

**DO NOT DISTURB: “VULNERABLE POPULATIONS”
IN FEDERAL GOVERNMENT POLICY
DISCOURSES AND PRACTICES**

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Résumé

Cet article consiste en une analyse de l'émergence de «populations vulnérables» dans le discours des politiques du gouvernement fédéral et analyse les conséquences de ce phénomène sur les pratiques du gouvernement. L'étude soutient que, au lieu de considérer la pauvreté comme le résultat du jeu de forces économiques et sociales majeures, la notion de «populations vulnérables» (inextricablement liée aux sensibilités néolibérales) vise plutôt à individualiser un large éventail de maux sociaux et à faire de la communauté le cadre d'intervention auprès des personnes réticentes à subvenir à leurs propres besoins où qui en sont incapables.

Mots clés: Néolibéralisme, communautés, populations vulnérables

Abstract

This paper explores the emergence of “vulnerable populations” within federal government policy discourses, and considers the implications of this development for governmental practices. The paper argues that rather than defining poverty as a product of broader social and economic forces, the new focus on vulnerable populations is inextricably bound to neoliberal sensibilities that seek to individualize a wide range of social ills, and to the notion that communities are the appropriate locales for responding to individuals unwilling or unable to meet their own basic human needs.

Key words: Neoliberal governance, communities, vulnerable populations

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At the beginning of the new millennium, the term “vulnerable populations” took on a growing significance in national policy debates. During 2002, a number of conferences brought together policy analysts and practitioners to discuss issues relating to vulnerable populations. That same year, *The Health of Canadians*, produced by the Standing Senate Committee on Social Affairs, Science and Technology, and chaired by Senator Michael Kirby, identified vulnerable populations as an important area for research. Also in 2002, the Canadian Institutes of Health Research, in conjunction with Health Canada, the National Homelessness Secretariat, and the Heart and Stroke Foundation, established a \$2 million dollar Strategic Initiative on Vulnerable Populations (CIHR, 2002a, 2002b; Standing Senate Committee on Social Affairs, Science and Technology, 2002).

Even before the label became more apparent in national policy discourses, the Canadian federal government, over the course of the 1990s, was increasingly focusing on vulnerable populations as a policy issue (Health Canada, 1997). This was especially clear in the establishment of five programs dealing in various ways with vulnerable populations, as noted in Table 1.

Program	Departmen
Community Action Program for Children (CAPC)	Health Canada
Community Mobilization Program (CMP) of the National Crime Prevention Strategy (NCPS)	Public Safety and Em Preparedness Canada
Canadian Strategy on HIV/AIDS (CSHA)	Health Canada
Social Development Partnerships Program (SDPP)	Social Development C
National Homelessness Initiative (NHI)	Social Development C
See: Evaluation and Development, 2003; Health Canada, 1 Online, 2001; Public Safety and Emergency Preparedness Development Canada [SDC], 2004a; Treasury Board Secr	

These programs explicitly identify a concern with vulnerable populations, or another variant of the phrase, such as vulnerable Canadians, vulnerable citizens, or vulnerable groups. As this paper will explicate, the issue of vulnerable populations is not the only commonality among these programs,

which, although traversing three separate federal government departments, are remarkably consistent in their rationales and strategies.

Far from marking a progressive and humanitarian turn in social policy, this paper shows that these programs construe vulnerable populations as disturbances to mainstream health, social, and economic norms, and as threats to order and stability. As this paper will further demonstrate, the federal government, in its attempt to deal with “risky” people, is augmenting neoliberal governing processes that have been emerging in Canada over the past roughly twenty years. More particularly, a common objective is to limit the role of governments in providing for the well-being of those excluded from mainstream social and economic life by emphasizing individual shortcomings and incapacities as a central component of vulnerability. At the same time, the federal government is seeking to promote individual self-sufficiency and autonomy by shaping “the community” as a core centrality of governing strategies. Communities are to identify and regulate the risks posed by those deemed to be the source of a wide range of social ills, such as poverty, homelessness, HIV/AIDS, crime and victimization, and so on.

The paper begins by discussing the analytical approaches informing the study. It then provides an overview of how governments have attempted to promote a larger role for community organizations, such as charitable, non-profit, and voluntary sector agencies in profit, and voluntary sector agencies. Since the provinces have constitutional jurisdiction over the area of social welfare, this section focuses on both the federal government’s and the Government of New Brunswick’s efforts to shift responsibility to the community level. A focus on shifts occurring in one province can contribute to our understanding of how the growing emphasis on community-based services has taken shape within the broader context of governmental transformations. The final section examines vulnerable populations discourses and practices emerging in the selected federal government programs, and considers their implications for broader changes in governing processes.

I. Analytical Strategies

The social and political question of poverty and its various manifestations of social and economic marginalization have a long history, but the manner in which such issues are perceived and acted upon depends on how they are framed as problems within specific historical contexts. However, this paper does not reflect on the history of ideas about poverty. Nor does it account for the evolving experiences of people living outside of mainstream social and economic life. Rather, it is about the development and the construction within governmental

thought of vulnerable populations as a specific kind of socio-economic condition that has significant implications for governmental practices.

The study draws on insights from the governmentality literature, which rejects the view that government is coterminous with official institutions of power, generally “the state.” Instead, government is defined as encompassing the multitude of process and practices, both within and outside the state, that shape individual conduct toward desired ends. Governmentality shares some similarities with the emerging governance literature, which has taken shape over the past roughly 15 years. The governance corpus deals with the complex endeavours and activities of a wide range of organizations that shape governing processes. One stream of this literature evaluates the quality of governance, to assess the how specific governing practices succeed or fail in meeting some objective of the public good. The second is more descriptive in that it seeks to identify the nature of particular networks of governing, and the various mechanisms deployed to facilitate exchanges among different entities. However, governmentality is distinct in that the emphasis is not on what happened and why, but rather on how particular objects and entities become governmental problems, the techniques devised to address them, and the types of knowledge that are brought to bear upon them (Rose, 1999: 15-20).

A central concept of the governmentality literature is biopower, or biopolitics, which concerns how particular forms of subjectivities are produced and ordered, both at the individual level and at the level of population. Biopower draws attention to the multitudinous processes that encourage, mould, shape, and entice human beings to conduct themselves in accordance with broader objectives, such as economic growth, social order and stability (Foucault, 1979: 136, 140). An important aspect of biopower is “the division of populations into sub-groups that contribute to or retard the general welfare and life of the population” (Foucault, 2000: 326). The classification of particular individuals or groups as troublesome or dangerous, opens up opportunities for preventing, containing, or eliminating the dangers they pose (Dean, 2001: 100).

The biopolitical imperative represents particular challenges for liberal forms of government, which juxtapose a sphere of freedom against a domain of political intervention. Individuals, populations, and markets are viewed as having their own natural equilibrium or rights that should not be unduly transgressed by political authorities. The core dilemma is how to encourage individuals to conduct themselves in accordance with larger goals of government without relying on mechanisms of rule that impinge on the rights of “free” citizens. Governmentality analytical approaches seek to offer new insights into our understanding of how the objectives and practices of governing seek to align the aspirations of free subjects through “complex organs of political

coordination and centralization” (Dean, 2001: 100-101).

Drawing on these themes, governmentality scholars have investigated the emergence of neoliberal forms of governance, not in terms of whether or not government is being reduced or limited, but rather in terms of how emerging mentalities and practices have transformed governance itself (Larner, 2000: 12). Such an analysis concerns how new forms of subjectivities are being promoted and encouraged, to what ends, and by what means. Here, Nikolas Rose has argued that neoliberal forms of governing hinge on expectations that individuals are to be self-responsible, autonomous, and enterprising in attaining their own health and well-being. Individuals are to construct for themselves “a lifestyle according to grammars of living that are widely disseminated,” and that do not “depend upon political calculations and strategies for their rationales or techniques” (Rose, 1999: 166). Social ills such as poverty, for example, is construed not in terms of limitations of broader social, economic, or political structures, but in relation to individual incapacities. The problems of poverty and its various manifestations are not to be addressed through shared social programs according to the logic of common social bonds of universal citizens. Rather, communities “are urged to take over as much of the responsibility as possible for providing such support through not-for-profit organizations, volunteering, charity and good neighbourliness” (Rose, 1999: 265). Community suggests a field shaped by “matrices of affinity that appear more natural,” less remote, and in touch with individual needs, and more capable of addressing their limitations than programs delivered by the state (Rose, 1999: 177). As will be shown in the next section, such neoliberal modes of governance have been emerging in Canada since roughly the early 1980s, as political authorities have increasingly shifted responsibility for social and economic welfare to communities and individuals.

II. Shifting Responsibility to Individuals and Communities

In order to demonstrate the shift towards community-based social services, it is first important to consider the context in which these changes have taken shape, and in particular how they differ from processes that emerged in the early decades after World War II. At that time, Canadian governments expanded their role in social and economic life, and were guided by the presuppositions that broader structures contributed to the creation of poverty and that governments could and should play a role in promoting the health and well-being of subjects in the interest of the nation (Miller and Rose, 1990; Barry, Osborne, and Rose, 1996). In so doing, risks were collectivized in programs and services geared

towards supporting the health and welfare of individuals. The Canada Assistance Plan (“CAP”), created in 1966, embodied these sensibilities. CAP was a funding arrangement whereby the federal government provided 50 percent financing for services and programs prescribed in the Constitution as provincial areas of jurisdiction: health, education, and welfare. Even though provinces hold constitutional jurisdiction over these areas, the federal government’s far greater revenue base was needed to support broadening social welfare goals (Pulkingham and Ternowetsky, 1997: 33-36). In addition to being a funding arrangement, CAP also articulated a vision of welfare based on meeting set minimum standards, universality, and mobility. Provinces were prevented from requiring individuals to work for assistance and appeal mechanisms were established. Indeed, the CAP set out basic rights to welfare, including the right to financial assistance for persons in need. And by virtue of the 1986 Supreme Court of Canada decision of *Finlay*, social assistance recipients were entitled to go to court to challenge federal funding of provincial social assistance programs that failed to respect these rights (Scott, 1995: 80).

Beginning in the early 1980s, this collectivizing approach to social welfare began to change. At that time, faced with debts and deficits, governments started to reconsider their roles as social service providers, and began to both reduce expenditures and programs and to encourage a larger role for community-based social service organizations. Of course, voluntary organizations have long been a part of Canada’s social services framework as alternatives to government funded and run programs (Maurutto, 2003; Struthers, 1994; Valverde, 1995). However, in New Brunswick, beginning in the early 1980s, the provincial government became particularly active in promoting the voluntary sector as integral to the provision of social services. This was clear in 1982 after the re-election of Richard Hatfield’s conservative government. Buoyed by a landslide victory at the polls, Hatfield moved to reform government with a goal of reducing state intervention, particularly in the social field. In 1983, a fiscal restraint budget was introduced, and the Office of Government Reform was created with a mandate to offer options for social programs that would not involve the state. Its terms of reference were to promote “efficiency, equity, public involvement, coordination, effectiveness, privatization, volunteerism, economy and accessibility.” A centerpiece of reform was to systematically develop and support voluntary sector organizations as social service providers (Mullaly and St.-Amand, 1988: 177).

To this end, the Department of Health created the Community Volunteer Action (CVA) program to assist “voluntary organizations and self-help client groups interested in providing clients and the working poor with a low-cost service network which supplements basic social assistance” (New

Brunswick, 1985: 16). The CVA program was geared towards creating and expanding programs such as soup kitchens, food banks, clothing exchanges, and furniture repair depots. Seventeen voluntary groups were assisted in the 1983-1984 period, and 26 groups the following year (New Brunswick, 2001: 3, 4). The CVA remains in existence today and continues to provide partial funding for a wide range of voluntary groups across the province.

By the late 1980s, the provincial government was also promoting community-based mental health services as an alternative to institutional care. In 1988, the government announced a new approach that emphasized, among other things, the development a network of community-based services, which would be considered as a first response before institutional care would be considered. This new policy framework was followed, in 1991, with a 10-year plan to transfer resources from institutional to community-based services and to encourage the use of informal support systems. This shift in emphasis resulted in the reduction of beds at both Centracare and the Restigouche Hospital Centre. In 1997, Centracare had 110 beds, compared to 320 in 1991. The number of beds at the Restigouche Hospital was also reduced from 375 to 185 beds during that same period. Although the plan was to transfer resources saved from the reduction of services at hospitals to the community-based services, only 50 percent of the savings were redirected. As a result, the New Brunswick Mental Health Commission found that the complexity of cases was increasing at the community level, but that there was not a sufficient amount of professional expertise to address these issues (Clarke Institute of Psychiatry, 1997: 9-18; New Brunswick, 1989: 35).

In the 1990s, the New Brunswick government continued to refashion social welfare programs to emphasize the primary role of families and communities in supporting each other and in meeting each other's financial and social needs. Programs were to offer basic income support geared towards assisting individuals in making the transition to work; and they were to be guided by the goal of ensuring that the financial and non-financial rewards people received from working were more beneficial than receipt of income support (New Brunswick, 1994: 2). These principles underpinned the provincial government's implementation of one of the first mandatory work-for-assistance schemes in the country (Gorlick and Brethour, 1998; McFarland and Mullaly, 1996). As well, they were demonstrated in the freezing of social assistance rates, which currently remain at the 1996 levels of \$264 per month for a single "employable" (N.B. REG. 2003-82).

The Federal Government was also important to these developments, most notably when, in 1995, it dismantled the CAP, and replaced it with the Canada Health and Social Transfer (New Brunswick, 1999: 75). Like CAP, the CHST was a funding arrangement entered into between the federal and provincial

governments. Unlike CAP, the CHST did not impose minimum standards, but rather allowed provincial governments to spend freely in the areas of health, education, and welfare. The CHST did not guarantee mobility rights, nor did it prohibit work-for-assistance schemes. Appeal mechanisms were also weakened (Scott, 1995: 79-83). Sweeping changes to social welfare followed CAP's dismantling. Programs were cut back, eligibility for income supports tightened, and responsibilities were increasingly downloaded to local community organizations (Murray, forthcoming).

The goal of promoting a larger role for the voluntary sector was also expounded in the Social Union Framework Agreement (SUFA), which was signed, in 1999, between the provincial (except Quebec) and the federal governments. SUFA set out general principles on which governments would “work in partnership with individuals, families, communities, voluntary organizations, business and labour, [to] ensure appropriate opportunities to have meaningful input into social policies and programs” (Federal, Provincial, and Territorial Ministers Responsible for Social Services, 1999). As well, the federal government and voluntary sector representatives signed, in 2001, a Voluntary Sector Accord, which then Prime Minister Jean Chrétien lauded as the beginning of “a new era of co-operation and respect” between the two spheres (Canada, 2001; VSI, 2001). The rationale for establishing the accord echoed sentiments of advocates of the voluntary sector who saw the sector as more responsive to the needs of individuals, and capable of encouraging citizen participation and engagement (Phillips, 2001; VSI, 2004).

Governments transformed the social welfare framework over the past twenty years, but also maintained a formal commitment to provide for the basic needs of Canadians. For example, signatories to SUFA committed to providing “appropriate assistance to those in need,” and to “Promote the full and active participation of all Canadians in Canada’s social and economic life” (Federal, Provincial, and Territorial Ministers Responsible for Social Services, 1999). Yet, at the turn of the millennium, it was indisputably apparent that these commitments were not being achieved, despite the economic boom during the latter part of the 1990s. Between 1990 and 1999, the percentage of people living below the low-income poverty line in Canada rose from 15.3 to 16.2 percent (Canadian Council on Social Development [CCSD], 1999). It was also clear that certain groups were particularly disadvantaged. Child poverty grew slightly, from 18.2 to 18.4 percent between 1990 and 2000, despite the much-celebrated all-party House of Commons resolution of 1989 to eradicate child poverty by the year 2000. In 2000, 1,245,700 children under the age of 18 were living below the low-income cut-off (CCSD, 2003). Aboriginal children, children of new immigrants, and children with disabilities were even more likely to be poor

(CCSD, 2003; Anderson, 2003). The income gap between families in the top and lower brackets widened, and while lone parent families saw an overall increase in their incomes, 46 percent still lived in poverty in Canada. Although poverty among seniors decreased from 20 percent in the early 1990s to 17 percent at the end of the decade, 71 percent of seniors living in poverty were women (CCSD, 2003). In addition, Kevin Lee found that the poverty rates among persons with disabilities, at 36.1 percent, were much higher than those of the general populations; and urban Aboriginal peoples, at almost 56 percent, were more than twice as likely to be living in poverty than non-Aboriginal urban center dwellers (Lee, 2001).

It was in this context of growing disparities that the term vulnerable populations began to take on a larger profile in national policy debates. The next section examines this development in relation to how federal government programs define the term, how it relates to new forms of governance, and the implications of these processes.

III. Vulnerable Populations: Policy Discourses, Practices, and Implications

As Table 2 shows, three common themes are woven through the CAPC, the CSHA, the NCPS, the NHI, and the SDPP: individual responsibility, community building, and research. Specific programs are geared towards strengthening families and promoting child development, alleviating homelessness, addressing HIV/AIDS, and crime prevention. These initiatives provide insights into how vulnerable populations are defined as problems, and what is considered troublesome or difficult (Health Canada, 2004, 2002; PSEP, 2004a, 2004b, 2004c; SDC, 2004a, 2004b).

Community Building	CAPC
Individual Responsibility	CAPC
Research	CSHA
Strengthen Families/Child Development	CAPC
HIV/AIDS prevention	CSHA
Alleviate Homelessness	NHI
Crime Prevention	NCPS

None of the programs provides an explicit definition of vulnerable populations, but a close examination shows that the label refers to individuals whose social and economic marginalization is highly visible, potentially

disturbing or disruptive. The NHI emerged from a concern with the “crisis” of homelessness, particularly visible in urban centres (SDC, 2004a, 2004c). The National Crime Prevention Strategy deals with people considered unsettling to social order and stability, such as those engaging in criminal activity, or those considered unable or ill-prepared to protect themselves against victimization (NCPS, 2004c). Similarly, the Community Action Program for Children focuses on children who are on the lower rungs of the social and economic ladder, whose parents are deemed to be inadequate caregivers, potentially raising children who might later become troublesome or delinquent (Health Canada, 2004). The CSHA is primarily concerned with containing the spread of HIV/AIDS, and explicitly identifies “surveillance [as] critical to combating the HIV epidemic” (Health Canada, 2003a, 2003b). Thus vulnerability is juxtaposed against what are construed as norms of health, housing security, safety, and social inclusion. Vulnerable populations are depicted both in opposition to these ideals, and as a risk to them.

Programs for addressing vulnerability construct the issue as largely the product of subjective conditions detached from broader social and economic structures beyond an individual’s control. Even though the NHI mentions that some homeless people “have not been able to find or keep jobs,” and that “Sometimes, ongoing changes in the labour market make it difficult to maintain sufficient incomes for rent payments,” the strategies to be deployed in alleviating homelessness focus on equipping individuals to attain “independent living and self-sufficiency.” More pointedly, the NHI notes “that addressing homelessness require[s] more than just providing a roof over a person’s head. It involve[s] a whole range of supports and services that an individual may need to achieve independent living” (SDC, 2004a). Likewise, the NCPS seeks to address the “root causes” of crime and victimization, which are said to relate to such issues as “substance abuse, inappropriate peer association, poor academic achievement, and lack of training or employment,” as well as “domestic violence, poor parenting...low literacy skills, and poverty.” These variables are depicted as placing “people at high risk of coming into contact with the law – as offenders, as victims, or both” (PSEP, 2004c). The CSHA seeks to deal with the “changing epidemic” of HIV/AIDs by providing services that allow infected people to “cope with HIV” by accessing appropriate services (Health Canada, 2003a, 2003b). More particularly, the CSHA is concerned with reducing “risk taking behaviour” that results from vulnerabilities arising from, for example, “loneliness, isolation and depression, a lack of social support, homophobia and prevention fatigue...” (Health Canada Online, 2001). For the CAPC, families are the key domains through which to support the goal of reducing vulnerability. To these ends, its core objectives are to assist “parents in raising happy, healthy children,” promote

“healthy pregnancies,” “improve parenting and family supports,” and “strengthen early childhood development, learning and care” (Health Canada, n.d., 2004). Programs are thus geared toward equipping individuals to support their own, and their children’s social and economic welfare, sensibilities that dovetail with norms and practices that have been developing in Canada over the past roughly 20 years, which attempt to reduce dependency on government social and health services by harnessing the capacities and capabilities of individuals to attain their own health and well-being.

While the category of vulnerable populations marks an enclosure that stands opposed to a sphere of security and stability, simultaneously it divides and fragments. As Table 3 shows, a number of different types of groups are considered particularly at risk, such as children, Aboriginal peoples, women, new immigrants and refugees, and so on. However, while social divisions such as gender, race, ethnicity, and even class are considered relevant categories for analysis and intervention, these identities are not construed in terms of how broader processes of domination and oppression, such as racism or sexism, have created social inequalities. Instead, the identification of specific sub-classifications carves out domains for interventions to be tailor-made for the limitations of individuals occupying particular spaces of identity, through for example, family resource centres, parenting skills workshops, services for specific ethno-cultural, racial, or immigrant groups, and so on (Health Canada, 2004; Health Canada Online, 2001; PSEP, 2004c, 2004d, 2004e; SDC, 2003a; TBS, 2003). Such institutions are based on paternalistic notions that deny the possibility that particular social groups might be capable of mobilizing on their own behalf or that they might have interests that stand in opposition to federal government objectives. These “dividing practices” (Foucault, 2000) ignore the possibility that vulnerable peoples might share a common plight, created by, for instance, cuts to social housing, social assistance, and unemployment insurance, or broader market forces that have created well-paid jobs for the well-educated, and low-pay, low-skill, and low-benefit jobs for those not (McKeen and Porter, 2003: 121; Petersen and Lupton, 1996: 166). Moreover, by labeling and classifying specific groups, these federal government programs actually create social identities based on presuppositions of victimization and powerlessness (Petersen and Lupton, 170; Young, 1990).

The focus on vulnerable populations is inextricably bound to efforts to harness “communities” as a core feature of governance: communities to respond to the HIV/AIDS epidemic, communities to “alleviate” homelessness, communities to respond to the needs of children, communities to deal with the root causes of crime, communities to “meet the social development needs and aspirations of populations who are, or may be at risk,” and so on. The federal

Vulnerable	
NHI	CSHA
Youth	Gay youth, street-involved youth
Urban Aboriginal Peoples	Aboriginal Peoples
	Ethno-cultural groups (including immigrants and visible minorities)
Person/family/ household with no fixed address/security of housing tenure	
Rural/remote communities	
	Marginalized women
	Gay men
	Drug users and their partners
	Prison populations

government is attempting to build communities by funding the activities of non-profit organizations, with a special emphasis on partnership building with governments and the private sector. The partnerships and activities to be funded, however, must align with predetermined federal government expectations of what communities are and what they should be doing, such as promoting strong families and individual self-sufficiency (Coveney, 1998). The federal government is not, in other words, mobilizing pre-existing entities, but rather, constructing, shaping, mapping and visualizing communities as political technologies to align a wide range of individual action towards broader governmental goals. While ostensibly devolving more control to local level groups and organizations, communities are to be governed in new ways, according to logics of accountability defined in terms of explicit standards, performance measurements, and results (Health Canada, n.d., 2004; SDC, 2003b; PSEP, 2004b, 2004c, 2004d; TBS, 2003).

An underlying theme of these programs is that vulnerable populations have arisen because communities have not adequately mobilized to address the social and economic needs of people living on the margins. Closely related to this theme is the notion that community building can promote empowerment, participation, and social cohesion (Health Canada, n.d., 2004; PSEP, 2004b, 2004c, 2004d; SDC, 2003c, 2004b; TBS, 2003a). However, these notions of community are not akin to the idea of social responsibility that underpinned the development of Canada's welfare state. In these social sensibilities, individuals were considered to share common bonds that justified redistributing wealth through collectively funded social programs provided by governments. The idea of community in discourses of vulnerable populations is quite different. Community is construed as a private domain, separate from political authorities. It is a sphere of private philanthropy, volunteerism, and locally funded and run programs that ideally do not require government intervention for their existence (Rose, 1999: 265). Moreover, the federal programs explored in this paper rest on a rather perverse paradox in that the empowerment and vitality of communities ultimately requires vulnerable populations. Without them, the rationales for the existence of these communities disappear.

These sensibilities dovetail with a more general trend towards criminalizing the poor. Indeed, in recent years, "panhandlers," "squeegee kids," "scavengers" and the like have increasingly been construed as criminal as governments across the country have strengthened and more vehemently enforced laws to restrict access to public space of people who have turned to these entrepreneurial means of managing social and economic security (Hermer and Mosher, 2002). The criminalization of the poor further highlights that there are other supposed appropriate and legitimate places to turn to be fed, housed, and clothed. These are, of course, the constellation of services

that are to be provided by community organizations.

Whereas the development of government-run welfare programs in the early decades after World War II was facilitated by the federal government engaging directly with provincial governments through various financial arrangements, such as the CAP, community building can by-pass the provincial governments altogether. The federal government can take credit for supporting initiatives of major public concern that fall outside of its jurisdiction, while distancing itself from potential failures or limitations of initiatives framed as falling under “community” responsibility. For their part, because communities are defined as the appropriate sphere for addressing social welfare needs, provincial governments are not drawn into the gaze of public debate over abdicating responsibility for their constitutional responsibilities. However, and perhaps more crucially, the shift towards community does not reduce government. Rather, it redirects the goals of governing, and the means through which these objectives are to be attained. Federal government political authorities can promote, encourage, and entice individuals to conduct themselves in ways consonant with larger political objectives, while appearing to be deferring to the natural mechanisms of individual choice and community.

In rendering the community as a “valorized political zone,” the federal government is relying on “indigenous” local authorities, such as social activists, Aboriginal leaders, HIV/AIDS community champions, and others, who claim to speak on behalf of “the community” or a part of it. As Nikolas Rose writes, however, “Ethnographers have charted the disputed and problematic ways in which this authority is claimed and identified. And they have also shown that, in this apparently natural space, the authority of community authorities, precisely because it is governed by no explicit codes of conduct, is often more difficult to contest than that of experts and professionals” (Rose, 1999: 189). Indeed, as community groups compete for limited funding, they are potentially pitted one against another, or divided between those who participate and support the federal government’s agenda and those that do not, taking to the level of community notions of “deserving” and “undeserving” that have been long identified in social welfare programs (Katz, 1997; Scott, 2003).

At the same time, apart from the CAPC, each federal program has a research component that seeks to mobilize experts to produce and share policy relevant knowledge about best practices, innovative solutions, and how to enhance community capacity and improve casework for dealing with vulnerable populations (Evaluation and Development, 2003; Health Canada, 2003a; PSEP, 2004f; SDC, 2003a, 2004b). In this way, experts are directed toward activities supportive of the objectives of the federal government, thereby limiting the scope for challenging the basic premises underpinning these programs. Here

again, by relying on expertise, the assumption is that vulnerable populations cannot act on their own behalf. Moreover, by harnessing expert knowledge, the federal government is attempting to construct communities according to scientific, rational knowledge that appears beyond power and politics. However, as this paper has shown, the construction of “truths” concerning vulnerable populations and communities are deeply embedded with hierarchical power relations.

IV. Conclusion

This paper began with the observation that vulnerable populations have taken on a growing significance in national policy debates, and then showed that, in federal government programs, vulnerable populations are not construed as troublesome because they lack housing, or incomes, or education. Rather, they are troublesome because their social and economic vulnerabilities stand in opposition to and threaten to undermine predominant norms of health, stability, security, and so on. Federal discourses and practices concerning “risky” people allow political authorities to govern at a distance by normalizing the exclusion of vulnerable populations across the terrain of community, simultaneously creating social identities based on paternalistic notions of powerlessness and victimization.

Of course the federal government does not have a monopoly on how to define policy concerns; and no doubt alternative discourses do challenge the notions of vulnerable populations examined in this paper. Even organizations receiving funding through the various programs may be resisting presuppositions underpinning federal government discourses. Clearly, the examined federal government discourses and practices do not mark a turn towards more progressive policies which would recognize that the plight of the poor, the frail, and the disenfranchised are a product of broader socio-economic and political structures that have benefited some while leaving others behind. The rationalities underlying the discourses of vulnerable populations are not more enlightening and compassionate, but rather hinge on practices that have little or nothing to do with addressing the real and material conditions of those living on the margins of social and economic life.

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