

When Ebola Came to Canada: Race and the Making of the Respectable Body

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ABSTRACT

This paper examines the way in which the recent Ebola media spectacle in Canada relied upon spatial delineations of race and degeneracy. I argue that the representation of immigrants as vectors of disease is a useful and coercive tool in the project of justifying immigration reform and the state control of racial bodies.

RÉSUMÉ

Cet article étudie la façon dont le récent spectacle créé par les médias au Canada au sujet du virus Ébola se fait aux délimitations spatiales de la race et de la dégénérescence. Je dénote que la représentation des immigrants comme vecteurs de maladies est un outil utile et cohésif dans le projet de la justification de la réforme de l'immigration et le contrôle que l'état a sur les masses raciales.

*And, how can a woman, perhaps "taken"
unawares, serve the nation?*
(Berlant 1991, 28)

On Friday, February 2, 2001, Colette Matshimoseka boarded Ethiopia Airlines Flight 553 from Addis Ababa, Ethiopia, arriving via Rome at Newark, New Jersey, on Saturday, February 3, 2001. That same day, she boarded Air Canada Flight 735 from Newark to Toronto's Pearson International Airport. She then traveled to Hamilton and was taken to Hamilton's Henderson Hospital on Sunday morning suffering from an unknown illness. On Saturday, February 3, 2001, provincial and national newspapers reported that a woman on board a flight from the Democratic Republic of Congo had been admitted to a hospital in Hamilton suffering from what was believed to be the Ebola virus. It was reported that: "a seriously ill woman is in isolation at a Hamilton Hospital while being tested for a string of contagious tropical infections, including the deadly Ebola virus." In the following article, using the Ebola story, I explore the relationship between the deployment of a racialized, diseased, degenerate body and the production of a national racial fantasy. I intend to link these two ideas by proposing that within current discourse on Canadian nationalism two kinds of bodies are consistently produced: the respectable body and the degenerate body. By linking these two kinds of bodies in contemporary news discourse, I trace the way in which colonial narratives about race and racial categories makes possible the justification of immigration reform so as to ensure the exclusion of bodies of colour at our border. I proceed from an account of the chronological events as they occurred

throughout the Ebola story to a discussion of the ways in which such geographical and spatial delineations of pervasive disease and nationwide sickness posit Africa as a site of disease and racial degeneracy, which in turn constructs Canada as a space of national purity. I then argue that the construction of an African woman as degenerate in the Canadian context functions to support the making of legitimate Canadians as respectable subjects within a national context.

In tracing the making of the Ebola scare in Canada, I propose to show how this particular enactment of a racialized media spectacle took on a very particular *materiality* on an African woman's body. I am particularly interested in the racialization and commodification of African women's bodies as narrative mechanisms that foster the continued construction of a racialized national fantasy. I borrow the notion of national fantasy from Lauren Berlant's *The Anatomy of National Fantasy* where she maintains that the notion of "national fantasy" serves "to designate how national culture becomes local - through the images, narratives, monuments, and sites that circulate through personal/collective consciousness. There is no one logic to a national form but, rather, many simultaneously 'literal' and 'metaphorical' meanings, stated and unstated" (1991, 5). Similarly, I build on Berlant's claims and employ the notion of "national racial fantasy" in order to signal both the ways in which discourses of the nation *and* discourses of race are inextricably linked and are never singular and fixed and often become increasingly complex and complicated by the demands of national projects that regulate racialized exclusion at various historical moments. I treat the Ebola story as marking one such historical moment that

gives rise to a particularly coercive race/gender dynamic that structures women of colour (and by extension, immigrant and refugee women) as outsiders to the nation and as racial defilers of national resources. This story relies upon a *material* and *symbolic* movement across national borders both spatially and geographically. It is this symbolic production of a racialized fantasy and of a racialized spectacle in which I am most interested. The production of a racialized spectacle is a repackaged version of long-standing colonial narratives and is employed in order to foster the preservation of our white moral national frontier.

SOME QUANTITATIVE RESULTS

For the purpose of my analysis I have collected all newspaper reports, editorials and letters to the editor that appeared in three Ontario provincial newspapers including *The Hamilton Spectator*, *The Toronto Star* and *The Ottawa Citizen* over a six week period in which the Ebola story initially erupted and eventually dissipated. I have chosen to focus my research solely on provincial papers in order to highlight how a particular "provincial" concern is able to hold "national" meaning. In effect, the provincial news representation of the Ebola scare is directly connected to the production of the national imagination where nationalist discourse often erupts around crises and spectacle. In all, I have compiled seventy-five articles published over a six week period. *The Hamilton Spectator* printed forty articles on the story, *The Toronto Star* printed twenty-three articles and *The Ottawa Citizen* printed twelve articles. Of these seventy-five articles, fifty-four were printed in the week following the first reports of the case. The number of articles dropped to twenty-one for the remaining weeks. This staggering number of newspaper articles not only points out the fact that the Ebola story was a media linchpin but it also highlights the potency of the media's preoccupation with disease and the threat of contamination. Undoubtedly, to follow and mobilize a story with such consistent fervour over a six week period is useful for the national project of constantly evaluating precarious and potentially threatening visitors in addition to policing the "uncertain" immigration status of many immigrants and refugees already settled in Canada.

It is impossible to account in detail all of the seventy-five articles that reported on the Ebola scare. As a result, I have restricted my analysis of the articles to taking particular account of the chronology of the events as they occurred. I do this in order to follow Berlant's claim that "persons categorized as degenerate typically enter the national register through stereotype, scandal, or unusually horrible death: otherwise their lives are not timely, not news of what counts as the national present"

(180). In much the same way, by tracing the particular chronology of events as reported throughout the Ebola story, I am able to trace the production of a national racial fantasy and the deployment of a diseased subject at its narrative core. The rigor with which this racial story clings together is evidenced by the fact that it is completely absent from the news register once the story loses its national/narrative potency. Indeed, it would seem that we are not interested in the lives of those categorized as degenerate once the national fantasy they uphold is deflated.

THE ANALYSIS: HEADLINES, QUOTATIONS, EDITORIALS

An analysis of media and news discourse can be undertaken in many different ways. Beginning with the headlines that broke the Ebola story, I follow Van Dijk's influential work on news discourse where he has argued that the discursive agenda for news headlines is rooted in ideological concerns that manufacture public opinion and consensus.¹ I focus on the ideological implications of the headlines as they appeared throughout the Ebola story and how they offer and construct an interpretative framework that delineates the spatial and geographical contours of this story. *The Hamilton Spectator* was the first newspaper to report the Ebola story. Headlines reinforced the spatial contours of the woman's travel from Africa to Canada. Headlines in *The Hamilton Spectator* read:

"Ebola Virus Rare But Deadly; No Cases Reported in North America."
(February 6, 2001, A4)

"Mystery Virus Fells Woman; Ebola Not Ruled Out; Woman Arrived from the Congo."
(February 6, 2001, A1)

"Let's Start Overseas."
(February 9, 2001, A1)

"Diamonds Pay for Congo's Wars; 'Ebola' Woman from Diamond Region." (March 5, 2001, A1)

As reported, the story of Matshimoseka's journey was particularly geographical, mapping her journey from Ethiopia to Canada. In the first headline, *The Hamilton Spectator* situates the potential threat of Ebola as being the "first and only" in North America, thus suggesting that the potential virus threatens what has otherwise been a contaminant-free North America. Positing North America as a "disease-free" geographical space where "no cases" of Ebola have been reported thereby erases the history of colonial expansion in Canada and the

United States by white Europeans who brought with them diseases such as small pox and tuberculosis, among others, that often inflicted and killed entire communities of indigenous populations.

Historically, the nation building project in Canada depended upon powerful constructions of a diverse and dangerous northern landscape that enabled connections to be made between geography and race. In "The True North Strong and Free," Carl Berger identifies that the origins of Canadian nationalism were tied to racialized representations of a distinctly white citizen adapting to the northern Canadian landscape. Synthesizing the writing of George Parkin, an imperial settler who was the principal of Upper Canada College, Berger writes: "the northern winters ensured that Canada would have no Negro problems, 'which weighs like a plague upon civilization in the United States;' and it seemed that nature itself had decreed that Canada (would) 'belong to the sturdy races of the North-Saxon, and Celt, Scandinavian, Dane and Northern German'" (1966, 9). Interestingly, Berger also identifies the work of William Hales Hingston, a professor of clinical surgery at the Montreal School of Medicine, who in 1884 published *The Climate of Canada and its Relation to Life and Health*, and concluded that "after considering practically every malady from diarrhoea to dysentery, consumption to cataract, (Hingston) emphasized that *there were no diseases indigenous to the country*" (11, emphasis mine). The construction of the Canadian national story, then, has historically been interwoven with a colonial story of racial purity (white purity) and the absence of disease. The historical interdependency of racial purity and the absence of disease serves as just one example of the way in which racist ideologies of the innate degeneracy of "undesirable" populations served the purpose of carving out white supremacist ideals of national belonging.

In the second headline, situating Colette Matshimoseka's movement away from degeneracy emphasizes Africa, and indeed, her Africanness as the origin of the Ebola virus, in such a way as to demarcate Canada's particular geographical distance from a continent marked by such disease. This ideological interpretive device constructs Canada (and in turn, legitimate and healthy Canadians) as ostensibly disease-free and racially pure. The consequent threat that Ebola poses to Canadian respectability acknowledges that we are in no way dealing with routine medical conditions that may infect Canadians but instead, Canada is potentially threatened by a deadly disease that threatens to infect our otherwise "pure" country. Again, the third headline reinforces the notion that disease, whatever the kind, originates "over there" and if we are to take account of how we can better protect ourselves as Canadians and our country from deadly diseases such as Ebola, we must begin at its

origins. Situating the "origin" of disease in racialized Africa, outside of unsullied Canada, (and indeed, outside of the colonial history of disease and land acquisition by European whites) can also be conceived of as the making of Canada as a particular kind of geographical entity whereby race and degeneracy are constructed as external pollutants to a nation otherwise fundamentally secure from the horror of corporeal and citizen catastrophe.

Headlines in *The Toronto Star* and *The Ottawa Citizen* reinforce the notion that the dreadfulness of Ebola threatens our otherwise pure landscape. Some headlines in these papers read:

"The Fact Is, She Arrived in Toronto Sick."
(*Toronto Star*, February 6, 2001, A4)

"We Can't Stop Ebola at Canada's Borders: Immigration Minister's Admission Highlights a New Fear."
(*Ottawa Citizen*, February 7, 2001, A1)

"Illness Undetected on Planes, at Entries."
(*Toronto Star*, February 7, A1)

Interestingly, these headlines posit Canada's border as a particular site that functions as the place where dissolution of the nation is at risk in the face of foreigners whose bodies potentially harbour lethal diseases. Constructing the border as the potential site of dissemination of such infectious diseases charges these headlines with the underlying ideological narrative which maintains that Canada's immigration process must be particularly diligent in the face of those who threaten to become, in Ann Stoler's words, the "enemy within" who has penetrated the "internal frontiers" of the nation (1995, 52). The second of these headlines, in particular, shows the connection between the leaky immigration process and the increased need for effective surveillance and control of infected bodies. If indeed the minister's admissions highlight a "new fear," this headline serves as the blatant reminder to respectable and healthy Canadian citizens that the border is always a site of "fear" and potential threat posed by the "outside." The underlying ideological narrative that supports such a border construct is the idea that the Canadian border is synonymous with order, control and cleanliness. We imagine the border to be the site of removal for all that is contemptible and that the immigration process should, after all, figure as the site of disease control regulation.

Van Dijk has argued that one of the most influential ideological forces to appear in news discourse is that of the quotations in news reporting. According to Van Dijk the quotations "allow the insertion of subjective interpretations, explanations, or opinions about current events, without breaking the

ideological rule that requires separation of facts from opinions" (1988, 152). From the moment the Ebola story entered the news register, those who figured as the sources and voices of (ideological) authority and accountability were the medical, government and immigration officials whom the media approached in order to gain insights into the Ebola story as it unfolded. The hospital and medical practitioners involved in the "Ebola" case as well as government officials regularly scheduled press conferences throughout the Ebola scare in order to inform the public of any potentially threatening updates. Throughout these press conferences, and up until the point that she was eventually released from the hospital, Colette Matshimoseka's own "voice" did not figure into the news discourse. In fact, she occupies a racially degenerate, "not-quite-person" status in the Ebola narrative. Many of the reports refer to her as the "mystery woman," the "unidentified woman," the "Congo woman," the "Ebola scare woman" and the "Ebola woman." Identifying the locus of her identity as being tantamount to both the "Congo" and to the Ebola virus demonstrates the link between the making of a degenerate, diseased body and the racialized geographical contours that fuel national fantasies and anxieties about the threat of disease. The only occasion when the newspapers quote anyone who might otherwise take the place of Colette Matshimoseka herself is when members of the Congolese community in Hamilton are interviewed and asked about their reactions to the potential Ebola outbreak. However, these people were interviewed a week after the initial reports emerged in newspapers and the Democratic Republic of Congo had already become established in public sentiment as a country ravaged by incurable disease. *The Toronto Star* interviewed two members of the Congolese community in Hamilton at a grocery store that serves the community. *The Toronto Star* reported: "This has demoralized our community, this suggestion that we brought this disease to Canada, to North America. It is bad for our community," customer Ben Paul-Maukaba said" (February 2, 2001, A4). *The Toronto Star* was the only newspaper of the three under analysis to report on the response from the Congolese community in Hamilton. Interestingly, the noted reaction identifies the way in which the media has homogenized the Congolese community and positions the Congolese community as the racialized pollutants to the otherwise respectable Canadian landscape. Also noteworthy is the way in which this case was transformed into one of national importance ("we brought this disease to Canada"), suggesting that the particular medical details of Colette Matshimoseka's condition do not tell the whole story of the Ebola fantasy. Instead, the symbolic representation of the story serves as a national racial reminder that there are certain

racialized communities already settled within our national boundaries that may pose a threat to Canadian respectability and to the stability of the nation at large.

The newspapers acquired much of their information from the medical, health and government officials who were deemed to be the authority figures in this story. As a result, any attention to the Congolese community response to the Ebola story is undercut by those (whites) who were deemed to be key figures in the Ebola story. As Van Dijk has noted, any response from racialized groups, ethnic minorities and anti-racists groups to dominant news discourse is "systemically associated with conflict, crime, intolerance and unreliability" (1988, 246). Indeed, it would seem that the disproportionate coverage of the Congolese community response is a result of the perceived unimportance and "unreliability" of this public community response in favour of day-to-day updates on a story that threatens the nation. Consequently, the medical practitioners, those with specialized knowledge whose interest it is to protect the community, figured most prominently in news reports. In press conferences these medical practitioners often reinforced notions associating disease with racialized communities emphasizing the need to be cautious in the face of those travellers, immigrants and refugees that enter our country every day. These medical practitioners note:

"We don't know what this patient has," said Dr. Mark Loeb, infectious disease specialist at the Hamilton Health Sciences Corp. "We're being very cautious and assuming the worst. Because of the travel history we have to think broadly and consider the possibility this is a hemorrhagic virus," he said. (*Toronto Star*, February 6, 2001, A4)

Apparently in that part of the world (Africa), it's not unusual for people to be entirely healthy walking around like you or I with that degree of a parasite load. (*Hamilton Spectator*, February 9, 2001, A1)

With these admissions from medical officials, there is yet another theory supporting the national racial fantasy. This theory posits that Ebola could have existed in different forms, with parasite bodies playing "host" to infection and disease unbeknownst to that host body. After all, it is not "unusual" for degenerate citizen/parasite populations to harbour such diseases and that these bodily pollutants remain largely unnoticed in bodies and nations that are already on the brink of moral and national collapse. The interpretive framework that follows such an admission from a medical official is that Canada may be playing host to such degenerate, racial

bodies - signalling a national crisis of our immigration processing system.

The escalating fear that the Ebola story posed required that immigration officials reassure the nation that its border regulating measures were adequate to ward off infectious disease. Of the voices of authority that figured into the Ebola story, immigration and health officials insisted that the Canadian public (healthy, respectable citizens) be assured that Immigration and Citizenship Canada was doing all it could to ward off the threat of infectious disease posed by outsiders but that the risk posed by degenerate populations who harbour disease is always present. These officials note:

There is no way you can insulate Canada from the rest of the world. (*Toronto Star*, February 2, 2001, A1)

"We need to carefully review the current procedures that are in place and take a look at what additional measures may be required to ensure the safety of the public," Elizabeth Witmer said yesterday. (*Toronto Star*, February 7, 2001, A6-7)

Interestingly, such admissions from government officials collapse the narrative of public safety with the assurance that Immigration Canada will review border control mechanisms in order to guard against such racialized, diseased outsiders. The proposition that Canada cannot be "insulated" from the rest of the world suggests that "we" are "contaminant free." This proposition thus encodes a version of white respectability dependent on a national racial fantasy of bodily degeneration and border controls. The making of race and degeneracy in the Ebola story, then, maintains the white respectable citizen/subject, free of all that is infectious and parasitic, at the core of Canadian national concerns. Elinor Caplan, the then Minister of Citizenship and Immigration, maintained that the flow of Canadians and visitors across borders was a reflection of the ongoing difficulty to control population flows at border sites.

"It's really important for everyone to realize that we have over 200 million people coming and going across Canadian borders each year. It is impossible to test returning Canadians or potential visitors given the volume and the numbers, it's just not possible," [Elinor] Caplan said. Caplan acknowledged that her department only routinely tests for tuberculosis and syphilis. "It's still reviewing a Health Canada recommendation that the list be expanded to include HIV and Hepatitis B, she said." (*Toronto Star*, February 7, A1)

The Ebola spectacle enabled medical and immigration officials to insist that it is because of such threats that increased control over the border by means of statutory and regulatory reform of immigration law and procedures is warranted. In effect, the statements from immigration officials deflected attention away from the actual patient, Colette Matshimoseka, while her situation was utilized as a productive platform with which to call for and justify increased border patrolling of potentially diseased populations. The racialization at work in the political discourse about the "porous" nature of our borders highlights the need to defend Canada's borders from "infected" and "suspected" bodies through legal codes that posit Canada as a place of all that is uncontaminated. Elinor Caplan's admission represents another encoded version of white respectability whereby healthy Canadians should rely on government intervention in order to secure their moral and corporeal national frontier. Ultimately, appeals to the "public," and to public safety rely on an understanding of the Canadian "public" (whether diseased or not) as precisely an "entitled" public that requires government and legal intervention in order to protect national well-being and safety.

This encoded version of white respectability is very much *decoded* by the editorial reaction to this event. Van Dijk (1988) argues that editorials and letters to the editor provide practical, "common-sense" interpretive frameworks in which readers/citizens navigate their understanding of news events. *The Hamilton Spectator* was the only newspaper to editorialize the Ebola story.

Fear and anxiety for ourselves, our children and neighbours. Growing unease about our government's ability to keep us safe from new and frightening diseases. Immeasurable stress on our already stretched health system. Intolerance and mistrust of people from other parts of the world. If appropriate safety procedures and communication protocols were not observed in this case, we need to know exactly where and how, not so we can assign blame but so we can figure out what went wrong and make sure it doesn't happen again. There will be a next time. This may be a North American first, but it won't be the last time a community struggles with a situation like this. (February 8, A10)

Not surprisingly, in its editorial *The Hamilton Spectator* makes reference to the ideological content that gave many of their stories vitality. The editorial notes that "intolerance" and "mistrust" often constitute many fears about racialized people or as the editorial notes "people from other parts of the world." Articulating the need to

know exactly "where and how and what" went wrong with our border control mechanisms once again implicates Canada's immigration screening process on a national level. The fear mongering that is explicit in the phrase "there will be a next time" implies that the mechanisms of contagions are pervasive and constantly pose a danger to our racially pure national boundaries.

From the moment the Ebola story entered the national news register, Colette Matshimoseka was clearly bound by the racial delineations of Africa, her spatial associations and movement away from African "space" and bound by the sheer incomprehensibility of her diseased condition. The spatial delineations of race and disease that are present in these articles situating Africa and black Africans as the source of disease in turn facilitate the discussion in many of the news reports about the *material* practices of increased border controls and immigration reform that are required in order to ward off infectious disease. As evidenced in the news reporting, implicit in the Ebola story is the call to defend Canada's border from "infected" and "suspected" bodies. The Ebola story is the productive telling of a racial story that supports the limiting of rights to prospective immigrants/refugees and ensures public support for the tightening of borders and the policing of racialized bodies.

The anxieties and fears about disease-ridden "outsiders" and potential immigrants and refugees that marked many of the news reports concerning the Ebola story also gave rise to some anti-racist response in the Hamilton area. The Heritage Front distributed flyers outside of Henderson Hospital that read: "Immigration Can Kill You." One of the headlines in *The Hamilton Spectator* reporting on the anti-racist response read: "Protect Minorities, Activists Plead; Groups Want Hamilton to Create An Antiracism Committee" (February 22, 2001, A5). An article that appeared on March 2nd, 2001 in *The Hamilton Spectator* entitled "Why We Need Racism Committee," identifies the need for community anti-racist response to many of the racist "outbursts" in the Hamilton area.

The fact the Heritage Front established a conceptual link between a Congolese visitor and potential racialized immigrants and refugees from "high-risk" areas suggests that the media frenzy surrounding the Ebola story was not about the particular interest in an unsuspecting visitors' baffling medical condition, but that the Ebola story was symbolic of the broader *material* mechanisms in this country that control the flow of racialized populations at our borders. It is imperative to point out that the conceptual link that the Heritage Front made between a Congolese visitor and racialized immigrants and refugees from "high-risk" areas is the same connection made by immigration officials, medical experts, journals and those who wrote letters to the editor. Instead of producing incompatible

versions of the threat of contagious disease, the ideological intersections of "far-right" organizations, mainstream media and medical and government officials suggest that these seemingly disparate political agendas in fact promote analogous agendas that use racialized bodies as vectors of disease as their narrative core.

The chronicling of this anti-racist response by *The Hamilton Spectator* is not only important because it identifies racism against racialized populations as the foundation of the Ebola story but also because it contextualizes the Ebola spectacle as being part of a larger systemic issue about racial profiling and the immigration process. In effect, the articulation of any anti-racist response (however minimal) reinscribes the Ebola story as part of a larger story of Canadian race-relations that establish a link between news discourse about racialized diseased bodies and constructions of entitled Canadian citizens.

GENDER AND THE EBOLA STORY

In the epigraph to this article, I offer a statement from Lauren Berlant that suggests the dominant representations of gender often serve national aims. In much the same vein, Sunera Thobani has argued that "women of colour come to map out the boundaries of the nation, and this ideological process of racialization thus blankets *de jure* citizenship status and membership-in-the-nation status, pushing women of colour into what has been so aptly termed the 'dark side of the nation'" (Thobani 2000, 282). Women often figure as easy targets for national projects and clearly Colette Matshimoseka was both a black woman out of place, bound by the spatial contours of her place of origin, and a black woman in the *right place* to be commodified for national aims.

Particularly disturbing is the way in which the site of this African woman's body, the space of racial degeneracy, simultaneously became a site of derision and curiosity, a site of spectacle, and an object of study. Indeed, I insist that the space of Colette Matshimoseka's body was manipulated to serve Canadian national aims. In one newspaper article, it was reported that Matshimoseka's "mystery illness," and indeed her body, was used as the testing ground for unapproved drugs. Matshimoseka, in effect, became the receptacle for national experimentation. *The Toronto Star* reported: "to assist in the woman's treatment, Health Canada is providing two unapproved drugs on compassionate grounds to treat the woman, said Dr. Ron St. John, executive director for Health Canada's Centre for Emergency Preparedness and Response" (February 7, 2001, A1). The bodies of women of colour and disabled women have long been used in the Canadian context in order to serve national aims. Feminist and critical race scholars in Canada have only recently begun the task of

examining the long and disturbing history and practice of testing unapproved medications on women of colour and disabled women without consent.² In this example, the African female body is used as a racially productive terrain for *material* inscriptions of degeneracy, disease, manipulation and experimentation in such a way, I argue, that the Ebola spectacle in Canada can be considered a repackaged colonial exhibition. The demonstrations of white racial superiority, as evidenced in the Ebola story, rely on the prior history of colonial voyeurism that requires women of colour to sustain them. Moreover, this racialized spectacle can be thought of as a repackaged version of the Hottentot Venus who was precisely seen as a medical curiosity and utilized for the project of empire building. Saartjie Baartman, or the Hottentot Venus, was one of many African women and men who were forcibly put on display in colonial exhibitions. The colonized were turned into objects of visual consumption, spectacle and demonstrations of racial inferiority. As Jan Neverdeen Pieterse explains in *White on Black: Images of Africa and Blacks in Western Popular Culture*, the Hottentot Venus in particular, was on display in London, Belgium and Germany in the early 1800s and was represented as a medical and pathological "prototype of African and Black women" (1992, 181). In much the same way, Colette Matshimoseka's body was posited, constructed and represented in the news discourse as a medical curiosity. She was equated with all African peoples and the African landscape and functioned discursively and symbolically as the ground on which claims about immigrants and refugees and the potential threat they pose to Canada were articulated.

CONCLUSION

In my introduction to this paper, I proposed that there are two kinds of bodies that are consistently deployed in national discourse: the degenerate body and the respectable body. The Ebola story in Canada serves as just one example of the manner in which those characterized through news discourse as racially degenerate construct their opposite: Canadians and Canadian geographical space as respectable. The concepts of degenerate and respectable bodies have a symbiotic relationship in national discourse whereby one does not hold any influence or narrative strength without the presence of the other. In "Making Canada White: Law and the Policing of Bodies of Colour in the 1990s," Sherene Razack argues that the symbolic production of racialized bodies as degenerate allows the dominant group to know itself through the production of a subordinate group. In effect, such representations are racially productive: "The official story of who Canadians are and who they are not, performed in Canadian courtrooms, parliament, media, classrooms

and elsewhere, is a story that depends on bodies of colour, both ideologically and materially. Symbolically, racialized bodies as degenerate and uncultured, highlight the heroic qualities of the dominant group, a dark background in a canvas of white subjects" (1999, 161). Likewise, the Ebola story works with the notion of degenerate bodies in order to support the "official story" of Canadian nationalism. It upholds and ultimately demonstrates how anxieties about bodies and geographical places fuel current debates about immigration reform. As evidenced, the Ebola story centres the white respectable Canadian body as implicitly the national "body" that requires "insulation." In effect, what the Ebola story has revealed is that it is not possible to know ourselves as disease-free and respectable Canadians unless we know racialized others to be all that is degenerate.

More recently, current concerns in North America regarding the West Nile Virus (yet another disease whose origins are traced back to Africa) and the threat of terrorism seem to collapse around both the threat posed by the "outside" and the fear of contamination. There have been many reports that terrorist "cells" may exist in Canada and that Canada might be playing "host" to such terrorist activity. It is interesting to point out that the discourse of contamination, or a kind of biological discourse, gets reproduced at different sites and in different historical moments in the name of national security. In these discourses, the "foreigner" - the racialized, diseased subject - becomes the means through which articulations of the law (immigration reform) and nationalism (national security) are legitimized. Old "threats" are often replaced by new "threats" in the project of nation-building and the discourse of contamination, whether disease or terrorism, seems to rely on similar discursive/national strategies. The parallels between the fear of disease and national security encourage use to make connections between historical processes that work to constitute white nation states and perceived "new" concerns about national security. The study of the racially productive function of news discourse provides strategies for reading present-day national narratives against historical and colonial narratives that continue to sustain a racial social order in the project of nation-building. The process of racialization that strengthens the Ebola story functions in conjunction with the gendering of the immigration process in order to construct women of colour as particular threats to the nation. In this vein, the racialized construction of Canada's Ebola story fits into a larger conceptual framework of both cultural and political significance related to ongoing debates concerning the pedagogical function of racialized knowledge production.

ENDNOTES

1. See Teun van Dijk. *News as Discourse* (New York: Hillside, 1988).
2. For further reading in the Canadian context see "Violent Acts Against Disabled Women," (Toronto: DAWN, 1987) and see Patricia Leyland Kaufert "The Inuit Struggles for Birthing Rights in Northern Canada" in *Conceiving the New World Order*, Faye Ginsberg and Rayna Rapp, eds. (California: University of California Press, 1995, pp. 59-72).

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