

Letters

Kenyan exhibition of mortuary posts seriously flawed

To The Editor:

The exhibition of Kenyan mortuary posts in the Brush Art Gallery was the first display of an ambitious and interesting program of artifacts from non-western countries. I believe the display was seriously flawed however, and offer these critical comments:

First, the exhibition was inadequately displayed. The posts were arranged so that it was impossible to view both their front and back sides. A far more significant criticism was the lack of contextual information. A single map of the Giriyama region was to be found in the Gallery. Where were the necessary supplementary diagrams and texts that explain the importance of the mortuary posts in the overall Giriyama culture? Where were the photographs of the Giriyama households, the craftsmen who carved the posts, the information on subsistence and settlement, the Giriyama themselves? How could the viewer associate these objects with the world view of the Giriyama? The point is that one could not. A handbook was outside the Gallery but it was primarily concerned with technical aspects of design motifs and interpreting the symbolic aspects of African Art. It was woefully inadequate.

As an analogy, let's suppose you lived in Kenya and decided to visit an art gallery at the University of Nairobi. You discovered 27 gravestones from a cemetery in Canton, NY. You examined the gravestones, remarked on the different kinds of forms and shapes and then searched for information about their cultural context. Who were the particular craftsmen? Were they important figures in the community? Who purchased the gravestones? How were the deceased individuals and gravestones arranged in the open? What rituals were associated with the stones? I suspect you would be frustrated and disturbed by this absence of information. Removed from their cultural context both the mortuary posts and the Canton gravestones become little more than curiosity pieces. It was ironic that the accompanying booklet on the Giriyama artifacts included an opening quote from Archibald MacLeish that said:

"The true definition of a civilized society, whether primitive or technologically advanced, is a society which understands the place of the arts, which knows that the arts are not decorations at the fringes of life, or objects collected in museums or exhibited in theatres and concert halls or published in books..."

Unfortunately, the exhibition did just that — the artifacts from Kenya were displayed as 'objects

collected in museums."

Second, a press release written by Paul Schweizer, Director of the Brush Art Gallery, stated that the mortuary posts were not venerated for longer than one generation's memory and that this was "a point of considerable significance which can help justify their removal from Kenya and their subsequent display in an art gallery contest."

I spoke with Mr. Schweizer about this point. He admitted that he could not verify this statement. Certainly, the display booklet did not directly confirm this assertion.

Who collected the mortuary posts? When and why were they collected? The booklet mentions that Gale Smith loaned the collection to the New York State Council on the Arts. Mr. Schweizer indicated that he had information that suggested the collection of mortuary posts would not be returned to Kenya. This disturbs me. After five years of living in Kenya, I am all too aware of the so called "Art Collectors" who legally and illegally export thousands of indigenous cultural objects to Western countries. Often the justifications are that the local people do not "know their significance" or that the objects "are not important anymore." I am not suggesting that the collection of Kenyan artifacts has been removed in this fashion, but I would like to know under what circumstances the objects were removed and why they may not be returned.

Third, while I will leave the core of this point to my colleagues in the Art Department, it seems to me that the definition of what is and what is not "African Art" comes from a decidedly western perspective. Are the mortuary posts perceived as "art" by the Giriyama craftsmen and people themselves? Or have these objects been labeled "art" by New York African Art importers and Western art historians? How much of this "art" winds up in the corners and on the walls of expensive New York City apartments? To repeat a point: Artifacts removed from their historical or contemporary cultural context lose their critical meaning if this context is not recreated.

The former exhibition of mortuary posts is to be followed by other displays of non-western artifacts. It is critical, I suggest, that the format of presentation be altered. Many of us on campus look forward to the presentations but not as they are currently conceived.

John Barthelme
Anthropology-Sociology

Health center incompetent

To the editor:

Most of us have joked about the inability of the health center to cure anything except the current campus epidemic, and then only when aspirin and "Sip and Rinse" happen to be effective. However, few of us are aware of just how dangerously inept, and I choose these words precisely, the health center is. The purpose of this letter is to bring to light several instances of what I consider to be grossly irresponsible actions on the part of the St. Lawrence Health Center in the sincere hope that it will aid in precipitating its reform.

I have had several experiences with the health center in which I believe it to have acted irresponsibly and/or negligently, but I assumed that they were isolated cases, far outweighed by the positive influence of the center. However, I have found this not to be the case. The time has come when the reprehensible actions of the health center must be publicized.

The following are several instances of the kind previously described. This is by no means a comprehensive list and I am prepared to offer student testimony in support of each case described.

In my freshman year a tough football player suffered a leg injury during a game. The extent of the injury could not be determined except that the student was in great pain and could not support weight on the leg. It was decided by the other players that it was best not to move him. He was covered with blankets and the health center called to dispatch an ambulance. Thirty minutes later security arrived. "Had the health center called them?" they were asked. No, they had passed by chance and noticed the players huddled around their injured teammate. Subsequent investigation by security determined that the health center had forgotten to call the ambulance. The player could easily have gone into shock in the 45 minutes he lay in the rain had his injury been more serious than torn ligaments.

The same year, a girl was kicked in the shin during an

athletic contest. The health center diagnosed severe phlebitis and implemented extensive treatment. When the girl went home for vacation she was still unhealed and went to her family doctor. There it was determined that the health center had treated her for a severe case of phlebitis when in fact her case was mild. So what? The treatment given by the health center had caused her leg to become gangrenous, mandating even more extensive treatment.

That same year another girl broke her back in an equestrian accident, and was taken to the health center. She was given pain killers which rendered her incoherent for four days. This I do not object to. However, I think it reasonable to expect that her parents would have been contacted sometime during the four day period. Indeed, they should have been contacted immediately. But the health center neglected to do so.

Last year a girl went to the health center soon after second semester began, complaining of a sore throat. I am informed that tonsillitis is not difficult to diagnose, but the health center misdiagnosed her case again and again for half the semester. Finally, the girl was sent home where her family doctor diagnosed the problem. The time lost because of the health center's incompetence forced her to drop out of school, forfeiting her tuition and the academic credit she had earned during the half semester.

A friend of mine is violently allergic to penicillin. This is stamped in more than one place in his medical records in the health center. Yet last year he was given a prescription containing penicillin. Knowing that his allergy was prominently displayed in his records, he did not check the label before taking one of the pills. He had a severe reaction to the drug. Upon returning to the health center he was given a new prescription which as he discovered later, before he took the pills fortunately, also contained penicillin.

He returned once more to the health center and was given a third prescription. This time he checked the label before leaving. Believe it or not, it too contained penicillin.

This year I contracted bronchitis before Thanksgiving vacation. I told the doctor at the health center that I would be in the company of elderly people over vacation and that one of them had emphysema, and I asked him if I was contagious. He told me, no; I was not. I left and had a wonderful time over the holiday. At Christmas time, when I next saw my emphysematic grandfather, he was just recovering from a severe case of bronchitis that he had contracted the day after I had left his home after Thanksgiving.

As a final example, just before spring break of this year, a student was severely lacerated when his foot went through a wire-mesh, reinforced window. He severed two arteries in his leg. Upon seeing the injury, the EMTs responding to the call, wanted to have a doctor waiting at the health center when they arrived to quickly determine whether the patient could be treated there. To this end they called the health center to have them call the doctor at home. The attendant on duty refused to accept the word of the EMTs or of security that the injury was as serious as described and would not call the doctor at home until the patient was brought in. Not wishing to argue while the student bled on the floor, the EMTs took him directly to the Potsdam hospital.

The examples are unexaggerated and as I said, there are more I could relate.

This is your health center. This is where you will be taken if you are injured on campus during your time here. It is my opinion that an investigation of the procedures used by the health center is in order. Mistakes such as those described here can not be allowed to continue.

Chandler A. Dumaine

RACCOON OPINION STEERING

