there are too many services here. What are your thoughts on that? Why do you think services are located here?
8. How do you think that affects people using these services?

9. Do the organization and nearby residents interact or communicate? (E.G., Are there public meetings whenever the organization wants to offer a new service?) Why or why not? Who initiates these conversations? What is the purpose of the conversations?

10. Does the organization have any formal partnerships with nearby residents or community associations?

11. Some residents from the neighborhood have began to create a Good Neighbor Policy. The purpose of the policy is to outline expectations for behavior that residents have of service providers and their clients, as well as expectations that service providers can have of the residents. What do you think of this policy?

12. Do you think it is possible to enforce this type of policy? How so?

13. Is there anything that the residents can do to help support the services in the neighborhood?

14. Some South End residents would like to see the services in the area moved to Shattuck Hospital near Jamaica Plain and Dorchester? Why do you think South End residents would like to see the services moved? Why do you think they chose this section of the city as a new destination for services?

15. Do you know of any conflicts or sources of tension between the nearby residents and providers? What do you think is the source of the conflict?

16. Some residents perceive the services in the area as responsible for crime and disorder in the neighborhood. Do you think this is the case? What would you want to say to a resident who had this concern?
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