

A talk given by Dr. Roland Chrisjohn during the conference "Pseudo-Psychiatry and the Education of Indian Children at St. Thomas University (Fredericton), November 22-23, 2002. Dr. Roland Chrisjohn is currently the Director of Native Studies at St. Thomas University and amongst other works is co-author of *The Circle Game: Shadow and Substance in the Indian Residential School Experience in Canada*. An Oneida of the Iroquois Confederacy, he has spoken and written extensively about social issues which affect Indigenous people of North America.

**Dr. Roland Chrisjohn on:**

## **Fetal Alcohol Syndrome and Fetal Alcohol Effects: What is the Difference?**

**Introduction by Andrea Bear-Nicholas**

I wanted to give all of you a little bit of a background on this conference. We heard about a month and a half ago that there was going to be a conference on Fetal Alcohol Syndrome/ Fetal Alcohol Effects (FAS/FAE) sponsored by the Tobique First Nation and a group of social agencies. When we looked at the roster of invited speakers, we realized that these were not people who were going to be presenting all opinions on the issues around FAS/FAE. We assumed that we would not be getting any of the discussion around the problems with this made-up diagnosis of FAE—that there are no physical symptoms and so on. We felt that the conference, at which there must have been 400 people, was making an assumption that all of the attendees don't need to know that there are other opinions and serious concerns amongst professionals like psychologists and psychiatrists--that only one song was being sung at that conference. We felt that we needed to have an opportunity to provide people with other views to give people the opportunity to make up their own minds, to hear all of the varying points of view. This did in fact happen and we invited people at that conference to be here and I welcome those of you who have come from that conference. It's difficult because that conference cost quite a bit for people to attend and this one didn't. This conference wasn't advertised and there wasn't much opportunity to push this conference. I tried to speak at the end of the other conference, at the very last session. The organizers knew that I was wanting to speak and they ran up ahead of me and said there would be no questions. I was going to make the announcement about this conference at that, so it's sort of gives us an idea of how much the alternative points of view are being deliberately pushed out of peoples' attention and it makes these kinds of events all that more important. We may have to repeat these kinds of events because these are serious issues. So I will introduce Dr. Chrisjohn, he has been with us here at St. Thomas for four years. He came from the Assembly of First Nations just prior to coming here. He worked on a major study on special needs in which he addressed ADD and FAS/FAE. He has been working in education practically all of his career. He has his PhD in psychology. He has written the most well known, in our parts anyway, book on residential schools, *The Circle Game* and I understand that this is soon to be reissued because there are very few copies available. Dr. Chrisjohn will be addressing this issue of FAS/FAE; a whole issue that was not addressed at the other conference. With that welcome Dr. Chrisjohn.

**Dr. Chrisjohn**

One thing I guess I should make clear at the outset is that I really am a psychologist. People don't seem to think so: "well, he's in Native Studies or whatever, he must have gotten something

from Trent University in huggy feel-ly Indian things..." No. I'm a real, honest to god psychologist. I've done internships, I've passed all the examinations, I've interned at Toronto East General Hospital in Ontario; I've been with all kinds of crazy people, I've seen it all. I just don't practice anymore because one of the things that some progressive psychologists point out as pretty annoying, I found infuriating. Infuriating enough to realize that psychology wasn't the friend of anybody and to continue to practice as a psychologist would be essentially selling my soul to the devil. But the bottom line is that I'm a real, functioning psychologist as much as anybody else on the planet earth can claim to be a real, functioning psychologist, and when I talk, my professional training is to think and act like a psychologist; as bad as that may be in certain instances.

The topic that I am talking about is FAS/FAE and what is the difference? I can summarize quickly what the difference is: the difference between FAS and FAE is the difference between George Bush and the Easter bunny with a machine gun. Both are dangerous, one is imaginary. OK? The FAE part is imaginary. I'll start with a few of my stories:

As part of my internship training, I've actually had patients who were obviously FAS children and it's a real syndrome; it's a real, diagnostic difficulty and it's generally straightforward to make a diagnosis of FAS. Alcohol is what is known as a teratogen, and that's a fancy Greek word for 'it brings forth monsters'. There are all kinds of abnormalities associated with FAS, some of them subtle in terms that it would require neurological testing of some sort to uncover them; but some of them are quite obvious and apparent. For example, I do this when I teach clinical classes, making sure that everybody hears some of these things and then I turn my back so they can check them out on themselves. Often, what you find is that people with FAS will have what is known as a simian grip. If you look at your hand you will see that you have two lines across the center of your palm. Well, FAS children and adults quite often have just one line straight across the palm of their hand. That's just a birth defect that is often associated with alcohol at some unknown particular point in a woman's pregnancy. You also have two little lines that run from your nose to your upper lip that actually has a name. It's called a philtrum. FAS children often have an absent philtrum, so it looks like there is not two little lines running from the top of their nose to their upper lip. You'll also find that the ears are often rotated and a little bit lower onto the head. They will also say that sometimes they have the kind of eye condition that you often times see in Down's Syndrome children. There's also another characteristic: your pontile syntagma is diastemic. That means that you have gaps in your teeth; that your teeth are kind of scallop looking as opposed to them running together. I've always thought that this description sounds like the Royal Family of Great Britain so we might do an investigation there.

One thing that we have to keep in mind with any condition is that not any one person with the condition shows all the symptoms. When was the last time you had a cold? Are all of your colds identical to one another? Sometimes you have a sore throat, sometimes you're throwing up and running to the bathroom a whole lot, sometimes you're just tired and run down, headaches, and so on. It's quite possible to have a cold with a different set of symptoms. It doesn't mean that you don't have a cold, it just means that the full spectrum of possible symptoms of a cold aren't necessarily going to be seen in every case for a cold. It's the same thing with an FAS child: you are not going to see all potential external signals with an FAS child.

By the way, this is just common medical sense. The reason why there is a range of diagnostic indicators for any condition is that there's no such thing as you having to have all of the symptoms in order to have a disease. You have to have certain important ones and certain other ones are sometimes there and sometimes not. The first time I professionally ran into FAE, which took me a bit by surprise, was about 1985 while I was still working my internship: I was asked to go out to a First Nation school district, and I won't tell you where because I don't necessarily want to cast aspersions upon these people, and what happened was not only fairly typical but it was also devastating. They called me frantically saying that they had recently commissioned a report from an accredited university in their province to come out and examine their children because their children were doing badly in school. This was in 1985. What should be *déjà vu* to all of us is the fact that things aren't necessarily getting very much better in First Nations education anywhere. But even in 1985, or 1970, or 1955 or whatever, people could say "we're having problems, kids in our reserves are having problems in school." These people had commissioned a study by a supposedly reputable university to come out and answer the question "why are they having so much trouble?" The report written for them had said that half of their children (they had 160 children in their school system, and 80 of them) had FAE. They were frantic: "what are we going to do about it?"

I was just one of the people who they had contacted. They had also contacted a number of other people who did not have as strong a commitment to ethics as I might have. But I get out there and I start being introduced to some of the children and I'm thinking "FAS?" Now, FAE in the proper clinical literature in the 1980s made a very important point: the effects of FAS are like the effects of a cold, or like the effects of diabetes, or like the effects of cancer or any number of other conditions. Here's an effect of FAS: sometimes they have a simian grip, sometimes there is the absence of the philtrum, sometimes there is an actual, demonstrable mental retardation associated with it and so on and so on. You can do a mental examination, if you wanted to spend the time and money, and find people with FAS having a lesion of some sort in their central nervous system which is available for observation or documentation. Just like sneezing, coughing, headaches, or an upset stomach are effects of having a cold.

The clinical literature talks about FAE as the constellation of symptoms that you can expect to encounter with somebody who actually had FAS. What they had been told, however, was that FAE were essentially a symptomatic FAS: FAS without any of the observable symptomology of FAS. I'm sitting there reading the report on the plane trip out to this place and I'm thinking "they haven't found a single one, not one of the supposed effects of FAS, they haven't found it in the population at all." One of the first things that I did when I hit the ground was I said "take me to these classrooms, I want to see these kids," because if peoples' pontile syntagma is diastemic, get them to smile and take a look. You want to check someone's simian grip? "Hi Pierre, how are you Pierre, nice to meet you Pierre" (shake their hand). You don't have to say, "I'm going to put you on an examination table like you're a space alien and I'm going to find out if you are a FAS person." You don't have to be a sledgehammer about it. You can do some rather subtle things that you can look for and you don't have to be very horrendous about it. I went through all of their classrooms, I saw all of their kids, all 160 of them. I found one out of the 160 who perhaps is a FAS child. Perhaps one, and I say perhaps one, because I would have had to have spent a great deal more time or even get a medical doctor to certify that this wasn't actually a Down's Syndrome child as opposed to a FAS child.

At this point, I'm thinking: 'why are they telling these people that half of their children are suffering from the teratological effects of alcohol? Why are they telling them this?' Some of the other facts that are relevant in this instance was that they had a humongous failure rate and they had control of their primary school system. When they sent their kids to the mainstream secondary system, the kids were all dropping out, they were all performing at one, two or three grades lower than their supposed grades on graduation from the native controlled system. The kids were not getting along very well, not being very well respected or treated by the administrators, teachers, townspeople and so on. There is a lot of friction and a lot of difficulty going on there, but that doesn't mean that we are talking about FAS. At what time in the history of First Nations education in Canada has there been a synergy between what the mainstream education system wants to do to the Indians and what the Indians want done to them?

The book for which I am most infamous for is about the residential school. And one thing about residential school was that it wasn't about education. It was about systematic mis-education, it was about destroying First Nations Peoples and to say that First Nations people went along with that means that you wouldn't have any real indication of the history. Mis-education was something that was resisted by First Nations people. And of course we were incarcerated for it, beaten for it or tortured for it, but it wasn't something that we went into blindly or lovingly, thinking that the mainstream was doing wonderful things for us. The history of First Nations education has been, first of all, not about education whatsoever and second of all, it's been more about violence and oppression than it has been even about training and indoctrination. So to find that these peoples' children are running into a similar kind of thing historically is certainly not unique. Even in 1985, I wouldn't have had to swing a dead cat and I could hit another First Nations community where the students weren't getting along very well with the mainstream educational institution. So that's not sufficient grounds.

What was it about this report that these people had done to actually declare that FAS was responsible for the educational difficulties of these people in the middle of nowhere? I read through their report and the grounds were that, first of all, "how do you diagnose FAS?" The diagnosis for FAS actually breaks down broadly into three areas. One is a history of maternal drinking meaning that if you sit down with the mother and that during the 9 months of her pregnancy she might have had at least one drink, that's the history of maternal drinking. By the way, that's quite common, and even today the idea is that maybe it only takes one drink. The question is when that first drink takes place and they don't know that because you can't really experiment on people saying, "ok, today we're going to give you a drink and we're going to follow you and if you give birth to a FAS child then we'll know that was the wrong day." Nobody wants to be in that experiment. OK, so there may be what's known in the psychological research as a critical period wherein alcohol as a teratogen actually has its impact, or it may be several days, a week, or a month. It might be something across the entire time, but the first step in the diagnosis of FAS is: "did the mother take a drink in the nine month period of the pregnancy?"

The second thing is: "is the child having what is known as behavioral disorders of various sorts?" Do they act up in school? Do they appear to be hyperactive? Are they not doing well in their studies? Then, the third class is psychological tests, in the same kind of general area as the

checklists used as ADHD tests, but even more high-powered. Meaning that these are going to be standardized educational and/or psychological tests like the Wechsler Intelligence Scale for children, or the Woodcock- Johnson. There's tons of them.

Let me make an admission: my mother took a drink while she was pregnant with me. I don't have the simian grip. I think I have a philtrum, it was there this morning so I don't think that I am a FAS child. It doesn't seem to be a sufficient base, nor is it a sufficient base in medicine to say "well, did the mother take a drink?" then you have a FAS child, because drinking is very pervasive in the society that Canada and the US has built and a lot of women don't know at the beginning that they are pregnant. They could be drinking while they're getting pregnant, there's a definite possibility. So a history of maternal drinking is not pre- dispositive nor is it sufficient evidence for deciding on a diagnosis for FAS.

The behavioral things are the kind of things that Bruce Levine points out with respect to ADHD. One big problem with assuming that the behavioral criteria allows the diagnosis is that you can think of another reason that the person would behave that way. "I'm not doing well in school. Is it because you are stupid, teacher? Is it because I'm dull, or is it because you are dull? Or what you are trying to teach me is dull? Is it because what you are trying to shove down my throat is dull and stupefying?" There are not just two, there are numerous explanations for why there may be behavioral difficulties associated with any particular person. Think of it in another way: if you have a brain tumor, it's likely you will get headaches. If you went to your doctor and said "hello doctor, I have a headache" and he said "lie down, I'm going to shave your head because I'd better get in there," what would you say? Is there something we can do before you actually start drilling, because headaches can go along with a lot of other things too? You can have a headache and a cold, a headache and a brain tumor, a headache and no common sense. You just don't duck at the right time and the headache may be an indication of not ducking properly. There are all kinds of reasons that you can have a headache that have got nothing to do with whether or not you have a brain tumor. There are all kinds of reasons that children may have not been getting along in the classroom or making nuisances of themselves to the people around them that have nothing to do with a putative, underlying neurological disturbance. So that is not pre dispositive either.

The third thing that these researchers from this university had invested their big guns in was that they had done psychological tests and that these test results were consistent with mental retardation. My original doctorate was in personality, individual differences and measurement. I got my clinical training, some of it while I was still in graduate school, and then I worked two jobs. I did my internship for over two years for clinical psychological training. My psychological specialty is that I know how the numbers are crunched, and I know what they mean and what they do not mean. I know that you do not establish the presence of any psychological condition by the results of psychological tests. There is no such thing as a psychological test for mental retardation: we have other physical symptoms of mental retardation, we can show neurological deficits or whatever. Even something like depression is not diagnosed by a questionnaire, a self report inventory, a checklist or whatever. Only medical doctors in Canada are permitted to make psychological diagnosis: psychologists can't, teachers can't, school administrators can't, cab drivers can't, hairdressers can't, and Oprah can't. Those are all against the law. But they are not done from psychological test data, and for psychological test data to have any kind of usefulness in such an enterprise there is an enormous amount of technical research information that has to

back that claim.

Psychology and psychiatry really like their DSM kinds of things; they get bigger and bigger all the time. When I was studying measurement theory, the manual was a quarter of the size and it was twenty pages long. Now it is 125 dollars and it's almost 200 pages long, but this is the book that demands what has to be done with any educational or psychological test before it can be used for any inferential purpose, educational practice, clinical practice, vocational testing practice, etc. Any potential use for an educational and psychological test must meet those guidelines and it's an unethical and non-scientific use of the test if the use to which they are put do not. Well folks, I'm here to tell you that today there's not one test that has ever existed in the universe that I am aware of that has been validated for use with a First Nations population. Not one! Those who confidently say that Indians have a different learning style than somebody else are not following these rules. If they were psychologists, they would be culpable under criminal law. You could certainly call them up in front of their ethics review board because it is an unethical use of the instrumentation for the use to which they are putting it. The fact that other people get away with it doesn't make it OK. "Well it may be against the psychologist ethics but because I'm not a psychologist I can get away with it." Think about this for a moment: "Oh well, it's against the law for a medical doctor to strap you down and to experiment on somebody's brain, but it's ok for you to do it because you're not a medical doctor?" No. Medical standards are there for everybody, whether or not you know about them.

What these people had done out of this great university to declare that 50% of the children at this Indian reserve were suffering from FAE they did without having the medical data behind them. They couldn't have the behavioral data behind them, but they had done it on the basis that the psychological data was consistent with what they thought they should see in a FAS child. The problem is that none of those tests, then or now, apply to First Nations children. They had no basis for telling those parents that half of their kids were suffering from FAS. Now let me tell you about FAS. It is a real disorder. And the real deficits associated with FAS are central nervous system lesions, deficiencies, discrepancies, and abnormalities. They tell you on television that your body renews itself every seven years; that you replace yourselves. That's only partly true. There's only one system in your body that doesn't replace its cells: the central nervous system. The central nervous system that you have today is made up of the same cells that you had at birth. We loose about 10 000 a day just through natural processes. Thank god there's quite a few extra. I tell other people that a good alcohol drinking binge will kill about 100 000. So you are losing about 10 000 a day no matter what you do; if you're drinking you loose about 110 000, and they're not replaced. When you 're talking about a FAS child you're talking about a child who has portions of his/her central nervous system missing. The fact that it is missing is observable with things like magnetic resonance scanning. You can do an MRI, you can do various neurological tests, you can demonstrate that deficit, and there's no putting it back.

One of the things that they're hoping with some of the research that they're doing now with stem cells is that they're going to be able to grow neurological tissue, but otherwise neurological tissue does not regenerate itself. Christopher Reeve, we all know about him and his falling off the horse and breaking his neck. Now that he's paralyzed, he's desperate and he's hoping that stem cell research will allow them to regrow the connections. But once the spinal chord is

severed at a particular level, the tissue does not regenerate and this is his difficulty. This is the difficulty with anybody who loses neurological tissue: that it doesn't come back.

The children and the parents on the reserve were being told that the children have a neurological deficit that's not replaceable. What does that tell them? There are certain things that your children are not going to be capable of doing. There's certain things that they are not going to be able to learn. There's certain things that they should not aspire to. Suzie is not going to be a doctor and Eric is not going to be a lawyer so you should learn to downsize your expectations of what you can expect from Suzie and Eric and the rest of the children because they are suffering from a neurological absence of certain amounts of central nervous system tissue. Did these researchers do one neurological examination of these children? No! They had based it on the notion that "well, they're acting up in school and the psychological test data is consistent with mental retardation"; which, by the way, has always been the case with First Nations people. You can go into the history of whenever psychological tests have been given to us, and we don't so well. We always come out as being stupider than everybody else. We're not as stupid as the Blacks, thank god. But we're stupider. And, you know, even Phil Rushton will put Asians a little bit higher, and then white people really close to the Asians and a little bit down further women close to white males. Then there are the Indians and then the Blacks. That's bogus research also, but it's bogus research that makes us supposed to feel better: "at least we're not Blacks"!? I don't know. The bottom line is that they had no basis telling that to the parents.

As far as science, there was an absence of science because the standards for educational and psychological testing sets the standards for science. If you're going to use a test for making these kinds of declarations, these are the kinds of data that you're going to have to provide. These are the studies that you're going to be able to cite. And if you haven't run them yet, then you're going to have to go out and do those studies first. And if you haven't, don't use the tests. That's what the rule is. But they just went out and did it anyway, and then they declared that half of the children are brain damaged. And they did that without having to be troubled by actually examining a brain. Now what do you think that these parents did?

What would it do in your community if somebody told you that half the kids in your community had brain damage? Well, one of the first things that happened is the enormous guilt that is associated with it. Who drank to destroy the central nervous system of these children? The mothers. Shame, shame! Bad mothers, evil mothers! Notice they haven't established that there is FAS, but they still shame the bad mothers. What else?

Let me put in personal terms. Suppose you were told that you had an inoperable disease, that nothing medical science could do would save your life. Would you say "oh well, I guess I'll just lay down and die," or would you be willing to try a few quack things? "Oh, standing on my head and eating red herring, and it saved so and so? Well I'll try that. Where's the place I can do the necessary contortions to get on my head and then bring over a can of herring." You would probably try it. What happened to these parents in this community was, right after the reputable researchers had left, the snake oil salesman had moved in.

And there's a host of snake oil salesmen in North America. Selling snake oil is a lot of what psychologists do in general. There is something called the Doman-Delacatto technique that was used for children with what's known as cerebral palsy. There's a number of ways that you can

have these deficits; generally an anoxia at birth that leads to certain motor deficits as well as other things. What Doman and Dellacatto had put out to these desperate parents was that we have a way of rebuilding neurological tissue. It requires that you force the child to sleep particular ways and that you do actually hang them upside down from time to time and that you have these place mats with crawl patterns on them and you force them to crawl a particular way. The idea was we're going to rebuild or reestablish the proper neurological conditions by taking them back to the womb and moving them forward. It all sounds great until you realize that it's all doo-doo. There's no science behind it whatsoever. The important thing is that they will sell you a floor mat with hands and feet on it in the right place, they will cut out the fetal position that the child should be sleeping in, and they will sell you a jungle gym set that the children can actually hang upside down from. They'll sell you this for a modest sum approximating a quarter of a million dollars. They'll also train people from your community if you fly them to Philadelphia, put them up in a hotel for six weeks, and pay the tuition of three thousand dollars for what they learn: to hang children upside down from the jungle gym set, to force them to walk on these place mats, and to sleep in the fetal position.

Desperate people try desperate things and when somebody came into their community selling them snake oil, "look it's only a quarter of a million dollars for the equipment, it'll only cost you another twenty to thirty thousand dollars for the training and transportation necessary to get two or three people trained to do this, and it's the only thing that's going to help your children." What do you think they did? They spent their discretionary budget for the next decade in one go to buy the floor mats and the jungle gym sets and to send the people off to learn this quackery in Philadelphia. And by the way, when the people from the university that told them that half their children were brain damaged heard about this, they called the people from the community up and said, "that's quackery!" When I came along, the people in the community hoped I was going to come along and tell them that the university people who had told them that their children were brain damaged were just wrong. I said: "yeah, they're wrong to tell you that your kids are brain damaged but they are right about this other part being quackery." One of the interesting things about quacks is that they do kind of feed on one another. They're like different carnivores eating the same carcass. Some get the good parts, and somebody has to deal with the tail, the hoofs and whatever, but everybody gets a feed.

So the diagnosis was quackery. A different group of people selling them a cure was quackery, the kids were out a discretionary budget for their primary school education for the next decade and nothing is fixed. Was there a problem to begin with?

Nobody was able to demonstrate that problem. Like I say, I went through the data from the university and there was nothing there to suggest that they are talking about neurological deficit. Show me a CAT scan, an ECG or anything like that. I'll have a look but there's none of that. None. It was that they didn't do very well on the Wechsler Intelligence scale for children. I've seen that over and over again. I have stopped giving psychological tests but at one time I must have given several thousand. I have also learned not to take them that seriously. One of the questions in the old Wechsler scale was 'what do you do if you go to the store to buy a loaf of bread and the store owner says that they're out of bread?' The right answer is to go to the next store. Except when you live in southern Alberta, the next store is 75 miles away through essentially badlands. Any child who told me that they were going to go to the next store I would

think was a little loose.

I remember what happened in New York City when the same question was posed to the New York City kids. Again, the right answer was go to the next store but this kid in NYC had a good answer: call him a liar and ask him what is he trying to pull? That sounds like a two pointer to me. But what was clear to me by then was the fact that the psychologists were moving into what should have been a purely medical diagnosis. Are you talking about FAS, the effects of which are observable in a number of different domains by establishable procedure? Point-at-able, observable kinds of things. If there is a lesion in someone's central nervous system? You can see it on a CAT scan, I guarantee you. But when you say: "ah! His verbal and performance IQ are fifteen points different from one another. It must be brain damage, there is no doubt about that whatsoever." Even if it had been established for mainstream populations of people, it has never been established for First Nations children. We don't know what any educational or psychological test measures in a First Nations child because psychological and educational tests are not like physical measurement. We don't expect that the ruler expands or contracts based on what it is that we are measuring, right? That's physical measurement, however. Psychological and educational measurement is not physical measurement. The rulers do expand and contract. And to make sure that you're not measuring something with a rubber ruler in education or psychology, you have to check, and that's what those rules are about. And those are the same rules that nobody has ever applied when they want to make inferences about First Nations people.

Now what are the other things? So, not only do the parents start blaming themselves and feeling bad about it, not only did they immediately go out and spend their discretionary budget (that should have been for all their children) on half of the children. I think that the best 79 out of 80 didn't have any use for it whatsoever, and if you want to hang upside down from a jungle gym, there was one right out in the playground; you didn't have to have one indoors to do that. That was not going to benefit them. What else does it do? "It's helpless, give up!" It downsizes your expectations. One of the things is the extent to which what were considered common in my day, when I was a younger whippersnapper, was a whole range of other possibilities.

I was raised in the era where Paul Goodman was writing about Growing Up Absurd, where Jonathan Kozol was doing his early work on educational failure in the New York City school system, and where William Ryan was writing his classic Blaming the Victim. These were all at our fingertips. One of the things that's always been on my fingertips, because it was right there when I was an undergraduate, was something called Pygmalion in the Classroom by Robert Rosenthal and Lenore Jacobson. You can still get copies of it, and they've updated it. What's it about? It's a demonstration back in the '60s that when certain expectations are created in a classroom about what a child can or cannot achieve, almost invariably the child do or do not achieve them. If you tell a classroom of students that you are a bunch of ignorant bores that are not going anywhere, that you are not fit to be ditch diggers, they turn out to be a bunch of ignorant bores who don't go anywhere and aspire to become ditch diggers. And when you tell them, you're all creative wonderful people, you're thoughtful, you can really do this difficult work, they tend to be creative, thoughtful people who are labor intensive intellectually; they can accomplish anything. This is a study that comes out in 1968.

What are you telling a group of kids where half the kids in the school system have an unalterable, neurological deficit that limits your ability to achieve in an educational setting. What are you telling them? What expectations are you creating in them? What expectation are you creating in the parents? What expectations are you creating in the teachers in the school system?

In another place two thousand miles away from that first community I sat down with a group of teachers who told me that the reason that the Indian kids weren't doing very well in school was that they are all stupider than everybody else. This was in 1983. None of them were Indians, by the way, but it doesn't make any difference, does it? If it was an Indian teacher telling them: 'you're stupider and you're not going anywhere', they're likely to believe that also. When the teacher expectation is removed, when it's created to create exactly the opposite expectation, that you're going to be talking about somebody who is not going to be able to achieve very much intellectually, you downsize your expectations. They downsize their expectations, the parents downsize their expectations and what have you done? You've created the next generation of functional illiterates; marginizable, dismissible people. You've created the next hamburger flipping and car washing generation. You haven't created the generation of Indians that we've all been looking for: the bright ones, the incisive ones, the thoughtful ones, the articulate ones, the ones that look at treaties with a critical eye, the ones that look at educational interventions with a critical eye, that look at psychiatric and psychological interventions with a critical eye. No, you've created the next generation of people who the Canadian mainstream can marginalize and dismiss. In William Ryan's terms you blame the victim: "well you know, the Indians are just that way."

One of the great things about relating it to FAS is you can blame everybody for that. Indians are supposed to have that alcohol gene, don't we? We're born alcoholics. So when we drink and we give our kids FAS. "Well, you know you just have to put up with them. Indians drink because they are genetically predisposed to do it so we're always going to have to put up with these damn stupid Indians who are always going to be suffering from FAS and they are always going to be a burn on Canadian society. Aren't we great for putting up with them as much as we are?"

You've fed into the prejudices created by the mainstream system to marginalize and dismiss First Nations people and you've gotten them in on the game. All too often I've heard "the Indians are genetically drunks" or "Indians are fetal alcohol people" or "Indians are ADD people" from Indians. And I say "have you done the work, have you looked at the literature, have you looked at what FAE are supposed to be? It's not supposed to be FAS with none of the symptoms, which is exactly how they are defining it out of the mental CMHA. That's why they write it FAS/FAE. They want to create the impression that it's just a continuum. FAS is the full-blown thing that everybody can see, and FAE is kind of like an approximation to it. That's purely a rhetorical argument. There is no FAE, there's only FAS. When you demonstrate a lesion that you can demonstrate or an abnormality, then you have a real full-blown disease, a real disorder. When you can't, you call it FAE and you create the same expectation. The people who you are diagnosing and the people who love the person who you are diagnosing only aspires so far, and then you can blame it on them.

And let me say one last thing: I'm against the idea that alcohol is a good thing. I'm not arguing up here: "let's drink and drink and drink." Alcohol is a teratogen; it brings forth monsters. There

are a whole list of teratogens: Asbestos. How many of our kids were kept in the school systems where they would tell us "well you know, we don't have the money to take the asbestos out of the school system yet, so you Indian kids are just gonna have to put up with asbestos". It's a known carcinogen, but it also has central nervous system effects. When you cut down trees, a by-product of processing trees into wood pulp means that you discharge mercury into the environment. Have any of you heard of the White Dog reserve in Northern Ontario? The Indians who were living there, well they weren't rich, and they were supplementing their diets by pulling the fish out of the river while upstream multinational corporations were pouring pure mercury into the river system. These people, boy, they're kids, you know they had bad educational problems. They had various neurological deficits, but it's just those Indians and they're drunks. It wasn't until Minimata disease was demonstrated in Japan as definitely a result of mercury pollution, and that mercury was being thrown into the river system in the Wabagoon river system that people began to say "well maybe it's not just that they're crazy drunken Indians, maybe they're suffering the neuro-toxic effects of mercury in their water system."

Then there's pesticides, fertilizers, and air pollution. When you make aluminum, you throw fluorine into the environment. What does fluorine do? It takes the place of calcium in your bones and it makes it brittle, but it also has central nervous system effects. It gives tunnel vision, blurriness, and inattentiveness; all these behavioral disorders, that if you're not looking for an environmental toxin you say "oh well it's those crazy ADHD Indians again" or "it's FAS Indians again". Lead. For years they tried to tell people "well you know it's those ghetto kids eating lead paint off the walls and that's what causing lead poisoning". It was not. It was the fact that lead was put into gasoline, and even now we're walking around in clouds of lead we cannot see. It's not going away. They may have taken it out of the gasoline, but that does not mean it's not here. It has debilitating central nervous effects. It creates lesions, and brings forth monsters. Why, when you have a child in front of you that potentially has demonstrable neurological deficits of some sort, must you jump to the assumption that the mother was drinking and therefore the child has FAS. Why don't you say that this could be arsenic, lead, or organo-phosphates in the water table from the water that they are drinking? Why don't you say that? Because if you're going to say it's fluoride or it's lead or it's arsenic, you wouldn't be pointing the finger at the parents. You would be pointing at the multinational corporations that find it cheaper to dump its' mercury into the river than to clean up after itself.

There's Alcoa, which has been impregnating the Cornwall, Akwesasne reserve with clouds of fluorine gas for the last thirty years. It's destroying the people on that reserve. Well, they're culpable. Gee, if they had only got to start calling them FAE people before people started taking readings of how much fluorine was in the air, water and grass around them. They might have gotten away with that one. There are things that have debilitating central nervous system effects on human beings and particularly children, but they are not always delivered by a delivery system that requires the mother to drink. The fact that is emphasized when we're talking about the possibility of neurological disturbance in First Nations children is another way of blaming First Nations for their condition in this country. So let's get serious about this.

I wanted to quote from 'The Pygmalion in the Classroom.' Maybe some of you don't know why they call it Pygmalion, but it was an old play by George Bernard Shaw that was turned into My

Fair Lady where the two linguists turn a flower girl into a lady to pass her off as a whatever. There's a lot of My Fair Lady stuff going on, but in the play there is a moment where Liza Doolittle, the one who is being transformed, says something very important to the nice guy:

"You see, really and truly, apart from the things anyone can pick up, the dressing, the proper way of speaking and so on. The difference between a lady and a flower girl is not how she behaves but how she is treated. I shall always be a flower girl, professor Higgins because he always treats me like a flower girl. But I know I can be a lady to you because you always treat me like a lady and always will.

All I can say is that it's time we start treating First Nations Children like human beings.