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# Phenomenologically Productive “Creation” Stories: Aboriginal Health Discourse and Mass Media Coverage of the Kashechewan “Crisis”

MICHELLE WYNDHAM-WEST

## ABSTRACT

In this article I examine, through a case study of newspaper re-presentations of the Kashechewan crisis in late 2005, how the discursive discourse nodes of the academy/medicine and the mass media phenomenologically create and circulate conceptualizations of the “disordered” Aboriginal (Waldram 2004). To invoke the “disordered” Aboriginal, texts stemming from the academy/medicine and such innocuous products as the daily newspaper draw delineations between seemingly “unhealthy” Aboriginal peoples and their “healthy” mainstream counterparts (Crawford 1994). As I discuss in the article, these binaries come into relief during a health crisis and the mass media coverage of the events at Kashechewan invoke spatial and cultural metaphors to create native=reserve=poor=sick associations. The drawing of such figurative cordon sanitaires rests upon static notions of Aboriginal culture, which stem from early colonial renditions of Aboriginal peoples (Doxtator 1992). Ultimately, the textual colonialism unearthed in this article works to perpetuate policy decisions that reinforce the subordinate status of Aboriginal peoples in Canada.

This article is a cursory examination of the construction of discursive discourses, which operate phenomenologically to create the notion of a “disordered” Aboriginal (Waldram 2004). Two such discourse nodes – the realms of the academy/medicine and the mass media – are summarily unpacked in order to unearth the conceptualization of a “barbaric Aboriginal” (Waldram 2004) which is continually re-presented in circulating “truths” (Foucault 1976/1994), as individuals/communities who are not healthy and, therefore, fit to manage their own affairs. This measure of “social control” (Doxtator 1992), or Foucault’s “power, right, truth” paradigm, (1976/1994:31), is elucidated through a case study of the mass media coverage of the Kashechewan “crisis”. Both the discourses of the academy/medicine and the mass media, create and perpetuate the disordered Aboriginal via the instigation of Crawford’s (1994) “healthy self” vs. “unhealthy other” axiom and spatial and

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cultural metaphors which operate in binaries to form “sanitary” vs. “unsanitary subjects” (Briggs & Briggs 2003:10). Furthermore, the equation of “barrio = poor = dirty = cholera” as was found with cholera in Venezuela by Briggs and Briggs (2003:30) is analogous to Canadian mass media re-presentations of Kashechewan which propagates native = reserve = poor = sick associations. This article fuses the “ethnographically near and distant” (Kleinman 1995:96) by weaving the institutional discourses of the academy/medicine concerning Aboriginal peoples and mass media discussions of Kashechewan as featured in Canadian dailies -- *The Globe and Mail*, *Toronto Star* and *National Post*. These discourses operate in phenomenological “frictions” (Tsing 2005), which work to fuse stereotypical portrayals of Aboriginal peoples with seemingly innocuous quotidian activities, such as reading the morning paper. The absence of Aboriginal responses to the mass media coverage of Kashechewan in this archive-based research is an omission. However, project parameters did not allow for ethnographic interviewing. Instead, where appropriate the native American author Vizenor (1994; 1998), as well as statements by the Assembly of First Nations have been threaded throughout the article to serve as implicit markers of resistance to the on-going colonization of Aboriginal peoples, including forms of textual colonialism, which will become evident throughout the article.

### Theoretical Roots: The Triangulation of Foucault, Mol & Waldram

The theory assembled for this article operates on numerous levels and is intended to reflect the interactive nature of Mol’s epistemological approach (2002). Mol provides a unique look into an ongoing intersection and productive tension resulting from two dialogues bumping up against one another – the everyday and the theoretical. The overarching theoretical stream of this article – which is analogous to Mol’s second narrative – centers on Foucault’s knowledge/right/power formulation. Foucault’s theories are then grounded in the healthy self vs. unhealthy other dyad (Crawford 1994) and Waldram’s writings concerning the disordered Aboriginal, which enacts the spirit of Mol’s first and ethnographically near discussion. Ong’s (1995) notion of “bio-politics” (which evidently stems from Foucault) also reinforces the outcomes/consequences of the constructed, medicalized and disordered Aboriginal and sets the stage to analyze popular re-presentations of the Kashechewan “emergency”. To begin, a brief recounting of salient aspects of Foucault’s “knowledge/right/power” (1976/1994:31) paradigm is offered. Subsequent unpacking of Mol, Crawford, Waldram and Ong unfolds as the paper progresses – these theoretical strands and interrelated vignettes are interior to the “story” of the disordered Aboriginal and the Kashechewan “crisis” -- a separate delineation would be antithetical to their very “nature”.

For Foucault, power operates as it diffuses and permeates -- it is a product of “the political technologies throughout the social body” (Dreyfus and Rabinow 1982:185). Power

“only exists in action” (Foucault 1976/1994:28) -- it is this perpetual motion that ensures power’s continual reproduction as it flows, seeps into fissures and permeates society. What can appear to be miasma in one instance is a tonic in another. Power is most efficacious when corresponding political strategies intersect with well-known institutions such as the hospital or media (Dreyfus and Rabinow 1982:185). Foucault notes “the emergence of the health and physical well-being of the population in general...[is] one of the essential objectives of political power” (1994:94). So how do the intersections and interstices of power “strategies” and various institutional frameworks operate on a day-to-day basis? Discourses of the medical and media realms serve as yet another strategy of the permeable type of power Foucault wrote so much about. As per Foucault, discourse is created by, and a product of, power relations which work to create truths in a particular society or context. Truths operate in a triangular configuration of “power, right, truth” (1976/1994:31). In other words, one deploys power strategies to circulate discursive truths, which are then translated in the right to govern as per the benefit of the status quo. Bourdieu offers a similar account to how knowledge is produced in discourse. Bourdieu details how “systems of classification which reproduce...classes, i.e. the divisions by sex, age, or position..., make their specific contribution to the reproduction of the power relations of which they are the product” (1977:164). Bourdieu also states “the theory of knowledge is a dimension of political theory because of the specifically symbolic power to impose the principles of the construction of reality – in particular, social reality – is a major dimension of political power” (1977:164). Hall discusses how, for Foucault, “it is discourse, not the subject, which produces knowledge” (1997:54). Discourse creates subjects in two ways. The first involves the circulation of knowledge, which validates particular types of subjects like the disordered Aboriginal who is supposedly continually “sick”, hence, needing to be taken care of by the state. In the second, discourse enables the subject to be positioned where they are most likely to reinforce their expected place in the greater order of things (Hall 1997:56). Foucault posits subjects are created in discourse through “dividing practices... the subject is either divided inside himself or divided from others” (Hall 1997:56). The dividing practices produce “not-saids” or “never-saids” (Foucault 1972:25) which are, paradoxically, present within the context of what is articulated in discourse.

While the noose of discourse/knowledge/power is tight, there is always resistance to its affects/effects. Resistance can be defined in a multitude of ways as per Ortner who points to Scott’s research regarding “less organized, more pervasive, and more everyday forms of resistance” (1995:175). Workers dragging their feet on the factory floor have become a classic example of such everyday resistance (Gledhill 1994:80-1). According to Lupton, Foucault’s focus upon disciplinary aspects of power and the “deterministic” outcome of such a trajectory is somewhat remedied in his later work (1997:101-3). Lupton discusses how, in this later work, Foucault preliminarily explores the notion of “the technology or practices of the self”, which attempt to explicate the localized and individualized encounter of the individual, their body and medicalizing power (1997:103). While this article does not specifically address Aboriginal resistance to the events precipitating Kashechewan wa-

ter concerns due to the limitations of research parameters, an attempt has been made to point to this through the inclusion of the Assembly of First Nations statements and native American writer Vizenor (1994; 1998). The works of this native raconteur can be classed as everyday resistance for Vizenor posits such texts display “survivance” from the “simulations” of colonial re-presentational dominance (1994:4). These threads are meant to serve as a marker of implicit resistance.

### Creating/Producing the Disordered Aboriginal: Intersections/Interstices of Cultural Knowledge Within the Academy/Medicine

The conception and perpetuation of what accounts to be the disordered Aboriginal stems from a lengthy and teleological production of knowledge. Waldram’s genealogy unpacks these discourses – and the hegemonic truths inherent within -- primarily located in the disciplines of anthropology, psychology and psychiatry. As is seen with Mol, the discourses within, between and across these disciplines coagulate and morph into various streams of knowledge, which produce forever-emerging conceptualizations of diseased Aboriginal individuals/collectives. At the heart of this knowledge is a codification of Aboriginal culture, as juxtaposed against the dominant culture (Waldram 2004:8). Each half of this “whole”, which cannot exist without the other, is characterized as “a single, uniform, and implicitly homogenous variable category” (Waldram 2004:8). Inherent in these stable attributions is the epistemological starting point of culture as stasis. These conceptualized cultural spaces are imagined as fixed in time and “smooth” in a way analogous to Deleuze and Guattari’s critique of capitalism’s homogenizing effects/affects upon culture (Howard 1998:115). Waldram posits psychology and psychiatry, with the aid of anthropology, has oversimplified culture within its studies, findings and diagnostics concerning Aboriginal peoples (2004:8). This naming and “fixing” (Jhally 1997) of culture is coupled with the scientific quest for “rationality”, which “result[s] in valid knowledge” (Mol 2002:160). It is assumed that what is disordered needs to be ordered and the “irrational should be washed out if it” (Mol 2002:160). Waldram’s thorough unraveling challenges these “fundamental problems in our knowledge base...[and] to encourage all of us to pause and rethink what we think we know” (2004:8). Mol makes an analogous observation when stating “the driving question no longer is ‘how to find the truth?’ but how are objects handled in practice?” (2002:5). Nevertheless, the conceptualization of the disordered Aboriginal has far reaching effects on health policy dialogues concerning Aboriginal peoples. Thus, an examination of how this discursive discourse “object” is “enacted” is a worthwhile venture indeed (Mol 2002:41).

#### *The Good/Bad Aboriginal*

To begin, conceptualizations of the disordered Aboriginal are based on the long-standing re-presentational paradigm of the “Arcadian/Barbaric” dyad (Waldram 2004:1-320). This

binary is a more complex derivative of the notion of Aboriginals as “primitive” (Waldram 2004:10). The primitive Aboriginal is tasked with conjuring the epistemological and ontological space of a peoples who are simple, benevolent and in touch with nature. An arresting example of such a “simulation” is Vizenor’s description of the “discovery” and subsequent spectacle of Ishi (1994:126-137). Ishi was thought to be the last survivor of a Northern Californian tribe who was housed in a museum from his discovery in the early 1900s to his death of tuberculosis shortly thereafter. It is no coincidence that an anthropologist and a medical doctor examined Ishi in his “natural” habitat. Kroeber, the anthropologist who looked after Ishi, described him as having “perceptive powers far keener than those of highly educated white men. He reasons well, grasps an idea quickly, has a keen sense of humor, is gentle, thoughtful, and courteous and has a higher type of mentality than most Indians” (Vizenor 1994:131). Ishi is the quintessential noble savage: an Indian apparition appearing as a “fugitive object, the uncut cord of cultural dominance” (Vizenor 1998:33).

The primitive Aboriginal, though, has its antithesis -- the barbaric Aboriginal. The characterization comprises of inherently disorderly, chaotic and unwell characteristics. The propensity to view Aboriginal peoples as sick is a result of the tension and dialogically productive by-products of the Arcadian/barbaric conceptualization. As Waldram states “madness and disorder struggle with sanity and order” (2004:11). Doxtator deems this the good/bad re-presentational paradox, which runs a continuum from positioning Aboriginals as “idealized all-spiritual environmentalist(s)” to “great drunkards” (1992:10-13). Waldram notes that the Arcadian/barbaric dyad is continually employed vis-à-vis the contingent mainstream population (2004:11). This boundary creation/maintenance rests upon the bifurcation between the “self and the unhealthy other” (Crawford 1994:1347). Inherent in this negotiation of self is the creation of “personhood” via the bifurcation of those who are considered healthy exemplars, thus, “legitimate”, and those who are not (Crawford 1994:1347). Most importantly one cannot be deemed a healthy citizen without the sick constituency through which to draw a parallel comparison and the more remote the unhealthy other is, the more the healthy self is reinforced (Crawford 1994:1348). A salient example includes the work of Briggs & Briggs (2003), who explore a plethora of discourses associated with a Venezuelan cholera epidemic during the early 1990s. Although this ethnography takes place in South America, its findings in terms of Aboriginal health are analogous to Waldram’s work in North America. The self vs. the unhealthy other is played out through the creation of “sanitary” vs. “unsanitary subjects” (Briggs & Briggs 2003:10). In Venezuela, this works out to the “indígena” vs. “criollos” distinction that can be translated into tension filled oppositions such as “native” vs. “white”, “rural” vs. “urban” and “poor” vs. “middle class” (Briggs & Briggs 2003:5). Those who inhabited poor and remote areas were deemed more susceptible to cholera. The equation “barrio = poor = dirty = cholera”, thus, comes to light (Briggs & Briggs 2003:30). In the public imagination indígenas “fit” into most or all components of this equation and were, thus, indictable for their own illnesses. As will be discussed henceforth in this article, the Briggs’ equation

translates to a Canadian context, whereby, the Kashechewan crisis brings to light analogous native=reserve=poor=sick associations.

### *Diagnosing the Disordered Aboriginal*

The North American disordered/barbaric Aboriginal takes a myriad of forms within psychology and psychiatry. The “alcoholic Aboriginal” is a well-known conceptualization both within medical and popular discourse (Waldram 2004:134). Vizenor calls this continually re-appearing apparition the “drunken Indian” and states “Indians are the wild alcoholics in the literature of dominance” (1994:29-30). Waldram notes “no single mental health topic has dominated the research and discourse as much as alcohol, and none has generated such a combination of perverse curiosity, genuine concern, and outright absurdity, not to mention racism” (2004:134). Section 85.1 in the *Indian Act* (R.S. 1985, c. 1-5) even outlaws “intoxication” and the involvement in the production and sale of any such substances on reserves. The epistemological impetus for this knowledge calls upon the inner demons of the barbaric Aboriginal. Scholars and medical professionals paradoxically, strive to explain Aboriginal alcoholism as a resistive act to express discontent with on-going colonialism (Waldram 2004:156). The disordered/drunken Indian is a “simulation” which is created and maintained in tension to, and complicit with, the mainstream non-drinking citizen.

Additional diagnostic models, which feed off the barbaric Aboriginal conceptualization, include the “depressed” and “traumatized” Aboriginal (Waldram 2004:167-236). This knowledge base is often coupled with the topic of suicide. Waldram argues studies tend to generalize about a mythically depressed Aboriginal constituency due to on-going colonization, but which bypasses the diversity within and between local, “historical and cultural context[s]” (2004:186). Thus, Waldram posits “we must look critically at local contexts before rushing to the judgment that an Aboriginal community is caught in a spiral of psychopathology” (2004:188). The traumatized Aboriginal is also another widely circulated imaginary and frequently associated with residential school syndrome. The DSM highlights “trauma” as having a locus within the individual and forgoes the impact of one’s social, political, economic and historical environment in its diagnosis. The knowledge of trauma weaves the tale of the utopian Arcadian Aboriginal who has transformed into the barbaric conceptualization after undergoing distressing experiences. This tack also implies a top-down instillation of power and a continual victimization of Aboriginal peoples (Waldram 2004:227-8). This etiology does not stop at mental health issues and infiltrates the realm of the constructed corporeal “reality”. As exemplified with the release of federal government statistics, Aboriginal peoples in Canada are one and a half times more likely to contract heart disease, are up to five times more likely to have type 2 diabetes and have a far greater chance of obtaining TB than mainstream Canadians (First Nations & Inuit Health: Diseases & Health Condition, 2006). It is interesting to note there is no mention of the structural determinants of health in these government statistics.

The discussion of the various conceptual strains of the disordered Aboriginal is not an attempt to negate that there are Aboriginal peoples living with mental health challenges and illness, nor is it intended as a critique of their choices of treatment. Conversely, the objective is to unpack the epistemological and ontological conditions through which knowledge concerning the “health” of Aboriginals is created and perpetuated. The panacea, though, is not to construct an alternate truth. To offer such a response would, according to Foucault, offer “positivistic returns...[and genealogies]...are precisely antisciences” (1976/1994:22). Foucault also notes that we should “not demand of politics that it restore the ‘rights’ of the individual...the individual is the product of power. What is needed is to ‘de-individualize’” (1994:109). Waldram suggests, instead, infusing Aboriginal health discourse with the kind of “uncertainty” (2004:308). Historical and current day discourses function as a measure of social control through which Aboriginals are kept at a distance in society – placed far from the corridors of influence, whether it be in politics, business or education (Doxtator 1992:14). The disordered Aboriginal is one such site through which bio-politics are played out. Ong explains “the medical gaze becomes a disciplining mechanism that by defining human life as facts of the body, establishes the normative identity and behavior of individuals, and populations” (1995:1244). The medicalized Aboriginal also infiltrates mass media discourses en masse – this discourse node builds a figurative and literal cordon sanitaire between Aboriginal peoples and the mainstream population, all the while ignoring the structural determinants of health.

## Constructing the Kashechewan “Crisis”

### *Off-Loading Health Services*

Health policy discourse concerning Aboriginal peoples has taken a turn towards “cooperative” and “participatory” positioning (Waldram et al 1995:235). The policy tide began to shift in the late 1970s with the momentum surrounding self-government, such as the *Penner Report* in 1983, towards discussions which focused upon Aboriginal “control”, involvement and “consultation” in health care delivery. In the late 1980s, the federal government informed native bands that they could begin the transformative process of taking charge of local-level health care delivery and a few years later just under 10 arrangements had been made (Waldram et al 1995:235-9). In 2003, the Mushkegowuk Council, of which Kashechewan is a member, developed a Kashechewan Health Services program (Mushkegowuk Council, Health Department 2006:1). The Royal Commission on Aboriginal Peoples (1996), or RCAP, also discusses Aboriginal health service in terms of a “new strategy” couched in the discourse of “equity”, “control” and “diversity” (vol. 3, ch. 3, section 2.4:1-5). However, the off-loading of health services can be viewed as an effort by the federal government to lesson its fiscal commitment to Aboriginal health and to divert



responsibility to provincial governments (WalDRAM et al 1995:243). One can also question whether or not discourse couched in participation, empowerment and control is analogous to development discourse, which Ferguson (2002/1994; 1999) and Moore (2001) frame as teleological and continually working towards a progress point of modernity. Participatory development projects provide an individualized frame which, when projects are not successful, blames those involved while forsaking structural impediments (Green 2000: 68). Moreover, does this recent policy model function as a Foucauldian disciplinary technique, which has the potential to bring the barbaric/disordered Aboriginal into relief when things go wrong? A closer look at the Kashechewan “crisis” will shed light on these observations.

### *Water Issues & Government “Intervention”*

According to RCAP money spent on health care delivery programs will not yield efficacious results unless an emphasis is also put on issues such as “poverty...social, psychological and spiritual well-being [and] environmental conditions (1996 vol. 3, ch. 3, section 2.2:1). Furthermore, RCAP states “public health (sanitation, food and water quality, housing conditions) and basic medical care – must exist at a minimum standard to ensure health” (1996 vol. 3, ch. 3, section 2.2:2). In 2003, the federal government released its Aboriginal water management strategy. A backgrounder for this program outlines mutual accountability of the federal government and First Nation Band Councils in maintaining safe drinking water and wastewater systems. According to the document, local Band Councils must independently build, maintain and monitor appropriate facilities with the financial assistance of the federal government (Water Quality & First Nations Communities 2003:1). The federal government also outlined a commitment to train local communities to carry out these responsibilities. This is a pressing concern for in 2003, of 740 water systems examined, 29% were deemed to have problems leading to potential water quality issues (Water Quality & First Nations Communities 2003:2). Just over 8% of reserves are under “boil water advisories” and 2,145 out of 89,897 reserve dwellings have no water service at all (Water Quality & First Nations Communities 2003: 3-4). . It is apparent that the Kashechewan “crisis” was long in coming. The backgrounder also states that it is “the responsibility of the First Nations to take the necessary action to protect residents” should water become unsafe (Water Quality & First Nations Communities 2003:2-3). The assumption that “shared” health-related service delivery would translate into an absolution of responsibility on behalf of the federal government appears to come to fruition.

The provincial government instigated a state of emergency at Kashechewan on October 25, 2005 as E. Coli was found in the water and on October 26 reserve residents were evacuated. This was not a sudden occurrence for on October 14 the local school had been closed due to a positive test for E. Coli (Facts on File 2005:1). The Assembly of First Nations issued a press release on October 19, 2005 calling for “urgent action on unsafe drinking water in Kashechewan” and for a community wide “evacuation” (1). In the press

release, Grand Chief Fontaine states “the situation nationally has been known for many years...it’s a ticking time bomb...it is absolutely appalling and completely unacceptable that the federal government allows these conditions to fester and plague a community, while boasting a federal surplus” (2005:1). The Assembly of First Nations also distributed another news release three weeks prior on September 29, 2005 calling for a blanket intervention “on unsafe drinking water in First Nations communities” (1). The appearance of E. Coli was attributed to the reserve’s water treatment facility being “located downstream from the area at which the reserve’s untreated sewage had been released” (Facts on File 2005:1). The drinking water had been described as “the colour of ginger ale” (Facts on File 2005:1) for some time. Adding chlorine to the water to purify it had also been contributing to high cases of impetigo among reserve children for over a year. In response, Indian and Northern Affairs issued a press release on October 27, 2005 with the header: “Government of Canada announces plan to resolve situation in Kashechewan”. The release outlines a plethora of aid destined for Kashechewan, including revamped health services, imported water, improved water management infrastructure, the parachuting in of water safety experts and a pecuniary commitment to additional housing.

The construction of an “emergency” at Kashechewan was also precipitated by the mass media. As per Patton, the media plays a role in constructing conceptions of those afflicted with “ill” health, as was evidenced *en masse* with the advent of HIV/AIDS in the 1980s (1990:25). Just as mainstream journalism constructed those “at risk” for HIV/AIDS as individuals engaging in “deviant” sexual practices (Patton 1990:25), the Canadian media plays upon errant cultural conceptualizations to aid in the construction of the disordered Aboriginal, particularly through extensive coverage of “crisis” scenarios such as Kashechewan. An examination of the media’s Kashechewan discourse provides a mechanism to situate Waldram’s and Crawford’s theories into a localized case study. The research also solidifies Foucault’s knowledge/right/power axiom, for the discourses of the academy/medicine and the mass media work in tandem to create and perpetuate the disordered Aboriginal. The discursive discourses surrounding the disordered Aboriginal operate via biopolitics to instigate a web of corporeal social control, which justifies on-going colonialism.

#### *Popular Re-presentational Discourse*

To analyze the construction of the “emergency” at Kashechewan in the mass media, I assembled a small sample from Canadian newspapers of the “crisis”. Articles from *The Globe and Mail*, the *Toronto Star* and the *National Post* were examined. These articles – from the October 15 to November 5, 2005 time frame -- cover the “detection” of E. Coli in the water supply, government response and the evacuation. Four articles were textually analyzed from each paper with each story being randomly chosen from each week in the three week period to ensure equitable re-presentation from each paper. Critical discourse analysis was carried out as per Leiss, Kline and Jhally (1990) and Henry and Tator (2002) to assess what types of issues were being reported upon and how. Findings were startlingly

analogous to that of Briggs & Briggs and their research regarding a cholera outbreak in Venezuela and discourses surrounding affected Indigenous peoples. Briggs & Briggs found spatial, cultural, racial, economic metaphorical binaries at work, forming idealizations of sanitary vs. unsanitary subjects. Furthermore, the Briggs & Briggs equation of barrio = poor = dirty = cholera is transferable to native = reserve = poor = sick within the context of the mass media discourse surrounding Kashechewan. While news coverage from the first week of the “crisis” tended to exclusively cover the failure of the water treatment plant, there were consistent angles through which the story was reported. For example, stories opened with reference to the “isolation” of the Kashechewan community, a clear spatial metaphor. Terminology such as “remote” and “not accessible by road or train” begin *The Globe and Mail*'s article on October 20, 2005 (Curry: A7). However, according to the Wakenagun Community Futures Development Corporation community profile, Kashechewan is “accessible via the winter road from Moosonee” when it is frozen and the nearest community, Fort Albany, is a five-minute plane ride (1999:1-4). This characterization enforces the notion that Aboriginal peoples live in a world far apart from mainstream society and this “remoteness” leads to conceptualization of a distinct, yet, homogenous “culture”. Alia refers to this as the “mythos of northernness” which is conceived in a binary versus “southern” populations (1999:4). The conceptualization of northernness implements a figurative and literal cordon sanitaire.

The second most striking aspect of articles from the first week is the sweeping assumption that all Aboriginal peoples in Kashechewan are sick. The *Toronto Star* article begins with the following lead: “residents of a Northern Ontario reserve are suffering stomach cramps, diarrhea and skin rashes” (Campion-Smith 2005:A8). This article also refers to households having just fewer than 20 occupants without explaining the scarcity of housing as the cause. Additionally, the “crisis” is referred to as “the community’s dirty water problem” (Campion-Smith 2005:A8). The use of the word “dirty” is heavily signified when taken in association with the images of crowded living quarters and references to having water “polluted with fecal matter” (Campion-Smith Oct. 21, 2005:A8). The *National Post* article from this week somewhat breaks from the discourse patterns of *The Globe and Mail* and the *Toronto Star* with a fiscal orientation. The *National Post* article does refer to the ill health due to the water and states “residents are convinced that some deaths are related” (Iverson 2005:A8), but concentrates on the amount of money spent on Aboriginal programs. The reader is left with the impression that such expenditures – totaling \$1.9 billion (Iverson 2005:A8) – are unnecessary.

The second week of news coverage explores the “crisis” from a myriad of story angles. First, the *Toronto Star* ran a rather sympathetic piece on October 27, 2005 criticizing government inaction. However, this particular story introduces a thread of comparing the events at Kashechewan to the 2000 Walkerton water E. Coli scandal as though readers require a mainstream and southern comparison in order to conceptualize the Kashechewan situation (Urquhart 2005:AI). *The Globe and Mail* featured a disturbing article with a headline stating: “Ironically, this could be a good time for the Crees of Kashechewan”

(MacGregor 2005:A2). The article explores the notion that a time of “crisis” may lead to long-term improvement as occurred with the Quebec Crees in 1980 when children died of E. Coli exposure (MacGregor 2005:A2). The article suggests that this previous event allowed the Quebec Crees, who are collapsed into a homogenous category, to “force both levels of government to live up to the obligations of the James Bay treaty” (MacGregor 2005:A2). According to MacGregor, the Quebec Crees were able to “modernize their villages...[and] today, the Quebec Crees run their own health and school boards and own significant businesses, including an airline” (2005:A2). Thus, Aboriginal peoples should aim to be modern, entrepreneurial and self-sufficient! The *National Post* story from this week is even more problematic and clearly places blame for the Kashechewan “crisis” with the local population. The October 29, 2005 article by Humphreys and Sokoloff states “the community doesn’t like the smell of chlorine in water...[and] this often results in them pressuring [operators] to shut off chlorine..., which they do” (A11). Humphreys and Sokoloff also assert “the government has been flying technicians to remote native reserves to train community members, but low literacy rates, a lack of skilled labor and difficult environmental conditions have slowed the process” (2005: A11). These statements not only invoke the barbaric Aboriginal, who cannot function in a modern capacity, it also demarcates Kashechewan residents from mainstream populations, who appear to be able to oversee this function.

As the media entered into a third week of coverage and the denouement of the story arc, focus was on the evacuation. An October 31, 2005 article in *The Globe and Mail* ran with the headline: “Crisis in Kashechewan: Trapped by addiction and solitude in a community of little hope; running from the shadow of despair” (A1). The article begins with the following lead: “Last Thursday evening, when the federal government was announcing it would build a new settlement for the people of Kashechewan, Mathis Wynne was passed out drunk on a fetid mattress in his filthy room” (Strauss 2005: A1). Ten lines later, Strauss refers to Wynne as “the father of two small children he has never seen, ...[who] talks lightly of suicide -- as if the thought was a constant companion” (2005:A1). Strauss has invoked the alcoholic and depressed Aboriginal all on the front page! The *National Post* article, which ran the same week, was as equally problematic. A November 5, 2005 piece by Solomon stated, in reference to the drinking water in Kashechewan, that “Canadians should know where most of the blame truly lies. Squarely in the native community” (19). The article then explains that local residents run the water treatment equipment and are, thus, the source of the system’s failure (Solomon 2005:19). Blaming the residents of Kashechewan is analogous to framing Aboriginal peoples as unsanitary citizens who, in turn, cannot handle their own affairs. The discourses which weave between and through realms of the academy/medicine and the mass media charts a course of textual colonialism which reinforces and perpetuates the subordinate status of Aboriginal peoples in Canada. This is a salient example of the Foucault’s knowledge/right/power paradigm in operation.

## Considerations for Future Research

Moving forward, there is still much to be fleshed out in the study of knowledge production in the discursive discourse sites constructing the disordered Aboriginal in the case of the Kashechewan “crisis”. First, the inclusion of “subjugated knowledges” (Foucault 1976/1994:20-21) and how resistance operates on the ground is essential to rounding out the discussion. As Briggs and Briggs state “alternative stories, included those living in the most deeply affected communities become nearly invisible” (2003:7). Second, additional research is required linking the connections between the discursive discourse nodes of the academy/medicine and the mass media to the development of public policy imperatives concerning Aboriginal health. However, such research must start from the epistemological stance that culture does not exist as stasis, but rather is “a mode of creation and production” (Stewart 1996:71). The hold of the disordered Aboriginal can only be loosened with an “open” definition of culture. While Waldram does not suggest a panacea to the rampant essentialism laced throughout academic and medical research of the disordered Aboriginal, he does point to a more expansive starting point: the notion of culture as “creoliz[ation]” which incorporates “cultural change” (2004:319). This appears to be an apt place or space to start.

## References Cited

### Alia, Valerie

1999 Un/Covering the North: News, Media, and Aboriginal People. Vancouver: UBC Press.

### Assembly of First Nations

2005a A Community in Crisis: National Chief Calls for Urgent Action on Unsafe Drinking Water in Kashechewan First Nation (Oct. 19). Ottawa: Author.

2005b Assembly of First Nations National Chief Responds to Report on Unsafe Drinking Water in First Nations Communities: Calls for “Urgent Action Across the Entire System” to Ensure Safety of First Nations (Sept. 29). Ottawa: Author.

### Bourdieu, Pierre

1977 Outline of a Theory of Practice. Cambridge: Cambridge University Press.

### Briggs, Charles, and Clara Mantini-Briggs

2003 Stories in the Times of Cholera: Racial Profiling During A Medical Nightmare. Berkeley: University of California Press.

### Campion-Smith, Bruce

2005 Evacuate Cree Reserve: MP; Illness blamed on James Bay community’s tainted water; Ottawa accused of dragging its feet on Kashechewan problem. Toronto Star, October 21: A8.

### Crawford, Robert

1994 The Boundaries of the Self and The Unhealthy Other: Reflections on Health, Culture and Aids. *Social Science and Medicine* 38 (10):1347-1365.

Phenomenologically Productive “Creation” Stories • **vis-à-vis: Explorations in Anthropology**

Curry, Bill

2005 Evacuate reserve, chief urges Ottawa; Ontario community’s water contaminated. *The Globe and Mail*, October 20: A7.

Doxtator, Deborah

1992 *Fluffs and Feathers: An Exhibit on the Symbols of Indianness*. Brantford: Woodland Cultural Centre.

Dreyfus, Hubert L., and Paul Rabinow

1982 *Michel Foucault: Beyond Structuralism and Hermeneutics*. Chicago: University of Chicago Press.

Facts on File

2005 Canada: E. Coli Found on Ontario Native Reserve (Nov. 3).

Ferguson, James

2002/1994 The anti-politics machine. In *Talking About People: Readings in Contemporary Cultural Anthropology*. W. Haviland and L. Vivanco, eds. Pp. 234-240. Boston: McGraw Hill.

1999 *Expectations of Modernity: Myths and Meanings of Urban Life on the Zambian Copperbelt*. Berkeley: University of California Press.

Foucault, Michel

1972 *The Archaeology of Knowledge*. London: Tavistock Publications Limited.

1976/1994. Two Lectures. In *Critique and Power: Recasting the Foucault/Habermas Debate*. M. Kelly, ed. Pp. 17-46. Cambridge (Mass.): The MIT Press.

1994 *Power: Essential Works of Foucault 1954-1984*. J. Faubion, ed. New York: The New York Press.

Gledhill, John

1994 *Power and Its Disguises: Anthropological Perspectives on Politics*. Pluto Press: London.

Government of Canada.

2006 Health Canada. *First Nations & Inuit Health: Diseases and Health Conditions*. Author: Ottawa. Retrieved March 28, 2006 from the world wide web: [http://hc-sc.gc.ca/fnih-spni/diseases-maladies/index\\_e.html](http://hc-sc.gc.ca/fnih-spni/diseases-maladies/index_e.html).

2005 Indian and Northern Affairs. *Government of Canada Announces Plan to Resolve Situation in Kashechewan* (Oct. 27). Ottawa: Government of Canada.

2003 Indian and Northern Affairs Canada. *Backgrounder – Water Quality and First Nations Communities*. Retrieved March 19, 2006 from the World Wide Web: <http://www.ainc-inac.gc.ca/nr/prs/m-a2003/02304bk-e.html>.

1985 Department of Justice. *Indian Act (R.S. 1985, c.1-5)*. Retrieved June 24, 2005 from the World Wide Web: <http://www.laws.justice.gc.ca/en/1-5/text.html>.

Green, M.

2000 Participatory development and the appropriation of agency in southern Tanzania. *Critique of Anthropology* 20(1):67-89.

Hall, Stuart

1997 *The Work of Representation*. In *Representation: Cultural Representations and Signifying Practices*. S. Hall, ed. Pp. 13-74. London: Sage, in Association with Open University.

Henry, F., and C. Tator

2002 *The Methodology of Case Studies and Critical Discourse Analysis*. In *Media Culture: Culture Studies, Identities and Politics Between the Modern and Post-Modern*. Pp.71-77. London: Routledge.

Howard, John

1998 Subjectivity and Space: Deleuze and Guattari's BwO in the New World Order. In Deleuze & Guattari: New Mappings in Politics, Philosophy, and Culture. Kaufman & Heller, eds. Pp. 112-116. Minneapolis: University of Minnesota Press.

Humphreys, Adrian and Heather Sokoloff

2005 'Ottawa willing to do 'whatever is necessary': Martin's cash pledge. National Post, October 29: A11.

Iverson, John

2005 'Gross mismanagement' is in the water. National Post, October 21: A8.

Jhally, S.

1997 Stuart Hall: Representation and the Media. Northampton: Media Education Foundation.

Kleinman, Arthur

1995 Writing at the Margin: Discourses between Anthropology and Medicine. Berkeley, University of California Press.

Latour, Bruno

2003 Is Re-Modernizing Occurring – And If so, How to Prove it? A Commentary on Ulrich Beck. Theory, Culture & Society 20(2):35-48.

Leiss, W., S. Kline and S. Jhally

1990 Two Approaches to the Study of Ads. In Social Communication in Advertising. Pp. 197-224. Scarborough: Nelson.

Lupton, Deborah

2003 Medicine as Culture: Illness, Disease and the Body in Western Societies. London: Sage, 2nd edition.

MacGregor, Roy

2005 Ironically, this could be a good time for the Crees at Kashechewan. The Globe and Mail, October 28: A2.

Mol, Annemarie

2002 The Body Multiple: Ontology in Medical Practice. Durham: Duke University Press.

Mushkegowuk Council

2006 Health Department Fact Sheet. Retrieved March 28, 2006 from the world wide web: <http://www.mushkegowuk.ca/health.html>.

Ong, Aihwa

1995 Making the Biopolitical Subject: Cambodian Immigrants, Refugee Medicine and Cultural Citizenship in California. Social Science and Medicine 40(9): 1243-1257.

Ortner, Sherry

1995 Resistance and the Problem of Ethnographic Refusal. Comparative Studies in Society and History 37(1):173-93.

Patton, Cindy

1990 Inventing AIDS. Routledge: London.

Royal Commission on Aboriginal Peoples

1996 Health and Healing. (Volume 3, Part 3). Ottawa: Canada Communication Group.

Solomon, Lawrence

2005 Kashechewan woes boil down to leadership: The problem is not lack of funding -- it's lack of governance. The Globe and Mail, November 5: FP19.

Phenomenologically Productive “Creation” Stories • **vis-à-vis: Explorations in Anthropology**

Stewart, Kathleen

1996 A Space on the Side of the Road. Princeton: Princeton University Press.

Strauss, Julius

2005 Crisis in Kashechewan: trapped by addiction and solitude in a community of little hope; running from the shadows of despair. *The Globe and Mail*, October 31: A1.

Toronto Star

2005 Ottawa accepts 240 Cree evacuees. Toronto Star, October 31: A6.

Tsing, Anna Lowenhaupt

2005 Friction: An Ethnography of Global Connections. Princeton: Princeton University Press.

Urquart, Ian

2005 Province failed to answer alarms. Toronto Star, October 27: A1.

Vizenor, Gerald

1994 Manifest Manners: Postindian Warriors of Survivance. Hanover: University Press of New England.

1998 Fugitive Poses: Native American Indian Scenes of Absence and Presence. Lincoln: University of Nebraska Press.

Wakenagun Community Futures Development Corporation.

1999 Community Profile. Retrieved April 24, 2006 Retrieved from the world wide web: <http://www.wakenagun.ca>.

Waldram, James

2004 Revenge of the Windigo: The Construction of the Mind and Mental Health of North American Aboriginal Peoples. Toronto: University of Toronto Press.

Waldram, James, D. Ann Herring and T. Kue Young

1995 Aboriginal Health in Canada: Historical, Cultural, and Epidemiological Perspectives. Toronto: University of Toronto Press.

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