Smoking is a Socialist Issue:

Health Promotion and Neoliberal Politics in Canada

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Abstract

Recent studies by Health Canada have shown its public service announcements (PSAs) and tobacco warning labels are increasingly ineffective. This thesis questions whether public communication is the best course of action for health promotion. I analyze texts by health promotion scholars and professionals that emphasize community and economically redistributive approaches – approaches that have been taken up on only a limited basis by health agencies in Canada. Added to this, smoking rates are significantly higher in working class, poor and mentally ill populations; in this way, it makes sense economic redistribution should be one component of plans to achieve better health for all. Further, the widespread adoption of neoliberal economic policies since the 1980s have overwhelmingly disadvantaged these populations; because of this, I suggest the pleasures smoking provides trump information-based prevention efforts for these populations, which happen to mostly model idealized, middle-class normatively gendered and heteronormative situations as reason to quit. To conclude, I contrast two recent programs for addiction control in Canada: the *Smoke-Free Ontario Act*, which introduced legal prohibitions that limit public spaces in which cigarettes can be consumed in order to encourage smoking cessation, and InSite, the supervised injection site in Vancouver's Downtown Eastside that uses a harm-reduction approach that helps clients address the multiple challenges in their lives without requiring drug abstinence as a precondition for access.

Résumé

Des études récentes effectuées par Santé Canada ont démontré que ses publicités d'intérêt public et ses avertissements sur les produits de tabac sont de plus en

plus inefficaces. Ce mémoire soulève la question à savoir si la communication publique

est le meilleur type d'intervention pour la promotion de la santé. Je ferai l'analyse de

textes écrits par des érudits et professionnels en matière de promotion de la santé qui

mettent l'emphase sur l'approche communautaire et de redistribution économique,

approches qui ont n'été repris que de manière limitée par les agences de santé

canadiennes. De plus, le taux de tabagisme est plus élevé parmi les groupes de

population de la classe ouvrière, les pauvres, et ceux atteints de maladie mentale. En ce

sens, il suit que la redistribution économique devrait être une composante de tout plan

visant à améliorer la santé de la population. De plus, l'adoption de politiques

néolibérales à partir des années 1980 ont désavantagé ces groupes; à cause de cela, je

suggère que le plaisir qu'apporte l'acte de fumer fait obstacle aux efforts de prévention

basés sur l'information, qui le plus souvent proposent comme modèle des situations

idéalisées issues de la classe moyenne et présentant une norme de genre et de sexualité

hétérosexuelle comme étant des raisons de cesser de fumer. Pour conclure, je ferai un

contraste entre deux programmes récents pour le contrôle de la dépendance au tabac et

de la toxicomanie: La *Loi favorisant un Ontario sans fumée*, qui a introduit des

prohibitions légales limitant les lieux dans lesquels le tabac peut être consommé afin

d'encourager la cessation de l'usage du tabac ainsi que InSite, le site d'injection

supervisé dans le « Downtown Eastside » de Vancouver qui fait usage d'une approche

de réduction des dommages en aidant sa clientèle à faire face aux multiples défis dans

leur vie sans avoir comme prérequis l'abstinence de l'usage de substances comme étant

une condition à l'accès au programme.

Acknowledgments

A few minutes after I moved to Montréal, I met Christopher Ellis, and since then, he has been my partner in crime. Our constant dialogue about our research, our lives, about reasonable accommodation, and about poutine was unexpected, and has been so thoroughly fulfilling. This thesis is cut to the measure of his friendship, so I must thank him most of all.

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P.S.

Montréal, Québec

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For my Uncle Doug, dead at 66.

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Introduction

The scene opens on two children playing on the living room floor in an apartment. We see the whole living room at first: the television is on, and a man (presumably their father) simultaneously watches the screen and the children playing on the floor. The living room windows are slightly open, and there is an air purifier against the wall. We also see something else – a faint trail of smoke on which the camera suddenly focuses, slowly following it into the adjacent room. The trail of smoke intensifies as the camera moves, until it arrives at its source: a woman, presumably the mother to the children in the next room, sits by an open window smoking a cigarette. Casually, she blows smoke rings toward the ceiling. These smoke rings then morph into the shape of a target; the camera focuses on the target, and follows it as it returns to the living room, and lands on the children. As the screen fades to black, words appear: "Make your home smoke-free. A message from the Government of Canada."

Another scene. This time, we see a darkened baby's bedroom with a crib just beyond the plane of focus. An announcer pipes in, informing us that Michael, the newborn to whom the crib belongs, has parents who took up smoking again a week after he was born. The camera cuts to the bedroom door, and moves close on the keyhole. We see cigarette smoke billowing through. The camera then cuts to the space between the crib and the ceiling, which has filled with second-hand smoke. The announcer tells us that Michael's parents don't think they're smoking very much, "only half a pack a day each and always in another room." However, the announcer reminds

us that, cumulatively, a pack a day between now and Michael's first birthday means he will be exposed to seven thousand cigarettes over the course of the year. Like in the last scene, the camera focuses on the smoke as it morphs into a target and descends on Michael, sleeping, but struggling for breath. And as the screen fades to black, the words appear: "Make your home smoke-free. A message from the Government of Canada."

Final scene. The shot opens on a black screen with white text: "Heather Crowe, 57. Never smoked. Dying of cancer." The camera cuts to a shot of Crowe, sitting on a restaurant barstool. She tells us she has been a waitress for 40 years, earning a living for her daughter and herself. But her doctor recently discovered she has a terminal smoker's tumour. This fact is complicated, though, by what Crowe tells us next: "I never smoked a day in my life," she says. "I never smoked… The air was blue where I worked." Heather Crowe, who passed away in 2006, had her life cut short by persistent, daily exposure to second-hand smoke in her workplace. Crowe closes her eyes, and the shot fades to an image of smoke that, in turn, focuses into the shape of a target. Text appears on the screen: "Some tobacco companies say second-hand smoke bothers people. Health Canada says it kills. Refuse to be a target." The scene closes with the logo for the Government of Canada.[1]

I have just described the three most recent televised public service announcements (PSAs) produced by Health Canada encouraging smoking cessation.

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[1] Health Canada has archived transcripts of these PSAs on its website, which proved extremely useful when it came time to reconstruct them here. These transcripts are available at http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/res/media/camp-eng.php#shs.

The first two started airing in February 2005, while the latter that features Heather

Crowe, an activist who agitated for smoke-free workplaces in the short time between

her terminal diagnosis and her 2006 death, started airing in October 2003. These PSAs

represent a substantial part of the public communication labour the Government of

Canada conducts in support of smoking cessation, alongside labels that are affixed to

cigarette packages and warn about the addictive propensity of nicotine, the long-term

harms of smoking, and the effects of second-hand smoke on others. This latter concern

about the effects of second-hand smoke is the priority issue for televised PSAs, as I

demonstrate above, as it is on 7 of the 16 warning labels currently in circulation (others

warn about brain, heart, lung, mouth diseases and the general deadliness of tobacco

use.) The deadly effects of second-hand smoke have been a concern since it became an

object of research in the early 1970s; indeed, at about that time the tobacco industry

started to vigorously fund 'research' and its own advertising campaigns to discredit the

notion that second-hand smoke byproducts were harmful to the community,

recognizing that acceptance by the public of this information would be detrimental to

sales.[2] However, nearly four decades have passed since the dangers of second-hand

smoke have been made known by public health agencies and scientific communities.

Why, then, does the Canadian government continue to pursue extensive public

communications labour about this issue?

One answer, of course, is that despite scientific consensus and public

knowledge that smoking kills, a large segment of the population continues to be

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[2] Pascal Diethelm and Martin McKee, *Lifting the smokescreen: Tobacco industry strategy to defeat smoke free policies and legislation* (Brussels: European Respiratory Society and Institut National du Cancer, 2006), 5.

addicted to nicotine. While smoking rates have dropped dramatically since the early-

1980s (50% of blue collar and 26% of the professional class compared to today's rates

of 35% of blue collar and 16% of professionals[3],) Statistics Canada reported that

smoking prevalence had stabilized over the years 2005 through 2007 to roughly one in

five Canadians.[4] These rates, however, do not exactly account for the type and

character of the majority of PSAs which are, as I said, about second-hand smoke; after

all, warnings about second-hand smoke are about the dangers faced by innocent

bystanders affected by a smoker's habit. Why, then, is second-hand smoke emphasized

more than other effects in Health Canada's public communication? We could

understand these warnings as supporting a number of policy initiatives undertaken by

various governments in Canada since the early 2000s (especially in British Columbia,

Québec and Ontario, the latter of which I take up in a case study in Chapter 3) that

limit smoking at work and other places occupied by the public. This being said, only

the Heather Crowe PSA avowedly performed this kind of advocacy. The other two

PSAs, which admirably encourage parents to make their homes smoke free for the

good of their children, do not match some political will to forbid by law exposing

young children to smoke in the home. If these other PSAs do not directly support a

governmental policy initiative, what effect does Health Canada achieve from their

circulation?

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[3] See Trish Hall, "The Unconverted: Smoking Seems to Be Becoming a Lower-Class Habit," *The Wall Street Journal*, June 25, 1985, 1 and *Canadian Tobacco Use Monitoring Survey Annual* (Ottawa: Health Canada, February-December 2003), 3.
[4] "Contraband blamed for stagnant smoking rates," *The Windsor Star*, August 26, 2008.

The parent-child relationship represented in these PSAs is one fraught with tropes of protection and responsibility, generally. Indeed, presenting a parent's smoking as an act with deleterious effects toward her children conjures associations of willful neglect to innocent youths and disregard for the implicit trust of a parent for her defenseless child. When the rings of smoke unthinkingly exhaled by the mother in the first PSA, or by the off-screen parents in the second, focus into the shape of a target that lands on the very children at risk, a habit that has often been construed as presenting personal risk to a smoker's body is visually transformed into weaponry seeking out susceptible targets. According to the logic of these PSAs, to smoke in enclosed spaces adjacent to young children is tantamount to second-degree murder. To put it another way, these PSAs and similar warning labels project smoking as an act with profound effects in the field of social relations. *If you can't quit smoking for yourself*, these PSAs ostensibly say, *do it because others are relying on you to not hurt them*. Indeed, the relatively equivalent appearance of PSAs and warning labels that depict social consequences of smoking and PSAs and warning labels that depict personal, corporeal consequences of smoking demonstrates Health Canada's assumption that promoting cessation by way of appeals to senses of citizen, caregiver and social responsibility is an effective thing to do.

And yet, despite these poignant appeals, the smoking rate has stagnated. At the same time, and quite curiously, a majority of smokers have come to support policy initiatives that protect others from the effects of second-hand smoke. A 2008 poll released by the Canadian Cancer Society found that two thirds of smokers supported

new policy measures that banned smoking in cars when minors are present.[5] What we

see, then, is a split in the ways smoking citizens are making sense of the messages with

which they are presented. While messages supporting policies protecting people from

second-hand smoke are gaining widespread acceptance from smokers and non-smokers

alike, many smokers do not take the information as a good enough of a reason for they,

themselves, to quit. While such a result demonstrates the government has succeeded

with regard to one of its priorities, its approaches have been under-effective for actual

smokers. This fact is punctuated by a recent press report from Health Canada about

their tobacco warning labels. On July 5, 2008, the *Ottawa Citizen* reported the results

of a Health Canada poll that revealed "[m]ore than half – 57 per cent – say they are

unmoved by these graphic warnings, up five points from five years earlier."[6] Further,

that the rates in 2003 and 2008 are *both* over 50% is telling: even in 2003, warning

labels failed to gain traction with more than half of the smoking population. Granted,

this particular poll refers only to warning labels on cigarette packaging; however,

because these labels and PSAs share thematic content, I think this poll is reason enough

to raise skepticism about the effects public communication has been achieving.

Importantly, this partial success occurs despite the fact that information about the

dangers of second-hand smoke has been available for nearly four decades, and despite

the fact that many smoking Canadians approve of measures that limit smoking in

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[5] Canadian Cancer Society, "Overwhelming Majority of Canadians Support Ban on Smoking in Cars with Kids," press release, January 16, 2008, http://www.newswire.ca/ en/releases/archive/January2008/16/c8986.html.
[6] Sarah Schmidt, "Health Canada warnings 'becoming a bit stale': cancer society," *The Ottawa Citizen*, July 5, 2008.

public places demonstrates they do, in fact, comprehend the messages the government has been producing.

In this thesis, I contend that public communication about smoking cessation does very little to help the smoking public. Importantly, the poll I just mentioned was not released to justify the cancellation of existing public communication strategies in favour of new approaches. Instead, the poll is used to underscore Health Canada's research activities since 2004 on how to refresh and strengthen tobacco warning labels.[7] Health Canada's 2006 report on this research gathered feedback on preliminary results sent to government and non-government organizations, the tobacco industry, and individual citizens. This proposal suggested the design of new messages "tailored to specific audiences, including adults with low literacy skills, youth, hard-core smokers and people thinking about quitting smoking" and "[r]eplace the current toxic emissions/constituents statements with a series of new statements that each focus on one single substance."[8] Such a move is in line with prevailing communications research that investigates "factors that increase the impact of anti-smoking advertising [that] can help to effectively use scarce public resources."[9] This report takes for granted whether warning labels, as a medium, are effective: the report, after all, avowedly "intended to build on the success of the current tobacco product labeling

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[7] Tobacco Control Programme – Health Canada, *A Proposal for New Health-Related Information on Tobacco Product Labels* (Ottawa: Health Canada, 2006), 2.
[8] Ibid., 4.
[9] Sarah Durkin and Melanie Wakefield, "Interrupting the transportation experience: program placement effects on responses to anti-smoking advertising," (paper presented at the annual international meeting of the International Communication Association, San Francisco, United States, May 24-28, 2007).

requirements."[10] Indeed, all the respondents, even those that offered conditional

support for this proposal from Health Canada, indicated their understanding that

warning labels would inevitably continue to exist. Respondents from the tobacco

industry were even amenable to the proposal, not suggesting that labels should fall by

the wayside, but instead that labels should always be "accurate, factually sound, [and]

appropriate to the type of product."[11] If the existence of this kind of public

communication is approved even by tobacco industry detractors, we should not hold

our breath waiting for discussions about the fundamental appropriateness, suitability or

effectiveness of these media to curtail smoking rates.

     The manner in which government campaigns about smoking cessation are

evaluated may shed some light on why questions are elided about the very suitability of

these media. The Ontario Tobacco Research Unit, a research body funded by the

Ontario Ministry of Health Promotion, conducted a study on the recall of tobacco

control mass media campaigns in the province in 2006. The study surveyed smokers

and non-smokers in Ontario over the telephone, asking if citizens had viewed and

remembered four PSAs circulating in the province at the time. The study revealed that

86% or adults in Ontario recalled at least one of the current mass media campaigns,[12]

but did not ask respondents who were smokers if the campaigns made them want to

quit or helped them in their efforts to do so. Instead, respondents were asked whether

they remembered the PSAs "clearly and favourably."[13] At the time of this writing, the

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[10] Tobacco Control Programme 2006, 2.
[11] Ibid., 4.
[12] Ontario Tobacco Research Unit, "OTRU Update: Recall of Tobacco Control Mass Media Campaigns in Ontario" (Toronto: Ontario Tobacco Research Unit, 2006), 1.
[13] Ibid., 2.

Ontario Tobacco Research Unit has not conducted a subsequent survey to determine the effectiveness of these PSAs to encourage smoking cessation. The benchmark for successful public communication, or so it appears, is exposure and retention, not meaningful (re-)actions from their ostensible targets.

Something about these PSAs just isn't compelling enough to spur noticeable decline in smoking rates. Despite the fact that they present harrowing information about the effects of smoking, and despite the fact they have supported attitudinal changes about smoking in enclosed spaces, and despite the fact that they call on evocative images of relationships like those between parents and children, they do not hit the mark. Instead of new messages or stronger messages, this thesis is concerned with the limits of the PSA as a medium, both with respect to its form and its content. In terms of form, the PSA is a short, televised or printed message that conveys information, but not *new* information. We already know that smoking is bad for us and has harmful effects on people who breathe it on a sustained basis. PSAs do not inform us of this information as much as they *remind* us of something we already knew (this point will be explained in more detail in Chapter 1.) And, if this information hasn't made people quit smoking before, what guarantees that dramatizing it in even the poignant ways would suddenly make them quit? We have enough reason to believe that information is not enough to break a habit. So, to make sense of smoking, this thesis is interested in *why* people smoke instead of why people *shouldn't* smoke.

Here, I take for granted that smoking is a habit that is meaningful to smokers, despite the fact that, as Allan Brandt points out, "the vast majority of smokers [are] already deeply ambivalent about their own habit. Most polls [indicate] that most

smokers *want*… to quit."[14] Indeed, such findings do not establish that most smokers

wish they did not smoke, but rather only that 'wanting to quit' is important to them.

Also, this thesis keeps in mind that smoking prevalence varies based on class position.

As I said before, current smoking rates in Canada are roughly 20% higher in the

working class than in the professional class. And because of this, throughout this

thesis I will emphasize links between precarious or disadvantaged positions under

capitalism and addiction. These links are not at all dramatized in the smoking

cessation mass media campaigns currently in circulation. However, the Canadian

government has admitted these linkages exist in 1986's much-lauded *Achieving Health

for All: A Framework for Health Promotion*, a framework authored by then-Minister of

Health and Welfare Jake Epp. Needless to say, these rates demonstrate that smoking is

a class issue, by definition. And while it might be difficult to find an abundance, let

alone a majority of citizens who would praise the fact that, under capitalism, many

people have very little while a few people have quite a lot, it is similarly difficult to

find an abundance of people committing to overthrowing capitalism because it has

made things this way. Because of this, impoverished and disadvantaged classes have

been normalized under capitalism. So, too, has the availability and distribution of

addictive substances like tobacco. Although recent policies in Canada have moved to

remove cigarettes from plain sight in retail outlets, cigarettes are supplied under

capitalist logics of demand, consumer choice, and private profit. Although this thesis

does not take a stand on tobacco control issues such as prohibition, it is sufficient to

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[14] Allan Brandt, *The Cigarette Century* (New York: Basic Books, 2007), 300.

say that if cigarettes are readily available and one of the things they do is help some

people contend with living under capitalism, it shouldn't surprise us people still smoke.

This thesis, then, politicizes smoking as a class issue by framing it as a socialist

issue. As I will show, health promotion that occurs under a liberal rubric of individual

responsibility is insufficient when health information circulates freely and doesn't

result in people making the healthiest of decisions. In response, I suggest another way

forward by making a socialist commitment to better health for all. My argument, here,

is that if smoking kills a significant portion the population, then urgent, creative and

even risky interventions are necessary. And as I will go on to explain in Chapter 2, if

smoking is a magical resolution to the lived contradictions of living as a member of a

subordinate class or group under capitalism, the first order of business is to correct

these inequalities, even if it necessitates a commitment to ending capitalism as we

know it.

In Chapter 1, I take up the claims I have outlined here with respect to the

effectiveness of PSAs. To do this, I survey the development of health promotion in

Canada. Health promotion is an orientation and practice that understands how health is

determined by a variety of social and economic factors, *in addition to* biological ones.

I analyze two reports that established the role and purview of health promotion in

Canada – Marc Lalonde's 1974 *A New Perspective on the Health of Canadians* and

Jake Epp's 1986 *Achieving Health for All: A Framework for Health Promotion*. I

argue that there are two fundamental problems with these documents. First, despite the

fact that both documents discuss the social determinants of health at length, they both

portray a medical system in which it will ultimately be up to individual citizens to make positive decisions about their own health. Second, the programs that result are almost universally conducted with scarce resources and with an explicit, stated purpose to invest in citizens *now* to save government expenditures *later*. This limited investment and focus on individual responsibility forecloses the possibility of community approaches that work toward enacting structural changes to the very condition under which we live. PSAs do not aid us toward such ends; rather, they encourage us to contemplate information about health effects we already know instead of organizing to overthrow structures producing profound health inequalities.

Chapter 2 takes up the current, disproportionate smoking rates between the working and professional classes in Canada. I describe the conversion to neoliberal economic policies conducted by the Mulroney, Chrétien and Martin governments since 1984 and how these changes made working-class jobs less available in Canada, with whatever jobs left over having a precarious character marked by little job security, lower wages and fewer benefits. To put it another way, in the time period health promotion becomes institutionalized by governments in Canada, economic arrangements that increase inequality achieve hegemony, inevitably compounding social determinants of ill health. In such an environment, I argue that smoking, to borrow a phrase from Dick Hebdige, is a magical resolution to the lived contradictions of living under capitalism. In other words, smoking, despite the fact that it's highly addictive and harmful to long-term health, is meaningful to many who smoke because it can provide private, if meager, pleasure for people contending with the harsh realities

capitalism has to offer. I close the chapter by fully articulating a socialist politics

appropriate to address a wide-spread addiction like smoking.

Chapter 3 presents two case studies of recent addiction control efforts in

Canada. The *Smoke-Free Ontario Act*, which came into effect in May 2006, has

banned smoking in public places and has put significant limits on the conditions under

which tobacco products can be displayed in retail stores in the province. While the

Act's restrictions are useful with respect to protecting people from second-hand smoke,

the *Act* does not offer provisions that help people quit smoking. Despite this, the

Ontario government has presented out-of-context statistics to over-represent the *Act*'s

contribution to declining smoking rates in the province. The second case study is of

InSite, the safe injection site in Vancouver's Downtown Eastside, that provides clean

needles and nurse supervision to drug users. InSite is a facility where clients can work

with social workers to negotiate services available to them, and where drug abstinence

is not a prerequisite for access. InSite staff recognize that a host of factors condition

their clients' homelessness or under-housing, un- or under-employment, and drug use,

and works closely with them on a case-by-case to develop strategies appropriate to the

challenges they are facing. Indeed, this latter approach involves nurturing the critical

connections between people as well as the small economic redistributions rarely taken

up by health promotion agencies.

Chapter 1:

Health Promotion in Canada and the Limits of the Liberal Subject

Introduction

In this chapter, I discuss the history of health promotion – a field that has developed worldwide since the 1970s and focuses on providing information and related materials to equip people with necessary tools to increase their quality of health. I am interested in health promotion both in terms of its theoretical assumptions and positions, and also how health promotion has been practiced in Canada since the principles were mobilized by the 1974 Lalonde Report. Throughout this discussion, I identify the implicit and explicit theories health and of communication informing health promotion strategies, charting economic, political, and policy determinations that shift the definitions of 'health' and 'communication' privileged by the government of Canada at different times. In emphasizing these operational theories of 'health' and 'communication,' I identify how health promotion professionals and their programmes conceive of the public and the citizenry; I do this because policies about public health make a kind of contact with the public in dynamic exchanges where social actors' apprehensions condition the character of communicative or pedagogical events that result. Immediately, my word choices in the last sentence may point out the difficulty of this analysis and the limitations of health promotion when carried out by a contemporary liberal governmentality: why, for instance, are there two sides – namely, a government and a citizenry – when the government of Canada is legitimated in the public imagination by a social contract assenting its status as the representation of the

public in Ottawa? In other words, what are the conditions under which health promotion emerges in the first place, and what does the discord that inherently underscores a communicative event between multiple abstract parties say about other discords that condition contemporary governmentality in Canada?

First, a few words on governmentality. Governmentality is a concept developed by Michel Foucault, first in *Discipline and Punish*, and explored in greater depth during his 1979 lectures at the Collège de France – which have been published in the volume titled *The Birth of Biopolitics*. In *Discipline and Punish*, Foucault describes the transition in the 18th century from sovereign societies to disciplinary societies. In the former case, the king and his State's power were understood as one and the same; the sovereign issued unilateral directives to his subjects who obliged his command under punishment of torture or death. As the disciplinary society emerges in the 18th century, along with the middle class and modern democratic tenets, power is redistributed amongst multiple State institutions like the school, the police force, and the prison. Drawing on Jeremy Bentham's model of the panoptic prison in which cells are organized around a central watchtower, where prisoners correspondingly believe they are always under surveillance, Foucault describes how other institutions, like the school and the hospital, take on this character; in effect, these institutions teach citizens to patrol themselves. This dispersal of power allows society to reorganize itself to exhibit unprecedented efficiency, as bodies come to be patrolled and trained in ways these institutions deem necessary; indeed, "Discipline is no longer simply an art of distributing bodies, of extracting time from them and accumulating it, but of

composing forces in order to obtain an efficient machine."[1] The body, under the

disciplinary society, is rendered docile, as each institution patrolling daily life (work,

family, leisure, military service, etc.) guides bodies along a plane of "regularity, the

good order according to which [the body] operates its movements."[2]

In *The Birth of Biopolitics*, Foucault describes a subsequent shift from the

disciplinary society exacerbated by the transition to neoliberal economic arrangements

beginning in the 1970s. Neoliberalism, which privileges unrestricted, 'efficient' and

profit-driven market relations above all, is aggressive to governmental structures that

incur on potential profit (I will go into more detail on rise of neoliberalism in Canada

in Chapter 2.) With the rise of neoliberalism, governments privilege the market as a

site of governmentality over institutions like the school, the medial system, etc.,

enacting laws that protect the market from outside incursions.[3] As a result, citizens *as*

well as institutions like the school and medical system come to evaluate themselves in

lines with market logic when compelled (ie. when seeking (or providing) shelter,

medical care, or apprehending enough cultural capital to ensure a comfortable lifestyle

under late capitalism.) Important, for this chapter, is the notion that government

objectives are institutionally embedded at every level. By this logic, a government's

commitment to achieving health for all, which is the subject of this chapter, does not

guarantee a concomitant examination and reworking its structural workings (ie.

neoliberal economics) *if* those structures are in fact contributing to health

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[1] Michel Foucault, *Discipline and Punish: The Birth of the Prison*, trans. Alan Sheridan
(New York: Vintage, 1995), 164.
[2] Ibid., 164.
[3] Michel Foucault, *The Birth of Biopolitics: Lectures at the Collège de France, 1978-
1979*, trans. Graham Burchell (New York: Palgrave, 2008), 258.

disadvantages for various individuals and groups in Canada. While I will take up

neoliberal governmentality and biopolitics in Canada specifically in Chapter 2, in this

chapter I will emphasize the ways governments in Canada envision the types of contact

they make with citizens throughout the course of health program provision. As I will

go on to explain, this contact has a top-down character in which, in Foucault's words,

"[t]he individual body becomes an element that may be placed, moved, articulated on

others."[4] Indeed, the programs I describe here experience difficulty when the subjects

they attempt to serve are not easily located on the efficient and normative machine a

neoliberal capitalist Canada idealizes for itself – a machine that aims at cultivating and

reproducing its subjects so they assume private responsibility for pathological social

conditions by accepting their material situation as the result of, and open to

amelioration by, their own choices.

Health Promotion in Canada and Liberal Preconditions

Health promotion is a concept that emerged in the 1970s devoted to health and

social welfare that subsequently gained recognition by government and inter-

governmental agencies (namely the World Health Organization). Ilona Kickbush,

political scientist and one-time Director of the Lifestyles and Health Department for

the WHO in Europe, describes the turn to health promotion as a "paradigm shift," one

that "challenge[s] a health agenda focused on the consumption of services and care

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[4] Ibid., 164.

rather than on the production of health."[5] In other words, professionals engaging in

health promotion practices are interested in destabilizing the central position

biomedicine occupies in the medical system, instead furthering a view that health is

determined by a complex interaction of social, economic and environmental factors.[6]

To put it another way, and to borrow the language Raymond Williams uses to describe

culture, health promotion is a concept that sees health as *a whole way of life*.[7] In this

way, health promoters see (although to varying degrees – a point I will get to in a

moment) literacy programs, community organizing, outreach with seniors, social

justice work and information campaigns as having comparable potency to doctor's

visits, medication, and disease control. This idea that 'health' is a broad church,

relevant beyond a purely scientific understanding of the body, is obvious in how we

have come to use the adjective 'healthy' in the popular vernacular; it is commonplace,

after all, to hear someone talk about a 'healthy community' or 'healthy public policy.'[8]

In this way, the concept of health promotion bears resemblance to other,

perhaps more familiar social justice enterprises. The claim that health is determined by

social, economic, environmental *and* biological factors is similar, at least formally, to

the intersectional understandings of oppression that underpin contemporary feminist

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[5] Ilona Kickbusch, "Introduction: Tell Me a Story," in *Health Promotion in Canada: Provnicial, National and International Perspectives*, ed. Ann Pederson, Michel O'Neill, and Irving Rootman (Toronto: W.B. Saunders Press, 1994), 8.
[6] See Green and Labonté 2008, Hancock 1994, Kickbusch 1994, Labonté 1994a, O'Neill and Pedersen 1994, Raphael 2008, Rootman and Raeburn 1994.
[7] Raymond Williams, *Culture and Society: 1780-1950* (New York: Columbia University Press, 1958/1999), 237.
[8] 'Healthy public policy' is a key intervention sought by many health promotion professionals contributing to Ann Pederson, Michel O'Neill and Irving Rootman's 1994 edited volume *Health Promotion in Canada*. See especially the concluding chapters by Trevor Hancock, and O'Neill, Rootman and Pederson.

and critical race politics, for example. Some health promoters have explained the influence social movements have had on the development of the health promotion field; however, social movements are often held at arm's length in these accounts. In the conclusion to *Health Promotion in Canada*, O'Neill, Rootman and Pederson explain that health promotion "discourse is a professional and bureaucratic response to the challenges put forth by other social movements, including feminism and environmentalism."[9] The language of 'professionalization' and 'response' is important, here, because it designates different characteristics belonging to health promotion (which is something that has been imported into and institutionalized within (largely) governmental structures,) and social movements, the latter of which reside (largely) outside the bureaucracy. Movement politics like feminism, environmentalism, and even Marxism are made sensible in health promotion through a kind of *translation*. As Kickbusch puts it, "Health promotion is not, and in my view never was, a social movement… Many of the professionals involved in health promotion had participated in or supported social movements, and had been influenced by the means of social activism as well as its goals."[10] To be charitable to her disavowal of health promotion *qua* social movement in this figuration, Kickbusch is pointing out that health promotion is not its own discrete movement along the lines of feminism or environmentalism. However, because of the split (one might say extra-curricular) political affinities of professionals involved in its service, health promotion

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[9] Michel O'Neill, Irving Rootman and Ann Pederson, "Beyond Lalonde: Two Decades of Canadian Health Promotion," in *Health Promotion in Canada: Provnicial, National and International Perspectives*, ed. Ann Pederson, Michel O'Neill, and Irving Rootman (Toronto: W.B. Saunders Press, 1994), 381.
[10] Kickbusch 1994, 8.

gleaned lessons from types of activism *vis a vis* the persons in its employ. In this way,

the goals of movement activism are smuggled into official discourse by split

citizens/professionals, a kind of risky co-optation that can, in turn, be co-opted toward

unexpected ends by other bureaucrats. O'Neill, Rootman and Pederson admit this

secondary appropriation is happening in Canadian health agencies as early as 1994,

writing that "health promotion is becoming co-opted by the dominant order it first set

out to challenge, creating significant dilemmas for the promoters and early adopters of

its credo."[11]

There is a lengthy history of co-opting activist challenges to the status quo by

governments in Canada, one explained at length by Ian McKay in his book *Rebels,*

Reds, Radicals: Rethinking Canada's Left History. Drawing on Gramsci's work on

hegemony (which McKay nicely synthesizes as "a daily bid to achieve support for a

political and social project, not a once-and-for-all achievement of total domination"[12],)

McKay writes about the Liberal Party of Canada (the party that has held power for the

majority of Canadian history), calling it a "master of the arts of co-optation and

selective absorption."[13] McKay characterizes the Liberal Party as a dynamic

organization that, while responsive to challenges for reform, nevertheless

fundamentally maintains the underlying liberal, capitalist character of the government.

He calls this a "logic of 'passive revolution'" that "involves a dynamic of both

revolution (because far-reaching concessions are made) and restoration (because the

intended outcome is to remove the teeth from the liberal order's most consistent

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[11] O'Neill, Rootman and Pederson 1994, 377.

[12] Ian McKay, *Rebels, Reds, Radicals: Rethinking Canada's Left History* (Toronto: Between the Lines, 2005), 61.

[13] Ibid, 75.

critics)."[14] In other words, legitimate politicians in Canada must appear, at least on the face, to be committed "to the democratic values it has historically resisted" and, in so doing, "offer… a compromise through which substantial concessions to popular demands are made – but with the price tag that grassroots democratic movements edit out their radical leaders, soften up their politics, and learn how to play the liberal game."[15] McKay uses the alliance through which the Pearson Liberals domesticated the Douglas New Democrats' medicare proposal when it was passed by the House of Commons in 1966 as an example of this passive revolution, and the development of health promotion in Canada is another useful example. Understanding health as a whole way of life gained credence throughout the 1970s, as I will explain shortly in more detail. However, for the most part, official versions edited out the critique of economic inequality underpinning the broad-based view of health emphasized by many health promoters.[16]

It is worth pointing out, then, that there is an underlying economic impetus to the development of health promotion in Canada. The 1974 report *A New Perspective on the Health of Canadians*, authored by then-Minister of Health and Welfare for the Liberals, Marc Lalonde (hereafter referred to as the Lalonde Report,) was the first public policy document that formalized health promotion as a priority program at the federal level.   The Lalonde Report, while foregrounding the opinion that health is a whole way of life and that new approaches must be undertaken to improve the health of Canadians, makes clear its concern with the escalating costs of the federal

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[14] Ibid, 75.
[15] Ibid, 75.
[16] See Hancock 1994.

government's then-eight year old public health care system. Lalonde notes: "The annual rate of cost escalation has been between 12% and 16%, which is far in excess of the economic growth of the country; if unchecked, health care costs will soon be beyond the capacity of society to finance them."[17] For Lalonde, then, expanding the scope of health care to include a focus on (especially chronic) disease prevention and encouraging healthy lifestyle choices made fiscal sense. Health promotion activities, if successful, would ease the strain on the health care system and reduce cost escalation, especially over the long term. In his analysis of the Lalonde Report, Ronald Labonté concurs that concerns about expenditures were the deciding factor for the government's support of health promotion initiatives, writing that "[g]rowth in sick-care expenditures did not match gains in life expectancy" and that "in theory at least… the shifting of illness expenditures to other programs or policy areas (ie. health education, environmental protection, income maintenance) [would] yield proportionately greater gains to population health."[18] The institutionalization of health promotion by the federal government can therefore be seen, invoking McKay's analysis, as a revolution leading to a resolution: health promotion was brought to the attention of government officials as something that would make life better for Canadians, and the government took notice because sick people strain the economy; the public health care system as it had developed since 1966 was financially unsustainable, and the development of health

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[17] Marc Lalonde, *A New Perspective on the Health of Canadians* (Ottawa: Health and Welfare Canada, 1974), 28.

[18] Ronald Labonté, "Death of Program, Birth of Metaphor: The Development of Health Promotion in Canada," in *Health Promotion in Canada: Provnicial, National and International Perspectives*, ed. Ann Pederson, Michel O'Neill, and Irving Rootman (Toronto: W.B. Saunders Press, 1994), 73-4.

promotion initiatives were perceived as solving a longstanding problem for which the federal government was unprepared.

It should not surprise us, then, that the 74 initiatives outlined in the Lalonde Report tend to recommend lifestyle changes people can make in their daily lives rather than addressing the broad systemic (namely economic) inequalities about which health scholars like Ivan Illich, Ronald Labonté, Thomas McKeown, Vincente Navarro and Sharon Penfold were writing at the time.[19] This is not to characterize the Lalonde Report as a collection of home health tips; on the contrary, the report is ambitious with its recommendations for program development. The report calls for the development of campaigns on topics from nutrition to traffic safety to exercise, as well as the construction of recreational trails, community centres, and screening programs for chronic conditions (heart disease, blood pressure, etc.)[20] However, the report contains scant reference to health problems caused or conditioned by economic inequality. The closest Lalonde comes to addressing how economic factors impact health is in two recommendations about workplace conditions: the report urges that employers and trade unions be enlisted to encourage "sedentary workers in obtaining exercise programs."[21] To this end, most of the Lalonde Report's recommendations seek to mitigate consequences instead of eliminating causes of adverse health conditions. The solution, here, is not to rethink the working conditions that cause workers to become sedentary (let alone conditions like those faced by workers in manufacturing or

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[19] See Illich 1997, Labonté 1994b, McKeown and Lowe 1966, Navarro 1978.
[20] The 74 recommendations appear on pages 67-72 of the report.
[21] Lalonde 1974, 68.

resource extraction that are dangerous and routinely life-threatening,) but to fix these apparently inevitable effects with *exercise*.

This scheme in which effects instead of causes are addressed is fundamental to the Lalonde Report. Further, the Report reveals how the government conceived of its citizens at the outset of health promotion in Canada, which in turn reveals the implicit theory of communication in operation at the time. The various programs envisioned by Lalonde promise a tremendous amount of infrastructure: disease screening, nutrition education, exercise facilities and a whole host of programs would be developed; the population would then learn about the new programs through public communication and testimonials from friends and neighbours, after which it would be up to them to take advantage of the vast, generous array of new offerings (and why wouldn't they?) The sequence I have sketched out, here, is consistent with the libertarian view of health Lalonde mentions in the preamble to the report. He writes: "The view that Canadians have the right 'to choose their own poison' is one that is strongly held."[22] As he goes on, though, he reveals that it will be up to citizens themselves to adopt a more serious understanding and ownership over their own health, broadly constructed, as they must "be concerned with the gravity of environmental and behavioural risks before any real progress can be made."[23] The Lalonde Report takes for granted that a social subjectivity that holds personal choice in a privileged position, in which it is of primary importance for one to make a choice for herself and/or her family to access or ignore available options, is the best way of managing the public health; in other words, individual choice isn't a problem and is actually a part of the solution, but the choices

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[22] Ibid, 6.
[23] Ibid, 6.

individuals have made, to this point, have either been misinformed or wrong. For the government, then, the solution is all in the infrastructure and not in ascertaining whether the citizens have successfully apprehended how and why one *ought to* access the gamut of new programs.

This sort of framework sets the stage for a phenomenon of 'blaming the victim' in public health – an effect that has been criticized by a number of health promotion scholars.[24] As Labonté reflects in 1994, "[Lalonde's] singularly top-down view of health was deeply resented by many of those individuals and organizations whom [*sic*] the health educators and promoters sought to influence."[25] The 'build it and they ought to come' approach of the Lalonde Report and its programs was understandably disempowering to clients and health promotion professionals alike. The resulting projects certainly provided more infrastructure for professionals and clients to work with, but severely limited the possibilities for stakeholders to question and suggest alternatives to the conditions under which they were working. Take how the Lalonde Report conceives the role of "women's movements in getting more mass physical recreation programs for females, including school children, young adults, housewives and employees."[26] What kinds of women's movements might be deemed useful by this recommendation if, here, involvement is limited to raising awareness and distributing information? This is odd considering health promotion professionals and scholars indicate their indebtedness to lessons learned from being or having counterparts

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[24] See Freudenberg 1978, Grace 1991, Labonté and Penfold 1981.
[25] Labonté 1994a, 75.
[26] Lalonde 1974, 68.

involved in the women's health movement.[27] The women's health movement in the

1970s responded to structural problems in institutionalized medicine that routinely

prevented women from accessing necessary procedures; grassroots medicine by and for

women made screening, treatment and medical procedures (like abortions, for

example) not only more available, but did so by way of a gender solidarity and

community focus that was at odds with the way the State and institutionalized medicine

conducted and conducts itself. After all, as was made clear in a text like Ehrenreich

and English's *For Her Own Good*, a sexist society exhibits sexist structures in its

institutions, and medicine is no exception. The limited way in which the Lalonde

Report characterizes women's groups demonstrates, not negates, that we should be

concerned with the State's appropriateness to deliver health care that responds to the

needs of women. Indeed, this uneasy correspondence between State and grassroots

politics demonstrates, *à la* McKay, co-optation at work.

The short history of the Canadian Healthy Communities Project demonstrates

another aspect of this co-optation in which government agencies measure success and

future potential in ways contrary to health promoters. First envisioned in 1986 and off

the ground by 1988, the program came off the heels of the international Healthy Cities

Project facilitated by the World Health Program; it also came to fruition around the

same time as the 1986 document *Achieving Health for All: A Framework for Health

Promotoin*, authored by then-Minister of Health and Welfare Jake Epp, and the 1986

Ottawa Charter for Health Promotion, which emerged from a World Health

Organization conference held in the Canadian capital. The Healthy Communities

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[27] See Freudenberg 1978, Kickbusch 1994, Hancock 1994.

Project appeared to operate, in many ways, *contra* the Lalonde Report, seeking

collaborations between non-governmental organizations such as the Federation of

Canadian Municipalities, the Canadian Public Health Association, and the Canadian

Institute of Planners to work under the assumption that health is irreducibly local and

ought to represent a host of different perspectives, with participants going so far as to

understand that "some members of the community may have to relinquish some of

their comfort to benefit others."[28] The project, however, was short-lived; this was in

part caused by the internal organization, which hosted a conference that went over

budget and failed to produce a promised handbook on how one might create a healthy

community during the initial three-year grant period. However, the project also

suffered from elements outside its immediate control. According to Sharon Mason-

Stinger, it is difficult to evaluate the successes of a program that attempts to improve

health in a multi-faceted way; indeed, "[t]he time frame for evaluating the success or

failure of the CHCP was too short for the systemic change and community

development process sought by the Steering Committee."[29] On another note, she

points out how "some have viewed the development of the Healthy Communities

movement as an indicator of a neo-conservative agenda that seeks to downshift the

burden of the federal and provincial deficits to municipalities,"[30] which is interesting

when one considers the explicit concern about fiscal prudence in the Lalonde Report.

This is another example of a project that failed to meet the test for checks and balances

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[28] Sharon Manson-Stinger, "The Canadian Healthy Communities Project: Creating a Social Movement," *Health Promotion in Canada: Provincial, National and International Perspectives*, ed. Ann Pederson, Michel O'Neill, and Irving Rootman (Toronto: W.B. Saunders Press, 1994), 117.
[29] Ibid, 117.
[30] Ibid, 118.

in a system where "resources were decreasing while demands for accountability were increasing"[31], while simultaneously threatened by association, even if it was merely imagined, with a change in political philosophy (namely, neoliberal program cuts, downloading and privatization) that directly threatened the solvency of municipal stakeholders.

It is interesting, and perhaps telling, that the Canadian Healthy Communities Project failed to get off the ground despite Jake Epp's oft-celebrated *Achieving Health for All*. Epp was a supporter of the health promotion movement even though his Mulroney Progressive Conservative colleagues were not; the Progressive Conservatives, according to Trevor Hancock, offered "no evidence that they [were] willing to develop the policies, mechanisms or structures that will ensure that healthy public policy is developed"[32] after Epp's short tenure as Minister was cut short by a cabinet shuffle in 1989. Epp's Framework, however, was an important update to the Lalonde Report as it specifically addressed the ill effects of victim-blaming, that (in the words of William Ryan) "brilliant ideology for justifying a perverse form of social action designed to change, not society, as one might expect, but rather society's victim."[33] Epp's language, on this matter, is similarly strong: "we cannot invite people to assume responsibility for their health and then turn around and fault them for illnesses and disabilities which are the outcome of wider social and economic circumstances. Such a 'blaming the victim' attitude is based on the unrealistic notion

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[31] Ibid, 117.
[32] Trevor Hancock, "Health Promotion in Canada: did we win the battle but lose the war?" in *Health Promotion in Canada: Provncial, National and International Perspectives*, ed. Ann Pederson, Michel O'Neill, and Irving Rootman (Toronto: W.B. Saunders Press, 1994), 367.
[33] William Ryan, *Blaming the Victim* (New York: Vintage, 1976), 7.

that the individual has ultimate and complete control over life and death."[34] Such an assertion questions the fundamental tenets of liberalism in a manner utterly unfamiliar to the Lalonde Report: it not only recognizes that a maxim of individual responsibility is contradictory and often unfair, but in naming individual control as an 'unrealistic' expectation, implicitly recognizes that the livelihoods of all people are, instead, irreducibly connected by social, biological, and environmental factors they, themselves, are ultimately powerless to change.

The Epp Framework also goes a long way in redressing the concern amongst health promotion professionals and scholars about economic inequality. Epp names three challenges for health promotion, and puts 'reducing inequalities' at the top of the order alongside increasing efforts at prevention and enhancing coping mechanisms. He cites a number of statistics with regard to disparate longevity and 'disability-free years' between individuals, both women and men, of high and low income, pointing out that poorer Canadians die far more often of "chronic respiratory disease, pneumonia, tuberculosis and cirrhosis of the liver" and have higher prevalence of "mental health disorders, high blood pressure and disease of the joints and limbs" than the rich.[35] Such a classification of disease and disorder prevalence according to class location is no hollow victory, as it is a rare admission in public policy in Canada that there are critical differences in the quality of life of various individuals and groups based on privilege. Establishing such attenuation to class difference in public policy seems to

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[34] Jake Epp, *Achieving Health for All: A Framework for Health Promotion* (Ottawa: Health and Welfare Canada, 1986), 15.
[35] Ibid, 4.

make health projects like Healthy Communities amenable to the federal government's priorities.

Another component of the Epp Framework that I will return to at length in Chapter 2 is the challenge to enhance the population's ability to cope with health problems. Epp talks about coping in the sense that one lives to learn with chronic disorders and mental health issues, but pays particular attention to risks associated with stress. He mentions how women are prescribed tranquilizers twice as often as men, how "the uncertain nature of [women's changing] role[s]… is unduly stressful[,]" and how "[t]he changing nature of social roles and factors such as unemployment have had a bearing on the emotional well-being of men[.]"[36] He goes on to explain how this sort of "mental stress… find[s] expression in many forms, including child abuse, family violence, drug and alcohol misuse and suicide."[37] Despite the fact that Epp's characterization is gender normative,[38] he nevertheless offers a useful schematization in which we can draw together a relationship between mental stress, labour conditions, and class position. Where working class Canadians are more susceptible to chronic conditions because their labour is physically and/or mentally straining (as in manufacturing, resource extraction, or the service industry,) this susceptibility is

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[36] Ibid, 6.
[37] Ibid, 6.
[38] For example, he takes 'women's changing roles,' which in the 1980s certainly refers to the statistical increase in women working outside the home, as causing more stress than feelings of empowerment; where this kind of work causes stress for women and their families, Epp also suggests men who lose their employment outside the home is productive of a new kind of stress. This is, of course, a double standard in which gender inequality communes with capitalism, and something I will explore further in Chapter Two. Despite this, I read Epp as *trying to say* that capitalism itself causes stressful situations for individuals and their families, and that this stress is often lived through gender roles that have been familiar throughout welfare capitalism and are destabilizing in the 1980s.

redoubled because such labour is rewarded with less compensation and, increasingly in the 1980s, less job security than white-collar work. As a result, mental and physical stress ensues not just from the conditions *on* the job, but also from the conditions *around* the job. One of the promises of the Epp Framework, although not explicitly hailed as such, is the possibility to make a Marxist reading that references public policy *vis a vis* the Framework – one that understands labour conditions and the experience of living under capitalism as that which primarily determines mental and physical health.[39]

Conveniently, the Epp Framework emerged in 1986, the same year the World Health Organization held an international health promotion conference in Ottawa, out of which the *Ottawa Charter for Health Promotion* was produced. The Ottawa Charter and the Epp Framework are very similar in content, each addressing inequality as a determinant of health and encouraging healthy public policy and community-focused programs at all levels of government as measures to mitigate this. The correspondence of these two documents, then, rectified the largely victim-blaming Lalonde Report and brought Canada's health promotion philosophy more in line with that of the World Health Organization, making Kickbusch's claim that health promotion is "the fruit of a close relationship between Canada and Europe"[40] a more accurate assertion. At the very least, this correspondence was made *discursively* at the level of public policy, with conditions. Health promotion efforts in Canada favouring a 'broader' approach would

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[39] But such a reading isn't *in* the Epp Framework. As I discuss in the next section, Epp imagines various program enhancements can "reduce" but not "eliminate" inequality (see page 1 of the Framework.) The problem for Epp, then, is not capitalism, but the gradations between classes in Canada that produce such a disparate quality of life.
[40] Kickbusch 1994, 9.

come to encumbered on at least two fronts. The first, as evidenced by the Canadian

Healthy Communities Project example, stems from the limited financial resources

available for projects. Indeed, the problem of scarcity is directly addressed by the Epp

Framework, which states that while "the health promotion approach has the potential

over the long term to slow the grown in health care costs[,]" that "cost control"

nevertheless "is a matter of continuing concern."[41] I will dramatize the confluence of

lifestyle approaches to health promotion and the use of PSAs as public communication

material in the final section of this chapter. In the next section, though, I will

demonstrate the root causes of victim-blaming, lifestyle approaches, showing how the

Epp Framework is insufficient to rectify these root causes. The poison pill for the

Framework is its citation of a World Health Organization definition for health

promotion that claims such programmes participate in "the process of enabling people

to increase control over, and to improve, their health."[42] This focus on enabling the

individual abets the lifestyle approaches still clearly activated in public communication

about health, as evidenced by the PSAs I described in the Introduction. The challenge,

here, should be familiar to liberalism: to what extent can an individual be said to have

the freedom to choose and, in turn, be responsible for her or his actions when the

available options are severely limited by a complex and well-established

superstructure?[43]

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[41] Epp 1986, 15.
[42] Ibid, 7.
[43] Here, I am not trying to claim there is an internal inconsistency in the Epp
Framework. After all, it makes sense, as it did for Lalonde, to claim that with better
choices available, people will be able to make them. Instead, my point is to look for
common denominators between liberalism and victim-blaming. Considering individual
autonomy and choice are central to both, we might see the latter as a description of a

Solidarity and Deterritorialization: Necessary Alternatives

Let's return to a point I brought up earlier in this chapter, and one that is necessary to clarify in order to adjudicate how relying on an individual locus of judgment to choose between healthy and unhealthy activities is tantamount to victimization and eventual blame, especially if the government and related health agencies are putting in an honest effort to make it easier to make good choices. I said that the concept of the 'health field,' which I restated as 'health as *a whole way of life*,' has a formal resemblance to the interlocking forms of oppression model in feminism and critical race theory in that health, seen this way, is determined by social, economic, environmental and biological factors. I mention this here because the Epp Framework, despite the fact that it makes way for Marxist-derived readings of how class position and labour stress affect the health of citizens, fails to ask if the very economic inequality produced by capitalism is in fact the primary determinant of ill health. It seems to me that the sections of the report I cited before beg that very question: if poorer people suffer greater incidence of chronic diseases because of where they live and how they work, wouldn't it make most sense to eliminate poverty as one, if not the ultimate, solution to this quandary? However, in the way that Epp nominally lays out the challenge of 'reducing inequality' as opposed to 'eliminating inequality' confirms, inequality, for this Minister of Health and Welfare at least, is taken as a given in Canadian society. Epp's answer, instead, is to set out "the reduction of health inequalities between high- and low-income groups [as] one of our leading

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subjectivity and the former as the consequence incurred against a liberal subject who has difficulty living up meeting externally-established expectations of character.

challenges."[44] What does the term 'health inequality' mean in this statement if it is something that can be differentially exhibited by two different groups? Certainly the term doesn't stand for the structural factors that cause the very existence of two different groups, and so it must refer to the differential incidences of particular conditions and differential levels of access to health care facilities experienced *by* these two groups. By framing the issue as such, Epp is committing the cardinal sin of health promotion – indeed, he is privileging treatment over prevention. After all, the government may set out to enhance the capabilities of hospitals and clinics in poorer neighbourhoods, or set up screening programs for blood pressure, cholesterol, sexually transmitted infections, etc.; and while these measures may look like they warrant the label 'preventative,' if the sources of health inequality truly reside in the economic structure, these programs are really just stopjams. Although it does pay lip service to the fundamental economic determinants of health inequalities, the Epp Framework did not seek prevention in the larger sense because it did not take the continued production of economic inequality under its purview.

As I explained in the Introduction, and as I will expand on in Chapter 2, this thesis takes for granted that interlocking systems of oppression, and the identity politics which name those various kinds of oppressions experienced by subjects in every dynamic and excruciating encounter with inequality, have a location in the class structure. This is a fairly easy point to make, in part because there are two ways to articulate it. The first and generally less contentions view is that people who are recognized as occupying the abject position in a binary dyad (trans, gender-queer or

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[44] Epp 1986, 5.

female *versus* male, of colour *versus* white, indigenous *versus* colonizer, queer *versus* straight, etc.) are consequently subjected to a disempowered position in the class structure by a power-bloc that is constantly re-inscribing the hegemony which rewards their heretofore privileged cultural and economic locations.[45] The second and more orthodox Marxist approach is to claim that one's economic position is the facet that most determines a subject, and that a subject's gender, racial or sexual identity is always already conditioned by one's place in the relations of production. While gender, racial and sexual identities are often experienced positively despite their negative positions in power dyads, they are always already conditioned by class and by citizens' relations to the means of production. Because of this, gender, racial and sexual identities would assuredly be experienced differently if lived under a system in which economic power would not be disproportionately distributed to marginal social actors.

The failures of health promotion, by which I really mean the failures of governments to take up health promotion's utopic liberatory impulse and, instead, rendering programs carried out in its name docile and conventional, certainly demonstrate the irreducible determining role of the economic. We can see this with regard to health promotion in the way new programs are justified: despite "times of *scarcity*," according to Epp, "the health promotion approach has the potential over the long term to slow the growth in health care costs"[46]; or, even in making a general definition, he says health is "a *resource* which gives people the ability to manage and

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[45] See Nancy Fraser, *Justice Interruptus: Critical Reflections on the 'Postsocialist' Condition* (New York: Routledge), 1997.
[46] Epp 1986, 15, emphasis mine.

even to change their surroundings."[47] The intrusion of economic idiom even in speech

situations that don't have to do with the economy has been present in moral

philosophy, according to Edward Andrew, since after Marx and Mill when

philosophers started to prioritize knowledge about aesthetics over economics. While

Andrew points out the language of 'value' is appropriate to expressing some areas of

human experiencing other than market relations, "[v]alues-discourse is clumsy or

heavy-handed in its attempts to colonize the realms of necessity or of grace, of need

and of love."[48] We can see this clumsiness in policy documents and in everyday

conversation: I like to *spend* time with you; I *value* my friendships; or even when

Nancy Fraser theorizes the revolutionary moment, she describes how a class would put

itself "out of *business*."[49] If we speak economically of things we care about as much as

our health and that of others, of our lovers, friends and families, it seems Marx has a

point when he writes that "[w]e relate to each other merely as exchange-values" and

that "[o]ur own intercourse as commodities proves it."[50] If we conceive of health as

something conditioned by care structures and not just market relations, as I do

throughout this project, the appearance of the language of values alerts us to discursive

sites needing problematization and recharacterization.

Shari Dworkin and Faye Wachs's book *Body Panic: Gender, Health and the

Selling of Fitness* offers a reading of how class and gender norms condition the way

that health and fitness is made normative and celebrated in postindustrial capitalism.

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[47] Ibid, 3, emphasis mine.
[48] Edward Andrew, *The Genealogy of Values: The Aesthetic Economy of Neitzsche and Proust* (London: Rowan & Littlefield, 1995), xiv.
[49] Fraser 1997, 17.
[50] Karl Marx, *Capital (volume 1)*, trans. Ben Fowkes (London: Penguin, 1990), 176-177.

They link, both coincidentally and formally, the emergence (of especially male) preoccupation with the body and fitness with "gender insecurities in the changing postindustrial workforce."[51] Coincidentally, fitness practices reached fever pitch in the 1980s and 1990s (Dworkin and Wachs trace this through a study of magazines like *Women's Sport and Fitness* and *Runner's World*); formally, habitual exercise stands as a replacement for the trope of reward through hard work that had previously been generated by rapidly-disappearing jobs in industrial labour. This phenomenon had been predicted earlier in the century, of which Wolf Koenig's 1960 National Film Board film *I Was a Ninety-Pound Weakling* provides a good example. In the film, the fitness instructors that are interviewed implore women and men to engage in (granted, very different and highly gendered) exercise regimes to mitigate the effects of much more comfortable, less physically demanding post-war lifestyles.

Whatever the source of anxiety about the body, however, capitalism steps in with ready remedies: indeed, ideal bodily images circulated by the media, by word of mouth, or even in health promotion materials that incite citizens to maximize their health, producing a "culture of lack" while, simultaneously, the market produces "an endless array of objects to assuage the lack, or at least the stigma of possessing it"[52]; as a result, "the consumer beings to see his or her body as an alien object that must be constantly managed through consumption to preserve position and identity."[53] Health, envisioned this way, encourages constant corporeal labour to produce a satisfying surplus value (arrived at when the body finally reaches the ideal) that will never come

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[51] Shari Dworkin and Faye Wachs, *Body Panic: Gender Health and the Selling of Fitness* (New York: New York University Press, 2009), 8.
[52] ibid, 10-11.
[53] ibid, 10.

(hence, the lack.) And in Crawford's view, such a healthism (his term) is *apropos* to "an ideologically insidious force" like neoliberalism, because it "elevat[es] health to… a metaphor for all that is good in life… reinforcing the privatization of the struggle for generalized well-being."[54] In other words, while standing in for the feeling previously associated with paid labour, healthism reinforces the interests of the power-bloc.

This might be an acceptable regime if it actually reflected how the body works. But are we accurately envisioning the body if we think of it as needing constant work that always defers a final satisfaction? If we think a bit more simply about our bodies and their needs, such rigorous practices seem nonsensical. If I get hungry, I eat, and I am satisfied. If I cut myself, I bleed but my body heals itself, assuming the incision isn't very deep. Despite the fact that the fittest person and the most out-of-shape person in the world may have different odds at longevity, when it comes down to it, both have bodies that function. Although I will discuss Gilles Deleuze and Félix Guattari's concept of the Body without Organs (or BwO) more extensively in the next chapter, their proposition warrants mention here. According to Deleuze and Guattari, the BwO (which is only as such at birth or in the process of experiments at coping with what the world does to the body) is effectively "nonstratified, unformed, intense matter, the matrix of intensity, intensity=0"[55]. Only after bodies are categorized and made intelligible through the processes of socialization, interpellation, and analysis (the latter, here, "translates everything into phantasies… converts everything into

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[54] Robert Crawford, "Healthism and the Medicalization of Everyday Life," *Health* 10, no. 4 (2006), 401-420.

[55] Gilles Deleuze and Félix Guattari, *A Thousand Plateaus: Capitalism and Schizophrenia*, trans. Brian Massumi (Minneapolis: University of Minnesota Press, 2005), 153.

phantasies"[56]) are they made to correspond to the expectations in an often painfully embodied symbolic order. The only way one might achieve a BwO after socialization is through a tentative, uncertain and often experimental process of deterritorializaiton and destratification – deterritorializing socialization, to be sure, but not with any certain or universal guidelines. However, basic processes of satiation and healing give clues to the destratified, non-hierarchized possibility of a BwO we all have.

I mention this here because Deleuze and Guattari offer an account of the body that recognizes, accounts for and attempts at intervening against external pressures and expectations. The model they offer is also, as they admit, very difficult if impossible to achieve, but this is something I will take up in more detail in Chapter 2. Sufficient to say, achieving the BwO requires experimental thinking toward answers with which we are not yet familiar, and not conventional responses we already know how to make. The BwO model is important to my argument, here, to demonstrate that we come to recognize our bodies, both conceptually and corporeally, through the social. In other words, if the BwO "is that which one desires and by which one desires"[57], the socialized, informed, or civilized body is that which one is always in the process of desiring and by which one is doing so incessantly. In other words, desire is never experienced in full plentitude, and instead, one is never satiated and always wanting. Further, because the body is produced socially, and capitalism is the system under which we live, Deleuze and Guattari allow us to think that the way we conceive of and experience the body is also conditioned by capitalism. And so, like subjectivity and identity, the body has traction with the economic order.

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[56] Ibid, 151.
[57] Ibid, 165.

The BwO is instructive in an additional matter relevant here. Deleuze and Guattari suggest (and 'suggest' is the right word when talking about Deleuze and Guattari because their offerings are not certain whatsoever, but rather provisional and tentative) that the plane of experience on which the BwO is experienced or achieved is multiple, and not individual. They write: "the totality of all BwO's… can be obtained on the plane of consistency only by means of an abstract machine capable of covering and even creating it, by assemblages capable of plunging into desire, of effectively taking charge of desires, of assuring their continuous connections and transversal tie-ins."[58] Of course, the plane of consistency is the field on which the BwO comes to exist and the necessary deterritorialization of socialization and sensory relegation can take place. But what is important, here, is the manner in which Deleuze and Guattari characterize the ways in which this plane might be obtained: by 'abstract machine,' which infers the construction of something that, if not material, is nevertheless apart from the self and may well be built in conjunction with others – human, non-human or otherwise; by 'assemblage,' which, again, has to do with others; by 'taking charge of desires,' which might be accomplished by negotiation with others; and by 'assuring continuous connections and transversal tie-ins,' for which consistent connection is a necessity. To put it in their words, "there is always a collectivity, even when you are alone[.]"[59] In other words, deterritorializing the body we know to make a BwO is a process conditioned, at least according to Deleuze and Guattari's explanation, by being with others.

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[58] Ibid, 166.
[59] Ibid., 152.

In this way, I think reading Deleuze and Guattari's work on the body alongside material by the health promotion scholars I discussed earlier, or at least the material with a strong commitment to equality, has the potential to reinvigorate some of the latter discourse's utopian promises. The idea of the 'health field' or that 'health is a whole way of life' is deeply connected with the idea that the body is deterritorialized (or to use a pedestrian phrase that, in this case, is also a *double entendre* – 'the body is better') by being with others if we think of that 'whole way of life' as not merely referring to lifestyle, but also to very real bodies. The kind of abstract machine that will lead us to public health for the *all* the members of the public, then, is one that can at once cover (as in, engage with) all of the factors determining the health of citizens, and not just the factors acceptable under the dominant political paradigm. It's at least worth a try because, as I explained in the Introduction and this chapter so far, health promotion has achieved questionable success. This lack of success is what I will take up in the next section.

Depoliticizing Mediascapes

I began the Introduction to this thesis by describing three recent televised public service announcements (PSAs) from Health Canada for a reason. Despite the fact that health promotion scholars and professionals advocate a variety of programs (screenings for chronic illnesses, educational programs carried out in community centres, etc.,) and despite the fact that a very limited amount of Health Canada's budget is reserved for the development and broadcast of mass communication materials, PSAs have a special, if not exactly anticipated role in how Canadians encounter information about health

risks on the one hand, and how they simultaneously encounter the role of the

government in their daily lives on the other. In 1986, Epp notes that "until recently,

health promotion has relied heavily upon the dissemination of health information," and

although that "approach did produce some shifts in attitudes and health behaviour,

these have been slight and slow"; to mitigate this, "information campaigns should not

take place in isolation" and require "education, training, research, legislation, policy

coordination and community development" measures as well.[60] Despite this

multifaceted approach, reflecting on the state of health promotion in Canada in 2008,

Dennis Raphael writes: "Canadians are being bombarded on a daily basis by

government agencies, public health agencies, disease associations and the media by

lifestyle messaging that promotes healthy diets, physical activity, and reducing tobacco

use. Perusal of any public health document or disease agency publication gives lip

service to the broader determinants of health but quickly succumbs to exhortations

about making healthy choices in the service of health."[61] To put it another way, the

broader educational and empowering infrastructure for which Epp calls either never

materialized or came to fruition in such a shallow fashion that it has trouble making

contact with the citizenry. Raphael characterizes the health promotion policy

developed after the Epp Framework as "within the lifestyle vein" and how "[a]t

virtually every period" – even post-Epp – "the lifestyle approach trumped the broader

approach."[62] The individual locus of judgment that Epp posits will be making the

positive health decisions (the limits of which I have already addressed at length) is

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[60] Epp 1986, 7-8.
[61] Dennis Raphael, "Grasping at straws: a recent history of health promotion in Canada," *Critical Public Health* 18, no. 4 (2008), 488.
[62] Ibid., 486.

therefore robbed of the substantial information about the social determinants of health so necessary to promote greater success for these programs. Instead, better health decisions are to be influenced by short bursts of lifestyle messaging in mass media.

In this section, I address the limits this kind of messaging experiences in encouraging lasting changes in the spectator's health choices. But first, I think it's worth addressing how PSAs, broadcasted by the mass media, establish much more contact with the public than other public health measures. The bombardment of which Raphael writes is carried out through avenues citizens already access in everyday life; so, it might make a kind of sense to 'get the word out' through these media channels if the government is interested in maximizing contact with its citizens using its 'scarce resources.' However, if a government decides to conduct its messaging in this way, its messages will be limited to the formal conventions a 30-second television spot, newspaper or magazine page, or web banner. After all, "the medium is the message," as Marshall McLuhan teaches us in 1964[63], and so it might not surprise us that lifestyle appeals like those referred to by Raphael, or those I depict in the Introduction, are common between PSAs and commercial advertising. Therefore, while PSAs maximize contact by appearing in a stream of sounds and images that are prevalent in (most peoples') everyday lives, they are subject to structural limitations inherent in these media.   They are proliferate and present, but like all media contact, are also subject to the "narcotizing dysfunction" about which Paul Lazersfeld and Robert Merton write: "The individual reads accounts of issues and problems and may even discuss alternative lines of action. But this rather intellectualized, rather remote connection

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[63] Marshall McLuhan, *Understanding Media: The Extensions of Man* (New York: McGraw-Hill, 1964).

with organized social action is not activated… after he [*sic*] has gotten through his

dinner and after he has listened to his favored [*sic*] radio programs and after he [*sic*]

has read his second newspaper of the day, it is really time for bed."[64] PSAs are

therefore noticeable because they appear in the field of media information, but if one

thinks they can be counted on to faithfully and assuredly school their spectators, one

would be fantasizing about an incorrigible Lasswellian hypodermic needle effect that

does not accurately describe the mediascape in which these communicative events take

place.[65]

That PSAs are a primary source of health promotion information is more

disconcerting if we further consider structural elements of the PSA that inhibit the

transmission of meaningful information. Christiane Nord's 2008 study of English and

Spanish television advertising determined that this form of messaging relies

extensively on the *phatic* mode of communication. The term 'phatic' is found in

Roman Jakobson's 1960 essay "Linguistics and Poetics," and in the essay, Jakobson

offers a model that accounts for the component parts of a message between an

addresser and addressee. While all communicative events can be said to have a

message (which Jakobson says has a 'poetic' character,) a context ('referential'

character,) and a code ('metalingual' character,) all events must make contact between

addresser and addressee, and this contact has a 'phatic' character. Jakobson also

explains that while all communicative events contain each of these component parts,

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[64] Paul F. Lazarsfeld and Robert K. Merton, "Mass Communication, Popular Taste and Organized Social Action," in *The Process and Effects of Mass Communication*, ed. Wilbur Schramm and D. Roberts, 566.
[65] Harold D. Lasswell, *Propaganda Technique in World War I*, (Cambridge, MA: M.I.T. Press, 1971). See especially 214-222.

particular events often emphasize one of these parts more than others.[66] Nord notices a

heavy emphasis on the *phatic* function in the advertisements she analyzes, saying "[i]t

seems logical that the sender of a persuasive text wants to keep up the contact with the

addressee as long as possible in order to make sure the audience will remember the

advertisement when they have the opportunity to buy the product."[67] This is

understandably important in a thirty-second television spot when there is not very

much time to re-establish contact if such a connection with the spectator is lost. Many

of the advertisements Nord studies attempt to prolong contact beyond the actual

communicative event: she compares this "to a kind of 'see you later' [that] can

therefore be regarded as an indicator of prolongation rather than of closing"[68]; asking

customers to learn about the details of an offer in the store, or asking citizens to obtain

more information on a health agency's website are both examples of this kind of

cadence. Now, as Jakobson points out, just because a communicative event

emphasizes one component part does not mean that it throws all others to the hills;

however, such an emphasis is interesting in light of Ronald Labonté's condemnation of

health promotion messaging in the 1970s and 1980s that skewed facts to produce more

powerful messages.[69] Therefore, the media effects the message in PSAs in that the

phatic content is emphasized, and the content is sometimes tailored to heighten such a

grasp for attention.

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[66] Roman Jakobson, "Closing Statement: Linguistics and Poetics," in *Style in Language*, ed. Thomas Sebeok (Cambridge, M.A.: M.I.T. Press, 1960).
[67] Christiane Nord, "Persuading by addressing: a functional approach to speech-act comparison," *South African Linguistics and Applied Language Studies* 26, no. 3 (2008), 286.
[68] Ibid., 288.
[69] See the discussion of messages about sexually transmitted infections in Labonté 1994a, 76.

So far in this section I have discussed how mass media campaigns make the most consistent contact with citizens because they are transmitted by media already present in everyday life; however, this media is one part narcotizing and another part hostile to meaningful messages because of its *phatic* character. This sort of framework bears similarity to the position knowledge occupies in technoculture that Jodi Dean theorizes in her 2002 book *Publicity's Secret: How Technoculture Capitalizes on Democracy*. Drawing on Jeremy Bentham's theory of the public, Dean describes two different segments of the population – the "public-supposed-to-know" and the "public-supposed-to-believe."[70] This division stems from a tripartite split in the population that consists of "the many who have no time for public affairs, the middle who believe through the judgments of others, and the few who judge for themselves on the basis of the available information."[71] The many and the middle defer their knowledge to the few, and as a result, "[the many and the middle] become enlightened not because its beliefs are replaced by knowledge but because it believes through the more certain knowledge of others[.]"[72] As a result, there is a kind of aura about the public-supposed-to-know to the public-supposed-to-believe that "holds open the reassuring possibility that the judging public will judge correctly, the possibility in which the believing public needs to believe."[73] This version of publicity, then, is based on a secret. But the secret does not refer to the actual content of what the public-supposed-to-know knows, but in fact *how* they know; the actual information known by the

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[70] Jodi Dean, *Publicity's Secret: How Technoculture Capitalizes on Democracy* (Ithaca, NY: Cornell University Press, 2002), 18.
[71] Ibid., 19.
[72] Ibid., 19.
[73] Ibid., 21.

superior public trickles down from time to time, but the methods of acquiring that knowledge are never quite revealed.

However, such a scheme does not inspire placid trust between the public-supposed-to-believe and the public-supposed-to-know. In fact, the former becomes "overwhelmingly suspicious, even paranoid"[74] of the other. Bentham calls this regime a "system of distrust," operating on, as Dean describes it, "[the] suspicion that something has been withheld, that the information needed for judging properly is hidden and needs to be exposed[.]"[75] Dean goes on to explain that this system of distrust is exacerbated by technoculture, in which it is promised that all the secrets are held somewhere in the World Wide Web. However, once all the knowledge is available to all by the web, the web itself comes to stand in for the public-supposed-to-know. As Dean says, it becomes immaterial in technoculture whether anybody believes in the public-supposed-to-know, because this belief *in* is deferred *on to* technoculture itself: "Even if no one really believes, satellites, the Internet, and surveillance cameras believe for us."[76] Such a scheme offers another explanation as to why health promotion PSAs work better at attention-grabbing than at informing: the information purveyed was already out there, and it's just repackaging messages that someone already knew and that, with regard to smoking cessation, have already trickled down many times before. Instead, the PSAs themselves are satisfying to the spectator: the PSA believes in itself (as in, it has a consistent internal logic,) and reminds citizens of what they already know – that if they keep smoking they will die,

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[74] Ibid., 22.
[75] Ibid,, 22.
[76] Ibid., 44.

and that the government is (or wants the spectator to think it is) concerned. (This ambivalence to government will be taken up in my discussion of Canadian New Right populism in Chapter 2.)

If knowledge and the transfer of it occupies a fraught position between secrecy and suspicion that, in turn, structures the so-called public, what good is knowledge? At different points throughout this chapter, we have seen knowledge and/or information is alternately hailed as the source of better health, somehow inadequate to effect urgent political changes, always already determined by the dynamics of the economic structure, socializing and interpellating not only our subjectivity but our corporeality, and as a profoundly depoliticizing secret that maintains a divisive status quo. No matter what, I think it's safe to say that resorting to the notion that an individual, once enlightened, will be able to make better decisions about her health is an unsatisfactory response considering the conundrum I have traced. So what ought to be done? There are two answers to this question. The first involves taking up another refrain in this chapter – that we must make connections with others to make a better world – as an unanticipated response to a very old and infamous warning. In *The Social Contract*, Jean-Jacques Rousseau wrote that "[a]s soon as public service ceases to be the chief business of the citizens and they would rather serve with their money than with their persons, the State is not far from its fall."[77] A strategic rereading of Rousseau's imperative lends credence to the arguments I have emphasized throughout this chapter. If we understand the 'public service' as 'being with others,' and we understand 'money [rather than] their persons' as a delegation of the responsibility of being with others to

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[77] Jean-Jacques Rousseau, *The Social Contract and Discourses*, trans. G.D.H. Cole (New York: E.P. Dutton, 1950), 93.

conventional politics and to the market, all of the sudden we have a different iteration

of 'State' worth considering. If we have the courage to seek connections with others,

to deterritorialize our bodies, to seek out multiple planes of existence, and to embrace

chronic uncertainty, we may yet achieve the necessary orientation to realize, in full

plentitude, the community approaches suggested by the most utopic of health

promotion professionals and scholars that would, in the final analysis, eliminate instead

of reduce inequalities. And until we strive to achieve such an orientation together,

there will always remain the imminent possibility that our best intentions will be

recuperated by the insidious structures that maintain a divisive and irreducibly unequal

status quo.

The second answer, as glib as it will sound, is to go smoke a cigarette. The

cigarette, as I will explain in the second chapter, is an object with indisputable

'material-semiotic' prowess, to borrow a term from Donna Haraway.[78] The cigarette is

certainly symbolic, denoting at different points through its history status, virility, and

liberation but also debilitating illness and second-degree murder. When one lights a

cigarette and puts it to her mouth, all those meanings are activated in a referential web,

the emphasis of which is recalibrated from moment to moment as meanings are made

present psychically and socially, while the body is simultaneously accelerated by a

nicotine high and an increasing probability of premature death. In smoking a cigarette,

one makes an attempt, knowingly or otherwise, at achieving a BwO; but as I will

explain throughout Chapter 2, one that is empty, failing to realize the exact plane of

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[78] See Donna Haraway, "The Promises of Monsters: A Regenerative Politics for
Inappropriate/d Others," in *Cultural Studies*, ed. Lawrence Grossberg, Cary Nelson,
and Paula A. Treichler (New York: Routledge, 1992), 295-337.

consistency I discussed earlier on. But when we live in a world such as this one,

sometimes meager, inconsistent comforts are all we can afford.

Chapter 2:

Smoking is a Socialist Issue: Magical Resolutions to Neoliberal Contradictions

Introduction

I originally conceived of this thesis after I had viewed the first public service announcement described in the introduction, in which the camera slowly pans, following a trail of smoke from children otherwise occupied in the living room, to its source – the cigarette their mother is sneaking out the window of their apartment. The message portrayed, here, and the target it presumes, struck me as problematic. Obviously, the PSA is presenting a message about the effects of passive smoking, attempting to dispel the myth that smoking out a window in an otherwise enclosed space reduces the impact of second-hand smoke on others. At one level there is nothing wrong with this message: few people today would consider subjecting otherwise innocent children to the effects of second-hand smoke to be an acceptable thing to do. At the same time, we should be attentive to the other, less explicit messages this PSA conveys.

One could, for example, emphasize the normative appeals in this PSA, and the kind of female subjectivity idealized by this messaging. The inference here is not just that subjecting children to second-hand smoke is bad, but that if you do so, *you're a bad mother*. For some, these two claims might be reducible to each other, but I am concerned about the ways motivation and psychic experience are erased in the stock mother figure presented here. Instead, I want to ask her why she's smoking and how long she's been doing so. I want to understand why she feigns hiding it from her

children, and if she knew that she's in fact exposing her children to second-hand smoke. Would she, I want to ask, smoke outside if she lived in a house and not an apartment? What kind of stresses or experiences might lead to this moment in which she is held up as a symbol for a social ill? Here, she is standing for a behaviour that the government – the agency issuing this message, in this case – would like to see curbed. But I feel that there is more to her and her story (not to mention more to idealizations of maternity) despite her silence in this PSA, or perhaps *especially* because of her silence. Yet how am I supposed to ask her? After all, she is a character in a thirty-second television spot. Presumably, her only role, part and parcel of the role of mother as presented, is to remind me that smoking in the same confined space as children is wrong, and tantamount to filicide. To recall Jodi Dean's phrase from the previous chapter, the scene of which she is a part, the one that reminds me of a fact about second-hand smoke that I already know (even if others might not but probably do) believes for me even if I, out of my curiosity about this character, have trouble believing in this message. The PSA is assuring, if at the same time deeply disquieting.

But this concern with what this one-dimensional figuration reveals about how the government conceives of women's roles is not what I wish to take up in this chapter. I'm not taking it up not because I don't think it's worth being concerned about; indeed, I think it's very important to emphasize the hypocrisy of governments that make outward claims about the equality of women while simultaneously resorting to regressive caricatures of them in the messaging they sponsor. One of the reasons I'm not taking this up is because it's obvious that governments in Canada are aggressive to women's groups and women's interests. It hasn't always been this way.

The federal government put in a good effort at making place for women's issues when, in 1971, it created the Status of Women Canada agency in response to the 1970 report from the Royal Commission on the Status of Women. However, in the last thirty years, a lot of governmental support has receded, especially in matters of economically redistributive measures combating sexism. Cuts to Status of Women Canada first occurred in 1990 under the Mulroney Government,[1] and a decade and a half later, in 2006, the Conservative Party (now having dropped 'Progressive' from its name) made one of its first orders of business a $5 million cut to Status of Women's annual $13 million allocation in a budget document that, coincidentally, posted a surplus. In the meantime, the Chrétien Liberals famously combated pay equity in the Supreme Court, demonstrating that economic equality between women and men is something "Canada just can't afford."[2] While the federal government has not been altogether opposed to paying lip service to gender equality, its measures demonstrate such concerns do not warrant attention in the economic sphere. As a result, anyone even nominaly aware of these policy decisions understands the federal government is aggressive toward women and their interests.

My primary concern in this chapter is that another group, one that posts disproportionately high smoking rates in the latest surveys, has been condemned to non-representation by the State in more than one way. The 2003 Canadian Tobacco Use Monitoring Survey revealed a strong correlation between smoking and primary occupation: rates were highest among "trade, transport, or equipment operators (36%);

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[1] Barbara Godard, "Feminist Periodicals and the Production of Cultural Value: The Canadian Context," *Women's Studies International Forum* 25, no. 2 (2002), 217.
[2] Judy Fudge, "Paying the Price for Principle," *Labour* 44 (Fall 1999), 311.

workers in processing, manufacturing, or utilities occupations (35%); and those in sales

or service (30%)."[3] These rates were much higher than those reported by professionals

(16%) and those in administrative, financial, or clerical sectors (18%).[4] Leaving the

service sector aside (although I will return to it briefly in Chapter 3,) the positions that

post prevalence rates in the 30th percentile belong to what is typically considered the

working-class. These statistics also show a remarkable gender disparity in these

positions: according to Statistics Canada's 2008 data, jobs in transportation, resource

production (forestry, fishing, mining, oil and gas) and manufacturing employ anywhere

from three to four times as many men as women.[5] With these statistics in mind, it is

important to understand that Canada's smoking public is disproportionately composed

of working-class men, despite the fact that images in PSAs decidedly do not portray

them.

That I am even pointing out that PSAs currently in circulation do not depict or

represent (I will return to this latter term in a moment) working-class men might seem

contradictory to the argument I made about the health promotion mediascape near the

end of Chapter 1. If, after all, the structure of the PSA privileges contact by operating

primarily in the *phatic* mode, and if those contacts work to remind us of, or bring scant

attention to, things we already know, does it really matter what kinds of characters are

portrayed in PSAs which are, in the final analysis, responsible for transmitting a

paucity of (if any) information? But as the query I made at the beginning of this

chapter demonstrates, just because it's difficult to present new and meaningful

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[3] *Canadian Tobacco Use Monitoring Survey Annual* 2003, 3.
[4] Ibid., 3.
[5] The 2008 statistics for employment by industry and sex are available at Statistics
Canada's website: http://www40.statcan.gc.ca/l01/cst01/labor10a-eng.htm

information through a thirty-second burst of conventional images and scenarios doesn't mean that there aren't questions to ask about elements underlying their construction. To think otherwise would foreclose a whole host of feminist criticism that contends with mis- or non-representation by reading against "th[e] thematic grain in order to reveal gaps and lacunae, which leave room for an interventionist activity of rewriting that introduces a feminist voice which the logic of the text is powerless to control."[6] To put it another way, a critical feminist reading of these PSA's exposes the fact that the potentially messy complexities of the mother's subjectivity and images of working-class men have something in common: they both go unrepresented in these PSAs. What does this say, then, about the way the State considers these subjects? Which subjects are being idealized, and which abjected? This is not to say that there isn't a kind of real, lived abjection in the process of being idealized – obviously, many of us can speak to the very real harms inflicted by norms of femininity, manliness, etc. But in suggesting that smoking is a socialist issue, and that socialist issues are always already feminist ones, the conundrum, here, is whether — and, if so, which — of these two situations makes for a more pressing concern: the State's misrepresentation of the needs and experiences of middle-class mothers, or the State's failure to represent the needs and experiences of working-class men? Further, is anyone making an argument that one of these concerns should take priority over the other, and if so, who? And finally, how might these concerns be deeply interrelated; and what might this interrelation teach us about the limits of (some) left politics?

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[6] Linda Singer, *Erotic Warfare: Sexual Theory and Politics in the Age of Epidemic* (New York: Routledge, 1993), 172.

Neoliberal Non-Representation in Canada

The rest of this chapter is an attempt to map out a leftist response to government health promotion programs encouraging smoking cessation, one that problematizes the government's very suitability to conduct these interventions with communities that are marginal. It is worth pointing out that governments in Canada have never achieved gender parity, nor have elected representatives reflected Canada's diverse class composition. At the time of this writing, 68 women hold 308 seats in the federal parliament, despite the fact that each political party leader responded to challenges from the advocacy group Equal Voice by vowing to run more women candidates in the 2008 election.[7] And, in the current parliament like so many before there is an abundance of lawyers, businesspeople, managers and a dearth of factory labourers and farmers. This is interesting when thinking of the terms 'acting for' and 'standing for' Hanna Fenichel Pitkin discusses in *The Concept of Representation*. Here, Pitkin explains how in conventional democratic politics, a political representative 'acts for' while simultaneously 'standing for' the represented. Analyzing the conventions of authorization that take place between electors and their representatives, Pitkin discusses the convention where electors are said to vote for politicians who are 'like them,' who will represent 'their interests,' or so it is assumed. Rousseau's warning about the peril to the state involved in this kind of delegation should already make us wary about this kind of authorization; Pitkin offers a similar interpretation, noting that "[m]any descriptive theorists are willing to acknowledge that the ideal of a

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[7] Ann Wicks and Raylene Lang-Dion, "Women in Politics: Still Searching for an Equal Voice," *Canadian Parliamentary Review* 31, no. 4 (Spring 2008), 34-37.

perfect condensation is unattainable; but they argue that it can nevertheless function as a goal to be approximated more or less closely, although always out of reach."[8]

The delegation at the root of this kind of representation also carries a component of deferral. Because it is impractical in large democracies for everyone to participate in day-to-day decision-making processes, electors defer to the wisdom of those they delegate at regular intervals by ballot; the *representativeness* of a politician is something electors look for and the elected work toward, because if the representative comes to appear as an insufficient delegate, she risks losing her job in the next election. While this scheme works in theory, and has shown some kinds of success in practice, it is worth pointing out that while there has not been class or gender parity in parliament, parliament has undertaken a number of (especially economic) initiatives that disadvantage women and the working-class. This being said, I am not offering wholesale endorsement of an essentialist idea that only women can represent women and only workers can represent workers; indeed, the problem with such positions is that they necessitate reducing large segments of the population to type. As I will explain throughout the rest of this chapter, economic changes since the 1980s have noticeably reorganized everyday life for Canadians living particular working-class or gender identities; and, if smoking is something that occurs at a disproportionate rate in working-class populations, to take smoking seriously, we must understand how such a habit might play a part in the negotiation and mediation of identity, labour stress, alienation and oppression in everyday life.

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[8] Hanna Fenichel Pitkin, *The Concept of Representation* (Berkeley: University of California Press, 1967), 88.

As I said before, to say that current governmental structures are not as representative of women's interests as they could be is as conventional as it is obvious. It is said less often that current governmental structures fail to represent the interests of working-class men, although a brief description of changes in federal economic policy that started, for the most part, with the 1984 election of Brian Mulroney and his so-called Progressive Conservatives seems to demonstrate this exactly. As Stephen McBride and John Shields point out in their meticulous *Dismantling a Nation: The Transition to Corporate Rule in Canada*, neoliberal economic theory "received considerable reinforcement with the election of… Mulroney in 1984."[9] Neoliberal policy, which concerns itself with "the size of government expressed by its spending… the balance between revenues and expenditures… the taxation system; and the priorities in government spending"[10] aims to alter the government to correspond with the critique that emerged in the 1970s from the Chicago School of Economics and elsewhere that "government was too large, deficits were unacceptable, the tax system was in need of reform, and spending priorities were in need of reallocation."[11] Correspondence with neoliberal ideology led the federal government to cut funding to programs, proceed (although hesitantly, as I will discuss in a moment) with deregulating market controls and privatizing Crown corporations, and entering into free-trade agreements. The latter of these moves contributed to the globalization of the world economy, which, matched with the developments of new technologies (about which Donna Haraway said in 1985 that "[d]eskilling is an old strategy newly

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[9] Stephen McBride and John Shields, *Dismantling a Nation: the Transition to Corporate Rule in Canada* (Halifax: Fernwood, 1997), 54.
[10] Ibid., 54.
[11] Ibid., 54.

applicable to formerly privileged workers[,]"[12]) decreased the availability of

manufacturing jobs and other forms of manual labour in Canada as multinational

corporations reallocated most of these positions to countries in which employment

costs were astronomically less. These measures resulted in an overall shrinking of the

federal budget for which the Mulroney government took the $12.5 billion surplus

posted by the government in 1990-1991 as a sign of success, despite the fact that the

country was in a deep recession with high unemployment.[13]

As McBride and Shields go on to describe, the neoliberal policies of the

Mulroney years were not very well received by the Canadian public. The privatization

of Crown corporations was a particular bone of contention for the electorate because

"[these] doctrines ran counter to a well-established national tradition: in this case, of

public enterprise."[14] Further, the concomitant attention to deficit and debt and neglect

of escalating jobless rates – both of which elided the Keynesian focus on 'full

employment' – did not sit well with voters. This accounts, in part, for the landslide

victory achieved by the Chrétien Liberals in the 1993 election. In the campaign, the

Liberals promised a "different approach[,]"[15] one that privileged job creation measures

over neoliberal privileging of corporate interests and reducing the size of government.

Such promises, however, were quickly broken, and the new government "followed

through with a neo-liberal fiscal agenda even more vigorously than its predecessor."[16]

Even though jobless rates remained high throughout the early- to mid-1990s, neoliberal

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[12] Donna Haraway, *Simians, Cyborgs and Women: The Reinvention of Nature* (New York: Routledge, 1991), 166.
[13] McBride and Shields 1997, 55.
[14] Ibid., 62.
[15] Ibid., 54.
[16] Ibid., 54.

policies continued to take centre stage, helped by some choice and familiar metaphors.

Note how the language of 'healthy public policy' is co-opted by then-Finance Minister

Paul Martin's motivation for the 1995 budget: he explains how his "government came

into office because it believes that the nation's priority must be jobs and growth. And

it is *because* of that, not *in spite of* that, that we must act now to restore the nation's

finances to health."[17] The shift, then, from job creation to a focus on eliminating the

deficit and reducing the debt is no mere broken promise; instead it is a symbolic

recalibration – one with very real consequences, as I will discuss in a moment. Here,

Martin figures neoliberal economic policy as a kind of ointment, running contrary to

the (albeit limited) assertions in the Epp report that financial distress is a source of ill

health; people, after all, get sicker from worry or worse when they have to cut

necessities from their budgets because they're unemployed than they do from worrying

about the deficit.

In a couple of ways, the effects of neoliberal capitalism work in concert with

the claims I have made about the shallow contact achieved by PSAs. First, the

privatization of Crown corporations and cutbacks to government programs reduced the

role of the federal government's role in the daily lives of citizens. As McBride and

Shields point out, "the reduction of *program* expenditures was a major success—the

1990-1991 level (as a percentage of GDP) was significantly below the average levels in

the 1970s, and thus the federal state's impact on society was considerably smaller."[18]

Although the reduction of such impact, especially in terms of the percentage of GDP

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[17] Paul Martin, *Budget Speech* (Ottawa: Department of Finance, 1995), 2, emphasis in original.
[18] McBride and Shields 1997, 55.

assumed by government spending, is an explicit goal of neoliberalism, it is certainly

conceivable that a symbolic reduction occurred as part and parcel of these policy

changes. After all, if it is clear that the government is aiding its citizens less and less in

finding work, in obtaining accessible health care of good quality, etc., how can the

citizenry trust the State to take care of their basic needs?   In this way, breaking

citizens' reliance on government is a key component of dismantling the welfare state

and transitioning to neoliberalism. While citizens' distrust of and antipathy to

government certainly predates the introduction of neoliberal policies, such

interventions exacerbate this sentiment. A good example of this is in Thomas Dunk's

study of working-class men in Thunder Bay. He quotes a grain elevator worker who is

disgusted by the existence of the Diefenbunker: "They have a bunker, you know, for all

the politicians in case of nuclear war. They're all lawyers, those buggers. Well, they'll

be sitting in the dark, because a light bulb will burn out and none of them will know

what to do."[19]   The government's focus on the economy instead of job creation can by

no means magically resolve the class divide intoned in this labourer's testimony: in

other words, score one for the neoliberal agenda's goal to wean citizens off the State,

but score zero for those whose lives could be made better were the State to put in a

better effort at enfranchising them.

The relative withdrawal of government from the provision of social services

and income stabilization and the alienation that ensues may benefit neoliberalism on

one level, but as the Progressive Conservatives learned in 1993, it can also have a hand

in leading the populace to serve up a pink slip. As I have already said, Canadians

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[19] Thomas Dunk, *It's a Working Class Town: White Working-Class Culture* (Montréal
and Kingston: McGill-Queens University Press, 2003), 148.

voted for change in 1993, partly on the basis of the Liberals' job promotion Trojan

Horse. The election result, as McBride and Shields argue, demonstrates dissatisfaction

with the Mulroney approach; however, the continuity between the Mulroney and

Chrétien policies, in which the Liberals actually accelerated the development of

neoliberalism in Canada, can be understood as a profoundly depoliticizing

development for the electorate. Both the Liberals and the Progressive Conservatives,

the only two parties that, to that point, had ever formed the federal government,

established by the consistency in their economic programs that there would be no

mainstream alternative to neoliberalism. As a result, the welfare state – indeed, the

apparatus that had fostered the prosperity experienced in Canada from 1945 through to

the 1970s – became a pariah concept, championed only by the social democratic New

Democratic Party. The NDP has always placed third (or fourth) in federal elections,

and despite the party's increased seat count in the 1997 federal election, made possible

by a surge of support in Atlantic Canada (itself the site of a debilitating unemployment

crisis brought on by extensive over-fishing,) Keynesian economic sensibility was

relegated to marginal instead of dominant parliamentary representation.

In the meantime, these aggressive policies significantly affected the living

conditions to which working-class men had grown accustomed. This is made

especially clear by some feminist analyses of the changing economy that emerged in

the 1980s and 1990s. Noted, here, are how changes in the labour market not only

affected the availability of jobs in the manufacturing class, but altered (especially

heternormative) gender relations as many women entered the paid work force outside

the home to supplement their husbands' falling wages. However, as Fudge and Owens

point out, the entrance of women into the workforce happens under dubious conditions: labour standards at this time turned 'precarious,' marked by a "fiercely competitive environment… [with] spiralling upward demand for new products, or new improvements, to be made available ever more cheaply and quickly. 'Just-in-time' production methods, through which businesses attempt to respond more immediately through market pressures, demand increased flexibility from workers as corporations find new ways to structure their operations."[20] To put it another way, at the moment when women were entering the paid workforce *en masse*, good working conditions were declining. According to Leah Vosko, by 1995 in Canada, differences between unionized and non-unionized labourers' rights were stark: while 87.4% of unionized employees enjoyed full-time employment, only 76.7% of non-unionized workers were employed full-time; 13.1% of non-unionized employees while 8.9% of unionized employees were holding temporary jobs, and only 58.2% of non-unionized employees worked from Monday through Friday.[21] While these changes affected labourers of all genders, these changes came at a time when women, by and large, were no longer working primarily in the home, as was the majority case for the post-World War II gender division of labour. Indeed, just as the conditions of their own work were growing less comfortable by way of changing labour standards, married men were experiencing changes to the *regressive* comforts they previously enjoyed at home.

Donna Haraway's "A Cyborg Manifesto" is a text that can be profitably re-read as a history of changing labour culture in the 1980s. The so-called 'feminization' of

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[20] Judy Fudge and Rosemary Owens, *Precarious Work, Women, and the New Economy: The Challenge to Legal Norms* (Oxford: Hart, 2006), 7.
[21] Leah F. Vosko, *Temporary Work: The Gendered Rise of a Precarious Employment Relationship* (Toronto: University of Toronto Press, 2000), 34.

labour, the product of which she calls 'the homework economy', is a key aspect of the post-Fordism. Throughout the 1980s, well-paid work performed using the body's strength (masculine, apparently) disappeared and is replaced with the mind (feminine, apparently.) Haraway is quick to point out that the feminization of labour is about as good for women as the feminine ideal was: in the new economy, workers must be "extremely vulnerable; able to be diassembled, reassembled, exploited as a reserve labour force; seen less as workers than as servers; subjected to time arrangements on and off the paid job that make a mockery of a limited work day; leading an existence that always borders on being obscene, out of place, and reducible to sex."[22] To put it another way, because the referent for this process called 'feminization' is in fact an abject and (at best) second-class 'gender,' the new scheme is bad for everybody. Although Haraway sees political promise in the cyborg subjectivity emergent in the 1980s technocultural explosion, such promise necessitates active, embodied and committed engagement with the possibilities on offer. "The homework economy as a world capitalist organizational structure is made possible by (not caused by) the new technologies[,]"[23] after all, so embracing this very mutability in engagements with organic and bionic subjects "might better enable us to contest for meanings, as well as for other forms of power and pleasure in technologically mediated societies."[24] Haraway's project is one that stems from and requires dedicated, active socialist feminist politics, and cannot enfranchise oppositional others by happy accident.[25] At

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[22] Haraway 1991, 166.
[23] Ibid., 166.
[24] Ibid., 154.
[25] Not that, especially with reference to my readings of Deleuze and Guattari in this and the previous chapter, such an accident would ever conceivably occur, let alone work.

the same time, Haraway describes how a militant version of masculinity domesticates itself in the home: "Technologies like video games and highly miniaturized televisions seem crucial to production of modern forms of 'private life.' The culture of video games is heavily oriented to individual competition and extraterrestrial warfare. High-tech, gendered imaginations are produced here, imaginations that can contemplate destruction of the planet and a sci-fi escape from its consequences."[26] In other words, 'masculine' traits once dominant in the workplace and the home did not disappear in the 1980s, but were displaced, instead.

In this way, the experiences of working-class men as well as women due to Canada's conversion to neoliberal economic policies mirror the representational effort we have seen in the Health Canada PSAs I described in the Introduction. The PSAs make women visible and present, but do so in such a way that they are cast in predetermined, one-dimensional roles that may not be good for them. At the same moment, working-class men, the single group that experiences and has experienced consistently the highest smoking rates in Canada, have been condemned to non-representation: the same government that nurtured the disappearance of good, well-paying jobs in manufacturing by entering into free trade agreements also promotes health using lifestyle images that decidedly do not reflect the lifestyles or lived experiences of its most at-risk citizens. It should not be surprising, then, that working-class people are alienated by the government. The rest of this chapter is devoted to practices that have, if tenuously, ameliorated this experience of the working-class – namely, participation in populist libertarian politics, and smoking.

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[26] Haraway 1991, 168.

Politics have feelings, too

What are working-class men to do when they are alienated by the State and their work, and offered little else for compensation? While a working-class revolution does not appear to be in the cards, thinking about smoking as a cultural practice may alert us to ways in which politics are conceived and indeed *felt* in the 1980s and 1990s. In fact, quite the opposite of a proletarianization took place in this period: in many ways, libertarian discourses exceeded the popularity of community discourses at the time. The NDP, despite its avowedly pro-labour and working-class sensibilities, scores third or fourth place in elections for a reason: especially since the 1980s, social democratic politics have not proven popular with many (especially non-unionized) working-class people. Working-class men, according to Eric Lott, are the "least regenerable portion of the population today[,]" especially for elites on the left: working-class men are "writer[s] of no 'great' books, perpetrator[s] of Howard Beach and Bensonhurst," and most importantly, "personally responsible for the rise of Reagan/Thatcher [and I will add Mulroney] 'authoritarian populism.'"[27] This is, indeed, a conundrum: the group that experienced the most dramatic fall from economic

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[27] Eric Lott, "All the King's Men: Elvis Impersonators and White Working-Class Masculinity" in Harry Stecopoulos and Michael Uebel, ed. *Race and the Subject of Masculinities* (Durham, VA: Duke University Press, 1997), 196-7. One of the reasons the Progressive Conservatives secured large majorities in the 1984 and 1988 elections was its support from Western Canada in Alberta and British Columbia, where they won 40 seats in 1984 and 37 seats in 1988. Likewise, one of the reasons the PC's lost the 1993 election was because the Reform Party, a populist, New Right, avowedly-Western Canada-centric party, won these seats. While David Laycock notes that after 1993, "the Liberal party still attracted the largest proportion of 'working-class' voters" nationally, this was not true in Alberta and, to a lesser extent, British Columbia where working-class and rural voters helped make the PC victory in 1984 and went on to unmake the party in 1993. See David Laycock, *The New Right and Democracy in Canada: Understanding the Reform and the Canadian Alliance* (Toronto: Oxford UP, 2000), 20.

grace because of neoliberal principles comprises a significant part of the electorate that put these governments into place. How are we to account for this? I will attempt to do so here, all the while keeping in mind Dunk's warning that "[t]he working class does have an objective interest *vis-à-vis* capital, but it is erroneous to assume that Marxism or any other formalized world view is the necessary or correct form of expression of this interest."[28]

However, Dunk's assertion does imply that there is and has been a rational thought process that links working class interests with Marxism and its adjuncts. The study of political economy, historical materialism, theories of surplus value and commodity fetishism demonstrate the subjugation labourers experience under capitalism, to be sure. But this is not how all people pick their politics. Further, it should not surprise us that affiliations to Marxism are unsatisfying for some members of subordinate classes precisely because it is hard to *feel* abject all the time, especially if there are moments of the day when one doesn't feel very subjugated at all. As Dunk says elsewhere in his text, "Marxism as a formal political doctrine is a bourgeois intellectual product. As such, it is not, and never will be, popular among people like the Boys [the men on whom Dunk bases his ethnography,] at least not in its academic formal version. Given their subordinate position in society, the Boys react by celebrating what they have – their own ideas about what counts as knowledge, their own ideas about which cultural practices are important. This does limit their ability to develop a full and systematic critique of the system, but it is wrong to argue that this

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[28] Dunk 2003, 36.

results from a passive acceptance of other non-class discourses."[29] Indeed, *feeling*

structures daily life and can, as in Dunk's figuration, distract people from even urgent

political concerns – especially if the way those 'concerns' manifest does not

correspond to the measure of feeling with which a person is most interested in

indulging. But to take this further, feeling may not be a mere distraction, but might, in

fact, lead to political positions in themselves. An example of this is how it is

sometimes said that there is an affective dimension of 'getting swept up' in a political

rally – an emotional experience that, if temporarily, nevertheless intensifies existing

political interests, or maybe inaugurates new ones. An element of affect is also

detectible in the grain elevator worker's testimony about the Diefenbunker I cited

above. Indeed, the contempt intoned in the worker's identification of a class and

gender divide between himself and those to be protected in case of apocalypse is

palpable. To re-phrase the worker's testimony, the elites that will go in the

Diefenbunker will always have been too rich to ever change their own lightbulbs, or

not manly enough to know how, or most likely some combination co-determined by

their upper classness and insufficient manliness. On the contrary, if survival comes

down to the know-how to change lightbulbs and other everyday tasks, he would be able

to survive. This re-description is not meant as a banal example to offer evidence that

some working class men fail to see a resemblance, *à la* Pitkin, between themselves and

their elected representatives; I include it, here, to show the way they demarcate

differences – ones that have to do with competence, potency, self-sufficiency, and

individualist spirit.

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[29] Ibid., 159.

What I mean to say is that the populism that goes hand-in-hand with libertarianism – the political philosophies that idealize the wholesale eradication of the State so that everyone can fend for themselves in a 'true' meritocracy – have an affective dimension. This has been manifested in political support for the Reform Party in the 1993 and 1997 elections, and its successor Canadian Alliance and Conservative Parties in 2000, 2004, 2006 and 2008. As David Laycock points out, the Reform Party garnered a tremendous amount of "anti-party" support, suggesting "a significant proportion of the party's supporters felt severely alienated from the Canadian party system."[30] This disaffection resulted in "real inroads into working-class, farmer and small-business constituencies in the rural West"[31] because of Reform's policies favouring direct democracy and curtailed attention to special interests groups, redressing "a general socio-cultural shift from exclusive white male control over public life and towards far greater diversity [that] enhanced the attractiveness of Reform and Alliance policy agendas that appear populist while still favouring business elites in the distribution of societal resources."[32] This "insecurity"[33] Laycock describes and concomitant populist emphases and celebrations of the rights and the responsibilities of the individual can serve as an efficient compensatory mechanism to offset the effects of broad and uncomfortable changes. Libertarianism, of course, predates the rise of neoliberalism in North America and Western Europe, as do changing familial arrangements brought about in part by the feminist movement, as does the decreasing availability of jobs for the working class brought about in part by

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[30] Laycock 2000, 18.
[31] Ibid., 16.
[32] Ibid., 17.
[33] Ibid., 17.

recession in the mid-1970s. And although neoliberalism exacerbates these latter two effects, there is no poison pill or ideological guarantee to automatically disassociate neoliberalism and libertarianism despite the fact that the former hurts many of the latter's adherents. This is especially true when proponents of neoliberalism give stage time to championing the populist spirit sensible to many people. Indeed, as Laycock extensively explains, the Reform Party earned much of its support at the cost of the New Democratic Party.[34] Thinking about how libertarianism *feels* helps to account for one way neoliberalism maintains hegemony: structurally, neoliberal governance demands the reduction of government and the rise of individual responsibility; therefore, if these two things are linked and libertarianism is an emotionally, if not economically satisfying ideology, it is difficult to break from a power-bloc that insists the individualist spirit can only thrive upon the dissolution of the welfare state, without allowing for other alternatives.

I have dwelled on libertarianism's affect and the tenuous position it occupies in broader political matrices precisely to return us to smoking. After all, in the aftermath of the U.S. Surgeon General's Report on Smoking and Health in 1964, the call to arms in which cigarettes' impact on mortality was substantiated officially for more or less the first time, tobacco companies started making libertarian-inflected appeals to promote cigarettes and offset the increasing incredibility of their pseudo-scientific denials of smoking's health-effects. As I mentioned in Chapter 1, the Lalonde Report aimed to work against the prevailing wisdom that "Canadians have the right to 'choose

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[34] Ibid., 13.

their own poison[.]"[35] Allan Brandt, in his lengthy study of the cigarette's cultural role

in the 20th century, describes a number of initiatives undertaken by tobacco companies

to frame cigarette smoking as precisely this kind of personal choice. One of these

products was Phillip Morris's Great American Smoker's Kit. The press conference

that introduced this kit, held the day before the 10th Great American Smokeout event in

1987, decried the "embarrassment and harassment" directed toward smokers by non-

smoking groups. To alleviate this, Phillip Morris developed the Kit, complete with a

'Great American Smoke Screen' to place in front of ashtrays, an office door hanger

that proclaims 'Great American Smoker at Work,' and a wallet-sized Smoker's Bill of

Rights.[36] As Brandt points out, this and other campaigns experienced some difficulty

in making contact with its audience: "Generating enthusiasm for smokers' rights

proved difficult when the vast majority of smokers were already deeply ambivalent

about their own habit. Most polls indicated that most smokers *wanted* to quit."[37] And

yet, flawed instantiations of such individual rights discourse are once again insufficient

to quell the appeal of individual rights discourses. Brandt's term 'deep ambivalence' is

exactly correct to describe the highly politicized and political matrix that informs

and/or determines attitudes and/or choices about smoking: people want to quit, but

don't (or can't); people celebrate their freedom of choice by voting for people who

espouse similar principles, but those elected representatives enact policies with aims

that harm many of the electors who voted for them in the first place. Consequentially,

the political positions, identities and affiliations that ensue are, more often than not,

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[35] Lalonde 1974, 6.
[36] A video of the press conference, along with a testimonial by Milton Berle, is
available here: http://www.archive.org/details/tobacco_afo23e00.
[37] Brandt 2007, 300.

split, partial and confused. One view or feeling does not (or at least does not necessarily) trump another to lead a subject to a unified and pre-established political position that is in her or his 'objective' benefit. The sorts of recalibrations we see in the 1980s of politics and everyday life are much more contradictory and confusing.

Meanwhile, an article by Trish Hall appeared in the June 25, 1985 issue of *The Wall Street Journal* titled "The Unconverted: Smoking Seems to Be Becoming a Lower-Class Habit." The article underscores the trends I pointed out earlier in the chapter, although the actual rates are much higher than the 30th percentile rates from 2003 I mentioned before, with half of blue-collar men but only 26% of men in the professional-class smoking.[38] Hall goes on to quote John Pinney, then-Director of the Harvard Institute for the Study of Smoking Behaviour and Policy, who noted "[t]he less advantaged… either don't have the same information or don't have the same ability in their lives to make choices. 'There's a certain luxury implied in being able to give up things you enjoy.'"[39] The article, which explicitly links smoking prevalence with labour and lifestyle stress, also allows us to detect a link between the *sensation* offered by a cigarette and dynamics related to class. Pinney's words are particularly indicative: after all, even if libertarian ideals transcend class boundaries, some classes, nevertheless, have more choices available to them than others. If, in other words, smoking a cigarette provides a little joy and relief for some members of society who would not be able to obtain such pleasure in other ways, how could they really be expected to dispense with the habit? Another way of illustrating this is to recall the

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[38] Hall 1985, 1. I am also indebted to Allan Brandt's *The Cigarette Century* for drawing my attention to this article.
[39] Ibid., 11.

streams of advertising released by the Detroit Big 3 automakers in late 2008 and early 2009, offering employee pricing and cash back incentives and other blowout deals. Watching these ads interrupt news programs that charted a steady decline in the economy and spiking rates of home foreclosures and unemployment rates, I couldn't help but wonder how consumers could be expected to take advantage of even the very best deals when they just couldn't afford them.

Despite the fact that we can see how smoking becomes (at least statistically) a working-class problem in the 1980s (around the same time, coincidentally, that smoking *itself* is relatively agreed upon *as* a problem,) Thomas Dunk explains how it might be inaccurate to consider particular attitudes and affinities as bearing a location in discrete class arrangements. He explains: "The idea that there is no longer a working class, that everyone is middle class today, follows, in part, from an over-emphasis on cultural definitions of class. In the debate about the embourgeoisement of the working class it was assumed that the growing material affluence of workers meant that cultural values would more closely resemble those of wealthier classes in society."[40] Many of the attitudes and practices of the Boys catalogued in Dunk's ethnography contradict the idea that when working class people apprehend middle class incomes, they automatically adopt middle class values. Indeed, Dunk goes on to point out that "objects do not have a fixed meaning which remains the same in each context. Similar objects in different social contexts can have very different values and meanings."[41] To put it another way, the prosperity associated with Fordism results in a confluence of values once known as 'working class' or 'middle class,' but a confluence

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[40] Dunk 2003, 31.
[41] Ibid., 31.

that is mutable, situational, and impossible to universalize. One worker, or one group

or community of workers might adopt the view that smoking will not only eventually

kill them (a material consequence) but that the images and rituals associated with

smoking are no longer appealing (a semiotic consequence.) If this happened, such an

individual, group or community would correspond with the putatively middle-class

view of smoking described by Hall in her article, but this correspondence would not

necessarily lead these same people to other middle-class attitudes or apprehensions.

One of the difficulties of doing a class-based analysis (not to mention a class politics)

of or around a phenomenon like smoking is that there are always exceptions to rules

that demarcate discrete categories. How could approaches prove themselves as

responsive to the needs and desires of smoking populations for cessation if they don't

address the complex, specific, and irreducibly local matrices affecting and determining

these very populations?

There is a polyphony of affectation, affiliation, experience, partiality and

pedagogy determining the experience of working class (and, indeed, all) populations.

With this in mind, how might we now evaluate the identificatory relationship between

working class smoking subjects and the markedly middle class smoking mother in the

PSA? If a smoking subject is a part of the majority to which Brandt gestures and

indeed wants to quit smoking, and that same smoking subject identifies with the middle

class markings present in the PSA, the PSA might conceivably achieve a contact with

the smoking subject, intensifying and even encouraging her desire to quit smoking –

for the good of her kids, or maybe even for herself. But if another smoking subject

experiences a misidentification between herself and the mother in the window, say,

because she sees the smoking mother as being noticeably better off and therefore not approximating her lived experience, she might feel a lack and a subsequent desire to assuage that lack by engaging in a class transposition fantasy, and perhaps smoking a cigarette. Or perhaps she will be hostile to the PSA – because it makes her feel that lack, or because she sees it's signed by the government and she thinks the government has no place in people's lives or on their television sets. Or perhaps if the viewer is male, and especially if he doesn't have children, he might be alienated by the PSA: what good, after all, is his life if he doesn't have the items he sees in the scene, including other people who rely on him? The possibilities are endless.

And this is precisely my point. The few public appeals that end up getting generated because of the 'scarce government resources' available for health promotional production are bound to be mostly ineffective. After all, an honest effort at sharing information and making contact with the public requires making contact – something that, for most of us, feels best when it involves some kind of personal touch and doesn't, on the contrary, reduce us to type. I can glean one thing from these PSAs for sure: I now know what kind of type to which the federal government is interested in reducing us. Given the scarce resources made available with which to make broad appeals, the government offers up middle class homes and middle class subjects we are presumably meant to take as exemplary. This is how the government envisions its citizenry, or at least the citizenry it is explicitly interested in seeing quit smoking. So, what are the rest of us supposed to do? And does the government even care?

From magical resolution to planes of consistency

   To answer the question 'what are we supposed to do?' I will turn to a figure that might seem, for some, like an unexpected fellow traveler – the Elvis impersonator. Eric Lott's ethnography of the Elvis Presley International Impersonators Association reveals that the symbolic emulation many working class men make of the King of Rock and Roll has a great deal to do with "class revenge."[42] Inextricably bound up in performances of race, race co-optation, gender and celebrity, Elvis impersonators are intimately aware of the kind of satisfactions the emulation of this particular entertainer entails. There is a conventional way in which Elvis can be eulogized as an emblem for the working class: in the words of E.P. King (one of Lott's interviewees,) "What I think of is a country boy that didn't have nothin', that started out with nothin', and just made it and made himself the greatest thing since popcorn… you've gotta give a man credit for that, you know."[43] Certainly, one way to read the career of Elvis Presley is that he satisfied the American Dream. But, as Lott describes in great detail, Elvis impersonation is no remote nationalistic admiration; indeed, "[t]hese entertainers display the propensity of working-class men to resist their class subjugation in and through the body, enacting rituals of self-assertion and imaginary beneficence."[44] Impersonation, and Lott notes this is especially true for the significant number of Elvises who style themselves as the garish Vegas 1970s Elvis, has to do with the physical pleasures of reformatting the body in a tribute that is at once uniquely personal and at the same time sensible to and celebrated by a community of other

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[42] Lott 1997, 211.
[43] Ibid., 211.
[44] Ibid., 213.

impersonators and fans. In other words, impersonation results in social pleasure that is

legitimate (it is respected by the community) but also decidedly not middle-class;

indeed, as Lott says, "What reads to many as 'bad taste' may just be a refusal to

conform to middle-class dictates on such matters: and when impersonators are called

on their excessive behaviors they retort with a pointed fuck-you."[45] Class revenge,

here, does not result in the overthrow of the middle-class majority, but does involve a

satisfyingly affective/effective insubordination with respect to majority values and

taste.

Lott's reading builds on a tradition in cultural studies that analyzes 'productive

re-workings' of cultural texts to make them appropriate to the uses of particular

communities.[46] This work is developed from Dick Hebdige's studies of punk youth

subcultures in the 1970s, most notably in *Subculture: The Meaning of Style*. In this

text, Hebdige famously writes: "the challenge to hegemony which subcultures

represent is not issued directly by them. Rather, it is expressed obliquely, in style. The

objections are lodged, the contradictions displayed (and, as we shall see, 'magically

resolved') at the profoundly superficial level of appearances: that is, at the level of

signs."[47] Lott's reading of Elvis impersonators alerts us to two ways we need to re-

read Hebdige's postulation. First, as I said above, challenges issued by subcultures

may work semiotically, but to consider semiotics 'superficial' neglects the deep,

meaningful affections often structuring or accompanying these magical resolutions.

Second, and building on this, the very term 'subculture' with its intonations of youth

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[45] Ibid., 216.
[46] See especially McRobbie 2000, Penley 1992, Radway 1984.
[47] Dick Hebdige, *Subculture: The Meaning of Style* (London: Methuen, 1979), 17.

elides the notion that many people occupy oppositional positions to the 'parent' culture

continuously throughout their lives. Judith Halberstam, in her work on queer cultural

practice, remedies this contradiction: she explains how "queer subcultures offer us an

opportunity to redefine the binary of adolesence and adulthood that structures so many

inquires into subcultures. Precisely because many queers refuse and resist the

heteronormative imperative of home and family, they also prolong the periods of their

life devoted to subcultural participation."[48] To strategically re-read Halberstam's

assertion, here, the resistance to heteronorms many queers exhibit are involuntary, in

that such norms have never been made available to them. In this way, we can note a

link between queer cultural practice and Elvis impersonation (other than the fact that

both tend to involve a lot of *drag*) in this nevertheless enjoyable resistance that occurs

in the face of being refused and refusing normative middle-class (hetero) privilege.

From this, we can identify an entire register of cultural practice that interrogates, if

indirectly, the contradictory impossibilities generated by the parent culture (or

neoliberal capitalism,) set out in advance for a host of subjects who will never quite be

able to experience the pleasure promised by these middle-class sensibilities.

To claim that smoking is a cultural practice along the lines of Elvis

impersonation, punk, fashion, slash fiction or romance novel enthusiasm may seem

irresponsible to some. Although my background in cultural studies has led me to

understand smoking as a magical resolution to lived contradictions like labour stress,

alienation, and even instances of mental illness either determined or exacerbated by the

conditions of living under capitalism, I am not about to claim for this topic the same

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[48] Judith Halberstam, "What's that smell? Queer temporalities and subcultural lives," *International Journal of Cultural Studies* 6, no. 3 (2003), 320-1.

utopianism that is often found either implicitly or explicitly in cultural studies texts.

How could I? The cigarette may be a source of pleasure or relief, but long-term use

comes at the expense of accelerated mortality; to this end, recall that Brandt said most

smokers want to quit, and yet do it anyway. Indeed, this is in line with Slavoj Žižek's

recalibration of false consciousness and ideology to focus not on what we think we

know, but, in fact, on our actions. For Žižek, the speech act that epitomizes acting

while knowing better is "I know, but nevertheless…"[49] According to Jodi Dean, this

"emphasis on the way that doing persists in a fetishistic disavowal of what we know

[means] Žižek avoids the elitist and condescending positing of a theoretical position

outside of ideology… it materializes belief through actions that continue regardless of

what we know."[50]

Keeping this in mind, we can comprehend the smoker's body is an example of

the empty Body without Organs (BwO) I mentioned briefly at the end of Chapter 1.

For Deleuze and Guattari, the empty BwO is the result of a failed experiment, "because

you can botch it… it can be terrifying, and lead you to your death."[51] Their examples

are the hypochondriac body, the paranoid body, the schizo body, the masochist body,

or the drugged body, and although of the latter they describe a heroin user, the

nicotine-addicted body applies, too. The empty BwO does not achieve the plane of

consistency that I described in the last chapter; instead, it is located "on the debris of

strata destroyed by a too-violent destratification."[52] Smoking is too violent: it offers

the momentary sensation that fools us into feeling like we are on the plane of

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[49] Slavoj Žižek, *For They Know Not What They Do* (London: Verso, 1991), 245.
[50] Dean 2002, 7.
[51] Deleuze and Guattari 2005, 149.
[52] Ibid., 163.

consistency we so desire all the way down to the level of the molecular. But smoking

is too much: "You don't [make a BwO] with a sledgehammer, you use a very fine file.

You invent self-destructions that have nothing to do with the death drive. Dismantling

the organism never meant killing yourself, but rather opening the body to connections

that presuppose an entire assemblage…"[53] One thing that alerts us to the cigarette's

unsuitability for the purpose is the fact that it is pre-packaged and ready for us to use.

The cigarette, in this case, organizes us – interpellates us into a practice already

semiotically determined by resonances of class and materially determined by fatality.

And for Deleuze and Guattari, the material and the semiotic cannot exist in the same

body; we are split in two, into the empty BwO that simulates but doesn't achieve the

plane of consistency, and a cancerous or fascist BwO that organizes us into

interpretable signs.[54] The result is an incommensurable split – corporeal addiction and

symbolic alienation – that leads us away from the BwO we want and accelerates our

becoming-toward-death. And yet this failed experiment, here the cigarette, might be

the only experiment ever made available to these addicted subject that *approximates*

such pleasure. That feeling is very much a luxury, and despite its double-bind, it is

very difficult to give up. Or, in the words of Dunk, "given the tools the working class

have to work with, their response sometimes is ineffectual and generates further

complications."[55]

     Smoking is especially difficult to give up if the options for living otherwise do

not trump the arrangements and feelings with which smoking subjects are already

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[53] Ibid., 160.
[54] Ibid., 160.
[55] Dunk 2003, 153.

familiar. As my discussion of Canada's conversion to neoliberalism and the concomitant alienation it provokes with regard to declining job security and economic fulfillment for the working class, and as is demonstrated by the libertarian impulse that such changes nevertheless satisfied, the middle class images put on offer by the government that aim to promote smoking cessation prove adequate only when a particular set of identifications and material experiences line up. A similarly tenuous arrangement is also a problem for left approaches that aim toward correcting the socioeconomic determinants of health inadequately addressed by institutional politics. As Dunk and Lott demonstrate very well, working-class sensibilities are often at odds with people on the left. Dunk recounts several moments in which "individuals [in his ethnographic study] expressed very ardent racist opinions about the local Native community to goad me into responding."[56] Dunk's study, which is exceptionally Marxist in its affiliation, demonstrates the ways in which some working class populations at times confirm and at others defy contemporary left politics that are committed not only to economic redistribution, but anti-racism, anti-sexism, and anti-homophobia. So, the question at hand for the left is: how does one do work for and with groups whose opinions and affiliations are contradictory to some (if not all) of the left's commitments and sensibilities?

It is not as though similar conflict is such a distant memory for the left itself. Identity politics and orthodox Marxism were long at odds, and to insist, as I have in Chapter 1, that the two are commensurable neglects some discourses that maintain the two are mutually exclusive. The thrust of this thesis, however, has been to hold

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[56] Dunk 2003, 17.

various political actors accountable for all the consequences embedded in their claims. I have turned most of this attention to the Canadian government and two of its contradictory positions: first, the Epp Report identified that health is determined by economic inequality, and yet resorted to an individual locus of judgment through which subjects should be able to apprehend better health conditions; second, the wholesale turn to neoliberalism in the 1980s and 1990s promised a healthy economy by excising job creation as a condition on which a good economy might be evaluated. To conclude this chapter, then, I will articulate the conditions a left alternative must undertake to avoid the similar pitfalls to those witnessed in so-called 'legitimate' politics.

I was drawn to the critical material about health promotion in Canada written in the 1970s and 1980s, and so dismayed by the government's shallow co-optation of its premises, because its promises seemed like a good cipher with which to ground a left politics: insist on the health of all, no matter their social position, and no matter what changes must be made to the society in which we live to ensure this. In my view, a left politics that insists on anything other than this is hypocritical and too short sighted. How could a faithful left politics look otherwise? Would it be a politics that works toward a better world for those of us who have been enfranchised in a particular movement, neglecting all who have yet to sign on? Such an organization is probably easier to achieve, but its commitment is nothing short of 'equality for some.' 'Achieving health for all,' the title of the Epp Report, is a much more equitable if ambitious goal that necessitates concomitant better world-making for all.

Better world-making for all entails contact, negotiation and being with everyone who will live in this better world. In this way, political practices cannot

engage in the 'problem of speaking for others' of which Linda Alcoff writes.[57] The left cannot ventriloquize the interests of the working class (or any group it claims to represent.) Indeed, "a political semiotics of representation," to borrow a term from Donna Haraway in "The Promises of Monsters," is the poison pill for efforts at better world-making. Such a political semiotics is "[p]ermanently speechless, forever requiring the services of a ventriloquist, never forcing a recall vote, in each case the object or ground of representation is the realization of the representative's fondest dream."[58] Recall that the revolutionary moment of which Marx writes is solidified by speech on the factory floor, and those of us on the left, especially those of us in elite or academic circles, would be foolish to impose our discourses on working-class people, assuming their own intercourse is somehow inferior. Some left elites have mis-read Marx to think particular, often working-class segments of the population could be successfully mobilized by cruel and authoritarian enforcement of pseudo-socialist doctrines (cf. the Soviet Union.) Such a view neglects the ever-important *process* of socialism of which Marx writes in *The German Ideology*, and of which Gramsci refigures to describe hegemony. Indeed, in conceiving of a neo-democracy that thrives on meaningful contestation at the end of her text, Jodi Dean describes how "neo-democratic politics are struggles for hegemony. They are partisan, fought for the sake of people's most fundamental beliefs, identities, and practices."[59] In the moment of encounter, of renegotiation, of deterritorialization, we engage in experiences of

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[57] Linda Alcoff, "The Problem of Speaking for Others," *Cultural Critique* (Winter 1991-1992), 5-32.
[58] Haraway 1992, 311.
[59] Dean 2002, 173.

learning, of defense, and hopefully of alterity. In this way, we can hope to avoid speaking and acting for others by *engaging* with each other.

We all don't all come to our leftism in the same way. I did not develop mine by talking on the factory floor; my disposition toward making a better world by way of left politics has been conditioned by friends and collaborators in social justice circles, professors, social workers, and my public school teacher CBC parents, to name a few. These ways I have learned have also afforded me a kind of legitimated power (like that assured by university accreditation, to name one) that makes it possible my offerings might in some ways dominate those of others; or, perhaps more in line with my argument in this thesis, they may fail to make a desired and necessary contact with the others I wish to encounter. But one thing I think is common between left political actors, and if you will, I might wager *all* social actors, is the experience of a glimmer that a better reality is possible and that together we can make it happen. How then, do we come together to figure out a different way forward without invariably reducing each other to type? I offer two slogans that may alert us to this approach. The first appears on an Aboriginal Activist plackard I kept after a march a number of years ago. It reads: "If you have come to help me you are wasting your time. But if you have come because your liberation is bound up with mine, then let us work together." Keeping such a figuration close at hand helps to remind us that the deterritorialization we wish to undertake always involves continuity with others, as will the plane of consistency we wish to achieve. This slogan can also open us to the conditions that might structure such an encounter Jacques Derrida outlines *Of Hospitality*: "absolute hospitality demands that I open my home and that I give not only to the stranger… but

to the absolute other, unknown, unnamed, and that I *give place* to him, [*sic*] that I allow him [*sic*] to come, to arrive, and to take his [*sic*] place within the place that I offer him, [*sic*] without asking either reciprocity… or even his [*sic*] name."[60] In other words, to put all our lacks, needs and desires out *safely* in the open might initiate unanticipated matrices through which needs may be satiated by other needs, collapsing the very organizing economies of desire and lack. This scenario, like all the alternatives I have described so far in this thesis, will prove difficult – as it has at times for those of us already engaged in this kind of negotiative action. But it is critical that the left prioritize such possibilities for meaningful, hospitable and caring contacts as a welcoming and enveloping alternative, in part because the Canadian government has sought to permanently excise this possibility *via* the establishment of Mulroney, Chrétien and Martin's economic visions, when the carnivorous neoliberal economic structure was legitimated as a new national order.

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[60] Anne Fourmantelle and Jacques Derrida, *De l'hospitalité* (Paris: Calmann-Levy, 1997), 29. This passage appears translated to English by Thomas Docherty, in *Aesthetic Democracy* (Stanford, CA: Stanford University Press, 2006), 39.

Chapter 3:

The Semiotics of Harm: Two Recent Cases

Recapitulation

This thesis has taken as its point of departure a kind of failure admitted by the government of Canada about its smoking cessation mass media messaging. While Health Canada revealed in 2007 how surveys indicated warning labels on cigarette packing had lost their semiotic ability to attract attention and transmit meaning, I have expanded this conception of failure to apply not only to other mass media messages (namely public service announcements,) but to question the very notion that mass media messaging could transmit *sufficient* meaning concerning an addiction as serious as nicotine. The word 'addiction' is one that has been curiously absent from this thesis thus far, except for my reference to the 1986 Epp Framework that, importantly, identified how addiction is often determined or exacerbated by social conditions. That smoking is an addiction will be a key theme underpinning this chapter, but before I begin, I will summarize the main ideas I have developed in the thesis to this point.

In the first chapter, I described the development of health promotion in Canada by analyzing two key federal policy documents, the 1974 Lalonde Report and the 1986 Epp Framework. Although the Lalonde Report got the ball rolling for health promotion in Canada, calling for and supporting the development of theretofore non-existent federally-sponsored programs encouraging Canadians to adopt a broad view of 'health,' it is widely credited with fostering a 'blame the victim' stance at odds with empowering citizens to make better decisions about their health. In this way, the

Lalonde Report failed to represent the ideas and goals of already-existing health promoters and programs, something that was "deeply resented" by many working in the field. The Lalonde Report can be seen, by extension, as participating in a tradition of governmental co-optation present throughout Canadian history, carried out by the Liberal Party of Canada in particular, that domesticates activist or radical discourses and programs, bringing them within the acceptable limits of liberal capitalism. With this in mind, it is not exactly surprising that health promotion conducted under the umbrella of government agencies does not exhibit attention to social and economic equality, anti-poverty initiatives, etc. championed by a number of the scholars to whom I have referred. Instead, as O'Neill, Rootman and Pederson explain, Canadian health promotion "discourse is a professional and bureaucratic response to the challenges put forth by other social movements."[1]

The 1986 Epp Framework was seen by many as remedying the 'blaming the victim' stance implicit in the Lalonde Report. For one, Epp identified this effect (without attributing it to Lalonde specifically,) and called for an understanding that determinants of health are in large part irreducibly social and systemic, and that individuals cannot take full responsibility over their own health through gumption and choice alone. While the Epp Framework was a clear improvement over Lalonde as it avowedly prioritized reducing health inequalities, it nevertheless ended up locating health choices in the domain of individual judgment and personal responsibility. For Epp, individuals could be empowered by programs that deliver better and more accessible health services to marginalized communities, but in the final analysis, it

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[1] O'Neill, Rootman and Pederson 1994, 381.

would be up to individual subjects to take advantage of these opportunities. The assumption in the Epp Framework, then, is not that there is not that there is something flawed about liberal accounts that health is a matter of individual judgment and personal responsibility, but that Canadian society, as currently constituted, presents a number of impediments that ought to be rectified so individuals can make free and good choices.

To complicate Epp's prioritization of personal responsibility, I drew on solidarity approaches to social change to illustrate an alternative. If health inequalities and addictive behaviours are determined or exacerbated by economic inequalities, challenges to capitalist hegemony ought to be a part of any effective health program. And yet, the public health programs put on offer by governments in Canada rarely, if ever, reflect or operationalize class politics. Further, Dworkin and Wachs' work dramatizes the rise of fitness cultures in the 1980s that conceptualize the body in terms of capital: a tremendous amount of media and fitness culture generally encourages exercise as a sort of production of surplus value such that it grants a person a sense of hard-earned moral superiority. Such a 'healthism' exacerbates public communication in Canada that quite simply parades already well-known information to encourage individual citizens to make good health decisions, despite the fact that these approaches have only ever achieved limited success. Instead, the Body without Organs (BwO), as it is explained by Deleuze and Guattari in *A Thousand Plateaus*, conceptualizes socialization and interpellation at the very corporeal level: these overdeterminedly capitalistic figurations of the body that Dworkin and Wachs describe are just one example of how the social world is lived on the body. Deleuze and Guattari describe a

life-long project of deterritorializing the ways in which the social world has organized our bodies; this is a process in which we must learn to encounter, often in ways that involve risk, the forces and interests that have organized us in these ways. Because these encounters are risky, Deleuze and Guattari suggest that, more often than not, these experiments are most successful when attempted in connection with others. Deleuze and Guattari articulate a solidarity approach to social change that is especially appropriate for health politics because it conceives of the body as the reason for and the agent of a politics that can alter the ways in which systemic forms of oppression are lived on and condition the body.

Chapter 2 mapped the tenuous relationship between the Canadian State and many of its citizens since the introduction of neoliberal economic policies in the 1980s. I identified that smoking is currently most prevalent amongst working-class male populations, which runs contrary to middle-class maternal images most often depicted in Health Canada PSAs. Because of this, I asked what kind of value the government sees in images of middle-class mothers, and why the government does not, instead, present images of working-class men. I outlined a parallel agenda of working-class non-representation, namely in terms of the *interests* of working-class men, when I discussed the introduction of neoliberal economic policies by the Mulroney and Chrétien governments. The development of free trade agreements in the 1980s and 1990s evacuated scores of manufacturing jobs to countries with cheaper labour, and the concomitant reduction of welfare state provisions (like social assistance and health care) resulted in formerly-employed workers receiving less governmental support in their times of need. While the Canadian electorate largely reacted against Mulroney's

neoliberal policies in the 1993 general election by giving Chrétien's Liberals a substantial majority, Chrétien's government went on to ignore its job creation promises, pursuing vigorous neoliberal legislation. As a result, the two parties that had formed government since confederation confirmed that neoliberalism was to be the default economic setting, a situation that had a direct bearing on the well-being of the working class, unemployed and poor in Canada.

Faced with non-representation, working (and other) classes find ways to compensate. I discussed the affect afforded by libertarian populism, and showed how the rhetoric of individual responsibility provides satisfaction for many members of the working class despite the fact that neoliberal governments use this rhetoric to win support for policies that have detrimental effects for their working-class supporters. As Dunk points out, just because the working-class has an objective interest it does not necessarily follow that working-class politics will be expressed as a reflection of that interest. Further, nothing guarantees that working-class interests will even be expressed as *politics*, at least in the conventional sense. Politics sometimes find form in unanticipated practices: 'magical resolutions' to 'lived contradictions' are rewarding and can trump objective expressions of interest with regard to politics, and by extension, health.

In this vein, I read between the lines of Epp's admission that factors like labour stress, poverty and alienation exacerbate the incidence of addictive behaviour to understand smoking as a magical resolution to lived contradictions. However, I refused the utopian impulse that often underpins work in cultural studies about productive reworkings by interpretive communities because smoking has very dire

effects. Smoking does approximate, returning to Deleuze and Guattari, the sensation

offered by the BwO, but smoking ultimately results in an empty BwO – the failed

experiment of which the authors warn. Smoking does not result in a plane of

consistency because it is a deterritorializaiton that occurs, ultimately, at the expense of

the body by accelerating its being-towards-death. Therefore, I think that smoking is an

understandable compensation against labour and other stresses about which I have

written, but not a commendable one. As such, we must explore political alternatives, at

whatever cost, that work toward achieving health for all. This chapter, then, will

survey two programs currently operating in Canada, applying the conditions I have

discussed thus far to determine whether these programs aim to make critical

connections between people in a political semiotics of articulation[2] or resort to tropes

of division, individual choice, and victim-blaming.

Smoke-Free Ontario and the Semiotics of Disappearance

The *Smoke-Free Ontario Act* is a policy passed by the Ontario legislature that

took effect on May 31, 2006. The *Act*, one that updated and re-named the *Ontario*

Tobacco Control Act originally introduced by Bob Rae's New Democratic government

in 1994[3], was a major policy initiative undertaken in the first term of Dalton

McGuinty's Liberal majority government. Before I analyze the *Act*, it is worth

describing the conditions in Ontario under which the McGuinty government achieved

power, especially because they bear some resemblance to the Chrétien succession of

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[2] See Haraway 1992.
[3] The *Smoke-Free Ontario Act* is available online at the Government of Ontario's
website: http://www.elaws.gov.on.ca/html/statutes/english/
elaws_statutes_94t10_e.htm.

the Mulroney government I described in Chapter 2. From 1995-2003, the Progressive

Conservative government, led at first by Mike Harris and then by Ernie Eves,

implemented extensive neoliberal policies by way of their so-called Common Sense

Revolution. Harris's Conservatives came to power, in large part, by framing "[p]eople

who were forced into unemployment and thus became dependent on social supports…

as a contrast to 'hard-working tax-payers'"[4]; in so doing, Harris "succeeded in using

the negative economic and emotional terrain created in large part by neoliberal national

and international trade policies to successfully present neoliberal provincial policies as

a solution."[5] The Harris government aggressively attacked and/or dismantled swathes

of typical welfare-state programs, especially in its first two years which some

Conservative members called, when interviewed by Kendra Coulter in her 2003-2007

ethnography of Queen's Park, "a time for 'across the board cuts'"[6]: indeed, the

Conservatives implemented a policy agenda that cut social assistance rates, municipal

grants, and downloaded provincial programs on to municipalities in order to finance

substantial tax decreases.[7] When the Progressive Conservatives were thrown out of

power in 2003, social services in Ontario were just a shadow of what they once were,

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[4] Kendra Coulter, "Women, Poverty Policy and the Production of Neoliberal Politics in
Ontario, Canada" *Journal of Women, Politics and Policy* 30, no. 1 (2009b), 30.
[5] Ibid., 30
[6] Kendra Coulter, "Chameleons, Chimeras and Shape Shifters: The Production of
Neoliberal Government in Ontario" (PhD diss., Department of Anthropology,
University of Toronto, 2007), 64.
[7] As Kendra Coulter puts it nicely: "employment equity was eliminated; social
assistance rates were cut by 21.6%, then frozen; municipal grants were cut by 35%; the
province went from building 6000 units of affordable housing per year to zero;
women's shelters and second stage housing and counseling faced substantial budgetary
cutbacks" (30). See Coulter 2009b, 30.

and, coincidentally, Harris's unsustainable tax program had produced a budget deficit, anathema to the Conservatives' avowed prioritization of fiscal responsibility.

In the 2003 election campaign, Dalton McGuinty poised the Liberal Party as a clear, kinder alternative to Eves' Conservatives. Election documents such as the Liberals' financial plan titled *Affordable, Responsible Change* promised the party would balance financial prudence and social interest priorities, clearly distinguishing itself from the Conservative approach: the document claimed "the Liberal government… is committed to living within its means" unlike "a Tory government that makes promises it just can't afford[.]"[8] Therefore, the Liberals presented themselves as an alternative that satisfied, by way of reasoned, good government, two ends of the political spectrum that are traditionally thought to be in opposition to each other: a Liberal government, in other words, would be able to deliver the promises of neoliberalism (efficient government, lower taxes) while building and maintaining social services like health care and education. McGuinty's promises correspond to the Third Way approach described by Anthony Giddens in his book of the same name.[9] The Third Way, with its blend of fiscal conservatism and social responsibility, more or less describes the policies of the United States government under Bill Clinton, and the United Kingdom government under Tony Blair. Indeed, leading up to the 2003

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[8] Ontario Liberal Party, *Affordable, Responsible Change: The Ontario Liberal Financial Plan*. (Toronto: Ontario Liberal Party, 2003). Thanks to Kendra Coulter for alerting me to this document.
[9] See Anthony Giddens, *The Third Way: The Renewal of Social Democracy* (New York: Polity Press, 1998).

election, McGuinty's staff "consulted New Labour advisors from Britain [to] develop… a Third Way platform, image, and approach."[10]

As nice as the Third Way may sound, it has been widely critiqued as neoliberalism with a friendly face, to appropriately update Susan Sontag's old phrase about communism in China.[11] Indeed, in Coulter's words, numerous studies have demonstrated how "Third Way approaches privilege capitalist interests, ensure corporate power, do little to curtail growing income inequality and, in many cases, accelerate it."[12] In this way, Third Way governments are known to manage the economic and social spheres on different registers with disparate intensities, with the economic, more often than not, achieving priority. And, if neoliberal economics tend to trump social responsibility in the final analysis of the Third Way, McGuinty's succession of the Harris government bears resemblance to the default neoliberal setting achieved by Chrétien's succession of Mulroney that I described in Chapter 2. This kind of politics should also remind us of a recurring theme in this thesis, that what is often considered the social is often determined or exacerbated by the economic; as such, we should be on alert for instances in which the social and economic are at odds with each other to an extent that is troublesome for the kinds of resolutions Third Way governments attempt.

I have mentioned how 'the social' takes secondary priority in Third Way schemas to lay the groundwork for my assertion that the McGuinty government's

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[10] Kendra Coulter, "Deep Neoliberal Integration: The Production of Third Way Politics in Ontario," *Studies in Political Economy* 83 (Spring 2009a), 194.
[11] For a few examples, see Artesis and Sawyer 2001, Dobrowolsky 2002, Fairclough 2000, Navarro 1999.
[12] Coulter 2009a, 191.

Smoke-Free Ontario policy is mostly symbolic. The *Smoke-Free Ontario Act* works to make things once visible, here cigarette smoke, disappear; however, as I will go on to describe, the *Act* explicitly privileges the non-smoking population and underserves the smoking population in a way that recalls the victim-blaming tropes that emerged from the Lalonde Report in 1974. This is not to say the changes enacted by Smoke-Free Ontario are all bad; certainly, especially with respect to its ban of smoking in all workplaces, it is good for a whole host of citizens. In the Introduction, I described a public service announcement that appeared in 2001 featuring Heather Crowe, a career waitress in the Ottawa region who developed terminal lung cancer from working in a restaurant where, in her words, "the air was blue" with smoke. Because second-hand smoke results in the incidence of disease for people who are exposed to it on a routine (i.e. daily basis) for a number of years, laws that eliminate smoking in public spaces are of most health benefit to people who work in them. However, there is something worth noticing in how Smoke-Free Ontario re-titles an older act named Tobacco Control; indeed, the new name reflects a new agenda that aims toward eradication, rather than control. This re-naming shifts the focus from *causes* to *effects*: the *Act*'s new name reflects how the government's aim is to make the effects of smoking, or at least the effect that is second-hand smoke, disappear.

A reading of the provisions of the *Smoke-Free Ontario Act* demonstrates just what kind of disappearance the government is interested in effecting. Chapters 3 and 9 of the *Act*, having to do with the display of tobacco products and the venues in which tobacco products can be consumed, were extensively amended in 2005 and took effect on May 31, 2006 (Chapter 9 was again amended in 2008 to prohibit smoking cigarettes

in vehicles where youth under the age of 16 are present.) The 2005 amendment to

Chapter 9 forbade smoking in all enclosed public places and workplaces, specifically

defining the former to indicate schools, day nurseries, entertainment venues, and

hospitals. Importantly, the definition of an 'enclosed space' was expanded to include

any patio that is covered by an overhang. Chapter 9.3 of the *Act* also mandated

employers to correspond with these new provisions, setting out stiff penalties for

anyone electing not to comply – to the tune of a $1000 maximum for individuals and

$100 000 for corporations for a first offence, and up to $5000 and $300 000,

respectively, for subsequent infractions. Some exceptions were maintained from the

1994 Act, including smoking designated hotel rooms, psychiatric facilities and

veteran's hospitals. However, a 2008 addition to Chapter 9 forbade smoking inside all

nursing homes and long-term care facilities. Chapter 9.4 also introduced strong

language to protect employees complaining about an employer's non-compliance with

the *Act*, pledging protection from the Labour Board. The strength of Chapter 9 of the

Smoke-Free Ontario Act certainly works to prevent deaths akin to Heather Crowe's,

indeed protecting otherwise innocent labourers from second-hand smoke they had

previously been exposed to in the workplace.

Chapter 3 of the *Act* limits the display of tobacco products in retail venues,

especially convenience stores. The display ban, which was implemented gradually and

took full effect on May 30, 2008, responded to research that suggested 'power walls'

(i.e. a rack of cigarettes displayed at the point of sale in stores) had a suggestive power

that made smokers trying to quit susceptible to relapse, and likewise encouraged young

people to start smoking.[13] The press release I just cited also mentions a March 2007

report from the Ontario Tobacco Research Unit that a survey indicated of "youth aged

11 to 18 years, 85% of respondents spontaneously recalled convenience stores as a

place where they had seen cigarettes, over 75% said they visited convenience stores at

least once a week, and over 40% spontaneously named at least one cigarette brand."[14]

This research indicates retail stores that display cigarettes are places in which a

particular pedagogy about smoking is manifested: exposure in everyday life results in,

or at least corresponds to, a large minority of youth exhibiting brand recall. Chapter 3

of the *Smoke-Free Ontario Act*, then, with prescribed fines similar to infractions

against Chapter 9 provisions ($4 000 then $10 000 for individuals, and $10 000 then

$20 000 for corporations,) affected the position of cigarettes in pubic space by

removing them from conventions of display and marketing typical to retail capitalism.

The *Act* obscures cigarettes from view, but does not rob tobacco of its commodity

character; instead, cigarettes are inculcated with a quality similar to adult magazines, in

which both are forbidden by way of age restriction, and their explicit visibility is

limited. Interestingly, cigarettes' invisibility in convenience stores has not resulted in

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[13] In the press release issued on May 30, 2008, the day the full display ban took place, the Ontario Ministry of Health Promotion offered, as evidential support for their claim about 'power walls,' Melanie Wakefield et al., "The cigarette pack as image: new evidence from tobacco industry documents," *Tobacco Control* 11 (Supplement 1, 2002), i73-i80. Wakefield et al.'s essay identifies a paucity of research on the ways in which cigarette packs, in the wake of stricter government controls, can be used for advertising ends. Although this article is not exactly appropriate to support the claims the Ministry of Health Promotion makes in its press release about power walls, specifically (available here: http://www.mhp.gov.on.ca/english/news/2008/053008.asp) the essay describes tobacco industry documents that indicate Phillip Morris's interest in developing the pack as an advertising medium. If this is the case, and the general consensus is that tobacco advertising causes more people to smoke, it is conceivable that a power wall may have nefarious effects.
[14] Ontario Tobacco Research Unit 2007, 1.

disappearance, *per se*, but actually highly visible scaffolds concealing these formerly

'powerful' walls. To borrow a term from Jacques Derrida, these scaffolds are a trace,

with a referent to the memory of a power wall. In this way, the display ban achieves

different ends than the Chapter 9 provisions: where Chapter 9 makes spaces smoke-

free (free from *effects*,) Chapter 3 regulates the ways in which cigarettes (in other

words, what *causes* second-hand smoke, nicotine addiction, etc.) may be accessed in a

way that does not achieve permanent disappearance. After all, cigarettes have to be

purchased somewhere, and the big, blank scaffolds obscuring their presence reinforce

particular mythologies about them.[15]

     The *Smoke-Free Ontario Act* was supported by a tremendous amount of public

relations labour. In the period between when the Ministry of Health Promotion was

formed by the McGuinty government on June 29, 2005 and May 31, 2006, when the

Smoke-Free Ontario Act started to take effect, there were 19 separate press events

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[15] While researching this thesis, I have made repeated attempts to determine *who*
provided the funds to build the scaffolds that now hide power walls. It wasn't the
government, to be sure: as I will discuss in a moment, the transfer payments that are
made in the name of *Smoke-Free Ontario* go to police units for enforcement, a few
new smoking cessation programs available in hospitals and through the Centre for
Addiction and Mental Health (CAMH,) and a number of charitable societies devoted to
anti-smoking support and lobbying (the Canadian Cancer Society, for example.) A
tobacconist I know in British Columbia told me in 2008 he had heard rumours that the
tobacco industry had put up some funding for concealed display cases; however,
companies like Imperial Tobacco withdrew offers to fund flaps over power walls when
they realized it would be illegal to sell third-party advertising on the flaps (see Kate
Lunau, "Cigarette Companies and Corner Stores Help Each Other Survive" *Maclean's,*
August 4, 2008.) Indeed, a number of op-ed pieces appeared prior to the smoking ban
urging government support for the $400 to $10 000 cost to install display cases with
flaps that corresponded to the legislation (see Hughes 2008, also Alfaris 2006,
Prokaska 2008.) As a result, the Smoke-Free Ontario Act has produced a byproduct
that visually indicates the means available to convenience store owners: large
franchises like 7-11 or Mac's all have well-made, relatively uniform flapped display
cases installed; and, it is commonplace to see independent convenience stores covering
up their tobacco products with pinned up old bedsheets.

related to smoking cessation alone. These events mostly touted Smoke-Free Ontario,

but also introduced funding for smoking cessation programs not explicitly linked to the

legislation. During this time, the Ministry also introduced a nomination period for the

Heather Crowe Award – an honour to be bestowed on individuals as well as

community organizations promoting smoke-free environments. Between May 31,

2006 and September 10, 2007, the day on which the writ was dropped inaugurating the

campaign period that saw McGuinty re-elected with a stronger majority, another 21

press events were held, again announcing some funding to new smoking cessation

programs, and a number of Heather Crowe Award recipients – all of which, with the

exception of Smokeless Joe's bar in Toronto, which went smoke-free and supported

smoke-free initiatives well before these were legally mandated, were given to local

health units operating at the municipal level.[16] While it is not inconceivable that a

government would want to generate a great deal of publicity in support of a bill it

wants to see passed, I mention this flurry of press activity for two reasons. First,

Kendra Coulter's ethnography of Queen's Park (the site of the Ontario Legislature)

demonstrates the extent to which the Liberal Party prioritized press coverage. As she

writes, "because of the primacy given to media coverage, communication

considerations were also interwoven with the very conceptualizations of policy by

political workers. How an idea can and will be communicated, and how the media will

react was inextricably interwoven with political work and policy development at the

earliest stages."[17]

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[16] All the press releases from the Ministry of Health Promotion are archived on its
website: http://www.mhp.gov.on.ca/english/news/default.asp
[17] Coulter 2007, 94. See also 142-158 and 204-209, and Coulter 2009a.

Secondly, Smoke-Free Ontario had political cachet. An example of this is in a January 16, 2008 press release from the Canadian Cancer Society that announced the result of a poll which indicated 82 per cent of Canadians supported a ban on smoking in vehicles where minors are present (reflecting the part of the Smoke-Free Ontario policy that was made effective later in 2008) and that two thirds of smokers also supported the measure.[18] Recall, of course, Brandt's account of the problems underscoring libertarian appeals to smokers: most smokers, after all, want to quit, so there are limits to enlisting them as a political force in support of unlimited access to tobacco. In this way, a policy like Smoke-Free Ontario is *bound* to be politically popular. So, why all the media attention? What I mean to suggest here is that Smoke-Free Ontario, all its merits aside, generated good press and general support for the McGuinty government which, throughout 2006, happened to fail in picking up seats in byelections for Toronto-Danforth, Nepean-Carleton, Whitby-Oshawa, and in fact lost a seat in the Parkdale-High Park byelection.

The second reason I mention the Ministry of Health Promotion's press activity is because the frequency of press announcements about particular subjects underscores an analysis of Smoke-Free Ontario's priorities. An October 17, 2005 press release announcing that the Ministry had struck a committee in support of *Smoke-Free Ontario* described the campaign's goals, saying it is committed to "protecting people from second-hand smoke, preventing young people from starting and giving people the tools

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[18] Canadian Cancer Society, 2008.

they need to quit."[19] The ordering of this sentence is instructive, as it foreshadows the

quantity of press attention devoted to each subject. It should be said that with respect

to the *Act* itself, a whole section (Chapter 9) is devoted to protecting people from

second-hand smoke, while Chapter 3 aims to protect young people *as well as* obscure

visual triggers that might encourage relapses. So, it is not surprising that press events

in support of Smoke-Free Ontario more often than not focused on the second-hand

smoke issue. During the McGuinty government's first term, 20/40 press events had to

do with protecting people from second-hand smoke, while 4/40 had to do with youth

prevention and 12/40 with cessation programs for addicted citizens.[20] Because help for

addicted citizens was institutionalized in the *Smoke-Free Ontario Act* only insofar as

reduced displays are understood as preventing relapses, the government's support to

addicted citizens is only really measurable by funding envelopes. Between 2005-2007,

the Ministry of Health Promotion announced approximately $5.4 million in new

tobacco cessation programs. This included $2 million annually starting in 2006 to

continue funding a free nicotine replacement therapy programme (the government

partnered with CAMH after Pfizer, the Centre's original partner, did not renew its

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[19] Ontario Ministry of Health Promotion, "McGuinty Government Establishes Smoke-Free Ontario Committee," press release, October 17, 2005, http://www.mhp.gov.on.ca/english/news/2005.asp.
[20] I count the Heather Crowe Awards as having to do with the second-hand smoke issue because they are designed to recognize individuals and groups, à la Crowe, "promoting a smoke-free Ontario at the local level." See Ontario Ministry of Health Promotion, "McGuinty Government Honours Tobacco Control Advocate," press release, December 16, 2005, http://www.mhp.gov.on.ca/english/news/2005/121605.asp.

support after 2005.)[21] The government also announced $650 000 in funding for an

outpatient smoking cessation service at two health care facilities in Ottawa and

Toronto,[22] as well as a provincial sales tax holiday on all nicotine replacement

therapies made permanent on July 30, 2007.[23] Incidentally, this cumulative funding

over two years for cessation programs is slightly lower than the $5.5 million transfer

payment granted to policing agencies in 2006 to enforce the new provisions in the

Smoke-Free Ontario Act.[24] In this way, the government's spending priorities suggest it

is under the impression that its *Act* will do more to curb smoking in Ontario than

smoking cessation programs. Further, the kinds of cessation programs supported by

the McGuinty government correspond to the 'build it and they ought to come' model

common to the criticism of the Lalonde Report's programs I described in Chapter 1.

These new programs, privileging nicotine replacement therapy, are effective in helping

smokers quit when they are ready, willing, and free from conditions that may cause

relapse, but do little to address the root causes of smoking behaviours.

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[21] Ontario Ministry of Health Promotion, "Another 15,000 Ontarians Will Receive Help to Butt Out," press release, May 12, 2006, http://www.mhp.gov.on.ca/english/news/ 2006/051206.asp.

[22] See Ontario Ministry of Health Promotion, "McGuinty Government Launches New Quit Smoking Service at Carlington Community & Health Services," press release, September 6, 2007, http://www.mhp.gov.on.ca/english/news/2007/090607.asp and Ontario Ministry of Health Promotion, "McGuinty Government Launches New Quit Smoking Service at Flemingdon Health Centre," press release, August 22, 2007, http://www.mhp.gov.on.ca/english/news/2007/082207.asp.

[23] Ontario Ministry of Health Promotion, "McGuinty Government Introduces Tax Break On Smoking Cessation," press release, July 30, 2007, http://www.mhp.gov.on.ca/english/ news/2007/073007.asp.

[24] See Ontario Ministry of Health Promotion, "McGuinty Government Invests Extra $5.5 Million to Enforce Smoke-Free Ontario," press release, May 17, 2006, http://www.mhp.gov.on.ca/english/news/2006/051706.asp.

Because the *Smoke-Free Ontario Act* clearly prioritizes tropes of protection, and because the new smoking cessation programs that emerge around the *Act* rely on smokers to access said programs on their own volition, it should not be surprising that victim-blaming sentiments about smokers were present in Ontario at this time. Although it is difficult to demonstrate the pervasive instantiations of such sentiments, a letter to the editor in *The London Free Press* offers one such instance that is instructive in this regard:

> How ridiculous is "the right to smoke"? What about my legitimate right to breathe clean, fresh air? I highly commend the full smoking ban in London. Unfortunately, non-smokers will still have to walk through hoards of people filling the air with acrid smoke at the entrances of malls, restaurants, bars and just about everywhere else in the city. Smokers may feel it is unfair that they cannot smoke inside, but the health of non-smokers is far more important. I believe the next step for London should be banning smoking in places like drive-throughs and building entrances. If bars must have a closed door between their smoking patios and the inside, why are people allowed to smoke where doors or windows are open to public buildings, such as a drive-through or building entrance?
> Smokers should really consider their decision to smoke and the long-term effects on themselves and the people they smoke around. What does one honestly gain from smoking? Black lungs and a lifetime of hacking, coughing

and illness. Why do smokers believe they have a 'right' to force this on non-smokers?[25]

This letter was written in response to the City of London's smoking ban that passed in 2003, one that, like others passed between 2000-2003 in the cities of Toronto, Ottawa, Kingston and Waterloo, anticipated the laws eventually set by the *Smoke-Free Ontario Act*. However, I quote this letter at length because, in response to smoking being framed as a 'right,' the author responds in the same, if horribly inadequate, language of non-smokers' 'rights.' This leads her to reservedly praising London's ban, immediately expressing reservations that the new law does not go far enough, as there are numerous sites in which the clean air to which she asserts she has a right is unavailable. Going on to suggest smoking should be banned at access points to commercial centres, she re-frames smoking as an individual choice, cites illnesses that are associated with such a 'choice,' and argues against a smoker's right to force this choice on others. Important, here, is how the abstract smokers of which she writes are always figured in relation to innocent others. She posits two different registers of rights, and that one of which—the "smoker's"—is without merit because it simply cannot be defended logically. After all, the effects of smoking are so obvious if, as she suggests, one just *really* thinks about it. And what does one gain from smoking? Of course, as I suggested in Chapter 2, smoking can be a complex, magical resolution to experienced contradictions whereby one gains temporary relief from the conditions of living under capitalism by smoking, even though there are grave consequences attached to the addiction that ensues. However, such a view is irreconcilable with the author's

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[25] Robyn Gray, "Ban Smoking from Entrances," *The London Free Press*, January 1, 2004, A8.

position in this letter: she can see smoking's long term effects, and they are so clear to her that a smoker's experience is utterly inconceivable; she frames it as a relatively simple choice, along the lines of her choice to go to the mall, and her right to enter it without breathing in second-hand smoke.[26]

The letter in the *Free Press* demonstrates a kind of victim-blaming that, in actuality, appears to blame without recognizing the abstract population toward whom this sentiment is being directed as 'victim.' Smoking is reduced by this author to a stupid choice stemming from a misinformed locus of judgment, and not from broader determinants. And why shouldn't she think this way when the prevailing legislation fails in explicitly addressing broader determinants of addiction, instead privileging the removal of visual cues to protect bystanders? While there is nothing inherently wrong with smoking bans, as they are necessary to protect labourers from developing chronic illnesses due to exposure in the workplace, legislation that fails in addressing smoking as a complex rather than merely misinformed practice encourages the kind of thinking expressed in the *Free Press* letter. To take it further, Smoke-Free Ontario's silence on smokers effectively re-classifies who counts as 'victim' in this scenario. This may be excusable if it was clear that Smoke-Free Ontario enjoyed the political commitment to fine-tune the *Act* in the face of apparent problems; however, a shift in the Ministry of Health Promotion's funding priorities in McGuinty's second term demonstrates a lack of sustained fiscal devotion to Smoke-Free Ontario, suggesting the government's main

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[26] On this note, I have spent two years trying to find a study that demonstrates measurable harm on individuals who breathe in second-hand smoke in intervals as short as passing someone by a doorway entrance or on the street. All the studies on second-hand smoke that I have found determine adverse health effects of second-hand smoke on non-smokers after years of steady exposure in the home or in the workplace.

priority was passing and enforcing *the Act*. Although, as I have said, the full display

ban and the law preventing smoking in cars where youth are present took effect in

2008, the financial support for Smoke-Free Ontario is not nearly as extensive or

dedicated as it was when the Liberals first introduced the law. In the 2007-2008

budget, Smoke-Free Ontario was allocated $60 million, and had its own discrete

budget line.[27] In 2008-2009, following the Ministry of Health Promotion's

announcement of $190 million over three years for a Chronic Disease and Prevention

Strategy, Smoke-Free Ontario shared a budget line with this new strategy, and the two

programs were cumulatively granted $73 074 100.[28] In other words, with the new term

came new priorities.

What qualifies as success, here, and for whom? With such an extensive focus

on eliminating second-hand smoke in public places, it might surprise you that Smoke-

Free Ontario was designed with a goal to significantly reduce tobacco consumption,

not just to eliminate second-hand smoke in public places. On September 13, 2006, the

Ministry of Health Promotion issued a press release reporting that Health Canada had

charted an 18.7% drop in cigarette consumption since 2003, a sign of "excellent

progress toward meeting [the McGuinty government's] commitment to reduce tobacco

consumption in Ontario by 20 per cent before the end of 2007."[29] Of course, the

Ministry of Health Promotion did not form until 2005, and the *Smoke-Free Ontario Act*

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[27] See the Ontario Budget on the Ministry of Finance's website:
http://www.fin.gov.on.ca/english/budget/ontariobudgets/2008/chpt1e.html
[28] See http://www.fin.gov.on.ca/english/budget/estimates/2009-10/volume1/
MHP_866.html.
[29] Ontario Ministry of Health Promotion, "Ontario's Smoke-Free Efforts Exceed
Expectations," press release, September 13, 2006, http://www.mhp.gov.on.ca/english/
news/2006/091306-1.asp.

did not start to take effect until May 31, 2006, and so the drop might only be partially

attributed to the *Act* and the Ministry's other activities. It should be pointed out that

the Ontario Convenience Stores Association found that "37 per cent of cigarettes in

Ontario are contraband" because of a burgeoning "illicit tobacco trade"[30]; so, this

skews the findings reported by Health Canada which "measures consumption based on

units of cigarette sales."[31] Nevertheless, the Ministry took this figure as a sign of

success, so much so that it used Health Canada's statistic out of context in a May 30,

2007 press release celebrating the anniversary of the *Smoke-Free Ontario Act*,

reporting the Smoke-Free Ontario Strategy, which, again, started in 2005, "has led to

an 18.7% reduction in tobacco consumption since 2003."[32] While an 18.7% reduction

in real smoking rates, if this is in fact the real reduction, is nothing of which to

disapprove, that the statistic was used out of context demonstrates the kind of success

the McGuinty government wanted to portray for the *Smoke-Free Ontario Act*. It was a

good statistic, despite the fact it didn't actually measure that for which it was claimed.

It is in this faulty measurement, however, where smokers in the *Smoke-Free Ontario*

re-appear. Indeed, the government did not simply recite the fact that public spaces in

Ontario are now free from second-hand smoke; that's not good enough, as the

McGuinty government *wanted* the policy, which prioritized second-hand smoke as an

effect, to result in a *cause*-reduction – namely, it wanted this policy to reduce the real

number of smokers in Ontario. Obscured from public view, underrepresented by the

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[30] Hughes 2008.

[31] "Ontario's Smoke-Free Efforts…" 2006.

[32] Ontario Ministry of Health Promotion, "Ontario Celebrates One Year of Being Smoke-Free," press release, May 30, 2007, http://www.mhp.gov.on.ca/english/news/2007/ 053007.asp.

Act, underfunded in comparison to the provisions allotted to police the Act, and often

blamed without the very (in-)dignity afforded by victimhood, smokers haunt the

apparent success of an *Act* that was for the most part meant to patrol them, not help

them.

At the time of this writing, the Ministry of Health Promotion has not presented

updated statistics demonstrating the realization of its 20% goal.

InSite and the Politics of Harm

I turn, now, to another recent addiction strategy that has operated since 2003 in

Vancouver's Downtown Eastside. InSite, the safe injection site where intravenous

drug users can obtain clean needles, inject with the supervision of a nurse, and obtain

help finding housing or treatment, is the result of a collaboration between the

Vancouver Coastal Health organization and the Portland Hotel Society. The latter of

these organizations also operates three single-room occupancy hotels in the Downtown

Eastside that are used for social housing, making up part of a limited catalogue of units

homeless or under-housed denizens in the community can access due to Vancouver's

extravagant rental market and relative paucity of social housing units. In this section, I

discuss how InSite and its staff at once respond to urgent needs in the Downtown

Eastside community, while engaging with clients on bases that respect and reflect the

complex and systemic barriers encounter in their everyday lives.

InSite emerged from *A Framework for Action: A Four-Pillar Approach to Drug

Problems in Vancouver*, an action plan that emerged from the Vancouver Agreement, a

commitment signed in March 2000 between the governments of Canada, British

Columbia, and the city committing to "a coordinated strategy to promote health and safety throughout Vancouver."[33] Such an approach was deemed necessary because of the highly entrenched open drug scene in the neighbourhood that has solidified since "enforcement initiatives in the 1970s and 1980s… had the effect of pushing street level drug dealers into the Downtown Eastside [which, because of its adjacency to the Port of Vancouver, has always been known for its transient character] from other areas of the city."[34] Additionally, the neighbourhood is marked by "poverty; substandard housing; high unemployment; flight of legitimate business from the area [and] de-institutionalization of the mentally ill without adequate support structures in the Lower Mainland."[35] People who live in the Downtown Eastside are not only plagued by homelessness or under-housing, but are also coping with disproportionate instances of severe addictions and illnesses. InSite reports that "three in 10 injection drug users are HIV positive" in the Downtown Eastside, while "[n]ine in 10 have Hepatitis C."[36] The four pillars in this approach – prevention, treatment, enforcement and harm reduction – like the very conditions that generate poverty, addiction and homelessness in the neighbourhood, are mutually informing and work together to improve conditions in the Downtown Eastside, and throughout the city as a whole. To put it another way, while InSite mostly corresponds to the harm reduction pillar by providing its clients with a place to inject that is off the street and offers clean needles, they also provide social services on site that clients can elect to access, therefore contributing to the treatment

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[33] Donald MacPherson, *A Framework for Action: A Four-Pillar Approach to Drug Problems in Vancouver* (Vancouver: City of Vancouver, 2001), 13.
[34] Ibid., 8.
[35] Ibid., 8.
[36] Vancouver Coastal Health Authority, *From the Ground Up* (Vancouver: Vancouver Coastal Health Authority, 2008a), 1.

pillar. By their very structures, Four Pillars and InSite reflect the intersecting

oppressions model I discussed in Chapter 1, realizing a host of different factors

condition addictive behaviour and that a number of different strategies must work in

concert to positively affect clients' lives.

Indeed, harm reduction is an approach that aims to work not only with the

client, but also on or with other factors in her life (family, living situation, employment

situation, etc.) to arrive at strategies that are suitable to her in her time and place,

without resorting to pre-established expectations that determine what kind of care she

has the right to access. With regard to addiction management, Riley et al. define harm

reduction as describing "only those policies and programs which aim at reducing drug-

related harm *without requiring abstention from drug use*."[37] They go on to describe

how harm-reduction programs prioritize a series of goals, and go about realizing those

which are most immediately possible; indeed, "[a]chieving the most immediate and

realistic goals is usually viewed as first steps toward risk-free use, or, if appropriate,

abstinence."[38] To put it another way, not everyone in the Downtown Eastside can be

cured of their addictions overnight; indeed, addiction is recognized as something that

conditions life under contemporary capitalism. After all, as the Four Pillars

Framework notes, "To deal with the increasing complexity of daily life, we have

become a society of substance users… [and t]hose who use 'hard drugs do so for many

of the same reasons… Many use drugs to relieve physical or psychological pain. The

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[37] Diane Riley et al., "Harm Reduction: Concepts and Practice. A Policy Discussion
Paper," *Substance Use and Misuse* 34.1 (1999), 10.
[38] Ibid., 11.

mentally ill often take drugs to achieve a higher level of functioning."[39] In this way,

addiction is understood as a process that is at once psychically and socially

conditioned. Drug use mediates the conditions of everyday life, and clients did not just

wake up one day addicted to hard drugs; instead, the history of their addictions, much

like the histories of their lives, are always in process, have histories, and are linked to

broader social determinants. Harm reduction strategies like those devised between

clients, InSite and/or social workers associated with the facility are aware of this

complexity – comprehending the client's drug use as an efficacious way of coping, and

stepping in to ensure that the conditions under which the use is taking place is safe.

Indeed, "[h]arm reduction involves establishing a hierarchy of achievable goals, which

taken one at a time, step by step, can lead to a fuller, healthier life for drug users, and a

safer, healthier community for everyone."[40]

In the face of complex situations involving drug use, poverty and homelessness

(to name just a few present afflictions) that don't have clear and ready solutions set out

in advance, Four Pillars highlights how "harm reduction focuses instead on building

relationships with this highly marginalized population" and that "[t]he continuity and

deepening of these relationships over time is crucial to being able to help these

individuals the moment they are ready and able to receive it."[41] In this way, I think

InSite corresponds, in a way, to the BwO approach I described in the last two chapters.

To be sure, InSite does not carry out its work at the level of legal structure and

enforcement, nor does it spend its scarce resources on mass media directed to potential

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[39] MacPherson 2001, 18.
[40] Ibid., 61.
[41] Ibid., 62.

clients. Instead, InSite makes a place for itself in the Downtown Eastside community

because it is relevant and necessary – certainly for the 7 648 unique clients registered

there as of March 31, 2007.[42] Despite a frenetic pace of 645 client visits on average

per day,[43] InSite workers get to know clients very well, making connections on which

clients can count, all the while helping them navigate social services to find clothing,

housing, detox services, counselling, and a host of other provisions.

A CBC *Fifth Estate* special report, "Staying Alive," aired on March 13, 2009

and video-documented InSite's interior for the first time, interviewing staff members

and having a few clients show journalist Hana Gartner just how they live. Darwin

Fisher, Intake Manager for InSite, called the facility "an entry way into society for a

really marginalized population" where workers can "try and keep them alive, as well as

establish relationships and maybe get them to some services – improve the quality of

their lives if they can."[44] Indeed, Fisher notes how his personal familiarity with clients

helps him determine what services they are ready to access: "you can usually tell from

knowing somebody where they're at. And that's where the relationships come into

play. I've known most of the folks who use this place for awhile. We talk a lot."[45]

Fisher does not limit himself to talk and counsel, however. The documentary follows

him as he scours the Downtown Eastside for Shelly Tomic, an InSite client who,

during the course of filming, started to use again after staving off her addiction for

three years by turning to methadone as a substitute. The documentary follows Fisher

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[42] Vancouver Coastal Health Authority 2008a, 6.
[43] Ibid., 6.
[44] *The Fifth Estate*, "Staying Alive," first broadcast March 13, 2009 by CBC, directed by Tamar Weinstein.
[45] Ibid.

as he works with another client, Dave Brodrick, to find regular housing; although it takes awhile to find Brodrick a single-room occupancy unit, the camera follows Fisher as he goes to the unit to check on Dave, where Fisher checks to see if the sink is working and kills Dave's first cockroach. Needless to say, Fisher and the labourers at InSite do not conceive of themselves as orthodox clinicians. Fisher has a clear, strong and personal commitment to his clients, and although he is always supportive and professional (when Tomic is about to go fix for the first time in three years, he is non-judgmental but nevertheless encourages her to try methadone again when she is ready,) the way he speaks about the gravity of systemic barriers facing his clients shows a deep and personal investment in their lives.

InSite's staff strives to build connections with clients even under unfavourable conditions. An illustrative anecdote is relayed in the publication *Insight: Stories from the Safe Injection Site*. When Corrine (a pseudonym was chosen when publishing this story) first accessed the InSite, she "was frequently violent when at the site… [and s]ome staff were becoming afraid of her."[46] However, an InSite staff member supported her after a sexual assault by providing her with new clothes and securing a shelter bed, despite the fact she did not want to report the assault to the police; after this, she started to develop a "more trusting relationship"[47] with that staff member, if not with anybody else working at the site. InSite helped Corrine secure more permanent housing, and when she was sexually assaulted another time by a man who solicited her children to be exploited in child pornography, Corrine accepted InSite's

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[46] Vancouver Coastal Health Authority, *Insight: Stories from the Supervised Injection Site* (Vancouver: Vancouver Coastal Health Authority, 2008b), 9.
[47] Ibid., 9.

help in approaching the police to press charges. This is what makes relationship-building between clients and InSite workers so important: trust and accountability are necessary to approach different, riskier and scarier steps in any process. InSite's ongoing presence in the Downtown Eastside community engages clients, making the injection ritual an environment in which clients can be exposed to information and support that might make their lives better.

These two examples show how InSite's clients benefit not only from clean needles, access to nurses, and a safe place off the street to inject, but they, as Fisher says, are granted "an entry way into society." Importantly, the society of which Fisher speaks is not one that shames clients for what they do, but treats them with respect, encouragement and makes connections with them in hopes they will be able to, in some capacity, improve their lives. To this end, InSite has achieved some impressive results. According to its own statistics, as of March 31, 2007, 696 overdoses had taken place at the facility with no fatalities because nursing staff were on hand to respond.[48] InSite has also reduced the number of people injecting outside in the Downtown Eastside, realizing one of the Four Pillars Framework's key goals to curb the open drug scene.[49]

Despite this, the Harper Conservative federal government has been hostile to InSite since it was first elected in January 2006. InSite came into being under a three-year exemption to Section 56 of the *Controlled Drugs and Substances Act*, granted by Health Canada in September 2003. Were InSite to not have this exemption, the very presence of drugs on the premises, despite the fact that InSite itself does not provide

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[48] Vancouver Coastal Health Authority 2008a, 6.
[49] E. Wood et al., "Changes in Public Order After the Opening of a Medically Supervised Safer Injection Facility for Injection Drug Users*," Canadian Medical Association Journal* 171 (2004), 731-4.

drugs and only a safe place and fresh needles with which to inject, the facility would be subject to the force of law. In September 2006, Tony Clement, then-Minister of Health, extended the exemption until December 31, 2007 "to allow for more research on how supervised injection sites affect prevention, treatment and crime[,]"[50] but revoked all federal monies devoted to evaluating InSite. In other words, the Conservative government allowed InSite a reprieve under the guise of needing more information, but demonstrated the federal government had no interest in acquiring that information through its own means.

Clement, elected to the federal Conservative government in 2006 after serving in various cabinet positions in the Mike Harris Ontario Conservative government from 1995-2003, made a number of statements against InSite during his tenure as Minister of Health. The most inflammatory came during the 2008 International Conference on AIDS in Mexico City, in which he said: "No addict is too far gone to give up on them. That's what InSite does. They say, 'It's okay to stick a needle in your vein and to die slowly.' I don't believe that, and I don't believe Canadians believe that, and I believe in saving those people. And that's why, to me, InSite is an abomination."[51] It is interesting that Clement framed the last part of his statement in terms of 'belief': after all, his assertion ignores existing data (more of which his Ministry was unwilling to produce) that demonstrates InSite has been of benefit to the community and to its clients, in addition to the fact that Clement merely 'believes,' again without measurement, that Canadians believe the same as he does. Stephen Harper, when

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[50] *The Fifth Estate*, 2009.
[51] A video is available on the CBC's website for "Staying Alive": http://www.cbc.ca/fifth/2008-2009/staying_alive/video.html

campaigning for Prime Minister in December 2005, also framed the facility with reference to the Canadian public, but by questioning InSite's suitability as a government expenditure: "We as a government will not use taxpayers' money to fund drug use. That is not a strategy we will pursue."[52] The metonymy of tax dollars for drugs is a familiar one for at least one member of the Harper cabinet; when current Minister of Transport John Baird was Minister of Community and Social Services Minister in the Harris government, he "toyed with the idea of mandatory drug testing for welfare recipients, complete with a photo-op holding syringes and suggesting that welfare recipients would no longer be allowed to shoot their cheques 'up their arms.'"[53] Such statements, especially considering Clement's refusal to provide more federal funds to evaluate InSite, give credence to the characterization by Gabor Mate, the physician in charge of OnSite, the detox centre adjacent to InSite, of the Conservatives' attacks against the safe injection site as "ideological."[54]

InSite has been the object of ideological attacks from the Royal Canadian Mounted Police (RCMP) as well. As Gary Mason reported in the October 11, 2008 edition of *The Globe and Mail*, Pivot Legal Society, which operates in the Downtown Eastside, accessed documents *via* a court-ordered Request for Information that revealed "the RCMP used taxpayers' dollars to hire researchers to undermine InSite."[55] Indeed, the RCMP commissioned two reports by unnamed academics about InSite, and when those reports came back favouring the facility, the RCMP turned around and

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[52] Allan Woods, "Drug crackdown may cut safe-injection funds" *CanWest News Service*, December 5, 2005.
[53] Coulter 2007, 67.
[54] *The Fifth Estate*, 2009.
[55] Gary Mason, "InSite revelation proves RCMP needs watching", *The Globe and Mail*, October 11, 2008.

commissioned two more, soliciting one from an anti-drug organization that openly opposes InSite. It seems as though the RCMP, much like the McGuinty government when it offered the inaccurate statistic to reflect Smoke-Free Ontario, was looking for a report that would let it say what it wanted – that a harm reduction strategy has hurt instead of helped the Downtown Eastside and the City of Vancouver at large.

Although the stances of the Harper Conservatives and the RCMP are dubious and clearly pursuant to an ideological agenda, something about Clement's assertion about "giving up on addicts" rings true, if not in the way he intended. Indeed, Clement's statement might also characterize broad legal definitions that paint all citizens with the same brush and hold them to the same expectations despite indications to the contrary that demonstrate how many experience difficulty "deal[ing] with the increasing complexity of daily life," as the Four Pillars Framework nicely put it. Something about the very existence of an exemption to Section 56 of the *Controlled Drugs and Substances Act* shows how Canadian law, as currently constituted, is inadequate to recognize, reflect or protect all citizens. Indeed, InSite's clients in the Downtown Eastside at once exceed the limits of liberal capitalism while, at the same time, are so profoundly determined by it: for one reason or another, often having to do with entrenched poverty and past abuse, InSite's clients cannot make a go for themselves in the capitalist order, because they have turned to drugs or because they turn to drugs, which only exacerbates this situation; in other words, capitalism does not have a place for them, but they still have to try stay alive, finding food and housing with only the minimal resources provided to people who have trouble corresponding to the capitalist order. And so there is something almost hopeful about the British

Columbia Supreme Court's May 27, 2008 ruling that closing InSite would amount to a contravention of Section 7 of the Canadian *Charter of Rights and Freedoms*: according to the Court, closing InSite would deprive its clients' rights to life, liberty and security of the person. At the time of this writing, the Harper Conservatives are determined to appeal this decision all the way to the Supreme Court of Canada, and certainly have not rewritten the *Criminal Code* to reflect the Court's decision as they were ordered. Nevertheless, the Court has issued a decision that legitimizes InSite in a way that recognizes the site's ontological necessity to its clients, allowing for the clients and labourers who convene at the site to continue working together, even in small, incremental and often difficult ways, at better world-making.

Conclusion

Recently, a rather bizarre series of articles have been written suggesting the consumption of 'smokeless tobacco,' a variant of snuff, counts as a harm reduction practice because it will not cause second-hand smoke if someone decides they cannot or will not quit using tobacco products.[56] Similarly, Riley et al. suggest programs which make nicotine replacement therapies available and ban smoking in public spaces, like those introduced by and around Smoke-Free Ontario, count as harm reduction practices; apparently, the availability of less harmful alternatives and laws that prohibit indirect harms against others are enough to meet the definition. However, after encountering the kind of harm reduction work conducted at InSite, I cannot abide calling smokeless tobacco and public smoking bans harm reduction measures. A

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[56] See Ault et al. 2004, Capella 2007, Cheung 2000, Taylor and Capella 2008.

parallel to this would be saying the very existence of methadone and its availability *via* prescription counts as harm reduction. Methadone doesn't have a roof, nor does it bring in a guaranteed monthly income, nor does it provide childcare, nor does it erase past traumas; methadone can, however, be part of a larger, incremental strategy developed in coalition with others that might be part of a scenario in which a client not only has permanent shelter, but is also working on getting her life back together. So to conclude, I would like to ask why smoking is given different treatment in harm reduction literature but, more importantly, in society generally than addiction to hard drugs?

Of course, cigarettes and hard drugs are very different. For one, cigarettes do not require injection, and so shared use does not prove responsible for accelerating HIV or Hepatitis C transmission. One also cannot overdose on nicotine, so in this way, widespread cigarette use does not necessitate the construction of facilities where nurses can supervise administration and provide sterile materials. Smoking can take place in private without risk of immediate risk to oneself. This question of 'immediate risk' bears on the differential economic impacts of smoking and hard drug use on peoples' lives. As the Four Pillars Framework reports, "Addicts spend a great deal of time procuring drugs, consuming drugs and raising funds for more drugs. When drug consumption is reduced or ceased individuals are left with a great deal of time on their hands."[57] This description of a drug user's time conveys not only the amount of time in a day devoted to finding drugs that, unlike cigarettes, are illegal and not readily available (even if concealed) in convenience stores. It also reflects the time consuming

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[57] MacPherson 2008.

labour undertaken to raise funds for a fix: "Staying Alive" shows Shelly can collecting for several hours to raise funds for methadone, which she has to acquire from a drug dealer because of complications with her pharmacy; unable to raise enough funds, she fixes with heroin instead. Addictions to heroin or crack-cocaine impact the body and mind in more pronounced ways than nicotine, and so it is quite obviously difficult for regular users to hold down jobs. For the most part, people who smoke experience few barriers in holding down steady work; also, their addictions are easily furnished by products which, while controlled, are ever-present in the capitalist marketplace. In other words, smoking is an addiction amenable to the conditions of living under capitalism: one can have a cigarette on a short break between tasks, and the consequences visited upon the body will only be noticed at a much later date.

The open drug trade and the living conditions experienced by citizens in the Downtown Eastside present a sense of urgency undetected by many who think about tobacco control. This urgency, however, has not always appeared self-evident for government actors: it took a long time and a lot of political agitation and eventually courageous political will for the Four Pillars Framework to come into being. And, as my discussion of the Harper Conservatives' response to InSite revealed, many political actors still do not comprehend the urgency of politics that interrogate and demand rectification of legal precedents that are insufficiently representative and/or enfranchising of citizens who are at risk. For the Harper Conservatives, InSite's clients could benefit from politics as usual; by "not giving up on them," it ought to be possible to cull them into normative, wage-earning, unaddicted subject positions. Indeed, Clement's opinion of InSite's clients is consistent with the leading smoking

cessation programs I have discussed in this thesis, and Smoke-Free Ontario in particular: strengthened proclamations in the word of law ought to remind fallen citizens of their social obligations; this, or so it seems, should make a place for them in the field of social relations by giving them a reason to get their lives back together. However, such approaches do not comprehend the notion that placement or *interpellation* into the social field, or even the social field in itself, might contribute to or in fact *be* the problem.

Here, I am also insisting on recognizing a continuity between addiction to cigarettes and addiction to hard drugs, but not in the same terms as Tony Clement. Instead, I am advocating harm reduction as an approach that should be taken up more generally. My position is different not merely because I see harm reduction as a more appropriate solution than strengthening existing laws and legitimated practices, but because I see addiction as a phenomenon that deeply problematizes any notion that liberal capitalism is the best way to live. In light of this, the simple assertion included in the Four Pillars Framework rings true: "To deal with the increasing complexity of daily life, we [*all*] have become a society of substance users." What I mean to point out, here, is that it is rare to hear a comparison drawn between cigarette smokers living in middle-class homes and street-entrenched drug users. How could one even draw such a comparison? Smokers who are not at risk of losing their homes because of or due to conditions around their drug habit are obviously 'better off.' That is, they are better off with respect to their abilities to correspond with the necessity of steady employment and positive bank balances required when living under capitalism. Indeed, the misrecognition that sees little commonality between street-entrenched drug

users and cigarette smokers is entirely conditioned by the overdetermination of class as a coherent, all-encompassing and representative sign. Such a hermeneutic invariably reduces people to type, skirting the possibility to conceive of highly nuanced and detailed personal and social histories. Strategically looking beyond economic statuses and the primary ways such appearances determine how people are valued and what they are taken as representing under capitalism, we might detect other heretofore commonalities and possibilities for connection that may make visible sites of territorialization and strategies for deterritorialization we have not yet seen.

What might a harm reduction approach for smoking cessation look like? In my estimation, it cannot ignore deeply personal histories and complexities that determine and/or exacerbate a person's addiction. It involves an ethic of care that extends beyond those identified as innocent bystanders and offers support, understanding and non-judgment to those addicted to ubiquitous substances like nicotine. Just because smokers' have the capacity to function in the capitalist order does not objectively rule out the need to interrogate the conditions under which their addictions are lived. This is especially true if, as I have shown in Chapter 2, such an addiction is conceivably conditioned by the stresses of living under capitalism. Such an approach would expand notions of political urgency to address systemic conditions that determine or exacerbate addictions. To put it another way, to take an addiction as ubiquitous as smoking seriously, we must not take for granted the fact that most people subsist under capitalism as an indicator that capitalism is working. Committing to health for all, despite class background or social standing, necessitates a commitment to creative solutions that cannot be limited to the status quo at the outset. Further, just because

many people who smoke also avow commitments to liberal capitalism doesn't mean, *à la* Dunk, that this is the only thing they think. I suggest we should take a lesson from Darwin Fisher: respect smokers enough to ask questions, getting to know what they think and feel is conditioning their habits, offering care in forms we may or may not have thought about making available yet, and do this whether or not we are prepared for their answers in advance. If smoking is a socialist issue, better world-making for smokers will not be delivered by proclamations from above or decidedly un-creative status quo approaches, precisely because these solutions have not worked. If we are committed to better health for all, a harm reduction framework may make for encounters where unexpected solidarities may arise.

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