OPINION EDITORIAL

The 2005 Kashechewan Water Crisis as a One-Time Disaster and Ongoing Crisis

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Not all Canadians have access to safe drinking water [1]. First Nations, in particular, experience challenges related to the quality of their water supply on their land reservations [2,3]. The Kashechewan First Nation community, located in Northern Ontario where James Bay meets the Albany river, frequently experiences poor water quality [4,5]. One of the most severe incidences was during October 2005, when *Escherichia coli* (*E. coli*) was discovered in the community's drinking water [6,7]. This resulted in the worsening of pre-existing skin ailments and the evacuation of the sickest people [6,7].

News media reported on the presence of *E. coli* in the Kashechewan First Nation community's water supply, outlining how two groups of individuals made sense of the situation differently. The two groups of individuals, also known as the discourse coalitions, were: (1) government institutions; and (2) the Kashechewan First Nation and individuals representing the community. Investigating how health crises are framed by discourse coalitions is important because the framings may impact what the problem is attributed to (cause of the problem), what kind of interventions are invited, and what the interventions do not address [8]. This paper will explore how government institutions and the Kashechewan First Nation describe the Crisis, what they attribute the problem to be, what kind of intervention their framing invites and what these interventions would not address.

Government institutions, including the Ontario provincial government, the Canadian federal government, and Health Canada were quoted, cited, and referenced in media articles discussing the Crisis as a one-time disaster, an event "start[ing] [at] a moment in time" [2,4-6,9-12]. News writers often began their articles by discussing the water test performed by Health Canada. This was framed as the start of the Crisis when acknowledgement of the water issue was unavoidable [12]. Notably, one article presents both a date and time associated with Health Canada results: "[o]n the morning of October 14, 2005 ...[a]t 1:35 p.m. that day, Health Canada sent Chief Leo Friday a fax that the water was contaminated with *E. coli*" [13]. The explanation was that the contaminated water supply and aggravation of skin ailments was attributed to a lack of chlorine in the water and dysfunction of the coagulant used to remove water discolouration.

The interventions invited by this framing were to apply the coagulating agent and increase chlorine in the water to "shock levels" [4,10]. This framing also invited other interventions when the problem of skin ailments remained, even after the water was treated. For example, "[t]he federal government decided to transport about 1,100 of the 1,900 residents of the James Bay reserve to other communities" [6], and "mov[e] some residents to hospitals for treatment" [6].

Consideration was not given as to why "chronic skin conditions" [10] existed in the community. This may be because the framing describes the Crisis in relation to the water test, which occurred when community members already had skin ailments. Thus, when interventions addressed chlorine and coagulant levels in the water, government

institutions focused on avoiding the further aggravation of the skin conditions, instead of investigating why the chronic conditions were occurring. As such, this framing leaves out how to address issues that have likely been accumulating over a long period, often associated with slow disaster [14].

The Kashechewan First Nation and individuals representing the community were also quoted in the same media articles [2,4-6,9-12]. However, in contrast to the government's framing of the Crisis as a one-time disaster, the Kashechewan First Nation framed the contamination as an ongoing crisis occurring over a long period of time, or "slow disaster" [14]. For example, Mike Krebs, an Indigenous rights activist remarked that the "[c]ommunity has been on a boil-water advisory from Health Canada for over 2 years, and numerous such advisories ha[d] been in place for decades" [2]. This suggests possible issues with the Kashechewan First Nation's water supply prior to October 14, 2005 when their water tested positive for *E. coli.*

Furthermore, the Kashechewan First Nation and individuals representing the community described accumulating factors that they associate with the Crisis. For example, physicians familiar with the community attribute the community's serious health problems to their "long history of overcrowding and squalor, not any recent change in water quality", which suggests "discontent with far deeper roots than [October 2005's] *E. coli* spike" [10]. Additionally, unemployment rates on the reserve as high as 87% [2] were attributed to "a legacy of an historic federal government policy isolating [I]ndigenous people on remote reserves and den[ying them] the opportunities for economic and social development" [2]. Thus, the Kashechewan First Nation attribute the problem to accumulating overcrowding, unemployment, and isolating government policy.

The first 'intervention' this discourse coalition advocated for, as highlighted in media articles, was for residents to remain on the reserve. A physician remarked that "an evacuation was not necessary on purely medical grounds" [10] and recommended that "residents continue boiling water – as they had been for years" [10]. Perhaps, the physician did not think that the evacuation intervention proposed by government institutions would address the Crisis framed as a slow disaster because an evacuation would not explicitly address overcrowding or unemployment on the reserve, nor seek to provide new opportunities lost due to government policy.

The second intervention suggested by Jonathon Solomon, who was born in Kashechewan, was to relocate the community closer to a bigger community to reduce isolation and improve access to employment and school opportunities for youth [10]. Unemployment rates, which were identified as an issue that the problem was attributed to, could decrease with this intervention. This framing failed to address the *E. coli* found in the water because of its focus on: (1) how "injury" developed; and (2) the accumulating factors, such as unemployment and overcrowding, which contribute to chronic skin ailments aggravated by contaminated water [14].

In conclusion, the 2005 Kashechewan Water Crisis was framed by government institutions as a one-time disaster with episodic quality and by the Kashechewan First Nation and individuals representing the community as a "slow disaster" [12]. Government institutions attributed the problem to a lack of chlorine and a dysfunctional coagulant, which invited an increase in chlorine levels and coagulating agent along with an evacuation of the sickest people as interventions. In contrast, the Kashechewan First Nation framed the Crisis as a slow disaster influenced by overcrowding, unemployment, and government policy, which hindered economic and social growth over several years [14]. Interventions carried out by government institutions failed to address why the chronic skin ailments existed among the Kashechewan First Nations and thus failed to address the Crisis as a "slow disaster". This is an important discussion as investigating how health crises are framed in news media challenges readers and global health practitioners alike to critically reflect on approaches to managing these situations and their underlying assumptions. Being aware of dichotomizing discourse coalitions allows for a greater

understanding of how and why different interventions are proposed and implemented. The next time you encounter news media discussing a health crisis, like the 2005 Kashechewan Water Crisis, will you evaluate how it's framed?

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